

VTE Exemplar Centre Criteria

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

Tick	1.	VTE STRATEGY
	a.	Chief Executive endorsement
	b.	Thrombosis committee/VTE Implementation group (or equivalent) established <ul style="list-style-type: none"> • Cross organisation and multidisciplinary representation (evidence to include relevant organisational chart)
	c.	VTE Guidance in place for <ul style="list-style-type: none"> • Clinicians (medicine & surgery) • Maternity • Extended prophylaxis

Tick	2.	COMPLIANCE & PROCESSES
	a.	Risk assessment <ul style="list-style-type: none"> • Risk assessment system(s) in place • Risk assessment tools utilised • Data demonstrating meeting/exceeding National Quality Requirement of consistently achieving 95% threshold
	b.	Root cause analysis <ul style="list-style-type: none"> • Process and staff (flow chart demonstrating how RCA is undertaken, how findings drive improvement and how duty of candour is implemented)
	c.	Audit <ul style="list-style-type: none"> • Audit mechanisms in place and staff to support the process • % patients receiving appropriate thromboprophylaxis • % patients receiving written information on admission and discharge
	d.	Reporting <ul style="list-style-type: none"> • Clinical governance (trust) • Incident reporting • Use of league tables (by ward/directorate)
	e.	Commissioning & contracts <ul style="list-style-type: none"> • Inclusion of VTE in acute/community contract service specifications • Submission of RCA reports to commissioners

Tick	3.	TRAINING & EDUCATION
	a.	Evidence of staff having undertaken appropriate thromboprophylaxis training
	b.	Trust/hospital induction programmes includes VTE education <ul style="list-style-type: none"> • New staff • Junior doctors • Nurses (including health care assistants) • Midwives (including midwife support workers) • AHPs
	c.	E-learning packages available for staff (e.g. Kings'/VTE Prevention England module)
	d.	Attendance at national learning events and forums

Tick	4.	COMMUNICATIONS
	a.	Staff
		<ul style="list-style-type: none"> • VTE Communications strategy in place
		<ul style="list-style-type: none"> • Evidence of communications undertaken (e.g. campaigns, internal communication such as newsletters, intranet, league tables, use of social media e.g. Twitter)
	b.	Patient (evidenced by audit)
		<ul style="list-style-type: none"> • Written information is offered – Patient Information Leaflet
		<ul style="list-style-type: none"> • VTE is explained verbally to patients by appropriate member of staff
	c.	Hospital patient group(s) are informed about VTE

Tick	5.	IMPLEMENTATION
	a.	Establishment of VTE champions by ward/department/speciality
	b.	Roles and responsibilities of VTE champions
	c.	VTE process diagram (how implementation is applied across the trust, risk assessment, patient information, discharge, community transition)

Tick	6.	PATIENT & COMMUNITY
	a.	Patient care plans
	b.	Education for self-injection
	c.	Transition to the community
		<ul style="list-style-type: none"> • Care pathways /protocols established for the transition of patients into community hospitals • Links with primary care (Re. extended prophylaxis, on-going management of VTE)