HRET HIIN VTE Webinar
July 22, 2019
11:00 a.m. – 12:00 p.m. CT
Welcome and Introductions

Erica Hernandez, Performance Improvement Coach

Steve Tremain, M.D., FACPE Physician Improvement Advisor

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Hello, My Name is…

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

 Welcome and introductions
 What drives improvement in VTE rates?
 Voices from the field:
   Physician-driven risk assessments
   Orders for preventative treatment tied to risk assessments
 Tools and resources for success
Polling Question #1

Who completes the VTE risk assessment in your organization?

1. The physician
2. The nurse
3. I don’t know
4. We don’t have standard risk assessment yet
Polling Question #2

In my organization, orders for VTE prophylaxis orders are:

1. Embedded in the electronic medical record and tied directly to the patient’s assessed risk for VTE

2. Embedded in the electronic medical record, but not tied to the risk assessment

3. We don’t have standard order sets for VTE prophylaxis (it is up to each clinician to order appropriately on their own)

4. I don’t know
What is Standard Work for VTE Prevention?

- Risk assessment for every patient
- Preventative treatments ordered according to risk
- Partnerships with patients and families throughout care continuum
- Reliability testing for systems and processes – is our work really standard?
Expert Panel: Voices From the Field
Physician Driven Risk Assessments

- Dr. Jiménez, Medical Director
- Lillian I. Ramírez Cruz, MSN, CPUM, EECI, YBC
  Quality Improvement Director

Menonita Guayama Hospital
Expert Panel: Voices From the Field

VTE Orders Tied to Risk Assessments

Rhonda Babic,
Quality Measure Coordinator,
Methodist Hospitals
Questions?
Standard Work: Risk Assessments

Risk Assessment for every patient

- More reliable: Use a standardized risk assessment tool that is understood by the staff utilizing tool
- Even more reliable: Have the physician complete the risk assessment
Standard Work: Order Sets

Order preventative treatments based on patient’s risk

- **More reliable**: Connect a standardized order set to the outcome of the risk assessment
- **Even more reliable**: Have physician complete the risk assessment and assign orders at the same time, and have it embedded into the EMR workflow
Standard Work: PFE
Partner with patients and their family members/caregivers

- **More reliable**: Provide specific education about the importance of VTE prevention strategies prescribed and the reasons why they are important
- **Even more reliable**: Use teachback and scripting instead of just written materials for discussions with patients and families.
Standard Work: Reliability Testing

Test process reliability with use of audits

- **More reliable**: Complete audits in real time while patient is admitted
- **Even more reliable**: Go beyond the chart audit by visiting patient rooms, and develop a response plan for patient refusals of treatment
Building the Will for Improvement

Build the will for improvement by sharing data and information

- **More reliable**: Move beyond data and share a patient story
- **Even more reliable**: involve patients and families in the improvement process – successful VTE prevention is particularly amenable to engagement of patients and families in the work.
What have we learned about VTE improvement practices?

**Risk Assessments**

Is there a standard VTE risk assessment performed on every patient on admission? If yes, is this risk assessment performed by the physician?
What have we learned about VTE improvement practices?

Order Sets

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

- Yes
- No
- Not Sure
VTE Tools and Resources for Success

- HRET HIIN VTE Change Package
- AHRQ Guide to Preventing Hospital Acquired VTE
- Process Discovery Tool
- Top 10 Checklist
- HRET HIIN Listserv
VTE PROCESS IMPROVEMENT DISCOVERY TOOL

- Review 5 Charts (Maximum 10 charts)
- If the answer to the question is 'YES', mark an X in the box.
- The processes with the most blank boxes could be a priority focus.
- Spend no more than 20-30 minutes per chart
HRET Resources

HRET HIIN VTE Change Package

HRET HIIN VTE Checklist
Polling Question #3

In my organization, the current highest priority for VTE prevention is ensuring:

1. Every patient has a standard risk assessment completed

2. Preventative treatments are ordered for patients according to their individual risk

3. We partner with our patients and families to build understanding about the importance of VTE prophylaxis

4. We test the reliability of our current systems and processes
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