Audit of a DVT Pathway: Deviation from the NICE Guideline Does Not Reduce Quality or Safety of Care

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INTRODUCTION

- Timely diagnosis and treatment of Deep Vein Thrombosis (DVT) is crucial as it can lead to various complications, including death.
- For the investigation of a DVT, National Institute of Clinical Excellence (NICE) recommends the use of serial above knee ultrasound scans.\(^1\) (Figure 1)
- At University Hospital of South Manchester (UHSM), all patients investigated for a suspected DVT receive full-leg venous duplex scans, which is available 7 days a week. (Figure 1)
- We have previously presented audit data at SAM scientific meetings to show that full-leg scans are economically viable.\(^2\)

AIM

- To see if the UHSM method reduced the quality and safety of patient care

METHODS

- Patients presenting to Ambulatory Care Unit with a suspected DVT were included in the audit.
- Data pertaining to all aspects of care was collected concurrently over a 4-week period using a proforma

RESULTS

- 107 patients, 64 (59.8%) female, 43 (40.2%) male.
- All 107 patients received a full leg scan; 20 (18.7%) had a confirmed DVT. 9 (45%) were positive above knee, 11 (55%) were below knee.
- Only 9 (8.4%) patients with an equivocal scan needed a rescan.
- 99 (93%) of patients completed their care within one day; all patients completed their diagnostic care within 8 days. (Figure 2)
- An alternative diagnosis was offered to 79 (91%) of the 87 patients who did not have a DVT. (Figure 3)

CONCLUSION

- Our audit showed that full-leg venous duplex scans do not reduce the quality or safety of patient care.
- Most patients completed their care within a day of referral, reducing the need for bridging doses of anticoagulation.
- The provision of an alternative diagnosis and the diagnosis of below knee DVTs gives a better experience for patients.
- Numerous patients are filtered by general practitioners (Wells score/D-dimer), partially explaining the high rate of scanning.
- Full-leg venous duplex scans is more economically viable compared to NICE guidance as patients with negative scans do not need to be serially rescanned.\(^2\)

REFERENCES