

## **Getting To Yes: Quality Improvement to Reduce Patient Refusals of Venous Thromboembolism Prophylaxis**

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### Background:

Venous thromboembolism (VTE) is a leading cause of hospital iatrogenic harm yet VTE prophylaxis is one of the most commonly refused medications when offered to patients.

### Objective:

We sought to decrease postoperative VTE rate by increasing patient willingness to accept prophylaxis in a quaternary academic medical center

### Intervention:

Surveys of nurses, residents, surgeons and patient qualitative interviews provided insights into culture and barriers and informed intervention design. The interventions implemented included:

1. Order-sets changed to encourage options requiring fewer injections.
2. Nursing education on techniques to reduce injection pain.
3. Escalation pathway (Primary Nurse to Charge Nurse to Primary team) for same-shift patient communication including written VTE prophylaxis educational handout.
4. Refusals discussed in multi-disciplinary rounds.
5. Pharmacy recommends alternative options if patient declines 2 doses.
6. Primary team re-visits refusal with patients the following day.

### Results:

Pilot unit baseline refusal rate was 2.8%. During the 5- month intervention roll-out period refusals fell to 1.5%. During 4-months post-intervention patient refusals were 0.7%. 50% of nurses used the escalation pathway and reported it to be effective (7.6 on 10 point scale). Nurses reporting feeling “very comfortable” administering prophylaxis increased from 68% to 85%. 71% of nurses reported primary teams had greater investment in patient adherence post-intervention. Hospital-wide patient refusals declined 47% from baseline to post-intervention ( $p<.0001$ ).

### Conclusions:

This initiative demonstrates that collaboration across professions and with patients can decrease VTE prophylaxis refusal rates to avoid preventable harm.