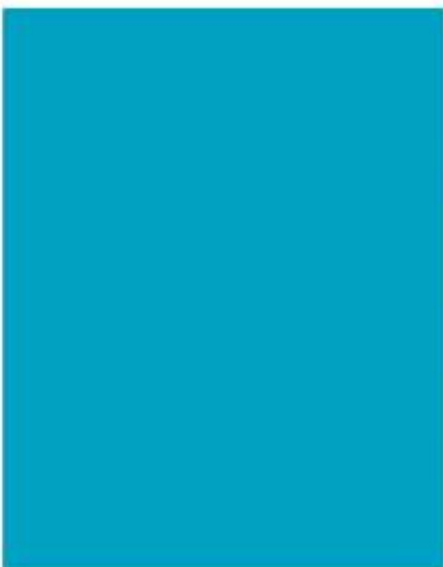


Guidance notes to accompany
VTE risk assessment data
collection
April 2015



NHS England INFORMATION READER BOX

Directorate

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Guidance notes to accompany VTE risk assessment data collection

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General Guidance Notes

Overview of requirements

The purpose of this data collection is to quantify the numbers and proportion of adult hospital admissions – aged 18 and over - who are being risk assessed for Venous Thromboembolism (VTE) to allow for the administering of appropriate prophylaxis based on national guidance from the National Institute for Health and Clinical Excellence (NICE). This data collection commenced in June 2010 and is mandatory (RoCR number: ROCR/OR/0276/FT6/000MAND).

All providers of NHS funded acute hospital care (including foundation trusts and independent sector providers of acute NHS services) must complete this data collection.

This data collection is a census of patients – it is not appropriate to use sampling methodologies to produce estimates.

The Information Standards Board (ISB) VTE risk assessment data collection standard specification can be found on the link: <http://www.isb.nhs.uk/documents/isb-1593/amd-27-2012/>.

Data Collection Summary

What: This data collection asks for the following items of information:

1. **Number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital** using the criteria in the National VTE Risk Assessment Tool
2. **Total number of adult inpatients admitted in the month**

The percentage of adult inpatients, admitted within the month assessed for risk of VTE on admission is automatically calculated from items (1) and (2) and cannot be overwritten.

When: The mandatory data collection commenced in June 2010 and is ongoing until further notice. From April 2015 there will be a change to publication frequency from monthly to quarterly; providers will still be required to collect data monthly however they will only need to submit at the end of each quarter.

How often: Data must be collected each month; however the return must be submitted quarterly covering each month separately.

Data collection terms and specifics are defined in the following pages.

Data collection specifics:

Completion

The “VTE Risk Assessment – Data Collection” must be completed and signed off by Providers. A return is expected for each quarter covering each month of the quarter separately starting from April 2015.

Submission

Data on VTE risk assessment for a particular month (running from 00:00 on the 1st day of the month to 23:59 on the last day of the month) should be collected for all three months in each quarter and uploaded onto UNIFY2 and signed off no later than 20 working days after the quarter end. The timetable covering the submission and publication dates are available on

UNIFY2.

Sign off policy

Data collection should be signed off at provider level by the Chief Operating Officer/Director or their directly delegated officer. Commissioners are not required to sign off this collection.

Revisions Policy

- Revisions before the cut-off date for submission of data will be allowed, and can be made as many times as necessary. These revisions can be submitted in the normal way through UNIFY2. As stated above, this cut-off date will be 20 working days after the month end.
- Revisions after the cut-off date can also be made, but these must be done in liaison with Department of Health colleagues, by sending a revision request to england.vte@nhs.net, with details of the changes requested.

Scope of this data collection

Adults admitted to hospital as inpatients need to be risk assessed according to the criteria set out in the 'National VTE Risk Assessment Tool' developed by the Department of Health in collaboration with NICE. Although NICE guidelines may differ for particular groups of patients (for example, medical vs surgery), all patients should be protected from avoidable illness or death from VTE.

The risk factors for VTE identified in the National VTE Risk Assessment Tool link seamlessly to the risk factors and risk categories in NICE clinical guideline (CG92).

This NICE guidance can be found at the following link:

<http://guidance.nice.org.uk/CG92>

The National VTE risk assessment can be found at the following link:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088215

The scope of this data collection is, therefore aligned with the current NICE guidance on VTE prevention and applies to both the numerator and denominator. This will be reviewed should NICE guidelines be updated in future.

