**DVT:**

**Step 1: Validation – Review DVT Data**

Instructions: Review all HMS identified PICC-DVT cases for the last 18 months. We encourage you to review additional adult PICC-DVT cases at your facility that were not identified via the HMS database (maximum 30 cases).

Question: How many PICC-DVT cases at your hospital occurred in a PICC that was reviewed to be the appropriate device and appropriate number of lumens for each patient?

Question: What percent of PICC-DVT cases at your hospital occurred in a PICC that was reviewed to be the appropriate device and appropriate number of lumens for each patient?

Question: How many PICC-DVT cases at your hospital occurred in a PICC that was reviewed to be an inappropriate device and/or inappropriate number of lumens for each patient?

Question: What percent of PICC-DVT cases at your hospital occurred in a PICC that was reviewed to be an inappropriate device and/or inappropriate number of lumens for each patient?

Question: Where and in what type of patient are the majority of your DVTs related to PICC lines occurring?

* ICU
* Non-ICU
* Equal ICU and Non-ICU
* Surgical ICU
* Medical ICU
* Neurological ICU
* Trauma/Burn ICU
* Cardiac ICU
* Hospitalist Attending
* Intensivist Attending
* Internal Medicine Attending
* Surgeon Attending
* Hematology-Oncology Attending
* Other Attending

Please select the type of DVT/VTE cases in PICCs you reviewed? (Select all that apply.)

* HMS identified DVT cases
* HMS identified PE cases
* Hospital identified DVT cases
* Hospital identified PE cases

Have you implemented any of the following related to vascular access and/or DVT prevention since you began this step?

* New or Changed Process
* New or Changed Policy
* New Product
* Education
* Other
* None

For each of the changes you made, please provide specifics about what you did and when.

**DVT:**

**Step 1: Validation – Perform an Assessment of Potential Cost Savings**

I confirm that my hospital has completed a potential cost savings analysis using the cost calculator tool.

Please list which roles were involved in the potential cost savings analysis at your hospital.

Have you implemented any of the following related to vascular access and/or DVT prevention since you began this step?

* New or Changed Process
* New or Changed Policy
* New Product
* Education
* Other
* None

For each of the changes you made, please provide specifics about what you did and when.