

BACKGROUND

- The Surgical Intermediate Unit (SIU) is a 40 bed step down unit for trauma, emergency general surgery, and transplant patients at a Level I, 900 plus academic medical center.
- In FY2016 SIU had 6 scorecard reportable Deep Vein Thrombi (DVT).
- Cost to the hospital = \$183,684

PROJECT AIM

The aim of the DVT Taskforce was to decrease the prevalence of deep vein thrombosis by 10% to 15% on the surgical intermediate unit, and to improve multidisciplinary compliance with both mechanical and chemical prophylaxis.

PROJECT DESIGN/STRATEGY

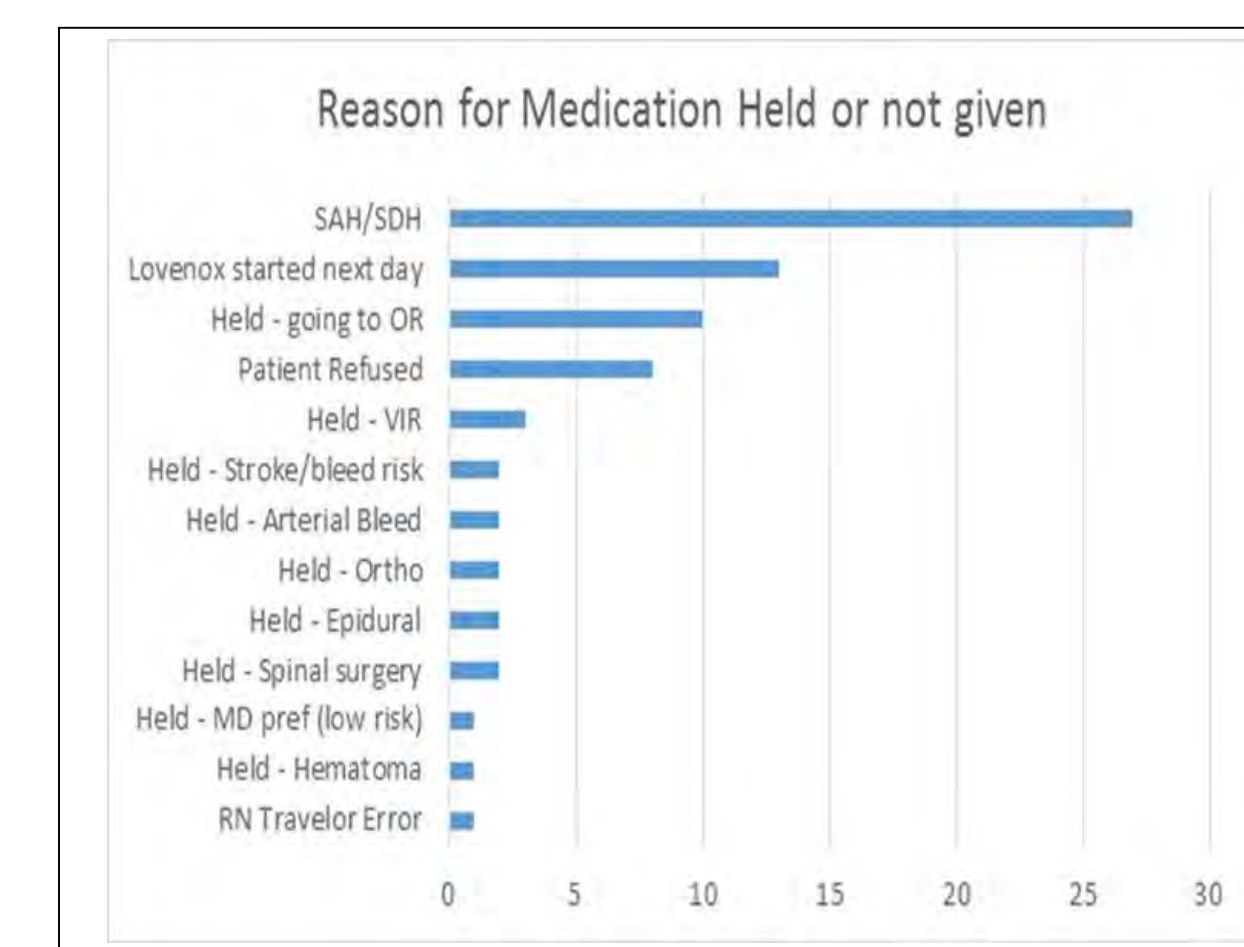
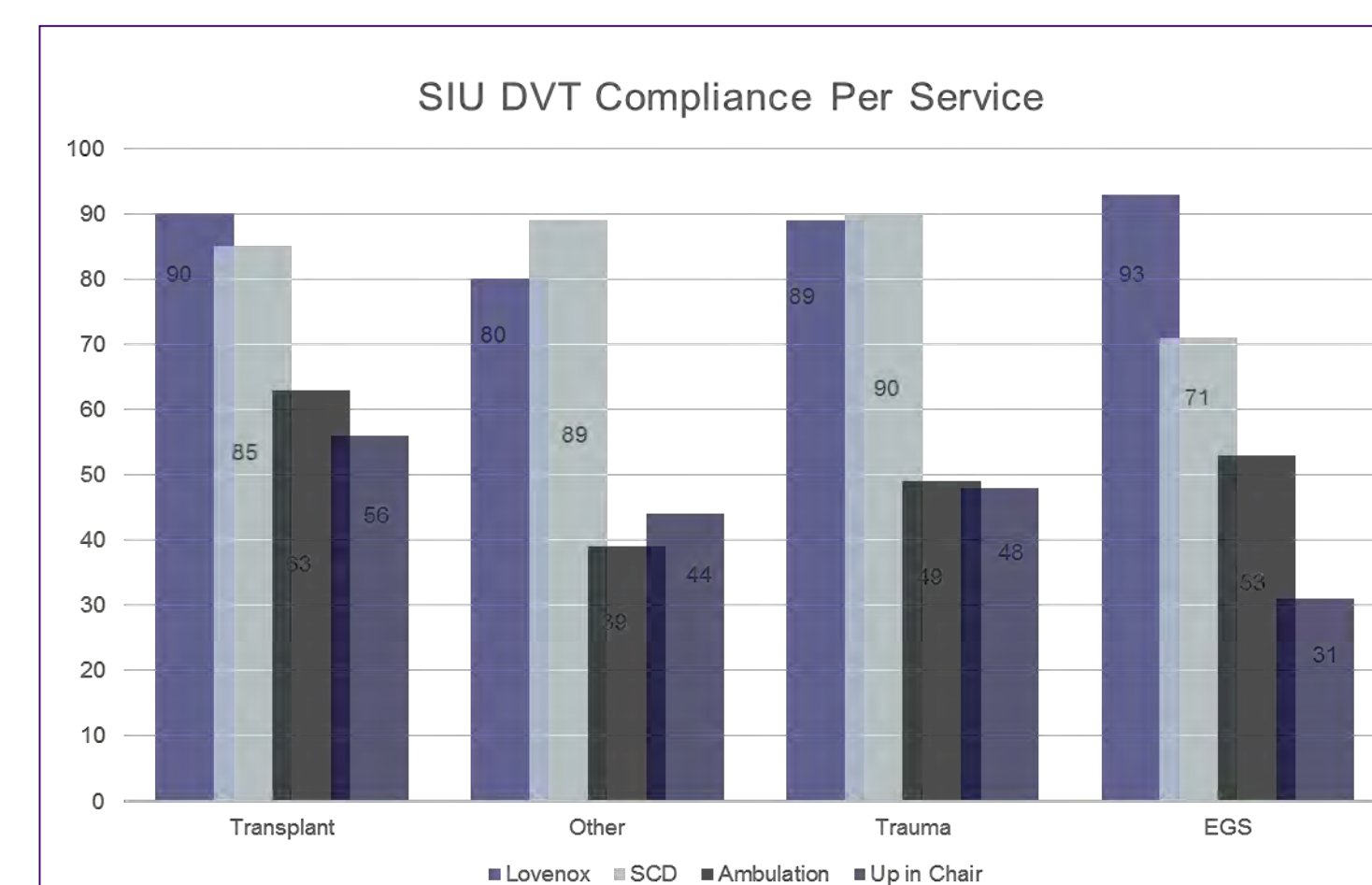
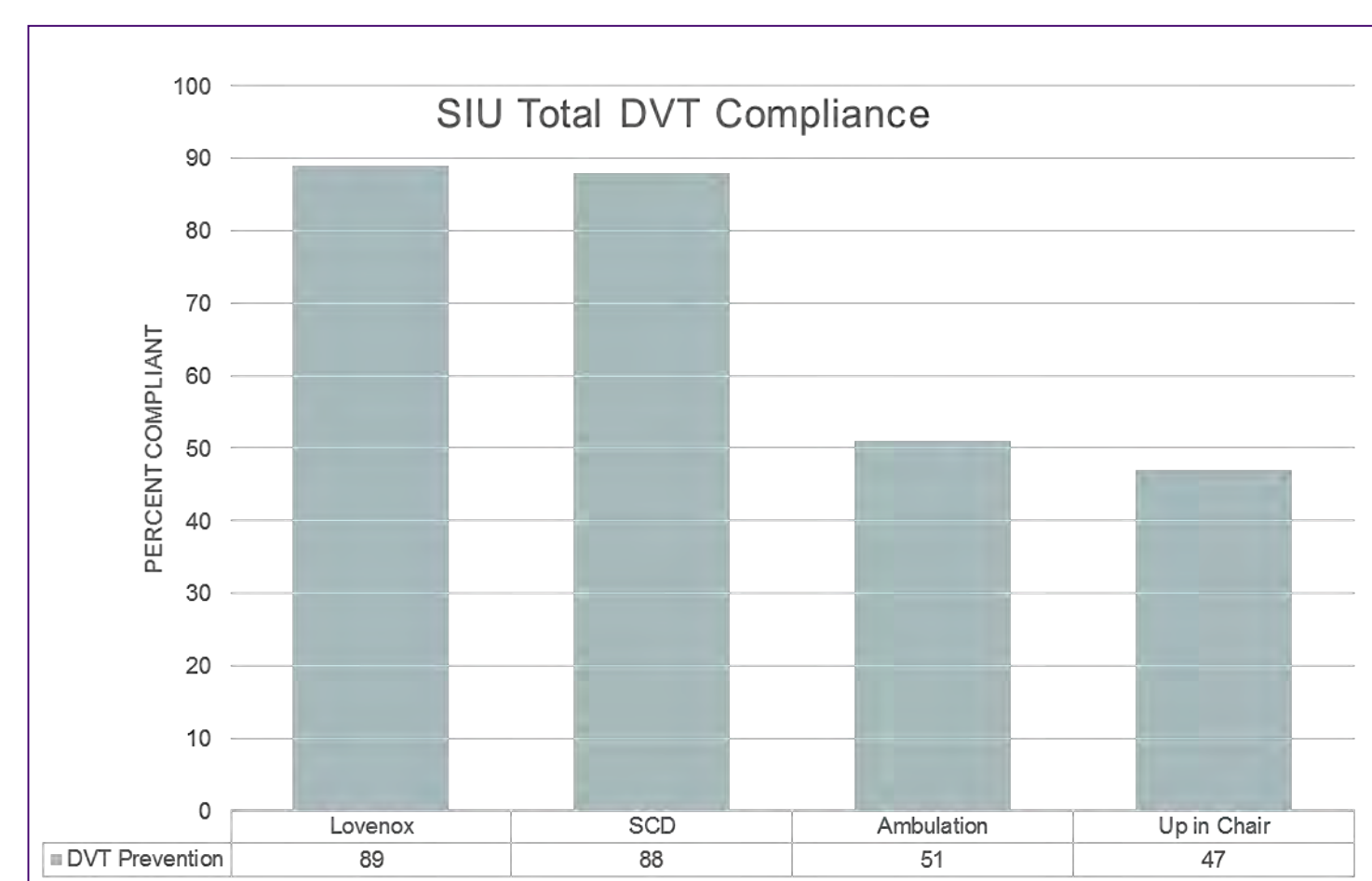
- DVT prevention focus initiated by Dr. Toschlog medical director and Myra Lewis, the nurse manager.
- Formation of DVT group by unit quality and unit practice council.
- Pretest given to assess staff knowledge of current practice.
- Staff education completed.
- Data collected on all patients admitted to unit for 30 days to include chemical prophylaxis, sequential compression device (SCD) compliance, ambulation compliance, and out of bed to chair compliance.
- Post test given to validate education.

