Safety Network to Accelerate Performance (SNAP)

HRET HIIN VTE PFE SNAP Session 2
February 7, 2019
1:00 P.M. – 2:00 P.M. CT
WELCOME AND INTRODUCTIONS

Jessica T. Claudio, MBA
Program Manager, AHA Center for Health Innovation
Agenda

- Welcome and Introductions
- Where are we?
  - VTE
  - PFE
- Hospital Pre-Assessment Responses
- What did you discover?
- Questions and Answers
- Bring it Home
Attendance Verification

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

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Program Manager, AHA Center for Health Innovation

Steve Tremain, MD, FACPE & Betsy Lee, MSPH, RN
Improvement Advisors, Cynosure

Tara Bristol Rouse, MA
Patient Family Engagement Project Consultant,
AHA Center for Health Innovation
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Cynosure
HRET HIIN VTE PFE Strategy

Keep it Simple

Activate Patients and Families
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 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
WHERE ARE WE?

Jessica T. Claudio, MBA
Program Manager, AHA Center for Health Innovation
Post-Operative Venous Thromboembolism (VTE) Overall HRET HIIN Results

Results limited to hospitals that reported baselines for a timeframe on or after the implementation of ICD-10, but prior to the start of HIIN.

Data submitted to HRET as of 12/21/2018
Vision for PFE

Hospitals and other health care providers achieving quality and safety goals by fully engaging patients and their families, determining what matters most to them in every situation, and partnering with them to make improvements to all aspects of care.
PFE 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)
Percent of Hospitals by Metric:

The figure below shows the percent of hospitals meeting, not meeting or not reporting each PFE metric.

Percent of Hospitals Meeting, Not Meeting, or Not Reporting PFE Metrics, by Metric (n=1,621)

* 188 Hospitals have no scheduled admissions (exempt) and are thus excluded from the PFE1 denominator
Who collects the PFE data for your hospital?
HOSPITAL PRE-ASSESSMENT RESPONSES

Steve Tremain, MD, FACPE & Betsy Lee, MSPH, RN
Improvement Advisors, Cynosure

Tara Bristol Rouse, MA
Patient Family Engagement Project Consultant,
AHA Center for Health Innovation
Q8: How are you finding and reporting VTE’s?

- Administrative data: 50% (3/6)
- Other (please specify): 50% (3/6)
Q9: Is there a standard VTE risk assessment performed on every patient on admission?

- Yes: 50% (3/6)
- No: 50% (3/6)
- Not sure: 0%
Q10: If you answered yes to Q9, is this risk assessment performed by the physician?

- Yes: 33% (2/6)
- No: 67% (4/6)
- Not sure: 0%
Q11: Does the nurse routinely double check the risk assessment after nursing intake and discussion with patient/family?

- Yes: 16.5% (1/6)
- No: 67% (4/6)
- Not sure: 16.5% (1/6)
Q13: Does the risk assessment drive the orders, allowing the physician to order only those interventions appropriate for that level of risk?

- Yes: 67% (4/6)
- No: 33% (2/6)
- Not sure: 33% (2/6)
Q14: Is a progressive ambulation protocol ordered on every patient who is able to ambulate?

- Yes: 16.5% (1/6)
- No: 16.5% (1/6)
- Not sure: 67% (4/6)
Q17: Do all of your nurses and patients know that sequential compression devices (SCD’s) should be worn at all times except when walking?

- Yes: 17% (1 out of 6)
- No: 50% (3 out of 6)
- Not sure: 33% (2 out of 6)
Q20: Do you track, monitor and intervene on all patient prophylaxis refusals?

- Yes: 16.5% (1/6)
- No: 67% (4/6)
- Not sure: 16.5% (1/6)
Q21: Do nurses have a policy to escalate all refusals to the charge nurse and physician when necessary?

- Yes: 50% (3/6)
- No: 50% (3/6)
- Not sure: 50% (3/6)
Q22: If the patient refuses prophylaxis, is there an attempt made to understand the patient’s reasons for refusal?
Q24: Do all patients and families receive simple written education (with teach-back!) regarding the benefits of prophylaxis and risks of non-adherence?
Q25: When patients have a concern about prophylaxis modalities, is there a standard process for discussion of alternatives?

- Yes: 33% (2/6)
- No: 67% (4/6)
- Not sure: 0%
There is room for improvement!

- Start with ideas
- Test them with very very small tests
- Rapid cycle PDSA
WHAT DID YOU DISCOVER?
Steve Tremain, MD, FACPE & Betsy Lee, MSPH, RN
Improvement Advisors, Cynosure

Tara Bristol Rouse, MA
Patient Family Engagement Project Consultant, AHA Center for Health Innovation
VTE PFE Mini RCA Process Improvement Discovery Tool

- Review the last 5-10 charts of patients who experienced post-op VTE
Example

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>Chart #</th>
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<th>Chart #</th>
<th>Chart #</th>
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<tbody>
<tr>
<td><strong>RISK SCREENING</strong></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><strong>ORDERS</strong></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><strong>PROPHYLAXIS ADMINISTRATION</strong></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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<tr>
<td>If sequential compression devices were ordered, there is evidence that the patient wore them at all times</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>If anticoagulants were ordered, there is evidence that the patient received every dose in a timely manner.</td>
<td>X</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>
<td>X</td>
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</table>
What trends did you discover?

What did you learn?

What is your action plan?
Example:
VTE Process Discovery

Tool ➔ Trends ➔ Action
Let's do this together...

- Pre-assessment
- Discovery Tool
- Initial Tests of Change
Hospital Submission Deadline

- VTE PFE Process Improvement Discovery Tool
  - Was due by Friday, February 1, 2019
  - Now extended to Friday, February 15, 2019
  - Link

- Submit to State Hospital Association Lead
State Hospital Association Submission Deadline

- Hospital VTE PFE Process Improvement Discovery Tool
  - Due by **Wednesday, February 20, 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

- Adopt a VTE risk assessment screening tool.
- Assess every patient upon admission for higher risk for VTE using the VTE risk assessment screening tool.
- Adopt a standardized risk-based menu of choices for VTE prophylaxis.
- Develop standard written order sets that link risk assessment results to specific prophylaxis options.
- Use protocols for dosing and monitoring all chemoprophylaxis agents.
- Enhance case management by providing real-time decision support for prophylaxis selection, dosing, complications and adverse events, and with clinical outcomes.
- Use risk-based preventive strategies for high-risk or near-risk prophylaxis within 24 hours of admission, and if possible, throughout the hospitalization.
- Educate patients and families regarding the importance of ambulation, and modifications of injuries, and sequential compression devices in VTE prevention.
- Use success stories of patients or groups of patients at high risk for VTE where VTE was prevented due to proper risk assessment, prophylaxis and management

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?

Q&A

You have Questions
We have Answers
THANK YOU!