



VTE Prevention

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American Hospital
Association®



HEALTH RESEARCH &
EDUCATIONAL TRUST
In Partnership with AHA



About us

- St Petersburg, FL
- 480 Bed not-for-profit teaching hospital
- Level II Trauma Center with Bayflite, the largest hospital based flight program in the Southeast US serving 15 counties
- Joint Commission Accredited and Certified in Stroke, Hip & Knee
- Nationally Accredited Chest Pain Center





Our Team

- PharmD Team Leader
- Orthopedic Unit
- Trauma ICU
- Medical-Surgical Unit
- Physician Champion
- Quality Data Support
- Quality Management Facilitator
- Senior Leadership Champions



Our Objectives

- Aim Statement: To reduce the post operative VTE rate 40% from baseline by December 31, 2013.
- To improve administration of VTE prophylaxis in post-operative patients from 92.64% to 97% by December 31, 2012.



What We Have Learned

- Automated VTE Risk Assessment form not generated in 25% of our patients.
- Collaboration with IT resolved issue.
- 33% of patients on Trauma Surgical Floor had VTE Risk Assessment form completed correctly.
- Collaboration with nursing and physicians determined existing form was not user friendly and needed updating.
- Repeated rapid action cycles to develop a more user friendly VTE Risk Assessment form.



New VTE Tool

Bayfront Medical Center VTE PROPHYLAXIS PILOT

DATE: _____ TIME: _____

ALLERGIES: _____

Bulleted orders automatically will be implemented. Any order can be deleted by drawing a single line through the entire order and initialing. Fill in the blanks and check (X) to select orders.

Risk Score: _____ (MOD/HIGH RISK)

Low Risk (0-1)	Early Ambulation
Mod Risk (2)	Pharmacological Therapy ± SCD
High Risk (≥3)	Pharmacological Therapy + SCD

Prophylaxis Contraindicated (Select Reason)

- Active bleeding
- Allergy
- Uncontrolled Hypertension
- Coagulopathy
- Heparin Induced Thrombocytopenia
- Recent intraocular or intracranial surgery
- Recent severe trauma to head, spinal cord, or extremities with hemorrhage
- Peripheral vascular disease or lower extremity wounds
- Already on therapeutic anticoagulation
- Other: _____

Prophylaxis Orders

Non-Pharmacological

SCD (Recommended in all HIGH RISK patients in addition to Pharmacological therapy)

Pharmacological

Fragmin 5000 units SQ Daily (General Surgery/Medical/Non-orthopedic surgery)

Arixtra 2.5 mg SQ Daily (Orthopedic surgery, Do not use in Renal Impairment)

Xarelto 10 mg PO Daily (Elective Knee/Hip Orthopedic surgery, Do not use in Renal Impairment)

Warfarin Rx to Dose (Elective Knee/Hip Orthopedic surgery, Goal INR 2-3 if not specified)
Goal INR: _____

Heparin 5000 units SQ TID (renal impairment, Wt > 50 kg, Age < 75)

Heparin 5000 units SQ BID (renal impairment, Wt < 50 kg, Age > 75)

