

VTE Prevention Staff Education Standards

Venous thromboembolism (VTE) is a major safety issue for hospitalised patients. It is imperative that clinical staff caring for inpatients have the necessary skills and knowledge to deliver effective VTE prevention care with the aim of reducing preventable harm to patients. Organisations should set local compliance targets and ensure surveillance data is available.

Staff Groups to be included

Nurses, Nursing Associates, Pharmacists, Doctors, Midwives, Maternity Care Assistant, Health Care Assistants, Physicians Associates, Occupational Therapists, Operating Department Practitioners, Advanced Clinical Practitioners, Physiotherapists, any other clinical roles for which VTE prevention is relevant

Frequency

At induction and then every 2 years

Training Format

- Format to be determined locally (*i.e. in person/e-learning/hybrid*)
- Training should be easily accessible for clinicians
- Content and delivery should be engaging to promote translation into practice
- An assessment should be included to assess comprehension and optimise information retention
- Include local VTE information to promote adherence to local guidelines
- Consider a tailored approach for specialities e.g. maternity, stroke, critical care, cancer, emergency, renal

Training Content-information to be included

- What is VTE? Explanation of DVT, PE, and long term complications e.g. post-thrombotic syndrome, VTE recurrence
- Common VTE and bleeding risk factors in hospitalised patients
- VTE risk assessment - how and when to perform it and by whom
- Thromboprophylaxis prevention measures – pharmacological and mechanical (to include when appropriate; dosing protocols, importance of weight documentation and renal function checks, documentation, surveillance and follow-up, extended thromboprophylaxis on discharge)
- Promote patient involvement in VTE prevention measures such as hydration, mobilisation, leg exercises, VTE symptom identification
- VTE re-assessment (when clinical condition changes)
- VTE patient information requirements - verbal and written, ideally on admission and discharge. Highlight resources available
- Definition of hospital associated thrombosis, prevalence in organisation and specialty if appropriate –local reporting and learning strategy
- Signposting to national (NICE) and local guidelines and further support/information
- Signposting to specialist teams to offer further support, guidance and assist with queries
- Include local case studies and learning from hospital associated thrombosis