



A community of quality and patient safety improvers

Venous Thromboembolism

"Using QI to reduce harm and promote recovery"



An Stiúrthóireacht um Ardchaighdeán
agus Sábháilteacht Othar
Oifig an Phríomhoifigigh Clínicíúil

National Quality and
Patient Safety Directorate
Office of the Chief Clinical Officer



NQPSD Resources

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Apply to become a member of Q Community – find out more via the Q Website

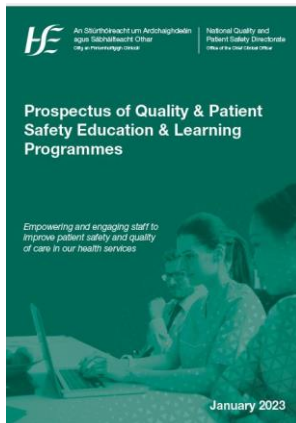


For information on how to apply contact:

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Access Education and Learning

Find out about courses available to you and your Team



World Patient Safety Day 2023

World Patient Safety Day
17 September 2023



Scan to access resources



Listen to our podcast series

Listen to seven podcasts based on the Patient Safety Strategy themes.



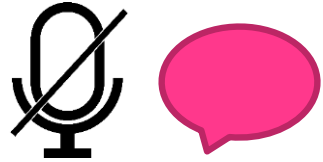
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How we are running today's session



- You will be muted but the chat is open throughout - please post any questions or comments there and we will address them after the presentation.



- If your tech fails, don't worry – we're recording it so you can watch back on the NQPSD YouTube channel and access the slides at your convenience.



- Audio is available via your PC or dial in:
+353-153-39982 Ireland Toll
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Please feel free to continue the discussion on Twitter / X: **@QPSTALKTIME**
| @NationalQPS | @RoisinQPS | @mapflynn | @johnfitzsimons9 | @fniainle | @bibibassa |
| @annmarie09 @thrombosisirl | @a_cute_medANP



| #QIreland | #patientsafety |

- Please help us to improve our QPS TalkTime Webinars by completing a short feedback form (pop up window before you log out)
- You will receive an email from QPS TalkTime confirming your attendance



To get started ... we invite you to

Share using the chat box

- Your name, work and where you are joining us from ...
- Finish this statements:

“VTE prevention is the responsibility of...”

QPS TalkTime



A community of quality and patient safety improvers

QPS TalkTime Ep.13

Tuesday, 26 September from 13.00 - 14.00

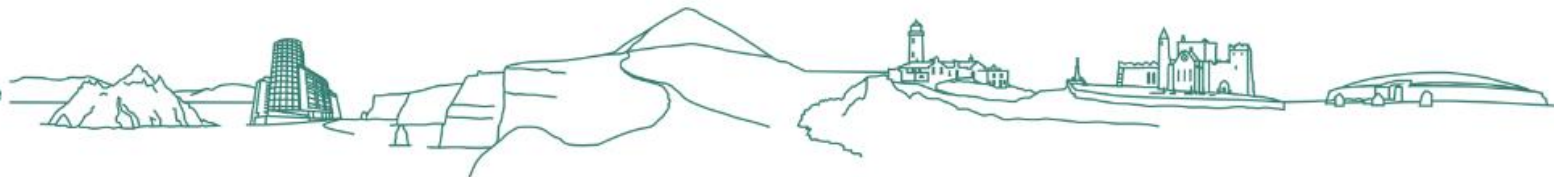
What will I learn?

- To understand the impact and epidemiology of VTE.
- How to risk assess and optimally prevent hospital-acquired VTE.
- To understand the importance of raising awareness of the signs and symptoms of VTE.



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Speakers today



Prof. Fionnuala Ní Áinle

National Clinical Lead for the Venous
Thromboembolism Patient Safety Programme



Ann Marie O'Neill

CEO, Thrombosis Ireland



Dr. Bibi Bassa

Emergency Medicine Registrar,
Mater Hospital



Carol Walsh

Advanced Nurse Practitioner,
Bantry hospital

Co-hosted by



Róisín Egenton,

Programme Manager (Strategy),
Quality and Patient Safety
Improvement



Dr. John Fitzsimons,

Clinical Director with the National
Quality and Patient Safety
Directorate and Consultant
Paediatrician at Children's Health
Ireland at Temple Street.



