

# American Heart Association issues call to action to prevent venous thromboembolism in hospitalized patients

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Venous thromboembolism (VTE) is a major preventable disease that affects hospitalized patients. A new policy statement by the American Heart Association, the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke, provides a focused review of VTE, risk scoring systems, preventive measures for the hospital environment and tracking methods. The document was published today in the journal *Circulation*.

Acute VTE, comprising deep venous thrombosis (DVT) of the legs or pelvis and pulmonary embolism (PE), is a frequent, costly complication in hospital settings, a leading contributor to increased length of stay, and the leading cause of preventable hospital death in the U.S. and worldwide. The projected annual cost of preventable hospital-acquired VTE is \$7 billion to \$10 billion per year.

"This policy statement serves as a call to action to reduce incidents of VTE, a preventable disease and a major cause of death in hospitalized patients," said the policy statement's lead author, Peter K. Henke, MD. "Standardized risk assessment and national tracking in hospitals are essential steps to prevent VTE in patients nationwide. The American Heart Association welcomes the opportunity to work with hospitals to ensure progress is made in reducing VTE, raising public awareness and providing support to patients and families."

The American Heart Association identifies five major areas of policy guidance that will lead to better implementation, tracking and prevention of VTE events. They include:

- Performing VTE risk assessment and reporting the level of VTE risk in all hospitalized patients
- Integrating 'preventable VTE' as a benchmark for hospital comparison and pay-for-performance programs
- Supporting appropriations to improve public awareness of VTE
- National tracking of VTE using standardized definitions
- Developing a centralized data registry for tracking on VTE risk assessment, prevention, and rates.

Most estimates place the U.S. annual incidence of diagnosed VTE in adults at 1 to 2 per 1000 per year, increasing with age, obesity, and in blacks. Preventive measures for reducing VTE in high-risk hospitalized medical and surgical patients are safe, clinically effective and cost-effective, but they are under-utilized.

The American Heart Association [policy statement](#) concludes that increased VTE awareness and prioritization of proven, evidence-based primary prevention strategies accompanied by uniform tracking of hospital-acquired VTE should be a national health priority.

**More information:** Peter K. Henke et al. Call to Action to Prevent Venous Thromboembolism in Hospitalized Patients: A Policy Statement From the American Heart Association, *Circulation* (2020). [DOI: 10.1161/CIR.0000000000000769](https://doi.org/10.1161/CIR.0000000000000769)

Provided by American Heart Association

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