

Venous Thromboembolism (VTE) Prevention Strategies Gap Analysis



Component of the Medication Safety Road Map

Specific Action(s)	Gap Analysis Questions	Yes	No	If answered question “No” – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Prevention and Mitigation Strategies				
1) Systems and Processes for VTE Prevention and Mitigation Practices	1a) The facility has a designated team (may be an existing committee with the addition of content matter experts) to oversee VTE prophylaxis protocol and order set development, updates and use.	<input type="checkbox"/>	<input type="checkbox"/>	
	1b) Staff roles and responsibilities in the VTE prophylaxis process are well defined.	<input type="checkbox"/>	<input type="checkbox"/>	
	1c) The facility has a process in place to ensure timely ordering and implementation of VTE prophylaxis according to physician orders and evidence based practice.	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment and Detection Strategies				
2) Implement appropriate assessment and detection strategies.	The facility’s VTE prophylaxis protocol includes, at a minimum:			
	2a) Assessment and documentation of patient VTE risk factors, using evidence-based criteria, upon hospital admission, at change in level of care and at discharge.	<input type="checkbox"/>	<input type="checkbox"/>	
	2b) Encouragement of patient mobility.	<input type="checkbox"/>	<input type="checkbox"/>	
	2c) Assurance of proper fitting, application, and use of mechanical VTE options.	<input type="checkbox"/>	<input type="checkbox"/>	
	2d) Education of patients and their families on the purpose and benefits of pharmacological and mechanical VTE prophylaxis.	<input type="checkbox"/>	<input type="checkbox"/>	
	2e) Education of patients on post-discharge VTE prophylaxis.	<input type="checkbox"/>	<input type="checkbox"/>	
	2f) Post-discharge assessment/screening follow-up, via telephone call or postcard, with patient and/or family.	<input type="checkbox"/>	<input type="checkbox"/>	
	The facility has a process in place to:			
	2g) Monitor/audit the appropriate use of VTE protocols.	<input type="checkbox"/>	<input type="checkbox"/>	
2h) Provide timely feedback when lapses of protocol use are discovered.	<input type="checkbox"/>	<input type="checkbox"/>		

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Therapeutic Strategies				
3) Implement a defined therapeutic management program.	<i>(see Anticoagulation Gap analysis (http://www.mnhospitals.org/drugs) for specific anticoagulation medication best practices.)</i>			
	The facility has a process in place to ensure that:			
	3a) Prophylaxis recommendations are based on risk assessment, consistent with evidenced-based measures/ guidelines and are individualized for each patient receiving anticoagulation therapy.	<input type="checkbox"/>	<input type="checkbox"/>	
	3b) A protocol for use of mechanical prophylaxis with intermittent pneumatic compression (IPC) is implemented per evidenced-based practice and manufacturer's recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	
	3c) All patients with moderate to high risk of venous thromboembolism are started on pharmacologic prophylaxis based on the hospital's identified recommendations – unless contraindicated.	<input type="checkbox"/>	<input type="checkbox"/>	
	The facility uses Smart infusion pumps for the IV administration of all antithrombotics, with functionality employed to:			
	3d) Intercept and prevent wrong dose errors.	<input type="checkbox"/>	<input type="checkbox"/>	
	3e) Intercept and prevent wrong infusion rate errors.	<input type="checkbox"/>	<input type="checkbox"/>	
Critical Thinking and Knowledge Strategies				
4) Implement appropriate critical thinking and knowledge strategy practices.	The facility provides interdisciplinary education on VTE prophylaxis, which includes:			
	4a) Initial training for new hires and existing staff, including protocols and guidelines.			
	4b) Post test incorporating a case-study approach to demonstrate proficiency.			
	4c) Plan for targeting gaps in knowledge.			
	4d) Ongoing VTE prophylaxis education is provided to direct care staff when new relevant information is available.			

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Patient and Family Education				
5) Provide VTE education to patients and families.	The facility has a process in place to educate patient/families prior to initiation of VTE prophylaxis using teach-back method, which includes:			
	5a) Signs and symptoms of VTE	<input type="checkbox"/>	<input type="checkbox"/>	
	5b) The importance of VTE prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	
	5c) The correct use of mechanical VTE prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	
	5d) The importance of early ambulation and hydration after surgery	<input type="checkbox"/>	<input type="checkbox"/>	
	5e) The possible side effects of VTE prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	
	The facility has a process in place to educate patients and families on anticoagulants, using teach-back method, to ensure safe therapy including:			
	5f) Indication	<input type="checkbox"/>	<input type="checkbox"/>	
	5g) Symptoms for monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
	5h) Duration of therapy	<input type="checkbox"/>	<input type="checkbox"/>	
	5i) Dietary issues	<input type="checkbox"/>	<input type="checkbox"/>	
	5j) Disease interactions	<input type="checkbox"/>	<input type="checkbox"/>	
	5k) Monitoring requirements	<input type="checkbox"/>	<input type="checkbox"/>	
	5l) Potential for adverse drug reactions and interactions	<input type="checkbox"/>	<input type="checkbox"/>	



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