

VTE Prevention Audit Auditor Reference Guide

1. Is there clear documentation that a VTE risk assessment was completed for the patient?

Notes for the Auditor	Calculation	Guidance for Interpreting Results
<p>Respond 'Yes' if there is documentation that any VTE risk assessment was completed in the medical records at any point during the patient's admission.</p> <p>Medical records include patients' progress notes; NIMC; approved risk assessment tool/form (paper or electronic); care plan; pre-admission checklist; other locally approved document.</p>	<p>Numerator: Total number of patients with a documented VTE risk assessment</p> <p>Denominator: Total number of patients audited</p>	<p>Percentage of patients with a documented VTE risk assessment</p>

2. Is there clear documentation in the medical record that a VTE risk assessment was completed within 24 hours of admission?

Notes for the Auditor	Calculation	Guidance for Interpreting Results
<p>Respond 'Yes' if there is documentation that a VTE risk assessment was completed within 24 hours of admission. This can be determined by cross-checking the patient's admission date with the risk assessment date on the NIMC, risk assessment form etc.</p> <p>Respond 'No' if there is no documentation that any risk assessment was completed (i.e. responded 'No' to Question 1) or if the patient's VTE risk assessment was not completed within 24 hours of admission.</p>	<p>Numerator: Total number of patients with a VTE risk assessment completed within 24 hours of admission</p> <p>Denominator: Total number of patients audited</p>	<p>Percentage of patients with a documented VTE risk assessment completed within 24 hours of admission</p>

3. Was pharmacological prophylaxis prescribed?

Notes for the Auditor	Calculation	Guidance for Interpreting Results
<p>Respond 'Yes' if any pharmacological prophylaxis was prescribed. Options may include: Low Molecular Weight Heparin (LMWH), heparin and oral agents.</p> <p>Refer to the CEC's Adult VTE Risk Assessment Tool for further guidance on prophylactic doses of these anticoagulant agents:</p> <p>http://www.cec.health.nsw.gov.au/data/assets/pdf_file/0009/259515/adult_vte_risk_assessment_tool.pdf</p>	<p>Numerator: Total number of patients prescribed pharmacological prophylaxis</p> <p>Denominator: Total number of patients audited</p>	<p>Percentage of patients prescribed pharmacological prophylaxis</p>

4. Was mechanical prophylaxis prescribed?

Notes for the Auditor	Calculation	Guidance for Interpreting Results
Respond 'yes' if any mechanical prophylaxis was prescribed. Options may include: Graduated compression stockings/anti-embolic stockings, intermittent pneumatic compression, foot impulse device.	Numerator: Total number of patients prescribed mechanical prophylaxis Denominator: Total number of patients audited	Percentage of patients prescribed mechanical prophylaxis

5. Are there any contraindications to pharmacological prophylaxis?

Notes for the Auditor	Calculation	Guidance for Interpreting Results
Respond 'Yes' if there are any obvious clinical contraindications to pharmacological prophylaxis (for e.g. the patient has been prescribed therapeutic anticoagulation) or if there is other documentation indicating the presence of contraindication/s to pharmacological prophylaxis.	Numerator: Total number of patients with contraindication/s to pharmacological prophylaxis Denominator: Total number of patients audited	Percentage of patients with contraindication/s to pharmacological prophylaxis

6. Are there any contraindications to mechanical prophylaxis?

Notes for the Auditor	Calculation	Guidance for Interpreting Results
Respond 'Yes' if there are any obvious clinical contraindications to mechanical prophylaxis (for e.g. lower leg trauma) or if there is other documentation indicating the presence of contraindication/s to mechanical prophylaxis.	Numerator: Total number of patients with contraindication/s to mechanical prophylaxis Denominator: Total number of patients audited	Percentage of patients with contraindication/s to mechanical prophylaxis

7. Was the VTE prophylaxis prescribed or not prescribed appropriate to the level of risk assessed in accordance with Guidelines or local protocols?

Notes for the Auditor	Calculation	Guidance for Interpreting Results
<p>Respond 'Yes' if the VTE prophylaxis (both pharmacological and/or mechanical) prescribed or not prescribed was appropriate to the level of risk assessed in accordance with guidelines or local protocols.</p> <p>'Appropriate to the level of risk in accordance with guidelines or local protocols' refers to: VTE prophylaxis is prescribed appropriately when it is indicated (this includes the appropriate type and dose of prophylaxis), VTE prophylaxis is not prescribed when it is not required (e.g. in lower risk patients) and VTE prophylaxis is not prescribed when there are contraindications.</p> <p>Auditors may find it useful to refer to Guidelines or local protocols when answering this question. The CEC's Adult VTE Risk Assessment Tool which includes guidance on VTE risk assessment and appropriate management may also be a useful resource when conducting this audit:</p> <p>http://www.cec.health.nsw.gov.au/data/assets/pdf_file/0009/259515/adult_vte_risk_assessment_tool.pdf</p>	<p>Numerator: Total number of patients appropriately prescribed or not prescribed VTE prophylaxis</p> <p>Denominator: Total number of patients audited</p>	<p>Percentage of patients with VTE prophylaxis prescribed or not prescribed appropriate to the level of risk assessed in accordance with Guidelines or local protocols</p>

8. Is there documentation that the patient was provided with information on VTE treatment plans and/or how to reduce VTE risk?

Notes for the Auditor	Calculation	Guidance for Interpreting Results
<p>Respond 'Yes' if there is documentation that the patient was provided with information on VTE treatment plans and/or how to reduce VTE risk.</p>	<p>Numerator: Total number of patients with documentation that information on VTE treatment plans and/or how to reduce VTE risk was provided</p> <p>Denominator: Total number of patients audited</p>	<p>Percentage of patients with documentation that information on VTE treatment plans and/or how to reduce VTE risk was provided</p>

About the VTE Prevention Program

The CEC's VTE Prevention Program has been established to reduce the incidence of hospital-associated VTE in NSW public hospitals. The aim is to ensure that all patients are assessed for VTE risk and given the appropriate prophylaxis. The VTE Prevention program is a component of CEC's [Medication Safety and Quality](#) program.

For further information on the VTE Prevention Program, please visit: <http://www.cec.health.nsw.gov.au/keep-patients-safe/medication-safety/vte> or email the project officer: CEC-Stopclots@health.nsw.gov.au

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VTE Prevention Audit Sheet

Patient Number:

Date:

Ward/Clinical Area:

Auditor's Name:

1.	Is there clear documentation that a VTE risk assessment was completed for the patient?	YES	NO
2.	Is there clear documentation in the medical record that a VTE risk assessment was completed within 24 hours of admission?	YES	NO
3.	Was pharmacological prophylaxis prescribed?	YES	NO
4.	Was mechanical prophylaxis prescribed?	YES	NO
5.	Are there any contraindications to pharmacological prophylaxis?	YES	NO
6.	Are there any contraindications to mechanical prophylaxis?	YES	NO
7.	Was the VTE prophylaxis prescribed or not prescribed appropriate to the level of risk assessed in accordance with Guidelines or local protocols?	YES	NO
8.	Is there documentation that the patient was provided with information on VTE treatment plans and/or how to reduce VTE risk?	YES	NO