

Patients at risk for blood clots are not receiving recommended treatment

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Venous thromboembolism (VTE), encompassing deep-vein thrombosis (DVT), or blood clots in leg veins, and pulmonary embolism (PE), or clots that travel to the lungs, is the most common cause of preventable death in hospital settings. While these clots can be prevented by an approach called VTE prophylaxis, and this reduces mortality by as much as 80%, VTE prophylaxis is not universally prescribed for high-risk patients. In a study in the *Canadian Journal of Cardiology*, researchers found that even after educating healthcare providers about the need for VTE prophylaxis, significant numbers of patients did not receive the recommended treatment.

Investigators carried out chart reviews of patients in a university-affiliated, tertiary care cardiology center, which included a clinical teaching unit (CTU) and a coronary care unit (CCU). Audits were conducted three and five months before the introduction of an educational program on VTE prophylaxis protocol, followed by a second series of audits three and five months after protocol initiation.

Prior to the educational efforts, including a guideline-based protocol, 36% of all patients considered at risk for VTE did not receive prophylaxis. Surprisingly, three months after the program was initiated, 21% of patients were still not being treated according to the recommended guidelines, and that rose to 28% five months post-protocol.

"Awareness and education surrounding VTE prophylaxis is challenging

in the inpatient teaching unit model due to a number of factors, including the high turnover of senior and junior physicians as well as nursing staff," explained lead investigator Colette Seifer, MB (Hons), FRCP (UK), Associate Professor, Department of Internal Medicine, University of Manitoba, St. Boniface Hospital, Winnipeg, Manitoba, Canada. "A single time point intervention is unlikely to result in a sustained improvement in VTE prophylaxis rates."

In each set of audits, conducted over two months, three independent groups consisting of one physician and one nonphysician healthcare provider (nursing, pharmacy) each reviewed the data. Discrepancies were settled by the senior investigators. In the first set of audits, 173 charts for patients considered at high risk for VTE were evaluated. The second set of audits included 247 patients.

The investigators suggest that with the introduction of electronic patient records and innovative software programs, automated alerts and checklists have the potential to improve compliance rates. Nevertheless, they concluded that, "There is a high rate of noncompliance with accepted guidelines for the prevention of VTE. The introduction of a guideline-based protocol significantly increased compliance. However, a substantial proportion of patients at high risk for VTE, still did not receive [prophylaxis](#)."

More information: "Venous Thromboembolism Prophylaxis on a Cardiology In-patient Unit: A Surprising Result?" by Mehrdad Golian; Motaz Moussa; Charlene White; Giuseppe Aletta; Lillian Koley; and Colette Seifer, [DOI: 10.1016/j.cjca.2015.05.023](https://doi.org/10.1016/j.cjca.2015.05.023) . This article is published online in the *Canadian Journal of Cardiology*.

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