An Ounce of Prevention
Part 1

Quality Improvement Summit 2015

CTICC

21st September 2015

Life HEALTH CARE

Making life better

Monday Morning…..

"We think we're losing about one acute rehab patient a month from pulmonary embolism …."

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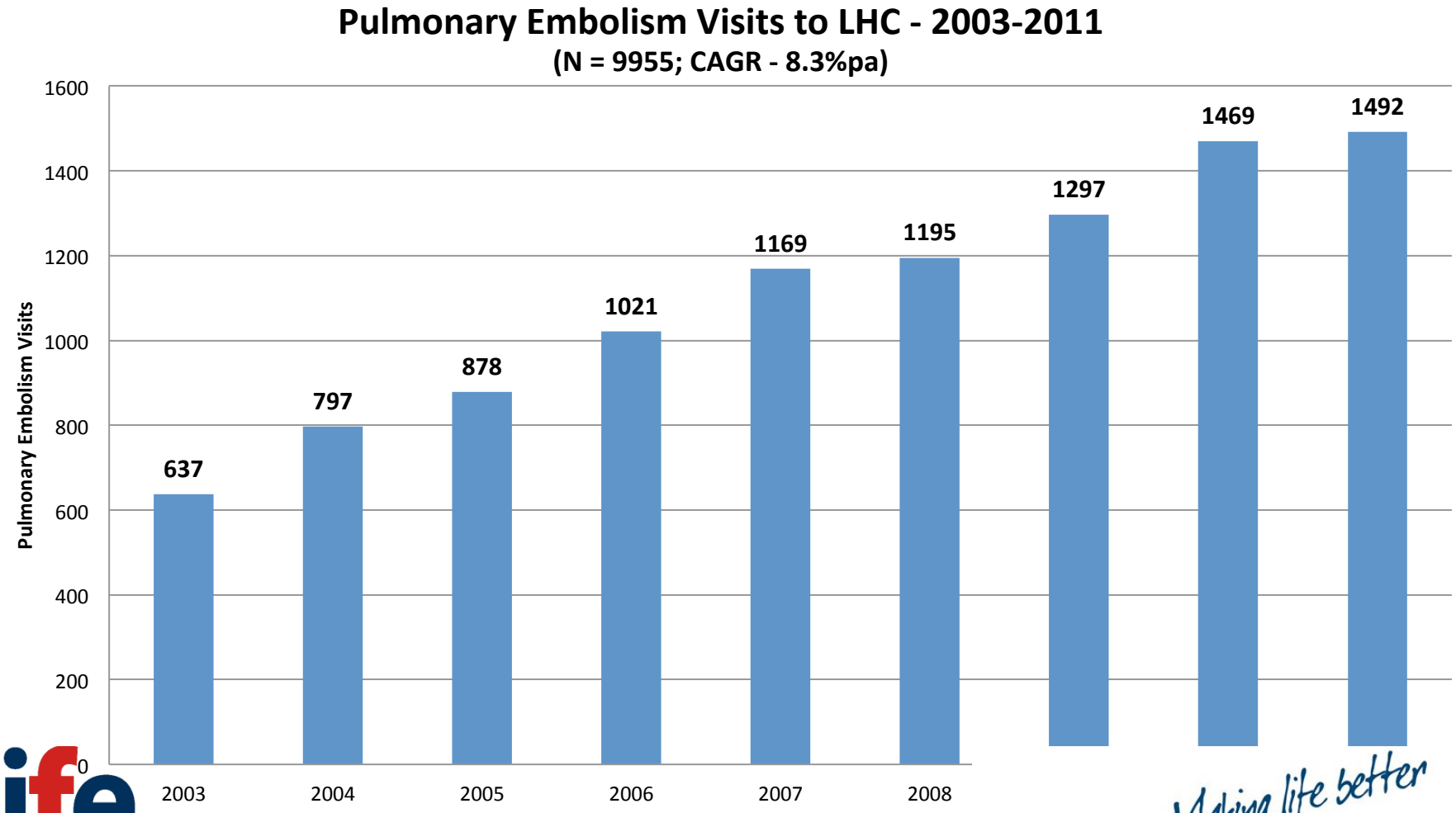
A Growing Problem



