

VTE

From partnership to prevention

By partnering with a pharmaceutical firm an East Midlands trust became the first in the region to achieve a major target for VTE risk assessment. Scott Savage explains

The prevention of venous thromboembolism is a major patient safety priority. The NHS has an integrated and financially incentivised approach to deliver this most important issue.

The short term challenge for Kettering General Hospital Foundation Trust in 2010 was how to meet the national CQUIN (commissioning for quality and innovation) goal of at least 90 per cent of adult patients assessed for VTE risk. The trust needed effective, long term solutions to meet the challenge of VTE prevention.

The National VTE Prevention Programme is the most comprehensive of its kind in any healthcare system. The measures introduced include mandatory national data collection of VTE risk assessment linked to a national CQUIN goal, the implementation of National Institute for Health and Clinical Excellence guideline 92, and the publication of the NICE VTE quality standard. They reflect the recognition of VTE prevention as a top clinical priority for the NHS by the National Quality Board, the NHS management board, and the Academy of Medical Royal Colleges.

The operating framework for England restates VTE risk assessment as a performance measure for quality, and the 2011-12 NHS Litigation Authority risk management standards for acute services require organisations to have an approved, documented process for managing VTE.

In addition, the NHS acute contract for 2011-12 requires that

a root cause analysis is conducted whenever VTE occurs, allowing lessons to be learned, and that appropriate prophylaxis audits are performed. This will offer insights into whether risk assessment findings are being used effectively and appropriately. These measures provide a means to project the NICE VTE quality standard into practice.

By partnering with a pharmaceutical company, we have dramatically improved VTE awareness and prevention strategies. This culminated in our hospital being the first in the region to achieve the CQUIN target for VTE prevention.

Overcoming hurdles

Some prescribers were sceptical of working closely with the industry, as they felt this may run the risk of increasing spending on medicines, and this needed to be dealt with in an open and sensitive manner. Through effective leadership and collaborative working with key staff, sensitivities from clinicians in the organisations were addressed.

At Kettering, achievement of the CQUIN goal was regarded as a highly important objective, from a patient safety perspective and from a financial viewpoint, with a significant figure attached. To help us accomplish the challenging task of documenting risk assessment of at least 90 per cent of all inpatients we approached Sanofi, the suppliers of our existing low molecular weight heparin.



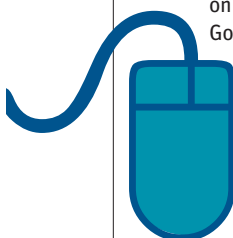
Online now

EARLY DIAGNOSIS

An e-petition calling for the effective implementation of an early diagnosis approach is gathering signatures from patients, practitioners, charities and healthcare professionals across the UK.

The Early Diagnosis Alliance is concerned that the sustained financial pressure on the NHS, combined with the implementation of reforms driven by the Health and Social Care Bill, could exacerbate short term cuts to diagnostic services and further delay capital expenditure on diagnostic technologies.

Go to hsj.co.uk/e-pet to find out which organisations are supporting the petition, why they feel that this is the heart of the QIPP agenda and how to get involved.

