

HOSPITAL QUALITY IMPROVEMENT RESOLUTION

- Whereas, there are as many as 600,000 blood clots (VTE*) and 100,000 deaths in the US every year;
- whereas, the weight of evidence points to VTE being a clinically important problem in hospitals, including morbidity, deaths and costs (Geerts, 2009);
- whereas, the weight of evidence strongly suggests that prophylaxis reduces hospital associated VTE risk, including symptomatic VTE, deaths, and costs (Geerts, 2009);
- whereas, the weight of evidence demonstrates that sensible prophylaxis rarely causes clinically important bleeding or other adverse effects (Geerts, 2009);
- whereas, it is estimated 50-70% of all VTE is hospital-acquired;
- whereas, VTE is the most common preventable cause of hospital death;
- whereas, 40% or more of VTE is preventable through prophylaxis (CDC, Maynard, Selby); and,
- whereas, VTE has been identified as a priority for quality improvement in hospitals by CDC, Joint Commission, SHM, IOM, Surgeon General, ACCP, AHRQ, NQF, SCIP, CMS, HHS Patient Partnership.

Therefore, be it resolved that the National Blood Clot Alliance recommends the following:

- that patients, the general public, healthcare professionals and policy makers be fully informed of the preventable hospital associated risk of VTE;
- all patients entering hospitals should be armed with the information they need to know (including questions to ask healthcare professionals) about the risks of blood clots in the hospital and after discharge;
- hospitals need to provide institutional support behind VTE prophylaxis efforts (i.e. standardization of the process of VTE prevention, including policies, protocols, measurement, monitoring tools, and order set creation/maintenance resources);
- hospitals should ensure that responsibility for VTE prophylaxis management is interdisciplinary;
- CMS (VA and private third party payers) establish policies that reward optimal DVT prophylaxis in hospitals and penalize substandard care; and,
- VTE Benchmarking and surveillance mechanisms need to be established so that medical centers can compare their performance against each other

Towards this end, the National Blood Clot Alliance will:

- Develop educational materials (electronic and print) directed at patients entering hospitals that will include:
 - Facts about blood clot prevention for hospitalized patients
 - Questions to ask the healthcare providers (from preadmission testing to discharge) about hospital associated blood clot risks and “blood thinners”
 - Distribution of educational materials and templates to hospitals, hospital organizations and professional societies
- Collaborate with Society of Hospital Medicine (SHM), CDC and others to establish incentive system to encourage hospital commitment to VTE prevention (e.g. hospital honor roll and community recognition)
- Develop/execute advocacy plan to encourage public policy support of VTE prevention in hospitals.

*Venous Thromboembolism (VTE – includes DVT & PE, below)

Deep Vein Thrombosis (DVT – leg clot)

Pulmonary Embolism (PE – lung clot)