

Improving the Compliance of Venous Thromboembolism (VTE) : Risk Assessment and Prophylaxis

VTE Taskforce

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Introduction

Patient safety issues caused by the Venous Thromboembolism (VTE) and their consequences on the subjected healthcare organization must be addressed. VTE Taskforce identified majority of healthcare providers were non-compliant to standard practice guidelines on frequency of assessment, using assessment tool, or selecting appropriate prophylaxis during hospitalization. Data collected indicated that more than half of all adult patients did not receive appropriate prophylaxis or complete VTE assessment by physicians.

Aim and Objectives

The project aims to improve the rate of VTE assessment and prophylaxis by developing a policy on management of VTE to ensure that all physicians complete appropriate assessment and prophylaxis treatment within 24 hours of hospital admission. This includes compliance to a key measurable element in patient care standards in order to be accredited by CBAHI and JCI next year.

1. Structure objective

By the end of November 2019, there will be an update to EMR which will remind physicians to complete the mandatory VTE risk assessment within 24 hours of hospital admission for patients aged 14 years and above.

2. Process objective

By the end of January 2020, increase physicians' compliance to assessment guidelines outlined in VTE policy by at least 10 % compared to baseline.

3. Outcomes objective

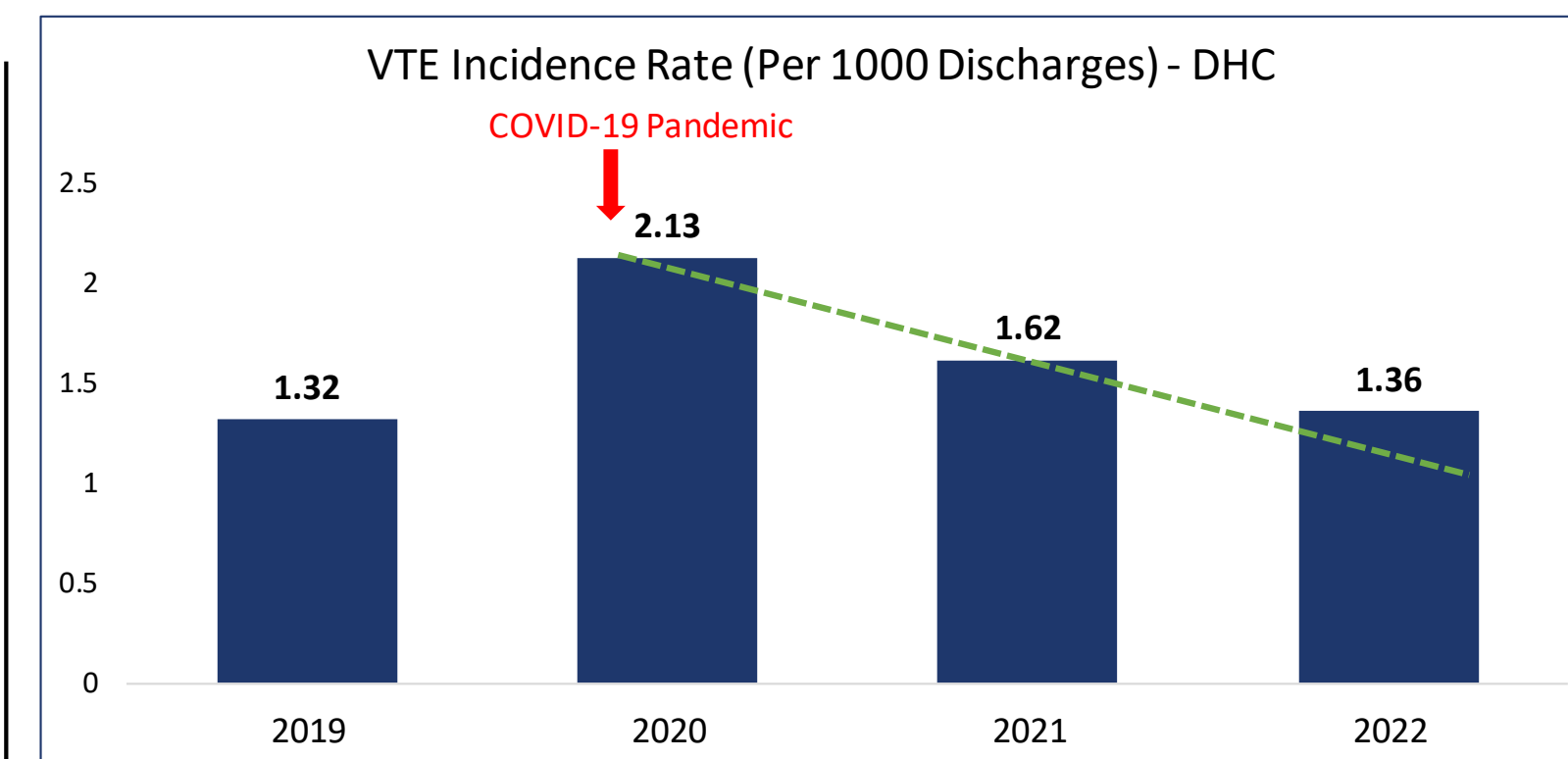
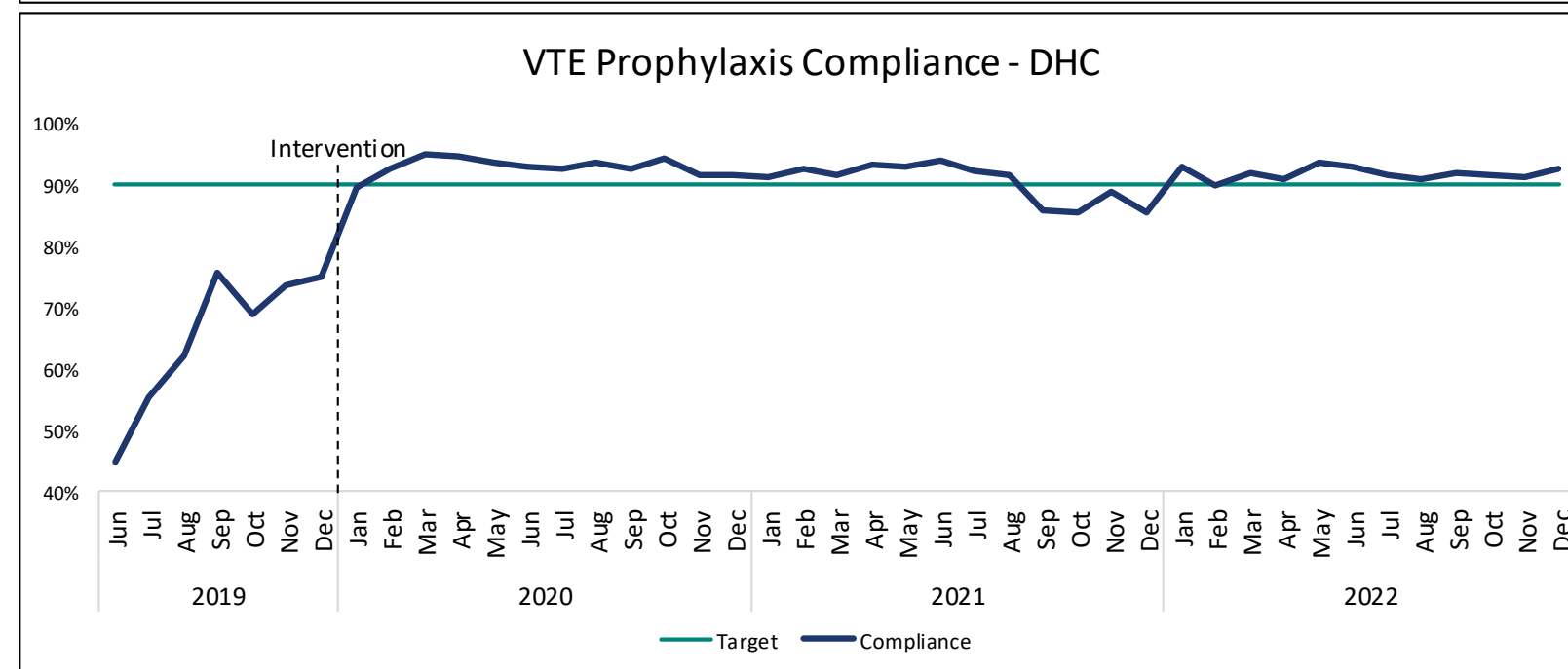
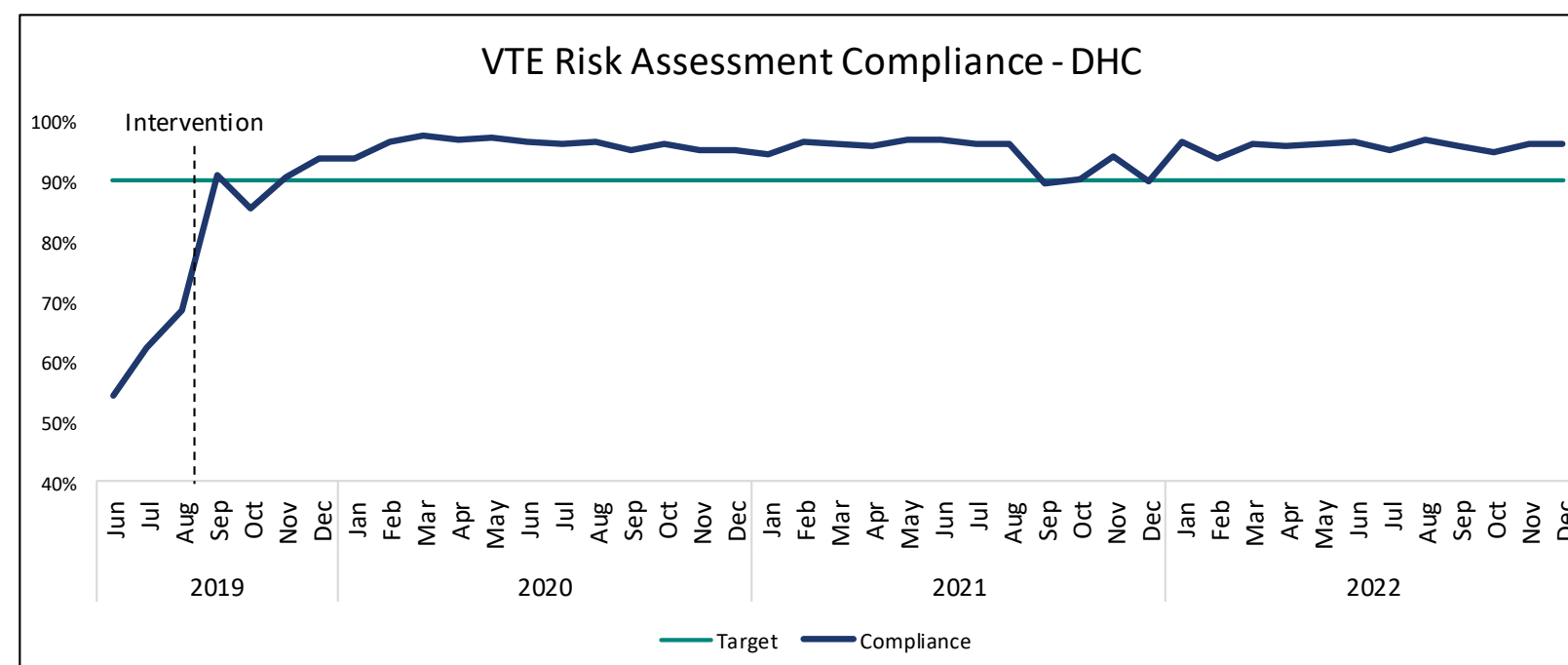
By the end of March 2020, increase physicians' compliance in using Caprini Risk Assessment Tool on selecting appropriate VTE prophylaxis by at least 10 % compared to baseline.

Methodology

Strategic planning process such as SWOT analysis, conducting regular clinical audits and implementing KPIs with quality improvement tools to incorporate with HSE (2008) model used as rationales and guidelines to help implementing the change.

Results

The results obtained from the preliminary analysis of clinical audits identified poor compliance related to process and outcomes. The results in this study indicated that there are remarkable findings post interventions. The run chart indicates a trend of significant improvement related to the baseline compliance is achieved following intervention.



Conclusion

The study emphasized the importance of using multiple strategies which are more effective in improving compliance rather than single strategy. Implementing a VTE policy organization-wide and standardized mandatory risk assessment tool includes reminding physicians is the vital to improve compliance. Conducting regular audits and sharing results with stakeholders and leadership is one of the most effective ways to sustaining performance.

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