

Use of a Screening Tool to Exclude Patients at Low Risk of VTE: A Novel Approach to Prophylaxis

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Abstract

Despite knowledge of the benefits of venous thromboembolism (VTE) prophylaxis in hospitalized medical patients, risk factor screening remains to be maximized in this population. Previous research at Presbyterian Hospital has shown that in the absence of repeated prophylaxis campaigning, rates of screening and prophylaxis decrease to less than desirable rates. In accordance with the principles of Six Sigma, the investigators hope to identify a risk factor screening tool that will be reliably utilized by hospitalists during the admission process. Specifically, the investigators hope to determine if an abbreviated screening tool based on the exclusion of low risk patients and those with contraindications to prophylaxis will be more consistently completed by a hospitalist upon patient admission, as compared to a tool which aims to identify patients who are at moderate-to high-risk, and without contraindications. *Methods:* A pre-intervention retrospective chart review will be done to obtain a baseline of VTE screening rates in hospitalized medical patients at Presbyterian Hospital. The intervention period will involve the comparison of rates of screening using one of two VTE screening tools. Admission order sets incorporating the two screening tools will be utilized for all patients admitted to the general medical unit at Presbyterian Hospital. Pharmacists will record, on a daily basis, whether the screening tool section of the admission order set was utilized during the 6 month study period. Upon documentation of screening tool utilization, the pharmacist will contact those hospitalists who did not complete screening and/or did not prescribe VTE prophylaxis where indicated. This will ensure that patient care is optimized while protecting the integrity of data collection. Education regarding risk factors for VTE in hospitalized medical patients by pharmacists to the hospital staff will proceed the study period. A comparison of the rate of each screening tool utilization will serve as the primary outcome measure of this study. A secondary outcome of safety between the two screening tools will be evaluated via a retrospective chart review of all patients screened using the two study tools, and will be based on rates or major and minor bleeding.