

Venous Thromboembolism (VTE) Prevention

MEASURE DESCRIPTION	UC IRVINE MEDICAL CENTER (December 2017 – November 2018)		NATIONAL AVERAGE
	Lower is Better	Higher is Better	
Venous thromboembolism discharge instructions: Patients diagnosed with confirmed VTE who are discharged to home, home care, court/law enforcement or home hospice care on warfarin with appropriate written discharge instructions		100%	93%

What are we doing to improve:

We continue to have 100% compliance on all venous thromboembolism (VTE) core measures, except VTE-1: VTE prophylaxis within 24 hours of arrival. This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery. The MeasureVention report was developed by the Anticoagulation Steering Committee to provide a daily assessment of all hospital inpatients of their VTE risk and prevention orders. The Nursing staff and physicians monitor this report to assure all inpatients have the appropriate VTE prevention for their current health condition. MeasureVention reports are monitored for patients that are at moderate to high risk and have no orders for mechanical or pharmacological prophylaxis; if there are any inconsistencies the physicians and nursing staff are contacted to provide the appropriate VTE prevention. For patients that are moderate to high risk and only receiving mechanical prophylaxis—sequential compression devices (SCDs), the inpatients are audited to assure they are receiving administration and documentation of SCDs.

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National Average Data Source:

Based on the national average from the Centers for Medicare & Medicaid Services (CMS) Hospital Compare Report.