VTE Committee Priorities

VTE Committee 2009 goals:

1. Accurate VTE assessment for all adult UMHHC inpatients
    a. Increase the percentage of hospitalized adult patients (18 years and older) with completed UM-Carelink VTE risk assessment within 24 hours of admission
    b. Validated quality of UM-Carelink VTE risk assessments completed by service
    c. Decrease the total number of opt-outs for VTE prophylaxis
    d. Increase quality of opt-outs recorded for valid clinical reasons
2. Appropriately prescribed VTE prophylaxis by service (consistent with ACCP guidelines)
    a. Guideline dissemination
    b. Review department protocols that appear to contradict ACCP guidelines
    c. Increase the percentage of hospitalized adult patients (18 years and older) with prophylaxis prescribed commensurate with risk, within 24 hours of admission.
        i. Percentage of hospitalized adult patients with risk for VTE who received appropriate orders within UM-Carelink for pharmacological thromboprophyalxis, unless contraindicated.
        ii. Percentage of hospitalized adult patients with contraindications to pharmacological thromboprophylaxis, documented within the medical record, who received orders for mechanical prophylaxis (ie, SCDs)
3. Analysis of patient outcomes - Incidence of VTE at UMHHC
    a. Overall and by service
    b. Acquired and re-admission rates for VTE
4. Reduction in UM-Carelink alerts for VTE risk assessment
5. Monitor incidence of HIT, baseline and trend over time
    a. # of HIT assays
    b. Value of results (should result be a critical value?)
    c. Appropriately prescribed alternative in known or suspected cases of HIT
6. Monitor incidence of hemorrhage as complication of VTE prophylaxis
    a. Medicine patients more difficult
    b. Surgical take-backs to OR for bleeding

Year 2010 goals:

1. Appropriate discharge screening for extended prophylaxis:
    a. Increase the percentage of patients who are evaluated for extended VTE prophylaxis upon discharge:
        i. to home for 2-3 weeks post-discharge (up to 30 days total treatment) in select patients
            1. active cancer
            2. previous VTE
            3. known coagulopathy
        ii. to extended care facilities

1. Increase the percentage of UMHHC patients discharged to local extended care facilities (Heartland Ann Arbor, Heartland Canton, Glacier Hills, & Superior Woods) managed by UMHS faculty receiving appropriate VTE thromboprophylaxis consistent with ACCP guidelines.
2. Consider Dr. Darius Joshi, Geriatric Medicine, as guest who oversees local subacute facilities

2. Determine what if any risk assessment & prophylaxis is appropriate for other patient groups, less supported by existing literature:
   a. Pediatrics
   b. Ambulatory surgery
   c. Obstetrics

Consistent with the approved FY2008-2009 UMHHC Patient Safety Plan

VENOUS THROMBOEMBOLISM (VTE) PREVENTION SUBCOMMITTEE

of the

PHARMACY AND THERAPEUTICS COMMITTEE

SUBCOMMITTEE CHARGE

The VTE Prevention Subcommittee shall act under the jurisdiction of the Pharmacy and Therapeutics (P&T) Committee. As such, it is responsible for reviewing, reporting, and recommending actions to the P&T Committee regarding issues related to risk assessment and management of DVT prophylaxis in the University of Michigan Hospitals and Healthcare Centers (UMHHC). The Subcommittee is charged with defining protocols to ensure VTE risk assessment in all patients and implementation of standard therapies for those identified as at-risk. Final approval of any decisions shall rest with the P&T Committee. Responsibilities of the Subcommittee shall include, but not be limited to, the following activities:

1. Develop, review and standardize protocols for risk assessment and management of DVT prophylaxis to ensure optimal individualized therapy that minimizes risk for adverse events and facilitates transition across the continuum of care.
2. Advise and recommend surveillance to determine efficacy of VTE prevention protocols and make recommendations for changes, as deemed necessary.
3. Establish policies to educate staff and patients/caregivers regarding safe use of anticoagulant therapy for VTE prevention.

COMPOSITION/MEMBERSHIP

The Subcommittee composition shall consist of xxx representatives from the medical staff. At least one member of the Subcommittee must also be a member of the P&T Committee, and one member shall be a member of the Anticoagulant Management Subcommittee. Committee membership shall include the following representatives:

Area Represented:	Representative:
Physicians Assistants	Marc Moote, PA, Chair
Anticoagulant Management Subcommittee, representative	xxx

MEETINGS

The Subcommittee shall meet at least bimonthly and on the call of the P&T Committee. A quorum of at least 50% of the Subcommittee members must be present to hold a meeting. Minutes shall be recorded at each meeting. Once approved by the Subcommittee, the minutes shall be forwarded to the P&T Committee for the next scheduled meeting where an oral report may be requested.

The minutes, actions, and policies that the Subcommittee produces shall be reviewed and approved by the P&T Committee.

The Anticoagulant Management Subcommittee shall forward an annual report to the P&T Committee which describes its activities for the year and its impact on the quality and cost of patient care.

S/p&t/policies/VTE subcmte charge 012209v1

UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS

VTE COMMITTEE
AGENDA
February 23, 2009
1:00p.m. – 2:30p.m.

Participants:

Marc Moote, PA-C, Chair
[redacted], M.D.
[redacted], RN
[redacted], M.D.
[redacted], M.D.*
[redacted], M.D.
[redacted], Pharm.D
[redacted], M.D.*
[redacted], Pharm.D
[redacted], Pharm.D*
[redacted], D.M.D
[redacted], M.D.
[redacted], M.D.
[redacted], PA-C
[redacted], NP
[redacted]

Guests: None
* Expected absence

Staff: [redacted]

Agenda

I. Call to Order & Introductions

II. Review Committee Charge

III. Approval of VTE Committee Priorities

IV. Review of Preliminary VTE Risk Assessment Data

V. Review CPOE VTE Alert Data