National Learning Session - 8th November 2011

Patient Driven Care

Reducing mortality & harm in Powys teaching Health Board
Powys

If we can improve care for one patient....
We can improve care for ten........
Mortality, HSMR & Palliative Care

**Aim**
- Mortality
- HSMR
- Palliative Care

**Drivers**
- Provide assurance to Board regarding HSMR of provider hospitals
- Improve quality & choices for Powys residents

**Interventions**
- Collect HSMR data from both Welsh & English providers – monitor through Quality & Safety committee
- Continue participation in DH Death Certification Pilot
- Increase choices available to Powys residents through extended palliative care, nursing and social service teams
- Create “pull” system in line with “Setting the Direction” to enable best treatment

**Tests of Change**
- HSMR data features in all Quality Reports
- Work with partners to achieve targets in HSMR reduction
- Increase choices for Powys residents in line with Last Days of Life – aim 10%
- Patient and relative survey on availability of appropriate choices
Understanding mortality

Two drivers for change:

1,000 Lives Plus - Reducing Harm and Mortality Programme:
Requires all organisations to scrutinise the records of deceased individuals, monitor mortality data and introduce quality improvement measures based upon the outcome of these activities.

and

Coroners and Justice Act 2009:
Will simplify and strengthen the process of for death certification in England and Wales by appointing medical examiners to provide concurrent scrutiny of the clinical records of all deceased patients.
Understanding mortality

One process as the solution

Documentation managed electronically:
- Community hospitals: deceased patient records scanned into a secure medical examiner folder
- GP Practices: via Safe Haven email system (5 GP Practices)

Independent medical scrutiny:
- Review within 48 hours
- The outcome of each individual scrutiny is recorded
- Any concerns linked directly to DATIX risk management system
- Written feedback provided to each certifying doctor

The findings from 576 case reviews:
- Only one death might have been preventable had out of county care been better
- The quality/accuracy of the Medical Certificate of Cause of Death has improved
Prevention of Venous Thromboembolisms (VTE)

VTE is the cause of death of 10% of hospital patients.
Total deaths are more than the combined total from breast cancer, AIDS and traffic accidents.
Total cost to the UK of managing VTE is estimated £640 million.
They are LARGELY PREVENTABLE.

Aims of this work stream

• to reduce incidence of VTE by 50%
• to achieve 100% compliance with risk assessment and prophylactic treatment
• raise awareness amongst professionals and public of VTE prevention and risk assessment
• engage with all healthcare professionals and senior managers in implementing VTE risk assessment and assessing compliance
• develop better measures and feedback measures on VTE in hospitals
VTE Prevention

Percentage of inpatients assessed and treated for VTE risk
VTE Prevention

Since the original Nice guidance was received in 2007 a risk assessment tool was in sporadic use across Powys. The participation in this strand of the 1000lives plus campaign has consisted of development of a new assessment form and focus upon completion of this and reassessment of risk soon after admission and at changes in health status of the patient.

Successful implementers have been characterised by an combined nursing and medical approach to risk assessment.
SKIN Bundle

The SKIN bundle focuses on the four areas of care most relevant to pressure damage prevention:

“S” reminds staff of the importance of both the condition of the patient’s Skin and the Surface (mattress, sheet pillow etc) on which they rest.
“K” is to indicate the benefits of Keeping the patient mobile.
“I”, the need to address Incontinence and finally
“N”, the value of good Nutrition in pressure damage prevention.

Piloted the introduction on two wards Brecon and Bronllys. Two parts to the project introduction of the bundle methodology and documentation and an educational programme to ensure staff understood why each part of the bundle was important. Rates of pressure damage have been monitored and staff knowledge assessed by before and after quiz papers.
Pressure damage

In Powys, many patients are admitted to hospital with pressure damage that has occurred either at home or at an out of county DGH. There may also be a correlation between increased rates of externally acquired pressure damage with increased rates of Powys acquired pressure damage.
SKIN Bundle pilot sites
Staff knowledge increased
Pressure damage decreased

Next steps:
Rolling out the project to two new wards,
Spreading the work to Community Nursing teams and a local residential home
Transforming Care

• Transforming Care was originally a ward based improvement programme that empowers ward teams to improve the quality and efficiency of the services they provide. The specific aims are to reduce specific adverse events and, by improved efficiency, to increase the time spent on direct patient care.