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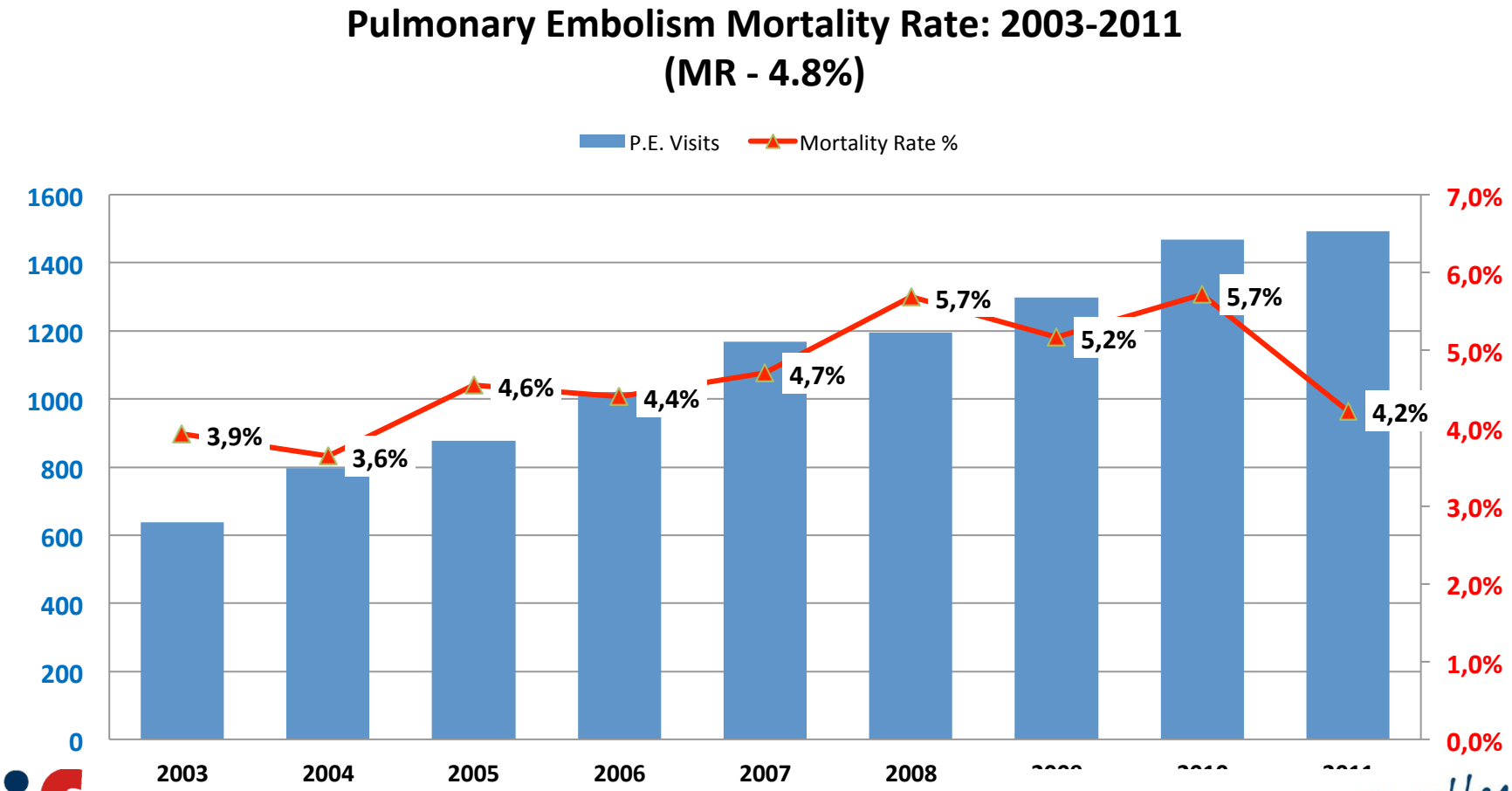
With A Mortality Rate To Match



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“Houston, we got a problem...”

- Reviewed Guidelines – Local and International
- Spoke to Experts
- Consulted Widely
- Went to Paris for Wisdom
- Produced a Tool supported by Guidelines.

Life Rehabilitation

VENOUS THROMBO-EMBOLISM
RISK ASSESSMENT DOCUMENT

Patient name: _____

Visit Number: _____

OR PLACE STICKER HERE

BASELINE RISK FACTORS		PREDISPOSING RISK FACTORS	
Medical:		**Morbidities:**	
Stroke	5	History of DVT or embolism	3
Heart Attack	3	Active cancer or cancer therapy	2
Heart failure (Congestive)	3	Obesity	1
Infection on IV antibiotics	3	Varicose veins	1
Central Venous Access	2	Inflammatory bowel disease	1
Surgical:		**Age (years)**	
Surgery of pelvis/hips/legs	5	>75	3
Fracture of pelvis/hips/legs	5	60-75	2
Multiple trauma	5	41-59	1
Spinal cord injury	5		
Plaster cast upper or lower limb	2	**Gender Related:**	
Any surgery > 45 mins	2	Contraceptive containing Oestrogen	1
Any surgery < 45 mins	1	HRT containing Oestrogen	1
Both:		Pregnancy <4 weeks post-partum	1
Patient in bed > 72 hours	2		
SUM OF BASELINE RISK FACTORS		**SUM OF PREDISPOSING RISK FACTORS**	
		TOTAL RISK FACTOR SCORE (RFS)	

Risk Factor Score (RFS)		Risk Factor Level	Low	Moderate	High	Ext. High
Risk Factor Score (RFS) 1	*Low*	*Risk Factor Score (RFS) 2*	*Moderate*			
Risk Factor Score (RFS) 3 - 4	*High*	*Risk Factor Score (RFS) 5 / 5+*	*Extremely High*			

RELATIVE CONTRA-INDICATIONS TO ANTI COAGULATION Y/N: Consider Risk of bleeding vs. benefit of Rx			
Uncontrolled Systolic Hypertension		Use of anti-coagulants	
Acute haemorrhagic stroke		Low platelets	
Active bleeding		Acquired or inherited bleeding disorder	

RFS Score Identified and Relative Contra-indications Considered		**Y**	**N**	**Date:**	
Doctor Notified:		**Y**	**N**		
Signature:		**Designation:**			

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The VTE Tool

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Assess For Risk of VTE: Nursing

BASELINE RISK FACTORS		PREDISPOSING RISK FACTORS	
Medical:		**Morbidities:**	
Stroke	5	History of DVT or embolism	3
Heart Attack	3	Active cancer or cancer therapy	2
Heart failure (Congestive)	3	Immune-compromised	2
Infection on IV antibiotics	3	Obesity	1
Central Venous Access	2	Varicose veins	1
Surgical:		Inflammatory bowel disease	1
Surgery of pelvis/hips/legs	5	**Age (years)**	
Fracture of pelvis/hips/legs	5	>75	3
Multiple trauma	5	60-75	2
Spinal cord injury	5	41-59	1
Plaster cast upper or lower limb	2	**Gender / Lifestyle Related:**	
Any surgery > 45 mins	2	Contraceptive containing Oestrogen	1
Any surgery < 45 mins	1	HRT containing Oestrogen	1
Both:		Pregnancy <4 weeks post-partum	1
Patient in bed > 72 hours	2	Smoking / Drinking	1
SUM OF BASELINE RISK FACTORS		**SUM OF PREDISPOSING RISK FACTORS**	
		TOTAL RISK FACTOR SCORE (RFS)	

Risk Factor Score (RFS)		Risk Factor Level	Low	Moderate	High	Ext. High
Risk Factor Score (RFS) 1	*Low*	*Risk Factor Score (RFS) 2*	*Moderate*			
Risk Factor Score (RFS) 3 - 4	*High*	*Risk Factor Score (*				

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Please, Nurse, Inform The Doctor

RFS Score Identified and Relative Contra-indications Considered		Y	N	Date:	
Doctor Notified:		Y	N		
Signature:		Designation:			

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Consider The Risks of Bleeding: Doctor

