

UC San Diego Center for Innovation and Improvement Science

Dignity Health Initiative to Optimize VTE Prevention Pre-visit Site Intake Assessment / Survey

Please answer the following questions completely but succinctly. Your entire team should assist in this process. “Unknown”, “None”, or “Not Applicable” responses are permissible – but be certain your entire team is in agreement before resorting to one of these responses. If submitting electronically, you can **highlight** or **embolden** the most appropriate response.

Environment

How many adult medical / surgical beds do you have in your hospital?

1. < 100
2. 100 – 199
3. 200 – 299
4. 300 – 399
5. 400 – 499
6. 500 or more

How would you describe your medical center?

1. Academic teaching / University
2. Community teaching
3. Community, non-teaching, no residency programs
4. Critical Access

What percentage of adult medical patients are seen by hospitalists?

1. None
2. < 20%
3. 20-30%
4. 31-40%
5. 41%-60%
6. > 60%

What percentage of adult surgical patients are seen by hospitalists?

1. None
2. < 20%
3. 20-30%
4. 31-40%
5. > 40%

Describe your current inpatient health record

1. All electronic (documentation, lab review, and orders)
2. All paper
3. Hybrid (electronic documentation and lab review, but orders on paper)

If you have an electronic health record, please record which type / version below:
(example: Cerner, Epic, etc)

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Team

Team Leader

The team leader should be a clinician the medical staff respects and, ideally, have some topic expertise on VTE prophylaxis and anticoagulation. The team leader is responsible for setting the agenda, the frequency and the collaborative tone of team meetings, and for communicating directly with administrative and medical staff committees.

Name:

Degree(s):

Title:

Department:

What are the strengths / skills that the Team Leader brings to this initiative?

Team Members

The team leader needs commitment and contributions from other team members to move the initiative forward. The team leader and the team may need to recruit local champions based on service or hospital geography. For example, a pulmonary or critical care physician may lead efforts on VTE prophylaxis in the ICUs, but a hospitalist may lead efforts on the floors or wards. Whatever the format, a coordinated effort is required across the entire spectrum of care. Frontline personnel involved in the process of providing VTE prophylaxis in the hospital are essential for an effective team wishing to optimize VTE prevention. To track the effectiveness of your QI interventions, the contributions of information technology or health information system experts are pivotal. Please list the team members you currently have. If you have no team members meeting these descriptions, just fill in as not applicable (N/A). Comments on special roles, type of work (like critical care vs ward) or degree of involvement can be made under "Role".

Physician Name (1):

Department and Role (hospitalist? Employed by med center or independent? Area of influence?)

Physician Name (2):

Department and Role:

Physician Name (3):

Department and Role:

Quality / Management Department (1):

Role:

Quality / Management Department (2):

Role:

Executive from the C-suite...administrative liaison and administrative champion:

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Role:

Nursing Leadership members (1):

Role:

Nursing Leadership members (2):

Role:

Front Line nursing representative (1):

Role:

Front Line nursing representative (2):

Role:

Pharmacist (1):

Role:

Pharmacist (2):

Role:

IT / data collection or management (1):

Role:

IT /data collection or management (2):

Role:

Computerized physician order entry and Electronic Health Record representative:

Role:

Other (1):

Role:

Other (2):

Role:

Looking at your team, what additional strengths do the members of the team bring (beyond what the team leader possesses)?

Looking at your team, what gaps in expertise, influence, or perspective exist? Do you have all the key players on your team? If not, who else should be invited?

Prior and Ongoing Efforts

Does your institution have any ongoing method or past efforts to improve VTE Prevention? Examples might include the Surgical Care Improvement Project, The Joint Commission or National Quality Forum core measures for VTE Prevention, participation in a past collaborative, or attempts to standardize protocol driven order sets.

How successful do you think these efforts were in achieving near perfect VTE prophylaxis for your inpatients? What barriers, successes, and lessons learned did you gain from these efforts? Are there groups that seem most likely to obstruct improvement efforts, or to champion them?

What performance data on VTE prevention or VTE events already exist or is collected on a routine basis at your institution? Cut & paste pertinent data here or submit a copy of a recent report.

Current VTE Prophylaxis Rates (estimated or measured):

Incidence of Hospital Associated VTE:

Do you have institutional policies or protocols regarding VTE prophylaxis (for nursing or physicians)? If so, please send us a copy of these documents.

- Our institution does not currently have guidelines regarding VTE prophylaxis
- Institutional guidelines have been e-mailed (or attached)

Please send us a copy of any currently used VTE prevention order sets, or drafts for VTE prevention order sets that you have:

- Our institution does not currently use standardized VTE prophylaxis order sets or have a draft.
- Order set(s) / document(s) have been e-mailed (or attached)

Do you have extended prophylaxis discharge order sets or institutional guidelines regarding extended duration prophylaxis? If so, please send us a copy of these documents or a screen shot of your computerized order set.

- Our institution does not currently have discharge order sets or guidelines regarding extended prophylaxis
- Order set(s) / document(s) have been e-mailed (or attached)

Real Time Feedback

Do you have any method to create reports for the front line nurse or pharmacists re: DVT prophylaxis? (A report outlining all patients on a given ward, and what prophylaxis they are on, for example)
If so, please describe:

Do you have any method for tracking the reliable delivery of ordered VTE prophylaxis? (eg, the percentage of patients with mechanical prophylaxis that actually have the mechanical device on and in place, or the percentage of ordered prophylactic anticoagulant doses that are actually delivered).
If so, please describe:

Hierarchy of Reliability

We have been pretty successful at predicting how well an institution is doing on VTE prophylaxis based on how the choice below that most accurately reflects their institution. Please select the description that most accurately reflects your progress on VTE Prophylaxis to date:

1. We don't have a protocol for our institution. We rely on doctors to write in / choose the most appropriate DVT prophylaxis based on their judgment and training.
2. Our institution does have a protocol for VTE prophylaxis that outlines preferred choices for different situations. However, the protocol guidance is not embedded in order sets. Services may have order sets that include a list of VTE prophylaxis options, but they are offered as equivalent choices, and do not reflect guidance from an institutionally endorsed protocol.
3. Our institution does have a protocol for VTE prophylaxis, and we have protocol guidance embedded in order sets. However, order set utilization / acceptance has been uneven and suboptimal. Many patients get admitted or transferred without being exposed to the potential benefit of our protocol.
4. We have an institutionally endorsed protocol-driven VTE prevention order set (or order set module) that is positioned in such a way that they provide guidance to almost every targeted adult medical / surgical patient at the point of admission, and at the time of transfer from one level of care or ward to another.
5. We meet the criteria for choice "4" as described above, and we also have other methods to reinforce protocol guidance, such as audit and feedback to providers, checklists incorporating VTE prophylaxis, and a comprehensive educational program.
6. We meet the criteria for the choice in "4", and we also monitor prophylaxis on a regular basis, allowing us to correct deficiencies on VTE prophylaxis on a routine (near daily) basis.

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SWOT Analysis

Reflect about your team, your institution, the QI infrastructure, and the resources available to you. What do you perceive are the key strengths, weaknesses, opportunities, and threats/barriers to implementing a successful VTE prevention initiative in the next 6 months at your institution? We encourage you to include issues you've already identified in previous sections of this pre-visit survey instrument. Once you've identified all of the critical issues, list them in the appropriate box / section in the table below.

Strengths	Opportunities
Weaknesses	Threats/Barriers

Thank you! Just e-mail me your responses and any attachments to gmaynard@ucsd.edu