

QUALITY IMPROVEMENT PLAN (QIP) TARGETS QUARTERLY TRUST BOARD REPORT

VTE

PROGRESS TO DATE

VTE is an important cause of death in hospital patients, and treatment of non-fatal symptomatic VTE and related long-term morbidities is associated with considerable cost to the health service. NICE guidance has been endorsed by DHSSPS and implemented in Northern Ireland. Assessing the risks of VTE and bleeding is a key priority for implementation of the guidelines.

Regionally developed patient information leaflets and VTE promotion posters have been supplied to wards.

Compliance with completion of the VTE Risk Assessment within 24hrs of admission is a Commissioning Priority and Trust compliance is reported quarterly to the PHA via a SharePoint site. The target is to sustain improvement with VTE risk assessment across all adult inpatient hospital wards to achieve 95% compliance throughout 2017/18. Compliance reported for 2017/18 is as follows:-

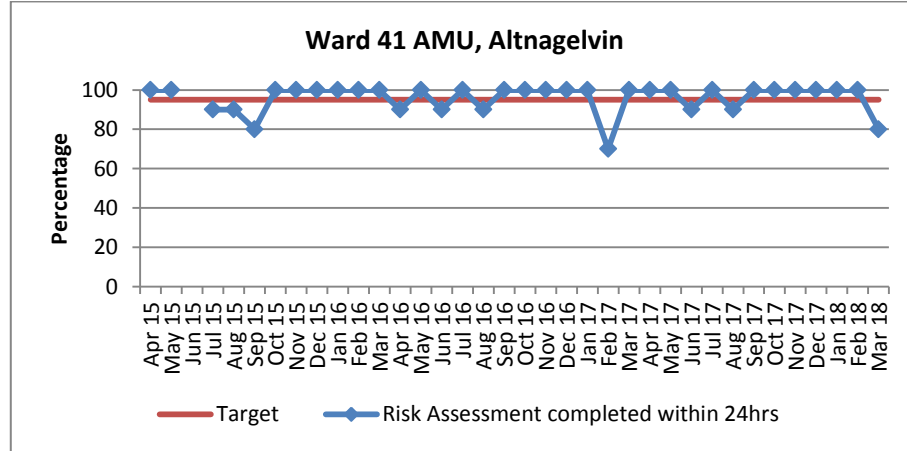
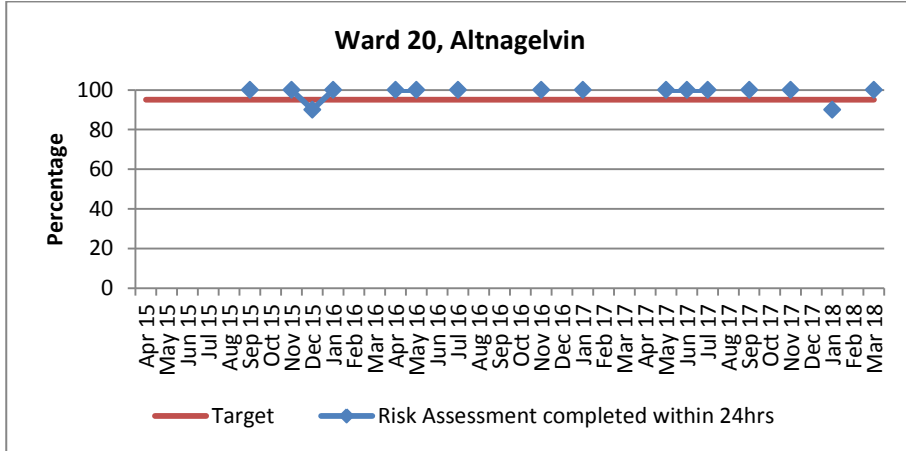
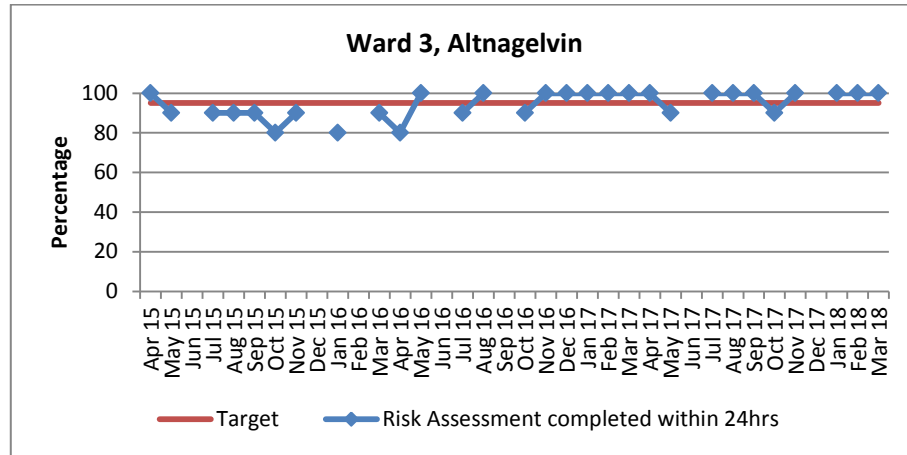
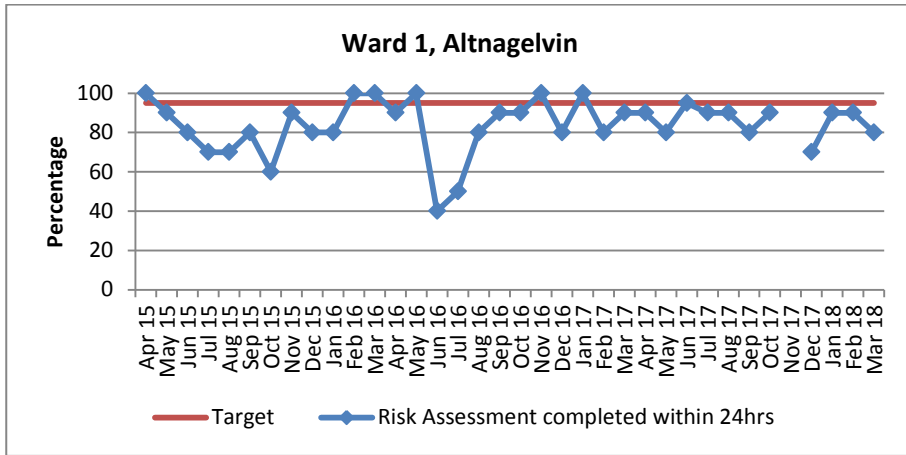
- Quarter 1 – 94%
- Quarter 2 – 94%
- Quarter 3 – 91%

Following the RQIA Review of Theatre Practice in Health and Social Care Trusts in Northern Ireland it was recommended that VTE Risk Assessments should be completed for all patients including day cases. This has been implemented in the Day Procedure Unit, SWAH and plans are in progress to implement this in the Day Case Unit, Altnagelvin.

The Trust VTE Group meetings are held quarterly and compliance with monthly VTE audits is a standing agenda item for this group. Compliance with completion of monthly VTE audits remains a challenge on some wards and this is continually followed up with relevant medical staff by members of the VTE Group. The VTE dashboard is also uploaded monthly to the Trust Morbidity and Mortality SharePoint site. Monthly compliance by ward is recorded in the run charts below.

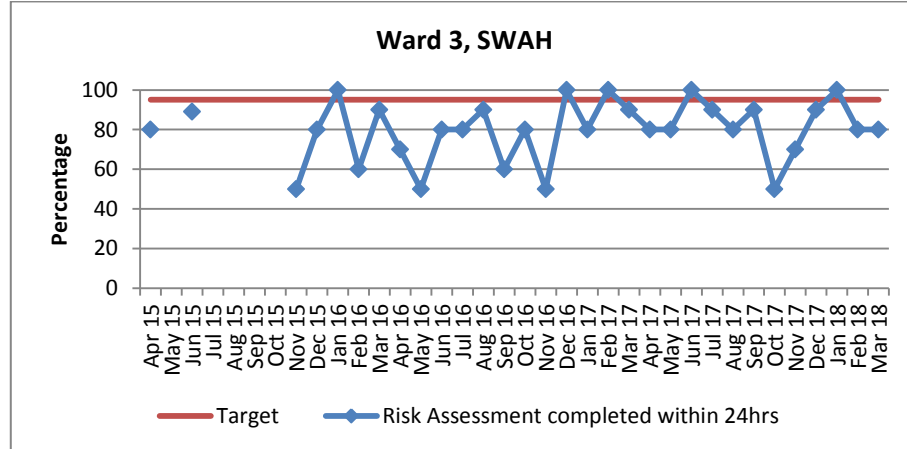
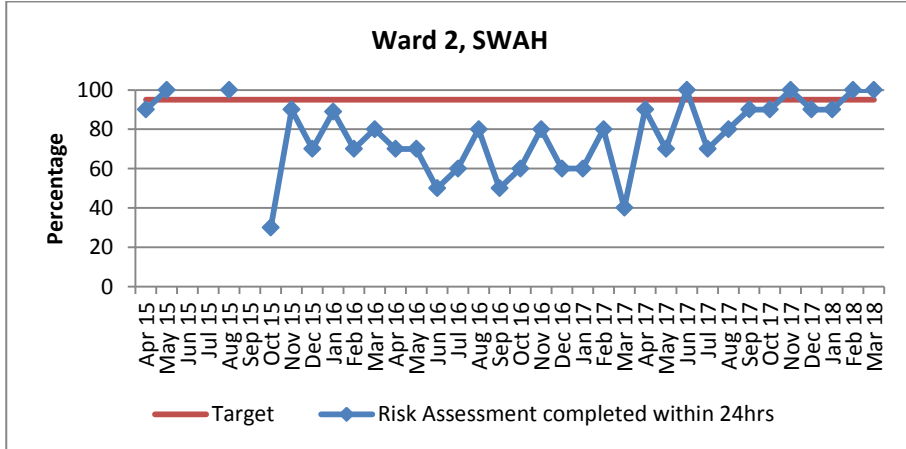
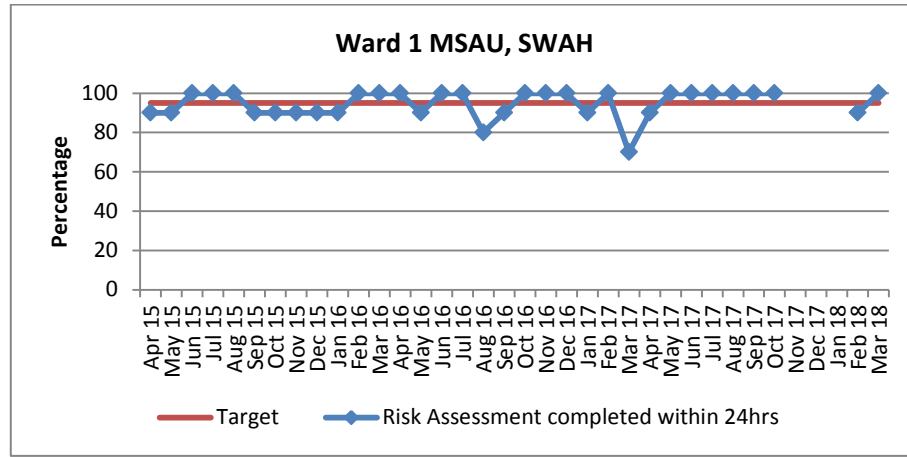
