



Re-Audit of Postnatal Venous Thromboembolism (VTE) Risk Assessment and Appropriate Thrombo-prophylaxis in Manchester University NHS Foundation Trust

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Objective:

Risk assessment of postnatal women is essential to determine patients' risk of VTE and ensure that thromboprophylaxis is prescribed according to protocol, which in turn reduces the risk of thromboembolic complications, such as Pulmonary Embolism, Deep Venous Thrombosis ,and Cerebrovascular Accidents.

Design:

A retrospective study to improve and to determine the compliance of prescribing of VTE Prophylaxis as per the Green-top Guideline 37a in the postpartum period at all three sites of a large trust covering a wide range of population and a wide demographic area in Manchester, highlighting variations in care standers and outcomes Figure (1).

Specifically, to determine the rate of compliance according to trust protocol (ratified in March 2022) to investigate and comment on any patterns in non-compliance with VTE prophylaxis guideline, and make suggestion to improve compliance.

Method:

Retrospective follow up of random selection of 99 postnatal patients ,49 from ORC+ 25 from Wythenshawe + 25 from NMGH were delivered in December 2022. Data were reviewed across the three sites on the HIVE system. Postnatal VTE assessment was checked from the flowsheets and documentation ,and the dose and duration of LMWH were checked.MS forms were used to collect the data ,and individual site data was then separately analysed and later collated to obtain a cross-site report Figure(2).

Results:

This re-audit revealed variation in compliance in the 3 sites of the Trust. key findings collected from Hive highlighted the decrease in the compliance of documentation and correct assessment of VTE thromboprophylaxis across three sites, which was below the standards; however, there was an increase in the compliance of prescribing and administration thromboprophylaxis were shown Figure (3)-(4). None of the high-risk patients missed thromboprophylaxis, although the compliance with documenting of PN VTE risk assessment was found to be low, as Hive was newly launched in the Trust.

Conclusion:

The audit demonstrates improvements in the VTE assessment and prophylaxis of the postnatal VTE. It's important to remember that VTE is still the leading cause of direct maternal death ,according to (MBRRACE)2019, and so PNVTE should be completed by the midwife/doctor conducting the delivery routinely and this must be embedded in daily practice.

