

collaboration
innovation

community teamwork
patient centered
quality improvement knowledge sharing



VTE Virtual Learning Series #3:

Preventing VTE: Educating Health Professionals

Hosted by:

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Ministry of
Health

www.clinicalcaremanagement.ca



**BC PATIENT SAFETY
& QUALITY COUNCIL**
Working Together. Accelerating Improvement.

Our presenters today:

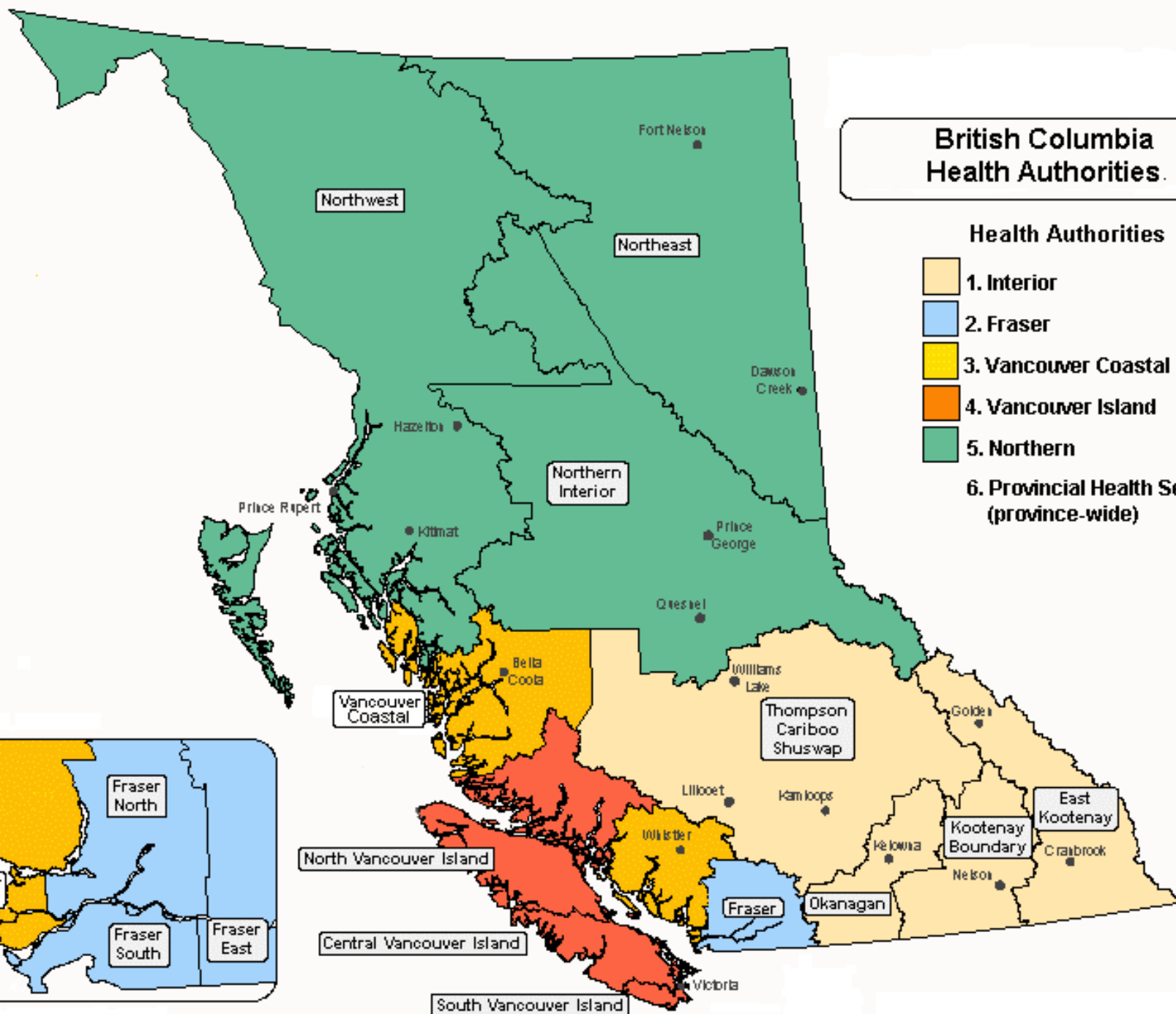
Christine Jerrett, RN BSN

Jennifer Stieda, BSc (Kin) BEd MET

British Columbia Health Authorities

Health Authorities

- 1. Interior
- 2. Fraser
- 3. Vancouver Coastal
- 4. Vancouver Island
- 5. Northern
- 6. Provincial Health Service (province-wide)



Objectives:

1. Understand the rationale for providing VTE education to healthcare professionals.
2. Hear examples of how two local health authorities are approaching the challenge of VTE education.
3. Have an opportunity to ask questions and discuss the challenges your own site is facing in VTE education.

VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS

The team identifies medical and surgical clients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.

GUIDELINES

Venous thromboembolism (VTE) is the collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE is a serious and common complication for clients. Evidence shows that incidence of VTE can be substantially reduced by identifying clients at risk and providing appropriate, evidence-based thromboprophylaxis. The American College of Chest Physicians Evidence-Based Clinical Practice Guidelines provide the generally accepted standard of practice for the prevention of VTE.

The morbidity and financial impact of thromboembolism is well documented. Development of VTE is associated with increased patient mortality, and is the most common preventable cause of hospital death. In addition, both hospital costs and median length of stay are greatly increased for patients developing VTE.

NOTE: This ROP is not a requirement for pediatric hospitals. The ROP applies to clients 18 years of age or older.

TESTS FOR COMPLIANCE

- The organization has a written thromboprophylaxis policy or guideline.
- The team identifies clients at risk for venous thromboembolism (VTE), [(deep vein thrombosis (DVT) and pulmonary embolism (PE)] and provides appropriate evidence-based, VTE prophylaxis.
- The team establishes measures for appropriate thromboprophylaxis, audits implementation of appropriate thromboprophylaxis, and uses this information to make improvements to their services.
- *The team identifies major orthopaedic surgery clients (hip and knee replacement, hip fracture surgery) who require post-discharge prophylaxis and has a mechanism in place to provide appropriate post-discharge prophylaxis to such clients.
- The team provides information to health professionals and clients about the risks of VTE and how to prevent it.





How you want to be treated.



Our VTE Prophylaxis Education Program

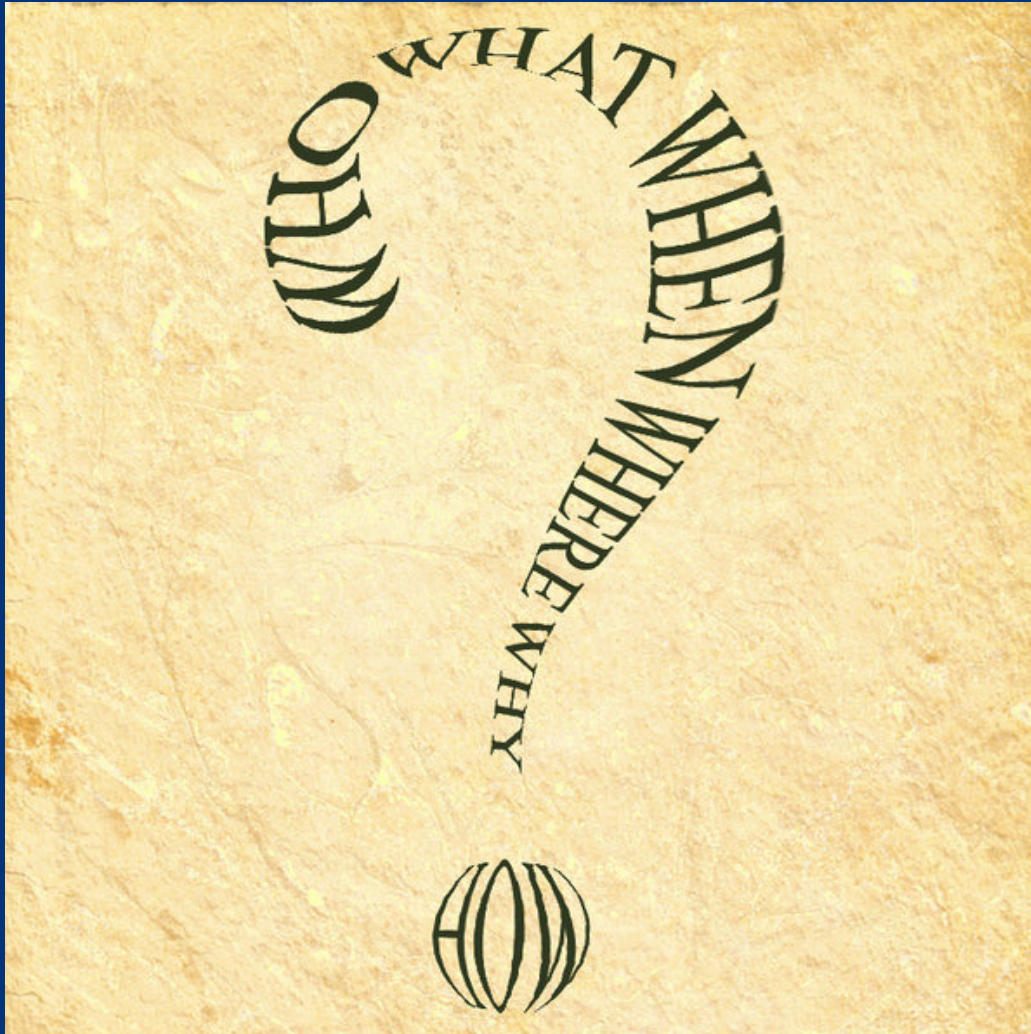
Christine Jerrett RN, BSN
Clinical Nurse Educator
PHC VTE project lead
Feb 14, 2012

Sites: St. Paul's Hospital | Holy Family Hospital | Mount Saint Joseph Hospital | Youville Residence | Marion Hospice |

St. Vincent's: Brock Fahrni Pavilion, Langara, Honoria Conway – Heather

Community Dialyses Clinics: Sechelt | Richmond | Powell River | Squamish | North Shore | Vancouver

How it all started



Our Next Steps

- Raise Awareness
 - Talk to everyone and anyone
 - Do a baseline Audit
- Get institutional Support
 - Get it
 - Expand it
- Form a team
 - Must be multidisciplinary
 - Have Physician Champions
- Develop plan of action
- Develop a policy and Pre-printed Order Set (PPO)
- Knock down the barriers
 - Equipment
 - Revised standards
- Education
- Implementation

Education – three pronged approach

- Online module – accessible through intranet (work) or internet (home)
- In person in-services – scheduled and roaming
- Information binders

Online module

- <https://learn.vch.ca>

In person in-services

- Brief review of VTE highlights
- Review of policy
 - Risk assessment and PPO must be completed by Physician
 - Every acute care patient must have risk assessment and PPO completed
 - Nursing and Pharmacy must be participants
- Demonstration of:
 - Use of Dalteparin syringes
 - Bruiseless injection technique
 - Measuring and fit of SCDs
 - Skin assessment of patient with SCDs
- Return Demonstration of:
 - Use of Dalteparin syringes
 - Bruiseless injection technique
 - Measuring and fit of SCDs
 - Skin assessment of patient with SCDs

Information binders

- Regional VTE prophylaxis Policy
- PPO
- Dalteparin Monograph
- Facility specific information (Parenteral Drug Therapy Manual) on Dalteparin
- Dalteparin injection technique handout
- SCD Facility specific procedure
- SCD sizing guide

Challenges

- **Sheer size of project**

- Development of PPOs
- Education of nursing, pharmacy, and Physicians
- Communication
- Education plan
- Booking of rooms, catering
- Scheduling of in-services
- Hiring and training of staff (i.e. in-servicing staff)
- Gathering of resources – binders for information packages, SCD sizing charts
- Revamping of patient education pamphlet

- **Dedicated resources**

- \$\$\$\$
- Project lead
- Education
- Auditing/Data collection

Challenges

- **Regional Initiative**
 - Restrictive
- **Getting buy-in**
- **Human factor errors** – revamping of PPO
- **Resident education**
- **Communication**
- **Resources**
 - Time
 - Human resources
 - \$\$\$

Successes

- Educated over 500 nurses in a month period
- Most services now have an admission PPO with necessary VTE risk assessment and prophylaxis
- We have increased awareness
- We have increased compliance

Learnings

- **Have all your ducks in a row**
 - **Get the data**
 - Literature reviews
 - Chest Guidelines
 - NICE
 - Cochrane
 - Nursing Standards from Various Associations
 - Surveying other sites
 - **Senior Leadership Support**
 - **Physician Leads/Champions**
 - **Pharmacy Champions**
 - **Have dedicated resources – not promises of**

Learnings

- **Experienced Project Lead**
 - Team charter
 - Overall implementation plan with deadlines
 - Clearly assigned roles
 - Identification of ALL stakeholders
- **Communication**
- **Try, try again**
 - Human factor errors
- **It takes time!!!!**