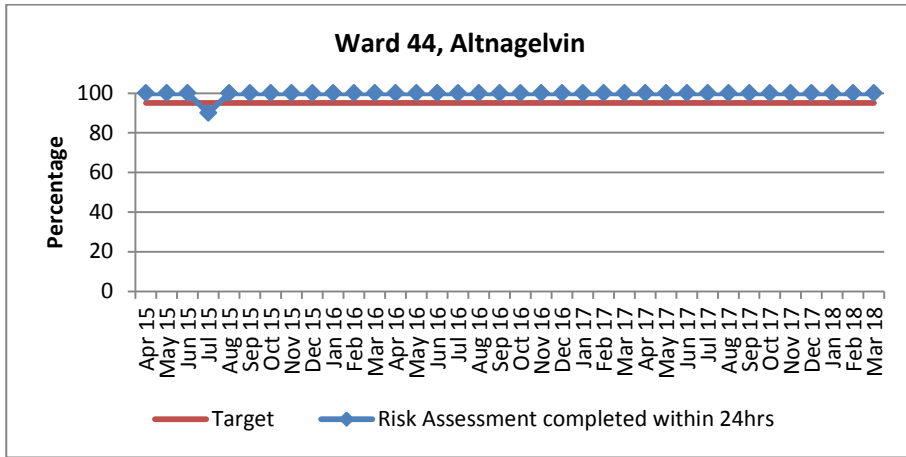
VTE

Target: To sustain improvement with VTE risk assessment across all adult inpatient hospital wards to achieve 95% compliance throughout 2017/18.



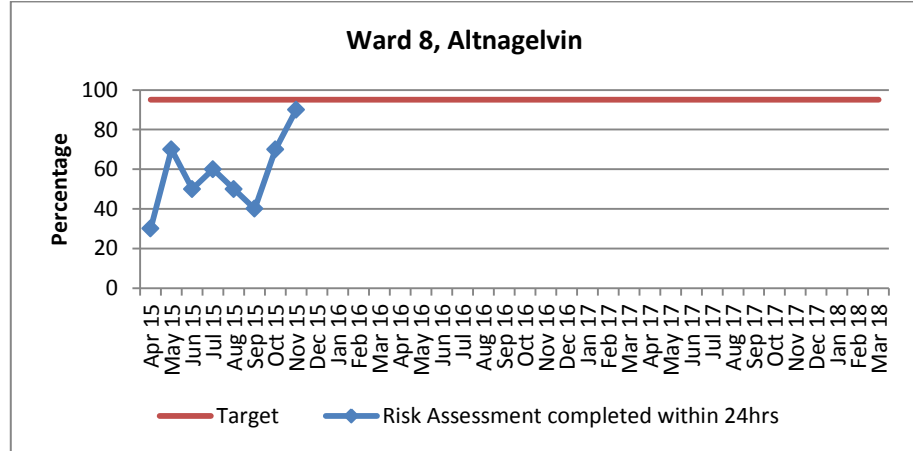
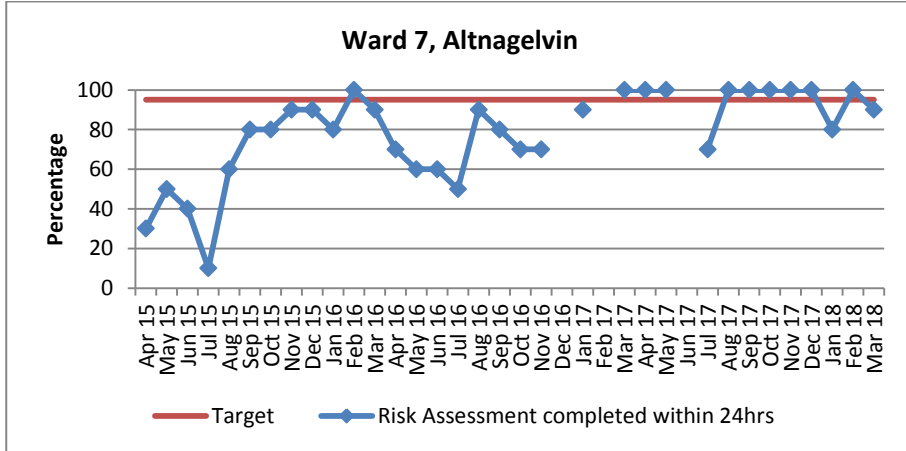
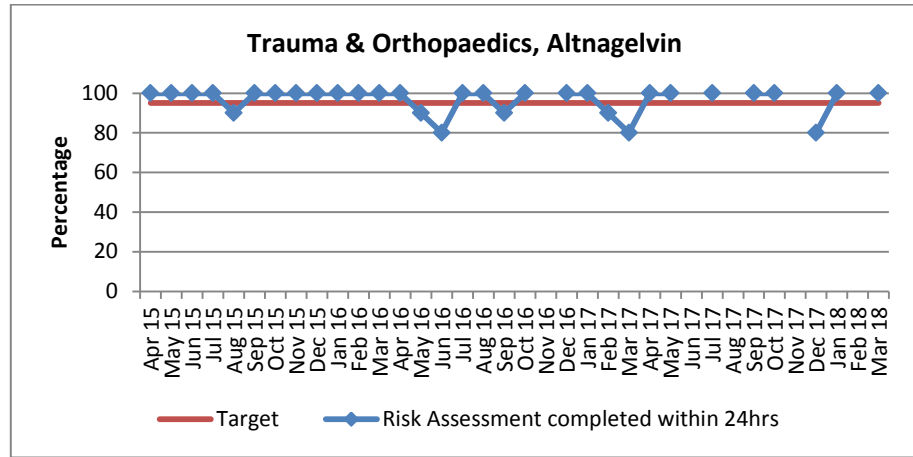
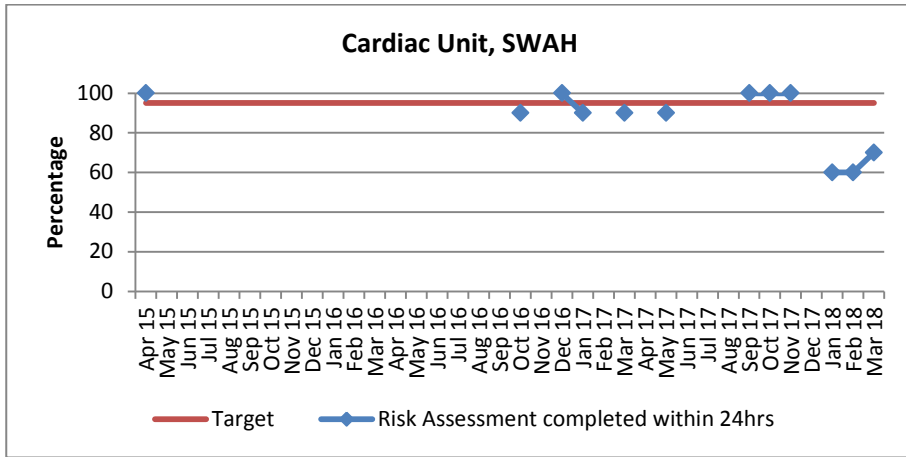
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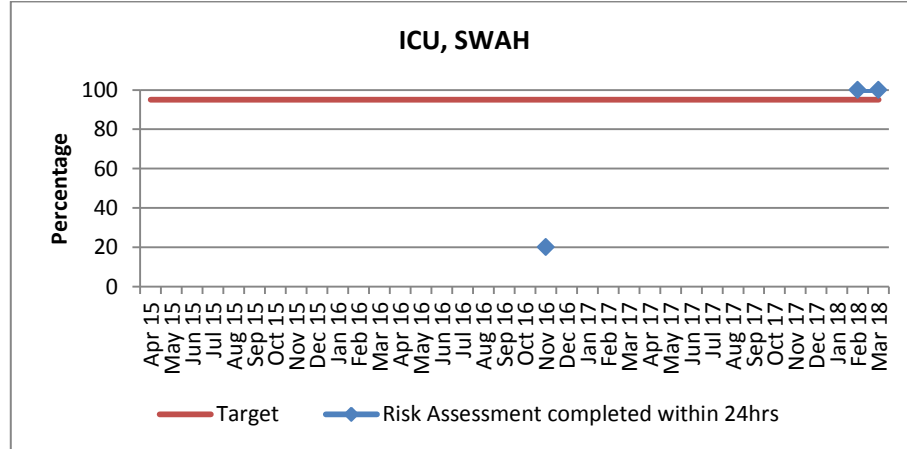
