“Adopt innovative strategies to prevent VTE in hospitals”

Venous thromboembolism (VTE) is a major safety issue for hospital patients. Preventive measures should be implemented to reduce its associated morbidity and mortality.

Last June, the National Institute for Clinical Excellence (2010b) issued standards that set out measurable outcomes related to VTE prevention. These standards included ensuring that all patients were assessed for VTE and bleeding risk on admission and given thromboprophylaxis if necessary.

A main aim of the Equity and Excellence: Liberating the NHS white paper is to improve safety, effectiveness and patient experience. The priorities for the health service in the next two years are set out in the operating framework for the NHS in England. Both these documents include VTE prevention; the national Commissioning for Quality and Innovation VTE goal will be included in acute CQUIN schemes for 2011-12.

The current target requires that at least 90% of inpatients are risk assessed for VTE on admission; it recommends thromboprophylaxis rates are audited and all cases of hospital associated thrombosis are subject to root cause analysis.

I welcome this national focus on VTE prevention as it encourages evidence based care, through the use of the Department of Health’s national VTE risk assessment tool and clinical guidelines on thromboprophylaxis for inpatients (NICE, 2010a).

There are 18 VTE exemplar centres nationally that can share ideas and resources; every clinician who cares for an inpatient needs to adopt exemplar practice.

Nurses have an essential role in VTE prevention. The VTE link nurse role is evolving; the aim is that each clinical area has a nominated link to its local thrombosis team. This enables link nurses to disseminate information, training and resources. In many areas, nurses are conducting VTE risk assessments.

A VTE nursing care plan should be devised in partnership with each patient. This should include information on how patients can reduce their risk of VTE.

Nurses should be competent on how to assess patients for indications, contraindications and the correct administration of thromboprophylaxis modalities. VTE prevention should be part of the nursing process of assessing, planning, implementing and evaluating care.

The National Nursing and Midwifery Network provides leadership and encourages innovative strategies to prevent VTE. Outcomes from VTE work streams relating to education, audit, research, communication, clinical practice and midwifery will be available via the national VTE exemplar centre website: www.kingsthrombosis-centre.org.uk (select the Nursing, Midwifery and Pharmacy tab).

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