WELCOME AND INTRODUCTIONS

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Program Manager, HRET
AGENDA

- Welcome and Introductions
- Winter 2019 VTE PFE SNAP
- VTE PFE SNAP Tools
- Questions and Answers
- Bring it Home
Hello, My Name is…

- Name
- Hospital/State Hospital Association
- City, State
Winter 2019 VTE PFE SNAP

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Polling Question #1

- Nurses as well as physicians routinely involve patients and families in aiding our assessment of VTE risk

- Yes, it is a standard process on admission
- Yes, it is a standard process on admission and transfer between units
- Yes, but it can be hit or miss
- No, the doctor just determines the risk
- No, the nurse just determines the risk
- Not sure
Polling Question #2

- The risks of VTE and strategies to prevent VTE are routinely discussed with every patient in the peri-op period
  - Yes, it is a standard nursing process on admission
  - Yes, it is a standard physician process
  - No, it occurs on a patient by patient basis
  - Not sure
Polling Question #3

- If a patient refuses any VTE prevention order, the situation is escalated so that we are clear that the patient is making an informed decision

  - Yes, if the patient still refuses after the nurse discusses it with him/her, the nurse involves the charge nurse or supervisor
  - Yes, if the patient still refuses after the initial escalation, the physician is called to speak with the patient.
  - We have a process, but it is not standardized
  - No, we do not have an escalation process
  - Not sure
HRET HIIN VTE PFE Strategy

Keep it Simple

Activate Patients and Families

AHA CENTER FOR HEALTH INNOVATION

American Hospital Association
Advancing Health in America
Why Are We Here?

- **Safety Network to Accelerate Performance**
- Voluntary learning networks
  - Approximately 10 hospitals
- Emerging best practices related to HIIN topics
- The ‘next best practice’ developed during a SNAP will be disseminated to all HRET HIIN hospitals.
- Let’s look at utilizing patient and family engagement strategies and evidence-based practices to address gaps in practice and reduce VTE harms.
HRET HIIN VTE PFE SNAP Webinar Schedule

- February 7, 2019 (1:00 PM – 2:00 PM CT)
- February 28, 2019 (1:00 PM – 2:00 PM CT)
- March 18, 2019 (1:00 PM – 2:00 PM CT)

*Calendar invitations with the platform link will be sent by HRET HIIN*
HRET HIIN Role and Responsibilities

- **Send** calendar invitations for all VTE PFE SNAP webinars to participants
- **Provide** VTE PFE Process Improvement Discovery Tool to hospitals
- **Provide** hospital pre-assessment and post-assessment survey links
- **Share** completed hospital pre-assessment with state hospital associations
- **Update** the Sprint/SNAP Tracking Tool
Hospital Role and Responsibilities

- Select hospital lead for VTE PFE SNAP
- Complete pre-assessment and post-assessment
- Accept invitation and participate in HRET HIIN webinar sessions
- Review hospital VTE rates, PFE performance, hospital policies, practices and processes that support patient and family engagement
- Submit VTE PFE Process Improvement Discovery Tool to state hospital association
- Schedule and complete one-on-one coaching with state hospital association
State Hospital Association Role and Responsibilities

- **Review** hospital VTE rates and PFE performance
- **Accept** invitation and participate in HRET HIIN webinar sessions
- **Review** hospital VTE PFE Process Improvement Discovery Tool
- **Schedule** and complete one-on-one coaching with hospital
- **Monitor** hospital attendance and completion of deliverables via the Sprint/SNAP Tracking Tool
- **Submit** the hospital VTE PFE Process Improvement Discovery Tool to HRET
We will…

- SIGN UP
- SHOW UP
- FINISH UP
- HARM DOWN!
The 1-2-3 for VTE Prevention

1. Physician (not nurse) uses a standard VTE risk assessment tool on admission, change of status, or transfer to another unit.
2. The VTE risk assessment drives the VTE prophylaxis orders.
3. All orders are implemented 100% of the time
Patient and Family Engagement Metrics

