



VTE Prophylaxis

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About Us

- 25 bed critical access hospital, 4 MDs, 3 PAs
- 14 specialists, OB services, chemotherapy, surgery and large outpatient service area
- Fairbury, NE (population 4200)





Our Objectives

- Began using VTE Risk Factor Assessment & Physician Orders in January 2010
- AHRQ Collaborative for VTE in 2011 with Dr. Maynard and New York QIO
- Aim Statement: Increase appropriate VTE prophylaxis in at-risk patients to 100% by December 31, 2012



Tests

- Early test: compliance of VTE order-set being used (patients screened on admit/change of status)
- Current test: whether appropriate VTE ordered based on patient's risk
- More detailed tests of change have included Sequential Compression Devices (SCD) compliance monitoring and early ambulating for low risk patients



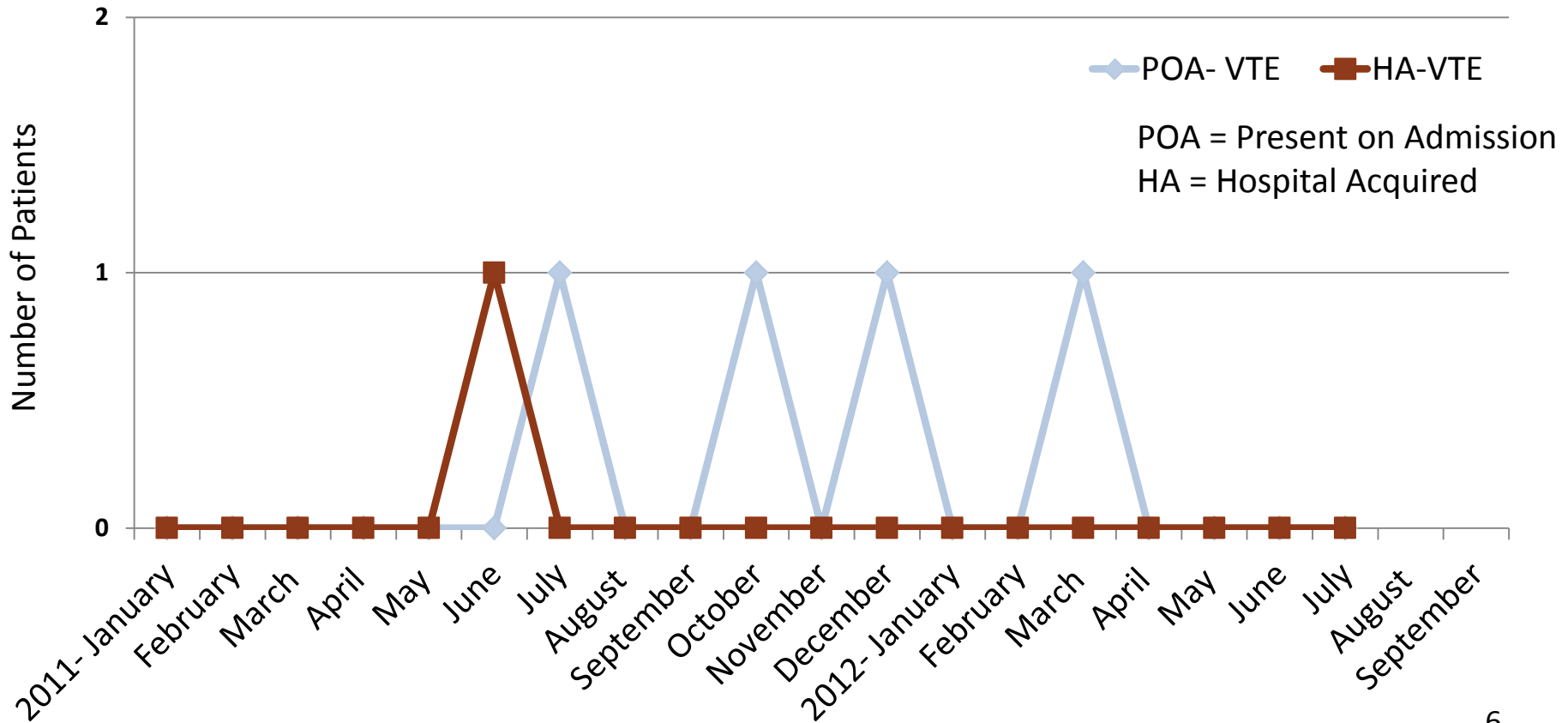
What We Have Learned

- Patients who change status from observation to Acute do not get VTE order-set pulled (currently paper orders)
 - Daily review of Acute and Swing bed patient's charts for VTE order-set
 - Plan for VTE prophylaxis set up in CPOE
- SCD compliance is believed to be poor (used on all post-op patients)
 - Nursing QA for SCD compliance (next step)
- MD compliance in ordering the appropriate prophylaxis for the patient
 - Daily review for appropriate prophylaxis, monitor
 - Keep educating