• The wards at Brecon, Llanidloes and Llandrindod and the Community nursing teams at Welshpool and Ystradgynlais are taking part in this pilot. The community teams are the first in Wales to participate and are so helping to develop the improvement tools
Initial work has included improvements to the organisation of the Ward or working environment.
Patient Status Boards

One of the most common events that disrupt the provision of efficient health care is the interruption by another member of staff with a request for patient information.

The patient status at a glance board makes that information available to all who need it.
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**INCIDENT FREE**

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**WARD AQ**

- 29 30 31
- 31

**days since last case**

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**On Admission**

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**INCIDENT FREE**

- 29 30 31
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**WARD AQ**

- 29 30 31
- 31

**days since last case**

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**On Admission**

- 31

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**INCIDENT FREE**

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- 27 28

**WARD AQ**

- 27 28 29 30
- 29 30

**days since last case**

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- 4 4 4 4

**On Admission**

- 31
Infection Control

Staff complete an audit to compare the number of opportunities for hand hygiene against the number of times it is undertaken.

The audit tool used is based on the ‘5 Moments for Hand Hygiene’ that is

1. Before patient contact
2. Before a clean / aseptic procedure
3. After bodily fluid exposure risk
4. After patient contact
5. After contact with the patient surroundings

Monthly results by staff group are displayed at each hospital.
Invasive medical devices and infection control

- Given the relatively small numbers of catheterised patients in Powys it was decided that the approach should be to introduce a new catheter care document.

- This new form was based on the Department of Health’s High Impact Intervention Number 6 study. The document would not only record catheter use but would guide staff to undertake the procedure using the correct bundles of care for insertion and maintenance.

- It would also be suitable for both hospital and community nursing use making seamless care more easily achievable.

- The work was presented at the recent 1000 Lives Plus reducing healthcare associated infections meeting.
Invasive medical devices and infection control

• Progress and future work:
• Community nurses are now using the documents and data collection will begin shortly
• Education for ward staff is on going with the aim being to introduce the new documentation in all wards by January 2012.
• At this point it is planned that a number of outcome measures will be collected.
Health

If we can improve care for ten, we can do it for one hundred.
Board

If we can improve care for one hundred - We can do it for 1000
We can improve care for everyone in Powys
Falls driver diagram

Powys committed to Bundles 1 and 2 in the initial stages

- **Content**
  - To reduce the mortality and harm from falls that occur in the community

- **Driver**
  - **Trigger Bundle**
    - The falls event will be logged and initial screening completed within 24 hours
  - **Assessment Bundle**
    - Basic multifactorial risk assessment is completed within 7 days
  - **Intervention Bundle**
    - An agreed multifactorial plan of specialist assessment and intervention is in place and in progress within a maximum of 6 weeks
  - **Monitoring Bundle**
    - Progress against the plan is monitored within 6 months

- **Interventions**
  1. Complete the initial screening using an agreed tool
  2. Log the fall on central falls register
  3. Notification of the fall as per locally agreed pathway, copy to GP

Powys committing to Bundles 3 and 4 in some localities

- 1. Take falls history
- 2. Complete a basic falls risk assessment using an agreed risk assessment tool
- 3. Provide written and oral information about falls prevention
- 4. Make appropriate referrals for specialist assessment and intervention based on the outcome of the risk assessment

- 1. Initiate a bespoke plan for each patient, dependent on need
- 2. Agree the plan with the person and/or their family or carers
- 3. Agree time scales and a review date
- 4. Copy of the plan to go to the GP

- 1. Review compliance with the plan
- 2. Evaluate the efficacy of the plan in terms of further falls or injury
- 3. Update or close the plan as appropriate and update the falls log
Patient Journey-Map for Powys

**TRIGGER BUNDLE**
- All play a part:
  - Community
  - Agencies
  - Health and social services
  - Members of the public

