

Venous Thromboembolism Prophylaxis: Evidence based practice strategy



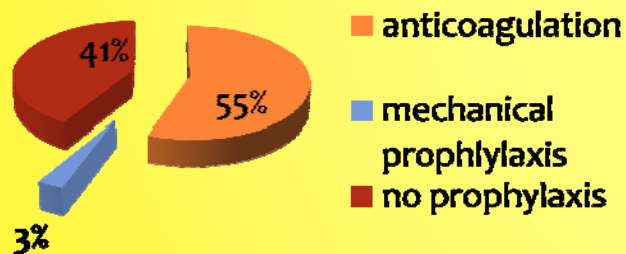
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This evidence based practice project was initiated by a group of Intensive Care Unit staff nurses who wanted to assure the current method of practice was evidence based. The nurses, as an organizational goal sharing project, conducted a thorough literature review to identify best practices and implement change.

Problem: Occurrence of Venous Thromboembolism (VTE) imposes significant burden for the patient as well as the health care system. Effective anticoagulant therapies are widely available. Hospitalized patients do not consistently receive appropriate VTE prophylaxis as recommended by current practice guidelines.

Baseline data:



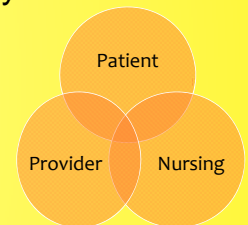
Evidence: All hospitalized patients should be assessed for VTE risk and most at risk patients should receive prophylaxis. A formalized strategy based on the risk assessment is recommended.

Lessons learned: To maintain a cultural change it is important to obtain buy-in from all health care providers. Tracking compliance and reporting rates helps maintain compliance. Recognizing the importance of quality of life benefits affects the overall outcome. To maintain high performance continued education is needed.

Our Approach: The Institute of Healthcare Improvement (IHI) developed the concept of “bundles”. A bundle is a set of interventions that when implemented in concert result in better patient outcomes. Key components Include: Formal risk assessment tool, every patient evaluated and risk stratified, computer based decision system, standardized order set, platelet count monitoring by protocol, and patient and family education.

Evidence based change:

1. VTE risk assessment on admit, transfer and discharge. Assessment determines strategy
2. Formalized strategy written as a policy
3. Nurse to provider note if no assessment done
3. Mechanical methods used on patients at high risk of bleeding and as an adjunct to anticoagulant-based thromboprophylaxis
4. Patients are encouraged to be active participants in exercise, ambulation and in the use of mechanical devices.
5. Develop patient education handout.



Evaluation:

