Abstract Title: These Boots are Made for Walking: Exceeding Core Measure Requirements for Venous Thromboembolism Prevention

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Problem: Our hospital identified a 12% performance gap in venous thromboembolism (VTE) core measure compliance and launched an inter-professional project team to eliminate the gap. Eighty percent of the compliance gap was due to failure of nursing to document the application of a sequential compression device (SCD) or mechanical VTE prophylaxis, within 24 hours of admission. Observations of nursing practice combined with electronic medical record (EMR) data and chart abstraction data indicated significant variance in practice. There was no standard related to order acknowledgement, documentation, sizing, application, response to patient refusal, and SCD discontinuation. Nursing documentation lacked consistent evidence of application of SCD.

Background: Pulmonary embolism (PE) is the number one preventable cause of hospital death in the US. Risk appropriate VTE pharmacological and/or mechanical prophylaxis can significantly reduce the incidence of hospital acquired VTE. The Joint Commission's Core Measures on VTE tasks us to provide VTE prophylaxis on all adult inpatients.

Method/Strategy: The team developed a nursing standard using Lippincott and development of a critical note. An optional computer based training (CBT) module was designed and implemented. The team sent a weekly CBT report to nursing leadership resulting in a 100% of all RNs and CNAs completing the CBT within 6 weeks. A comprehensive communication plan was used to highlight the importance of why the new standard was developed. The clinical informatics team partnered with information services and designed a best practice alert.

Results: Nurses recorded an immediate drop in the average documentation time of 14 hours to an average of 3.6 hours, following the development and implementation of a standard. There has been a correlating reduction in core measure failures from an average of 6 per month to zero post implementation.

Conclusion: Patients that need mechanical VTE prophylaxis are receiving timely therapy.