HRET HIIN VTE Sprint #2

May 24, 2019
11:00 a.m. – 12:00 p.m. CT
Welcome and Introductions
Kavita Bhat, MD, MPH
Performance Improvement Coach, AHA
Hello, My Name is…

- Name
- Hospital/State Hospital Association
- City, State
AGENDA

- Welcome and Introductions
- VTE Hospital Pre-Assessment Results
- VTE Improvement Strategies
  - Beyond the Basics in VTE Prevention
  - Strategies for Partnering with Patients
- Initial VTE Process Discovery Tool Findings
- Review Expectations
- Wrap Up
Why Are We Here?

23 States

63 Hospitals
VTE Pre-Assessment Results

Kavita Bhat, MD, MPH
Performance Improvement Coach, AHA
Kim Werkmeister, RN, BA, CPHQ, CPPS
Steve Tremain, MD, FACPE
Improvement Advisors, Cynosure
Tara Bristol Rouse, MA
PFE Advisor, AHA
46 hospital participants took the VTE pre-assessment!!
VTE Pre-Assessment Results

Is there a standard VTE risk assessment performed on every patient on admission?

Key Takeaways:
• 57% of participants said they have a standard VTE risk assessment performed on every patient on admission in their organization/unit.
VTE Pre-Assessment Results

If you answered yes to the previous question (a VTE risk assessment is performed on every patient), is it performed by the physician?

Key Takeaways:
• 33% of participants said their organization/unit has VTE risk assessments performed by a physician, 26% said they are not performed by a physician, and 30% said it’s not applicable.
VTE Pre-Assessment Results

Does a nurse routinely double check the risk assessment after nursing intake and discussion with patient/family?

Key Takeaways:
- 59% of participants said they do not have a nurse routinely double check the risk assessment after nursing intake and discussion with patient/family in their organization/unit.
Is there a standard VTE risk assessment performed on every patient upon transfer to another unit or change in status/level of care?

Key Takeaways:
- 52% of participants said they do not have a standard VTE risk assessment performed on every patient upon transfer to another unit or change in status/level of care in their organization/unit.
VTE Pre-Assessment Results

Does the risk assessment drive the orders, allowing the physician to order only those interventions appropriate for that level of risk?

Key Takeaways:
- 35% of participants said that the risk assessment drives the orders allowing the physician to order only those interventions appropriate for that level of risk; 37% said that the risk assessment does not drive the orders; and 28% said they are not sure.
VTE Pre-Assessment Results

Is a progressive ambulation protocol ordered on every patient who is able to ambulate?

Key Takeaways:
• 52% of participants said they do not have progressive ambulation protocol ordered on every patient who is able to ambulate in their organization/unit.
VTE Pre-Assessment Results

Is there a standard process for maximizing a patient’s ambulation?

Key Takeaways:
- 63% of participants said they do not have a standard process for maximizing a patient’s ambulation in their organization/unit.
VTE Pre-Assessment Results

Is there a standard process for maximizing a patient’s ambulation?

Key Takeaways:
- 63% of participants said do not have a standard process for maximizing a patient’s ambulation in their organization/unit.
VTE Pre-Assessment Results

If you answered yes to the previous question (standard process for maximizing a patient’s ambulation), does that process function on weekends and holidays?

Key Takeaways:
• 72% of participants said that having a standardized process for maximizing a patient’s ambulation on weekends and holidays was not applicable to their organization/unit.
VTE Pre-Assessment Results

Do all of your nurses and patients know that sequential compression devices (SCDs) should be worn at all times except when walking?

Key Takeaways:
• 50% of participants said they have nurses and patients that know that sequential compression devices should be worn at all times except when walking in their organization/unit.
VTE Pre-Assessment Results

Do your nurses understand that any period of time off SCDs (except when walking) or any skipped doses of anticoagulants increases VTE risk?

Key Takeaways:
• 30% of participants said they have nurses in their organization/unit that understand that any period of time off SCDs or any skipped doses of anticoagulants increases VTE risk; 24% do not have nurses that understand this; and 46% of participants are not sure.
VTE Pre-Assessment Results

If you answered yes to the previous question (Do your nurses understand that any period of time off SCDs -except when-walking or any skipped doses of anticoagulants increases VTE risk) how do you know?

Key Takeaways:
- 17% of participants said they know nurses in their organization/unit understand that any time period off SCDs or any skipped doses of anticoagulants increases VTE through routine competency evaluations; 7% said they know through direct observation; and 13% said they know by other means; and 63% said this is not applicable to their organization.
VTE Pre-Assessment Results

Do you track, monitor and intervene on all patient prophylaxis refusals?