Valuable Resources in Getting Started

- Agency for Healthcare Research and Quality (AHRQ) (2008). *Preventing Hospital-Acquired Venous Thromboembolism: A Guide for Effective Quality Improvement*.
<http://www.ahrq.gov/qual/vtguide/>
- Maynard, G. & Stein, J. () *Preventing Hospital-Acquired Venous Thromboembolism: A Guide for Effective Quality Improvement. Version 3.0. Society of Hospital Medicine*.
http://www.hospitalmedicine.org/AM/Template.cfm?Section=Quality_Improvement_Resource_Rooms&Template=/CM/ContentDisplay.cfm&ContentID=6092

Valuable Resources in Getting Started

- National Health and Medical Research Council (NHMRC) Australian Government. (2008). *Stop the Clot: Integrating VTE Prevention guideline recommendations into routine hospital care*. 2nd edition.
3rd edition available from:
http://www.nhmrc.gov.au/files_nhmrc/file/nics/material_resources/stop_the_clot_3rd_ed_v04_crop.pdf
- Safer Healthcare Now
- Institute for Healthcare Improvement
- BPSQC

Questions



VTE ~~Education~~ at Interior Health Communication Plan



Communication Plan Goals

- * Promote organizational awareness of VTE
- * Ensure consistent messaging across IH
- * Once PPOs revised – move clinicians to action



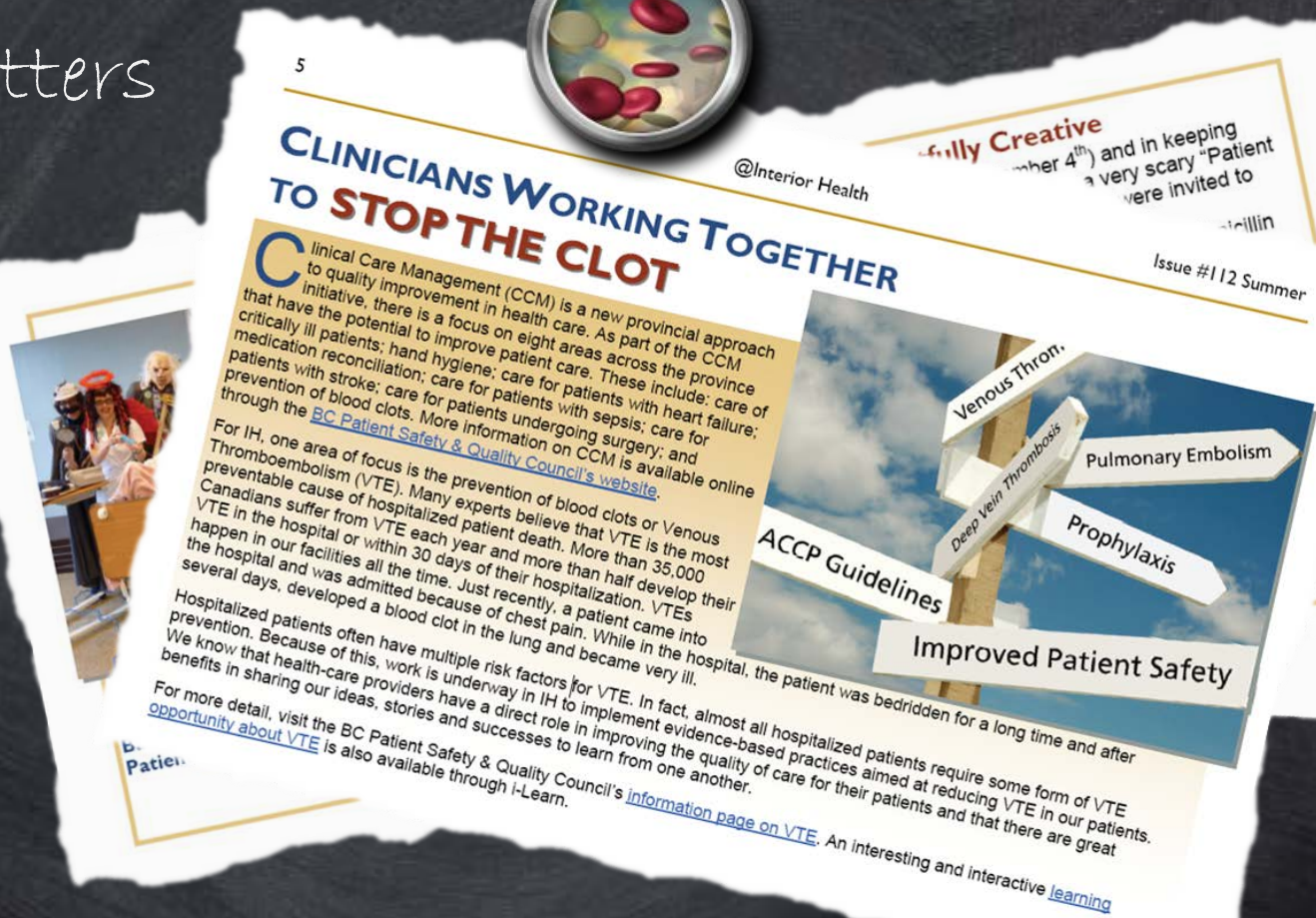
Target Audience

- * Physicians
- * Nurses
- * Pharmacists
- * Other front-line clinical staff
- * Site leadership



Communication Channels

✓ IH Newsletters



5

@Interior Health

CLINICIANS WORKING TOGETHER TO STOP THE CLOT

Clinical Care Management (CCM) is a new provincial approach to quality improvement in health care. As part of the CCM initiative, there is a focus on eight areas across the province that have the potential to improve patient care. These include: care of critically ill patients; hand hygiene; care for patients with heart failure; medication reconciliation; care for patients with sepsis; care for patients with stroke; care for patients undergoing surgery; care for prevention of blood clots. More information on CCM is available online through the [BC Patient Safety & Quality Council's website](#).

For IH, one area of focus is the prevention of blood clots or Venous Thromboembolism (VTE). Many experts believe that VTE is the most preventable cause of hospitalized patient death. More than 35,000 Canadians suffer from VTE each year and more than half develop their VTE in the hospital or within 30 days of their hospitalization. VTEs happen in our facilities all the time. Just recently, a patient came into the hospital and was admitted because of chest pain. While in the hospital, the patient was bedridden for a long time and after several days, developed a blood clot in the lung and became very ill.

Hospitalized patients often have multiple risk factors for VTE. In fact, almost all hospitalized patients require some form of VTE prevention. Because of this, work is underway in IH to implement evidence-based practices aimed at reducing VTE in our patients. We know that health-care providers have a direct role in improving the quality of care for their patients and that there are great benefits in sharing our ideas, stories and successes to learn from one another.

For more detail, visit the BC Patient Safety & Quality Council's [information page on VTE](#). An interesting and interactive [learning opportunity about VTE](#) is also available through i-Learn.

ACCP Guidelines

Improved Patient Safety

Venous Thromboembolism

Deep Vein Thrombosis

Pulmonary Embolism

Prophylaxis

fully Creative

October 4th and in keeping a very scary "Patient were invited to

Issue #112 Summer

Patien

Communication Channels

- ✓ Face to Face Presentations



VTE Prophylaxis is important!

Here are our baseline audit results...

Help make VTE prophylaxis routine!

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✓ IH Website



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✓ Canadian Patient Safety Week

Win an iPod or gift card!

Try the online Patient Safety Week Quiz!

on the Quality & Patient Safety Inside Net page



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✓ Online Learning Module



Click here



Interior Health

Quality Improvement Resources:

<http://www.impactbc.ca/>



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Clinical Care Management
(CCM)

Care of Critically Ill Patients

Hand Hygiene

Heart Failure

Medication Reconciliation

Sepsis

Stroke & TIA

Surgical Checklist

Surgical Site Infections

Venous Thromboembolism
(VTE)

Contacts



venous thromboembolism - VTE

measurements guidelines meetings/events resources

Our Challenge

Venous thromboembolism (VTE) is a disorder that includes deep vein thrombosis and pulmonary embolism, and is one of the most common preventable complications from hospitalization. Patients who develop deep vein thrombosis can experience pain, swelling, and extreme discomfort. Pulmonary embolism can lead to shortness of breath, chest pain, and death. The majority of hospitalized patients are at risk for developing VTE.

VTE is **preventable**. Establishing methods to provide appropriate thromboprophylaxis to patients based on standardized risk assessments is a safe, cost-effective and efficacious way to prevent VTE in nearly all patient groups.

Providing appropriate thromboprophylaxis for all patients may prevent the pain and discomfort of a thrombus, prevent complications that can extend hospital stays, and even save a life. Our aim is to provide every hospitalized patient in BC with appropriate thromboprophylaxis to help eliminate the incidence of preventable VTE.

Join with us in achieving this goal within your own region, hospital, or unit.