About the Program:

It has been established that the risk of venous thromboembolism (VTE), a consequence of deep vein thrombosis (DVT) that often leads to a subsequent pulmonary embolism (PE),¹ can be reduced through appropriate prophylaxis. Studies have proven that such routine DVT prophylaxis measures reduce adverse patient outcomes and overall costs.² These clinical improvement efforts require:

- Strategies for an effective program of care
- An understanding of appropriate prophylaxis
- Case management of patients at risk for a DVT
- Patient follow-up from admission to discharge and beyond discharge

Despite the clinical evidence for the efficacy of DVT prophylaxis in the hospital, challenges remain in the establishment of protocols for DVT prophylaxis and the implementation of clinical improvement efforts in health care organizations.

The critical aspects of these challenges are the treatment lapses at transition points in the patient’s care during times of transfer from one area or unit to another, or from the hospital to home. This program provides a strategic look at the consistent provision of DVT prophylaxis across the continuum of care. Faculty experts present the evidence behind DVT prophylaxis approaches in the hospital and provide an assessment of why gaps occur in that prophylaxis. This program also features leading practice organizations that have provided DVT prophylaxis across the care continuum and have seen positive outcomes as a result.

Who Should Attend:

- Physicians: internists, hospitalists, intensivists, hematologists/oncologists
- Clinical pharmacists
- Directors of nursing
- Directors of risk management
- Directors of quality/performance improvement
- Chief financial officers
- Chief medical officers

You’ll Learn to:

- Examine the clinical rationale for providing DVT prophylaxis throughout the continuum of care
- Identify the gaps in how DVT prophylaxis is administered in the typical hospital setting
- Determine the most effective, evidence-based, comprehensive strategy for managing patients at risk for DVT throughout the continuum of care

References: