**Examples of Hospital Intranet Safety Alerts**

**November 2016: Blood clots related to hospital stay are potentially preventable.**

Has your patient been venous thromboembolism (VTE) risk assessed and prescribed appropriate thromboprophylaxis? Have you rechecked this as part of your daily review?

Since January 2016 we have had 256 Hospital associated thrombosis in our hospitals. Most of these occurred despite exemplary thromboprophylaxis, however root cause analysis found that 30 were potentially preventable.

Thromboprohylaxis may include anti-embolism stockings, low molecular weight heparin (LMWH) – an injected anticoagulant (blood thinner) - or for some stroke patients intermittent pneumatic compression boots.

Whilst potentially preventable HATs are a rare event (0.05% of admissions), errors in our processes are likely to be much commoner.

**Reason for Potentially Preventable HAT**

**Our aim is for zero errors leading to blood clots.**

**Ways you can help:**

**For nurses** – avoid delays in administration and missed doses of LMWH (without documentation of reason)

**For doctors** – risk assessment errors, dosing errors and prescribing delays especially around the time of a procedure

For VTE prevention guidelines and support tools, please see ‘Anticoagulation and Thrombosis’ section of intranet: <http://orh.oxnet.nhs.uk/anticoagulation/Pages/AboutVTEprophylaxis.aspx>

**New and improved electronic VTE risk assessment, Sunday 11th December 2016**

The hospitals will switch to an updated version of the electronic venous thromboembolism (VTE) risk assessment for all adult medical and surgical patients on Sunday 11th December.

Please note, the maternity eVTE risk assessment is being upgraded separately and so this does not affect patients who are in ‘pregnancy and the puerperium’.

**Reason for change**

The eVTE risk assessment takes the prescriber through risk factors for both thrombosis and bleeding, and contraindications to anti-embolism stockings if appropriate. Based on the answers, it gives a recommendation for thromboprophylaxis: such as to prescribe low molecular weight heparin (LMWH) or mechanical measures (anti-embolism stockings, AES, or intermittent pneumatic compression boots, IPC).

The key feature of the new version of the eVTE risk assessment is that it will ‘link’ the recommended outcome of the eVTE risk assessment to e-prescribing. This should make documentation of the eVTE risk assessment more relevant, and make prescription and documentation easier.

The ‘link’ will work in both directions, that is:

- Completion of eVTE risk assessment leads to a ‘recommended outcome’, and if the prescriber agrees with this then the prescriber will be led through to a powerplan for VTE prophylaxis (if the prescriber does not agree with the outcome recommendation then there is an option not to follow it, but the reason must be documented)

- If the VTE risk assessment has not yet been completed but a doctor starts to write a prescription for prophylactic dalteparin/AES/IPC then it will force the VTE risk assessment to be completed first, and then take prescriber through to appropriate power plan.

**When this will happen, and how you will be affected**

Unfortunately there needs to be a short period of ‘downtime’ **09:00-16:00 Sunday 11th December** during which the electronic VTE risk assessment will be unavailable. We apologise for the inconvenience that this will cause. If you try and complete a VTE risk assessment during this period you will receive an alert that it is not possible to do so until. In this circumstance, please prescribe thromboprophylaxis as appropriate, and please remember to document the eVTE risk assessment once it is available again.

We hope that this update to link the e-VTE risk assessment outcome to e-prescribing will be a significant improvement. Please let us know feedback once it has started as this will help refine it in the future.

**Where to find help**

For quick reference guide on how to complete the new eVTE risk assessment and link with prescribing: <http://orh.oxnet.nhs.uk/EPR/Document%20Library/EPR%20QRGs/ePMA%20Guides/VTE-RA%20QRG.pdf>.

For any queries/difficulties with regards to the EPR switch, please contact the IT help desk on x22822 (IT support analyst available out of hours via page, details on answer-machine message).

For VTE prevention feedback or to request further support please contact the VTE prevention team on VTEprevention@ouh.nhs.uk or x25384.