Date/Time _____ Physician Signature: _____

VTE PROPHYLAXIS PILOT

Form #: _____ Date Revised: _____ PHYSICIAN ORDERS

PATIENT IDENTIFICATION

PILOT FORM EXPIRATION DATE: 8/01/2012

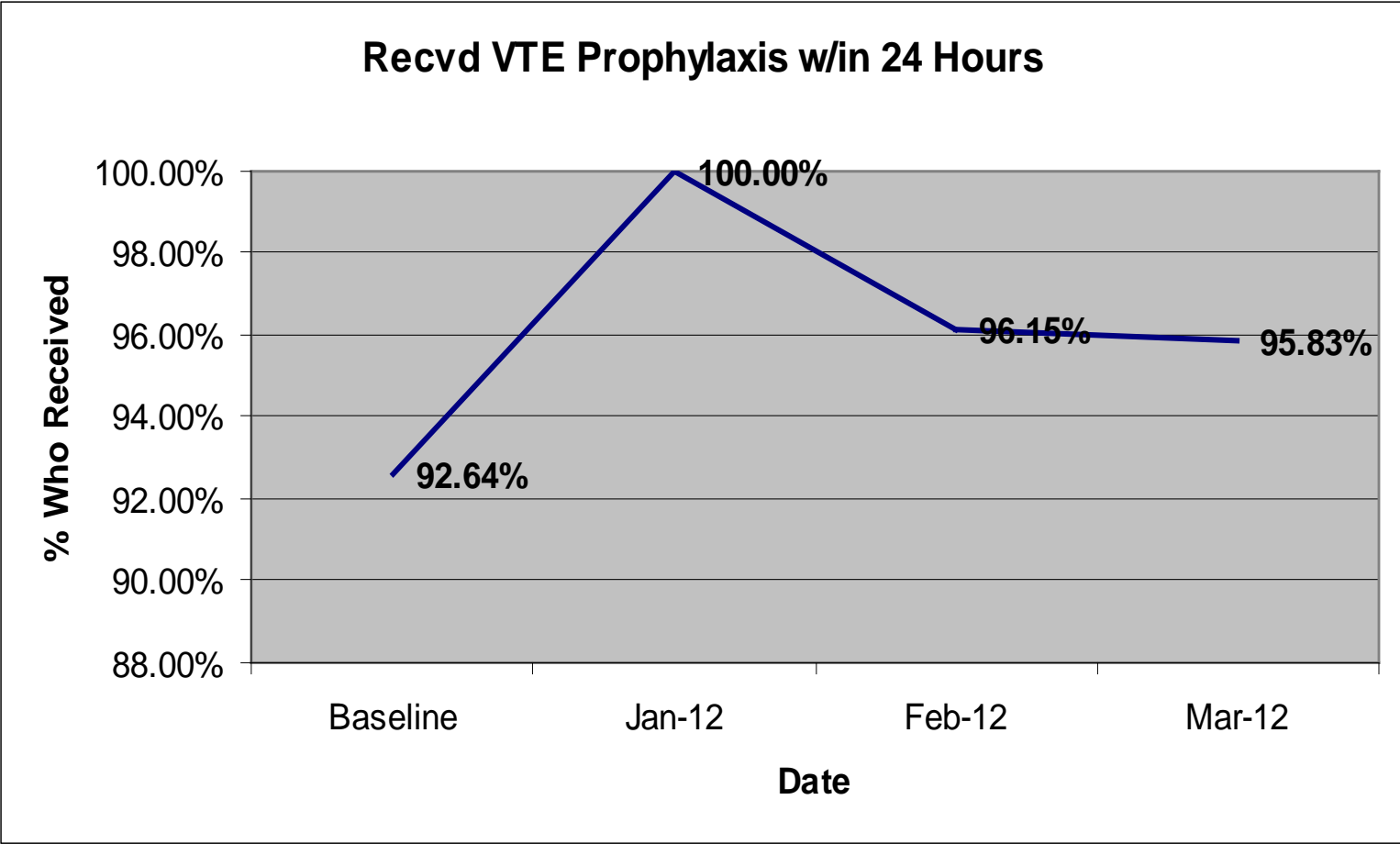


Barriers & How we Resolved

- Culture Change
 - Reinforcement of PDSA process and Rapid Tests of Change
- Physician Buy-In
 - Educational letters and one-on-one education by physician champions.
- Nursing Buy-In
 - Reinforcing patient advocacy/patient safety

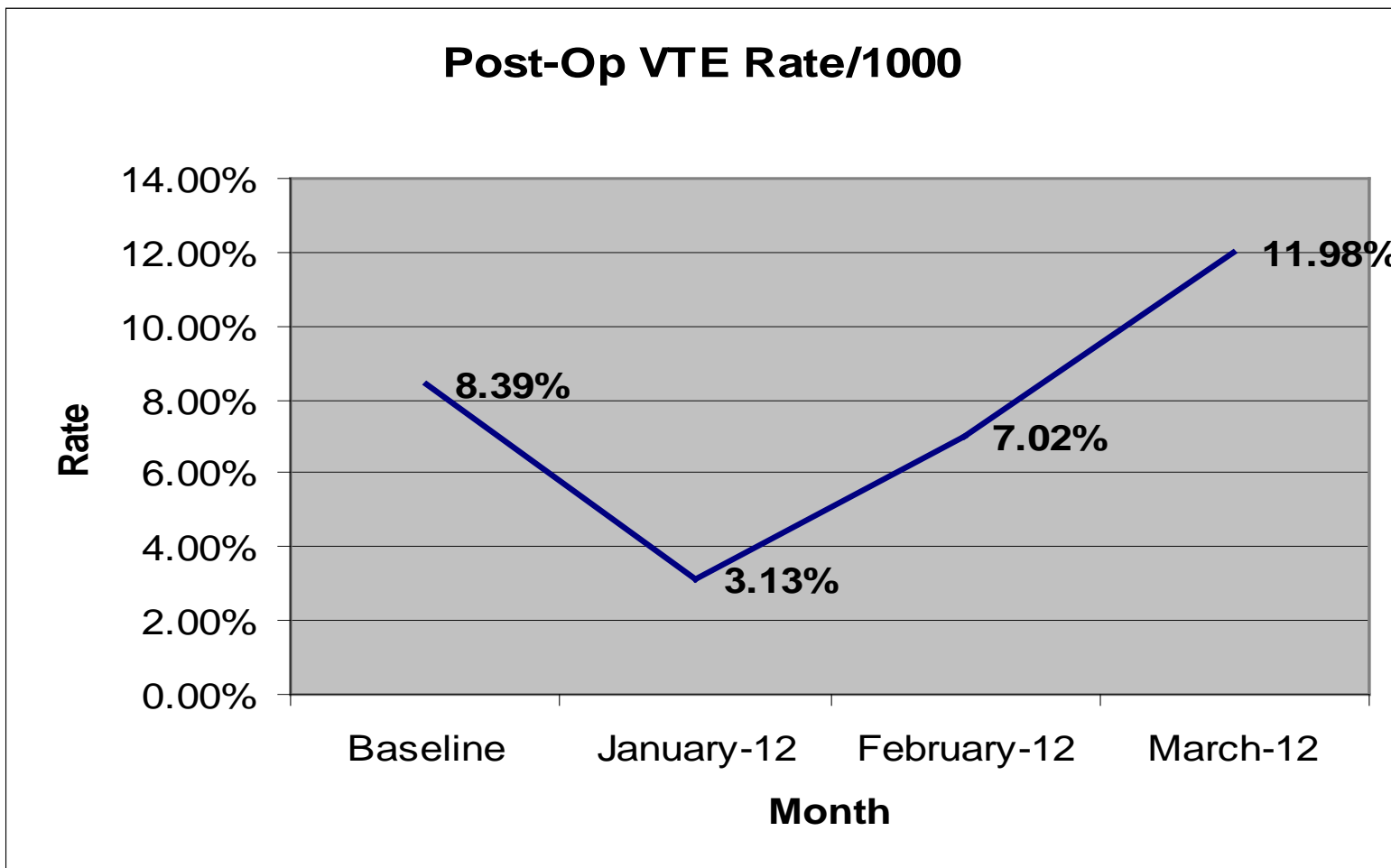


VTE Process Measure





VTE Outcome Measure





Advice for Others

- Senior Leadership Support
- Physician Champion
- Pharmacy Support
- Rapid Tests of Change
- Fail Early Fail Often
- Small Tests of Change, Keep it Simple
- Keep it Moving Forward



Summary & Next Tests of Change

- Summary
 - Self Assessment Score 2
 - Beginning Phase of Improvement Process
- Next Steps
 - Implement New Form on Surgical Unit, 1 Nurse, 1 Surgeon
 - Critical Care Hourly Rounds to ensure SCDs are ON the patient and running in 1 Critical Care Unit with 1 Charge Nurse.



Questions & Contact Information

Questions?

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