Key Takeaways:
• 65% of participants said they do not track, monitor, and intervene on all patient prophylaxis refusals in their organization/unit.
VTE Pre-Assessment Results

Do nurses have a policy to escalate all refusals to the charge nurse and physician when necessary?

Key Takeaways:
• 54% of participants said they do not have a policy for nurses to escalate all refusals to the charge nurse and physician when necessary in their organization/unit.
VTE Pre-Assessment Results

If the patient refuses prophylaxis, is there an attempt made to understand the patient’s reasons for refusal?

Key Takeaways:
• 35% of participants said that their organization/unit attempts to understand the patient’s reasons for refusing prophylaxis; 24% said they do not attempt to understand; and 41% are not sure.
VTE Pre-Assessment Results

Is there a standard process for pharmacy to optimize dosing for all chemoprophylaxis/anticoagulation orders?

Key Takeaways:
• 46% of participants said they have a standard process in their organization/unit for pharmacy to optimize dosing for all chemoprophylaxis/anticoagulation orders; 20% do not have a standard process; and 35% are not sure.
VTE Pre-Assessment Results

Do all patients and families receive simple written education (with teach-back) regarding the benefits of prophylaxis and risks of non-adherence?

Key Takeaways:
- 63% of participants said patients and families do not receive simple written education regarding the benefits of prophylaxis and risks of non-adherence in their organization/unit.
VTE Pre-Assessment Results

When patients have a concern about prophylaxis modalities, is there a standard process for discussion of alternatives?

Key Takeaways:
• 54% of participants said there is no standard process for discussion of alternatives if patients have a concern about prophylaxis modalities in their organization/unit.
VTE Improvement Strategies

Kim Werkmeister, RN, BA, CPHQ, CPPS
Steve Tremain, MD, FACPE
Improvement Advisors, Cynosure
Tara Bristol Rouse, MA
PFE Advisor, AHA
VTE Improvement Strategies

- How do we move beyond the basics?
- How do we meaningfully partner with our patients to decrease VTE?
First Things First: The VTE Prevention Cascade!

1. Risk Assessment *drives* prophylaxis orders
2. Orders implemented without failure
3. Partner with Patients and Families to successfully manage implementation
First Things First: The VTE Prevention Cascade!

1. Perform Standard Risk Assessment on every patient
2. Orders Driven by Risk Assessment
3. Patients & Families Engaged
4. Orders Implemented without Failure
5. VTE Prevented
Why Focus on Patient Refusal of Treatments?

Original Investigation | Hematology

November 16, 2018

Effect of Real-time Patient-Centered Education Bundle on Administration of Venous Thromboembolism Prevention in Hospitalized Patients

Elliott R. Haut, MD, PhD; Jonathan K. Abouyousef, MB ChB, MPH; Darryne L. Shaffer, MSN, RN; et al.
Are We Missing Opportunities With Our Patients?
Escalation Process in Your Hospital?

- Could you adapt something already in place?
- Could you do a small test to see how it works?
- How many doses of chemoprophylaxis are being missed in your organization due to patient refusals?
The Message Matters but the Messenger Matters More
Living Out Our PFE Values

- What matters to our patients? How do we know?

- How can we partner with patients more effectively to reduce VTE?

- Strategies for improving our communication with patients
## Ensuring Multi Level Patient and Family Engagement (PFE)

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<thead>
<tr>
<th>Point of Care</th>
<th>Change Ideas</th>
<th>Governance</th>
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<tbody>
<tr>
<td><strong>Implementation Partners:</strong> Point of Care Providers, Medical Directors, Nurse Managers</td>
<td><strong>Implementation Partners:</strong> Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders</td>
<td><strong>Implementation Partners:</strong> Board of Directors, C-Suite</td>
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<tr>
<td>- Planning checklist for scheduled admissions (Metric 1)</td>
<td>- Select Charge Huddles/briefings regarding each patient and families (Metric 2)</td>
<td>- PCE leader or function area within the hospital (Metric 1)</td>
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<td>- Staff C-Suite huddles, update regarding each patient and families (Metric 1)</td>
<td>- PCE or Representative on hospital committees (Metric 2)</td>
<td>- VTE or Representative on hospital committees (Metric 3)</td>
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<td>- Patient and family on rounds governing and/or leadership board (Metric 1)</td>
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### VTE

- **Point of Care**
  - During the perioperative appointment, discuss risks and preventive practices related to VTE; share the resource Preventing Venous Thromboembolism After Surgery with the patient and family.

