

The logo features the word "SQUIRE" in a bold, red, sans-serif font. A grey quill pen is positioned diagonally, with its tip pointing towards the letter 'Q'. The quill has a dark grey tip and a lighter grey shaft. The letters have a slight drop shadow effect.

SQUIRE

Every Clinician · Every Patient · Every Time

SQUIRE Guide

Venous Thromboembolism Prevention

as at January 2009

Venous Thromboembolism Prevention

GOAL: TO PREVENT VENOUS THROMBOEMBOLISM IN HOSPITALISED PATIENTS

Sections:

- Resources
- Eligible Patient Population for Reporting Spread
- Patient Populations for Measure 1 and 2
- Measure 1 - VTE Risk Assessment
- Risk Assessment
- Measurement Methods and Tools
- Measure 2 - VTE Prevention
- Prevention Strategies
- Measurement Methods and Tools
- Surgical VTE Prophylaxis Guide
- Medical VTE Prophylaxis Guide

Resources

Some of these resources may be protected by copyright, please ensure all copyright requirements are met prior to their use.

- National Institute of Clinical Studies - Materials and Resources:
http://www.nicsl.com.au/asp/index.asp?page=materials/materials_subject&val=Subject%20-%20Venous%20thromboembolism
- National Institute of Clinical Studies - Programs:
http://www.nicsl.com.au/asp/index.asp?page=programs/programs_article&cid=5263&qid=191

Eligible Patient Population for Reporting Spread

- All hospital inpatients are eligible for inclusion.
- Teams should report the proportion of hospital inpatient beds that are in clinical areas where the program is active, i.e. the proportion of patients that are eligible for sampling in both process measures.

Example

Changes to VTE risk assessment and prophylaxis processes are currently being actively implemented and monitored by VTE team on 3 wards. These wards include approx 50 of the 100 hospital inpatient beds at a site. Measure 1 and 2 should include samples from these 3 wards (e.g. 10-15 med records each ward each month), and currently spread is at approx 50%.

Patient Populations for Measure 1 and 2

- Patients eligible for inclusion in the sample for measure 2 will be a subset of patients eligible for inclusion in the sample for measure 1.

MEASURE 1 - VTE RISK ASSESSMENT

Risk Assessment

The use of a specific risk assessment tool is not mandated. A comprehensive standardised approach to VTE risk assessment should be agreed upon and operationalised at hospital level, and based on current guidelines:

- The Australia and New Zealand Working Party on the Management and Prevention of Venous Thromboembolism. Prevention of Venous Thromboembolism: Best Practice Guidelines for Australia & New Zealand. 4th ed. Australia: HEMI; 2007. See tables 5, 6 and 7 for surgical patients and table 8 for medical patients.

Measurement Methods and Tools

- Monthly reviews of the implementation process against team aims should use a sample of patients from each clinical area where the program is currently active to assess whether they have a VTE risk assessment documented in an agreed location.
- The recommended number of patients in the sample may differ depending on the facility size and resources. Suggested numbers are recommended below and based on the QUM Indicators:

Number of inpatient beds in current implementation area/areas	Sample size
150 or more	20% of patients
30-149	30 patients
Less than 30	Number of beds

- This sample may be selected in a number of ways aiming to generate a random sample e.g. all inpatients from a ward on one day, or one week each month could be selected.

Measure 1 calculation:

$\frac{\text{Number of patients with documented VTE risk assessment}}{\text{Number of patients in sample}} \times 100 = \text{\% of patients assessed for VTE risk}$
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- Risk assessment should be documented in a location determined by hospital policy. Sites should determine the appropriate location to document risk assessment, and ensure that all staff are aware of this.

MEASURE 2 - VTE PREVENTION

Prevention Strategies

The appropriate prophylaxis for each patient will differ depending on his or her assessed risk factors. Appropriate prophylaxis means prophylaxis that is concordant with the recommendations in locally agreed guidelines which have been endorsed by the Drug and Therapeutics Committee or other appropriate Committee. Current relevant national guidelines are:

- The Australia and New Zealand Working Party on the Management and Prevention of Venous Thromboembolism. Prevention of Venous Thromboembolism: Best Practice Guidelines for Australia & New Zealand. 4th ed. Australia: HEMI; 2007. See tables 5, 6 and 7 for surgical patients and table 8 for medical patients. An example of the Surgical and Medical VTE Prophylaxis Guide are provided at the end of this chapter.

