Venous Thromboembolism (VTE) Measure Set

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Philosophy changes

- Both The Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC) have shifted the focus of their quality programs from tracking the process of providing appropriate medical care to reporting the patient outcomes of such care.

- To provide positive outcomes for patients, each facility must follow care plans or clinical pathways that are supported by the most current evidence based medicine. Review your facility’s patient care plans for preventing and treating VTE.
Hospital Acquired Potentially-Preventable Venous Thromboembolism

Measure # VTE-6
Objective

- To understand the importance of administering VTE prophylaxis ordered to reduce the risk of preventable VTE among hospitalized patients.
Preventable VTE Definition

- Preventable VTE is defined as objectively diagnosed Deep Vein Thrombosis (DVT) or Pulmonary Emboli (PE) that occurred in a setting in which thromboprophylaxis was indicated but was either administered inadequately or not administered at all. (Arnold, D.M.)
Introduction

- Hospitalized patients at high risk for VTE may develop asymptomatic deep vein thrombosis (DVT) or pulmonary embolism which may cause an unexpected death before the diagnosis is even suspected.
The Desired Patient Outcome

- In the U.S., an estimated 350,000 to 900,000 individuals develop VTE each year and approximately 100,000 die from this condition (Rathbun, 2009).
- The goal of the CMS Hospital Improvement Innovation Network (HIIN) is to reduce the occurrence of these HA events by 40%.
- To reach this goal every hospital must have a strong VTE risk assessment and prophylaxis program.
Incidence of potentially preventable VTE

- This measure in the VTE set is the identification of those patients who developed confirmed VTE during hospitalization (not present on admission).
- It is imperative that every assessment finding be documented on admission (POA) so only those VTE occurring after hospitalization are counted.
Prevention is the Goal

• To prevent such complications, the best approach is to assess each patient for VTE risk and administer primary prophylaxis to reduce the chance for developing either a DVT or PE.
Exceptions for the VTE measure set

- Patients with documentation by the practitioner of reasons why prophylaxis was not ordered.
- Patients less than 18 years of age
- Patients with Comfort Measures Only documented on the day of or the first day after admission.
- Patients enrolled in clinical trials
- Patients with VTE present on admission
- Patients who have a length of stay greater than 120 days.
Test your Knowledge

1. The first step in preventing a patient from developing a VTE is completing a thorough risk assessment on admission.

   A. True

   B. False
Test your Knowledge

2. It is not important to follow the VTE prophylaxis protocol for hospitalized patients admitted to your facility.
   
   A. True  
   B. False
References


• The Centers for Medicare & Medicaid Services Hospital Improvement Innovation Network (HIIN) program.


• Specification Manual for National Hospital Quality Measures 2016. Version 5.2a
• The End