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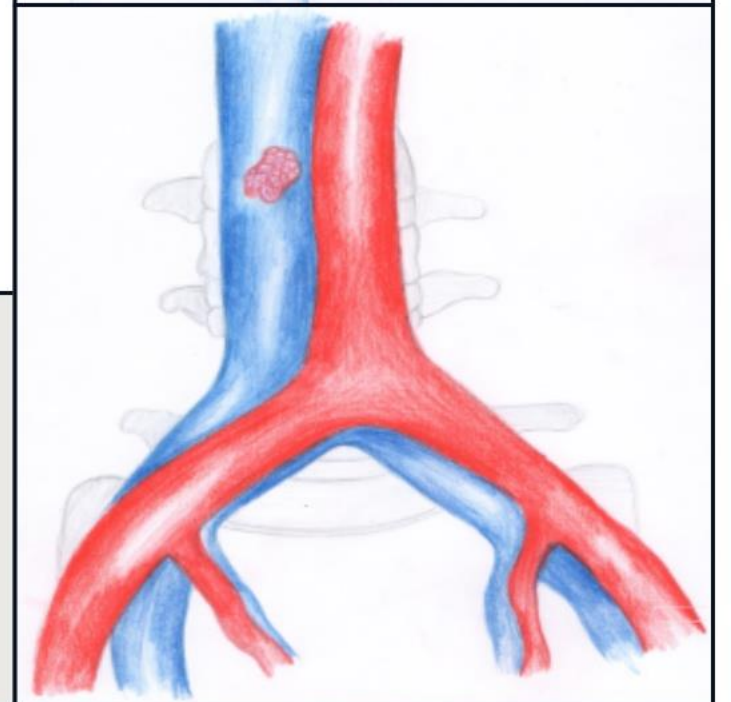
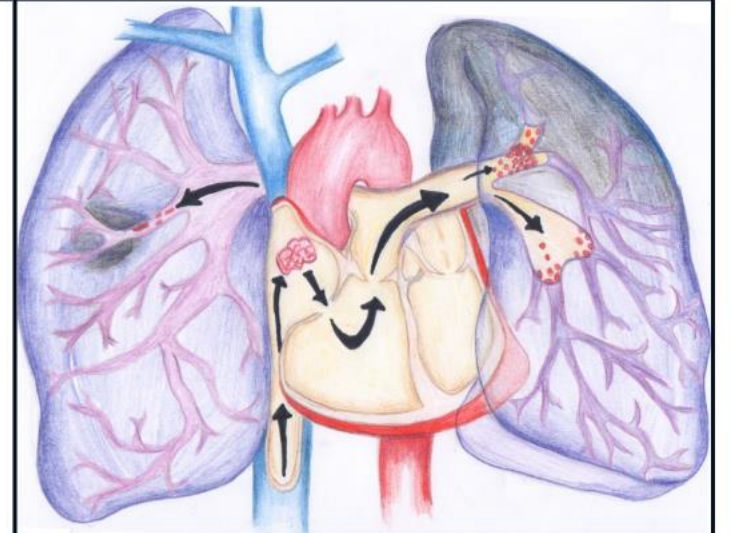
13
BILLION
EURO

