



BC VTE Prevention Strategy

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BC Patient Safety
& Quality Council



BC VTE Prophylaxis Implementation Overview

- Institutional support – Executive Sponsor, Physician and Senior Admin Leads.
- Regional Policy, Consistent with ACCP guidelines
- Multidisciplinary steering committee
- Specific VTE prevention goals, time defined and measurable.
- Standardized VTE risk assessment and prophylaxis protocol embedded in to flow of patient care
- Multifaceted educational and awareness program
- Performance tracking to facilitate provider education, protocol refinement and outcome improvement
- Accountability measures reported to ministry



BCPSQC, Clinical and Quality Leads How Can We Help ?

- Education, workshops, resources
- Collaborate in the development of tools and resources
- Assistance with measurement/data collection strategies
- Assistance with engagement strategies
- Address key enabling factors at the provincial level
- Support a provincial VTE community of practice for
 - Exchange of ideas, tools, expertise



.....but timely mentoring can make the real life experience go a lot more smoothly.



BC Patient Safety & Quality Council



Clinical Expert Group - Role

- Support Clinical and Quality Leads with Expert Content and Opinion
- Provide expert guidance regarding existing and new evidence around VTE prophylaxis and implementation strategies.
- An expert resource to assist in resolution of clinical controversies as they arise during implementation.
- Review quarterly reports and provide additional context to the CCM Steering Committee



Key Resources

Safer Health Care Now Getting Started Kit

ACCP 2008 Guidelines





- About SHM
- Membership
- Education
- Quality Improvement
 - > QI Current Initiatives and Training Opportunities
 - > QI Primer
 - > QI Clinical Tools
 - > QI Resource Rooms
- Practice Resources
- Advocacy
- Events
- Publications
- News and Media
- Join SHM
- SHM Store



Quality Improvement Resource Rooms

Leading Hospital Quality: Resources to Improve Inpatient Outcomes

The Quality Improvement (QI) Resource Rooms present the information and tools needed to lead quality improvement projects. This stepwise guide begins with setting goals and continues through post-implementation tasks including analyzing outcomes and sustaining improvements. Content is arranged so you can freely navigate to and within sections, review what others have done, exchange ideas with teams doing similar QI work, and pose questions to subject matter experts.

- Each room includes information on:
- How to use the resources
 - Getting started
 - Project planning and implementation
 - Monitoring & learning
 - Continuing to improve
 - Sample protocols, order sets, and other tools

Intervention Areas

- Acute Coronary Syndrome
- BOOSTing Care Transitions
- Glycemic Control
- Heart Failure
- Venous Thromboembolism
- Antimicrobial Resistance*
- Stroke*

QI Basics

- QI Primer
- QI Web Resources
- Core Competencies

Professional Development

- Quality Pre-Course
- VTE Prevention Collaborative

- RSS FEED
- ADD THIS
- EMAIL THIS PAGE

*A technical intervention area was removed from the previous structure and will appear in the next update.



7) Performance Tracking

“You need to know where you are in order to know where you are going”



Typical Implementation Measures

- Process
 - PPO Use
 - Appropriate VTE Prophylaxis – audit strategy
- Outcome
 - VTE Events – DAD, radiology
 - Rate of Hospital Acquired VTE
 - Rate of Potentially Preventable VTE
- Balance
 - Clinically significant bleeding – audit, transfusion
 - Incidence of HIT



Accountability Measures - Process

- Percent of patients with appropriate VTE prophylaxis
 - Consistent with ACCP 2008 guidelines
 - Prospective random audit strategy
 - Run chart weekly/monthly
 - Reported Quarterly
 - Stratified by Surgery/ICU/Medical



Accountability Measures - Outcome

- Rate of Hospital Acquired VTE per 1000 Discharges

OR/AND

- Rate of Potentially Preventable VTE per 1000 Discharges