

An Audit on VTE Thromboprophylaxis and Incidence of Hospital Acquired Thrombosis

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Dear Editor,

We are writing to address an important issue faced in healthcare which is the need for thorough completion of Venous Thromboembolism (VTE) risk assessments to reduce cases of Hospital Acquired Thrombosis (HAT). Both mechanical and chemical prophylaxis are often ignored which are essential in the prevention of HAT cases. Studies have shown drastic sub-optimal rates of thromboprophylaxis (TP) prescriptions and risk assessment completions³. As a result, this significantly raises the incidence of HAT cases encountered in both medical and surgical patients.

We conducted an audit on VTE prophylaxis which focused primarily on medical patients in the Emergency Department. Similarly, our healthcare system is paper-based which requires signatures for TP to be prescribed. Data was collected and compiled regarding the completion of VTE risk assessments and HAT cases encountered from 26th July 2024 to 26th August 2024. Each data point consisted of 10 patients per day over the course of one month, totaling 310 patients. Out of the 310 patients recorded, only 53 patients had their VTE risk assessments completed. The concluded rate of completion of VTE risk assessments was approximately 17% with a total of 18 avoidable HAT cases. Given these results, we aimed to determine the main causes of low completion and poor prescription rates of TP as the main hospital of South-West Wales.

To begin with, most patients who present to the ED are seen by junior medical doctors and managed by nursing staff who are unaware of the importance of VTE TP. To address this issue, we have emphasized regular teaching regarding VTE TP according to NICE guidelines to all healthcare professionals including senior doctors to spread awareness on VTE risk assessment completions¹. Furthermore, we have also created an e-learning programme that is available to all healthcare staff as it is vital that health boards emphasize the importance of VTE TP by

providing continuous education¹. On the other hand, unclear documentation on outdated VTE proformas leads to patients not being prophylactically covered for VTE. We involved the haematology department to create an updated VTE prophylaxis proforma following NICE guidelines which is now in all medical proformas². Lastly, the lack of healthcare staff continues to persist. This is a challenge as insufficient staff leads to an increase in the incidence of patients not having TP which ultimately leads to higher cases of HAT. This is a matter that requires further evaluation on the balance of recruiting more staff in relation to hospital funds.

In conclusion, consistent education on VTE risk assessments as well as sufficient staffing and TP are extremely vital in the reduction of HAT cases. VTE risk assessments are crucial as failure commonly leads to deadly preventable outcomes. Having standardized teachings, better recruitment processes and updated guidelines can all reduce the incidence of HAT cases significantly which ultimately improves patient care.

Declarations of Conflicts of Interest:

None declared.

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