

Pragmatic Interventions to Prevent Hospital-Acquired Venous Thromboembolism Events.

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Pragmatic Interventions to Prevent Hospital-Acquired Venous Thromboembolism Events

7C - Hematology Oncology Medical-Surgical Unit
Lehigh Valley Health Network, Allentown, Pennsylvania

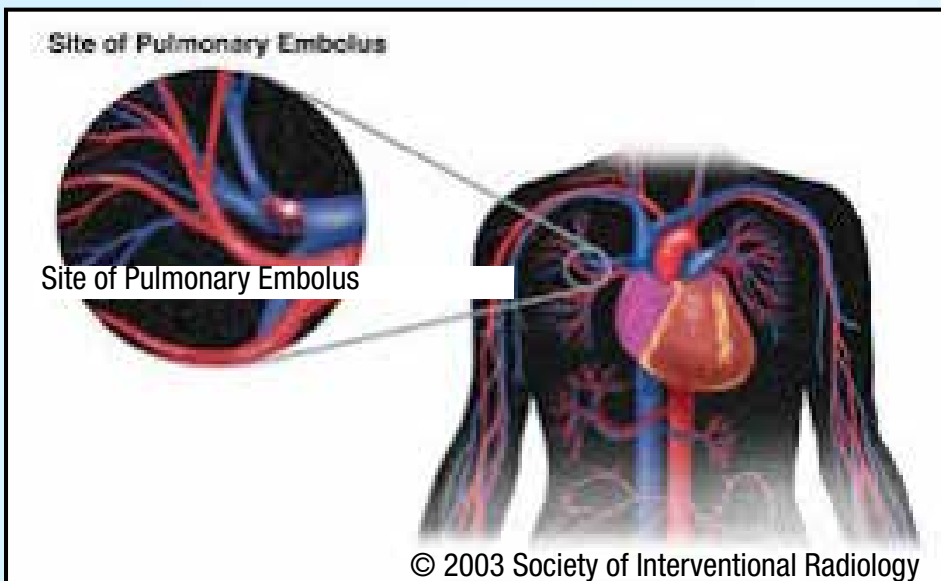
PURPOSE

This poster discusses strategies utilized to improve patient compliance with venous thromboembolism (VTE) prophylaxis.

WHAT IS VTE?

Formation of blood clots in any vein

Location in deep vein -
“deep vein thrombosis”
DVT
Travel to lungs -
“pulmonary embolism”
PE



Venous thromboembolism (VTE) is the formation of blood clots in the vein.
When a clot forms in a deep vein, usually in the leg, it is called a deep vein thrombosis or **DVT**.



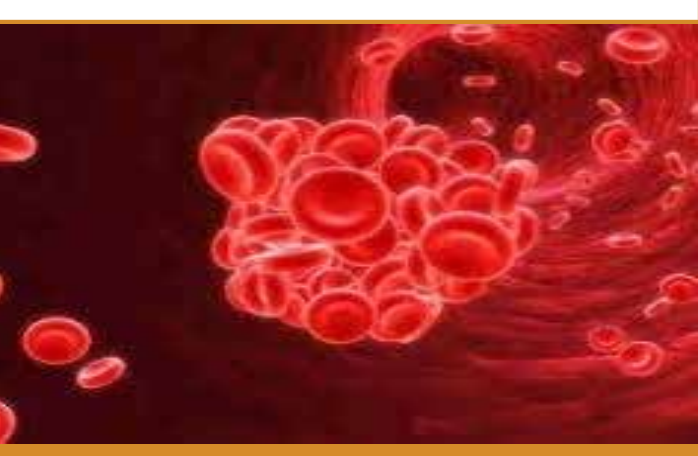
If that clot breaks loose and travels to the lungs, it is called a pulmonary embolism or **PE**.
Most hospitalized patients have at least 1 or more risk factors for VTE.

BACKGROUND/RATIONALE

Venous thromboembolism events are prevalent in hospitalized oncology patients, due in part to their relative stasis and disease condition. These events add to morbidity and mortality and increase costs and length of stay. Though largely preventable, many patients may not receive prophylaxis, such as anticoagulants, sequential compression devices (SCDs) and ambulation, due to a variety of factors.

SIGNIFICANCE

7C Hematology Oncology Unit had the highest incidence of VTEs in the hospital. Identified root causes were: staff and patient knowledge deficit regarding rationale; anticoagulant injection discomfort and bruising, and, SCD inconvenience.

