Venous thromboembolism

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Claims related to VTE

From 1 April 2012 until 31 March 2022 NHS Resolution documented 687 closed claims relating to VTE injuries across the clinical negligence indemnity schemes.

The sum of total damages was **£23,780,179.**

687
Claims received between 2012-2022

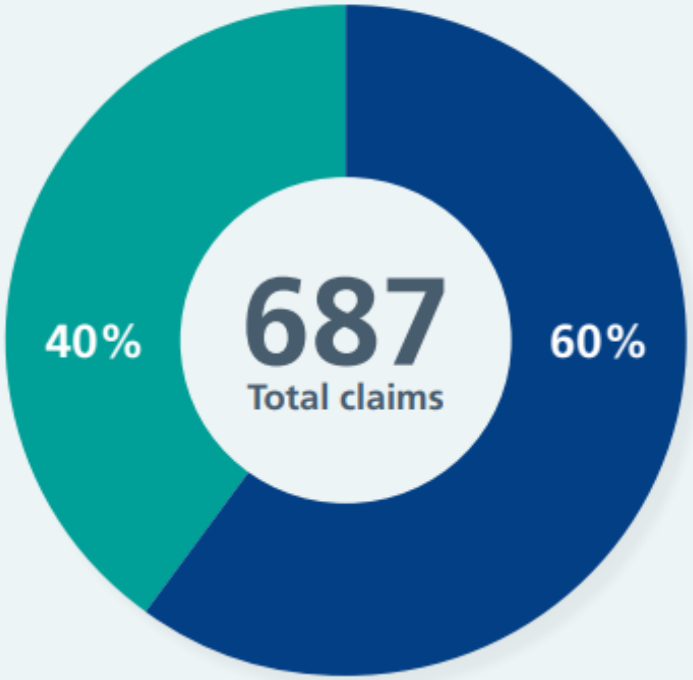
411
Claims were settled with damages paid

276
Claims were settled with no damages paid

VTE claims outcomes

60% of claims were settled with damages paid

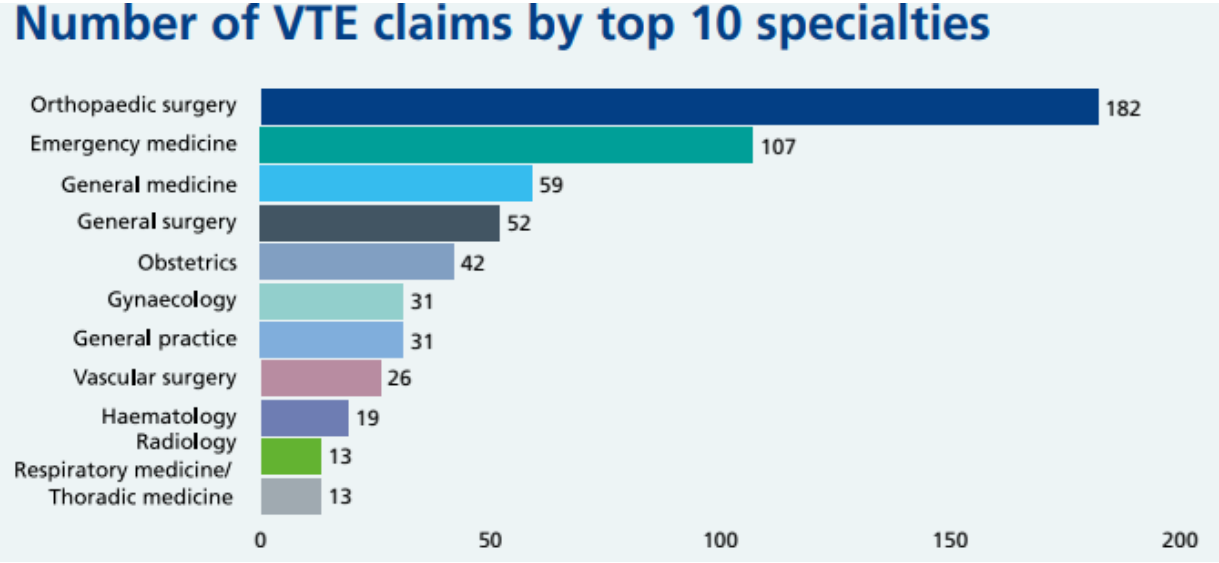
40% of claims were settled with no damages paid



Specialities involved in VTE claims

Evidence suggests that surgical specialties, especially major orthopaedic surgery, are associated with a significantly higher risk of DVT and PE.