ANNUAL ESTIMATED COST IN EUROPE

1 IN 20 IRISH
PEOPLE

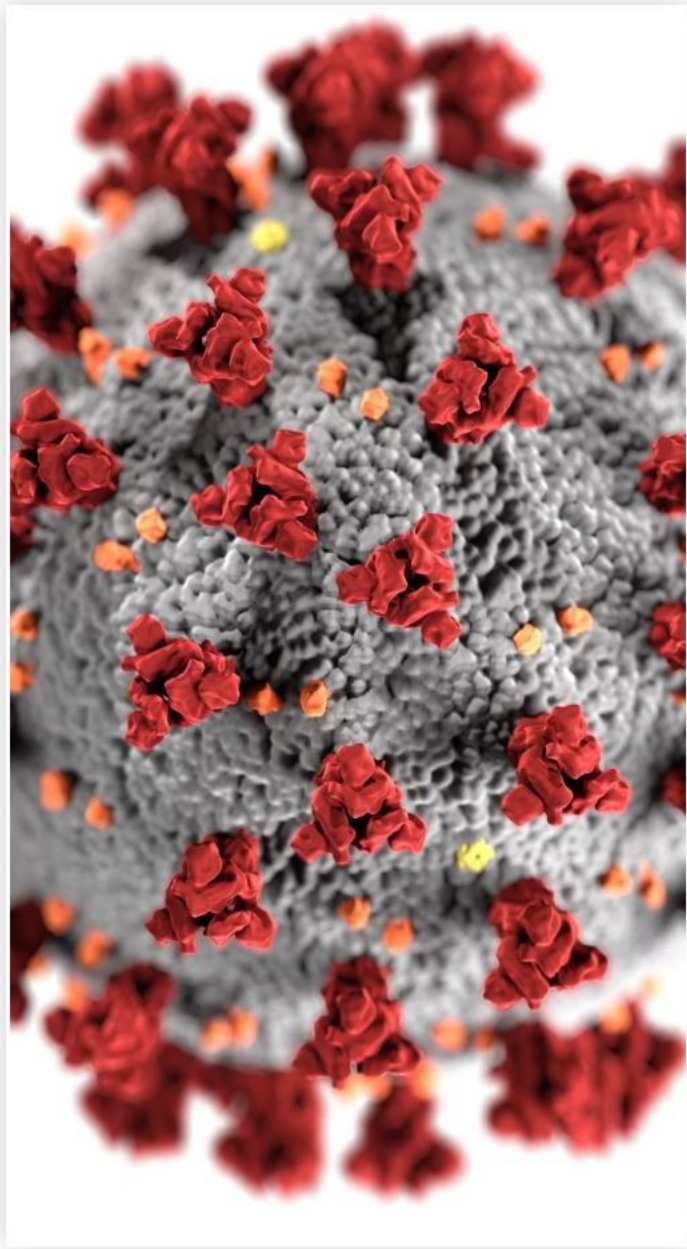


CHRONIC
DISEASE



A satellite image of Earth showing South America, Central America, and the surrounding oceans. The text "1 DEATH EVERY 37 SECONDS" is overlaid in white on a dark rectangular background.

1 DEATH EVERY 37 SECONDS



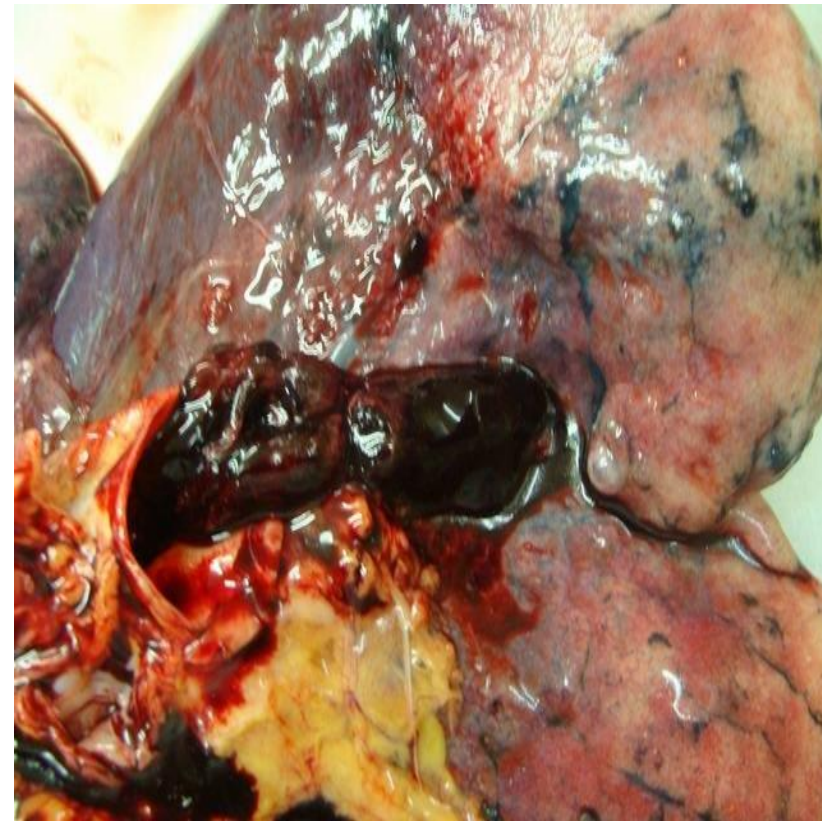
20%  
of patients with severe COVID-19 develop VTE

Hospital Acquired Thrombosis (HAT)