Within scope are adults (aged 18 and over at the time of admission) who are admitted to hospital as inpatients including:

- surgical inpatients
- inpatients with acute medical illness (for example, myocardial infarction, stroke, spinal cord injury, severe infection or exacerbation of chronic obstructive pulmonary disease)
- trauma inpatients
- patients admitted to intensive care units
- cancer inpatients
- people undergoing long-term rehabilitation in hospital
- patients admitted to a hospital bed for day-case medical or surgical procedures
- private patients attending an NHS hospital

The definition of adult inpatients applies to all patient classifications (1-5) set out in the NHS Data Model and Dictionary Service.

The Frequently Asked Questions section at the back of this guidance gives more detail on handling the inclusion of patients in the data collection for two specific groups of patients

- the repeated risk assessment of regular day case attendees (Frequently Asked Question 6)
- permitted approaches to risk assessment for particular cohorts of patients (Frequently Asked Question 7)

Out of scope

The following specific groups of patients are not covered by NICE CG92 and are therefore outside the scope of this data collection:

- people under the age of 18 at admission
- people attending hospital as outpatients
- people attending hospital emergency departments who are not admitted as inpatients
- people who are admitted to hospital because they have a diagnosis or signs and symptoms of DVT or pulmonary embolism.

Other Sources of Reference:

- Letter from Chief Medical Officer and NHS Medical Director (24th March 2010) on Prevention of Venous Thromboembolism (VTE) in hospitalised patients, http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_114534
- NHS Data Model and Dictionary, <http://www.datadictionary.nhs.uk/index.asp>
- Further information about the development of a VTE outcome indicator in the NHS Outcomes Framework can be found at <https://www.wp.dh.gov.uk/publications/files/2012/11/121109-Technical-Appendix.pdf> (page 92)
- Further information about the NHS Operating Framework 2011/12 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122738
- Latest NICE guidelines, <http://guidance.nice.org.uk/CG92>
- National VTE risk assessment tool, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088215
- Unify2, <http://nwww.unify2.dh.nhs.uk/unify/interface/homepage.aspx>

CONTACTS/INFORMATION:

VTE mailbox for general queries: england.vte@nhs.net

Data Collection Form

The upload template for data collection will be made available through the Non-DCT (Data Collection Tool) collections area of UNIFY2 -

<http://nww.unify2.dh.nhs.uk/unify/interface/homepage.aspx> .

Non-DCT is a collection method in UNIFY2 similar to the Data Collection Tool method (MS Excel based spreadsheets); however there are no web-based forms and the data transfers directly into the UNIFY2 data warehouse.

Providers can refer to the user guide to the UNIFY data collection tool for more information,

Help to independent sector providers of NHS-funded care on submitting data to Unify 2 is provided on the HSCIC website:

<http://systems.hscic.gov.uk/businesspartners>

Figure 1 below shows the aspect of the upload template that will require providers to enter the information specified – found on the tab ‘Frontsheet’. Aspects (i) and (ii) are entered by providers for each month of the quarter, but (iii) and the quarter column are automatically calculated from items (i) and (ii) and cannot be overwritten.

For further guidance about the definitions that can be used to calculate (i) and (ii) please see the next section ‘definitions’.

Figure 1: Example Data collection form for Non DCT collection:

VTE Risk Assessments on Admission to Hospital					
		Month A	Month B	Month C	Quarter X
i	The number of adult inpatients (ordinary admission and day case) admitted in the month who have been risk assessed for VTE using the National Tool.	57	60	56	173
ii	Total number of adult inpatients (ordinary admission and day case) admitted in the month.	60	61	56	177
iii	Percentage of adult patients admitted in the month who were assessed for risk of VTE on admission to hospital.	95.00%	98.36%	100.00%	97.74%

In addition to the items collected above, there is also a box for supporting or explanatory comments from providers.

The validation checks on this form will not allow uploading of the form if validation errors are present i.e.

- The number of patients admitted to the trust must be greater than zero.
- The number of patients who have received a risk assessment cannot be greater than the number of patients admitted.

Definitions

Age on admission

The NHS Data Model and Dictionary defines the Age on Admission as 'derived as the number of completed years between the PERSON BIRTH DATE of the PATIENT and the START DATE (HOSPITAL PROVIDER SPELL).'

Admissions

For the purposes of VTE risk assessment data collection the definition of an admission is subject to local arrangements for admission criteria.