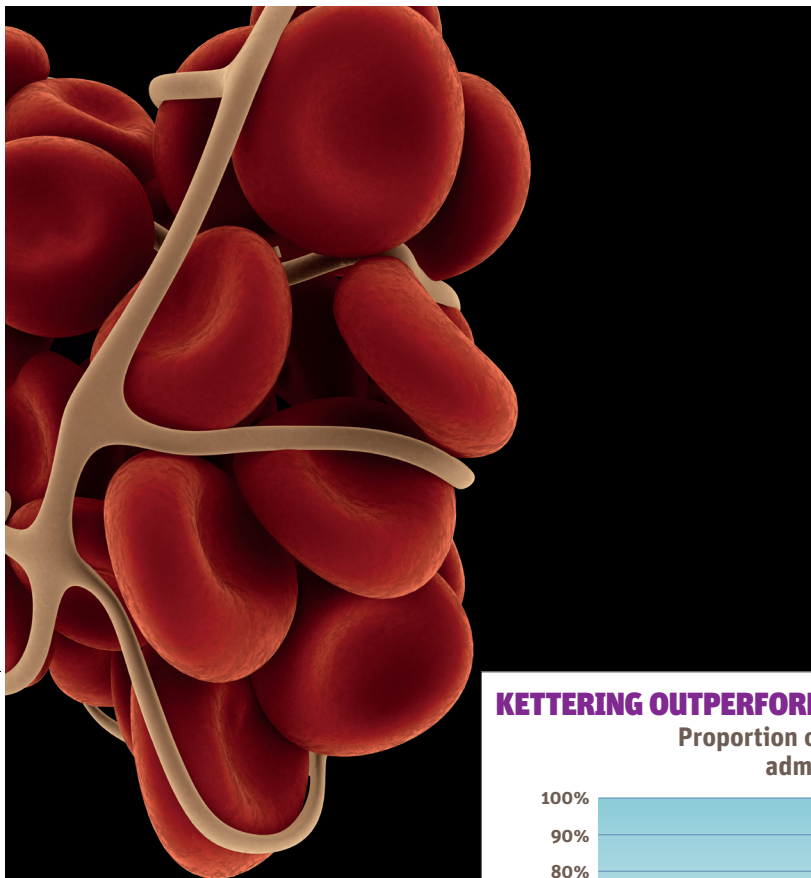


‘Some prescribers were sceptical of working closely with the industry’



NICE CONFERENCE 2012

Health secretary Andrew Lansley and NHS Commissioning Board chair Malcolm Grant have been confirmed as keynote speakers at the National Institute for Health and Clinical Excellence annual conference, in Birmingham on 15-16 May www.niceconference.org.uk



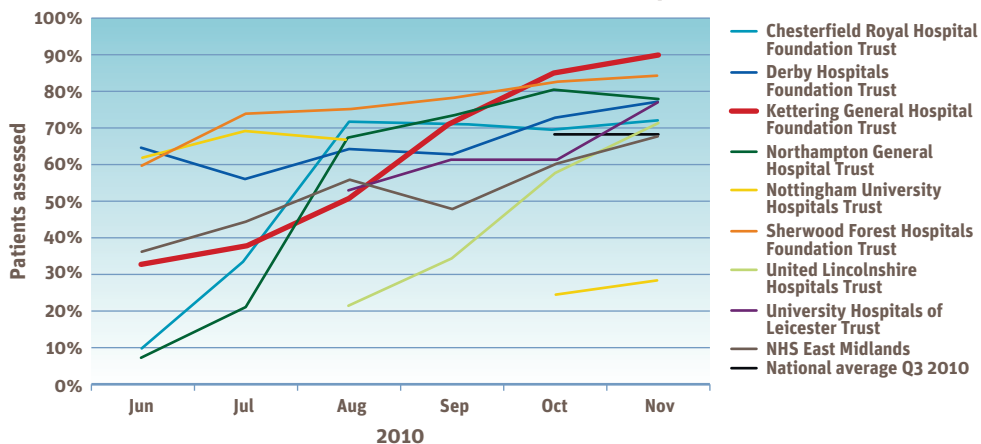
DEALING WITH VTE



- Free for subscribers: find out more about how Kettering achieved success in VTE prevention by visiting hsj.co.uk/kett-vte. Scott Savage talks through the key areas of structure, training, systems and tools and communications, identified by the trust and their pharmaceutical partner.
- **Get involved:** Do you have a partnership best practice case study you would like to see published in Resource Centre? Find out how by visiting hsj.co.uk/kett-vte

KETTERING OUTPERFORMS ITS NEIGHBOURS ON VTE ASSESSMENT

Proportion of patients undergoing VTE risk assessment on admission to NHS East Midlands hospitals



The company was able to provide dedicated time and resources that we could not, and some of their staff became closely integrated with our team. Sanofi identified our existing areas of strength and specific needs and recognised a number of hurdles to overcome.

At the time there was an acute lack of awareness among staff, not only of the National VTE Prevention Programme and the CQUIN goal, but also of the risk of hospital-acquired VTE itself; some staff were resistant to the new emphasis on VTE risk assessment; junior doctors complained they were always “too busy” to fill in the risk assessment forms; and we had no tangible incentive for nurses to become involved.

By understanding our specific needs, Sanofi was able to identify opportunities to develop solutions to achieving the CQUIN goal. Kettering

identified four key areas in which Sanofi could help the most, and together we developed an implementation plan to achieve the CQUIN goal:

- structure;
- training;
- systems and tools;
- communications.

From starting from risk assessment rates of just over 30 per cent in June, we became the first hospital in the East Midlands to achieve the CQUIN goal in November 2010, with 90.1

per cent of patients undergoing a VTE risk assessment upon admission. Our progress outstripped the average for NHS East Midlands, and we had a higher rate than the national average of 68.4 per cent published by the Department of Health in Q3 2010 (see graph).

As the long term challenges of VTE prevention increase, and we strive to meet the QIPP challenge, this method of working certainly achieves more for less. Partnership working

with a pharmaceutical company has shown great benefits to improve VTE prevention and our compliance with the National VTE prevention programme. Ultimately, this will result in increased quality of patient care, patients’ lives will be saved, and in this era of cost-conscious healthcare, our hospital will protect and secure its funding for VTE prevention. ● *Scott Savage is chief pharmacist at Kettering General Hospital Foundation Trust.*