Point of Care
- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

Policy & Protocol
- PFE leader or function area exists in the hospital (Metric 3)
- PFEC or Representative on hospital committee (Metric 4)

Governance
- Patient and family on hospital governing and/or leadership board (Metric 5)
PFE and Clinical Outcomes

- N = mean of 98 hospitals
- High PFE performers meet 4 or 5 of the PFE metrics
- Low PFE performers met 3 or less of the PFE metrics
VTE PFE SNAP Tools

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| VTE PFE Mini RCA PROCESS IMPROVEMENT DISCOVERY TOOL |

- Review the last 5-10 charts of patients who experienced post-op VTE
Mini RCA VTE Process Improvement Discovery Tool (Minimum 5 charts/Maximum 10 charts)

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

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.

<table>
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<tr>
<th>PROCESS</th>
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<tbody>
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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>The physician ordered interventions are appropriate for the determined level of patient risk for VTE and bleeding.</td>
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<td>PROPHYLAXIS ADMINISTRATION</td>
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<td>Unless ambulation was contraindicated, this patient was placed on an ambulation protocol that maximized his/her 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.</td>
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<td>If anticoagulants 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 was educated by the nurse as to the risks of refusal using Teach-Back.</td>
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Who can participate in this activity?

- Nurse Manager
- Staff Nurse
- Quality/Nursing Council
- Quality Improvement Staff
- Nurse Educator
- Pharmacists
- Physicians
- Patient Family Advisors
- Who else?
Let's do this together...

- Pre-assessment
- Discovery Tool
- Initial Tests of Change
Hospital VTE PFE SNAP Pre-Assessment

- Link
- Due by Friday, February 1, 2019
Hospital Submission Deadline

- VTE PFE Process Improvement Discovery Tool
  - Due at COB Friday, February 1, 2019
- Submit to State Hospital Association Lead
State Hospital Association Submission Deadline

- Hospital VTE PFE Process Improvement Discovery Tool
  - Due at COB on Monday, February 4, 2019
- Submit to Jessica Claudio at jclaudio_ct@aha.org
HRET Resources

VTE Change Package

VENOUS THROMBOEMBOLISM (VTE)

PREVENTING HARM FROM VTE-RELATED EVENTS CHANGE PACKAGE

VTE Top 10 Checklist

Venous Thromboembolism (VTE) Top Ten Checklist

1. Adapt a VTE risk assessment screening tool.
2. Assess every patient upon admission for higher risk for VTE using the VTE risk assessment screening tool.
3. Adapt a standards-based menu of choices for VTE prophylaxis.
4. Develop standard written order sets that link risk assessment results to specific prophylactic options.
5. Use protocols for dosing and monitoring all prophylactic agents.
6. Initiate pharmacists to provide real-time decision support for prophylaxis selection, dose calculations, and patient- and specialty-specific considerations.
7. Give to nurses the same risk assessment and prophylaxis tools that you give physicians and utilize nurses to perform independent periodic checks throughout the course of the hospitalization.
8. Use regional variation strategies to find either an over prophylaxis within 24 hours of admission, and if possible, throughout the hospitalization.
9. Educate patients and families regarding the importance of ambulation, and implications of injections and sequential compression devices in VTE prevention.
10. Use success stories of patients or groups of patients at high risk for VTE where VTE risk prevented due to proper risk assessment, prophylaxis and measurement throughout the hospitalization.

PFE Resource Compendium

Patient and Family Engagement Resource Compendium

December 2015
Other Resources

- AHRQ VTE Guide
Join HRET HIIN Hospital-Wide LISTSERV®

- HRET HIIN uses the Hospital-Wide LISTSERV® platform to encourage peer-to-peer networking, share HRET HIIN events and resources, and highlight innovative approaches to reduce harm.

Register here
Questions?
THANK YOU!