

World Congress on

Patient Safety & Quality Healthcare

September 07-09, 2017 London, UK

A quality improvement project addressing VTE prophylaxis: factors contributing to compliance

Saraswati Aryasomayajula

Luton and Dunstable University Hospital, UK

Statement of the Problem: The House of Commons Health Committee reported in 2005 that approximately 25,000 people in the UK die from preventable hospital-acquired venous thromboembolism (VTE) annually. It is a simple intervention to reduce risk of fatal complications. It is important to address the factors that prevent achievement of 100% compliance.

Method: In September 2016, all trainees in the general surgical department completed a questionnaire addressing whether they received induction and how confident they felt about prescribing based on the VTE proforma. They reported how frequently they assessed patient's VTE risk. A spot audit on 25 patients who stayed for more than 48 hours was done in September.

Findings: 67% of trainees had received induction in VTE prophylaxis and 79% claimed that they always knew what to prescribe after using the current proforma. 42% of trainees reported that they never re-assess patients' VTE risk 24 hours after admission and 45% never reassess on discharge. These trends were similar in the spot audit. Although 87% of patients had VTE assessment on admission, 75% of proforma were completed incorrectly and 62% of patients had an incorrect prescription. Some reasons for not adhering to the proforma were; it is too complicated, difficult to find and there isn't enough time. Targets for VTE prophylaxis are consistently below 100% and re-assessment rates are very low using the current VTE proforma.

Conclusion & Significance: Findings were presented at the Clinical Governance meeting. Emphasis was made for senior clinicians to check VTE assessment and make time on ward rounds. Specific VTE Training was provided to the new FY1 cohorts which will continue on a 4-monthly basis. A new, simplified proforma was designed and trialed in the unit. Having liaised with pharmacy, a compulsory VTE assessment on the electronic prescribing software is being trialed.

Biography

Saraswati Aryasomayajula recently completed MBChB degree from University of Birmingham, UK. She is currently working as a Junior Doctor at the Luton and Dunstable University Hospital. Her interest and passion to deliver effective patient care has allowed her to find an area of clinical need, carry out an audit and place recommendations within 4 months of starting work in the General Surgery department.

samyukta17@gmail.com

Notes: