

Physical Health & VTE Risk Assessment Audit - Mental Health Division (Re-audit)

Are inpatients routinely assessed for venous-thrombo-embolism on admission?

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CQC Outcome: 4 & 21: Care and welfare of people who use services, Records

COMMITTEE/GROUP where report reviewed	Date	Assurance (Yes/No)

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1. Project Definitions

1.1 Project Aims and objectives

The audit was aimed to investigate whether physical health assessment and VTE risk assessment were routinely completed and documented. The results will be used to develop plans around the

prevention and management of VTE in inpatients, in conjunction with the Medicines Safety Group committee.

1.2 Background

An estimated 25000 people in England die from preventable hospital-acquired Venous Thromboembolism (VTE) every year. There have been several adverse incidents involving venous-thromboembolism (VTE) on inpatient adult and older adult wards. Though VTE is not common, it can be fatal and it is therefore important that clinical practice in Oxford Health NHS Foundation Trust is in line with best practice guidelines. The recently issued NICE guidelines give a framework for assessment and management of VTE risk, and this has recently been introduced to Oxford Health NHS FT. This is a re-audit followed by an initial audit carried out in Sep 2011.

In July 2012 the National Safety Thermometer is being introduced on the Older Adults wards which also assessed the VTE Risk assessment. The planned re-audit in 2012 will compare the audit results with the Safety Thermometer results for Older Adult wards.

1.3 Scope and Methodology

The audit was completed in May 2012 using the electronic patient information system, PCIS/ RiO and where needed paper notes available on the wards were also reviewed. Data collection focussed on assessing evidence that the physical health proforma has been completed and VTE risk identified. An audit tool (Appendix 1) was used for data collection with minimal patient details (RIO / NHS number) to ensure patient confidentiality.

1.4 Standards

1. All patients admitted to inpatient wards should have a physical health assessment on admission.
2. The physical health assessment should be clearly documented within patient notes.
3. The physical health assessment should include documentation of VTE risk (and appropriate management where necessary).

1.5 Sample Size

Majority of the adult and older adult wards in Oxfordshire and Buckinghamshire were included except Fiennes ward. In total 144 adult and 65 older adult inpatients records were audited.

Number of cases audited per ward

Number of cases added per ward			
Sub Division	County	Ward	Number of Patients
Adult	Oxon	Allen	21
		Ashurst	12
		Phoenix	20
		VT	20
		Wintle	20
	Bucks	Kimmeridge	31
		Portland	20
Older Adult	Oxon	Cherwell	17
		Sandford	16
	Bucks	Cromwell	16
		Harding	16
Total			209

Patient's demographic information is attached in appendix 2.

2. Key Findings

Standard 1: All patients admitted to inpatient wards should have a physical health assessment on admission

Physical Health Assessment Completed - Overall (n=209)

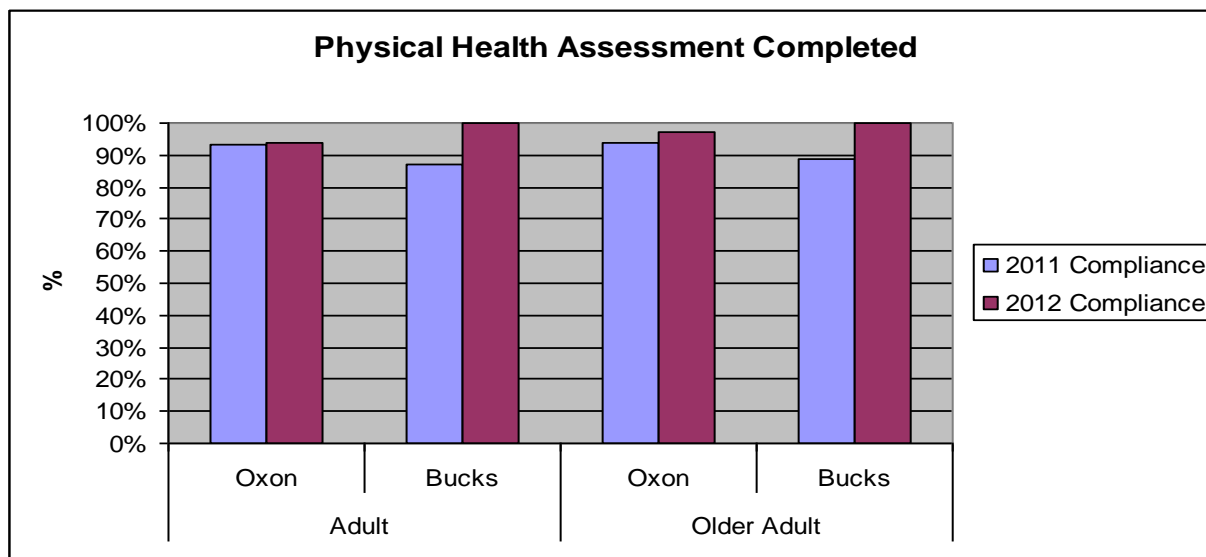
MH Division	2011 Compliance	2012 Compliance
Adult	90%(121/133)	96% (135/140)
Older Adult	92% (71/77)	98% (61/62)
Total	91% (192/210)	97% (196/202)*

*Six patients declined a physical health assessment and were excluded from the sample

*Admission clerking was not available for one patient as pre-RiO and was excluded from the results; however they had subsequent physical health checks documented in the progress notes. Nil on core assessments

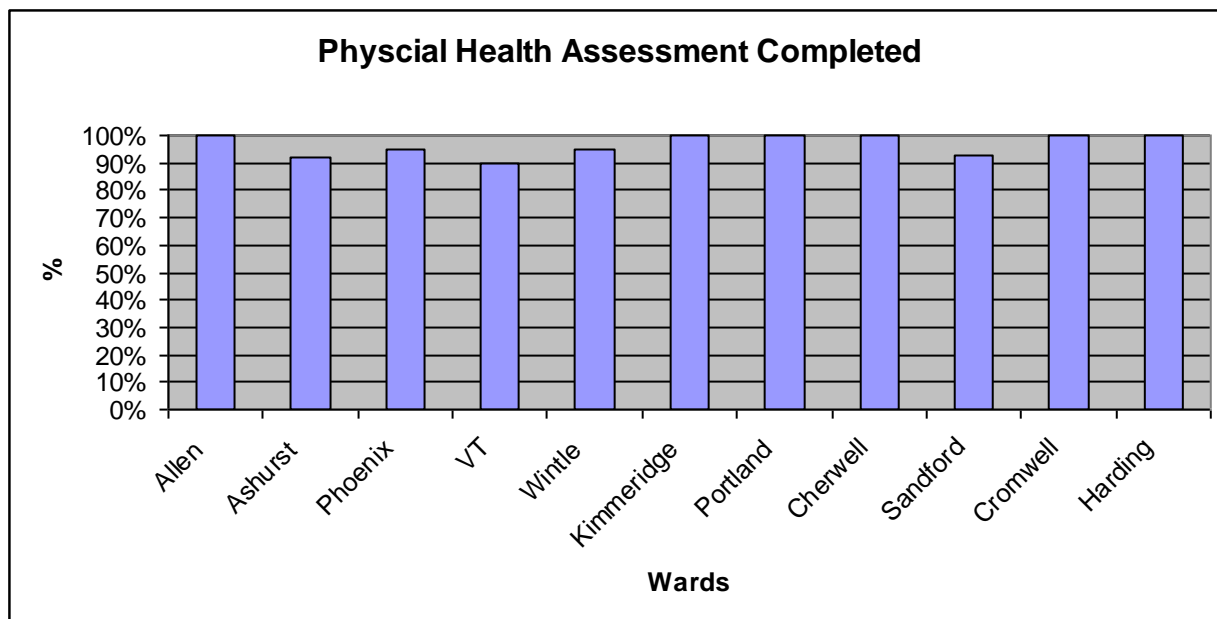
Physical Health Assessment Completed - County Level (n=202)

MH Division	County	2011 Compliance	2012 Compliance
Adult	Oxon	93% (80/86)	95% (88/93)
	Bucks	87% (41/47)	100% (47/47)
Older Adult	Oxon	94% (47/50)	97% (29/30)
	Bucks	89% (24/27)	100% (32/32)

**Physical Health Assessment Completed - Ward Level (n=202)**

Physical Health Assessment Completed - Ward Level (n=202)			
Sub Division	County	Ward	2012 Compliance*
Adult	Oxon	Allen	100% (21/21)
		Ashurst	92% (11/12)
		Phoenix	95% (19/20)
		VT	90% (18/20)
		Wintle	95% (19/20)
		Bucks	Kimmeridge
	Portland		100% (20/20)
	Older Adult	Oxon	Cherwell
Sandford			93% (13/14)
Bucks		Cromwell	100% (16/16)
		Harding	100% (16/16)
Total (n=202)			97% (196/202)

*It was not possible to include the results for 2011 at ward level as figures not available.



