Venous Thromboembolism Prevention and Prophylaxis

The Problem

The DVT Workgroup assessed our current nursing practice related to Venous Thromboembolism (VTE) prevention/prophylaxis. We identified our compliance for pharmacologic and mechanical PPX is better due to monthly surveillance and nursing, Patient Care Technicians (PCT) and transport education

- Survey found that heparin was being held and “patient ambulating” was recorded as reason why. Nursing education and surveillance has resulted in decreased rate of heparin being held.
- Pneumoboots were not placed on the patients or were not worn for 18-20 hours a day. A new nursing policy was written and nursing and PCT education and current data shows significant improvement

Aim/Goal

- We would aim for 100% compliance with administering prescribed prophylaxis
- Staff education at medical surgical competency day to sustain current achievement

The Team

- Kim Sulmonte, Associate Chief Nurse
- Tricia Bourie, Program Director Nursing Informatics
- Kerry Carnevale CNS
- Jenny Barsemian MSN
- Rori Dawes Quality Safety Data Abstractor
- Jaime Levash MSW
- Kathy Baker CNS
- Bridgid Joseph CNS
- Barbara Donovan CNS
- DVT work group

The Interventions

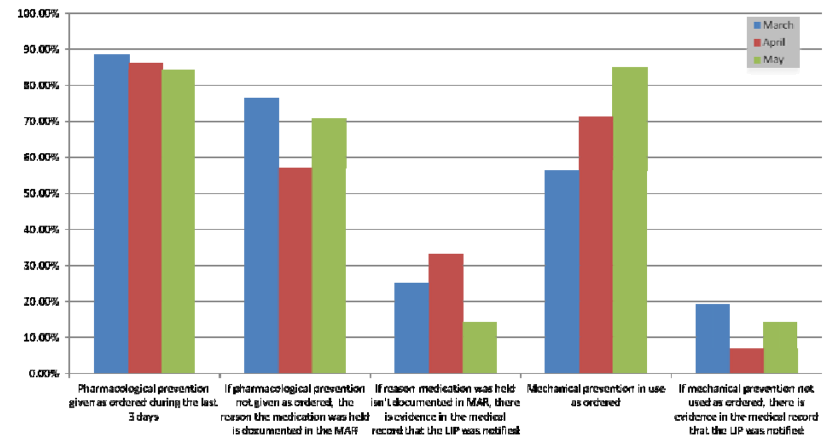
The team worked toward their goal of 100% compliance with ordered Prophylaxis:

- Quality and Safety audit data gathered current performance data about whether pneumoboots and TEDS were in use as ordered
- We used correction in real time for the audit to provide surveillance and education.
- We solicit input from nursing staff on the DVT work group, and monitor monthly audit data.
- We developed and provided staff training for PCTs and transport staff, which was shared with all medical surgical units
- On-going performance measurement and monitoring occurs with monthly quality and safety audit and CMS VTE Core measure audits.

The Results/Progress to Date

Our beginning compliance with mechanical prophylaxis was documented in March as 56% for mechanical Prophylaxis. This has improved to 85% in September.

Question	March	April	May
Pharmacological prevention given as ordered during the last 3 days	88.59%	86.36%	84.42%
If pharmacological prevention not given as ordered, the reason the medication was held is documented in the MAR	76.47%	57.14%	70.83%
If reason medication was held isn't documented in MAR, there is evidence in the medical record that the LIP was notified	25.00%	33.33%	14.29%
Mechanical prevention in use as ordered	56.48%	71.43%	85.11%
If mechanical prevention not used as ordered, there is evidence in the medical record that the LIP was notified	19.15%	6.67%	14.29%



Combined Mechanical and Pharmacologic Prophylaxis's in VTE audits show 95-97.5% compliance in October and November 2013

Lessons Learned

- We feel that we have improved the education of staff as evidenced by our improved compliance with both mechanical and pharmacologic prophylaxis.
- Continue to educate staff and patients about the risk of patient refusal and the need to follow up with the physician and patient to improve patient compliance with prophylaxis as ordered.
- We have developed patient education to assist with patient compliance
- We are continuing to audit our compliance monthly and combine the audit with real time education.

Next Steps/What Should Happen Next

The actions that the Team will be taking:

- Conduct further analysis to look for additional improvement opportunities
- Targeted education of transporters and PCTs

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