ROP Fact Sheet: VTE Prevention Strategy

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that organizations must have in place to enhance patient/client/resident safety and reduce risk.

**ROP Definition:**

The team identifies medical and surgical patients at risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) and provides appropriate thromboprophylaxis.

Tests for Compliance:

1. The organization has a written thromboprophylaxis policy or guideline.
2. The team identifies patients at risk for venous thromboembolism (VTE) [(deep vein thrombosis (DVT) and pulmonary embolism (PE)) and provides appropriate, evidence-based VTE prophylaxis.
3. The team establishes measures for appropriate thromboprophylaxis, audits implementation of appropriate thromboprophylaxis, and uses this information to make improvements to their services.
4. The team identifies patients who require post-discharge prophylaxis, and has a mechanism in place to provide appropriate post-discharge prophylaxis to such patients.
5. The team provides information to health professionals and patients about the risks of VTE and how to prevent it.

Patients with SCI who have an ASIA Impairment Scale (AIS) score of A through D are identified as being at high risk for VTE, and should receive appropriate prophylaxis. Due to the nature of SCI, these patients may need prophylaxis past their acute episode of care, and into their rehabilitation and long term care settings, typically for a minimum of 3 months. Therefore, this ROP is a requirement in both the Acute and Rehab SCI standards.

**Meeting this ROP: what compliance looks like:**

1. **We have implemented an organization-wide VTE prophylaxis policy, process or guideline.**
   - We have access to evidence-based risk screening tools, clinical practice guidelines, and recommendations for appropriate prophylaxis when risk factors are identified.

2. **We identify the patients at risk.**
   - All patients are being assessed for VTE risk as part of the initial nursing assessment.
   - Our assessment is evidence-based and appropriate for the needs of our patient populations.
   - The assessment is documented as part of the medical record.

3. **We address the specific needs of the patients at risk for VTE.**
   - We have access to suggested evidence-based guidelines for prophylaxis.
   - We document prophylaxis in the medical record.
   - We educate patients and families about why VTE prophylaxis is recommended, what post-discharge prophylaxis is appropriate for them, and encourage them to develop self-management skills.
4. **We measure to evaluate the VTE prevention strategy on an ongoing basis.**
   - We have access to process measures to tell us how consistently we assess our patients for VTE risk and apply the appropriate VTE prophylaxis.
   - We have access to useful data about how many patients develop VTE while on our unit to help us pinpoint gaps and prevent occurrences in the future.
   - We use the RHSCIR data to track our patients’ complications in hospital, rehab and community, including VTE.

5. **We make improvements to our processes around VTE prophylaxis.**
   - We discuss our compliance and outcome data as a team to identify opportunities for improvement.
   - We partner with physicians to ensure that screening and prophylaxis orders are consistent with best evidence.
   - We partner with patients and their loved ones to promote their ongoing self-management.

**What You May Be Working On:**
- **Improving consistency of practice** – promoting and monitoring consistent use and documentation of your organization’s VTE risk assessment tool and recommended evidence-based prophylaxis.
- **Information to patients/families** on their role in preventing VTE – developing easy to understand patient education materials, teaching of risk awareness, and supporting patients to self-manage their VTE prophylaxis post-discharge.
- **Discussing safety metrics as a team** – using the data on VTE prophylaxis compliance and patient outcomes to continuously improve practices and keep patients safe.

**Surveyors could ask:**
- How do you identify your patient’s specific risks for VTE?
- What are some specific risk factors that you commonly see in your patients?
- Tell me about what you do in your role to prevent VTE occurrences on your unit.
- How do you work with the patient and family to raise their awareness of the risk factors and gain self-management skills?
- How do you share the post-discharge VTE prophylaxis plan with your patient and other pertinent caregivers in their circle of care?
- How do you evaluate whether the VTE prophylaxis measures are working to keep your patients safe?
- Do you talk as a team about the occurrences of VTE in your area?
- Tell me about an example of how you used VTE data to affect a change in practice in your area.

**We want to hear from you!**
Share your quality improvement gems with the SCI community at accreditation@rickhanseninstitute.org.