Venous Thromboembolism Prevention in the Acute Care Setting
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Problem: VTE is an under-diagnosed, serious, and preventable condition. VTE affects approximately 350,000-600,000 people annually.

Evidence: Only 50% of hospitalized patients receive the VTE prophylaxis recommended by national standards.

Strategy:
The multidisciplinary VTE committee of a Midwestern tertiary care hospital conducted a review of the current practice successes and barriers as it related to VTE prevention. The committee assessed the needs in the following areas: consistency and reliability of risk assessment, implementation of prophylaxis when clinically indicated, and staff and physician education. Analyses of gaps in practice led to the development of a plan for process change.

Practice Change:
Interventions included:

- Implementation of a process for interval reassessment of a patient’s risk and initiation of prophylaxis when indicated.

- Physician and nurse education by a leading expert on the prevention of VTE.

- Electronic reminders to complete risk assessment and ordering of VTE prophylaxis when indicated.

- Utilization of daily leading indicators as a method of prospective auditing and providing feedback on prophylaxis implementation and rates,

- A research project utilizing pharmacists in the Emergency Department as VTE champions to implement early chemical prophylaxis,

- Utilization of a variety of media to raise the awareness of VTE prevention.

Evaluation:
AHRQ Post Operative DVT/PE rates, Leading Indicator Compliance Rates

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Results:
Implementation of these interventions was initiated. Positive outcomes of the process change have included:

- Significant increases in the number of patients who receive VTE prophylaxis within the first twenty-four hours of admission,
- Significant decrease in the VTE rates

Recommendations:
Use of leading indicators and a defined process for interval reassessment of patient’s VTE risk are valuable tools in decreasing VTE rates.

Lessons Learned:
Opportunities for improvement continue to be available in the area of tailoring interventions to specific high risk populations. The committee will continue to explore opportunities to use combination mechanical and chemical prophylaxis to improve patient outcomes.

Bibliography: