Survey about
Venous Thrombo-Embolism (VTE) Prophylaxis

Nurses
Dear staff member,

This is a short survey about venous thromboembolism (VTE) at your hospital organization. Venous Thromboembolism (VTE) is comprised of deep vein thrombosis (DVT) and pulmonary embolism (PE).

It will take about 5 minutes of your time to fill out the survey.

**Completion of the survey is voluntary.** We are collecting information about your job and your perceptions about VTE. You may leave blank any questions you do not want to answer. Your responses are strictly confidential and will be closely guarded. Research staff will be the only people to see your answers. Your name and other identifying information will not be associated with your survey answers. All results of this study will be reported in the aggregate so that no one person can be identified. No answers of individuals will ever be released.

It is our hope that through the information we obtain from this study, we can better understand how VTE prophylaxis has an impact on patient care.

Thank you for your consideration.

**Instructions**

To answer the questions, check the appropriate box on the scale. For example:

| 1. How important an issue is the prevention of VTE in hospitalized patients? |
|---|---|---|---|
| 1. Not very important | 2. | 3. | 4. Moderately important |
| 5. | 6. | 7. Very important |
| □1 | □2 | □3 | X |
| □5 | □6 | □7 |

Some questions will require answers similar to the scale above, while other questions will require different responses. Please try to be as accurate as possible.
Section A. About your job...

1. Please, check your current job position:
   - ☐ 1 Registered Nurse (RN)
   - ☐ 2 Licensed Practical Nurse (LPN)
   - ☐ 3 Other .................................................................

2. On which unit do you work?
   - ☐ 1 Trauma and Life Support Center (TLC)
   - ☐ 2 D4/4
   - ☐ 3 D4/6
   - ☐ 4 D6/5
   - ☐ 5 F6/5
   - ☐ 6 Other: .................................................................

3. What is your gender?  ☐ 1 Male  ☐ 2 Female

4. How old are you?
   - ☐ 1 24 years or younger
   - ☐ 2 25-29
   - ☐ 3 30-34
   - ☐ 4 35-39
   - ☐ 5 40-44
   - ☐ 6 45-49
   - ☐ 7 50-54
   - ☐ 8 55-59
   - ☐ 9 60 years or older

5. How long have you worked at your current healthcare organization?  ____ years  ____ months

Venous Thromboembolism (VTE) is comprised of Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)
Section B. Perceptions about Venous Thromboembolism (VTE) prophylaxis...

The following questions are about your perceptions regarding VTE prophylaxis.

1. How important an issue is the prevention of VTE in hospitalized patients?
   - Not very important (1)
   - Moderately important (4)
   - Very important (7)

2. To your knowledge, how effective are currently used anticoagulant strategies for the prevention of VTE in hospitalized patients?
   - Not very effective at all (1)
   - Very effective (7)

3. How safe are currently used anticoagulant strategies for the prevention of VTE in hospitalized patients?
   - Not very safe at all (1)
   - Very safe (7)

4. How under- or over-utilized are current anticoagulant strategies?
   - Under-utilized (1)
   - Over-utilized (7)

Section C. Possible barriers to VTE prophylaxis...

The following questions are about possible system barriers to VTE prophylaxis. Please rate the following system barriers to VTE prophylaxis in your hospital on a scale from 1 (not a barrier) to 7 (very large barrier).

1. Lack of time to consider VTE prophylaxis in every patient.
   - Not a barrier (1)
   - Very large barrier (7)

2. Lack of clear indications for VTE prophylaxis (i.e., who should get prophylaxis).
   - Not a barrier (1)
   - Very large barrier (7)

3. Lack of clear contra-indications for VTE prophylaxis (i.e., who should not get prophylaxis).
   - Not a barrier (1)
   - Very large barrier (7)

4. Lack of awareness about effectiveness of VTE prophylaxis.
   - Not a barrier (1)
   - Very large barrier (7)

5. Lack of physician agreement with current VTE prophylaxis guidelines.
   - Not a barrier (1)
   - Very large barrier (7)

6. Patient discomfort from subcutaneous injections of anticoagulants.
   - Not a barrier (1)
   - Very large barrier (7)

7. Clinician concerns about increased bleeding risk from anticoagulant administration.
   - Not a barrier (1)
   - Very large barrier (7)