RELATIVE CONTRA-INDICATIONS TO ANTI COAGULATION Y/N: Consider Risk of bleeding vs. benefit of Rx			
Uncontrolled Systolic Hypertension		Use of anti-coagulants	
Acute haemorrhagic stroke		Low platelets	
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VTE Prophylaxis and Prevention Programme Rollout

- Resentment: **“Another form to fill….”**

What Is VTE Risk Assessment Worth? A Case Study (1)

- 33 yr old mother of two admitted for elective C/section delivery of 3rd baby (reason: previous C/section for big baby).
- Had attended antenatal classes (initial Hb 11.4g/dl)
- (Pt was 1.66m tall, Wt – 110kg, BMI – 40).
- C/section successful took ± 1 hr. Patient lost ± 450ml
- Pt to ward (Dr *later* heard she mobilised poorly)
- Day 3 – Patient discharged home.
- Day 7 – Dr removed clips, inspected wound. No probs.

What Is VTE Risk Assessment Worth? A Case Study (2)

- **Day 10:** Patient presented in A&E Unit:
  - Chest pain + Difficulty with breathing
  - Pale and dropping oxygen saturations
  - Investigations: ECG – Right heart strain; Raised D-Dimer and Pro-BNP; Hb – 8g/dl
  - Diagnosis: **Pulmonary Embolism**
  - Admitted: ICU – 4 Days + Ward – 2 Days.
  - Husband complained.
  - First Finding: **No VTE Risk Assessment Form Found**

Comparing Costs 1: Time

VTE Risk Assessment Done

- Assessing **Nurse (Ward)**: 15 – 20 minutes
- Prescribing **Doctor** : 10 – 15 minutes
- Dispensing **Pharmacist** : 30 minutes
- **TOTAL TIME: ± 1-1.5 Hours**

Readmission With P/E

- A&E, ICU & Medical Ward Staff (144 HOURS)
- Hospital Manager - ± 10 Hrs
- Snr Executive: ± 1 hr
- Medical Advisor: ± 8 HRS
- **TOTAL TIME: > 160 Hrs**

Comparing Costs 2: Money and More

Prevention Failure Costs

- GP and A&E Fees
- Hospital Bill: >R50,000.00.
- Pain and stress for the patient.
- Emotional trauma for spouse with 10 day old baby.

All For Want of …..?

- **15-20 Min of A Nurse's Time.**

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A Promise To Learn, A Commitment To Act

The Learning

- Unused Tools Are Useless (Think change management?)
- Trust, but Verify (Measure)
- (Maybe a third lesson?)

Commitment To Act

Come to

QI SUMMIT 2016

For

Part 2

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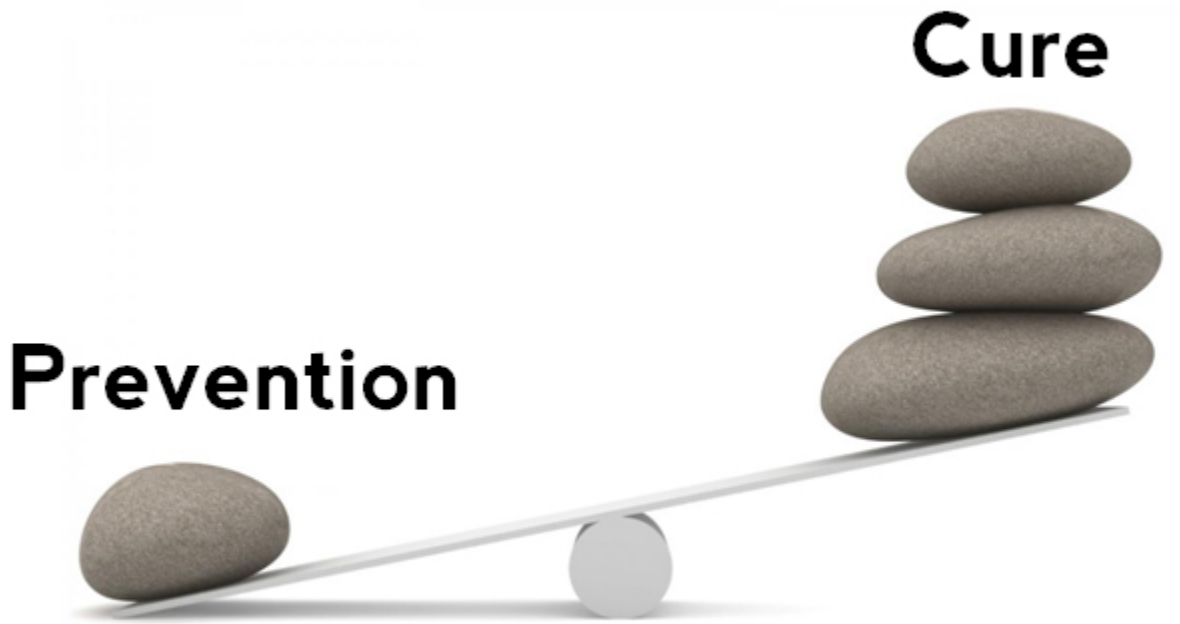
“An Ounce of Prevention Is Worth A Pound of Cure.” – Benjamin Franklin



