



Survey about Venous Thrombo-Embolism (VTE) Prophylaxis and the VTE Risk Assessment Tool

Dear staff member,

This is a short	survey abo	out venous t	thromboem	bolism (VTE)) and the risk	c assessment	tool in E	:pic
that is currently	y in use at	your health	care organi	zation.				

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 and the risk assessment tool. 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:

	4. 1. Not very Moderately						7. Very		
	important	2.	3.	important	5.	6.	important		
1. How important an issue is the prevention of VTE in hospitalized patients?	□₁		Пз	×	□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.	□₄ Reside □₅ Reside □₅ Physic □₁ Fellow □₃ Attend	al student (year 1) ent (year 2) ent (year 3) ent (year 4 c cian Assistan	or more) nt							
2.	□ ₁ Hospit □ ₂ Critica □ ₃ Cardic □ ₄ Cardic	talist Il care blogy bvascular su cic surgery	•	es in the la	ast year (pl	ease indica	ate all servio	ces where y	you have worked))
3.	What is your g	ender?	□ 1 M	1ale I	□ ₂ Female					
4	. How old are y	ou?								
	□ 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	

Section B. Perceptions about VTE prophylaxis...

The following questions are about your *perceptions* regarding VTE prophylaxis.

How important an issue is the prevention of VTE in hospitalized patients?	Not very important	\square_2	\square_3	Moderately important	\square_5	\square_6	Very important
2. To your knowledge, how effective are currently used anticoagulant strategies for the prevention of VTE in hospitalized patients?	Not very effective at all	\square_2	□ 3	Moderately effective	□ 5	□ 6	Very effective
3. How safe are currently used anticoagulant strategies for the prevention of VTE in hospitalized patients?	Not very safe at all	□₁	□₃	Neither unsafe, nor safe	□5	□ 6	Very safe □ ₇
4. How under- or over-utilized are current anti- coagulant strategies?	Under- utilized	□₂	□₃	Appropriately utilized	□ 5	□6	Over- utilized

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).

	Not a barrier	Very small barrier	Small barrier	Moder- ate barrier	Sub- stantial barrier	Large barrier	Very large barrier
 Lack of time to consider VTE prophylaxis in every patient. 	\square_1		□₃	□₄	□₅	□6	
Lack of clear indications for VTE prophylaxis (i.e., who should get prophylaxis).	\square_1		□₃	□4	□5	□6	\square_7
3. Lack of clear contra-indications for VTE prophylaxis (i.e., who should not get prophylaxis).	□₁	□ 2	□з	□4	□₅	□ 6	□ ₇
 Lack of awareness about effectiveness of VTE prophylaxis. 	D 1		□₃	□4	□₅	□6	\square_7
5. Lack of physician agreement with current VTE prophylaxis guidelines.	D 1		□₃	□4	□₅	□6	□ ₇
6. Patient discomfort from subcutaneous injections of anticoagulants.	D 1		□з	□4	□₅	□ 6	□ ₇
7. Clinician concerns about increased bleeding risk from anticoagulant administration.	□1		Пз	□4	□5	□6	\square_7

Section D. Effectiveness of interventions to increase VTE prophylaxis...

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.

	Very ineffect	tive	ine	Neither ffective r effective		ef	Very fective
Yearly multidisciplinary educational meetings for healthcare professionals to review VTE prophylaxis in hospitalized patients.	\Box_1		Пз	□₄	□5	□6	□ ₇
2. <i>Posters on the units</i> to remind healthcare professionals about VTE prophylaxis.	\square_1		Пз	□ 4	□ ₅	 6	□ ₇
3. Laminated pocket cards to remind healthcare professionals about VTE prophylaxis.	□ 1		□₃	□4	□ ₅	□ 6	□ ₇
4. Order sets to remind healthcare professionals about VTE prophylaxis.	\square_1		Пз	□4	□ ₅	\square_6	\square_7
5. A hard stop in the admission order set to make sure that VTE prophylaxis is assessed.	□ 1		Пз	□4	□₅	□ 6	□ ₇
6. 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.	D 1	□ ₂	Пз	□ 4	□₅	 6	□ ₇
7. Semi-automated computer decision support that automatically calculates the patient's VTE risk	□₁		Пз	□ 4	□₅	□ 6	□ ₇
8. Computerized reminders (alerts) to prompt physicians to consider VTE prophylaxis upon opening a patient's medical record.	\square_1		Пз	□4	□ ₅	□ ₆	\square_7
9. Physician <i>progress note template</i> that prompts for VTE prophylaxis.	□₁		□₃	□₄	□ ₅	□ ₆	□ ₇
10. Computerized alert to inform physicians that VTE prophylaxis has been <i>interrupted</i> and may need to be resumed.	\Box_1		Пз	□4	□ ₅	 6	□ ₇
11. Computerized alert to inform physicians that VTE contra- indications have changed.	\Box_1		Пз	□4	□ ₅	□ ₆	□ ₇
12. Nurse reminders to the physician about VTE prophylaxis.	□₁	\square_2	Пз	\square_4	□₅	\square_6	\square_7
13. Pharmacist reminders to the physician about VTE prophylaxis.	□₁	\square_2	□з	□4	□ 5	□6	□ ₇
14. <i>Physical therapist reminders</i> to the physician about VTE prophylaxis.	\Box_1		□₃	□4	□ ₅	□ ₆	\square_7
15. <i>Periodic audit and feedback</i> on compliance with VTE prevention practice guidelines.	D ₁		Пз	□4	□5	□ 6	□ ₇
16. <i>Use of a local opinion leader</i> to promote evidence-based use of VTE prophylaxis guidelines.	\square_1		Пз	□4	□ ₅	□ 6	□ ₇

Section E. The VTE risk assessment tool in Epic ...

1.	Have you <i>ever</i> used the VTE risk assessment tool in Epic?									
	***	ease answer the que can skip the next	uestions below) questions. Please go	o the	next section	n - F)				
2.	□₁ Yes		isk assessment tool i			s section)				
3.	For approximate	ely what percent of	patients have you use	d the	VTE risk as	sessmen	t tool in the	past me	onth?	
4.	<10% of patients	pa	-75% of atients □₄ ut the <i>VTE</i> i	pati C	0% of ents 1 ₅ essment to	91-100% of patients □ ₆				
							Neither			
					Strongly disagree		agree nor disagree		Strongly agree	
a.	I like to use the	VTE risk assessme	nt tool frequently.		□₁	\square_2	□₃	□ ₄	□₅	
b.	I find the VTE r	isk assessment tool	unnecessarily complex		□₁		Пз	□4	□5	
c.	I think the VTE	risk assessment too	I was easy to use.		□₁		□з	□4	□₅	
d.	I find the variou well integrated.		TE risk assessment too	l	□₁		□₃	□ 4	□5	
e.	I think there is to assessment too	too much inconsister ol.	ncy in the VTE risk		□₁		□₃	□4	□5	
f.	I imagine that nassessment too		arn to use the VTE risk	(□₁		□₃	□ 4	D 5	
g.	I find the VTE r	isk assessment tool	very cumbersome to us	se.	□₁		□з	 4	□₅	
h.	I feel confident	that I can use the V	ΓE risk assessment too	ıl.	□₁	\square_2	Пз	□4	□5	
i.	I needed to lea the VTE risk as		ore I could get going wit	th	□₁		□₃	4	□5	
j.	Overall, I am sa	atisfied with the VTE	risk assessment tool.		□₁		Пз	□ ₄	\square_5	
W	hat are three th	ings you <i>like</i> abou	t the VTE risk assess	smen	t tool?					
W	hat are three th	ings you <i>dislike</i> at	oout the VTE risk ass	sessn	nent tool?					

Section F. "Guestimates" of VTE prophylaxis ...

0-10%

 \square_1

11-20%

21-30%

 \square_3

31-40%

 \square_4

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%
		□3	Q 4	\square_5	□6	□7	□8	□ 9	□10
	what percen ocedure?	tage of patie	ents is VTE p	orophylaxis i	nterrupted (or stopped d	uring a patie	nt stay, e.g.	, because of
0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
□ 1	\square_2	□ ₃	 4	\square_5	\square_6	\square_7	□8	 9	□10
	en VTE prop	hylaxis has l		, -	•		to undergo	a procedure	e), for what

51-60%

 \square_6

61-70%

71-80%

81-90%

91-100%

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

41-50%

 \square_5

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

Which clinician group is best able (select one)		Attending physician	Fellow	Physician assistant	Resident	Consultant physician	Nurse	Pharmacist	Physical therapist
1.	to provide <i>daily assessment</i> of patient need for VTE prophylaxis?	ш П		□₃	□4	□5	□6	□ 7	□8
2.	to ensure VTE prophylaxis is ordered?	□ 1		Пз	□₄	□5	□6	□7	□8
3.	to ensure adherence once VTE prophylaxis is prescribed?	$oldsymbol{\Box}_1$		□3	□₄	□₅	□6	□7	□s

Thank you for your participation!