



# **Welcome to The Great Canadian VTE Audit Day**

**May 14, 2009**

## **Instructions and Worksheets**

**Please PRINT this entire 9-page document**

If you have any questions or require clarification, please contact Lynn Riley.

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Thank you for participating in the **Safer Healthcare Now!** VTE audit day. By participating in this Audit Day you are helping to improve your patient's care.

The Great Canadian VTE Audit is simple and quick to complete (we estimate 30-60 minutes).

This work book provides instructions on how to participate and tools to assist you in your data collection.

Sheet number	Sheet name
1	Instructions for Facilities <u>with</u> an Electronic Pharmacy System
2	Instructions for Facilities <u>without</u> an Electronic Pharmacy System
3	Major General Surgery - Criteria for Eligibility
4	Major General Surgery - Worksheet
5	Hip Fracture Surgery - Criteria for Eligibility
6	Hip Fracture Surgery - Worksheet
7	Summary Worksheet



## Sheet 1: Instructions for Facilities with an Electronic Pharmacy System

On the day of the national audit, you can begin by reviewing a census of all the Major General Surgery and Hip Fracture Surgery patients in your hospital.

In your electronic pharmacy system, look for an anticoagulant medication, either prophylactic or therapeutic, for each patient. Please refer to Sheets 3 and 5 for the definitions of eligible patients and to determine if the patient is receiving appropriate thromboprophylaxis. If they are receiving appropriate thromboprophylaxis or therapeutic anticoagulation, place a check mark in Column A on Sheet 4 for Major General Surgery or in Column B on Sheet 6 for Hip Fracture Surgery.

For patients that do not have an anticoagulant order, please go to the patient care unit to review the chart and refer to the additional questions on Sheets 3 or 5 to determine whether the patient is eligible for thromboprophylaxis and whether he/she was prescribed an appropriate regimen.

### Tips when reviewing a chart:

1. Look at the Doctors Orders to see if an order for anticoagulants was written but not captured in the electronic pharmacy system.
2. If no order for thromboprophylaxis was written, is there a contraindication to anticoagulant thromboprophylaxis? If there is a contraindication to anticoagulant thromboprophylaxis and there is an order for mechanical prophylaxis (bilateral compression stockings, bilateral sequential devices), place a check mark in Column A on Sheet 4 for Major General Surgery or in Column B on Sheet 6 for Hip Fracture Surgery.
3. If the patient is on “wait and see” for surgery today, place a check mark in Column A on Sheet 4 for Major General Surgery or in Column B on Sheet 6 for Hip Fracture Surgery.



## Sheet 2: Instructions for Facilities without an Electronic Pharmacy System

On the day of the national audit, you can begin by reviewing a census of all the Major General Surgery and Hip Fracture Surgery patients in your hospital.

**If you are a pharmacist:** Look for an order for anticoagulant medication, either prophylactic or therapeutic, for each patient. Please refer to Sheets 3 and 5 for the definitions of eligible patients and to determine if the patient is receiving appropriate thromboprophylaxis. If they are receiving appropriate thromboprophylaxis or therapeutic anticoagulation, place a check mark in Column A on Sheet 4 for Major General Surgery or in Column B on Sheet 6 for Hip Fracture Surgery.

**If you are not a pharmacist:** Look at your medication administration records (MAR) for each patient for an anticoagulant medication, either prophylactic or therapeutic. If they are receiving appropriate thromboprophylaxis or therapeutic anticoagulation, place a check mark in Column A on Sheet 4 for Major General Surgery or in Column B on Sheet 6 for Hip Fracture Surgery.

For patients that do not have an anticoagulant order, please review the chart and refer to the additional questions on Sheets 3 or 5 to determine whether the patient is eligible for thromboprophylaxis and whether he/she was prescribed an appropriate regimen.

### Tips when reviewing a chart:

1. Look at the Doctors Orders to see if an order for anticoagulants was written.
2. If no order for thromboprophylaxis was written, is there a contraindication to anticoagulant thromboprophylaxis? If there is a contraindication to anticoagulant thromboprophylaxis and there is an order for mechanical prophylaxis (bilateral compression stockings, bilateral sequential devices), place a check mark in Column A on Sheet 4 for Major General Surgery or in Column B on Sheet 6 for Hip Fracture Surgery.
3. If the patient is on “wait and see” for surgery today, place a check mark in Column A on Sheet 4 for Major General Surgery or in Column B on Sheet 6 for Hip Fracture Surgery.



**Sheet 3: Major General Surgery – Criteria for Eligibility**

**Your patient is eligible for Prophylaxis if:**

- 1) he/she has undergone an open abdominal surgical procedure  
and
- 2) is 18 years of age or older  
and
- 3) LOS is likely to be at least 3 days  
and
- 4) post-operative LOS is less than 30 calendar days today

If not, do not include in

**TABLE 1: Appropriate Thromboprophylaxis for Major General Surgery Patient Group**

<ul style="list-style-type: none"> <li>• heparin 5,000 units TID</li> <li>• heparin 5,000 units BID (<u>not</u> appropriate if active cancer diagnosis or surgery for cancer)</li> <li>• dalteparin 2,500 or 5,000 units daily</li> </ul>	<ul style="list-style-type: none"> <li>• enoxaparin 40 mg daily</li> <li>• nadroparin 2,850 units daily</li> <li>• tinzaparin 3,500 units daily</li> <li>• fondaparinux 2.5 mg daily</li> </ul>
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**Is the patient on one of the above regimens?**  Yes → check Column A on Sheet 4.

