Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
APSS #12A: Venous Thromboembolism (VTE)

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

Commitment Start Date
01/01/2015

How Many Hospitals Will This Commitment Represent

Patient Safety Movement Foundation | patientsafetymovement.org
**Commitment Summary**

Current research and quality improvement work is uncovering that VTE is not just a disease of adults. The nature of most pediatric disease is venous thrombosis rather than embolism, although detection of the latter can be challenging. The majority of non-adolescent pediatric VTE disease is related to central lines, due to a combination of the catheter itself, which by definition occupies a greater proportion of the patient vessel lumen, and the underlying clinical state requiring the line to be in place. Adolescent VTE pathophysiology becomes more similar to that seen in adults, with similar risk factors and presentation. In order to establish a program to eliminate VTE, an implementation plan with the following actionable steps is recommended as best practice science to reduce patient harm. The following core action items and prevention strategies are outlined below using an interdisciplinary, best practice approach.

**Commitment Description & Detail**

CHOC participates as a member of the Children's Hospitals' Solutions for Patient Safety (CHSPS) network, a CMS Pay for Performance Hospital Engagement Network (HEN) of some 130 children's hospitals across the U.S. and Canada, with the goal of reducing harm in children. CHOC is a Pioneer Group member of the Venothromboembolism (VTE) hospital-acquired condition (HAC), which has identified that VTE is indeed a pediatric entity, and one of the most common HACs in overall incidence. This group is identifying both the incidence and early aspects of best practice prevention and therapy for the pediatric population. CHOC uses an internally developed VTE risk assessment tool on all patients 12 years and older, which is mandated to be used at admission, transfer to a different care level setting, and/or every 7 days. Risk stratification leads to linked recommendations for EHR ordering of scaled VTE prophylaxis. VTE events and rates are measured monthly locally and across the network. In alignment with the Patient Safety Movement Foundation’s Actionable Patient Safety Solutions (APSS) checklist, CHOC Children’s Hospital has successfully completed and implemented the following checklist items.

**Action Plan**

-Hospital governance and senior administrative leadership must champion efforts in raising awareness around the high incidence of VTEs and prevention strategy measures. - Healthcare leadership should support the design and implementation of standards and provider training programs on VTE reduction and prevention strategies by: • Accurately stratifying risk by ensuring that providers perform a VTE risk assessment • Measure appropriate quality measures related to VTE to close performance gap • Complete in depth chart review for hospital-associated thrombosis events to identify opportunities for improvement and then acting on lessons learned • Adhere to VTE best practices from national organizations such as Agency for Healthcare Research and Quality’s VTE Safety Toolkit. The toolkit contains 10 components that are evidence-based guidelines for preventing, diagnosing, treating, and educating patients and providers about VTE. The
components are as follows: - VTE prophylaxis guidelines, VTE risk assessment tool, VTE treatment pathway - Creating of a standardized inpatient anticoagulant order set - CHOC belongs to the Children’s Hospitals’ Solutions for Patient Safety (CHSPS) VTE Pioneer Group, developing and monitoring VTE practice and events in North American children - Ensure healthcare professionals receive, at the least, annual training on new VTE policies and processes - Assess risk for VTE among patients hospitalized with: o Injury to vein: fracture, surgery o Slow blood flow: bedrest, limited mobility, paralysis o Hormone replacement therapy o Chronic illness: cancer, heart/lung disease, inflammatory bowel disease, kidney disease; o Other: personal or family history of DVT/PE, obesity, central lines, or clotting disorders. -Educate patient and families on VTE risks, complications, and importance of mechanical and medication prophylaxis. -Select technologies that show early evidence to reduce VTEs and positively impact both patient and provider outcomes in the clinical settings -Implement an EHR with prompt decision making support to ensure that every appropriate patient has a valid VTE prevention plan in place at all times during their hospitalization.

Commitment Timeline
The CHOC commitment to VTE reduction is ongoing and will be reported annually.

Impact Details

Lives Saved

Lives Saved predicted = 0.5616

For reporting purposes, the number has been rounded up to the nearest whole number.

Lives Saved predicted 1