

Background

- Hospital acquired VTE creates a 7 to 10 billion dollar per year health care burden.
- Studies suggest that obese populations and those of African-American ethnicity are at an increased risk of VTE.^{1,2}
- Christian Hospital (CH) serves a population enriched with underlying risk with over 60% African-American population and 30% obese.³
- Frequently used guidelines for the use of VTE prophylaxis are the 2019 American Society of Hematology guidelines, the 2018 American Academy of Orthopaedic Surgeons Guidelines and then the 2012 Chest Guidelines.^{4,5,6}
- Medically ill patients who have a Padua score of ≥ 4 should receive pharmacological prophylaxis. Anything <4 requires mechanical or no prophylaxis.
- Surgical patients with a Caprini score ≥ 5 should receive mechanical and/or pharmacological prophylaxis and those with a score less than 5 should only receive mechanical or no prophylaxis.

Outcomes Measured

Primary Outcome:

- Identify VTE risk in hospitalized patients at CH

Secondary Outcomes:

- Utilization review of VTE prophylaxis, incidence of patient refusal and reason, number of doses given versus ordered, and the incidence of 30-day readmission with an indication of VTE

Study Objective

The purpose of this study is to assess VTE risk using the Padua Prediction Score in medically ill patients as well as the Caprini Score in surgical patients to evaluate appropriateness of VTE prophylaxis.

Hypothesis

It is hypothesized that patient risk at CH will be high and VTE prophylaxis is being used appropriately according to evidence-based guidelines.

Methods

Design: single-center, retrospective, cohort chart review study

Inclusion Criteria

Age ≥ 18 years old

Hospitalization of ≥ 24 hours between January 1, 2019 and June 30, 2019

Exclusion Criteria

Ordered anticoagulation or antiplatelet for an indication other than prophylaxis

Discharge of < 24 hours

Preliminary Results

Primary Outcome:

- Non-surgical patients
 - VTE risk low 47%
 - VTE risk high 53%
- Surgical patients
 - VTE risk very low 50%
 - VTE risk low 50%

Secondary Outcomes:

- All patients
 - Refused anticoagulant 11%
 - Received 100% of doses ordered 71%

References

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Disclosures

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