VTE Assessments on AMU

Theme | Patient Safety

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Case Study Date | 19 May 2026

REASON WHY?

Venous Thromboembolism (VTE) is responsible for 25,000 in hospital deaths per year. VTE assessments within the first 14 hours of medical admission (we will take it from when you start clerking the patient) is a standard requirement by the healthcare institutions who monitor our work. The team decided to test messaging to improve the compliance of this assessment on the Acute Medical Units (AMU) at SaTH.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

Improve the proportion of medical patients who have a VTE assessment recorded on Acute Whiteboard and VitalPac with 14 hours of admission by 30/04/2026

PLAN

The team identified that there was an issue with the proportion of patients who are having their VTE assessment within 14 hours of admission. The benefits of undertaking this assessment are in the graphic below.

The team decided to test a combination of posters and education at handover on the acute medical units at both RSH and PRH to improve the proportion of patients receiving this assessment in the 14-hour window. They identified key stakeholders and used the messaging:

THINK VTE AT THE DOOR,
SAVE LIVES ON THE FLOOR

DO

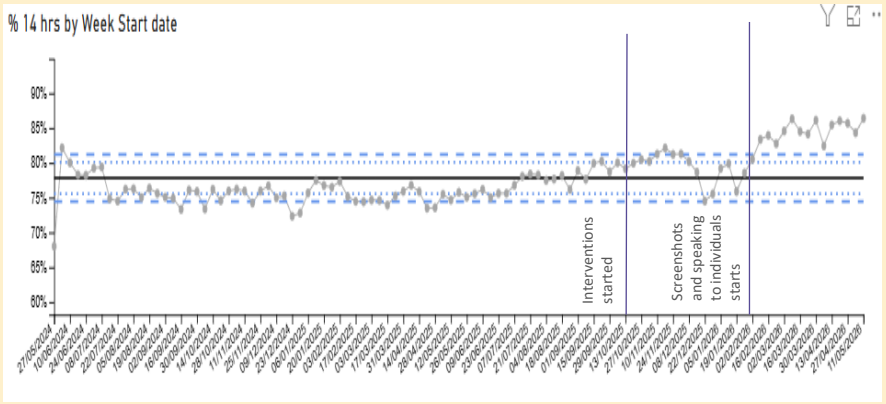
The team undertook the following interventions:

Date	Intervention
8/10/25, 10/10/25, 20/10/25, 31/10/25	Poster sent in Whatsapp Group
w/c 13/10/25	Education at handover meetings during the week
5/11/25	2nd poster displayed on units and in handover room
16/2/26	Team start getting screenshots from the 'whiteboard' to identify stakeholders who aren't recording assessments
3/3/26	Team start sending emails and speaking to people who aren't recording assessments. Also sent star cards to people who routinely record
11/3/26	Nominated lead to prompts to complete each day with chase in the afternoon for incomplete assessments

STUDY

Below is a SPCs denoting the proportion of VTE assessments completed with 14 hours of admissions, for both acute sites combined.

As you can see, there was an improvement in October, however performance has dramatically improved after individualised feedback has begun. This improvement has been sustained during April and May when individualised feedback has continued with compliance moving from 74% prior to the intervention to 86% after alerts were given.



ACT

The new process will be ADOPTED. Medical induction will now include VTE assessments and the process of displaying on the whiteboard.

Prompting will continue with one person from VTE assessment team highlighting each week in the form of a VTE Champion.

ACKNOWLEDGEMENTS & REFERENCES | Liz Cliff, Dave Hudson, James Owen, Rebekah Tudor, entire medical workforce.