Any VTE that occurs during a hospital admission

Or

Within 90 days of discharge





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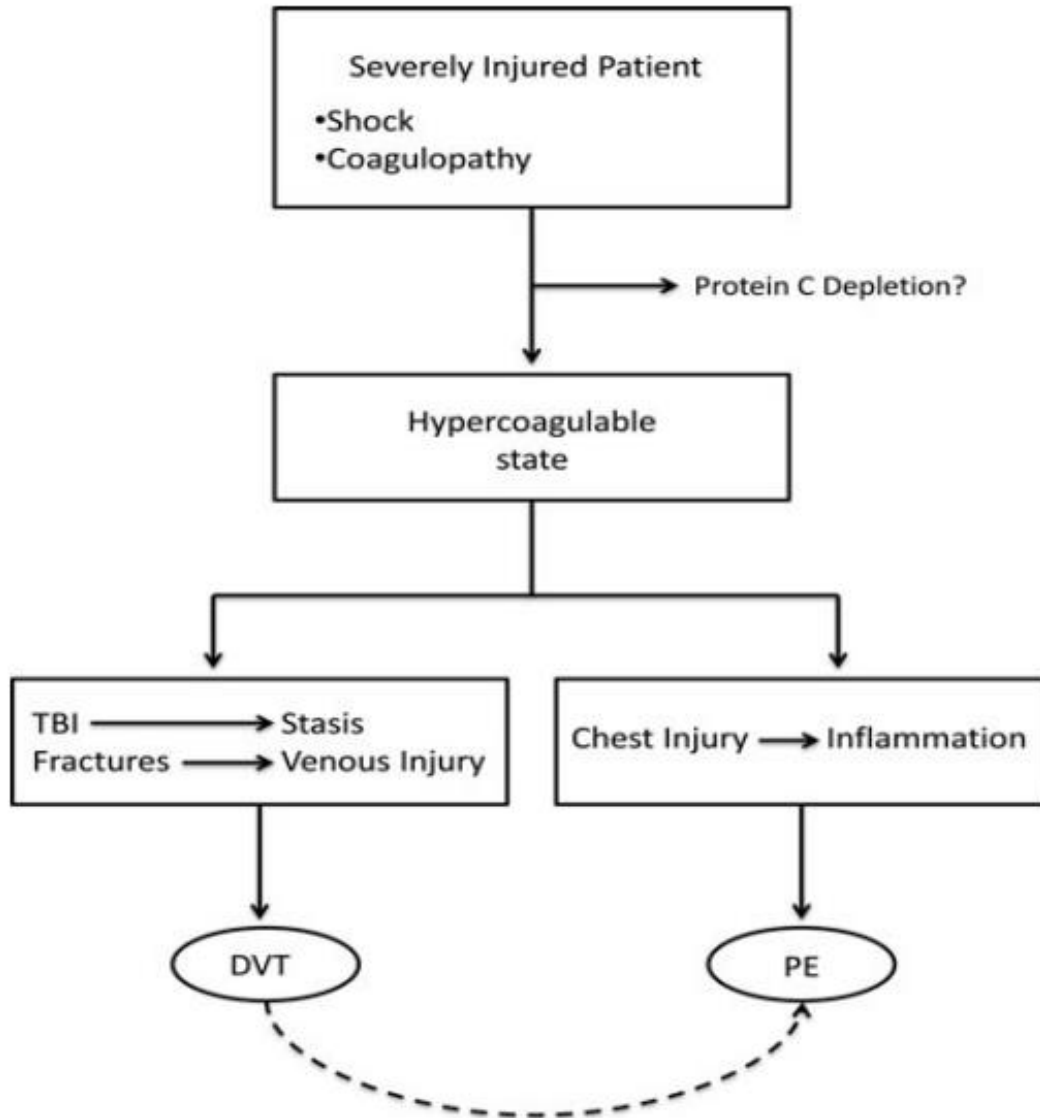
VTE Complexities in Trauma Patients

Dr Bibi Ayesha Bassa
Royal of surgeons in Ireland

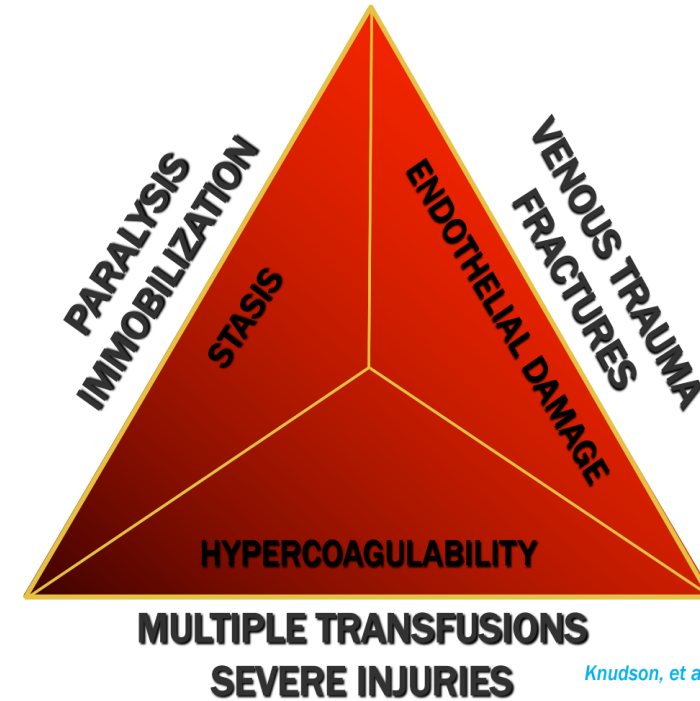
Why are trauma patients so complex when considering other cohorts?

- Parallel competing bleeding risks
- Complex injury patterns
- No VTE risk assessment model (RAM) validated in the trauma cohort
- No international consensus on prevention strategies – Significant practice variation
- No high-quality data – Few prospective studies/Mostly retrospective review of databases → Very little level 1 evidence

Coalition of Leaders in the study of Traumatic Thromboembolism (CLOTT)



Knudson's Trauma Triad



Knudson, et al., J Trauma, 1994

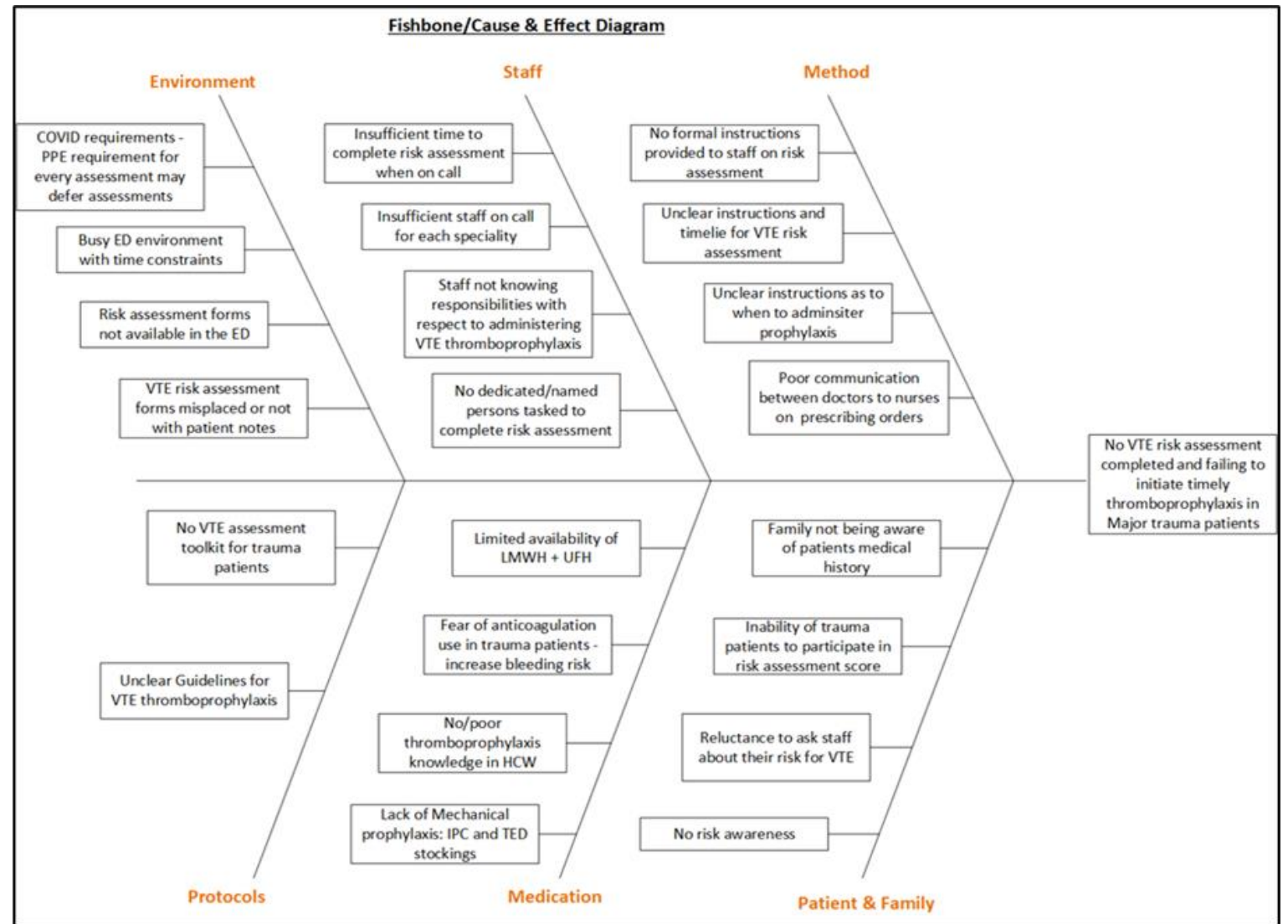
1. Knudson et al: Annal Surgery 2011
2. Velmahos et al: Arch Surg 2009



