Attachment 3- Screenshots of Questionnaire in QualtricsXM

Screenshot 1

Screenshot 2

The Joint Commission

Evaluation of Venous Thromboembolism Prevention Practices in U.S. Hospitals

Thank you for agreeing to participate in the evaluation of venous thromboembolism (VTE) prevention practices in U.S. hospitals. It is important to note that the questionnaire is focused on providing an accurate snapshot of current VTE activities in U.S. hospitals. There are no right, or wrong answers and the questions are not intended to suggest that hospitals should be doing certain activities.

Instructions for completing this questionnaire:

- Use the back and forward arrows at the bottom of each page to navigate the pages on the questionnaire.
- Italicized words are instructional.
- For words that are underlined, hover over the word and a definition is provided. Please note that you will not be able to see definitions of underlined words if you are taking this survey on your mobile device.
- There are no required questions. You are free to skip any question that you choose.
- Your answers are automatically saved and you can exit and re-enter to continue responding to the questionnaire as long as you have not clicked the 'Submit' button on the last page.
- The last page of the questionnaire provides space for any additional comments .
- When you reach the end of the questionnaire, please remember to click on the 'Submit' button.

If you have any questions concerning the questionnaire or this project in general, please contact Salome Chitavi PhD at schitavi@jointcommission.org or 630-792-5977 or Barbara Braun PhD at bbraun@jointcommission.org or 630-792-5928 in the Department of Research, The Joint Commission.

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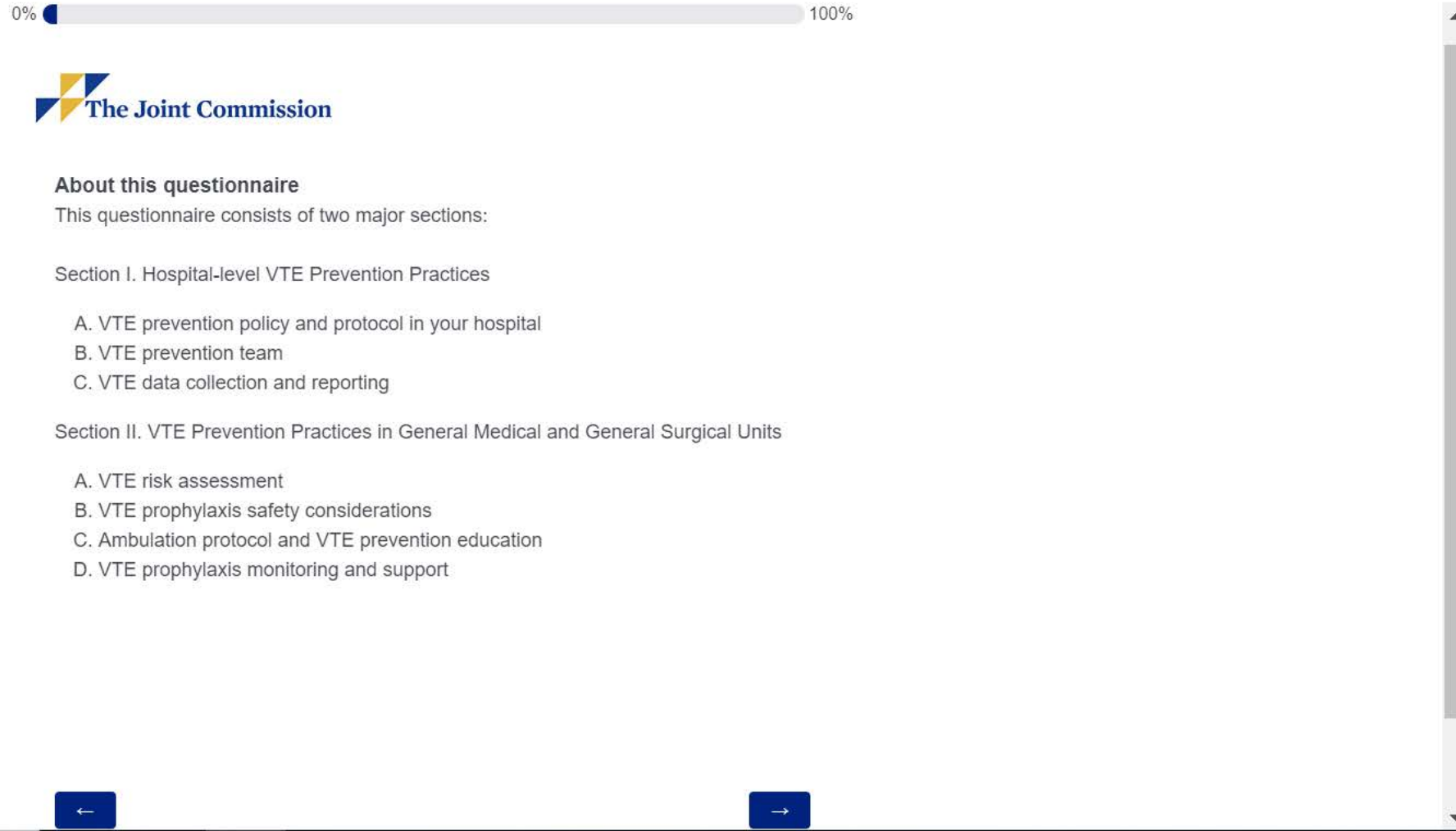
Screenshot 3



Screenshot 4

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Definitions and Key Abbreviations
For questions specific to units / services, use the following definitions:

General **medical** unit(s) / services includes adult patients 18 years or older. This excludes patients located in the following units: critical care unit, sub-specialty services / units, pediatric, obstetrics and gynecology, psychiatric, and substance abuse.

