

## **On the Quality Journey**

*How are HealthEast employees and physicians serving as champions of HealthEast's milestone quality goal to become the "benchmark for quality in the Twin Cities by 2010?" Last month we profiled the Perinatal Safety Collaborative, and this month we profile the Deep Vein Thrombosis (DVT) Assessment and Prophylaxis goals.*

How are HealthEast employees and physicians serving as champions of HealthEast's milestone quality goal to become the "benchmark for quality in the Twin Cities by 2010?" Craig Svendsen, MD, Chief Medical Quality Officer, is co-chairing an effort to reduce the incidence of deep vein thrombosis (DVT) and pulmonary embolism (PE). He is partnering with Beth Ferguson, PharmD, Director of Medication Safety and Pharmacy Education, and Maria Raines, RN, CNS.

Deep vein thrombosis is a medical term for blood clots, which often form in the leg veins because of immobility or surgery. When a blood clot moves through the body, it can enter the lungs and become a pulmonary embolism, which can be fatal. DVT can be prevented with ambulation and/or the use of blood thinners known as anticoagulants, along with better education of the causes and risk factors.

The aim of the DVT Assessment and Prophylaxis (prevention) goals at the four HealthEast hospitals is to:

- Reduce the incidence of deep vein thrombosis (DVT) and pulmonary embolism (PE) in hospitalized patients by 50 percent in one year
  - Reduce readmissions within 31 days for DVT/PE by 50 percent in one year at the short term acute care hospitals and a reduction of 25% at Bethesda, our long term acute care facility.
- Co-chairs Maria Raines, CNS, and Beth Ferguson, Pharm D, began working with the project team in April 2008. They have been meeting with representatives from each site, focusing on pharmacy and nursing, to educate staff on DVT screening and use, while also promoting the Joint Commission national safety goal on anticoagulation and safety.

“These specific quality goals help us heighten awareness of the risk factors for development of a deep vein thrombosis which may progress to a pulmonary embolism, associated with a high mortality rate,” Ferguson said. “The goals help us standardize screening and prophylaxis for deep vein thrombosis while educating staff, patients and families on the need for safety with the use of anticoagulants for prophylaxis.. “

In the coming months, the project team will be helping create specific order sets in order to hardwire the processes necessary for preventing DVT and PE. The awareness of these order sets will also help physicians and other clinical employees better understand the adverse affects of certain medications and why patients may be at risk for DVT and PE.

According to co-chair Craig Svendsen, MD, these quality goals apply to all areas of HealthEast.

“No matter where we work within HealthEast, we have a role in delivering quality care – all three components of clinical, patient experience and employee,” he said. “Regarding DVT and

PE specifically, these complications result from the patient's illness and our care for them. Most of the DVT and PEs are preventable by employing any number of prevention interventions." The DVT and PE quality goals were officially implemented on January 1, 2009, so first quarter data is just beginning to be analyzed. More data related to these goals will be looked at in the next six months. There are no national benchmarks for DVT and PE data, so HealthEast created its own internal benchmark for the goals. HealthEast overall is on its way to achieving the "Benchmark for Quality in the Twin Cities by 2010" and was recently recognized as one of the top 10 health care systems in the U.S. as identified by Thomson-Reuters. For more information on this award, [click here](#). (Link to related e-news story).

Dr. Svendsen believes that the DVT and PE goals, along with each of our specific 2010 quality goals, all play a role in the superior health care that patients experience at HealthEast.

"We need to provide our patients with the safest, highest quality care possible. By doing that, we ensure the best outcomes for them at the lowest cost. We need to remember that when we speak of quality care, we speak of clinical quality *and* the patient experience *and* employee engagement. It is the success in each of these areas that will deliver the best health care possible."