Clinical care standard indicators: venous thromboembolism (VTE) prevention

Identifying and definitional attributes

Metadata item type:	Indicator Set
Indicator set type:	Other
METEOR identifier:	697224
Registration status:	• Australian Commission on Safety and Quality in Health Care, Standard 11/10/2018

Description:

The Australian Commission on Safety and Quality in Health Care has produced these indicators to assist with local implementation of the Venous thromboembolism (VTE) prevention clinical care standard (ACSQHC 2018).

The VTE prevention clinical care standard relates to the care that patients aged 18 years and over should receive to reduce their risk of developing hospital-acquired **VTE**, both in hospital and following discharge. It applies to patients who are:

- Admitted to a hospital ward or unit within the preceding 24 hours.
- Admitted to a day procedure service with significantly reduced mobility compared to their normal state, or require prolonged anaesthesia, or have multiple risk factors for developing VTE.
- Discharged home from the emergency department with significantly reduced mobility compared to their normal state (for example, due to a lower-limb injury requiring immobilisation with a plaster cast/brace).
- Pregnant or have given birth within the preceding six weeks, and present to outpatient services for antenatal or perinatal care.

The VTE prevention clinical care standard is relevant to:

- All hospital settings where patients are at risk of developing VTE, including public and private hospitals, day procedure services, and sub-acute facilities such as rehabilitation, palliative care, and mental health units.
- General practice and other community settings where ongoing monitoring and reassessment of VTE risk are required to prevent VTE following hospitalisation.

A clinical care standard is a small number of quality statements that describe the clinical care that a patient should be offered for a specific clinical condition. The indicators included in this specification are each intended for local monitoring of compliance with a quality statement and are numbered accordingly. The quality statements that are included in the VTE prevention clinical care standard are as follows:

1. **Assess and document VTE risk**. A patient potentially at risk of VTE (as determined by local hospital/unit policy) receives a timely assessment of VTE risk using a locally endorsed evidence-based tool to determine their need for VTE prevention. The result is documented at the time of the assessment, in a place that is easily accessible to all clinicians involved in the patient’s care.
2. **Develop a VTE prevention plan, balancing the risk of VTE against bleeding**. A patient assessed to be at risk of VTE has a prevention plan developed that balances the risk of thrombosis against the risk and consequences of bleeding (as an adverse effect of VTE prevention medicines). Other contraindications to VTE prevention methods are also considered before offering any to the patient.
3. **Inform and partner with patients**. A patient at risk of VTE receives information and education about VTE and ways to prevent it tailored to their risk and needs, and shares in decisions regarding their VTE prevention plan.
4. **Document and communicate the VTE prevention plan**. A patient’s VTE prevention plan is documented and communicated to all clinicians involved in their care.

5. **Use appropriate VTE prevention methods**. A patient requiring a VTE prevention plan is offered medicines and/or mechanical methods of VTE prevention according to a current, locally endorsed, evidence-based guideline, taking into consideration the patient's clinical condition and their preferences.
6. **Reassess risk and monitor the patient for VTE-related complications**. During hospitalisation, a patient's thrombosis and bleeding risk is reassessed and documented at intervals no longer than every seven days, whenever the patient's clinical condition or goals of care change, and on discharge from hospital. The patient is also monitored for VTE-related complications each time risk is reassessed.
7. **Transition from hospital and ongoing care**. A patient at risk of VTE following hospitalisation receives a written discharge plan or care plan before they leave hospital, which describes their ongoing, individualised care to prevent VTE following discharge. The plan is discussed with the patient before they leave hospital to ensure they understand the recommended care and follow-up that may be required. The plan is also communicated to the patient's general practitioner or ongoing clinical provider within 48 hours of discharge so that ongoing care to prevent VTE can be completed in accordance with the plan.

Relational attributes

Indicators linked to this Indicator set:

Venous thromboembolism prevention clinical care standard indicators: Proportion of patients admitted to hospital assessed for venous thromboembolism risk within 24 hours of admission
Australian Commission on Safety and Quality in Health Care, Standard 11/10/2018

Venous thromboembolism prevention clinical care standard indicators: Proportion of patients prescribed appropriate venous thromboembolism prophylaxis
Australian Commission on Safety and Quality in Health Care, Standard 11/10/2018

Venous thromboembolism prevention clinical care standard indicators: Proportion of patients separated from hospital on venous thromboembolism prophylaxis with a care plan documenting prescribed medicine(s), dose, and duration of treatment
Australian Commission on Safety and Quality in Health Care, Standard 11/10/2018

Collection and usage attributes

National reporting arrangement:

This indicator specification has been developed to assist with the local implementation of the VTE prevention clinical care standard (ACSQHC 2018). These indicators are intended for local use by specialists, hospitals and **local hospital networks**. There are no benchmarks set for any of the indicators in this specification. For all indicators, health service providers using the indicators can monitor their own results over time or compare them with those from other providers, with whom they have made such arrangements.

Most of the data required by the indicator specifications cannot be sourced from routine collections. Local health services will need to conduct prospective collections or retrospective medical records audits of all patients who are at risk of developing VTE, for a specific time period. The time frame over which data are collected, or sourced from medical records, will be guided by the expected sample size. Samples need to be large enough to identify a change in compliance with the quality statement that is deemed meaningful between audit periods. This will vary by indicator.

Comments:

Monitoring the implementation of the VTE prevention clinical care standard will assist in meeting some of the requirements of the National Safety and Quality Health Service (NSQHS) Standards (ACSQHC 2012).

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents:

ACSQHC (Australian Commission on Safety and Quality in Health Care) 2012. National Safety
and Quality Health Service Standards. Sydney: ACSQHC. Viewed 27 August 2017, https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf

ACSQHC (Australian Commission on Safety and Quality in Health Care) 2018. Venous thromboembolism prevention clinical care standard. Sydney: ACSQHC.