

Type

Analytics Accelerator

Status

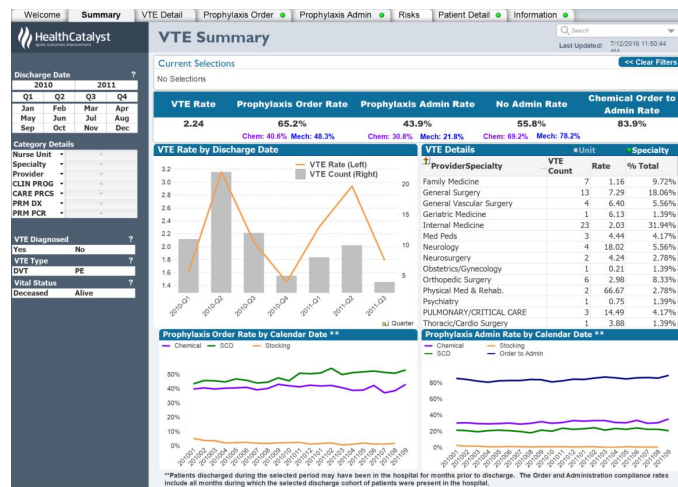
Custom Services

Revised

2015-August-20

Technical Description

The **Venous Thromboembolism (VTE) Prevention Analytics Accelerator** provides data and visualizations to help teams anticipate, prevent, detect, and manage pulmonary embolism and deep vein thrombosis in hospitalized patients. It can be deployed as a standalone application or combined with other accelerators focused on specific conditions or procedures—for example, CABG, Joint Replacement, Labor and Delivery—to enrich understanding of the whole patient and ensure best practice care across the continuum.



The VTE Prevention Analytic Accelerator provides data and analytic insight to help reduce pulmonary embolism (PE) and deep vein thrombosis (DVT) in hospitalized patients.

Background

Organizations typically choose to focus on VTE prevention for these reasons:

- **VTE is a common cause of hospital harm**. Of the 2 million Americans who suffer from VTE each year, half develop the problem in the hospital or within 30 days of hospitalization.
- **VTE results in high morbidity and mortality**. VTE is responsible for more deaths than breast cancer, AIDs, and traffic accidents combined. Pulmonary embolism (PE) resulting from deep vein thrombosis (DVT) (collectively referred to as VTE) is the most common preventable cause of hospital death.
- **Costs associated with DVT and PE are considerable—and unreimbursable**. Costs per case for treatment and increased length of stay (LOS) for DVT and PE significantly increase cost-per-case. Hospitals incur additional costs if penalized through the CMS Hospital-Acquired Condition (HAC) Reduction Program.
- **Effective, safe, and cost-effective measures exist—but are underutilized**. Pharmacological and mechanical prophylaxis significantly reduce VTE occurrence, but may not be consistently utilized, especially when patients transition through different care settings.

Application Overview

Drive a focus on evidence-based VTE prevention practices—and reduce harm, costs, and readmissions

The **VTE Prevention Analytic Accelerator** supports a disciplined, data-driven approach to efforts to lower VTE rates and improve clinical and financial outcomes such as hospital length of stay (LOS), readmissions, and costs. Typical implementations focus on VTE risk assessment and stratification, adherence to best practices for VTE prophylaxis, and ensuring appropriate prophylaxis across transitions of care.

Benefits and Features

- **Focus your team on what matters most.** The application provides at-a-glance views of outcomes and the care practices that drive them. Outcome metrics typically include VTE rate, VTE-related readmissions, length of stay (LOS), and cost-per-case. Typical process metrics visualized by the application include documentation of VTE risk on admission, compliance with appropriate prophylaxis, and effective care transitions. The result? Your team understands the priorities, focuses on reducing variation, and can solve problems that stand in the way of improvement .
- **Do more than monitor: understand.** Detailed analytics provide dynamic data exploration, real-time filtering, and drill-down to patient-level detail. A Compare tab lets you review patient and care variables—demographics, variation in care, performance in different units, etc.—to determine what’s working and not working to improve outcomes. This feature also allows you to gauge the ROI of improvement work in particular areas: what could you achieve if every unit and provider standardized to match your best performance?

Opportunity Insights

- Improved ability to identify and reduce variation in VTE prophylaxis.
- Increased ability to identify patients at risk of VTE.
- Increased use of VTE prophylaxis in high-risk patients
- Reduced incidence of VTE-related events in admitted patients.
- Reduced rates of VTE-related readmissions.

Intended Users

- Chief Medical Officer
- Chief Quality Officer
- Chief Nursing Officer
- Clinical directors
- Operational directors
- Clinical educators
- Quality improvement leaders and teams
- Service-line leadership and teams
- Unit-level leadership (Charge Nurse, e.g.) and staff

Use Cases

- The **Head of Surgery** receives a report that shows an uptick in postsurgical VTE. Working with an analyst, she accesses the application to confirm the trend and then explore the data for insight. Are all patients consistently being assessed for VTE risk on admission—and does the prophylaxis they receive correspond to their risk level? Where are the gaps, and where should improvement effort focus?
- A **clinical educator** accesses the application to identify units and clinicians that need additional education to improve adherence to the VTE assessment and prophylaxis protocols. He’s also able to use the application to pinpoint the improved outcomes they can expect if they raise their adherence to that of the best-performing units.

Data Sources

This product may leverage one or more of the following sources:

- EMR - Clinical
- Finance/Costing
- Billing

Key Measures

- Hospital-acquired VTE rate
- Readmissions
- Length of stay (LOS)
- Cost-per-case
- Patient experience

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