8. Use of VTE prophylaxis (e.g. Lovenox) increases the risk of bleeding when ambulating the patient.
   - Not a barrier (1)
   - Very large barrier (7)
The next questions are about the **possible effectiveness of (potential) interventions** to address VTE prophylaxis. Please read the different options carefully because there are minor differences between some of the different options. Not all of the options below are technologically feasible with the current state of the art.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Very ineffective</th>
<th>Neither ineffective nor effective</th>
<th>Very effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yearly multidisciplinary educational meetings for healthcare professionals to review VTE prophylaxis in hospitalized patients.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<tr>
<td>2</td>
<td>Posters on the units to remind healthcare professionals about VTE prophylaxis.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<tr>
<td>3</td>
<td>Laminated pocket cards to remind healthcare professionals about VTE prophylaxis.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<tr>
<td>4</td>
<td>Order sets to remind healthcare professionals about VTE prophylaxis.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<tr>
<td>5</td>
<td>A hard stop in the admission order set to make sure that VTE prophylaxis is assessed.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<td>6</td>
<td>A risk assessment tool in the admission order set to create a VTE prophylaxis order based on patient’s low, medium or high risk for VTE.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<td>7</td>
<td>Semi-automated computer decision support that automatically calculates the patient’s VTE risk</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<tr>
<td>8</td>
<td>Computerized reminders (alerts) to prompt physicians to consider VTE prophylaxis upon opening a patient’s medical record.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<tr>
<td>9</td>
<td>Physician progress note template that prompts for VTE prophylaxis.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<tr>
<td>10</td>
<td>Computerized alert to inform physicians that VTE prophylaxis has been <strong>interrupted</strong> and may need to be resumed.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<tr>
<td>11</td>
<td>Computerized alert to inform physicians that VTE <strong>contra-indications</strong> have <strong>changed</strong>.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<tr>
<td>12</td>
<td>Nurse reminders to the physician about VTE prophylaxis.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<tr>
<td>13</td>
<td>Pharmacist reminders to the physician about VTE prophylaxis.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<tr>
<td>14</td>
<td>Physical therapist reminders to the physician about VTE prophylaxis.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<td>15</td>
<td>Periodic audit and feedback on compliance with VTE prevention practice guidelines.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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<tr>
<td>16</td>
<td>Use of a local opinion leader to promote evidence-based use of VTE prophylaxis guidelines.</td>
<td>☐ 1 ✔ 2 ☐ 3 ☐ 4 ☐ 5 ✔ 6 ✔ 7</td>
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</table>
Section E. “Guestimates” of VTE prophylaxis...

In the following section you are asked to “guestimate” how often VTE prophylaxis is ordered and interrupted (for example because of a procedure) and afterwards resumed. We do realize that it is not easy to guestimate those percentages. However, several studies have shown that group guestimates (the average of all guestimates) are fairly accurate.

1. Overall, what percentage of patients is appropriately put on VTE prophylaxis at admission?

```
0-10% 11-20% 21-30% 31-40% 41-50% 51-60% 61-70% 71-80% 81-90% 91-100%
```

2. For what percentage of patients is VTE prophylaxis interrupted or stopped during a patient stay, e.g., because of a procedure?

```
0-10% 11-20% 21-30% 31-40% 41-50% 51-60% 61-70% 71-80% 81-90% 91-100%
```

3. When VTE prophylaxis has been interrupted (e.g., because the patient needs to undergo a procedure), for what percentage of patients is VTE prophylaxis resumed after the interruption?

```
0-10% 11-20% 21-30% 31-40% 41-50% 51-60% 61-70% 71-80% 81-90% 91-100%
```

Section F. Who is best equipped to take care of VTE prophylaxis during the patient stay...

The final three questions are about different roles and responsibilities for VTE prophylaxis (select one role for each activity).

<table>
<thead>
<tr>
<th>Which clinician group is best able (select one)</th>
<th>Attending physician</th>
<th>Fellow</th>
<th>Physician assistant or Nurse Practitioner</th>
<th>Resident</th>
<th>Consultant physician</th>
<th>Nurse</th>
<th>Pharmacist</th>
<th>Physical therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ... to provide daily assessment of patient need for VTE prophylaxis?</td>
<td>□1 □2 □3 □4 □5 □6 □7 □8</td>
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<td>2. ... to ensure VTE prophylaxis is ordered?</td>
<td>□1 □2 □3 □4 □5 □6 □7 □8</td>
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<tr>
<td>3. .. to ensure adherence once VTE prophylaxis is prescribed?</td>
<td>□1 □2 □3 □4 □5 □6 □7 □8</td>
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</table>

Thank you for your participation!