Increasing Provision of Extended VTE Prophylaxis in High-Risk Gynecologic Oncology Patients

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Problem
• Rates of venous thromboembolism (VTE) in surgical gynecologic oncology (GO) patients range from 4-40%
• 2002 RCT showed reduced VTE incidence for postoperative cancer patients receiving 4 weeks of enoxaparin
• National Comprehensive Cancer Network and American College of Chest Physicians recommend extended VTE prophylaxis for high-risk cancer patients
• VTE prevention is a key metric within the Surgical Care Improvement Program, a core measure of the Joint Commission and monitored by CMS for public reporting of hospital quality outcomes

Project Goal
• Increase the percentage of GO patients prescribed extended VTE prophylaxis from 75% to 90% for 3 of 4 quarters in 2012-13

Project Plan
• Define high-risk VTE patients as those with pelvic malignancy undergoing surgery via laparotomy and/or lasting > 120 minutes, BMI > 30, history of VTE
• Educate team members regarding importance of extended VTE prophylaxis
• Incorporate data collection into existing M&M documentation to ensure provider compliance and accurate data

Results

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<tr>
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<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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</thead>
<tbody>
<tr>
<td># pts eligible for extended VTE ppx</td>
<td>55</td>
<td>41</td>
<td>70</td>
<td></td>
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<tr>
<td>% who received extended VTE ppx (or had reason documented)</td>
<td>96%</td>
<td>93%</td>
<td>97%</td>
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Documented reasons for no VTE ppx:
• high risk of bleeding
• prohibitively high co-pay
• inability to self-administer injections
• current treatment for VTE

Lessons Learned
• Quality improvement is a multi-disciplinary team effort and requires regular team-wide communication on program indicators and team successes
• Incorporating pharmacists and family members is important to post-operative quality improvement projects
• Patient education and early discharge planning are key components of successful quality improvement programs

Moving Forward
• Determine whether increased VTE prophylaxis translates into decreased VTE in the surgical gynecologic oncology patient population
• Identify appropriate patient education tools to increase compliance and acceptance of extended VTE prophylaxis

References