

Venous Thromboembolism (VTE)

National Hospital Inpatient Quality Measures

Every patient admitted to the hospital should be considered to be at risk for VTE. Preventive measures should be considered the standard of care.

Venous Thromboembolism Prophylaxis: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given:

- The day of or the day after hospital admission
- The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission

Population: All Patients

Intensive Care Unit Venous Thromboembolism Prophylaxis: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given:

- The day of or the day after ICU admission (or transfer)
- The day of or the day after surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)

Population: All patients directly admitted or transferred to ICU

Venous Thromboembolism Patients with Anticoagulation Overlap Therapy: This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral intravenous or subcutaneous anticoagulation and warfarin therapy. Patients who received less than five days of overlap therapy should be discharged on both medications or have a documented *Reason for Discontinuation of Overlap Therapy*. Overlap therapy should be administered:

- For at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy
- Discharged on both medications
- Have a documented *Reason for Discontinuation of Overlap Therapy*.

For all patients who received warfarin **and** parenteral anticoagulation:

- Five or more days, with an INR greater than or equal to 2 prior to discontinuation of parenteral therapy OR
- Five or more days, with an INR less than 2 and discharged on overlap therapy OR
- Less than five days and discharged on overlap therapy

Population: All patients with confirmed VTE who received warfarin

Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram:

This measure assesses the number of patients diagnosed with **confirmed VTE** who received intravenous (IV) Unfractionated Heparin (UFH) therapy dosages **AND** had their platelet counts monitored using defined parameters such as a nomogram or protocol.

- For all patients who have their IV UFH therapy dosages and platelet counts monitored according to defined parameters such as a nomogram or protocol

Population: All patients with confirmed VTE receiving IV UFH therapy

Venous Thromboembolism Discharge Instructions: This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, home care, court/law enforcement or home on hospice care on warfarin with written discharge instructions that address **all** four criteria:

- Compliance issues
- Dietary advice
- Follow-up monitoring
- Information about the potential for adverse drug reactions/interactions.

Population: All patients with confirmed VTE discharged on warfarin therapy

Incidence of Potentially-Preventable Venous Thromboembolism: This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.

Population: All patients who developed a confirmed VTE during their hospitalization