

ELIMINATE HARM ACROSS THE BOARD

Days Since Last VTE

VENOUS THROMBOEMBOLISM (VTE) PREVENTION:

- Adopt a VTE risk assessment screening tool, such as the three-bucket tool from UCSD
- Assess every patient upon admission of his/her risk for VTE using the VTE risk assessment screening tool (instead of just for certain diagnoses or procedures)
- Adopt a standardized risk-linked menu of choices for prophylaxis
- Develop standard written order sets that link the risk assessment to the choice of prophylaxis
- Use protocols for dosing and monitoring when using unfractionated heparin
- Use pharmacists as key real-time decision support for protocols and when patients have contraindications to chemical intervention
- Make prophylaxis ordering an opt-out process instead of an opt-in
- Find the stories of patients who did not receive proper prophylaxis and ended up with a hospital-acquired VTE/PE; use these stories as motivation to make the assessment process “real”
- If assessments are not being done reliably, consider changing roles: physicians may do the assessment instead of nurses, pharmacists may do assessments through trigger tools, etc.