

# **Discontinuing Prolonged VTE Prophylaxis in Inpatients** with SCI: A Quality Improvement Initiative

## AIM Statement: To decrease the percentage of patients with newly diagnosed SCI admitted to 4AE SCI Parkwood Institute who receive prolonged VTE prophylaxis from 48% to 30% by May 30<sup>th</sup> 2023

- injury at 12 weeks.
- 3 months





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- The average length of stay in hospital is 3 months. Therefore we anticipate to see a 2-3 month delay after the intervention
- There was a drop in the mean percentage of prolonged VTE prophylaxis in Sept which may be due to early and ongoing discussions of guideline recommendations and stakeholder interviews in Aug
- The mean began to rise in Dec-March when there was less presence on the ward from the QI team and before the use of posters and new IPC sheets in Feb.
- To date only one patient has been discharged with use of the new IPC sheet
- On further analysis we have seen an improved compliance to the recommendations in the 12 week cohort
- at in EOO/ of assas the number of day



1. Education sessions for stakeholders, including a presentation at PM&R Quality Improvement Rounds, emails and a short talk before rounds describing the project. - An educational session may be low impact and not sustainable by itself however is still key in using it in combination with the other strategies. It was key to have the SCI team involved in the process and input on implementations that would be the most practical and effective.

2. <u>Posters</u> which summarized the VTE prophylaxis recommendations for quick reference. This is in addition to the education sessions addressed one of the root causes regarding awareness of guideline recommendations

3. <u>New Interdisciplinary Plan of Care (IPC)</u> sheets used in weekly team rounds with a section to determine 8 vs 12 weeks with a predicted end date or if early mobilization was achieved. The new IPC sheet was only used for new admissions starting in February. This addressed 2 the root causes identified

The rate of VTE events after prophylaxis was stopped

The rate of inappropriate early discontinuation

- of 19 early discontinuations
- mobilization

1. Process owner: SCI pharmacist 2. A report documenting the results of this initiative and the new standard was created and will be presenting at the next PM&R QI rounds in June

3. Monitoring plan: The pharmacist will continue to monitor compliance to guidelines and to the IPC sheets at time of discharge. 4. There will be an audit in the fall of 2023 to follow up on sustainability





### IMPLEMENTATION

## **BALANCING MEASURES**

- This was done by looking at therapeutic doses of Dalteparin or the start of a DOAC which would prompt a chart review to confirm the diagnosis.

To date there have not been any VTE events after stopping prophylaxis.

- To date there has been 1 incidence of inappropriate discontinuation out of a total

Reasons for appropriate early discontinuation included discharge or early **SUSTAINABILITY**