



St. Clair
Hospital

VTE Prophylaxis or Prevention

Patient Safety

St. Clair Hospital nurses and other staff are being feted by the Office of Healthcare Quality Improvement for their outstanding performance in VTE prophylaxis or prevention.

VTE or venous thromboembolism is a disease that includes Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE). DVT is a condition in which a clot forms in a blood vessel – usually in the leg – due to inactivity. The risk grows measurably if the clot should break off and travel to a lung, resulting in a PE.

Research shows the incidence of VTE is 100 times greater among hospitalized patients than in the general population. DVT, in fact, occurs in more than 50 percent of some categories of hospitalized patients if preventive measures are not taken within 24 hours of admission.

The research goes on to show the risk of an adult (18 years or older) patient developing VTE can be significantly reduced through prevention using pharmacological and/or mechanical intervention such as compression stockings.

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and Medicare, among others, say patients should be assessed on admission and thereafter, particularly following surgery or other procedures that restrict movement.

Cindy Loughman, a Quality Analyst with St. Clair Hospital's Office of Healthcare Quality Improvement and team leader for the VTE initiative (one of 34 performance improvement projects throughout the Hospital), said St. Clair's goal is to increase the percentage of adult patients who are assessed by nurses for risk signs of VTE, and if prophylaxis is recommended, to have physicians sign-off on the recommendation and order pharmacologic treatment, such as heparin, a blood thinner, and the use of compression stockings. (Continued next page).



St. Clair Hospital

VTE Prophylaxis or Prevention (continued)

“There is a process in place,” Cindy said. “Every adult patient who is admitted is to be evaluated for their risk of suffering VTE. The nurses score the various categories for risk, such as: is the patient over 60 years of age?; was their surgery lengthy?; is the patient on bed rest? Each patient is then designated low risk or high risk for VTE.”

Cindy said for fiscal year 2008, which ended last June, 100 percent of 299 patients on 5F whose charts were reviewed were given a risk assessment for VTE. The unit’s registered nurses completed 94 percent of the risk assessments on the patients’ charts. The patients’ physicians followed up on those charted assessments and ordered VTE prophylaxis for 88 percent of the patients.

Cindy said while there are no national benchmarks for VTE prophylaxis to compare 5F’s results with, she said the unit’s numbers speak for themselves.

“They obviously are taking very good care of their patients,” said Cindy, who plans to formally recognize the unit’s achievements in the near future.

Kristie Joos, manager on nursing unit 5F, said the floor’s laudable efforts can be attributed to a team approach. “It starts with the secretary attaching a VTE form on the admission or transfer chart for the nurse to complete,” she said. “The nurse is then responsible for completing her part of the form after carefully assessing the patient. She marks it with a purple flag to let the patient’s physician know that the form has been completed and is ready for him or her to address it and to write any orders.”

From there, Kristie attributes good old-fashioned stick-to-it-iveness for making sure all patients who are candidates for VTE are assessed by a physician.

Kristie said educating the staff on VTE prophylaxis is just one example of the unit’s dedicated efforts toward “good patient outcomes and to prevent any adverse effects from complications.”



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