

## VTE Exemplar Centre Criteria

Checklist for organisations considering making an application to become a  
VTE Exemplar Centre

<b>Tick</b>	<b>1. VTE Strategy</b>
a.	Chief Executive endorsement
b.	Thrombosis committee/VTE Implementation group (or equivalent) established <ul style="list-style-type: none"> <li>• Cross organisation and multidisciplinary representation</li> </ul>
c.	Named VTE prevention lead in post
d.	VTE Guidance in place for <ul style="list-style-type: none"> <li>• Clinicians (medicine &amp; surgery)</li> <li>• Maternity</li> <li>• Extended prophylaxis</li> </ul>

<b>Tick</b>	<b>2. Compliance &amp; Processes</b>
a.	Risk assessment <ul style="list-style-type: none"> <li>• Risk assessment system(s) in place</li> <li>• Risk assessment tools utilised</li> <li>• Data demonstrating meeting/exceeding National Quality Requirement of consistently achieving 95% within 14 hours threshold for over 16 year olds</li> </ul>
b.	Hospital-associated thrombosis quality improvement programme (PSIRF) <ul style="list-style-type: none"> <li>• Process and staff (flow chart demonstrating how learning from HAT is undertaken, how findings drive improvement and how duty of candour is implemented)</li> </ul>
c.	Audit <ul style="list-style-type: none"> <li>• Audit mechanisms in place and staff to support the process (Minimum 100 patients or 10% of inpatient hospital admissions, whichever is lowest.)</li> <li>• % patients receiving appropriate thromboprophylaxis within 14 hours</li> <li>• % patients discharged with lower limb immobilisation VTE risk assessed</li> <li>• % patients receiving verbal and written information</li> </ul>
d.	Reporting <ul style="list-style-type: none"> <li>• Clinical governance (trust)</li> <li>• Incident reporting</li> <li>• Use of league tables (by ward/directorate)</li> </ul>

<b>Tick</b>	<b>3. Training &amp; Education</b>
a.	Evidence of staff having undertaken appropriate VTE prevention training
b.	Trust/hospital induction programmes includes VTE education for clinical staff
c.	E-learning packages available for staff (e.g. eLFH VTE Prevention England module)
d.	Attendance at national learning events and forums

<b>Tick</b>	<b>4. Communications</b>
a.	Staff <ul style="list-style-type: none"> <li>• VTE Communications strategy in place</li> <li>• Evidence of communications undertaken (e.g. campaigns, internal communication such as newsletters, intranet, league tables, use of social media e.g. Twitter)</li> </ul>
b.	Patient (evidenced by audit)

		<ul style="list-style-type: none"> <li>• Written information is offered – Patient Information Leaflet</li> <li>• VTE is explained verbally to patients by appropriate member of staff</li> </ul>
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<b>Tick</b>	<b>5.</b>	<b>Implementation</b>
	a.	Establishment of VTE champions by ward/department/speciality
	b.	Established roles and responsibilities of VTE champions
	c.	VTE process diagram or policy accessible to all clinical staff (how implementation is applied across the trust, risk assessment, patient information, discharge, community transition)

<b>Tick</b>	<b>6.</b>	<b>Leadership &amp; Innovation</b>
	a.	Willingness to formally buddy aspirant centres to achieve excellence in VTE prevention
	b.	Willingness to contribute to National VTE initiatives and strategies
	c.	Commitment to a culture of continuous improvement around VTE prevention