

VTE Case Review Template

Service:	Patient CPI#:	Admit Date:	Discharge Date:
Date(s) of Surgery:		Principle Procedure:	
Principle Diagnosis:			
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	BMI:	
Findings:			
Evidence for DVT/PE:			
VTE Diagnosed on: <input type="checkbox"/> HD# _____ <input type="checkbox"/> POD# _____			
VTE Risk Assessment Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		VTE Risk Score: _____	VTE Risk Assessment Accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Correct Risk Score	<input type="checkbox"/> Correct Risk Category
For SURGICAL patients only: <input type="checkbox"/> NA			
Anesthesia: <input type="checkbox"/> General <input type="checkbox"/> Regional <input type="checkbox"/> Epidural <input type="checkbox"/> Local			
Operative duration: _____			
PREOperative heparin: <input type="checkbox"/> SQH ordered <input type="checkbox"/> SQH Administered <input type="checkbox"/> None			
INTRAOperative prophylaxis given: <input type="checkbox"/> SCDs <input type="checkbox"/> IV Heparin <input type="checkbox"/> None			
POSTOperative PACU: <input type="checkbox"/> SCDs <input type="checkbox"/> SQH <input type="checkbox"/> None			
For ALL patients:			
Inpatient VTE prophylaxis ordered: <input type="checkbox"/> NA <input type="checkbox"/> Date chemoprophylaxis ordered _____			
<input type="checkbox"/> Heparin SQ <input type="checkbox"/> Daily <input type="checkbox"/> BID <input type="checkbox"/> TID		<input type="checkbox"/> Fondaparinux	
<input type="checkbox"/> Enoxaparin <input type="checkbox"/> 40mg daily <input type="checkbox"/> 30mg BID		<input type="checkbox"/> Sequential Compression Devices (SCDs) <input type="checkbox"/> Date ordered: _____	
<input type="checkbox"/> Warfarin <input type="checkbox"/> LWMH or IV UFH until INR therapeutic		<input type="checkbox"/> other: _____	
Inpatient VTE prophylaxis orders match VTE risk score? <input type="checkbox"/> Yes <input type="checkbox"/> No (Based on UM-Carelink VTE Risk Assessment Tool or Service Specific Guidelines Preapproved by the VTE Committee)			
Timely prescription for VTE prophylaxis ¹ ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prophylaxis administered appropriately ² (i.e. no delays, missed doses, patient refusals, or suspended orders; *If <u>NO</u> , provide details in Comments Box)? <input type="checkbox"/> Yes <input type="checkbox"/> No*			
Event Determination: <input type="checkbox"/> Not preventable ³ (prophylaxis failure) <input type="checkbox"/> Potentially Preventable ⁴ (process failure)			
Comments:		Quality Improvement Opportunities:	
		<input type="checkbox"/> VTE risk assessment inaccurate <input type="checkbox"/> Suboptimal prophylaxis orders based on patient risk <input type="checkbox"/> Delay in initiating prophylaxis <input type="checkbox"/> Missed administration doses of prophylaxis / prophylaxis orders suspended <input type="checkbox"/> Contraindication documented inaccurately (e.g. thrombocytopenia) <input type="checkbox"/> No alternative VTE chemoprophylaxis ordered when HIT known/suspected (e.g. fondaparinux, argatroban) <input type="checkbox"/> No mechanical (SCDs) ordered for true contraindications to chemoprophylaxis <input type="checkbox"/> Lack of LMWH bridging until INR therapeutic <input type="checkbox"/> Lack of discharge/extended prophylaxis <input type="checkbox"/> Other: _____	

Data Definitions:

¹ Timely Prescription for VTE Prophylaxis – Orders for VTE prophylaxis written within 1 hour of inpatient admission

² Prophylaxis administered appropriately –

1. No delay > 1 hour in administration from the time VTE prophylaxis orders written
2. Excluding admission and discharge day, zero missed doses of administered VTE prophylaxis
 - a. Includes patient refusals
 - b. Includes suspended orders

³ Not Preventable – Prophylaxis failure whereby the standard of care was met with ALL of the following:

1. Intraoperative SCDs for most surgical patients
2. Accurate risk assessment (proper risk category: low, moderate, high, highest) if not prescribed high risk chemoprophylaxis
3. Proper inpatient prophylaxis orders based on risk assessment & service specific prophylaxis guidelines preapproved by the VTE Committee
4. Timely prescription for VTE prophylaxis (no delay > 1 hour)
5. Prophylaxis administered appropriately (i.e. no missed doses)
 - a. No delay > 1 hour in administration from the time VTE prophylaxis orders written
 - b. Excluding admission and discharge day, zero missed doses of administered VTE prophylaxis
6. If clinically appropriate contraindication to chemoprophylaxis selected, SCDs were ordered and administered
7. If HIT known/suspected, proper alternative VTE prophylaxis was prescribed (i.e. fondaparinux, argatroban)

⁴ Potentially Preventable – At least one identified process failure with opportunity for improvement