Standard 2: The physical health assessment should be clearly documented within patient notes

Physical health assessment documented (n=196)

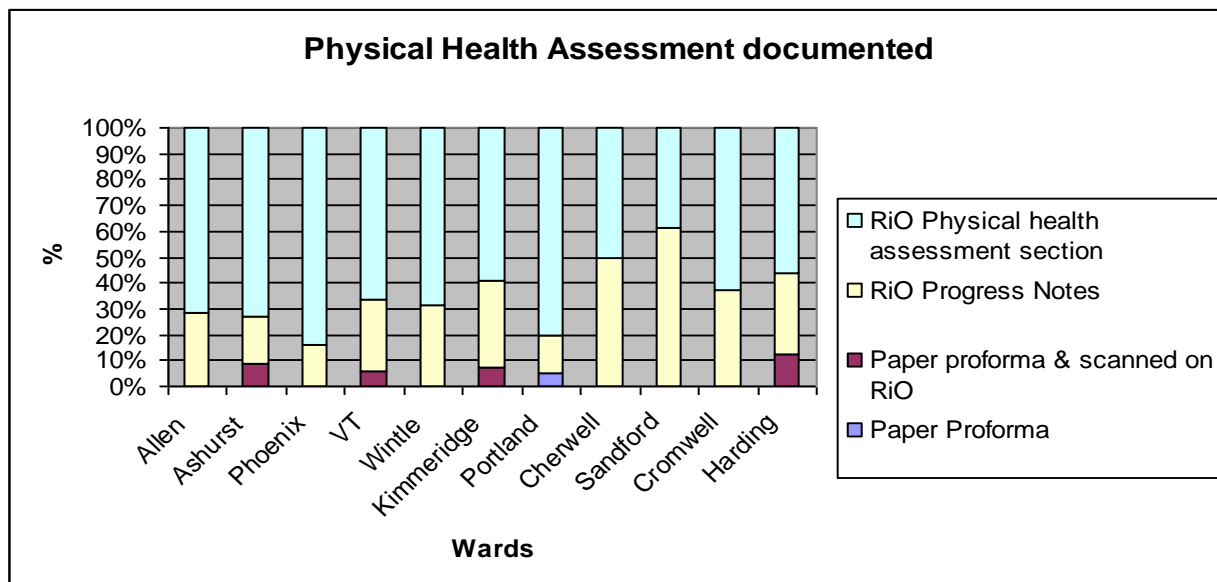
MH Division	2012 Compliance
Adult (n=135)	100%
Older Adult (n=61)	100%
Total (n=196)	100%

There was a good level of documentation for the physical health assessment; however, this information was documented in a variety of different places - majority within RiO and in few cases on paper copies or both, paper as well as on RiO.

Location of physical health assessment documented. (n=196)

Sub-Division	County	Ward	Paper Proforma	Paper proforma & scanned on RiO	RiO Progress Notes	RiO Physical health assessment section
Adult	Oxon	Allen (n=21)	-	-	29%	71%
		Ashurst (n=11)	-	9%	18%	73%
		Phoenix (n=19)	-	-	16%	84%
		VT (n=18)	-	6%	28%	67%
		Wintle (n=19)	-	-	32%	68%
	Bucks	Kimmeridge (n=27)	-	7%	33%	59%
		Portland (n=20)	5%	-	15%	80%
Older Adult	Oxon	Cherwell (n=16)	-	-	*50%	*50%
		Sandford (n=13)	-	-	62%	38%
	Bucks	Cromwell (n=16)	-	-	38%	63%
		Harding (n=16)	-	13%	31%	56%
Total (n=196)			1%	3%	31%	65%

*In three cases the physical health assessment was documented both in RiO progress notes and physical health assessment section.



