



Survey about Venous Thrombo-Embolism (VTE) Prophylaxis

Pharmacists

Dear staff member,

This is a short survey about venous th	romboembolism (VTE)	prophylaxis at you	ır healthcare
organization.			

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 prophylaxis. 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:

	Not very important	2.	3.	4. Moderately important	5.	6.	7. Very important
1. How important an issue is the prevention of VTE in hospitalized patients?	□₁		□₃	×	\square_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 you □₁ Pharmaci □₂ PGY-1 Ph □₃ PGY-2 Ph □₄ Other	st narmacy F narmacy F	Resident Resident						
2. How many years	have you	ı worked at	your healt	hcare orga	anization?			
□ ₁ Less than 2 year	3-	□ ₂ 5 years	6-	□ ₃ 10 years		□ ₄ 11-20 years	More	□ ₅ than 20 years
3. What is your gend	ler?	□ ₁ M	1ale [⊐ 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

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	□₃	Moderately important	\square_5	\square_6	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	\square_2	□3	Moderately effective	\square_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
1. Lack of time to consider VTE prophylaxis in every patient.	□1	□ 2	□3	□4	□5	□ ₆	□ ₇
2. Lack of clear indications for VTE prophylaxis (i.e., who should get prophylaxis).	\square_1		Пз	□4	□₅	□6	□ ₇
3. Lack of clear contra-indications for VTE prophylaxis (i.e., who should not get prophylaxis).	\Box_1		□₃	□4	□5	□6	□ ₇
4. Lack of awareness about effectiveness of VTE prophylaxis.	D ₁		Пз	□4	□5	□ 6	□ ₇
5. Lack of physician agreement with current VTE prophylaxis guidelines.	$oxdota_1$		□₃	□4	□5	□6	□ ₇
6. Patient discomfort from subcutaneous injections of anticoagulants.	\Box_1		Пз	□4	□₅	□ 6	□ ₇
7. Clinician concerns about increased bleeding risk from anticoagulant administration.	□1	 2	□₃	□₄	□5	6	□ 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	Neither ineffective nor effective			Ve effecti	
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. "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. Ove	erall, what pe	rcentage of	patients is a	ppropriately	put on VTE	prophylaxis	at admission	1?			
0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%		
		□3		\square_5	\square_6	\square_7	□8	□ 9	□ ₁₀		
	what percen ocedure?	tage of patie	ents is VTE p	orophylaxis i	nterrupted (or stopped d	uring a patie	ent stay, e.g.	, because o		
0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%		
	\square_2	□3	□₄	\square_5	\square_6	□7	□8	□,	□10		
perd	percentage of patients is VTE prophylaxis resumed after the interruption?										
		\square_3	□ 4	\square_5	□6	\square_7	□8	 9	□10		

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).

Which clinician group is best able: (<i>select one</i>)	Attending physician	Fellow	Physician assistant	Resident	Consultant physician	Nurse	Pharmacist	Physical therapist
i to provide daily assessment of patient need for VTE prophylaxis?	шини Шини Шини Шини Шини Шини Шини Шини		□₃	□4	□₅	□6	□ ₇	□8
 to ensure VTE prophylaxis is ordered?	□₁	\square_2	Пз	□₄	□5	□6	□7	□8
3 to ensure adherence once VTE prophylaxis is prescribed?	D 1		□₃	□₄	□5	□6	□ ₇	□8

Thank you for your participation!