**ASSESSMENT BUNDLE**
- Falls clinics
- Day hospitals
- DN service in some areas
- Aged Care Consultants

**INTERVENTION BUNDLE**
- Physiotherapy
- Occu’l therapy
- Dietician
- Podiatry
- GP
- Optician
- Consultant
- Social Services
- Alcohol services
- Specialist roles

**MONITORING BUNDLE**
- 3 month review in Falls clinic
- 6 month review by Therapists
- Community for ongoing support such as third sector, NERs
Welsh ambulance service successfully referred 135 fallers to falls service between Oct 09 to Aug 11. These fallers were assessed by 999 Service but did not require emergency admission.

Referrals from third sector organisations are slowly increasing e.g. Care and Repair, Age Cyrmu, and Leg Club.
Achievements at Llanidloes

Achieved completion of basic multi-factorial risk assessment within 7 days of referral

- Patients report that this assessment time is very positive allowing them to open up about their fears of falling.
- Patients are reassured that there are interventions available to help maintain their independence.
- Training for falls nurses has commenced on the skills required to perform the clinical and social multi-factorial assessment.
There is a variety of community and hospital based Falls programmes and individual prevention services available across Powys:

- Age Cymru deliver exercise is residential home in Builth
- Mid locality are commencing a new falls programme
- National Exercise Referral Scheme
- A new Podiatry scheme in mid and south Powys
The monitoring bundle is still a work in progress, staff are piloting a telephone based follow up service, which is proving popular with patients.
Telling the Falls Story
With the help of the 1000 Lives central team, staff and clients of the falls clinic in Llanidloes starred in a short video about their experiences.

The video proved very popular.
At the June 1000 Lives Plus event.
Dementia

- Dementia is a set of signs and symptoms which affects areas of cognition such as memory, attention, language, and problem solving.
- It is distinguished from Delirium, the most common complication during hospital admission for older people, by being present for longer than 6 months.
- AGE is the single biggest risk factor in suffering from dementia, nearly 20% of the population aged over 80 years old being affected.

The Powys demographic profile means that we can expect a 44% increase in the number of dementia sufferers between the present and 2021.
Numbers of people with dementia by local authority
with projections to 2021
Source: Dementia UK Report, 2007

Merthyr Tydfil
BL Gwent
Anglesey
Ceredigion
Monmouthshire
Torfaen
Bridgend
Newport
Vale of Glam
Flintshire
Denbighshire
Pembrokeshire
Caerphilly
Neath P Talbot
Wrexham
Gwynedd
Powys
Conwy
Carmarthenshi
RCT
Swansea
Cardiff

2006
2021
Antipsychotics are frequently prescribed to “control” agitation in people with dementia but their use is often not reviewed nor alternatives sought.
Actions taken so far

✓ Alzheimer Society’s best practice guide and details of pilot scheme distributed to all Powys practices and CMHTs based in Powys.
✓ Interest from 4 practices – Brecon, Llanfair Caereinion, Newtown, Welshpool.
✓ 2 CMHTs - ABHB and Betsi Cadwaladr
✓ Pilot project team established in South Powys.
  Pharmacist, GP CMHT Consultant and Care Home
Actions taken so far

- Numbers of patients prescribed antipsychotics for dementia in all Powys care homes collated (July 11).
- Letter sent to all care home managers informing them of the initiative, and the pilot scheme site, enclosing Powys leaflet and Alzheimer Society booklet (Sept 11).
- Baseline audit of antipsychotic use in one care home.
- Produced and distributed a poster for hospital wards, GP practices, CMHTs and Care homes (October 11).
Initial baseline audit results

Out of 23 patients receiving antipsychotics:
• 90%, had indications for receiving drug documented
• 70% had documented discussion re risk and benefits
• 75% had ‘best interest’ process followed
• 85% had received attempts to reduce dose

But
• 50% reviewed in past 6 months
• 45% other (non drug) approaches to reduce agitation tried
• 15% compliance with care bundle
• 80% taking meds for longer than 9 months
What you need to know about optimising treatment and management of BPSD:

- BPSD relates to agitation or aggression. It does not include wandering.
- 90% of people with dementia will experience BPSD.
- Sudden emergence of BPSD often has a physical trigger. Pain is one of the most common causes of BPSD.
- There is a high rate of spontaneous recovery. Most BPSD will stop after 4 weeks without pharmacological intervention.