- **Change Ideas**
  - Discuss the important role mobility and the use of Sequential Compression Devices (SCDs) play in VTE prevention.
  - Create a place on the patient whiteboard for the patient/family to track walking and SCD use, refer to the board during morning rounds, and ask the patient/family to describe successes and challenges related to mobility and SCD use.
  - Select a nurse member of your VTE improvement team to spearhead an internal education campaign regarding the importance of SCD use and the role of nursing.
  - Engage your PFAC to create a patient and family educational resource regarding SCDs; ask them to wear SCDs during the meeting so that they can better understand how to describe their use and benefits, as well as address potential challenges and support needs related to their use.
  - Invite members of the Board to wear SCDs during a Board Meeting to help them understand the patient experience; couple this experiential learning with a report out on the work your improvement team has conducted to prevent VTE.

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# VTE PROCESS IMPROVEMENT DISCOVERY TOOL

## HRN HIIN PROCESS IMPROVEMENT DISCOVERY TOOL

### VENOUS THROMBOEMBOLISM (VTE)

**Instructions:**
1. If the answer to the question is 'YES', mark an X in the box. Leave the box empty if there is no documentation that this important process occurs.
2. The processes with the most blank boxes could be a priority focus.

Do NOT spend more than 20-30 minutes per chart!

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<tr>
<th>PROCESS</th>
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<td>Risk Screening</td>
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<td>- A standard VTE risk screening tool was used to assess this patient’s risk.</td>
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<td>- The risk screen was performed by the physician.</td>
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<td>- The nurse performed the risk screen using the tool during changes in patient status or upon transfer to another unit.</td>
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<td>Orders</td>
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<td>- The physician-ordered interventions are appropriate for the determined level of patient risk for VTE and bleeding.</td>
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<td>- Unless ambulation was contraindicated, this patient was placed on an ambulation protocol that minimized further ambulation, and the amount/distance of ambulation was regularly documented.</td>
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<td>- If sequential compression devices were ordered, there is evidence that the patient wore them at all times except when walking.</td>
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<td>- If antiocoagulants were ordered, there is evidence that the patient received every dose in a timely manner.</td>
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<td>- If the patient refused any orders, there is evidence that the patient’s concerns were evaluated, and taking those concerns into account, the nurse was educated by the nurse as to the risks using teach-back. Write N/A if not refused.</td>
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<td>- If the patient still refused the orders, there is evidence that the nurse involved a supporting nurse in patient education at the time of the refusal. Write N/A if not refused.</td>
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Deaconess Health System at a glance . . .

Not-for-profit, governed by a local board of directors

7 hospital system

50,000 inpatient discharges annually

95,000 emergency department visits

$1 billion in net revenues

6,500+ employees

2 out of 3 patients choose us

Regional tertiary provider

Level 2 trauma center
341 Bed Facility

Contact Information:
Phone Number: 812-238-7000
Jennifer Greiner, MSN RN CNOR
Quality System Manager
Hospital Expectations

✓ Select 1 VTE lead for the sprint
✓ Accept invites and participate in the 3 HRET HIIN VTE Sprint virtual events
✓ Complete pre-assessment (link here)
✓ Utilize the VTE Process Discovery Tool and submit it to your state partner
✓ Participate in 1 coaching session with their State Partner
✓ Complete post-sprint assessment

6 Easy Steps!
State Partner Expectations

✓ Accept invites and participate in the 3 HRET HIIN VTE Sprint virtual events

✓ Follow-up with hospitals to identify a lead for the sprint and remind them of hospital expectations throughout the sprint. Track your registered hospitals using the collaborative tracking tool.

✓ Schedule 1 coaching session with hospitals session of one-on-one coaching with hospitals utilizing the VTE Sprint Coaching Guide. Submit completed coaching guide to kbhat@aha.org
What should I complete before the next virtual event?

Hospitals
✓ Submit your completed VTE Process Discovery Tool to your state partner.
✓ Participate in a coaching call with your state partner.
✓ Be ready to share your VTE successes and challenges on the next virtual event.

State Partners
✓ Have a coaching call with each of your hospitals.
✓ Submit the VTE Process Discovery Tool and Coaching Guide to kbhat@aha.org by June 10th.
✓ Be ready to share your VTE successes and challenges on the next virtual event.
HRET HIIN 2019 VTE Sprint Virtual Event Schedule

- VTE #3: Monday, June 17 (11-12 PM CT) - Register here.
- VTE Office Hours: Friday, June 21 (10-11:30 AM CT) – Link Forthcoming
Questions?
HRET Resources

HRET HIIN VTE Change Package

HRET HIIN VTE Checklist
thank you!