Measurement Methods and Tools

- A random sample of inpatients over a one month period is recommended.
- The recommended number of patients in the sample may differ depending on the facility size and resources. Suggested numbers are recommended below and based on the QUM Indicators:

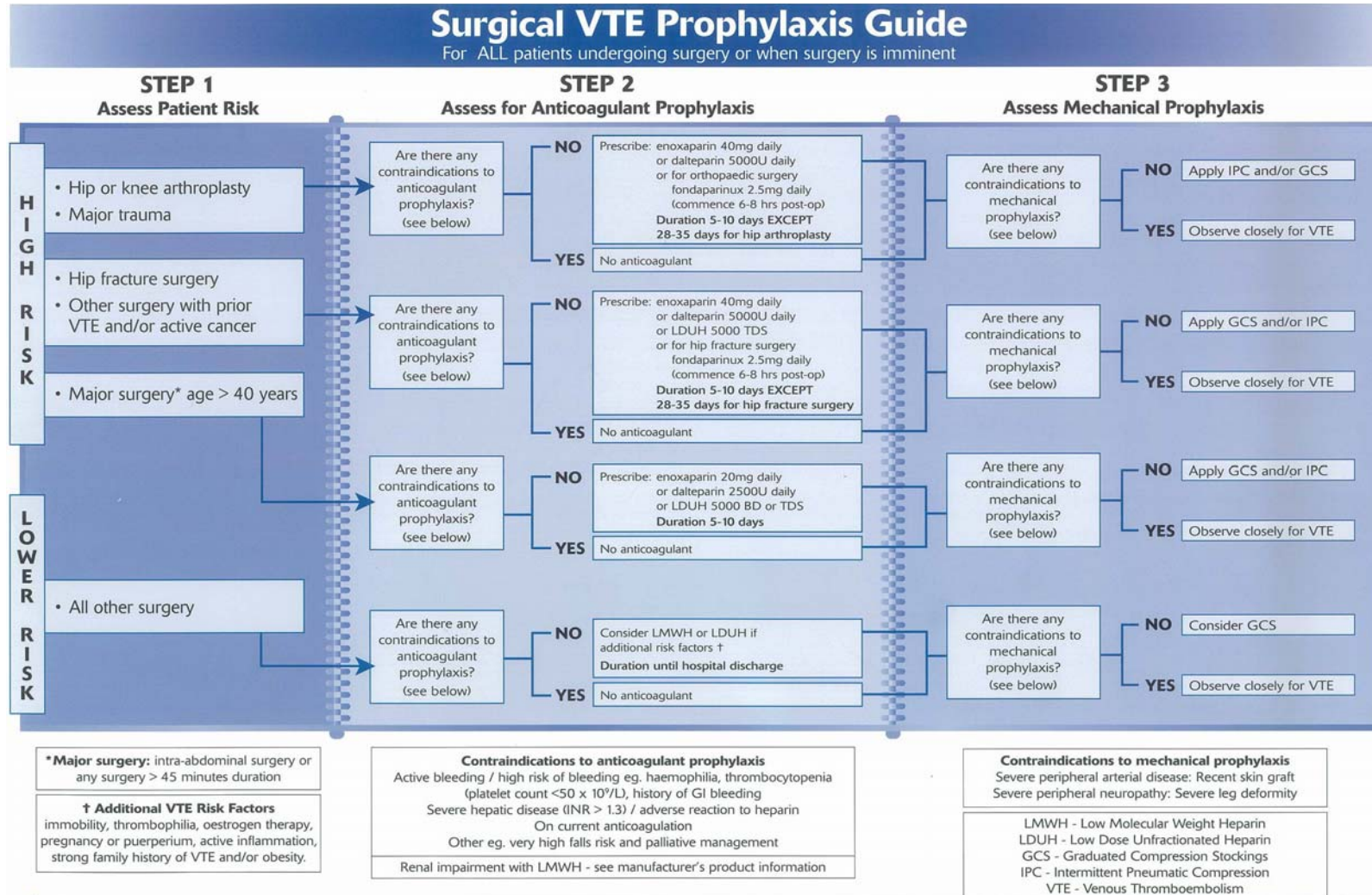
Number of inpatient beds in current implementation area/areas	Sample size
150 or more	20% of patients
30-149	30 patients
Less than 30	Number of beds

- The audit sample, for example, could include all inpatients identified as being at high-risk of VTE on the ward(s) on one day or week of each month. Documentation of the necessary prophylaxis measure should be evaluated against the agreed standard for the institution. Stratification at a hospital level into medical and surgical patients will be helpful to facilitate improvements, but is not required for OSQH reporting.
- NB The group of patients audited should be those who have received VTE risk assessment and were documented as being at high risk for VTE in measure 1.

