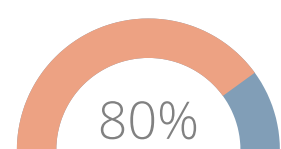


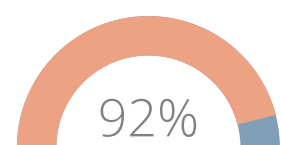
BTS NATIONAL OUTPATIENT PULMONARY EMBOLISM AUDIT 2021

PATIENT LEVEL DATA ACROSS 1509 RECORDS ACROSS 108 INSTITUTIONS

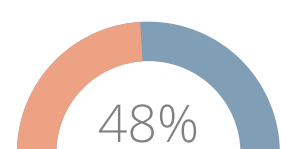
KEY FINDINGS



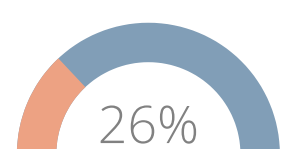
80% of centres have a formalised OP PE pathway.



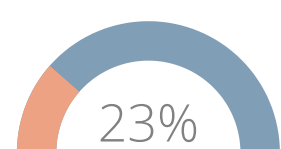
92% of centres have 7-day access to CTPA (CT pulmonary angiogram).



In patients whose diagnostic imaging was delayed by > 1hour, initial anticoagulation was not administered within the first hour in 48% of patients.



26% of patients did not undergo diagnostic imaging within the first 24 hours.



Risk stratification using a validated tool was recorded in the notes in only 23% of patients.

17% of patients assessed with PESI and 22% of patients with sPESI had a risk score >very low/low and should therefore not have been suitable for OP management.

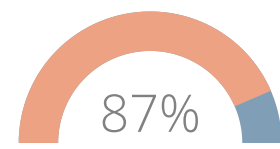
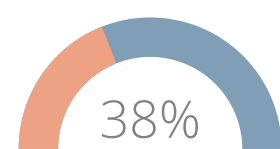
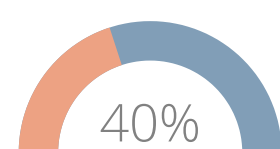
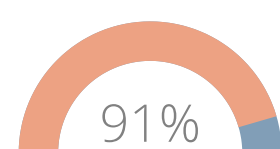
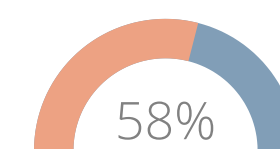
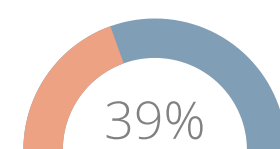
The presence or absence of right ventricular strain was recorded in the notes in 58% of cases.

91% of patients were assessed by a senior decision-maker prior to going home.

Written information was recorded as having been given in only 40% of patients.

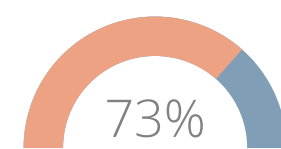
Initial follow-up within 7 days of discharge occurred in only 38% of patients.

87% of centres offer 3-month follow-up.

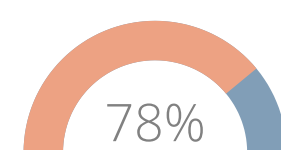


OTHER RESULTS

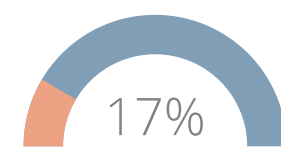
ORGANISATIONAL



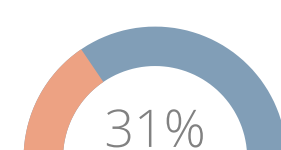
73% of centres stated they had a 7-day service in place for OP management of PE.



46% of centres stated they routinely used PESI and 32% of centres used sPESI.



17% of centres do not routinely use a validated risk assessment tool.



Formal follow-up within the 1st week following discharge occurs in only 31% of centres.

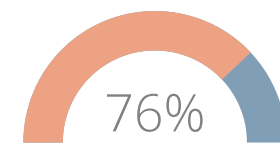
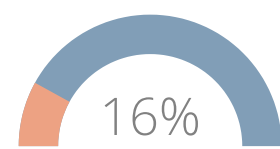
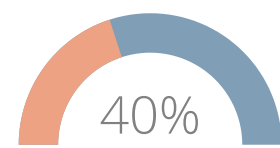
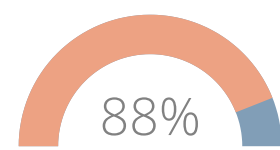
PATIENT LEVEL

88% of documented patients had CTPA as their first diagnostic test.

40% of documented patients went home to return at a specific time for imaging.

16% of documented patients had diagnostic imaging within 1 hour.

Direct oral anticoagulants were used in 76% of patients, with agents not requiring pre-loading with low molecular weight heparin being the most commonly prescribed.



NATIONAL IMPROVEMENT OBJECTIVES

TARGET: 90% OF CENTRES WITHIN 18 MONTHS

A validated risk stratification score should be recorded in the notes of all patients managed on an OP PE pathway.

Initial anticoagulation should be administered within 1 hour of clinical suspicion of PE, unless the diagnosis has already been excluded.

All patients should receive written information including emergency contact details and follow-up within 7 days of going home.