258 The Impact of Types of Clerking Document on the Compliance of Initial HAT Risk Assessment on Admission in Trauma and Orthopaedic Patients

K.K.Z. Toe, Y.M. Tarar, W. Moussa, N. Shah
Salford Royal NHS FT, Salford, United Kingdom

Aim: Assessment of risk of venous thromboembolism (VTE) is crucial as VTE is a significant problem in surgical patients. Trauma and orthopaedic (T&O) patients have additional risks given lower limbs and/or pelvic surgery with restricted mobility periods/weightbearing status. Risks should be assessed as soon as possible after admission. At this point, clerking is a first point of patients’ information gathering. This study aims to examine the compliance of VTE risk assessment on admission against guideline and its relation to the types of clerking proforma.

Method: A QI project was undertaken using PDSA cycle analysing documents of clerking and VTE risk assessment in 44 T&O patients. Education sessions and routine reminder emails were conducted aimed at oncall doctors receiving admissions. A further 44 patients’ records were audited after 3 months. Primary outcome: VTE risk assessment completion on admission, secondary outcome: impact of types of admission pro-forma upon risk completion rate.

Results: Initial VTE risk assessment compliance was improved after interventions: from 77.27% to 88.63% generally and from 69% to 100% full compliance particularly in neck of femur cases. Use of structured pro-forma can increase the compliance rate of 91.3% (pre-intervention) to 100% (post-intervention) compared to other 2 freehand documents: 91% Vs 85.71% and 30% Vs 63.64%.

Conclusions: VTE risk assessment is improved through education sessions, and it is evident the use of structured clerking document can help to optimize the compliance rate although further sustained input is needed to achieve the targeted compliance rate.