



NYS PARTNERSHIP FOR PATIENTS GUIDING PRINCIPLES

FOR REDUCING VENOUS THROMBOEMBOLISM



INNOVATE

Develop new processes or protocols, organization or team approaches, hand-offs, and interventions to prevent venous thromboembolism (VTE).

- Develop a three-tiered risk assessment (low, moderate, and high risk) with appropriate standardized prophylactic protocols.
- Implement risk assessment-based VTE prophylaxis, including pharmaceutical and mechanical interventions.
- Develop critical alert value protocols for immediate intervention.
- Develop and adopt protocols to promote consistency in the treatment of patients with VTE.
- Develop strategies to ensure safe hand-offs, such as using Ticket to Ride during shift changes to transfer a patient who is on high-alert medication or at risk for VTE.



ENGAGE

Engage an interdisciplinary VTE prevention and treatment team that includes patients and their families, hospital leadership, nursing staff, rehabilitative therapists, pharmacists, physicians, quality improvement professionals, and others.

- Establish interdisciplinary teams of physicians, nurses, nutritionists, and physical therapists to address all aspects of prevention.
- Engage team members to continuously assess patients for risk of VTE at admission, daily during hospitalization, as changes in condition and therapies occur, and at care transitions.
- Encourage full activity based on patient status and engage caregiver(s) to assist with activity, ambulation, and range of motion.
- Provide patient education using a teach-back approach, to cover:
 - VTE and early signs and symptoms;
 - Prevention techniques and symptom management, including adverse drug reactions; and
 - Medication management during the transition home and for ongoing maintenance, including:
 - Lab testing;
 - Drug-drug and drug-food interactions; and
 - The need for close monitoring.
- Provide written, clear, simple, and visual VTE discharge instructions to patients and caregivers.
- Engage leaders and staff at all levels of the organization to:
 - Improve the safety of patient care on all inpatient units;
 - Enhance patients and family members' care experience; and
 - Sponsor the redesign of processes to reduce the risk of VTE-associated injury.
- Engage senior administrative and clinical leadership support for VTE prophylaxis and treatment.



INTEGRATE

Establish systems and processes that promote the integration of increasing prevention of VTE and reducing injury-related VTE into the patient care delivery system.

- Standardize interventions based on risk for VTE.
- Implement early activity, exercise, and mobility protocols to prevent VTE and other hospital-acquired conditions.
- Ensure protocols are integrated with:
 - Surgical site infection prevention;
 - Ventilator-associated event prevention;
 - Management of high-alert medications; and
 - Pressure ulcer prevention.
- Utilize advanced and reliable communication methods about patients' risk across the care continuum.
- Communicate information to all staff for patients who are at risk through:
 - Bedside report;
 - Multidisciplinary rounds;
 - Utilization of bedside whiteboards;
 - Interdepartmental Situation-Background-Assessment-Recommendation handoff; and
 - Purposeful rounding.



HARDWARE

Implement standard policies, procedures, protocols, care practices, and measurement systems related to VTE prevention and reducing the associated risk of injury.

- Implement standardized order sets and protocols for the prevention and treatment of VTE.
- Track hospital-acquired VTE by unit and provide feedback to units for review of their adherence to VTE prevention bundle.
- Share information, data, and improvement stories on performance to create an environment that facilitates continuous learning and engagement.
- Routinely post quality improvement stories and current unit-based performance, such as unit-based run charts, dashboards, and/or comparative and benchmark information.
- Implement VTE prevention educational programs that are structured, organized, comprehensive, and directed at all levels of health care providers, patients, family, and caregivers.
- Ensure that staff expectations include active participation in VTE-reduction efforts and the care delivery model promotes patient and family involvement in care.