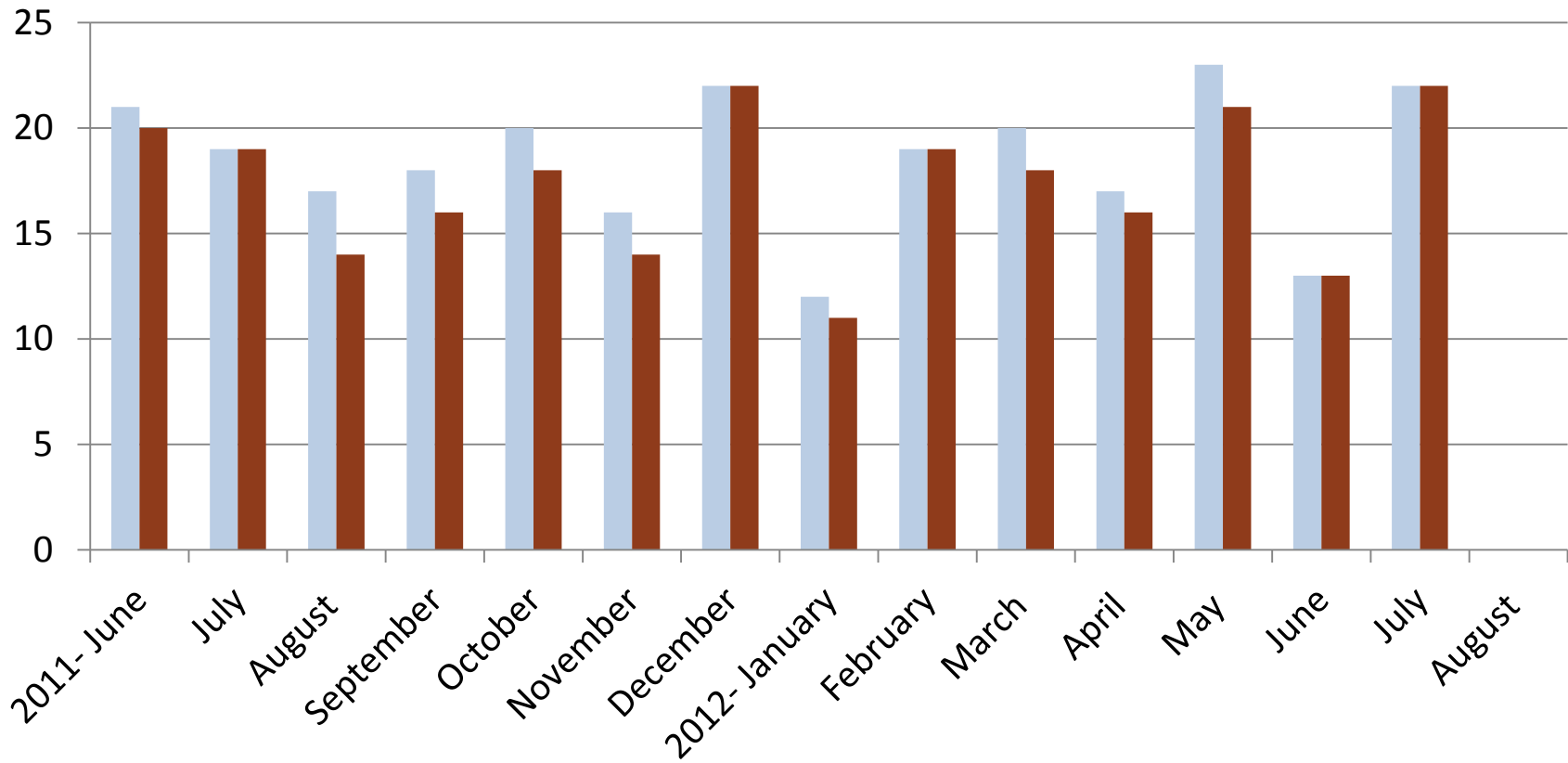
Measures

- Data collection started in 2010 with only Acute patients
- In 2011 we had 1 patient with HA-VTE, none since then





Measures



■ Admits screened for VTE ■ Appropriate VTE prophylaxis ordered



Barriers

- Limited staff for monitoring of VTE compliance
- Didn't include Swing bed and Surgical patients in initial data collection
- Reasons for not meeting 100% for appropriate prophylaxis:
 - Physicians not ordering pharmacologic prophylaxis on medium/high risk patients (with no contraindications), documenting reasons of 'advanced age', on ASA or Plavix, and 'risk for bleeding'



Advice for others

- Education to nursing and medical staff on compliance numbers (nursing is one-on-one and medical staff as a group)
- Don't let it "go away," keep pursuing the goal of VTE prophylaxis for your patients, it's the right thing to do
- Keep current literature in front of your MD's
- Physician champion is crucial



Contact Information

Questions?

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