QI to the Rescue

VTE is very much work as
imagined vs work as
done

Impossible to apply a
blanket guideline and
expect results without
understanding your
system



Benefits of QI to prevent VTE in local hospital



DATA = UNDERSTAND LOCAL
POPULATION → INCIDENCE
RATES AND TRENDS AND
VULNERABLE PATIENTS



UNDERSTAND *SYSTEM*
CAPACITY



UNDERSTAND *CURRENT*
PRACTICE



IDENTIFY *AREAS OF*
OPPORTUNITY

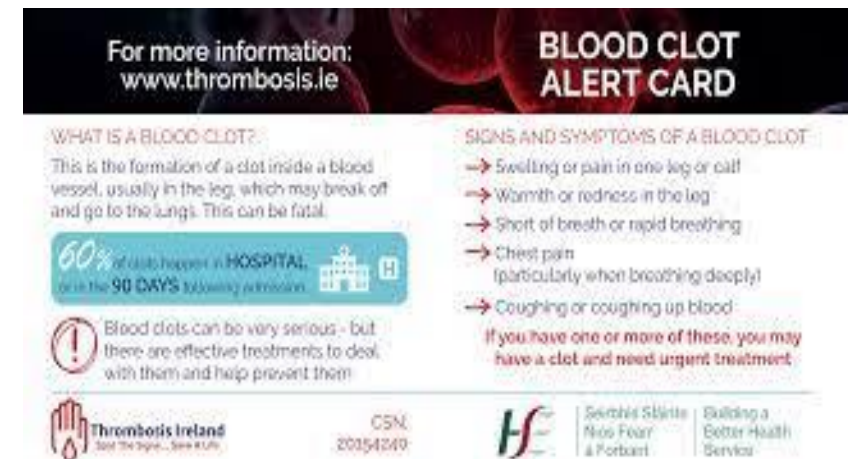


TURN WASTED TIME INTO
VALUE ADDED TIME

QI Project: *Beat the Clot*

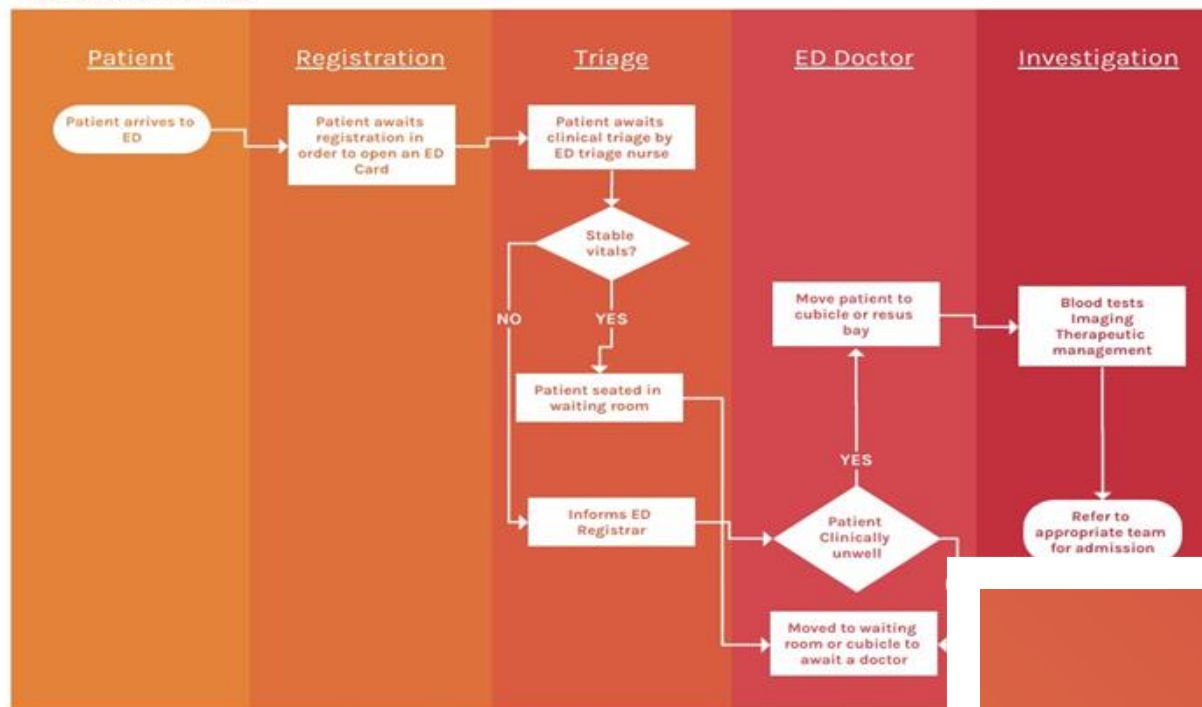
Postgraduate Certificate in Leadership and Quality in Healthcare

- **We will eliminate preventable VTE in major trauma patients in the Mater Hospital by June 2023**
 - VTE **risk assessment completed** for all admitted MT patients by the trauma service.
 - **Identifying a service** tasked with VTE risk assessment responsibility.
 - Provide training to risk assess on a **daily basis** and initiate the correct prophylaxis.
 - Pharmacy to increase **supply of mechanical and pharmacological prophylaxis** to the ED.
 - **Reduce VTE risk** for admitted major trauma patients and improved long-term prognosis.



SWIMLANE ACTIVITY DIAGRAM:
ED Workflow Distribution

START / END PROCESS DECISION



KNOW THROMBOSIS

#KeepLifeFlowing



WORLD THROMBOSIS DAY
13 OCTOBER



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BANISHING BLOOD CLOTS



IN BANTRY GENERAL HOSPITAL



What was the problem?

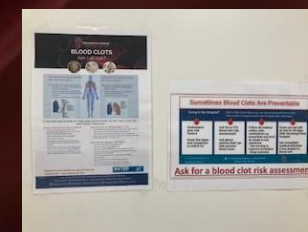
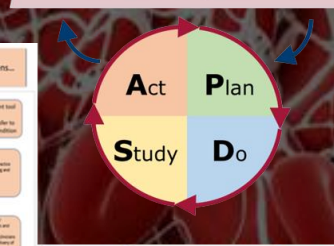
- There is a high rate of blood clots associated with hospitalisation.
- National HA-VTE rates are approx. 8 per 1000 (HSE 2018).
- BGH HA-VTE rates 32.2 per 1000 for 2022.
- Local audit results on VTE risk assessment rates and prescribing of thromboprophylaxis were poor.
- RCA shows poor knowledge on HA-VTE, variances in practice, lack of local guidance, workload and time constraints as possible causative factors.



What are we trying to accomplish?

Reduction of HA-VTE to zero for all admitted patients attending Bantry General Hospital by June 2023

- 100% of VTE risk assessments completed on admission to Bantry General Hospital.
- 100% of patients deemed at risk for VTE will have appropriate thromboprophylaxis prescribed.
- 0 patients will experience a major bleeding event.

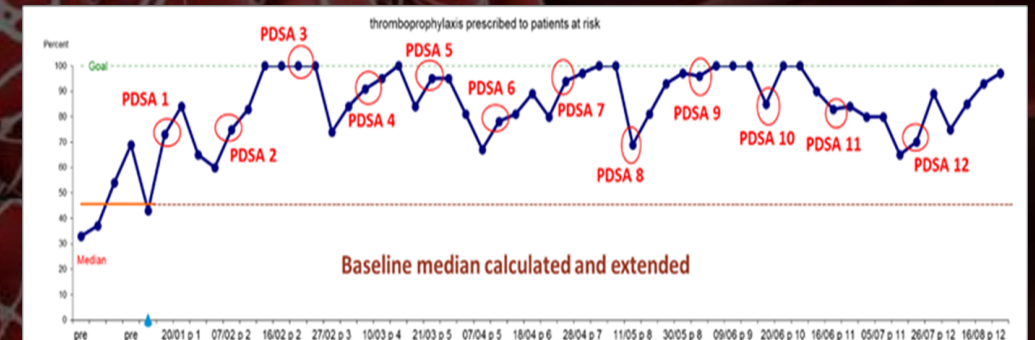
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Results