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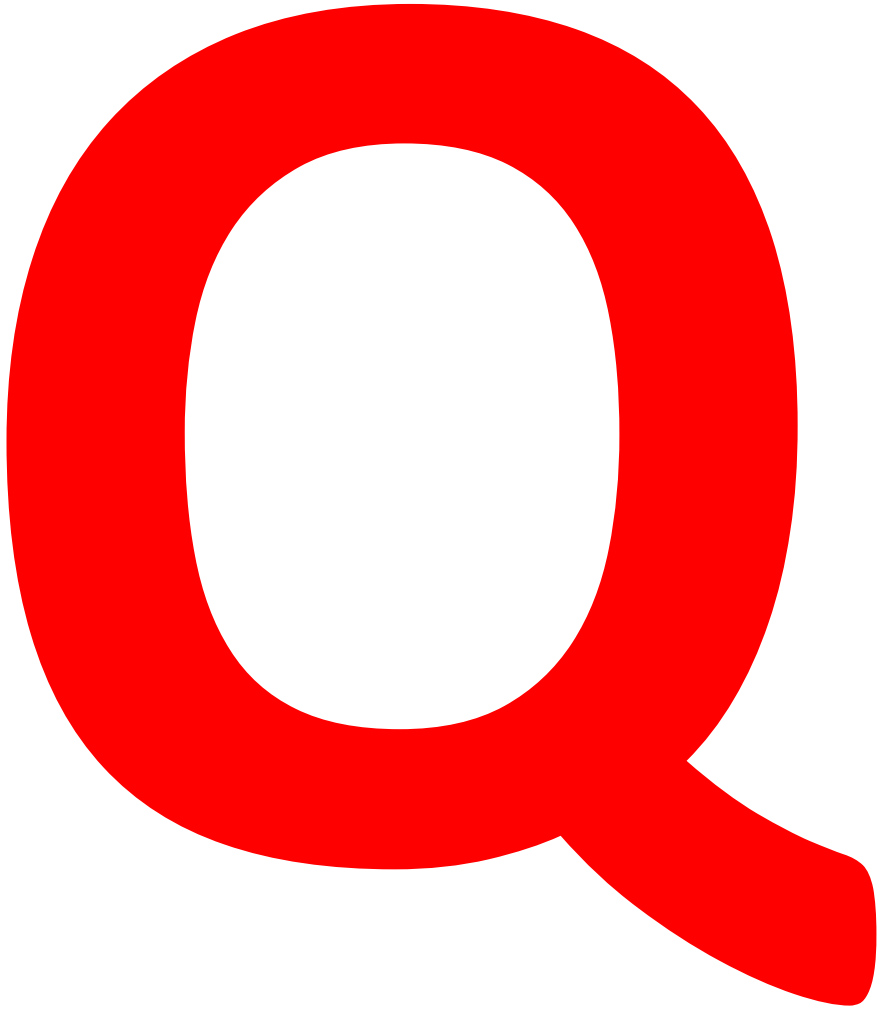
Than 

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