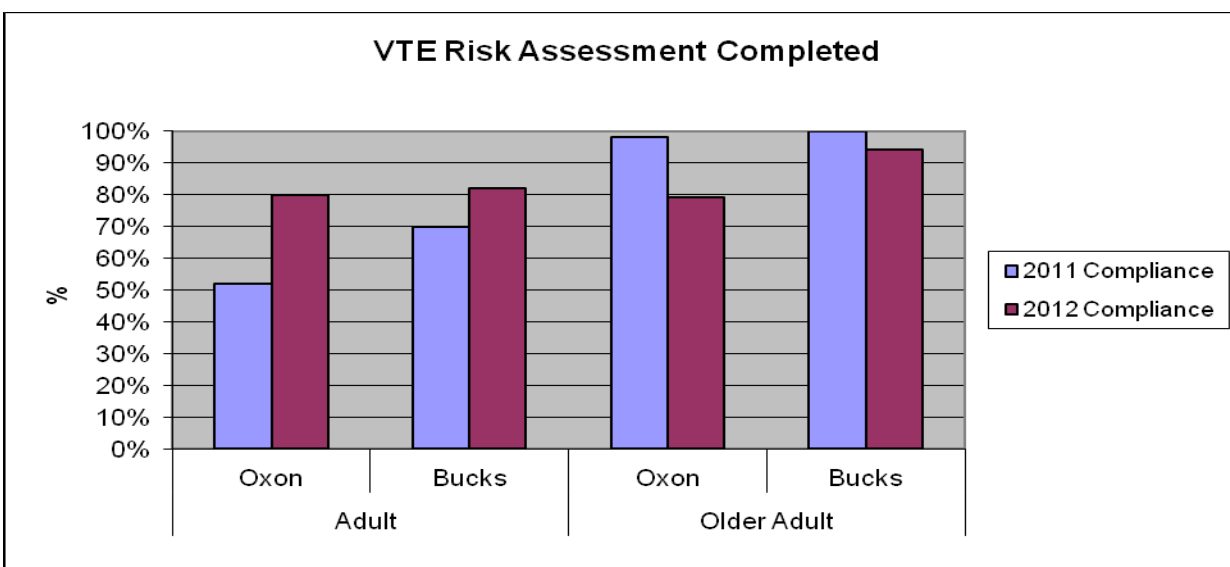
Standard 3: The physical health assessment should include documentation of VTE risk (and appropriate management where necessary)

VTE Risk Assessment Completed - Overall (n=209)

MH Division	2011 Compliance	2012 Compliance
Adult	59% (80/135)	81% (116/144)
Older Adult	99% (76/77)	86% (56/65)
Total	74% (156/212)	82% (172/209)

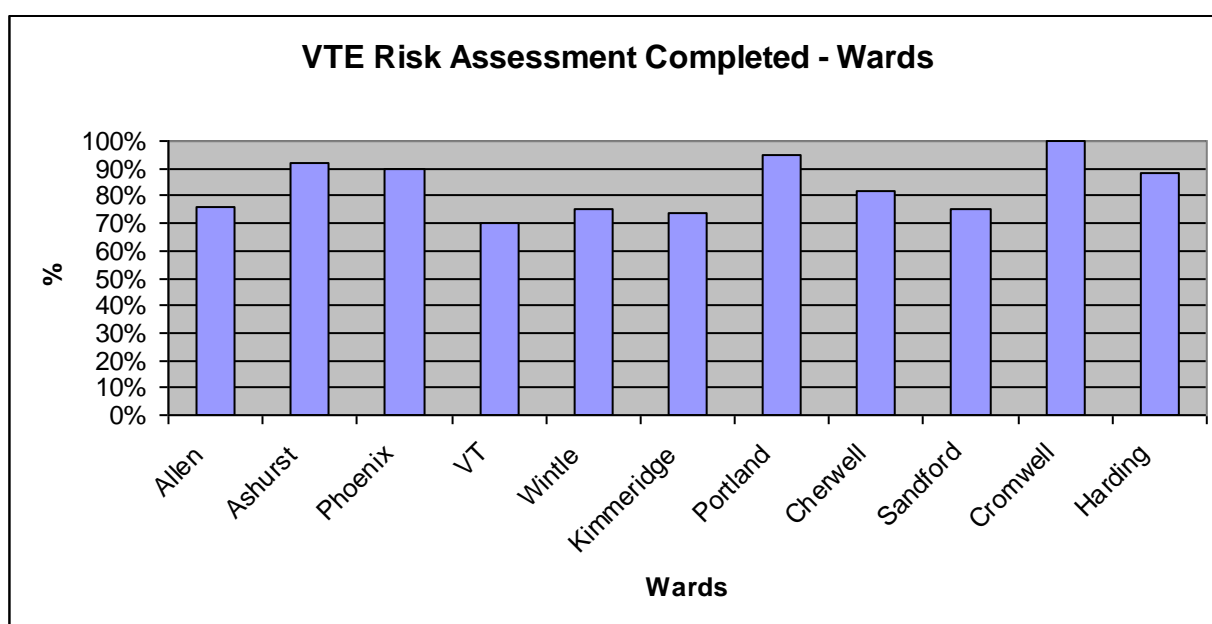
VTE Risk Assessment Completed - County Level (n=209)