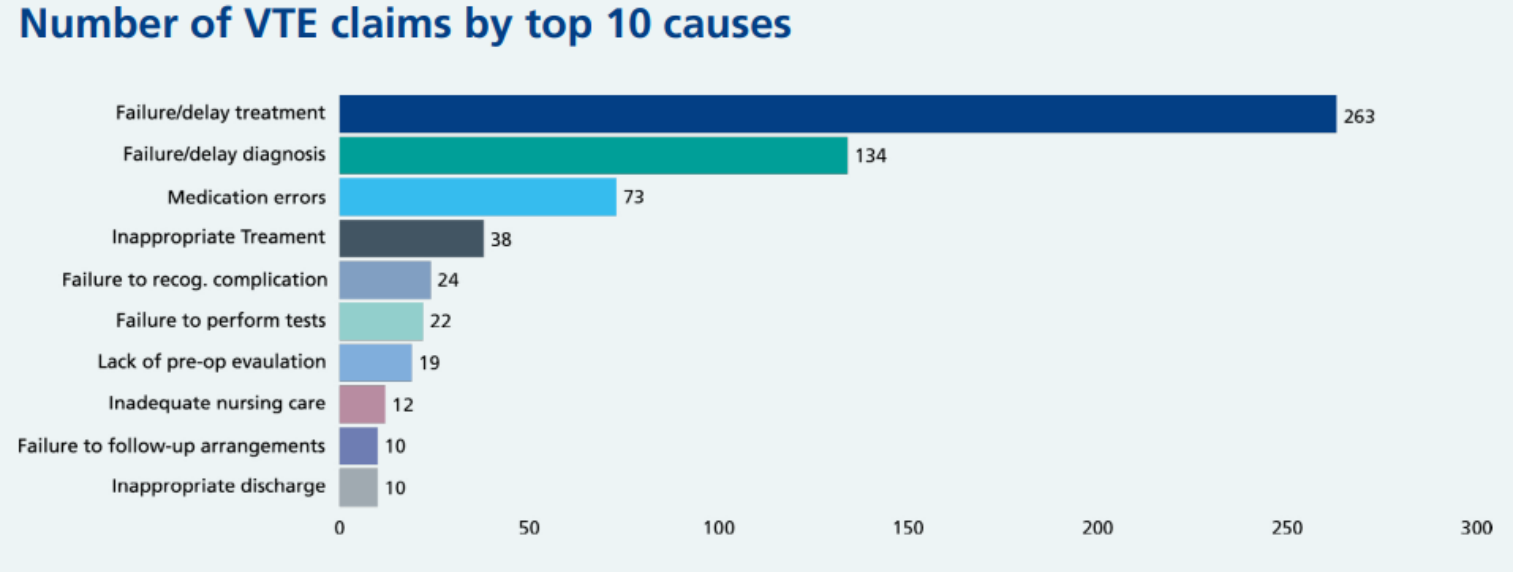
The National Centre for Care Excellence (NICE) has developed a range of guidance which covers reducing the risk of VTE and describes high-quality care in priority areas for improvement.



Causes reported in VTE claims

Of the claims received, **10.6%** were related to a medication error.
There were common medication error themes leading to VTE;

- Failure to prescribe or administer anticoagulant
- Failure to carry out a VTE risk assessment
- Incorrect dose of anticoagulant administered



Illustrative case study

As you read about this incident, please ask yourself;

- Could this happen in my organisation?
- Who could I share this with?
- What can we learn from this?

1. Situation

A 55 year old man presented as an ambulatory patient at ED suffering with three-week persistent lower leg swelling.

2. Background

The patient had been seen three months previously for a fractured tibia prior to this attendance at ED.

The documentation stated that the patient reported a history of minor left lower-limb swelling following the fractured tibia in a telephone call to their GP a week previously and had been told this was likely gravitational oedema following the recent fracture.

3. Assessment

In the ED, a full history was taken. The patient displayed localised tenderness along the left lower limb with around a 2cm difference in calf size from the non-affected limb. Wells score was 2.

Due to the persistent unilateral lower limb swelling and discomfort, the patient was referred for a D-dimer blood test and a Duplex ultrasound scan to rule in/out a DVT.

4. Outcome

The D-dimer was elevated and the duplex scan confirmed a left deep vein thrombosis. The patient was commenced on anticoagulants.

It was subsequently established that the previous telephone triage call documentation was sparse, with no documented detailed findings, no use of the Wells Score and no evidence of safety netting.

This was deemed to fall below an acceptable standard of care; however, causation was not proven.

NHS Resolution

To read the full resource, please visit our website: https://resolution.nhs.uk/resources/venous-thromboembolism/

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