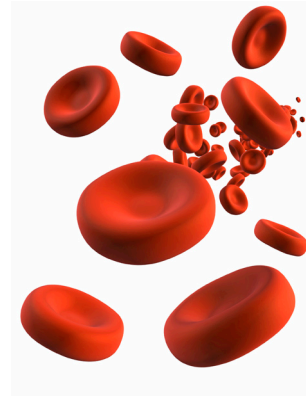


VitalPAC® VTE MANAGEMENT

There are 25,000 deaths per year from venous thromboembolism. 10,700 of these are due to NHS Trusts' failing to implement guidance published by NICE and by the Chief Medical Officer^{1,2,3,4}.



Venous Thromboembolism (VTE) prophylaxis was proposed as an acute indicator for The Healthcare Commission's annual health check. However the Commission considered that there is currently not an adequate, consistent data source available for rating.

VitalPAC provides this data source as a direct product of clinical work and enables NHS Trusts to fulfil their obligations under the existing annual health check requirements and demonstrate that they have considered "the implications of nationally agreed best practice for the services they provide".

VTE is a significant cause of hospital deaths

- VTE accounts for 10% of all hospital deaths every year¹
- Deaths from VTE exceed the combined deaths attributable to breast cancer, AIDS and road traffic accidents²
- VTE causes 25 times more deaths than MRSA infection²
- VTE deaths are 3 times higher than the number of deaths from all hospital acquired infection¹

Appropriate treatment for managing the risk of VTE significantly reduces avoidable deaths in hospital.

How does VitalPAC VTE MANAGEMENT help?

Management of VTE is a natural extension of VitalPAC's real-time, point of care, patient safety role in reducing mortality, length of stay and ICU admissions. VitalPAC helps to quickly and clearly identify those patients who are not receiving appropriate treatment, making a significant contribution to reducing VTE mortality rates in hospital.

VitalPAC VTE MANAGEMENT allows nursing staff to record each patient's treatment plan for the management of VTE risk. Doctors can indicate any contra-indications to warfarin or heparin, or indicate if prophylaxis treatment is inappropriate (for example if the patient is fully mobile). VitalPAC also integrates with the hospital's pathology database and reports INR data. VTE screening data can be viewed on the hospital's intranet and screening compliance can be easily monitored.

1) ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP. "Thrombosis: Awareness, Management and Prevention, an Audit of Acute Hospital Trusts", November 2007
2) NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE, CLINICAL GUIDELINES 46 "Venous Thromboembolism: reducing the risk in surgical inpatients", April 2007
3) DEPARTMENT OF HEALTH "Venous thromboembolism (VTE) risk assessment", September 2008
4) CHIEF MEDICAL OFFICER, DEPARTMENT OF HEALTH, "Recommendations of the expert working group on the prevention of VTE in hospitalised patients", April 2007