MH Division	County	2011 Compliance	2012 Compliance
Adult	Oxon	52% (41/79)	80% (74/93)
	Bucks	70% (39/56)	82% (42/51)
Older Adult	Oxon	98% (49/50)	79% (26/33)
	Bucks	100% (27/27)	94% (30/32)



VTE Risk Assessment Completed - Ward Level (n=209)

VTE Risk Assessment Completed - Ward Level (n=209)			
MH Division	County	Ward	2012 Compliance
Adult	Oxon	Allen	76% (16/21)
		Ashurst	92% (11/12)
		Phoenix	90% (18/20)
		VT	70% (14/20)
		Wintle	75% (15/20)
	Bucks	Kimmeridge	74% (23/31)
		Portland	95% (19/20)
Older Adult	Oxon	Cherwell	82% (14/17)
		Sandford	75% (12/16)
	Bucks	Cromwell	100% (16/16)
		Harding	88% (14/06)
		Total	

**Appropriate management – Where Applicable (n=172)**

Appropriate management where Applicable (n=172)					
MH Division	County	Ward	Yes		No
			High Risk (Drug Prescribed)	Low VTE Risk (No Drugs required)	
Adult	Oxon	Allen (n=16)	0%	100%	0%
		Ashurst (n=11)	0%	100%	0%
		Phoenix (n=18)	0%	100%	0%
		VT (n=15)	7%	93%	0%
		Wintle (n=16)	19%	81%	0%
	Bucks	Kimmeridge (n=25)	0%	96%	4%
		Portland (n=20)	5%	95%	0%
Older Adult	Oxon	Cherwell (n=17)	100%	0%	0%
		Sandford (n=16)	100%	0%	0%
	Bucks	Cromwell (n=16)	7%	93%	0%
		Harding (n=16)	17%	83%	0%
	Total (n=172)			19.76%	79.65%

3. Detail of Findings

Good Points

- Completion of physical health assessment has improved (97%) as compared to initial audit (91%).
- Where completed, 100% of the physical health assessments were documented.
- VTE risk assessment has improved (82%) as compared to the initial audit (79%).
- Where a VTE risk assessment has been completed, 99.41% showed appropriate management.

Areas for Improvement

- Physical health assessment completion needs to improve until 100% is achieved.
- After completion, physical health assessment for every patient needs to be recorded on RiO Physical health assessment section.
- Ensure that VTE risk assessment is completed for every patient on the ward.

4. Draft Action Plan

Action	Responsibility	Timescale for Completion	Evidence of Completion
Feedback audit results to the wards and Clinical Audit Committee	Quality and Audit Team	Oct 2012	
To ensure that the results have been discussed in multidisciplinary team meetings and Metal Health CAB meeting	Ward Managers	Aug 2012	
To ensure that the physical health assessment is completed and recorded on RiO section as per policy.	Clinical Director	Aug 2012	
To ensure that VTE risk assessment is completed and recorded on RiO section as per policy.	Clinical Director	Aug 2012	
Review the audit tool/Re-audit in 6 months	Audit Lead	Nov 2012	

APPENDIX 1

Venous-thrombo-embolism (VTE) audit for medicines safety group

Are inpatients routinely assessed for VTE on admission?

