

## VTE: Core Measures Education Guide

PROCESS	Practice Requirements	Provider (MD, NP, PA) Role	Nurses Role
<b>VENOUS THROMBOEMBOLISM (VTE)</b>			
<b>VTE-1 Venous Thromboembolism Prophylaxis</b>	Patients who received VTE prophylaxis the day of/after hospital admission or the surgery end date (for surgeries that start the day/after hospital admission)	- Order VTE prophylaxis when patients are admitted or document why VTE prophylaxis is not appropriate	- Administer the VTE prophylaxis as ordered or document why the medication was not given - If appropriate VTE prophylaxis was not ordered, discuss with provider
<b>VTE-2 Intensive Care Unit Venous Thromboembolism Prophylaxis</b>	Patients who received VTE prophylaxis the day of/after the initial admission (or transfer) to the ICU or the surgery end date (for surgeries that start the day of/after ICU admission)	- Order VTE prophylaxis when patients are admitted or document why VTE prophylaxis is not appropriate	- Administer the VTE prophylaxis as ordered or document why the medication was not given - If appropriate VTE prophylaxis was not ordered, discuss with provider
<b>VTE-3 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy</b>	Patients with confirmed VTE who received an overlap of parenteral (IV or SubQ) anticoagulation and warfarin for AT LEAST 5 days <u>AND</u> until the INR $\geq$ 2 for at least 24 hours; patients who received less than 5 days of overlap therapy, should either be discharged on both medications or have a documented reason for discontinuation of overlap therapy	- Ensure patients receive overlap therapy for a MINIMUM of 5 days - 24-hours prior to stopping the overlap therapy, INR should be $\geq$ 2 - Patients who are discharged prior to completing overlap therapy should be given prescriptions for warfarin AND parenteral anticoagulation - If overlap therapy is stopped prior to 5 days or prior to reaching an INR $\geq$ 2, document a reason why	- Administer overlap therapy as ordered or document why the medication was not given - If patient is discharged home on overlap therapy, educate patient/caregiver on how to administer the medications - If a patient is discharged without completing overlap therapy and without discharge prescriptions, discuss with provider
<b>VTE-4 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol</b>	Patients with confirmed VTE who received IV UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol	- Use an appropriate Heparin Drip orderset when ordering IV UFH therapy, which includes instructions for ordering appropriate dosages and platelet count monitoring	
<b>VTE 5-Venous Thromboembolism Discharge Instructions</b>	Patients with confirmed VTE who are discharged on warfarin with written discharge instructions that address ALL four criteria: (1) compliance issues, (2) dietary advice, (3) follow-up monitoring, and (4) information about the potential for adverse drug reactions/interactions	- Enter information about plans to monitor warfarin post-discharge in the Discharge Summary Note, being as specific as possible	- Check off ALL appropriate warfarin instructions on the Discharge Instructions Note - Import warfarin follow-up instructions from the Discharge Summary into the Discharge Instructions Note - Give copy of Discharge Instructions and 'Warfarin' Health Matters handout to patient/caregiver
<b>VTE-6 Incidence of Potentially Preventable Venous Thromboembolism</b>	Patients with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date	- Order VTE prophylaxis when patients are admitted or document why VTE prophylaxis is not appropriate - Reassess need for prophylaxis throughout admission	- Administer the VTE prophylaxis as ordered or document why the medication was not given - If appropriate VTE prophylaxis was not ordered, discuss with provider