General **surgical** unit(s) / services includes adult patients 18 years or older undergoing surgeries that focus on the abdomen including esophagus, stomach, small intestine, large intestine, liver, pancreas, gallbladder, appendix and bile ducts, and often the thyroid gland (depending on local referral patterns). It may also include patients undergoing surgery for diseases involving the skin, breast, soft tissue, trauma, peripheral vascular surgery and hernias and perform endoscopic procedures such as gastroscopy and colonoscopy. This section should exclude patients treated within surgical specialties such as orthopedics, bariatrics, gynecology and pediatrics.

If your hospital has a combined medical and surgical unit and the unit typically has greater than or equal to 50% medical patients in this unit, include in general medical unit(s). If it is less than 50% medical patients in this combined unit, then include in surgical unit.

Key abbreviations
CDS = Clinical Decision Support
CMS = Centers for Medicare & Medicaid Services
DVT = Deep vein thrombosis
HIIN = Hospital Improvement Innovation Network
PE = Pulmonary embolism
RAM = Risk assessment model
VTE = Venous thromboembolism

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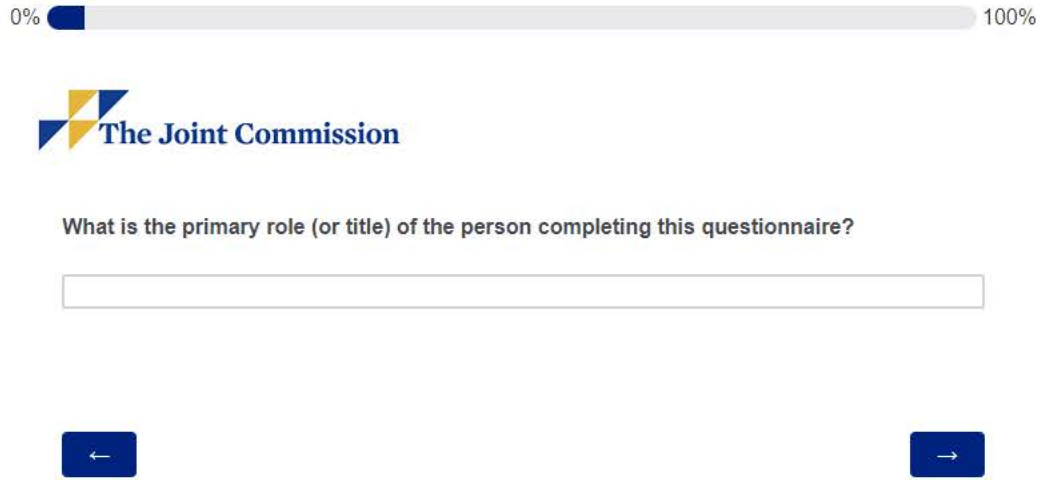
Screenshot 5



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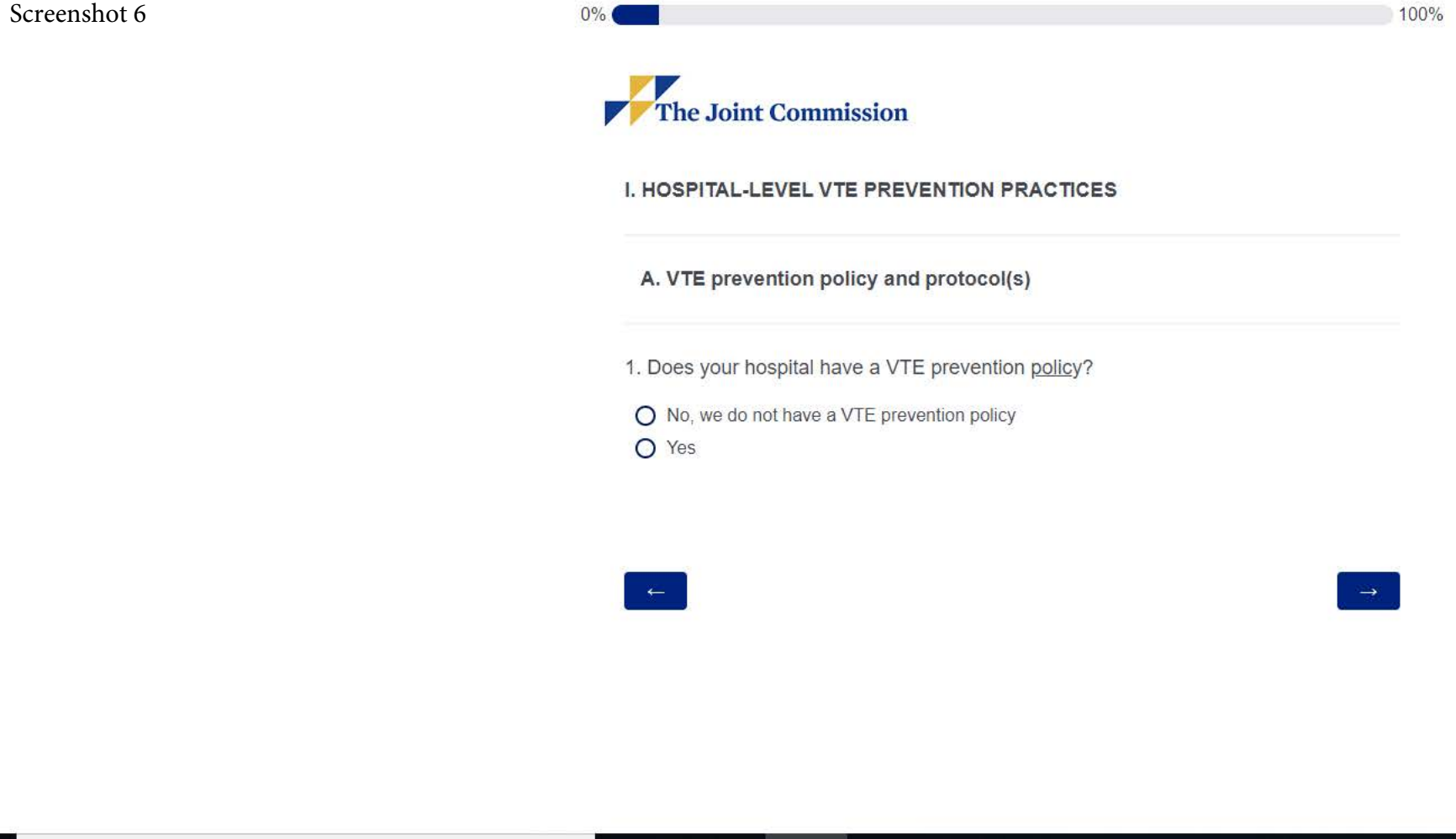

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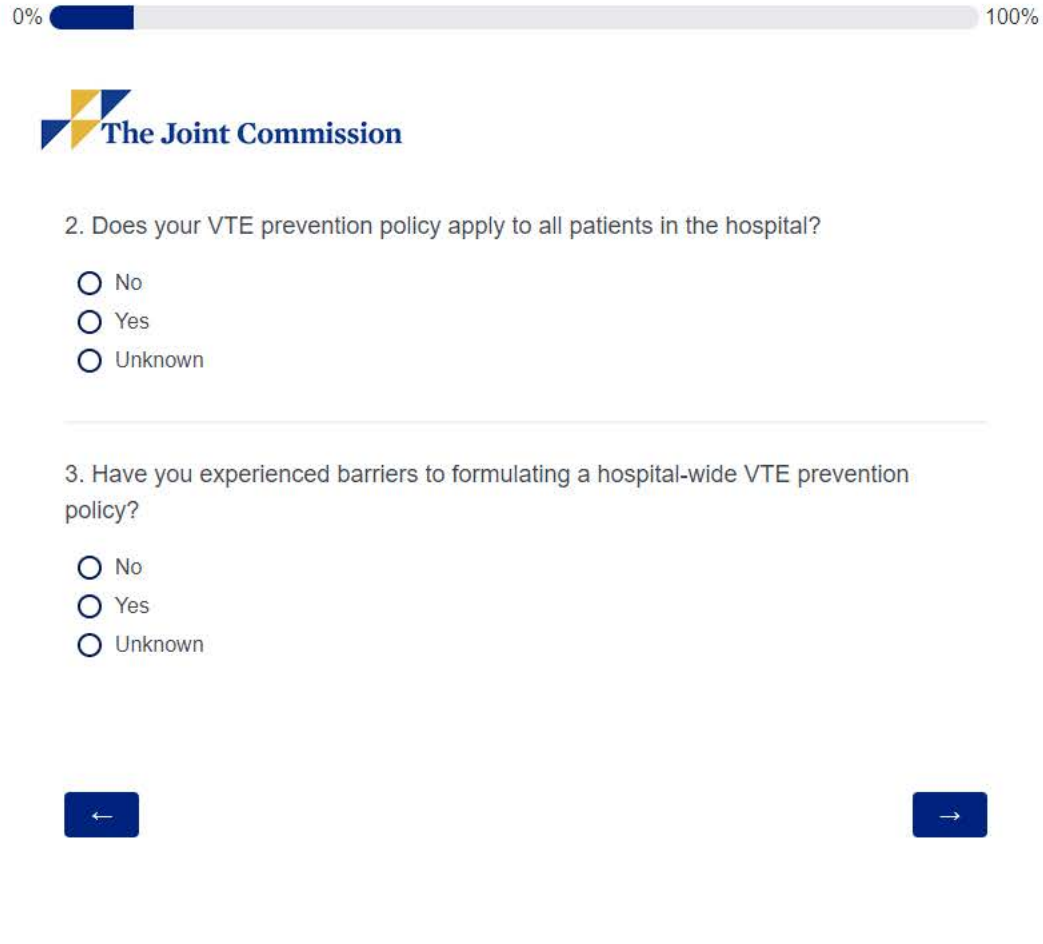

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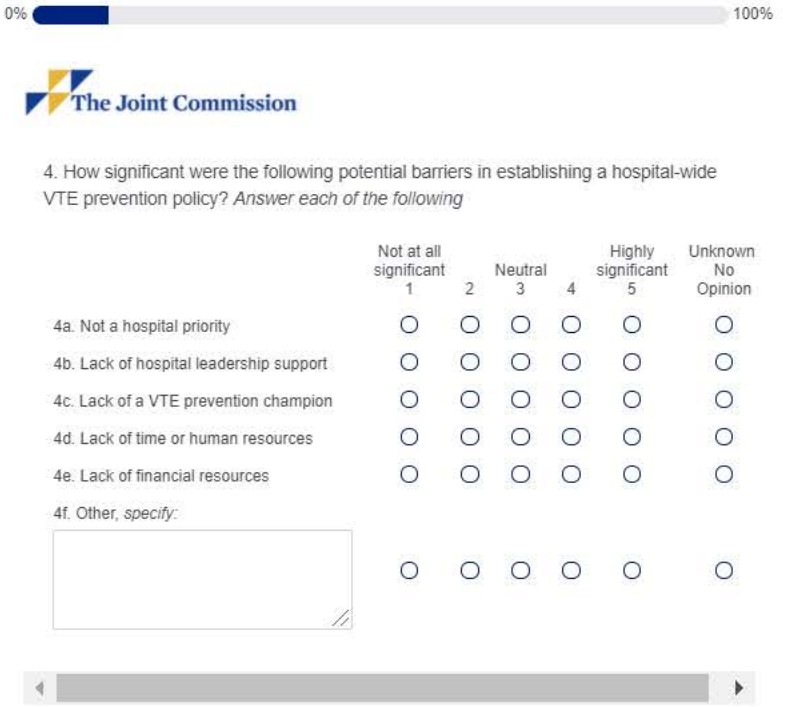

Screenshot 9

6. Is there a unit-specific VTE prevention protocol for any of the following?

- ○ General **medical** units / wards only
- ○ General **surgical** units / wards only
- ○ For both general **medical** and general **surgical** units/ wards
- ○ No, we do not have any unit specific protocols
- ○ Other, *specify*:

B. VTE prevention team

7. Does your hospital or hospital system have a VTE prevention team (committee or work group)?

- ○ No
- ○ Yes, we have a designated team that focuses specifically on VTE prevention
- ○ Yes, VTE is addressed by another committee, *specify*:

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Screenshot 10

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8. Does the VTE prevention team (committee or work group) have representation from two or more hospital departments?

- ○ No
- ○ Yes
- ○ Unknown

9. How many people are on the VTE prevention team (committee or work group)?

- ○ 2-5
- ○ 6-12
- ○ 13-20
- ○ ≥ 21

10. What healthcare professional(s) comprise the VTE prevention team (committee or work group)? *Check all that apply*

Note: May check dual roles. For example, if a team member has the role of officer and nurse, both can be checked

- ☐ Administrators or Officers
- ☐ Physicians
- ☐ Nurses
- ☐ Quality Improvement representative(s)
- ☐ Pharmacists
- ☐ Information Technology / Informatics
- ☐ Respiratory Therapist
- ☐ Rehabilitation Professional
- ☐ Others, *specify*:

Screenshot 11

- [ ] Others, *specify*:

11. How often does the VTE prevention team (committee or work group) meet?

- ◯ Annually
- ◯ Quarterly
- ◯ Monthly
- ◯ Weekly
- ◯ Other, *specify*:

12. Has your hospital participated in a Hospital Improvement Innovation Network (HIIN) project on improving patient safety that addressed VTE prevention?

- ◯ No
- ◯ Yes
- ◯ Unknown

C. VTE data collection and reporting

13. Which, if any, of the following VTE data does your hospital currently collect over time? *Check all that apply*

- [ ] Number of newly diagnosed cases of hospital-associated DVT or PE that occur as a result of hospitalization, surgery, or other healthcare treatment or procedure
- [ ] Percentage of patients with a VTE risk assessment
- [ ] Percentage of patients receiving appropriate VTE prophylaxis
- [ ] Number of patients with bleeding events and / or complications related to anticoagulant prophylaxis
- [ ] Other, *describe*:

Screenshot 12

☐ None

14. Does your hospital review hospital-associated VTE events?

- ○ No
- ○ Yes, some events
- ○ Yes, all events
- ○ Unknown

15. Does your hospital review adverse events and complications from anticoagulant prophylaxis?

- ○ No
- ○ Yes, some events
- ○ Yes, all events
- ○ Unknown

16. Does your hospital externally report VTE data to a private, state, or federal agency?

- ○ No
- ○ Yes
- ○ Unknown

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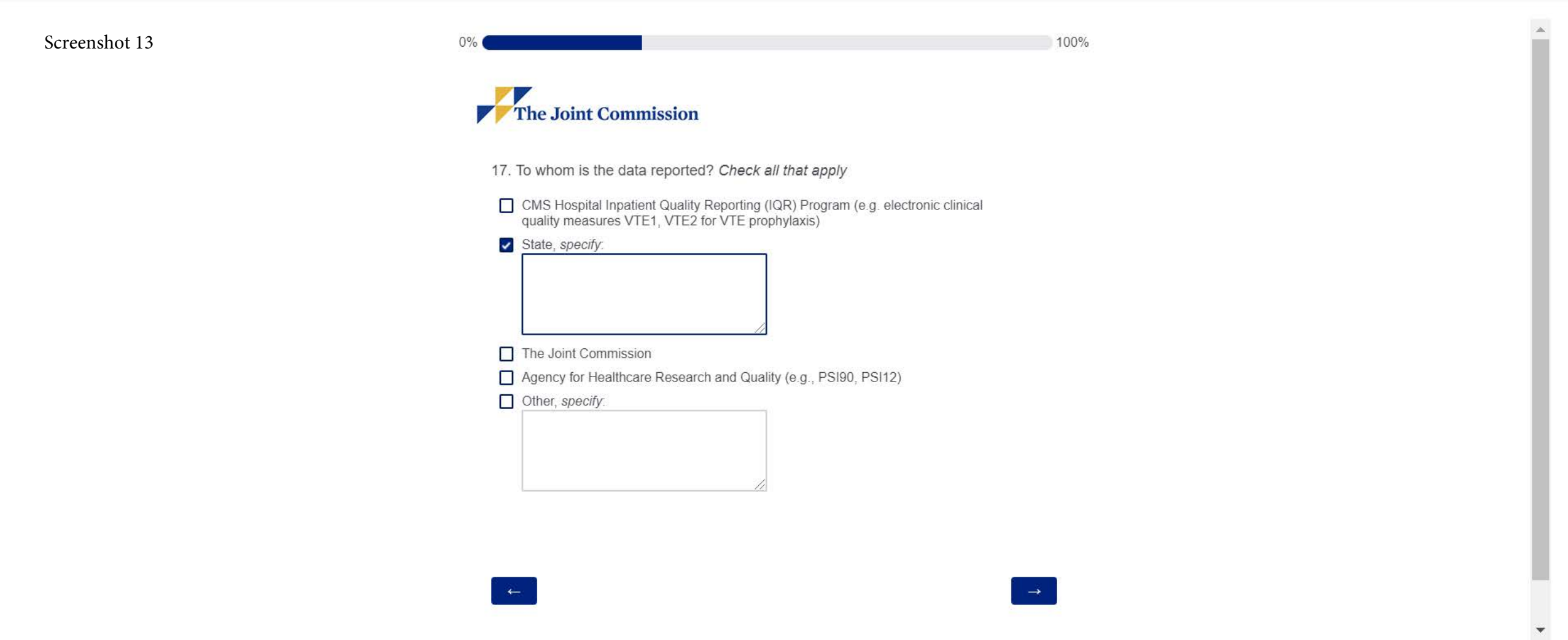
Screenshot 13



Screenshot 14

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II. VTE PREVENTION PRACTICES IN GENERAL MEDICAL AND SURGICAL SERVICES / UNITS

General **medical** unit(s) / services includes adult patients 18 years or older. This excludes patients located in the following units: critical care unit, sub-specialty services / units, pediatric, obstetrics and gynecology, psychiatric, and substance abuse.

General **surgical** unit(s) / services includes adult patients 18 years or older undergoing surgeries that focus on the abdomen including esophagus, stomach, small intestine, large intestine, liver, pancreas, gallbladder, appendix and bile ducts, and often the thyroid gland (depending on local referral patterns). It may also include patients undergoing surgery for diseases involving the skin, breast, soft tissue, trauma, peripheral vascular surgery and hernias and perform endoscopic procedures such as gastroscopy and colonoscopy. This section should exclude patients treated within surgical specialties such as orthopedics, bariatrics, gynecology and pediatrics.

If your hospital has a combined medical and surgical unit and the unit typically has greater than or equal to 50% medical patients in this unit, include in general medical unit(s). If it is less than 50% medical patients in this combined unit, then include in surgical unit.

Screenshot 15

A. VTE risk assessment

18. Which patients are routinely assessed for VTE risk?

- ○ Patients in general **medical** units only
- ○ Patients in general **surgical** units only
- ○ Patients in both general **medical** and general **surgical** units
- ○ Neither general medical nor general surgical but other specialty groups of patients
- ○ None

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Screenshot 16

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19a. Who conducts VTE risk assessment for general **medical** patients? *Check all that apply*

- ☐ Physician
- ☐ Nurse Practitioner / Physician Assistant
- ☐ Nurse
- ☐ Pharmacist
- ☐ Other, *specify*:

19b. Who conducts VTE risk assessment for general **surgical** patients? *Check all that apply*

- ☐ Physician
- ☐ Nurse Practitioner / Physician Assistant
- ☐ Nurse
- ☐ Pharmacist
- ☐ Other, *specify*:

20. Which services / units use a standardized VTE risk assessment?

- ○ General **medical** only
- ○ General **surgical** only
- ○ Both general **medical** and general **surgical**
- ○ Neither general medical nor general surgical but other specialty groups of patients
- ○ None

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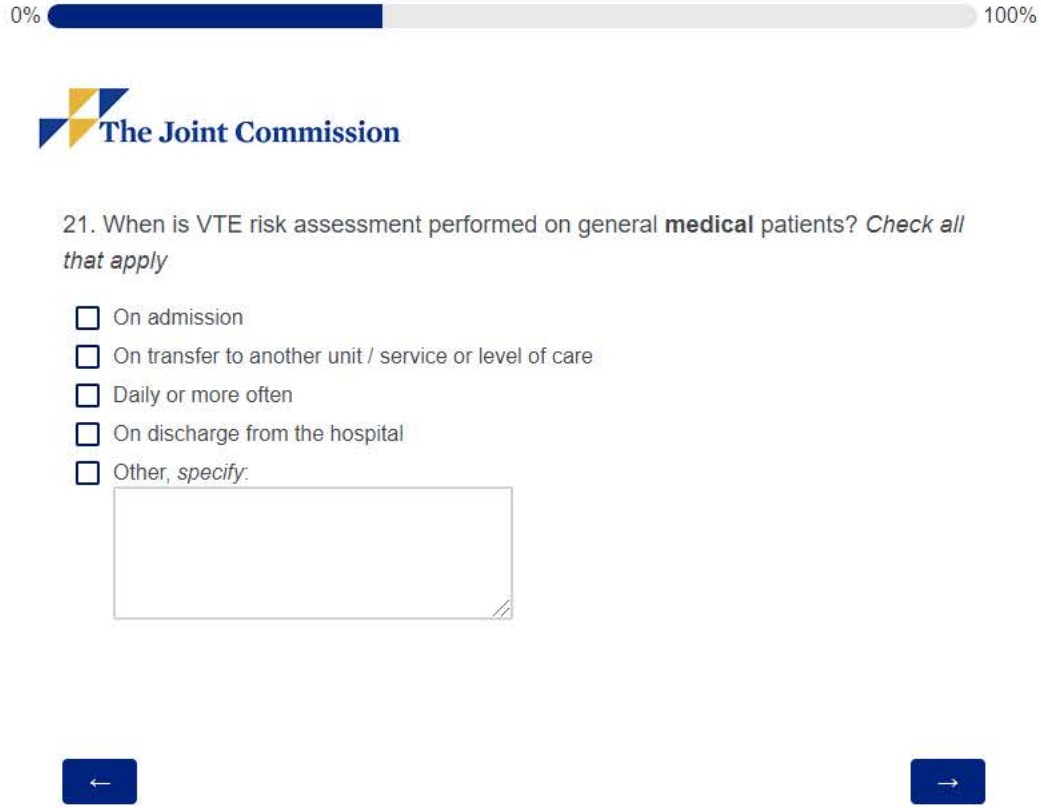
Screenshot 17



Screenshot 18

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21a. Is the risk assessment on general **medical** patients mandatory or optional on admission?

- ○ Mandatory
- ○ Optional

21b. Is the risk assessment on general **medical** patients mandatory or optional on transfer to another unit / service?

- ○ Mandatory
- ○ Optional

21c.Is the daily risk assessment on general **medical** patients mandatory or optional?

- ○ Mandatory
- ○ Optional

Screenshot 19

21d. Is the risk assessment on general **medical** patients mandatory or optional on discharge from the hospital?

- ○ Mandatory
- ○ Optional

22. When is VTE risk assessment performed on general **surgical** patients? *Check all that apply*

- ☐ On admission
- ☐ On transfer to another unit / service or level of care
- ☐ Daily or more often
- ☐ On discharge from the hospital
- ☐ Other, *specify*:

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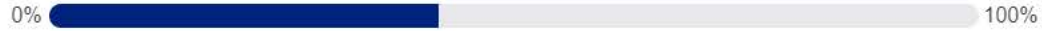
Screenshot 20



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22a. Is the risk assessment on general **surgical** patients mandatory or optional on admission?

- ○ Mandatory
- ○ Optional

22b. Is the risk assessment on general **surgical** patients mandatory or optional on transfer to another unit / service?

- ○ Mandatory
- ○ Optional

22c. Is the daily risk assessment on general **surgical** patients mandatory or optional?

- ○ Mandatory
- ○ Optional

Screenshot 21

22d. Is the risk assessment on general **surgical** patients mandatory or optional on discharge from the hospital?

- ○ Mandatory
- ○ Optional

23a. If you use a VTE risk assessment model for your **medical** patients, is it based on an externally published risk assessment model?

- ○ No, we use a standardized VTE risk assessment model for our **medical** patients that is not based on an externally published risk assessment model
- ○ Yes

23b. If you use a VTE risk assessment model for your **surgical** patients, is it based on an externally published risk assessment model?

- ○ No, we use a standardized VTE risk assessment model for our **surgical** patients that is not based on an externally published risk assessment model
- ○ Yes

Screenshot 22

24a. Which type of qualitative risk assessment model is being used for general **medical** patients?

- ◯ We do not use a qualitative risk assessment model for general **medical** patients
- ◯ 3-bucket/University of California San Diego (UCSD) as published
- ◯ Modified 3-bucket, *describe*:
- ◯ Other, or internally developed consensus model *specify*:

24b. Which type of quantitative risk assessment model is being used for general **medical** patients?

- ◯ We do not use a quantitative risk assessment model for general **medical** patients
- ◯ Caprini (as published)
- ◯ Modified Caprini
- ◯ Kucher (as published)
- ◯ Modified Kucher
- ◯ IMPROVE Predictive (as published)
- ◯ IMPROVE Associative (as published)
- ◯ Intermountain Health (as published)
- ◯ Modified Intermountain Health
- ◯ Padua (as published)
- ◯ Modified Padua
- ◯ Other, or internally developed consensus model *specify*:

Screenshot 23

24c. Which type of qualitative risk assessment model is being used for general **surgical** patients?

- ◯ We do not use a qualitative risk assessment model for general **surgical** patients
- ◯ 3-bucket/University of California San Diego (UCSD)
- ◯ Modified 3-bucket, *describe*:
- ◯ Other, or internally developed consensus model *specify*:

24d. Which type of quantitative risk assessment model is being used for general **surgical** patients?

- ◯ We do not use a quantitative risk assessment model for general **surgical** patients
- ◯ Caprini (as published)
- ◯ Modified Caprini
- ◯ Kucher (as published)
- ◯ Modified Kucher
- ◯ IMPROVE Associative (as published)
- ◯ IMPROVE Predictive (as published)
- ◯ Modified IMPROVE
- ◯ Intermountain Health (as published)
- ◯ Modified Intermountain Health
- ◯ Padua (as published)
- ◯ Modified Padua
- ◯ Other, or internally developed consensus model *specify*:

Screenshot 24

25a. In what format is the VTE risk assessment model implemented for general **medical** services / units? *Check all that apply*

- ☐ Electronic (with the exception of EMR downtime)
- ☐ Paper
- ☐ Other, *specify*:

25b. In what format is the VTE risk assessment model implemented for general **surgical** services / units? *Check all that apply*

- ☐ Electronic (with the exception of EMR downtime)
- ☐ Paper
- ☐ Other, *specify*:

26a. Do you systematically review information on your general **medical** patients' VTE risk assessments to monitor adherence to your VTE prevention policy and / or protocol for internal quality purposes?

- ○ No
- ○ Yes
- ○ Not applicable, we do not have a VTE prevention policy or protocol

Screenshot 25

26b. Do you systematically review information on your general **surgical** patients' VTE risk assessments to monitor adherence to your VTE prevention policy and / or protocol for internal quality purposes?

- ◯ No
- ◯ Yes
- ◯ Not applicable, we do not have a VTE prevention policy or protocol

27. Does your hospital calculate the proportion of patients with a risk assessment completed on admission?

- ◯ No
- ◯ Yes, for **medical** patients only
- ◯ Yes, for **surgical** patients only
- ◯ Yes, for both **medical** and **surgical** patients
- ◯ Unknown

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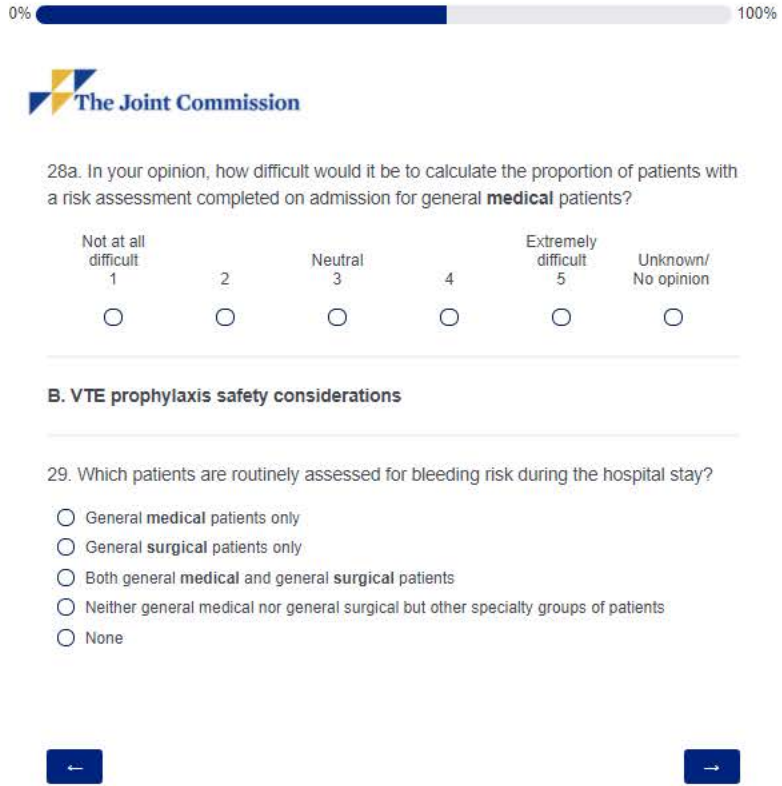
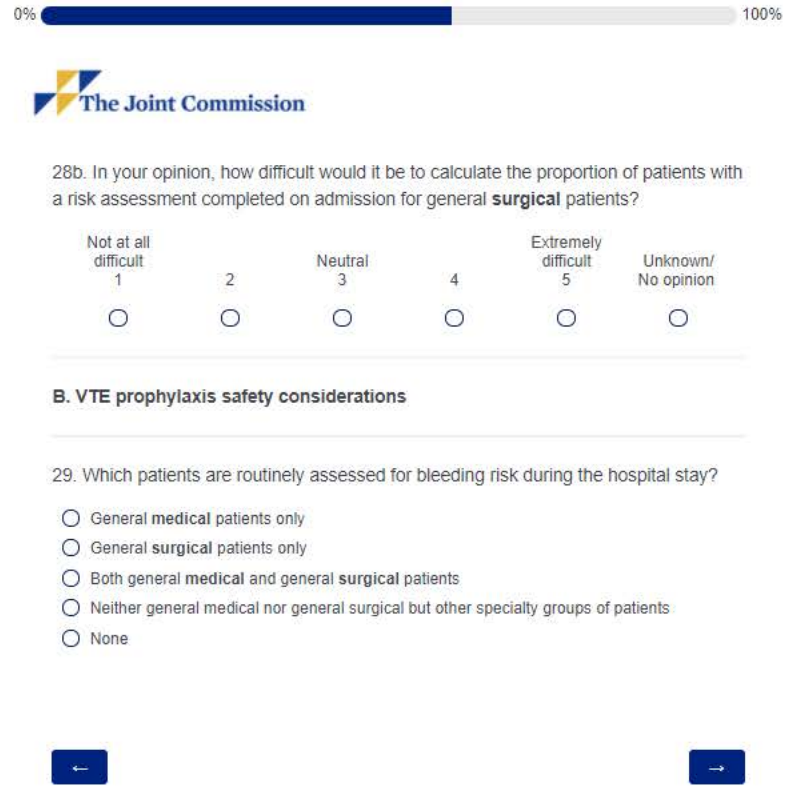
Screenshot 26



Screenshot 27



Screenshot 28

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30a. Who conducts the bleeding risk assessment for your general **medical** patients?
Check all that apply

- [ ] Physician
- [ ] Nurse Practitioner / Physician Assistant
- [ ] Nurse
- [ ] Pharmacist
- [ ] Other, *specify*:

30b. Who conducts the bleeding risk assessment for your general **surgical** patients?
Check all that apply

- [ ] Physician
- [ ] Nurse Practitioner / Physician Assistant
- [ ] Nurse
- [ ] Pharmacist
- [ ] Other, *specify*:

Screenshot 29

☐ Other, *specify*:

31a. Is the bleeding risk assessment model for your general **medical** patients based on an externally published model?

○ No, we use an internally developed consensus model, *describe*:

○ Yes

31b. Is the bleeding risk assessment model for your general **surgical** patients based on an externally published model?

○ No, we use an internally developed consensus model, *describe*:

○ Yes

Screenshot 30

32a. What is the model being used for bleeding risk assessment in your general **medical** services / unit(s)?

- ○ IMPROVE
- ○ HAS-BLED Score
- ○ Modified version of one of the above, *describe*:
- ○ Other, or internally developed consensus model *specify*:

32b. What is the model being used for bleeding risk assessment in our general **surgical** services / unit(s)?

- ○ IMPROVE
- ○ HAS-BLED Score
- ○ Modified version of one of the above, *describe*:
- ○ Other, or internally developed consensus model *specify*:

Screenshot 31

- ○ Other, or internally developed consensus model *specify*:

33a. Is documentation of any contraindications to anticoagulant prophylaxis required in your general **medical** services / unit(s)?

- ○ No
- ○ Yes
- ○ Unknown

33b. Is documentation of any contraindications to anticoagulant prophylaxis required in your general **surgical** services / unit(s)?

- ○ No
- ○ Yes
- ○ Unknown

C. Ambulation protocol and VTE prevention education

34a. Is there an ambulation protocol for your general **medical** patients?

- ○ No

Screenshot 32

- ○ Yes

34b. Is there an ambulation protocol for your general **surgical** patients?

- ○ No
- ○ Yes

35a. Is VTE prevention education, including the importance of VTE prophylaxis, provided for general **medical clinicians** as least annually?

- ○ No
- ○ Yes

35b. Is VTE prevention education, including the importance of VTE prophylaxis, provided for general **surgical clinicians** as least annually?

- ○ No
- ○ Yes

36a. Is VTE prevention education, including the importance of VTE prophylaxis, provided for general **medical patients** any time during hospitalization?

- ○ No
- ○ Yes

Screenshot 33

36b. Is VTE prevention education, including the importance of VTE prophylaxis, provided for general **surgical patients** any time during the hospitalization?

- ○ No
- ○ Yes

D. VTE prophylaxis monitoring and support

37a. Do your admission order sets for general **medical** services / units address VTE prophylaxis?

- ○ No, our admission order sets do not address VTE prophylaxis
- ○ Not applicable, no admission order sets
- ○ Yes, completion is optional
- ○ Yes, completion is mandatory
- ○ Unknown, *Comments*

37b. Do your transfer order sets for general **medical** services / units address VTE prophylaxis?

- ○ No, our transfer order sets do not address VTE prophylaxis

Screenshot 34

- ○ Not applicable, no transfer order sets
- ○ Yes, completion is optional
- ○ Yes, completion is mandatory
- ○ Unknown, *Comments*

37c. Do your admission order sets for general **surgical** services / units address VTE prophylaxis?

- ○ No, our admission order sets do not address VTE prophylaxis
- ○ Not applicable, no admission order sets
- ○ Yes, completion is optional
- ○ Yes, completion is mandatory
- ○ Unknown, *Comments*

37d. Do your transfer order sets for general **surgical** services / units address VTE prophylaxis?

- ○ No, our transfer order sets do not address VTE prophylaxis

Screenshot 35

- ○ Not applicable, no transfer order sets
- ○ Yes, completion is optional
- ○ Yes, completion is mandatory
- ○ Unknown, *Comments*

38a. Are clinical decision support tools provided to help guide the selection of appropriate VTE prophylaxis for general **medical** patients

- ○ No
- ○ Yes

38b. Are clinical decision support tools provided to help guide the selection of appropriate VTE prophylaxis for general **surgical** patients?

- ○ No
- ○ Yes

39a. Is VTE prophylaxis monitoring and support integrated into quality and safety checklists or reviews / reports for patients on general **medical** units?

- ○ No

Screenshot 36

- Yes

39b. Is VTE prophylaxis monitoring and support integrated into quality and safety checklists or reviews / reports for patients on general **surgical** units?

- No
- Yes

40a. Are reminders, such as electronic and / or human alerts provided for general **medical** patients?

- No
- Yes

40b. Are reminders, such as electronic and / or human alerts provided for general **surgical** patients?

- No
- Yes

41a. Are audits and feedback related to VTE prophylaxis performed for general **medical** patients?

- No
- Yes

Screenshot 37

- ○ No
- ○ Yes

41b. Are audits and feedback related to VTE prophylaxis performed for general **surgical** patients?

- ○ No
- ○ Yes

42. Are missed anticoagulant prophylaxis doses routinely documented? *Check all that apply*

- ☐ Yes, we routinely document missed anticoagulant prophylaxis doses for general **medical** patients
- ☐ Yes, we routinely document missed anticoagulant prophylaxis doses for general **surgical** patients
- ☐ No, we do not routinely document missed anticoagulant prophylaxis doses for general **medical** or general **surgical** patients

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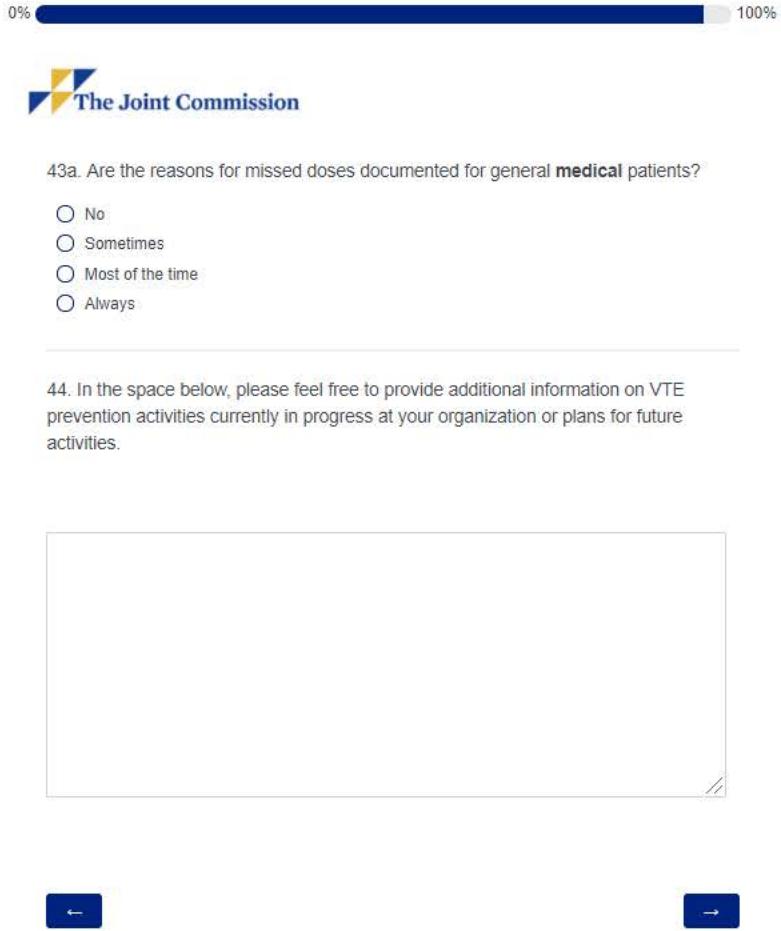
Screenshot 38



Screenshot 39

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43b. Are the reasons for missed doses documented for general **surgical** patients?

- ○ No
- ○ Sometimes
- ○ Most of the time
- ○ Always

44. In the space below, please feel free to provide additional information on VTE prevention activities currently in progress at your organization or plans for future activities.

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Screenshot 40