

Why should hospitals reduce Venous Thromboembolism (VTE) prophylaxis rates in low risk medical patients?



Consistent with National Guidelines

The Michigan Hospital Medicine Safety Consortium has shown no benefits from using pharmacological or mechanical prophylaxis in medical patients at low risk of VTE within your institution. This measure is reflected in pay for performance payments to your hospital. Additionally, the American College of Chest Physicians (ACCP) recommends against using VTE pharmacologic and mechanical prophylaxis in low risk medical patients.



Reduce unnecessary costs while increasing patient satisfaction

Patient satisfaction affects 3rd party payments. Patients who receive injections less often require less nursing time that can be spent on other patient care activities and may be more likely to have higher patient satisfaction scores. Additionally, less use of anticoagulants will reduce cost of care.



Reduced incidence of bleeding without changing VTE rates

The Michigan Hospital Medicine Safety Consortium has shown that in hospitals that are successful at decreasing VTE pharmacological prophylaxis in low risk medical patients, there is a significant decrease in major and minor bleeding. Importantly, the rate of VTE has remained unchanged despite a decrease in pharmacological prophylaxis in the low risk population.



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