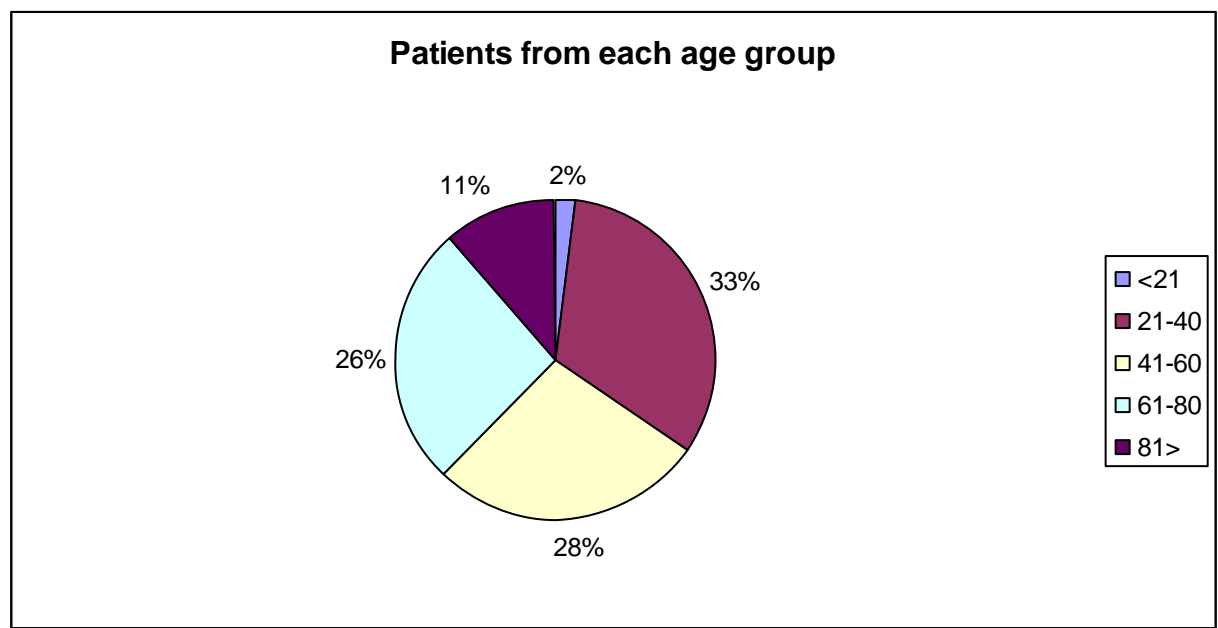
Key: Diagnosis	Key: Phys health assessment done?	Key: Where documented?	Key: VTE risk documented?	Key: appropriate management?
1 = Schizophrenia 2 = Bipolar 3 = Depression 4 = anxiety disorder 5 = Dementia 6 = other	0 = no 1 = yes	1 = paper proforma 2 = paper proforma + scanned in RIO 3 = RIO progress notes 4 = RIO physical health assessment section	0 = no 1 = yes	0 = no 1 = yes 2 = n/a - low VTE risk 3 = n/a – no VTE risk documented

[illegible]

APPENDIX 2

Demographics

Age Groups	% of Patients
<21	2%
21-40	33%
41-60	28%
61-80	26%
81>	11%



Main Diagnosis

MH Division	County	Ward	Schizophrenia	Bipolar	Depression	Anxiety Disorder	Dementia	Other
Adult	Oxon	Allen (n=21)	29%	24%	5%	0%	0%	43%
		Ashurst (n=12)	67%	17%	0%	0%	0%	17%
		Phoenix (n=20)	65%	15%	10%	0%	0%	10%
		VT (n=20)	30%	25%	15%	0%	0%	30%
		Wintle (n=20)	16%	42%	16%	0%	0%	26%
	Bucks	Kimmeridge (n=31)	52%	10%	13%	0%	0%	26%
		Portland (n=20)	20%	15%	10%	0%	0%	55%
Older Adult	Oxon	Cherwell (n=17)	24%	6%	35%	0%	24%	12%
		Sandford (n=16)	13%	19%	6%	0%	56%	6%
	Bucks	Cromwell (n=16)	0%	0%	6%	0%	88%	6%
		Harding (n=16)	0%	25%	38%	6%	19%	13%
Total (n=209)			30%	18%	14%	1%	14%	23%