According to the Banerjee Report, antipsychotics are being over-used to control behaviour.

Out of 1000 patients with BPSD treated with an antipsychotic:

**BENEFIT:**
Clinical improvement in behaviour will be seen in 90-200 patients.

**RISK:**
- Additional deaths: 10 patients.
- Additional strokes: 18 patients.
- Significantly increased sedation, hypotension, extra-pyramidal side effects and exacerbation of cognitive decline.

Prescribing of Antipsychotics according to NICE Guidelines:

- Any physical causes should be ruled out prior to prescribing antipsychotics.
- Non-drug options and psycho-social interventions should be considered first-line, based on person-centred care.
- Antipsychotic medication should only be used after other approaches have been tried, and the patient is considered a danger to themselves or others.
- The Mental Capacity Act should be followed and a discussion with the patient/carer/family about risks and benefits of taking antipsychotics should be held and documented.

When the prescribing of antipsychotics is considered necessary:

- Use the lowest possible effective dose, for the shortest possible time (ideally less than 12 weeks).
- Monitor target symptoms and efficacy of medication.
- Review at least monthly; actively consider reduction or cessation.

For further information contact your local Mental Health Team or Rhiannon Davies, Powys TTB Medicines Management Team (U18/4 /12006)
Next steps

• Visit care home(s) monthly to discuss progress and identify issues.
• Meet with CMHT consultant again to clarify CMHTs role alongside Primary care; focus on reviews.
• Extend pilot scheme to second Nursing Home.
• Audit from baseline in November to assess benefit of interventions.
Powys tHB was recognized for its significant achievements in enhanced surgical care during the original 1000 Lives campaign. Data for each of these measures is still collected monthly as part of the on-going monitoring of the success of these improvement measures. Compliance in each of the areas remains very high.
**Normothermia**

Percentage of patients maintaining normal body temperature during surgery

- Percentage of patients with appropriate hair removal

- Use of the WHO safe surgery checklist
Stroke Rehabilitation

- 2 in-patient stroke rehabilitation services (5 beds each)
  - Newtown
  - Bronllys

- No acute services in Powys, receive patients after acute care at;
  - Shrewsbury, Hereford, Neville Hall, Morriston, Bronlлас and Wrexham Maelor
Bundle One

Compliance rate for bundle 1 from Jan 2011 to Oct 2011

Bundle One compliance is 0 and we are working with our acute stroke services providers to improve this.
Bundle Two compliance has improved since the new interventions were introduced in April. The drop in recent months has been due to lack of psychology input. We are reviewing how we provide these services.

**Bundle Two**

**Compliance rate for bundle 2 from Jan 2011 to Oct 2011**

- **% patients**
Bundle Three compliance is variable. This is largely due to staffing shortages causing failure to deliver the appropriate intensity of therapy. There is also variability in patients being in the most appropriate setting often due to delayed transfers of care. These usually concern getting patients home with an appropriate package of care.
Bundle Four

Bundle Four compliance is improving steadily as new transfer of care documentation and processes are implemented and separate discharge packs created for the different geographical areas.
Health Boards and Trusts in Wales have been asked to introduce a common NHS Early Warning System (NEWS). The tool was developed in an Acute care setting where the patient demographics are mixed and help is readily on hand.

The Powys tool had been made deliberately less sensitive to take into account the typical presentation of an older patient who may have several long-standing co-morbidities.

First Question: How does NEWS compare to the system presently used in Powys “Track and Trigger” (TnT)?
Assessment

Patient is sick

Approx 300 real world observations NEWS compared to TnT
Assessment

Approx 300 real world observations NEWS compared to TnT

300 observations taken from Powys patients were re-scored using the NEWS system.