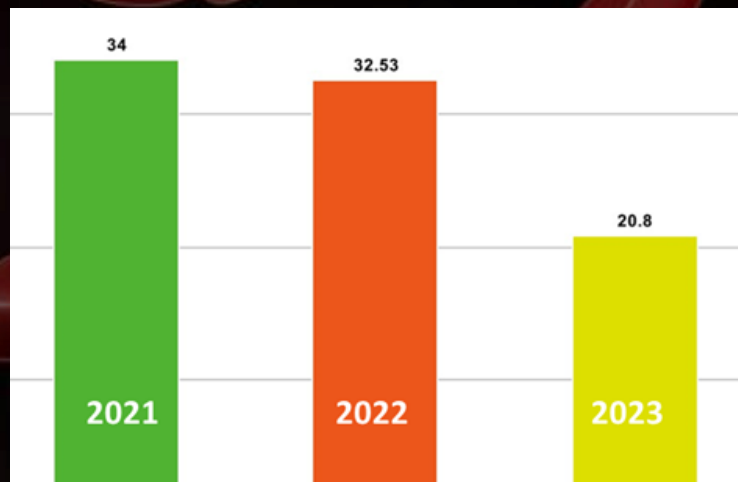
Risk assessments increased from 10% to 78.5%



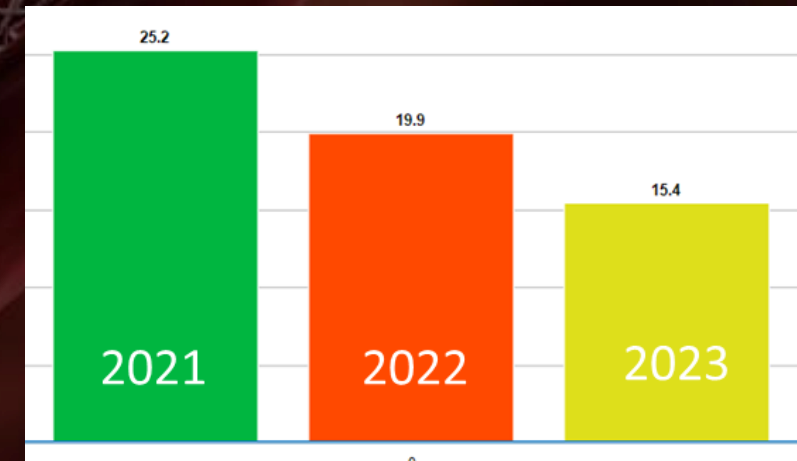
Prescribing increased from 43% to 89%



Quarter 1 data 2021 -2023



Quarter 2 data 2021 -2023



Learning gained

- Understand the data and where it is coming from.
- Do not presume that HCW have a good knowledge base on HAVTE
- Dealing with resistance
- Educating and empowering patients.



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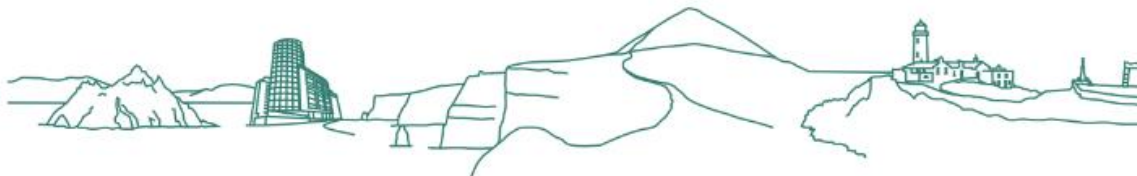
Thursday, 5 October from 13.00 - 13.45

IADNAM Conference special

*“Creating tomorrow today:
how to prepare for a radically different future”*



with Dr Helen Bevan



Scan me!



Let us know how we did today

Reminder: Short questions (pop up) as you sign off, please help us to improve our QPS TalkTime Webinars by sharing your feedback

We really appreciate your time, thank you.

*Thank
you*

Contact: Kris.Kavanagh@hse.ie to be included on our mailing list to receive QPS TalkTime invitations