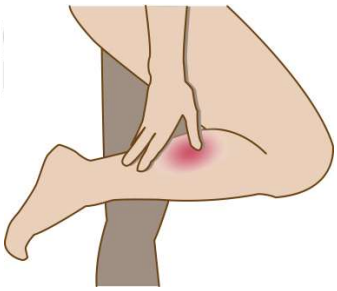

Stop the Clot

(VTE Risk Assessment in Immobilised Lower Limb)

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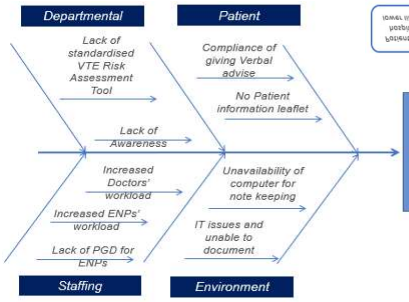
NHS Health Education England

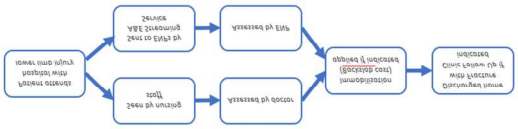
BACKGROUND

VTE assessment post lower limb immobilisation is paramount; as the consequences can be grave. They can range from having a blood clot in leg to death. A simple assessment can save life!

DIAGNOSTICS



Potential reasons for lack of VTE risk assessment & therefore subsequent complications



AIM & MEASUREMENT DEFINITION

Aim – By the end of March 2021, 6 in 10 patients will have VTE risk assessment & treatment, if indicated, before going home with lower limb immobilisation.

Chosen measure – Number of patients with documented VTE risk assessment being done in notes

Inclusions – Aged 17 years of age or over. Discharged home with lower immobilisation using plaster cast or moonboot. Presenting complaint being lower limb injury. Patient assessed by ED staff rather than speciality.

Exclusions – Aged younger than 17 years. Admitted to ward under speciality. Already on anti-coagulant. Other means of immobilisation like cricket splint/knee brace

Sampling method & frequency – Prospective weekly sampling.
Can you do this for cases retrospectively? Yes

CHANGE IDEAS

- Speaking to doctors during the handovers to continuously reminding them of the VTE risk assessment documentation
- Speaking to ENP lead so that information can be trickled down
- Speaking one to one with doctors & ENPs if the uptake of VTE risk assessment documentation is still poor
- Sending email to all the ED staff and also sending message on Whatsapp ED group
- Speaking with the nursing staff to remind the doctor if patient is being discharged without VTE risk assessment
- Set up poster for VTE risk assessment around the computer spaces to remind people to do it

PDSA 1

Plan	Do
Easy way of spreading information despite people ignoring. Occasional emails will start to emphasize importance	Raising awareness by sending out an email

Study	Act
As expected, no dramatic impact as a lot of people usually just ignore emails, however, compared to baseline, there has been some improvement	Sent out an email with details about project. Highlighted poor compliance compared to RCEM standards

PDSA 2

Plan	Do
Easy way of communicating/engaging with large audience. Shift patterns can be different so need to continue doing that so I can involve everyone	Speak to staff and spread awareness

Study	Act
Slight improvement for patients on the same day and next day, but then afterwards compliance started to drop down again as there can be different doctors/ENPs on different shifts and they may not know about it	Speak with Doctors & ENPs during handover to remind them in doing VTE risk assessment

PDSA 3

Plan	Do
Slightly difficult in sustaining it all by myself due to my shift patterns. I can involve other colleagues to say few lines at end of each training session	Increasing compliance via teaching

Study	Act
Better response than previous single attempts, as this time I was able to highlight the poor compliance of our department in detail	Attending departmental weekly teaching and presenting my project to colleagues to develop an interest

PDSA 4

Plan	Do
Displaced sticky notes left a bit of mess. Better not to repeat again as no significant improvement and it just created clutter	Setting up posters/sticky notes around department

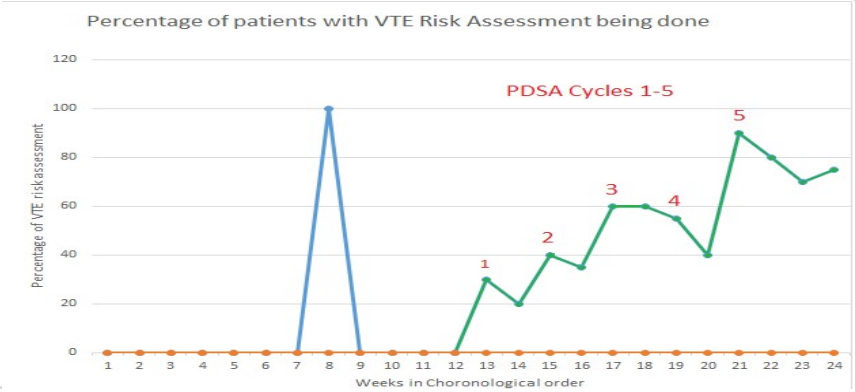
Study	Act
Sticky notes were quickly removed from monitors. No significant improvement observed	Placed A4 sized poster in Minors & ENP office. Also placed yellow sticky notes beside computer monitors

PDSA 5

Plan	Do
Even though more challenging to attend sessions with ENP during normal shift, it has been most effective. If the compliance in future drops, then this would be a key area to target	Spend time with ENPs

Study	Act
Most significant improvement of the PDSA cycles. The compliance has been consistently higher than initial proposed aim of 6 in 10	Majority of inclusion criteria patients are seen by ENPs, therefore decided to spend 2 sessions at different dates

RUN CHART



REFLECTIONS & LEARNING

- In the pre-PDSA phase of QIP, there have been no VTE risk assessment done on any of the patients, apart from 1 patient in week 8.
- In week 8, only 1 patient had attended ED, and that patient had VTE risk assessment done, therefore it is 100% assessment for that week.
- Each PDSA cycle was for 2 weeks.
- There have been some improvement in the implementation week of each PDSA, but in the next week, it has slightly dropped as expected, but still better than baseline median which was 0.
- The aim was to improve VTE risk assessment from current practice to at least 6 in 10 patients. By the end of this QI project, more than 60%, i.e. more than 6 in 10 patient were getting VTE risk assessment.

Acknowledgements: Nicola Davey, Heather Shearer, Tom Rollinson