Effect of a Quality Improvement Intervention on Venous Thromboembolism (VTE) Prophylaxis Compliance Rates in Hospitalized Medical Patients at a Comprehensive Cancer Center
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Not previously presented

Background: Venous thromboembolism (VTE) is a common but possibly avoidable complication in hospitalized patients with cancer. Despite evidence demonstrating an ability for VTE prophylaxis to decrease the incidence of hospital-acquired VTE, large retrospective studies have shown that VTE prophylaxis is frequently missing for eligible hospitalized cancer patients. To address this barrier in care, quality improvement initiatives have been proposed as a solution to increase appropriate prescribing rates for VTE prophylaxis.

Objective: We conducted a quality improvement project to determine whether education and computerized prescriber order entry (CPOE) changes can increase VTE prophylaxis compliance rates in hospitalized medical patients at a Comprehensive Cancer Center.

Methods: Monthly VTE prophylaxis compliance rates, as defined by the Centers for Medicare and Medicaid Services VTE-1 Metric, were measured before and after a series of educational interventions and CPOE changes. We included aggregate patient data obtained retrospectively from our institution’s electronic records on all admitted adult patient encounters with a length of stay >48 hours from the top three admitting services from 1/1/21 to 4/1/22.

Results: N=23,799 patient encounters were included in our study. Pharmacological prophylaxis rates increased from 59%, in the pre-intervention time period (1/1/21 to 12/8/22) to 65% in the post-intervention time (3/9/22 to 4/1/22). Similarly, mechanical VTE prophylaxis rates increased from 39% to 54%. Documentation rates of contraindications to both pharmacological and mechanical VTE prophylaxis rates increased from <1% to 14%.

Conclusion: Our findings show that provider education and CPOE changes can improve VTE prophylaxis compliance rates at a Comprehensive Cancer Center.

Disclosure: Each of the authors have nothing to disclose.