Avoiding the Avoidable: Pathways for VTE Prevention in the Vulnerable Medically Ill

Critical role of the hospitalist in gaining consensus and developing protocols to maximize quality of care in the treatment and thromboprophylaxis of VTE

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The Recent Growth in Hospital Medicine

Hospitalists’ role:
• Management of complex care
• Maintain a high quality practice in the era of precise medicine and accountable healthcare delivery
• Assurance of quality-of-care and proposing a new model for care delivery

According to American Hospital Association:
• Total Number of All U.S. Registered Hospitals 5,564
• Total Staffed Beds in All U.S. Hospitals 897,961 with about 35,061,292 admissions annually

The Barriers for Best Practice

- Lack of universal awareness
- Gap between evidence and practice
- Disseminating new information
- Translating guidelines into meaningful use
- Underestimation of the risk/benefit balance
- Missing universal tools to assess the clinical risk in the real world
- Use the knowledge in daily practice
- Lack of system automation

- Multiple reasons have been invoked to explain under-utilization
- How can we perform better?
Process Map of VTE Prophylaxis With Common Areas of Failure

The Hospitalist’s Role

Baseline Performance: 50-60%
(% of patients on appropriate VTE prophylaxis in the hospital)
Outcomes Chain for HA-VTE

The Hospitalist’s Role

Provider orders appropriate VTE prophylaxis at admission

Clinical Support Services deliver appropriate VTE prophylaxis...

Change in patient’s VTE risk level, contraindications, or site/unit of care

Most important process measure: Is the patient on appropriate VTE prophylaxis here?

Care Delivery: Prevention of hospital-associated VTE

Provider links patient’s VTE risk level to menu of appropriate VTE prophylaxis options

Clinical Support Services assess patient

Regular Inpatient Evaluation

Provider performs VTE risk assessment

Discharge

No VTE at discharge

VTE at discharge

Has the patient developed hospital-associated VTE here?

Post-Discharge

No VTE discovered post-discharge

VTE discovered post-discharge

VTE at discharge + VTE discovered post-discharge = Hospital-associated VTE

Agency for Healthcare Research and Quality
Prophylaxis in Hospitalized Patients

Assessment
- The importance of assessing individual patients' clinical profile
- Individualized assessment of risk factors

Customization
- Many strategies that are available, but none of these risk assessment tools have been tested in terms of their reliability and validity
- Looking at the benefits and harms to conclude VTE prophylaxis may not be justified or beneficial

Application
- The appropriate management of VTE prophylaxis in hospitalized patients

Optimizing Prevention of HA-VTE: Prospective Validation of a VTE Risk Assessment Model

Hospital Medicine Best Practice

• Quality dashboards and incentives
  • QI initiatives to close the gap between guideline recommendations and clinical practice
• Hospital-wide education: educational in-services, materials, hospital roadshows
• Risk-assessment tools: simple, relevant and effective
• Electronic alerts
• Computerized decision-support systems: based on structured clinical data and portfolio elements
• Audit and feedback mechanisms: taskforce and committees

The Role of the Hospitalist in Daily Practice

• The role in VTE prophylaxis stewardship is essential

• During hospitalization, VTE prophylaxis, for those who are at risk, is the standard of care and presents evidence-based medicine in the clinical practice

• The hospitalist's role in applying the consensus and universal practice recommendation to guide the medical professional community regarding the optimal therapy

• The hospitalists' community and the frontline providers should be well-informed regarding post-discharge VTE prophylaxis in medically ill patients

• This necessitates further efforts for clinicians' education and engagement, as well as a call for public awareness

How To Improve Hospital Quality and Safety

- Assessing Readiness To Change
- Applying QIs to Your Hospital’s Data
- Identifying Priorities for Quality Improvement
- Implementing Evidence-Based Strategies to Improve Clinical Care
- Monitoring Progress and Sustainability of Improvements
- Analyzing Return on Investment
- Quality Improvement Resources
Role of the Hospitalist in Quality Improvement Efforts

• Create framework for curriculum development and QI principles for systems-based care in the hospital
• Lead hospital-based resources for care delivery
• Emphasize learning and feedback within each service/hospital
• Guide the impact the quality of the transition at discharge and subsequent patient outcomes
• Create platform for data collection and targeted prophylaxis decision support

Hospital Medicine and the National Consensus Standards

- The Joint Commission and the National Quality Forum’s endorsement of standardized VTE prophylaxis through re-engineered electronic quality measures
- VTE prophylaxis, in its all forms, is integrated in the hospital inpatient department quality measures
- The role of the hospitalist clinicians to ensure the appropriate VTE prophylaxis application of the national consensus standards in policy, practices, and performance measures
Thank You