Attachment 3- Screenshots of Questionnaire in QualtricsXM Screenshot 1

6



Form Approved
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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.



About this questionnaire

This questionnaire consists of two major sections:

Section I. Hospital-level VTE Prevention Practices

- A. VTE prevention policy and protocol in your hospital
- B. VTE prevention team
- C. VTE data collection and reporting

Section II. VTE Prevention Practices in General Medical and General Surgical Units

- A. VTE risk assessment
- B. VTE prophylaxis safety considerations
- C. Ambulation protocol and VTE prevention education
- D. VTE prophylaxis monitoring and support



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



What is the primary role (or title) of the person completing this questionnaire?

→



- I. HOSPITAL-LEVEL VTE PREVENTION PRACTICES
- A. VTE prevention policy and protocol(s)
- 1. Does your hospital have a VTE prevention policy?
- O No, we do not have a VTE prevention policy
- O Yes

←

100%



2. Does your VTE prevention policy apply to all patients in the hospital?

O No

O Yes

O Unknown

3. Have you experienced barriers to formulating a hospital-wide VTE prevention policy?

O No

O Yes

O Unknown

100%



O No O Yes

4. How significant were the following potential barriers in establishing a hospital-wide VTE prevention policy? *Answer each of the following*

	Not at all significant 1	2	Neutral 3	4	Highly significant 5	Unknown No Opinion
4a. Not a hospital priority	0	0	0	0	0	0
4b. Lack of hospital leadership support	0	0	0	0	0	0
4c. Lack of a VTE prevention champion	0	0	0	0	0	0
4d. Lack of time or human resources	0	0	0	0	0	0
4e. Lack of financial resources	0	0	0	0	0	0
4f. Other, specify:						
	0	0	0	0	0	0
						

5. Does your hospital have a hospital-wide VTE prevention protocol?

Screenshot	•

Is	there a unit-specific VTE prevention protocol for any of the following?
0	General medical units / wards only
0	General surgical units / wards only
0	For both general medical and general surgical units/ wards
)	No, we do not have any unit specific protocols
)	Other, specify:
. V	TE prevention team
	oes your hospital or hospital system have a VTE prevention team (committee c group)?
0	No
0	Yes, we have a designated team that focuses specifically on VTE prevention
7	Yes, VTE is addressed by another committee, specify:
	100, 112 to district of district committee, opening.

	8. Does the VTE prevention team (committee or work group) have representation from two or more hospital departments?			
O No				
O Yes				
0	Unknown			
9. Ho	ow many people are on the VTE prevention team (committee or work group)?			
0	2-5			
0	6-12			
0	13-20			
0	≥ 21			
	What healthcare professional(s) comprise the VTE prevention team (committee or group)? Check all that apply			
	May check dual roles. For example, if a team member has the role of officer and e, both can be checked			
	Administrators or Officers			
	Physicians			
	Nurses			
	Quality Improvement representative(s)			
	Pharmacists			
	Information Technology / Informatics			
	Respiratory Therapist			
	Rehabilitation Professional			

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 <u>over</u> 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
Does your hospital review hospital-associated <u>VTE events</u> ?
No
Yes, some events
Yes, all events
Unknown
Does your hospital review <u>adverse events</u> and complications from anticoagulan obylaxis?
No
Yes, some events
Yes, all events
Unknown
Does your hospital externally report VTE data to a private, state, or federal ncy?
No
Yes
Unknown

- 5



- 17. To whom is the data reported? Check all that apply
- ☐ CMS Hospital Inpatient Quality Reporting (IQR) Program (e.g. electronic clinical quality measures VTE1, VTE2 for VTE prophylaxis)



- ☐ The Joint Commission
- Agency for Healthcare Research and Quality (e.g., PSI90, PSI12)
- Other, specify:



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?
	O Patients in general medical units only
	O Patients in general surgical units only
	Patients in both general medical and general surgical units
	O Neither general medical nor general surgical but other specialty groups of patients
	O None



9a. Who conducts VTE risk assessment for general medical patients? Check all that pply
Physician Nurse Practitioner / Physician Assistant Nurse Pharmacist Other, specify:
9b. Who conducts VTE risk assessment for general surgical patients? Check all that pply
Physician Nurse Practitioner / Physician Assistant Nurse Pharmacist Other, specify:
O. 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



