Oxford University Hospitals NHS
NHS Foundation Trust

Hospital admission prior to VTE diagnosis:

Current admission

Clinical team diagnose a DVT or PE on the ward during in-patient stay

Clinical team completes a Datix within 24 h

HAT screen completed within 72h and sent to VTE Prevention Team

Previous admission

Patient admitted with new diagnosis of PE or DVT

AND

Has been an in-patient within the last 90 days

Clinical team completes a Datix

E-mail VTE Prevention Team re. probability of HAT and previous admission

Safety net

VTE Prevention Team informed of all diagnoses of VTE. Sources of info: CRIS, bereavement office, Datix, clinical coding, DVT clinic

VTE Prevention Team confirm or rule out whether VTE is a HAT

HAT screens are sent to responsible clinical consultant by e-mail, for return within 2 weeks

No HAT return: Reminder e-mail sent at 2 weeks, for screen to be returned within 1 week

No HAT return: VTE Prevention Team contact Medical Directors office for follow up, HAT may then be escalated to SIRI forum

Completed HAT screens are reviewed by VTE Prevention Team for decision

Potentially avoidable or Unavoidable

Unavoidable HATs: No further action required

Potentially avoidable HATs: Reported to CRM and SIRI forum for further action

VTE Prevention Team contact details:
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