There was good agreement in both the scoring of patients who were “well” and those who were “sick”.
Particularly sensitive at lower end of scoring

Approx 300 real world observations NEWS compared to TnT

more Obs needed
Particularly sensitive at lower end of scoring

A number of triggers are “missed” by our current system.

The vast majority fall into the stage 1 triggers – scores of 3, 4 or 5 on NEWS that call for increased observations.

Approx 300 real world observations NEWS compared to TnT.
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<td>Increased Obs.</td>
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<td>Sick</td>
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The NEWS tool calls for Increased observations fifteen times more often than our present tool.
Patient A: Age 76 rehab post THR – condition stable

We found that our “typical” patient often gave a trigger Level of 3 even though they were stable.

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Key: pale yellow = no trigger  
Green = increase obs.  
Orange = patient sick  
Red = Urgent!  

Discharged
Patient B Age 91 Rehab – old CVA - condition mostly stable – brief chest infection

This also seemed to be true of our more frail patients though the NEWS tool does seem to identify deterioration one observation earlier.

Key  
- Pale yellow = no trigger
- Green = increase obs.
- Orange = patient sick
- Red = Urgent!

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<tr>
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<td>Discharged</td>
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Conclusions drawn from a predominantly elderly, rehab or palliative, population

- NEWS is significantly more sensitive, especially at lower scores than our TnT. Also seems to pick up deterioration one observation before our current system.
- However many of our elderly patients score 3 on NEWS but are medically stable – we would probably not increase observations unless it’s an “out of the blue” score.
- 4 is a borderline score – probably not a concern unless there is a score of 3 in one observation category or a sudden development.
- 5 is a good indication that the patient will deteriorate.
NEWS next steps

- We have undertaken a series of PDSA cycles to develop a new observation form using the NEWS system for use in Powys. The concept was that it should be highly intuitive and be usable without specific training or reference to a guide or aide memoir.
Features of the new observations form

Separated Pulse into its own chart

Have removed Diastolic Blood Pressure from graph to allow easier scoring of Systolic Blood Pressure

Now record Diastolic BP as a figure

Colour coded charts for easier adding up
Transforming Maternity Services
Community Model

- **Pre-Admissions**: All women have adequate history taken and recorded in their hand held records including BMI, Medical conditions, Obstetric History and VTE risk assessment. Plan for frequency of observations.

- **Recognition**: Routine maternal observations carried out as per local guidelines. Early warning score used as trigger for full set of observations and referral if necessary.

- **Response**: Communication with the team using the SBAR format. Referral to appropriate place for further care and investigation. Immediate care if necessary prior to and during transfer. Mechanism for recording findings, actions and follow up.
Transforming Maternity Services

**All Women will have a recorded baseline for observations including risk assessment and booking BMI**

- Pre-admission
- Routine observations
- Booking BMI
- Recorded DVT risk assessment
- Clear plan of care
- Communication with appropriate professionals where risks are identified

**All women to be assessed for deterioration and or changes in level of risk.**

- Recognition
  - Record Early Warning score
  - Full set of observations where indicated
  - Consider sepsis in patients identified at risk
  - Communication information with the clinical team using SBAR format

**Appropriate and timely referral for women who are unwell.**

- Response
  - Full set of observations where indicated by Early warning score
  - Inform appropriate staff
  - Refer to appropriate place for care
  - Provide immediate treatment if necessary prior and during transfer.
  - Maintain contemporaneous records.
Quality Improvement Faculty

Spreading the word!
We have created a virtual group based on a Wiki type web page.

The Powys Quality Improvement Faculty Wiki Page
A warm welcome from Brendan Lloyd, Medical Director, Powys Teaching Health Board

The Powys Quality Improvement Faculty was founded on the 24th November 2010 as part of the work of the 1000 Lives Plus programme. This Faculty will build upon the significant quality improvements already achieved in the original 1000 Lives campaign in areas such as the recognition of the acutely ill patient and the prevention of surgical hypothermia.

The Faculty for Quality Improvement will seek to expand the scope of quality improvement into every aspect of health and social care. The Faculty will develop the capacity and capability to undertake quality improvement work and encourage the successful spread of innovation and learning.