21. When is VTE risk assessment perform	ned on general medical patients? Check all
that apply	

_	UASSOCIA				
	On	an	min	sion	
	3 711	710 1	111115	SH 111	

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

+

Screenshot 19	21d. Is the risk assessment on general medical patients mandatory or optional on discharge from the hospital?
	O Mandatory
	O Optional
	22. When is VTE risk assessment performed on general surgical patients? Check a
	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:

- 4



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

- O Mandatory
- O Optional

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

- O Mandatory
- O Optional

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

- O Mandatory
- O Optional

Screenshot 21	22d. Is the risk assessment on general surgical patients mandatory or optional on discharge from the hospital?	*	
	O Mandatory		
	O Optional		
	23a. If you use a VTE risk assessment model for your medical patients, is it based on an externally published risk assessment model?		
	O No, we use a standardized VTE risk assessment model for our medical patients that is not based on an externally published risk assessment model		
	O Yes		
	23b. If you use a VTE risk assessment model for your surgical patients, is it based on		
	an externally published risk assessment model?		
	O No, we use a standardized VTE risk assessment model for our surgical patients that is not based on an externally published risk assessment model		
	O Yes		

	Which type of <u>qualitative risk assessment model</u> is being used for general dical patients?
0	We do not use a qualitative risk assessment model for general medical patients
1220000	3-bucket/University of California San Diego (UCSD) as published
	Modified 3-bucket, describe:
0	Other, or internally developed consensus model <i>specify</i> :
	Which type of <u>quantitative risk assessment model</u> is being used for general dical patients?
0	We do not use a quantitative risk assessment model for general medical patients
0	Caprini (as published)
0	Modified Caprini
0	Kucher (as published)
0	Modified Kucher
0	IMPROVE Predictive (as published)
0	IMPROVE Associative (as published)
0	Intermountain Health (as published)
0	Modified Intermountain Health
0	Padua (as published)
0	Modified Padua
0	Other, or internally developed consensus model specify:
o.≅.	

24c. Which type of <u>qualitative risk assessment model</u> is being used for gener 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 <u>quantitative risk assessment model</u> is being used for gene
surgical patients?We do not use a quantitative risk assessment model for general surgical patients
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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?	
	O No	
	O Yes	
	O Not applicable, we do not have a VTE prevention policy or protocol	

isk assessments to monitor adherence to your VTE prevention policy and / or protoc	ol
or 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	

26b. Do you systematically review information on your general surgical patients' VTE

		ficult would it be			
Not at all difficult	2	Neutral 3	4	Extremely difficult 5	Unknown/ No opinion
0	0	0	0	0	0
	2000 200 00 00 00 00 00 00 00 00 00 00 0	considerations		isk during the h	ospital stay?

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28b. In vour opir	nion, how dif	ficult would it be	to calculate	the proportion	of patients
		d on admission f			
Not at all difficult	2	Neutral 3	4	Extremely difficult 5	Unknowr No opinio
0	0	0	0	0	0
B. VTE prophyl	axis safety	considerations			
00 18/1-25					
		nely assessed fo	r bleeding n	sk during the r	iospitai stay
O General med	lical patients	only			
O General surg	jical patients	only			
O Both general	medical and	general surgical	patients		
O Donn gonioran	ral medical ne	or general surgical	but other spe	ecialty groups of	patients
WELL CHANGE AND	rai modiodi m				



	. Who conducts the bleeding risk assessment for your general medical patients? eck all that apply
	Physician
	Nurse Practitioner / Physician Assistant
	Nurse
	Pharmacist
	Other, specify:
	. Who conducts the bleeding risk assessment for your general surgical patients?
	Physician
	Nurse Practitioner / Physician Assistant
	Nurse
	Pharmacist
П	Other, specify:

Screenshot 29	Other, specify:	•
	31a. Is the bleeding risk assessment model for your general medical patients based on an externally published model? O No, we use an internally developed consensus model, describe:	
	O Yes	
	31b. Is the bleeding risk assessment model for your general surgical patients based on an externally published model?	
	O No, we use an internally developed consensus model, describe:	
	O Yes	

Screenshot 30	32a. What is the model being used for bleeding risk assessment in your general medical services / unit(s)?	*
	O IMPROVE	
	O 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)?	
	O IMPROVE	
	O HAS-BLED Score	
	Modified version of one of the above, describe:	
	Other, or internally developed consensus model <i>specify</i> :	•

Screenshot 31	Otner, or internally developed consensus model specify:	
	33a. Is documentation of any contraindications to anticoagulant prophylaxis required in your general medical services / unit(s)? O No O Yes O Unknown	
	33b. Is documentation of any contraindications to anticoagulant prophylaxis required in your general surgical services / unit(s)? O No O Yes O Unknown	
	C. Ambulation protocol and VTE prevention education 34a. Is there an <u>ambulation protocol</u> for your general medical patients?	
	O No	_

Screenshot 32	O Yes	^
	34b. Is there an <u>ambulation protocol</u> for your general surgical patients?	
	O No O Yes	
	35a. Is VTE prevention education, including the importance of VTE prophylaxis, provided for general medical clinicians as least annually?	
	O No O Yes	
	35b. Is VTE prevention education, including the importance of VTE prophylaxis, provided for general surgical clinicians as least annually?	
	O No O Yes	
	36a. Is VTE prevention education, including the importance of VTE prophylaxis, provided for general medical patients any time during hospitalization?	
	O No O Yes	

Screenshot 33	36b. Is VTE prevention education, including the importance of VTE prophylaxis, provided for general surgical patients any time during the hospitalization? O No O 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 	
	O Yes, completion is optional O Yes, completion is mandatory	
	O Unknown, Comments	
	37b. Do your transfer order sets for general medical services / units address VTE prophylaxis?	
	O No, our transfer order sets do not address VTE prophylaxis	•

enshot 34	O Not applicable, no transfer order sets
	O Yes, completion is optional
	O Yes, completion is mandatory
	O Unknown, Comments
	37c. Do your admission order sets for general surgical services / units address VTE
	prophylaxis?
	O No, our admission order sets do not address VTE prophylaxis
	O Not applicable, no admission order sets
	O Yes, completion is optional
	O Yes, completion is mandatory
	O Unknown, Comments
	37d. Do your transfer order sets for general surgical services / units address VTE
	prophylaxis?
	propriyiaxis:
	O No, our transfer order sets do not address VTE prophylaxis

Screenshot 35	O Not applicable, no transfer order sets
	O Yes, completion is optional
	O Yes, completion is mandatory
	O Unknown, Comments
	38a. Are <u>clinical decision support</u> tools provided to help guide the selection of
	appropriate VTE prophylaxis for general medical patients
	O No
	O Yes
	38b. Are <u>clinical decision support</u> tools provided to help guide the selection of
	appropriate VTE prophylaxis for general surgical patients?
	O No
	O Yes
	39a. Is VTE prophylaxis monitoring and support integrated into quality and safety
	checklists or reviews / reports for patients on general medical units?
	O No

0 1 100	O Yes	*	2
Screenshot 36	39b. Is VTE prophylaxis monitoring and support integrated into quality and safety checklists or reviews / reports for patients on general surgical units? O No		
	O Yes		
	40a. Are <u>reminders</u> , such as electronic and / or human alerts provided for general medical patients?		
	O No O Yes		
	40b. Are <u>reminders</u> , such as electronic and / or human alerts provided for general surgical patients?		
	O No O Yes		
	41a. Are <u>audits and feedback</u> related to VTE prophylaxis performed for general medical patients?		
	O No O Yes	*	

Screenshot 37	O No O Yes
	41b. Are <u>audits and feedback</u> related to VTE prophylaxis performed for general surgical patients?
	O No O 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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43a. Are the reasons for missed doses documented for general medical 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.
<i></i>





You have reached the end of this questionnaire. Thank you very much for taking the time to provide us with the information requested. Your participation is a significant contribution to efforts to improve VTE prevention practices.

If you would like to make edits to your previous answers, please select the back arrow below. Please also note that because this questionnaire did not require any forced responses, you may have skipped some questions. At this time consider going back to answer any of the questions that you previously skipped.

When everything is complete, please click the 'Submit' button. If you have any questions concerning this process please email Salome Chitavi, schitavi@jointcommission.org.

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