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South of England Improving Safety in Mental Health Collaborative

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# **Venous Thromboembolism Prevention**

## **Driver Diagram and Change Package**

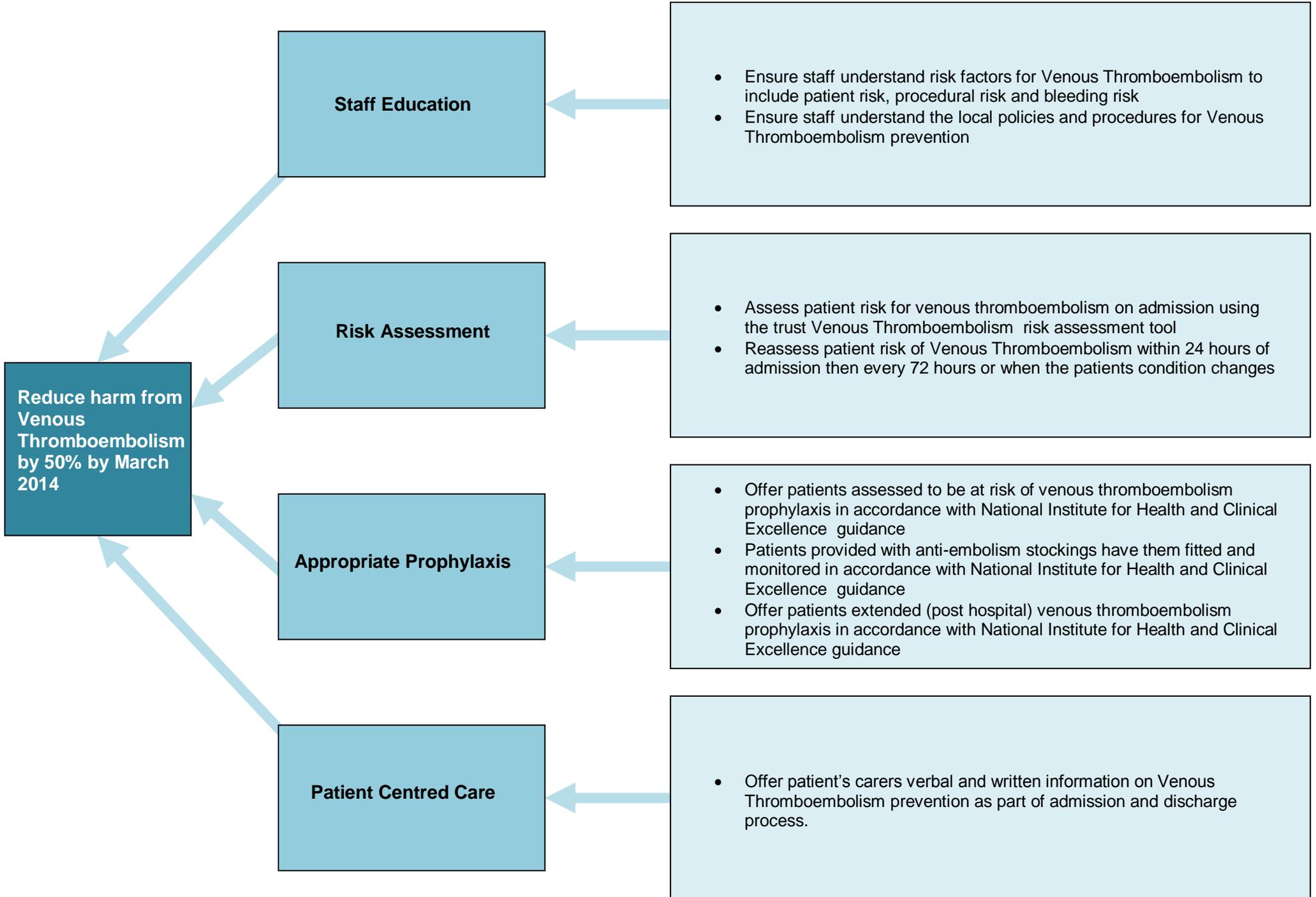
A driver diagram is used to conceptualize an issue and to determine its system components which will then create a pathway to achieve the goal. Primary drivers are system components which will contribute to moving the primary outcome. Secondary drivers are elements of the associated primary driver. They contain change concepts that can be used to create projects that will affect the primary driver.

Adapted from the South West Quality and Patient Safety Improvement Programme.

