Prevention of Venous Thromboembolism: The Johns Hopkins Collaborative Experience

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Venous thromboembolism (VTE) is an important public health issue and a significant cause of illness and death. VTE results in nearly 100,000 premature deaths in the United States annually with healthcare costs as high as $10 billion. Effective VTE prophylaxis or prevention practices, such as the use of mechanical compression devices or anticoagulant medications, can reduce the risk of VTE by 60%.

Improving VTE prevention has been the focus of many performance improvement initiatives. The Johns Hopkins Hospital examined its performance in VTE prevention in 2005. To improve VTE prevention performance, the Johns Hopkins Venous Thromboembolism Collaborative was formed with support from the Center for Patient Safety and Quality Care and hospital leadership.

**Effective VTE prevention requires the following:**
- Prescription of risk-appropriate VTE prophylaxis by the provider.
- Delivery of prophylaxis by the nurse.
- Acceptance of prophylaxis by the patient.

The Johns Hopkins VTE Collaborative investigated strategies to improve every step in this process. To improve performance in ordering risk-appropriate prophylaxis, the VTE Collaborative developed evidence-based clinical decision support order sets. These clinical decision support tools guide providers in the ordering process for VTE prophylaxis. The order sets are specialty-specific, mandatory, and risk-appropriate, and allow for monitoring and guidance of prevention practice improvement.

**In this webinar, Dr. Streiff will discuss the following:**
- The Johns Hopkins experience in VTE prevention.
- Observed barriers and practical solutions for implementing quality improvement.
- The needs and future directions for VTE prevention.

The lessons learned from this VTE Collaborative can be readily applied to any patient safety or quality improvement project.