The Faculty’s working methods will be based on the ‘all teach, all learn’ approach that has been pioneered by America’s Institute of Healthcare Improvement to drive their quality improvement work over the last 20 years. The Faculty will seek to connect all interested individuals to an ever-developing learning network where problems can be posed and the suggested solutions developed through a peer-supported model for improvement process.

Members of the Faculty will act as project leads, supporters, friendly critics and subject experts. They will spread their knowledge and skills in quality improvement methods by structured learning sets, informal mentoring and publication. External support has also been supplied in the form of advice from quality improvement leaders Dr David Gazzard and Breeda Worthington from the 1000 Lives Plus programme and the National Leadership and Innovation Agency for Healthcare (NLIH).

What’s New on the Quality Improvement Faculty?

Visit the What’s New section for a summary of all the latest additions on the Quality Improvement Faculty site. This page will be updated at least once a week, with details of the latest news, reports, and events of relevance to the Faculty. Don’t forget to look at the News Updates section for daily news items from the Department of Health, NHS Wales, King’s Fund, Institute of Health Improvement, BBC Health etc.
Quality Improvement Faculty

What’s new?

New on the Faculty for the week starting 11th May 2011

The latest news, research and reports of relevance to the Faculty. Please note that in some instances has only been possible to provide a link the NHS Wales Intranet version - if you don’t have access to the NHS Wales Intranet you can request a copy of the item by emailing powys.library@wales.nhs.uk


Chronic heart failure: updated evidence (Public Health Wales - NHS Wales Intranet link only)

Customer insight work on maternity and early years (Department of Health)

An evaluation of the impact of community-based interventions on hospital use: a case study of eight Partnership for Older People Projects (FOPEP) (Nuffield Trust)

Future of nursing and midwifery in England (NHS Networks)

How is the NHS performing? Quarterly monitoring report (King’s Fund)

Impact of Quality and Outcomes Framework on health inequalities (King’s Fund)

Implementing and sustaining change in the contemporary NHS - lessons from the Productive Ward (NHS Evidence – Health Management)

Complete with a What’s new? page, useful guides and documents on different aspects of quality improvement
Quality Improvement Faculty

Prevention of Venous Thromboembolism

Project: The prevention of venous thromboembolism in Powys in-patients
Project Lead: Dr Ailsa Dunn, Consultant, Care of the Elderly.

VTE is a significant cause of morbidity and mortality resulting in a greater number of deaths in the UK than these causes by breast cancer, HIV, and road accidents combined.

There are a number of factors that increase an individual's risk of VTE and these include, being aged over 60, obesity, recent surgery, heart failure, cancer, and immobility.

The Local Health Board has been involved in VTE prevention work for a number of years and has used a flow diagram giving advice on VTE prevention. However, use of this document was patchy at best. The project therefore had two aims: the first being to develop a new assessment form suitable for use with the non-acute rehabilitation patients who make up the Powys in-patient population. This was achieved by development and modification of an All-Wales risk assessment form. This work was led by Dr Dunn with the involvement of Bronfins based clinicians and the LHB's Quality and Safety Unit. The roll out to all sites and the Powys Matrons.

The second goal was to raise awareness amongst both staff and patients of the dangers of the dangled prevention project launched in the first week of June 2010 to coincide with the charity Lifeblood.

An audit tool was also developed to monitor the implementation of the new assessment and valuable driver in improving compliance at our site. Bronfins has been particularly effective months. Systems are in place at the site where nurses (both qualified and unqualified) are aware and alert to details of the any patients who have been overlooked for assessment.

In the spirit of the continuous improvement cycle, we have recently reviewed the VTE evaluation period from 48hrs to one week as this better suits our client base. Powys’ prevention and is currently well in advance of the other Health Boards in providing ass...

Useful Resources

Clinical Guidelines
Clinical Knowledge Summaries: Deep Vein Thrombosis
NICE: Venous Thromboembolism: reducing the risk in patients admitted to hospital, 2019.

Systematic Reviews


Pages contain an update for each of the existing projects.

Supporting guidance and evidence and also the facility to leave comments or questions.