By way of background, the NHS Data Model and Dictionary definition for Hospital Provider Spell is intended to capture all patients who are admitted to hospital under local criteria irrespective of intended management. This is defined below:

The full definition can be found at:

http://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/h/hospital_provider_spell_de.asp?shownav=1

The number of Patients reported includes all admissions, irrespective of Intended Management, Admission Method, or Patient Classification. These definitions can be found in the attributes section of the NHS Data Model and Dictionary at:

http://www.datadictionary.nhs.uk/data_dictionary/attributes/attributes.asp?shownav=1

VTE risk assessment – pre admission

Risk assessments undertaken pre-admission cannot be included in this data collection until the admission of the patient and the continued validity of the risk assessment at the point of admission is subsequently confirmed. At this point, the risk assessment does not need to be recorded twice in the data collection (i.e. do not record one admission and two risk assessments). Instead, for the purposes of this collection one patient is admitted and one patient has been risk assessed according to the National VTE Risk Assessment Tool and this data is recorded for the month in which the admission occurs.

Frequently Asked Questions

1. Do Independent Sector Providers need to complete this data collection?

Yes. This data collection is mandated for all trusts, including Independent Sector Providers if they are delivering services under the NHS Acute Services Contracts.

2. Will the department be issuing specific OPCS codes to allow providers to determine whether a VTE risk assessment has been carried out at the point when a patient is discharged?

The Department of Health has no plans to issue OPCS codes for the above purpose.

3. Can we carry on using our own risk assessment tool and established procedures?

We realise that a number of providers already have risk assessment procedures in place, but confidence in the mandatory data collection requires that any audit can clearly demonstrate that the clinical risk assessment criteria described in the National VTE Risk Assessment Tool (as published) are being employed in full. We will expect trust/hospital medical directors to be responsible for signing off that the VTE risk assessment being used at a local level is fully compliant with the DH/NICE National Tool.

4. What if a patient is transferred from another provider?

It is the responsibility of the provider to ensure that patients are risk assessed on admission using the criteria set out in the National VTE Risk Assessment Tool, either by verifying the risk assessment that has been undertaken by the transferring provider, or by undertaking a new risk assessment.

5. What happens if a patient is risk assessed prior to admission, but also risk assessed on admission – how should this be recorded?

Risk assessments undertaken pre-admission cannot be included in this data collection until the admission of the patient and the continued validity of the risk assessment at the point of admission is subsequently confirmed. At this point, the risk assessment does not need to be recorded twice in the data collection (i.e. do not record one admission and two risk assessments). Instead, for the purposes of this collection, one patient is admitted and one patient has been risk assessed using the criteria set out in the National VTE Risk Assessment Tool, and this data is recorded for the month in which the admission occurs.

6. Do we have to risk assess patients for VTE if they are regular attenders who are admitted to hospital for treatment frequently?

In the case of regular attenders over a period of time for the same clinical condition, they are required to be individually risk assessed on each admission unless such patients are included in a low risk cohort (see 7 below). In both eventualities, whether individually risk assessed or included within a low risk cohort, the admission would be included in both the numerator and denominator.

7. What if there is a specific patient cohort deemed to be not at risk of VTE locally – do we still have to risk assess all patients within this cohort on an individual basis at every admission; and if not, how should we count these patients within the data collection?

A 'cohort approach' to risk assessment using the National VTE Risk Assessment Tool may be considered locally for certain cohorts of patients undergoing certain procedures where the cohort of patients share similar characteristics and are **not at risk of VTE** according to the NICE guidance. A cohort approach to risk assessment can only be used when the Trust Medical Director is satisfied that, when reading the NICE guideline and National VTE Risk Assessment Tool together, use of the National VTE Risk Assessment Tool among the cohort would always result in the determination that the patient is **not at risk of VTE**, or that under the NICE guideline no pharmacological or mechanical prophylaxis would be appropriate regardless of the risk factors.

Any such local protocols must be agreed with the Trust or hospital Medical Director, and included within local VTE governance policy and audits. The Trust/hospital Medical Directors will be responsible for signing off that the VTE risk assessment being used at a local level is fully compliant with the criteria set out in the National VTE Risk Assessment Tool and that all risk factors have been taken into account

For the purpose of patients in scope for this data collection, they should be counted individually in the numerator and denominator regardless of whether they have been risk assessed individually or as part of a cohort.

8. Do we need to fill in all three months of the quarter?

With the change to publishing quarterly (from April 2015) providers need to fill in all three columns if you have data available for those months. If you have data for only some of the months in the quarter please add a comment to explain why this is.