



Healthcare Organization Commitment

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Position

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Commitment Details

Commitment Name

Delivering Defect-free Venous Thromboembolism Prevention

Participants

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What Patient Safety Challenge does your Commitment address?

Challenge 12A - Venous thromboembolism (VTE)

Commitment Start Date

01/09/2005

How Many Hospitals Will This Commitment Represent

5

Commitment Summary

In 2005, the multidisciplinary Johns Hopkins VTE Collaborative was formed, comprised of patient safety and quality leaders, physicians, nurses, pharmacists, researchers, and health information technology experts at the Johns Hopkins Hospital. The mission of the Johns Hopkins VTE Collaborative has been to develop and implement strategies and interventions to improve VTE prevention practices for hospitalized patients. The strategies have largely focused on risk assessment and prophylaxis prescription, delivery of patient-centered care, nurse education, and provider performance measurement and feedback. The strategies have shown measurable and reproducible improvements in VTE outcomes at Johns Hopkins Hospital, which have been published extensively, and are now being implemented elsewhere. We are committed to ensuring that all hospitalized patients are provided with best-practice, defect-free VTE prevention.

Commitment Description & Detail

To eliminate preventable patient harm from VTE, every step in the prophylaxis process must occur flawlessly. This action involves risk assessment of patients, prescription of risk-appropriate VTE prophylaxis, nurses to understand and educate patients on the importance of the VTE prophylaxis, and patients to accept and nurses to administer all prescribed VTE prophylaxis. We have demonstrated that this goal is achievable, and are committed to scaling this work to other hospitals and health systems.

Action Plan

IMPROVING PRESCRIPTION PRACTICE To improve utilization of appropriate VTE prophylaxis, we developed an evidence-based, specialty-specific, proactive VTE prophylaxis clinical decision support tool for the hospital's computerized provider order entry system. The tool built-in VTE and bleeding risk assessments as a mandatory part of the admission and transfer process, and provided risk-appropriate prophylaxis recommendations to the prescriber in real-time. To further improve prescribing practices, individualized feedback was provided to residents in the Departments of Surgery, Medicine, and Gynecology and Obstetrics about their VTE prophylaxis prescribing habits. Each month, residents receive a scorecard that provides information about their previous month's prescribing practice and details about any suboptimal VTE prophylaxis orders written. They are also provided with an individualized de-identified ranked list to allow for comparison to their peer residents and

benchmarking of their own performance over time. **ENGAGING PATIENTS** In partnership with the North American Thrombosis Forum, ClotCare, and the National Blood Clot Alliance, the VTE Collaborative developed a patient-centered education bundle to improve patient education and engagement. The bundle included a two-page educational form, a 10-minute video that included both patient stories and expert recommendations, and an in person discussion with clinical VTE experts. These tools are freely available at <http://bit.ly/bloodclots>. **NURSE ENGAGEMENT** The VTE collaborative developed an electronic, real-time escalating alert that is triggered when a nurse documents that a dose of prescribed pharmacologic VTE prophylaxis is not administered for any reason. Upon receiving the alert, the VTE team will investigate the cause of non-administration with nurses and, when appropriate, engage patients using the patient-centered education bundle. In addition, a dynamic learner-centric education module was developed to provide education to nurses on the harms of VTE and the benefits of VTE prophylaxis. The module has been completed by more than 1000 nurses at Johns Hopkins Hospital, and has been adopted by the 55-hospital Illinois Surgical Quality Improvement Collaborative.

Commitment Timeline

We are committed to ensuring that all hospitalized patients receive risk-appropriate, defect-free VTE prevention in perpetuity.