*If you answered NO to the question above, please proceed to questions below:*

**Is there a documented contraindication to anticoagulant prophylaxis (high bleeding risk or active bleeding) AND an order for bilateral compression stockings or bilateral sequential compression devices)?**  Yes

**Is the patient receiving therapeutic anticoagulation today?**  Yes

**Is the patient on “wait and see” list for the OR today?**  Yes

**If you have answered “Yes” to any of the above, check Column A on Sheet 4.**



**Sheet 4: Major General Surgery – Worksheet**

**Instructions:**

- Use the definitions found on Sheet 3.
- As you identify Major General Surgery patients who are eligible, list them in the first column by hospital file number or initials (for your use only to track patients).
- If the patient is receiving appropriate thromboprophylaxis, place a check mark in the second column (Column A) below.
- If a patient is not receiving appropriate thromboprophylaxis, place a check mark in the last column.
- Add up the number of eligible patients and the number who are receiving appropriate thromboprophylaxis.
- The totals at the bottom of this sheet should now be entered on the Summary Worksheet (Sheet 7). Follow the instructions on the Summary Worksheet to submit your data.

	<b>Eligible patient Unique identifier</b>	<b>A. Receiving appropriate Thromboprophylaxis</b>	<b>Not receiving appropriate thromboprophylaxis</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	<b>Total eligible patients</b>	<b>Total receiving appropriate thromboprophylaxis</b>	



**Sheet 5: Hip Fracture Surgery – Criteria for Eligibility**

**Your patient is eligible for Prophylaxis if:**

- 1) he/she has had hip fracture surgery  
and
- 2) is 18 years of age or older  
and
- 3) post-operative LOS is less than 30 calendar days today

If not, do not include in

**TABLE 1: Appropriate Thromboprophylaxis for Hip Fracture Surgery patient group:**

<ul style="list-style-type: none"> <li>• heparin 5,000 units BID or TID</li> <li>• dalteparin 2,500 or 5,000 units daily</li> <li>• enoxaparin 30 mg BID or 40 mg daily</li> <li>• nadroparin 1,900-5,700 units daily</li> </ul>	<ul style="list-style-type: none"> <li>• tinzaparin 3,500 or 4,500 units daily</li> <li>• fondaparinux 2.5 mg daily</li> <li>• warfarin</li> </ul>
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**Is the patient on one of the above regimens?**  Yes → check Column B on Sheet 6.

*If you answered NO to the question above, please proceed to questions below:*

**Is there a documented contraindication to anticoagulant prophylaxis (high bleeding risk or active bleeding) AND an order for bilateral compression stockings or bilateral sequential compression devices)?**  Yes

**Is the patient receiving therapeutic anticoagulation today?**  Yes

**Is the patient on “wait and see” list for the OR today?**  Yes

**If you have answered “Yes” to any of the above, check Column B on Sheet 6.**



**Sheet 6: Hip Fracture Surgery – Worksheet**

**Instructions:**

- Use the definitions found on Sheet 5.
- As you identify Hip Fracture Surgery patients who are eligible, list them in the first column by hospital file number or initials (for your use only to track patients).
- If the patient is receiving appropriate thromboprophylaxis, place a check mark in the second column (Column B) below.
- If a patient is not receiving appropriate thromboprophylaxis, place a check mark in the last column.
- Add up the number of eligible patients and the number who are receiving appropriate thromboprophylaxis.
- The totals at the bottom of this sheet should now be entered on the Summary Worksheet (Sheet 7). Follow the instructions on the Summary Worksheet to submit your data.

	<b>Eligible patient Unique identifier</b>	<b>B. Receiving appropriate Thromboprophylaxis</b>	<b>Not receiving appropriate thromboprophylaxis</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	<b>Total eligible patients</b>	<b>Total receiving appropriate thromboprophylaxis</b>	



**Sheet 7: Summary Worksheet**

Patient Group	Number of eligible patients	Number of patients receiving appropriate thromboprophylaxis
Major General Surgery		
Surgery Hip Fracture		

Hospital Name:

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Health Region or LHIN:

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Your name and phone number or email address (will not be distributed):

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Data submission options:

1. Go to [www.saferhealthcarenow.ca](http://www.saferhealthcarenow.ca) and click on "VTE Audit Day" to enter the above data.

OR

2. Fax this completed sheet to: SHN Central Measurement Team  
Fax Number: 416-946-4022

Comments or questions:

Results of Individual hospitals/organizations will not be shared publicly unless that organization has provided explicit consent to do so. Without express written consent all data submitted to the "Great Canadian VTE Day" will be presented in aggregate form only.