Measure 2 calculation:

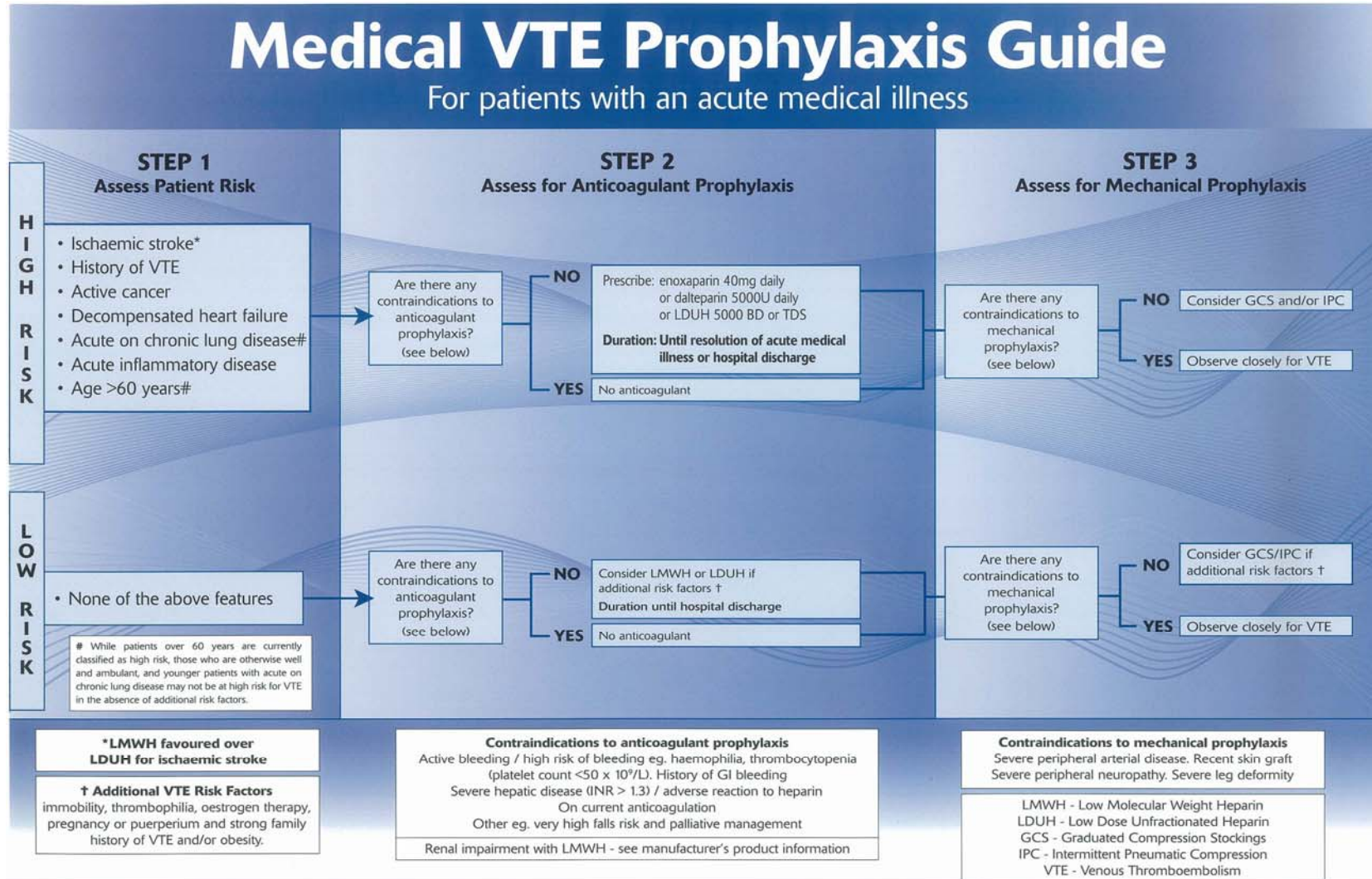
$\frac{\text{Number of patients at high risk of VTE who received appropriate VTE prophylaxis}}{\text{Number of patients at high risk of VTE in sample}} \times 100 = \text{\% of patients receiving appropriate VTE prophylaxis}$

Surgical VTE Prophylaxis Guide



The Australian and New Zealand Working Party on the Management and Prevention of Venous Thromboembolism - 4th Edition

Medical VTE Prophylaxis Guide



The Australian and New Zealand Working Party on the Management and Prevention of Venous Thromboembolism - 4th Edition