**Outcome**

**Primary Drivers**

**Secondary Drivers**



Secondary Drivers	Key change concepts and change ideas for PDSA testing
<p><b>Staff Education</b></p> <ul style="list-style-type: none"> <li>• Ensure staff understand risk factors for Venous Thromboembolism to include patient risk, procedural risk and bleeding risk</li> <li>• Ensure staff understand the local policies and procedures for Venous Thromboembolism prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Consider the use of the VTE E learning tool</li> </ul>
	<ul style="list-style-type: none"> <li>• Utilise formal and informal learning opportunities to educate staff about venous thromboembolism prevention</li> </ul>
	<ul style="list-style-type: none"> <li>• Use patient stories to motivate and inspire staff to learn</li> </ul>
	<ul style="list-style-type: none"> <li>• Undertake Root Cause Analysis for all venous thromboembolism events</li> </ul>
	<ul style="list-style-type: none"> <li>• Include VTE prevention in induction/mandatory training for all staff</li> </ul>
	<ul style="list-style-type: none"> <li>• Educate patients and families as to how to reduce the risk of VTE, early mobilization, fluid intake</li> </ul>
<p><b>Risk Assessment</b></p> <ul style="list-style-type: none"> <li>• Assess patient risk on admission</li> <li>• Reassess patient risk within 24 hours of admission then every 72 hours or when the patients condition changes</li> <li>• Utilise 'at risk' visual cues, verbal and written communication systems to quickly identify those at risk</li> </ul>	<ul style="list-style-type: none"> <li>• Develop local protocols/guidelines for VTE risk assessment in line with the clinical criteria within the Department of Health risk assessment tool</li> </ul>
	<ul style="list-style-type: none"> <li>• Clearly identify roles and responsibilities of staff within the VTE guideline</li> </ul>
	<ul style="list-style-type: none"> <li>• Risk assess all patients for VTE on admission and ensure this is included in a protocol/guideline</li> </ul>
	<ul style="list-style-type: none"> <li>• Work with staff to develop a system to identify those patients who have not had a risk assessment on admission and in line with NICE guidance e.g. White board rounds, safety briefing</li> </ul>
	<ul style="list-style-type: none"> <li>• Reassess patients within 24 hours of admission and a review undertaken every 72 hours or when there is a change in clinical condition</li> </ul>
	<ul style="list-style-type: none"> <li>• Develop a system where at risk patients can be identified: <ul style="list-style-type: none"> <li>- incorporate patients at risk into safety briefings/SBAR communication/white board rounds</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Monitor compliance with risk assessment process aiming to achieve 95% reliability</li> </ul>
	<ul style="list-style-type: none"> <li>• Develop feedback mechanism for staff e.g. use of run charts displayed on the ward</li> <li>• Make VTE risk assessment the easy thing to do e.g. incorporate VTE risk assessment into existing documentation such as prescription chart</li> </ul>

Secondary Drivers	Key change concepts and change ideas for PDSA testing
<p><b>Appropriate Prophylaxis</b></p> <ul style="list-style-type: none"> <li>• Prescribe VTE prophylaxis in line with NICE guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Develop local protocols/guidelines for VTE risk assessment that are in line with the clinical criteria within the Department of Health risk assessment tool and identify the requirements for extended prophylaxis</li> <li>• Offer patients assessed to be at risk of venous thromboembolism venous thromboembolism prophylaxis in accordance with National Institute for Health and Clinical Excellence having regard for the complications of thromboprophylaxis</li> <li>• Offer patients extended prophylaxis in accordance with National Institute for Health and Clinical Excellence guidance</li> <li>• Give those patients requiring extended prophylaxis appropriate support/training to self administer as appropriate</li> </ul>
<p><b>Patient Centred Care</b></p>	<ul style="list-style-type: none"> <li>• Provide verbal and written patient/carer information on venous thromboembolism prevention is offered as part of the admission process</li> <li>• Ensure patient information includes information on the following: <ul style="list-style-type: none"> <li>- Risks and possible consequences of venous thromboembolism</li> <li>- The importance of venous thromboembolism prophylaxis and its possible side effects</li> <li>- The correct use of venous thromboembolism prophylaxis</li> <li>- How patients can reduce the risk of venous thromboembolism (such as keeping hydrated and if possible exercising and becoming more mobile)</li> </ul> </li> <li>• Provide patient/carer information on venous thromboembolism prevention as part of the discharge process to include: <ul style="list-style-type: none"> <li>- signs and symptoms of Deep Vein Thrombosis and Pulmonary Embolism</li> <li>- the correct and recommended duration of the use of venous thromboembolism prophylaxis at home</li> <li>- the importance of using venous thromboembolism prophylaxis correctly and continuing treatment for the recommended duration</li> <li>- the signs and symptoms of adverse events related to venous thromboembolism prophylaxis</li> <li>- the importance of seeking help and who to contact if they have any problems using venous thromboembolism prophylaxis</li> <li>- the importance of seeking medical help if Deep Vein Thrombosis and Pulmonary Embolism is suspected</li> <li>- protocols are in place to ensure patients provided with anti embolism stockings, have them fitted and monitored in accordance with National Institute for Health and Clinical Excellence guidance</li> </ul> </li> <li>• Put in place local arrangements to ensure that staff are trained in the use and monitoring of anti embolism stockings</li> </ul>