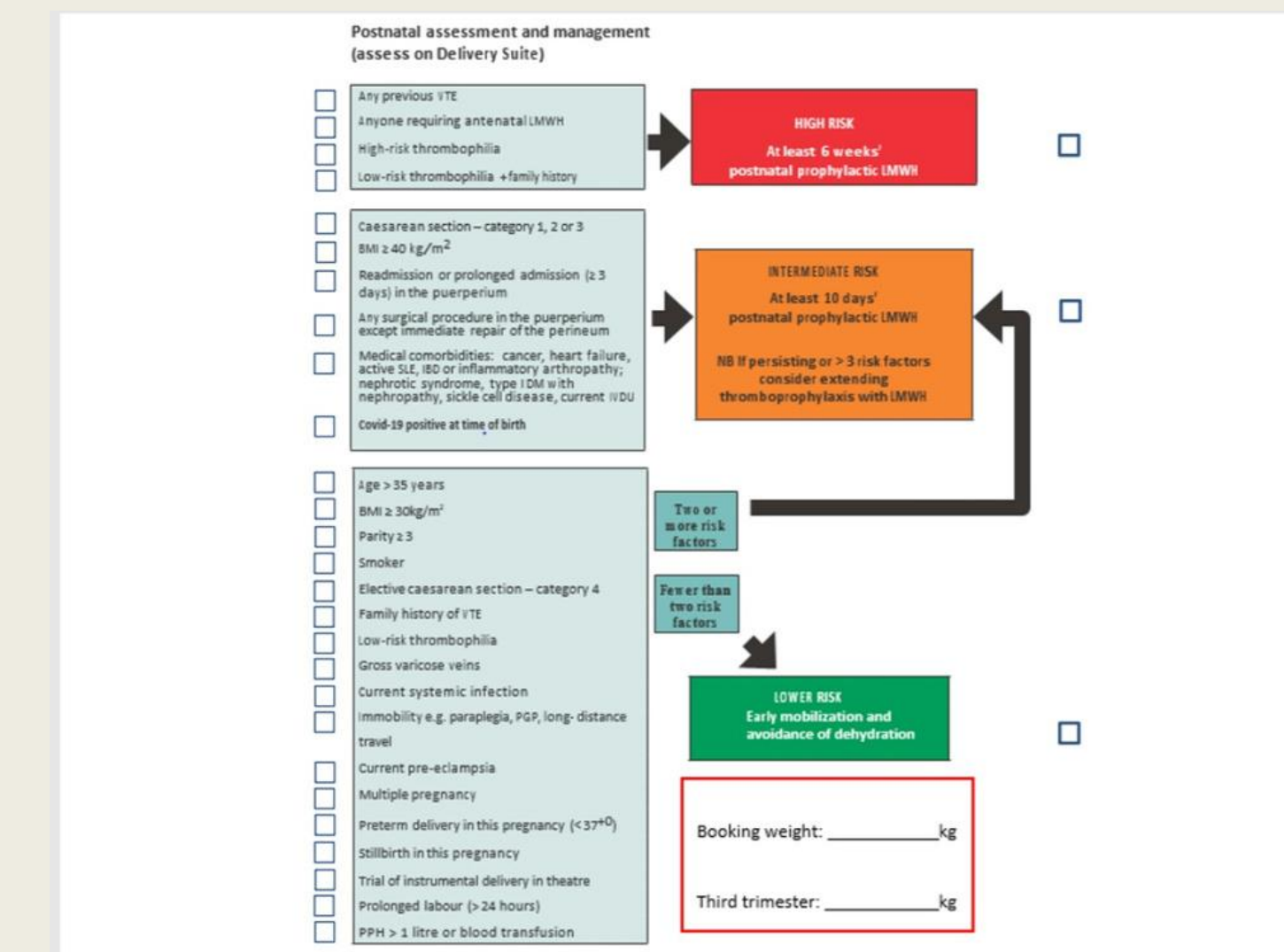


Figure (1)

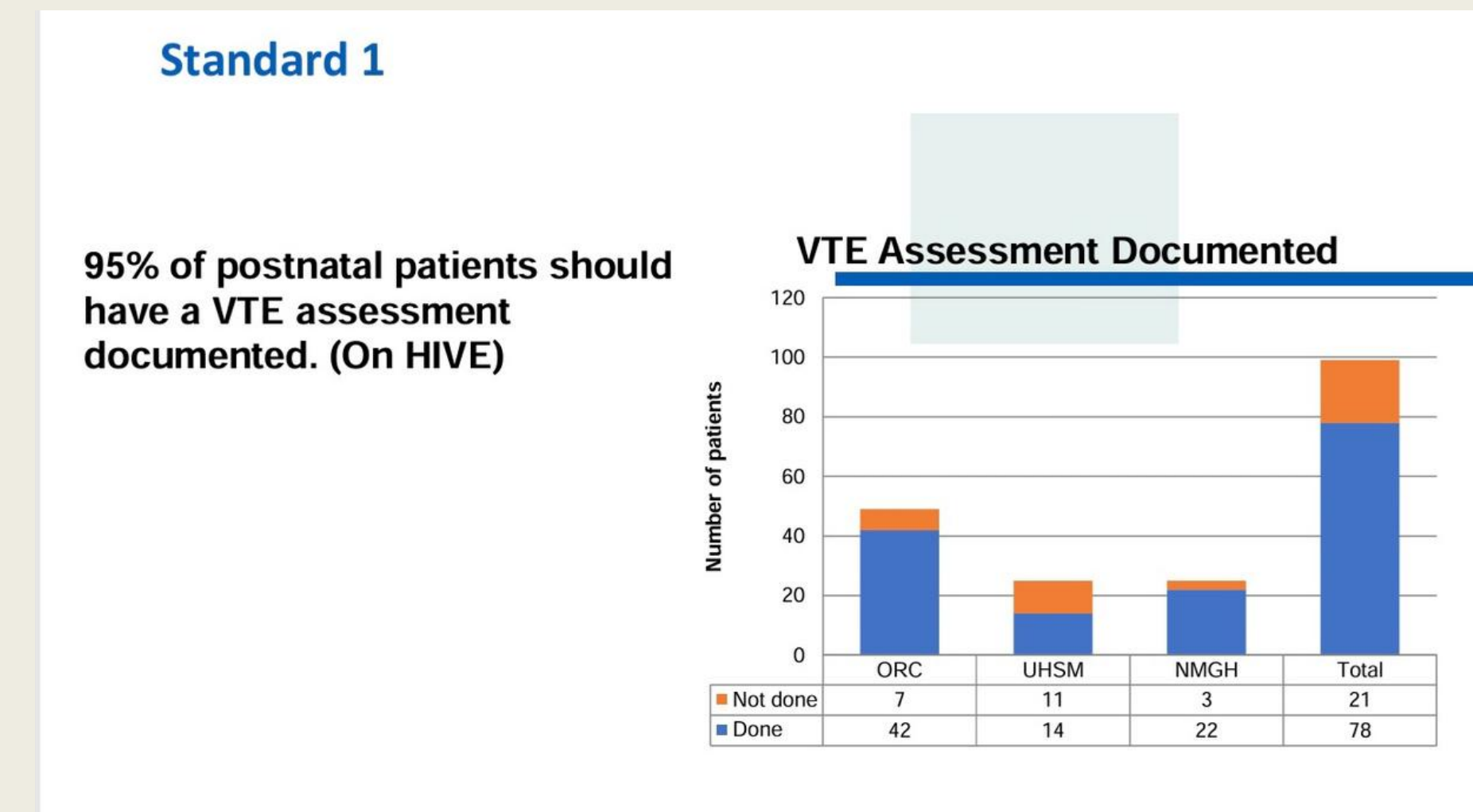


Figure (3)