CHANGES MADE (PDSA CYCLES)

- Plan:** Reduce the incident of DVTs on SIU and increase compliance of chemical prophylaxis, SCD compliance, ambulation compliance, and up in chair activity.
- Do:**
- Formulated DVT group to include Registered Nurses, Care Partners, and Secretaries who were responsible for completing audits including: daily chemical prophylaxis, SCD visualization 4 times/day, and documentation of ambulation and out of bed to chair for 30 days.
 - Staff education performed to include knowledge of Practice Management Guidelines (PMG's) and current practice. Pre and post tests given to verify knowledge.
 - Chemical prophylaxis (ie: Lovenox, Heparin, etc.) for each patient added to the charge sheet by pod nurses and verified by night shift charge nurses.
 - Day charge nurses and pod nurses to address deviances in chemical prophylaxis orders with provider every morning during rounds.
- Study:** Audits were completed for 30 days and results reviewed. Direct feedback was given to Dr. Toschlog, and any fluctuations from current practice noted were addressed with the appropriate health care provider. SIU charge nurses provided direct peer feedback in real time with SCD non-compliance.
- ACT:** After reviewing data from audits, the DVT group chose to continue with our current process.

RESULTS/OUTCOMES

- SIU experienced an 83% reduction in DVT's in FY2017
- Cost reduction of \$153,070.
- No additional DVTs occurred for FY2017 once the project was initiated.
- Communication between nurses and providers related to chemical prophylaxis improved.



LESSONS LEARNED

- Areas for improvement include:
- Ensure patients are getting out of bed to the chair and ambulating per orders.
 - Communication between primary providers, consulting providers, and nurses is vital to make certain appropriate orders for DVT prophylaxis are in place.

NEXT STEPS

- Continue with monitoring DVT chemical prophylaxis by utilizing the charge nurse report sheet.
- Implementation of a quality rounding tool that encompasses all aspects of quality and bundle compliance.
- Results and quality improvement plan are being utilized to improve VTE order sets and education on other units

ACKNOWLEDGEMENTS

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- Dawn Tetterton, MSN, RN, BC, Administrator TASC Division, VMC

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