



# **Venous Thromboembolism 2015 Abstraction Guidance**

**March 23, 2015  
2 p.m. ET**

---

**Denise Krusenoski, MSN, RN, CMSRN, CHTSP-CP  
Associate Project Director  
Department of Quality Measurement, The Joint Commission**

**Candace Jackson, RN  
Inpatient Quality Reporting Support Contract Lead  
HSAG**

# Purpose

Provide information and updates regarding:

- Changes to data elements:
  - Reason for Discontinuation of Parenteral Therapy
  - Warfarin Administration
  - VTE Present at Admission
  - VTE Confirmed
- New data element Reason for No Administration of VTE Prophylaxis
- VTE sub-populations

# Objectives

- Participants will be able to:
- Assist with data abstraction for the VTE data elements
- Explain the rationale behind the changes and updates in the data elements
- Understand the changes and updates in the data elements
- Identify and understand the VTE sub-populations



# **Venous Thromboembolism 2015 Abstraction Guidance**

Denise Krusenowski RN MSN CMSRN  
CHTS-CP

March 23, 2015

# Objectives



1. To assist the audience with data abstraction for the Venous Thromboembolism data elements
2. To explain to the audience the rationale behind the changes and updates in the data elements
3. To provide answers to questions regarding the changes and updates in the data elements

# Data Elements Covered Today

- Reason for Discontinuation of Parenteral Therapy
- VTE Confirmed
- Reason for No Administration of VTE Prophylaxis
- Warfarin Administration
- VTE Present At Admission
- Reason for No VTE Prophylaxis

# Reason for Discontinuation of Parenteral Anticoagulation Therapy

- There must be a reason documented for discontinuation of the parenteral anticoagulation therapy.
- It must be documented by a physician/APN/PA or pharmacist.
- It must be documented on the same day or the day before the order for the discontinuation.



# Example

- ▶ On the day before the order for the discontinuation of the Heparin drip, the physician indicates D/C Heparin drip has recent falls.
- ▶ Select “Yes,” Not a candidate for anticoagulation.

# Reason for Discontinuation of Parenteral Anticoagulation Therapy-cont.



- ▶ For patients who have **less than five** days of overlap therapy:
  - **Additional** documentation is needed to support the reason for discontinuation of parenteral anticoagulation therapy
    - Example: the patient is bleeding

# Example

- ▶ Patient had three days of overlap therapy. Under assessment & plan: on day that parenteral was discontinued, MD writes: Acute hypoxic respiratory failure secondary to multiple PEs resolved....Recent ICH-CT here, no change....INR noted. D/C Lovenox Hold Coumadin, F/U INR in AM.
- ▶ Select “Yes,” recent ICH.

# Reason for Discontinuation of Parenteral Anticoagulation Therapy-cont.

- ▶ For patients with less than five days of overlap therapy AND documentation of therapeutic INR or an INR with a value equal to 2.0-3.0 (target range of 2.5), **additional** documentation is needed to support the reason to select “Yes.”

# Example

- ▶ Patient was admitted for PE. Patient was started on Lovenox SQ and Warfarin with three days of overlap therapy. Day of discharge physician documents INR 2.5, patient therapeutic, discharge on Warfarin, follow up in clinic.
- ▶ Select 'No.'

# Example

- ▶ Patient was admitted for PE/DVT. Patient was started on Lovenox SQ and on it for three days and had overlap therapy with Warfarin for three days. Xarelto is administered on day of discharge. Warfarin and Lovenox were not prescribed at discharge.
- ▶ Select “YES.”

# Reason for Discontinuation of Parenteral Anticoagulation Therapy

- ▶ “In patients with acute DVT of the leg, we recommend early initiation of VKA (e.g., same day as parenteral therapy is started) over delayed initiation, and continuation of parenteral anticoagulation for a minimum of five days **and** until the international normalized ratio (INR) is 2.0 or above for at least 24 h (Grade 1B).”

- ▶ American College of Chest Physicians 9<sup>th</sup> Edition Guidelines

# Reason for No Administration of VTE Prophylaxis



- ▶ There must be physician/APN/PA documentation of why VTE prophylaxis was not administered.
- ▶ It must be dated between arrival and the *VTE Diagnostic Test* performed.

# Example

- ▶ Patient admitted 10/2/14 with BLE burns. “No SCD’s” documented in ER, patient with history of recent rectal bleeding, “no pharmaco prophylaxis” documented 10/3/14. No SCD’s were ever placed, no pharma prophylaxis administered. CT with contrast of chest ordered on 10/7/14. CT findings positive for PE.
- ▶ Select “Yes.”

# Reason for No Administration of VTE Prophylaxis Cont.

- ▶ No Low Risk Assessment is acceptable
- ▶ No IV Heparin is acceptable
- ▶ Ambulation is acceptable
- ▶ Patient Refusal is acceptable
- ▶ CMO is acceptable

# Warfarin Administration

- ▶ First, locate the acceptable VTE Diagnostic Test completed.
- ▶ Then review the chart to ascertain if Warfarin was administered any time after the test.
  - The acceptable test is the earliest test that confirmed the VTE.

# Example

- ▶ Pt admitted with bilateral DVT on 12/1/14, confirmed with venous Doppler lower extremities on 12/1/14. Lovenox for 12/1/14-12/6/14. MRI of the pelvis 12/6/14. Warfarin 12/6/14. Patient discharged 12/6/14.
- ▶ Select “Yes.”

# VTE Present at Admission

- Any VTE Present or suspected in the record could be used to select “YES” to the data element VTE Present at Admission.
- It must be documented from time of arrival to the day after admission.
  - This can be found anywhere in the body.

# Example

- ▶ If a patient is transferred in with a known clot in her arm and SVC (dx by a CT done at the transferring facility), and has a CT with contrast in the ER that indicates positive PE, should this question be "yes" or "no"
- ▶ Select "Yes."

# VTE Confirmed

- ▶ First review the chart for physician/APN/PA documentation that the patient had a *VTE Diagnostic Test*.
- ▶ Then review if the VTE was confirmed in one of the defined locations.
- ▶ Be sure this is documented within four days prior to arrival, or anytime during the hospitalization.

# Example

- ▶ Patient arrives to ED with pneumonia 1/2/15. CT chest ordered 1/2/15, results negative. On 1/4/15 patient c/o SOB, VQ scan indicates high probability PE. MD documents PE on 1/5/15.
- ▶ Select “Yes.”

# VTE Confirmed

- ▶ If more than one test is performed, first review all the VTE Diagnostic Tests and make sure they are all acceptable.
- ▶ Then review the chart for the **earliest, acceptable VTE Diagnostic Test** that confirmed the VTE, and be sure the VTE is in one of the defined locations.

# VTE Confirmed

- ▶ Recurrent, chronic, sub-acute, or history of VTE is acceptable ONLY if there is documentation of an acute or new VTE.

Example:

- ▶ If a patient had a history of lower extremity DVT, but vascular ultrasound found a new DVT in the proximal vein of the right lower extremity, select “Yes.”

# Example

- ▶ Venous Duplex Ultrasound of LLE showed echogenic thrombus within the popliteal vein and is seen with its most proximal extent in the distal superficial femoral veins. The thrombus appears somewhat echogenic which may indicate that is subacute.
- ▶ Select “No.”

# Example

- ▶ If a DVT is located in the proximal leg veins, including superficial femoral vein, would the US Doppler findings, "Thrombosis is visualized in the right distal superficial vein" be acceptable to answer "Yes" for VTE confirmed?
- ▶ Select "Yes."

# VTE Confirmed

- ▶ For patients with “low probability” or “inconclusive” test results on any of the acceptable *VTE Diagnostic Tests*, select “No.”
- ▶ If the radiology test is all you have and the test is inconclusive select “No.”
- ▶ **HOWEVER.....** Next slide

# VTE Confirmed

- ▶ If there is questionable physician/APN/PA documentation regarding whether the patient had VTE, select “**Yes.**”

Example:

- ▶ If the radiologist interpretation of the exam did not confirm DVT, but there is documentation of a DVT in physician’s progress notes, select “**Yes.**”
  - If you have more than one provider and one of them documents positive result, select “**YES.**”

# Example

- ▶ Pt had a VQ Scan which shows "Intermediate Probability for Pulmonary Embolism." The patient also had venous duplex of lower extremity which show Acute DVT of right gastrocnemius vein. On a progress note, the physician states under assessment: acute PE and the patient was treated for a PE.
- ▶ Select **"Yes."**

# VTE Confirmed

- ▶ If the record indicates **ONLY** a radiology report, and that report is questionable regarding whether the patient had a VTE, select “No.”



# Reason for No VTE Prophylaxis- Hospital Admission

- ▶ **\*\*New\*\*** History of Warfarin use is an automatic “YES.”
- ▶ Documentation that the patient is adequately anticoagulated or already anticoagulated, select “Yes.”
- ▶ Examples:
  - Patient is already anticoagulated, taking Coumadin at home prior to admission.
  - INR therapeutic and adequately anticoagulated at this time.

# Reason for No VTE Prophylaxis- Hospital Admission

- For patients with a reason for no pharmacologic or no mechanical prophylaxis and an order for ANY prophylaxis that was NOT administered without a reason (e.g., patient refusal), select “No.”

# Example

- ▶ Patient has an MD risk assessment stating low risk with an order for SCDs. There is no documentation that the SCDs were applied and the patient received no other VTE prophylaxis.
- ▶ Select “No.”

# Questions?





# **2015 VTE Population and Measures**

---

**Candace Jackson, RN**  
**Inpatient Quality Reporting Support Contract Lead**  
**HSAG**

# VTE Measures

## Required

- VTE-1
- VTE-2
- VTE-3
- VTE-5
- VTE-6

## Voluntary

- VTE-4

# VTE Population

- Three distinct Initial Patient Populations (or sub-populations)
- All three sub-populations include inpatient discharges who are:
  - $\geq 18$  years of age
  - Length of Stay (LOS)  $\leq 120$  days
- Each sub-population must be sampled independently

# VTE Sub-Populations

- No VTE sub-population (sub-population 1)
  - Includes patients with any ICD-9-CM diagnosis code (Principal or Other) **except** patients with a diagnosis of Obstetrics (Table 7.02), VTE (Table 7.03) or Obstetrics-VTE (Table 7.04)
- Principal VTE sub-population (sub-population 2)
  - Includes patients with an ICD-9-CM **Principal** diagnosis of VTE or Obstetrics-VTE

# VTE Sub-populations

- Other VTE Only sub-population (sub-population 3)
  - Patients with an ICD-9-CM **Other** diagnosis code of VTE or Obstetrics-VTE

# VTE Sub-Populations and Sampling

## VTE

Patients  $\geq$  18 years of age with a LOS  $\leq$  120 days and any ICD-9-CM Diagnosis Code

The VTE measure set has three distinct sub-populations identified by a specific group of diagnosis codes

<p style="text-align: center;"><b>No – VTE</b> <b>Sub-population 1</b></p> <p>Any ICD-9-CM <b>Principal or Other</b> Diagnosis Code except for Diagnosis Code of VTE (Table 7.03), Obstetrics (Table 7.02) or Obstetrics – VTE (Table 7.04)</p> <p>Will submit <u>all</u> VTE measures, however this population will be evaluated to determine if they received VTE prophylaxis (VTE-1 and VTE -2)</p> <p style="text-align: center;">Quarterly Sampling</p> <table border="1"> <thead> <tr> <th>Population</th> <th>Sample size</th> </tr> </thead> <tbody> <tr> <td><math>\geq</math> 896</td> <td>180</td> </tr> <tr> <td>226 – 895</td> <td>20% of Population</td> </tr> <tr> <td>45 – 225</td> <td>45</td> </tr> <tr> <td><math>&lt;</math>45</td> <td>100% of Population</td> </tr> </tbody> </table>	Population	Sample size	$\geq$ 896	180	226 – 895	20% of Population	45 – 225	45	$<$ 45	100% of Population	<p style="text-align: center;"><b>Principal VTE</b> <b>Sub-population 2</b></p> <p style="text-align: center;">ICD-9-CM Principal Diagnosis Code of VTE or Obstetrics-VTE</p> <p>Will submit <u>all</u> VTE measures, however this population will be evaluated to determine if they received appropriate <u>thrombolytics</u> and discharge instructions (VTE-3, VTE-4, and VTE-5)</p> <p style="text-align: center;">Quarterly Sampling</p> <table border="1"> <thead> <tr> <th>Population</th> <th>Sample size</th> </tr> </thead> <tbody> <tr> <td><math>\geq</math> 1796</td> <td>360</td> </tr> <tr> <td>451 – 1795</td> <td>20% of Population</td> </tr> <tr> <td>90 – 450</td> <td>90</td> </tr> <tr> <td><math>&lt;</math>90</td> <td>100% of Population</td> </tr> </tbody> </table>	Population	Sample size	$\geq$ 1796	360	451 – 1795	20% of Population	90 – 450	90	$<$ 90	100% of Population
Population	Sample size																				
$\geq$ 896	180																				
226 – 895	20% of Population																				
45 – 225	45																				
$<$ 45	100% of Population																				
Population	Sample size																				
$\geq$ 1796	360																				
451 – 1795	20% of Population																				
90 – 450	90																				
$<$ 90	100% of Population																				
	<p style="text-align: center;"><b>Other VTE Only</b> <b>Sub-population 3</b></p> <p style="text-align: center;">ICD-9-CM <b>Other</b> Diagnosis Code of VTE or Obstetrics-VTE</p> <p>Will submit <u>all</u> measures, however this population will be evaluated to determine if they received appropriate <u>thrombolytics</u>, discharge instructions and if the VTE was preventable (VTE-3, VTE-4, VTE-5, and VTE-6)</p> <p style="text-align: center;">Sampling</p> <p style="text-align: center;">Not eligible for sampling – 100% of Population</p>																				

# VTE Measure

## Inclusions/Exclusions

	VTE-1 VTE Prophylaxis	VTE-2 ICU VTE Prophylaxis	VTE-3 VTE Patients with Anticoagulation Overlap Therapy	VTE-4 VTE Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	VTE-5 VTE Warfarin Therapy Discharge Instructions	VTE-6 Hospital Acquired Potentially- Preventable VTE
Sub- population 1	Included	Included	Excluded	Excluded	Excluded	Excluded
Sub- population 2	Excluded	Excluded	Included	Included	Included	Excluded
Sub- population 3	Excluded	Excluded	Included	Included	Included	Included

Note: Included or excluded by the Principal and/or Other Diagnosis Codes. Case will be included unless there are other exclusions.

# Contact Us



## Q & A Tool

<https://cms-ip.custhelp.com>



## Email Support

[InpatientSupport@viqrc1.HCQIS.org](mailto:InpatientSupport@viqrc1.HCQIS.org)



## Phone Support

844.472.4477 or  
866.800.8765



## Inpatient Live Chat

[www.qualityreportingcenter.com/inpatient](http://www.qualityreportingcenter.com/inpatient)



## Monthly Web Conferences

[www.QualityReportingCenter.com](http://www.QualityReportingCenter.com)



## Secure Fax

877.789.4443



## ListServes

Sign up on  
[www.QualityNet.org](http://www.QualityNet.org)



## Website

[www.QualityReportingCenter.com](http://www.QualityReportingCenter.com)

# Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional boards:
  - Florida Board of Nursing
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing boards

# CE Credit Process

- Complete the ReadyTalk<sup>®</sup> survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
  - A one-time registration process is required.
- Additional details are available at:  
[www.oqrsupport.com/hospitaloqr/education\\_continuing](http://www.oqrsupport.com/hospitaloqr/education_continuing).

This material was prepared by the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services.  
HHSM-500-2013-130071, FL-IQR-Ch8-03132015-05