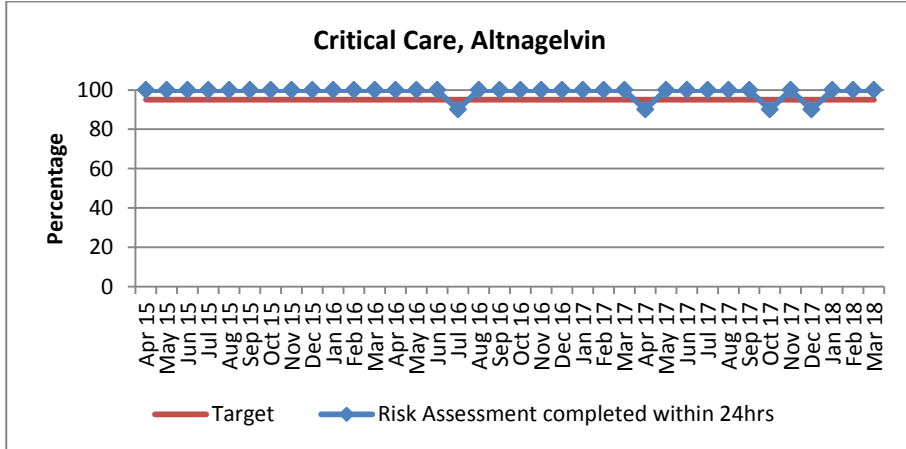
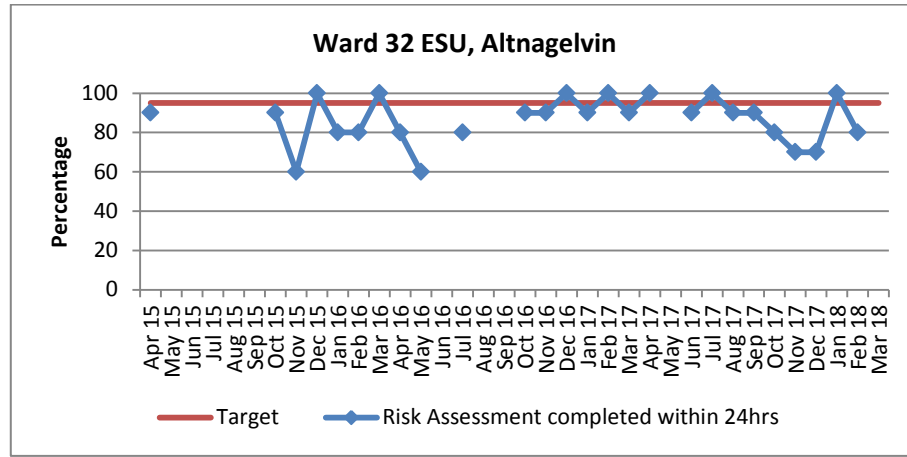
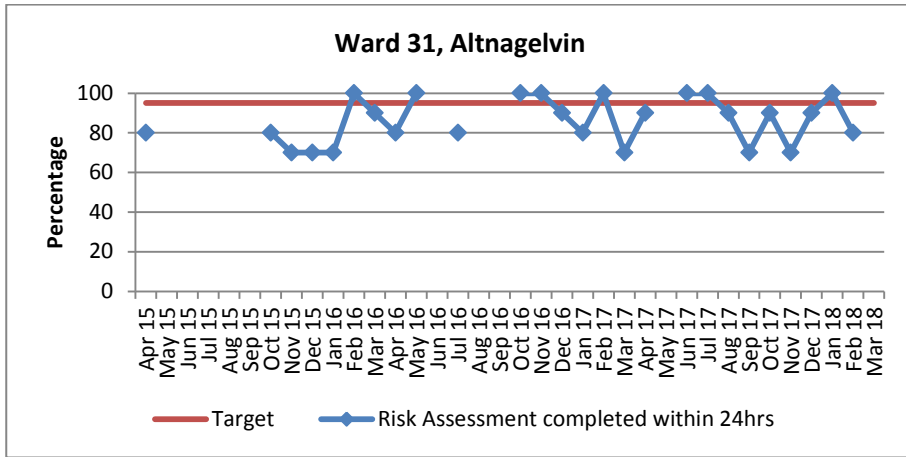
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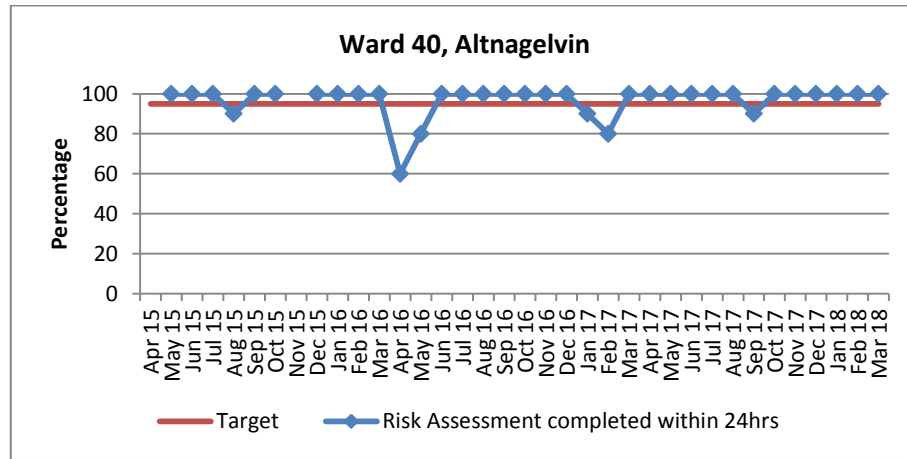
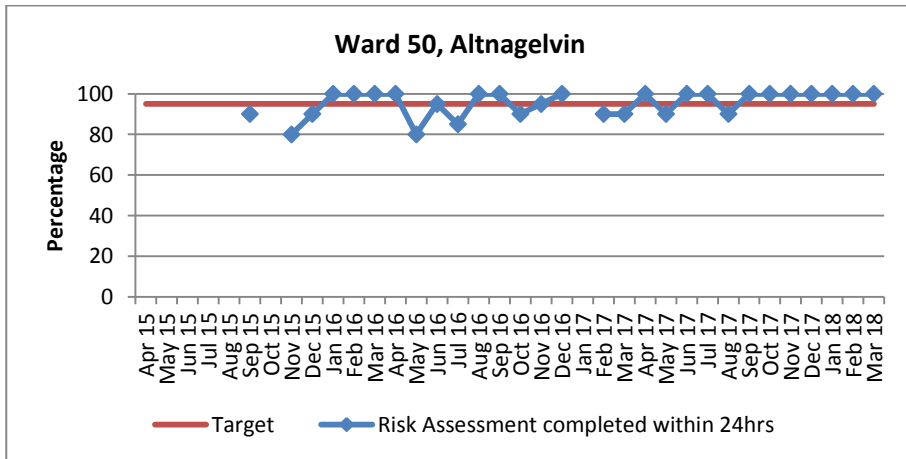
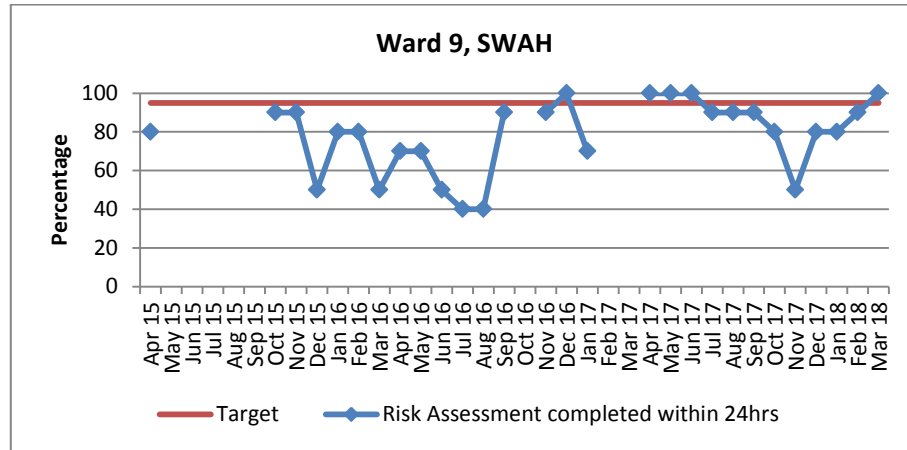
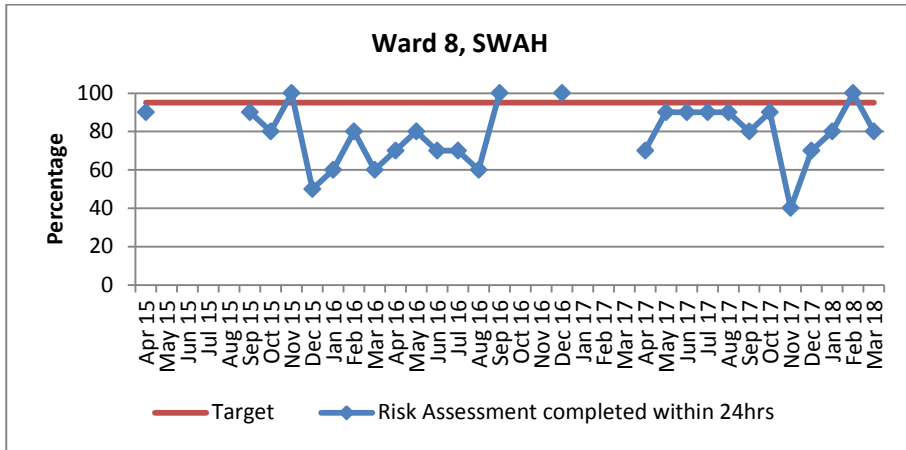
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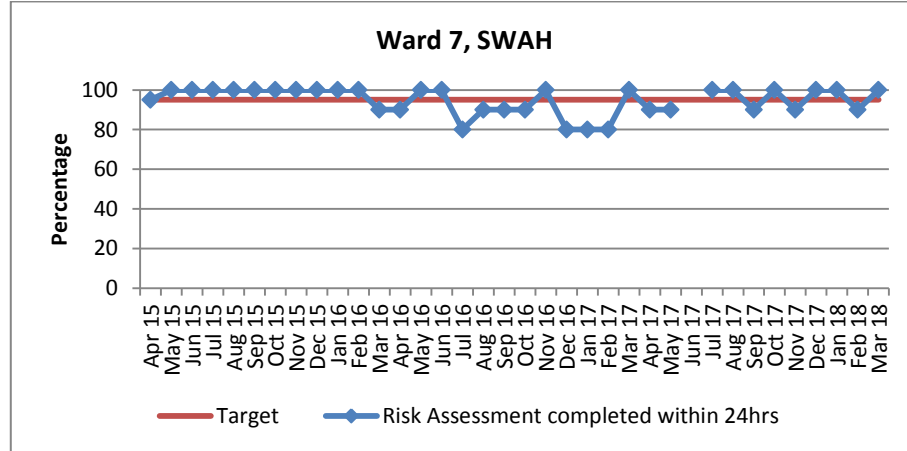
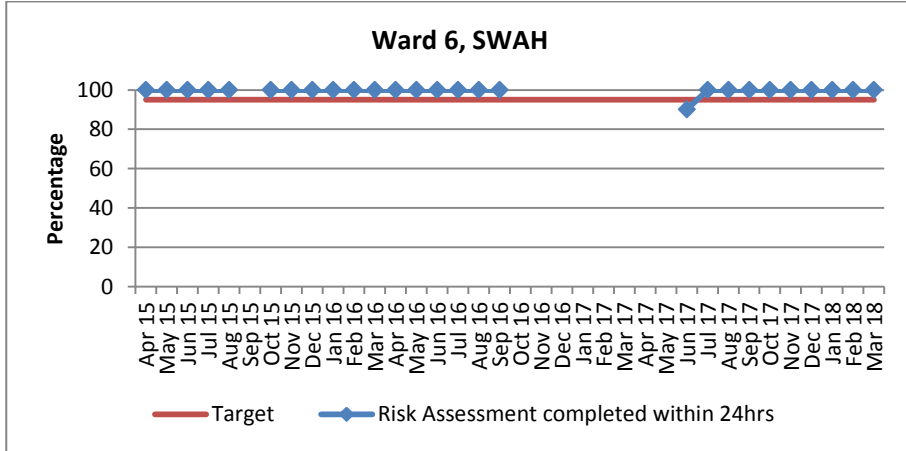
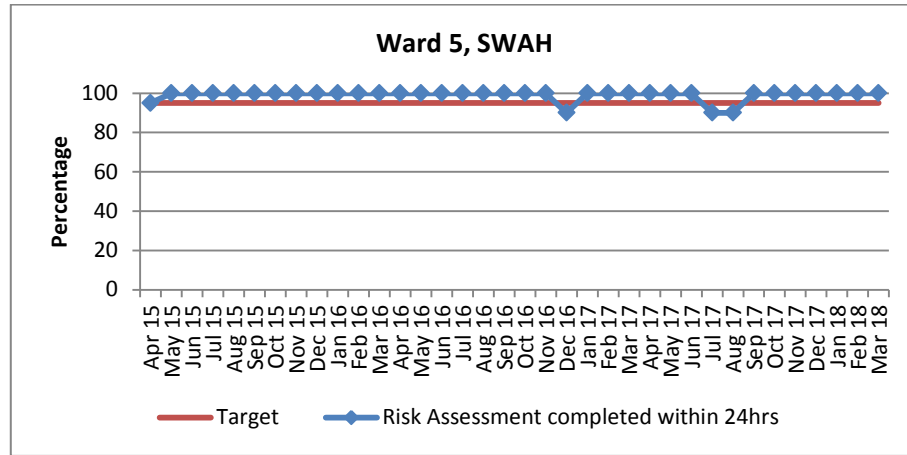
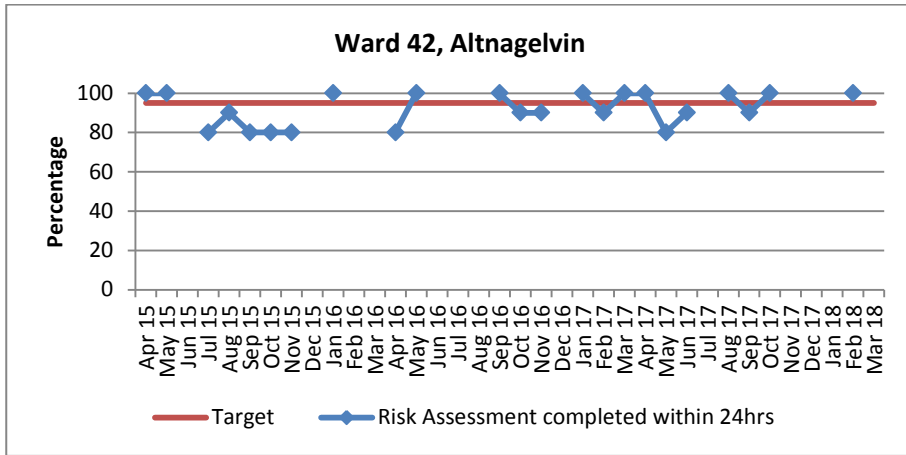
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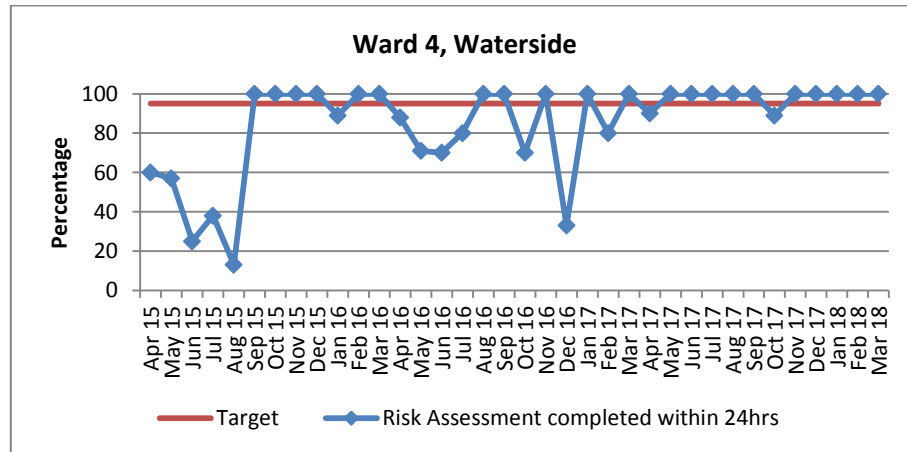
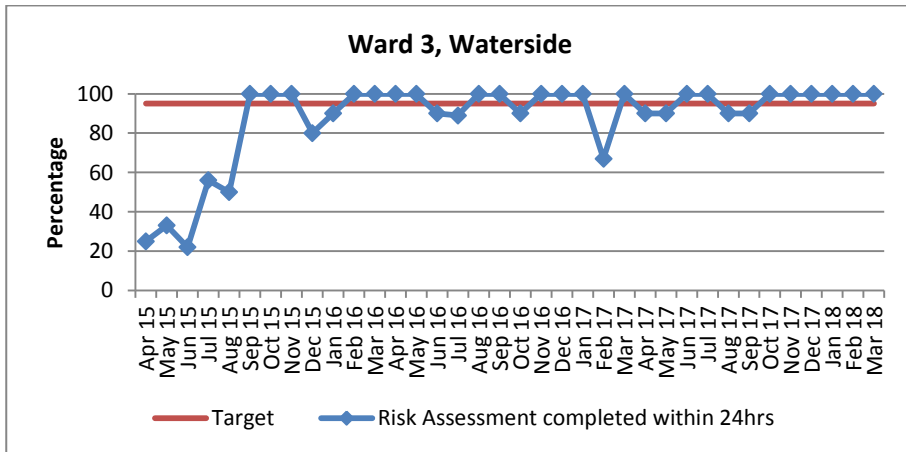
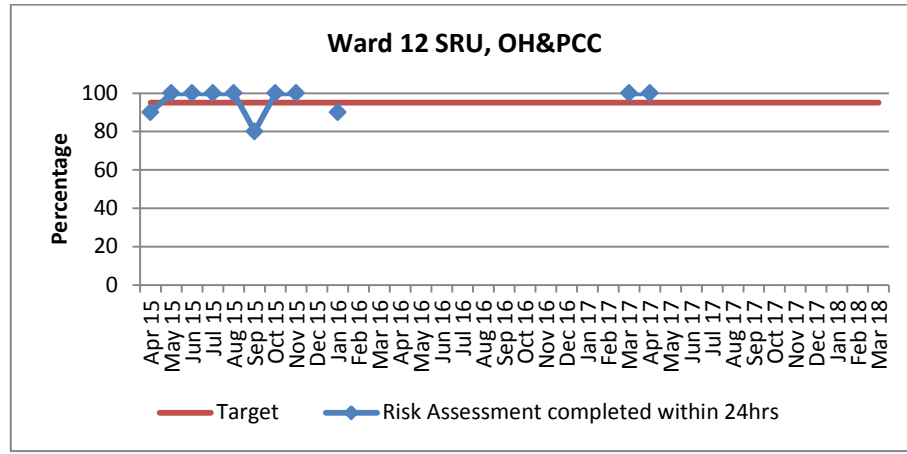
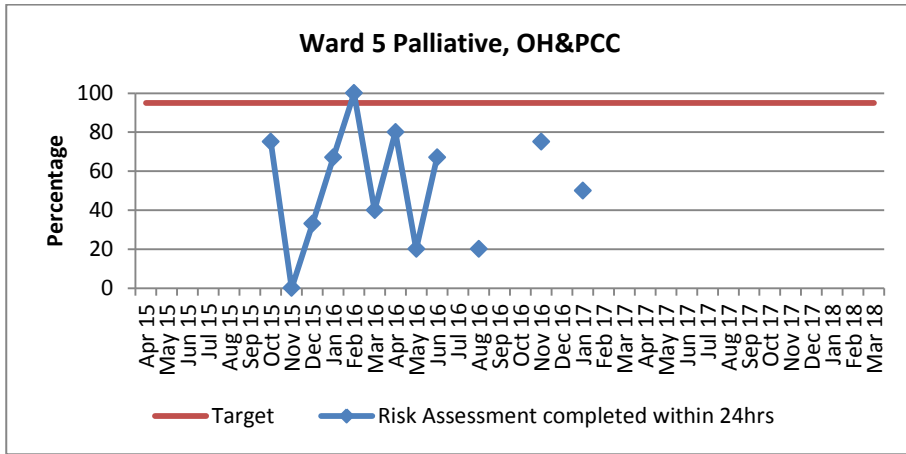
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