Risk Factors for VTE		
Stasis	Hypercoagulable State	Endothelial Damage
Hospital Admission	Cancer	Surgery
Immobility	High estrogen state	Prior VTE
CHF	Inflammatory Bowel Syndrome	Central Lines
Stroke	Sepsis	Trauma
Obesity	Smoking	Cancer
Paralysis/Spinal Cord Injury	Pregnancy	
Polycythemia	Blood Clotting Disorders	

INTERVENTIONS

- Nurse Resident EBP project on best practice technique for subcutaneous anticoagulant injections
- Electronic self-study and 1:1 education on importance of prophylaxis for staff
- Patient education regarding DVT prevention upon admission
- Bedside shift report discussion and Leadership Rounding in early AM regarding prophylaxis compliance
- Discussion with team at daily safety huddle and collaborative rounds
- Magnet on communication boards showing prophylaxis compliance or refusal

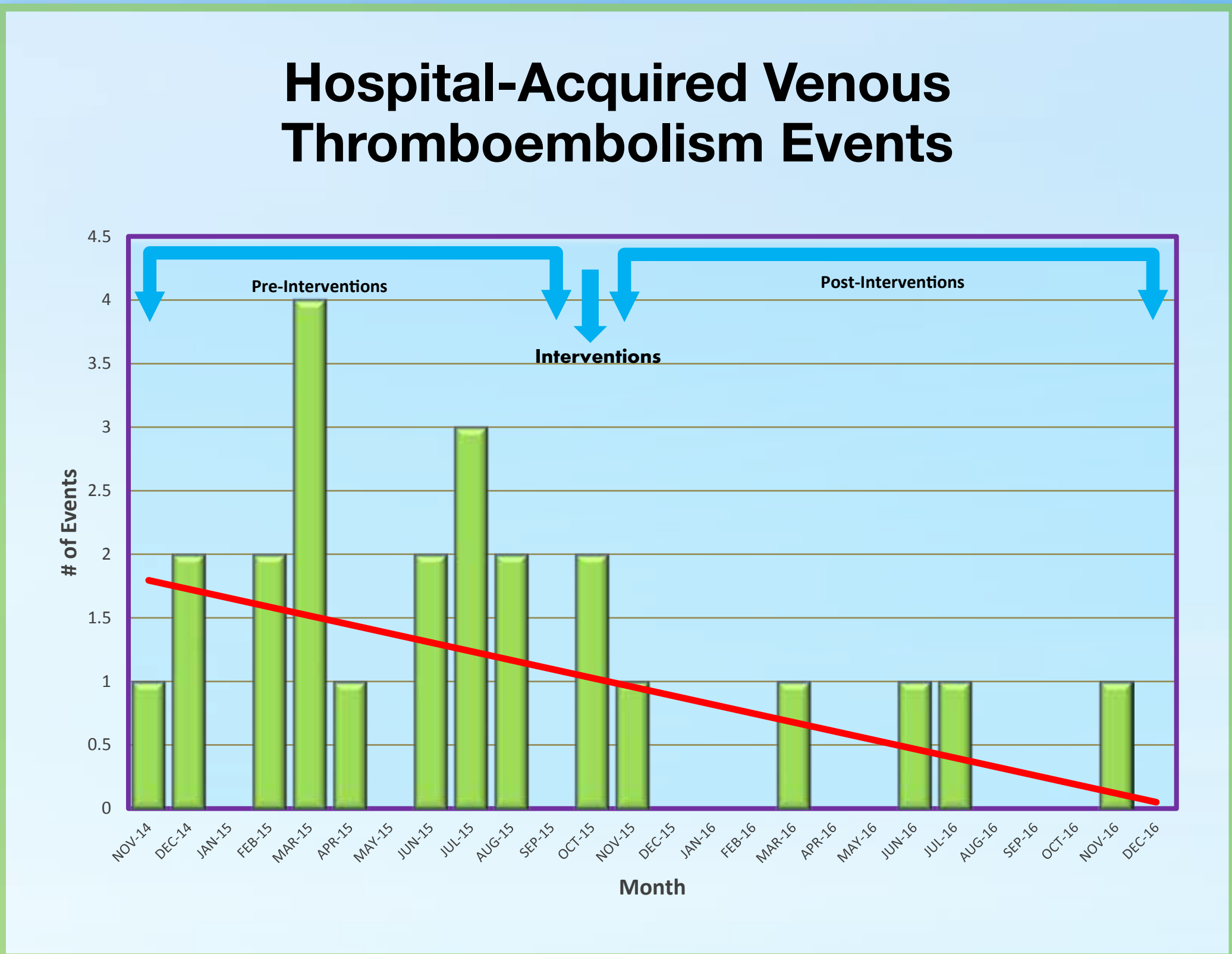


- Continuing education for non-compliant patients
- Dissenting patient asked to sign “Refusal of Care or Treatment form by nursing leadership



EVALUATION

There was a decrease in VTE number and percentage following defined interventions.



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