Comparison from Previous audit

Standard	2018 Overall Compliance (%)	2020 Overall Compliance (%)	Re-audit Overall Compliance (%)	Change
1. Standard one Standard 1: 95% of postnatal patients should have a VTE assessment documented (on Patient Track at Oxford Road Campus and paper copy at St Marys at Wythenshawe and in Hive at 2022)	95% (100/105)	76% (82/107) Campus: 94% St Marys at Wythenshawe: 76%	Recorded in HIVE (78/102) 76%	Decrease by 2%
2. Standard two 100% of the VTE assessments should be done correctly.	95% (100/105)	82% (82/107) Campus: 94% St Marys at Wythenshawe: 76%	85% (85/102)	Increase by 1%
3. Standard three a. 100% of cases should have LMWH prescribed in the correct dose. b. 100% of cases should have LMWH for the correct duration. c. 100% of cases should have LMWH to be administered as prescribed.	95% (100/105)	87% (87/107) Campus: 87% Wythenshawe: 87%	91% (91/102)	Increase by 11.5%

Figure (2)

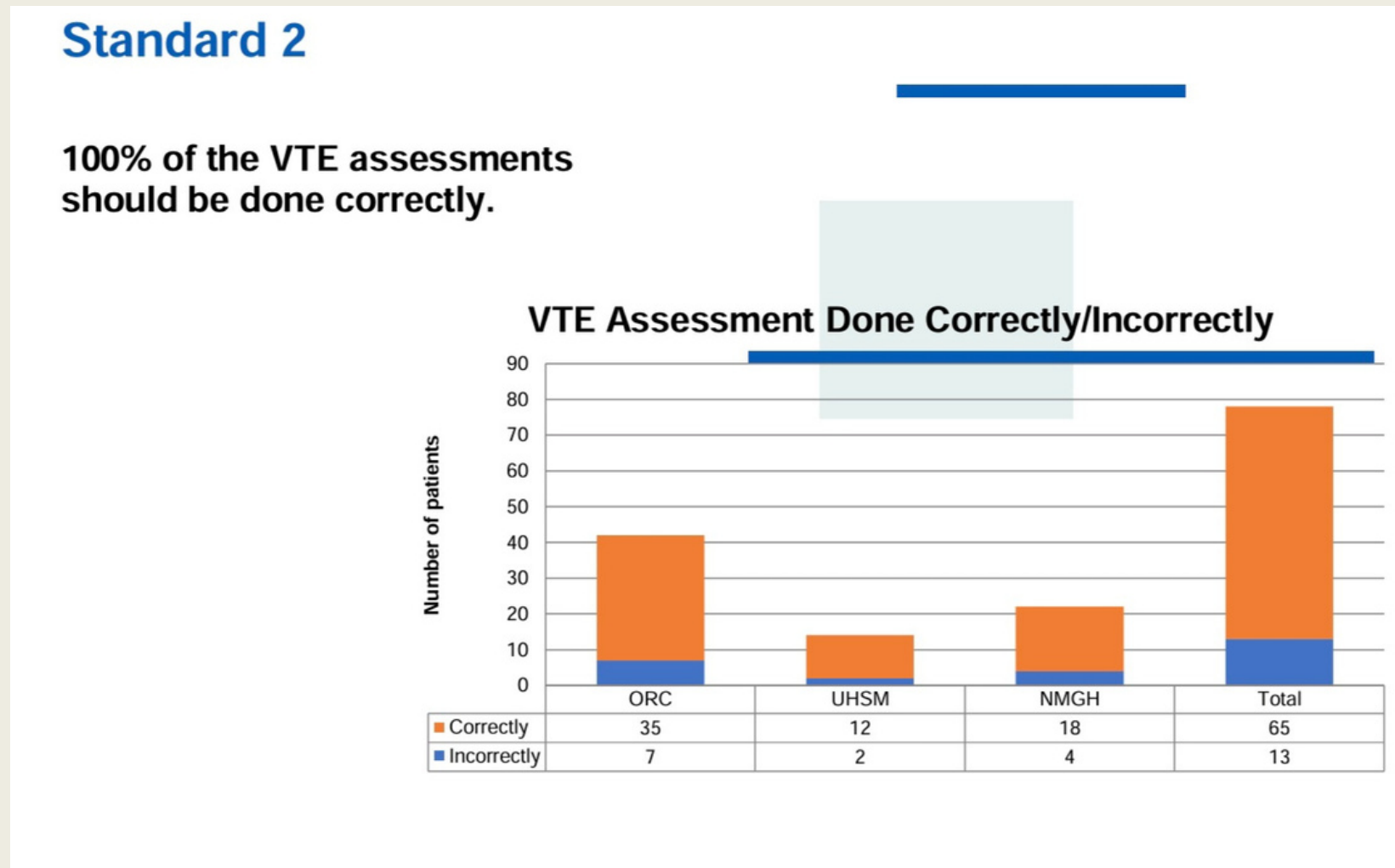


Figure (4)

Abbreviations:

VTE: Venous thromboembolism
ORC: Oxford Road Campus
NMGH: North Manchester General Hospital
PN: postnatal
LMWH: Low molecular weight heparin
MBRRACE: Mothers and babies reducing risk through Audit and confidential Enquiries

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