Healthcare Organization Commitment

Contact Details

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Position
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Commitment Details

Commitment Name
Venous Thromboembolism (VTE)

What Patient Safety Challenge does your Commitment address?
Challenge 12A - Venous Thromboembolism

Commitment Start Date
01/03/2015

How Many Hospitals Will This Commitment Represent

Patient Safety Movement Foundation | patientsafetymovement.org
Commitment Summary
The patient safety vision at Parrish Medical Center seeks to provide a culture of safety in prevention of perioperative venous thromboembolism (VTE). PMC is committed to a goal of increasing the implementation of safe practice interventions for VTE in the clinical setting using evidenced-based best practice.

Commitment Description & Detail
PMC is committed to provide a culture of safety by focusing on efforts to further reduce the incidence of venous thromboembolism (VTE). * Focus on reaching VTE prophylaxis targets and reporting to key medical staff committees.  
* Create institutional infrastructure, policies, practices, or educational programs promoting the use of EBP protocol. * Using the define-measure-analyze-improve-control (DMAIC) process-improvement methodology (1) EHR alerts, (2) order sets (3) education initiatives.  
*Data collection *Monitor and evaluate performance regularly to sustain improvements achieved

Action Plan
* Venous Thromboembolism (VTE) Risk Assessment completed upon admission and daily in EHR. - Use the VTE risk assessment to triage patients into low-, moderate-, or high-risk categories. - EHR prompt for providers to order VTE prophylaxis when completing admission orders - VTE risk assessment into admission order sets  
*Nursing Assessment and Intervention - Promote highest level of patient mobility and advance as tolerated. - Assess for symptoms/presence of acute DVT and provide intervention, if appropriate.  
*Early Ambulation PI to address maximize patient mobility whenever possible and take measures to reduce the amount of time the patient is immobile.  
*Monitor appropriate use of prophylaxis for VTE in patients at risk thereby use of clinically appropriate evidence-based methods of thromboprophylaxis