Attachment 4

Form Approved

OMB No. 0920-XXXX (for CDC)

Exp. Date xx/xx/20xx

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

NOTE

This questionnaire is designed for use in electronic online format. While this hard copy version shows the skip logic that is built into the online version, it does not present the display logic that is inherent in the online questionnaire. Because of the display logic, in the online version a respondent will only see questions relevant to them depending on answers provided in previous questions. The display feature considerably reduces redundancies in the online survey however it cannot be adequately presented in this hard copy.

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

_____

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 hospitals should be doing certain activities.

Instructions for completing the online 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** services/unit(s) 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** services/unit(s) includes adult patients 18 years or older undergoing surgeries that focus on the abdomen including esophagus, stomach, small intestine, large intestine, liver, pancreas, gall bladder, 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.

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

I. HOSPITAL-LEVEL VTE PREVENTION PRACTICES

A. VTE prevention policy and protocol(s)

1. Does your hospital have a VTE prevention policy? *Select one*

   Note: A policy is a principle or method that is developed for the purpose of guiding decisions and activities related to governance, management, care, treatment, and services. A policy is developed by organization leadership, approved by the governing body of the organization, and maintained in writing. A VTE prevention policy is a formal written set of plans and actions to help prevent VTE in hospitalized patients. A policy is distinct from a protocol which is addressed in question 5.

   [ ] No, we do not have a VTE prevention policy *Skip to question 3*
   [ ] Yes

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

   [ ] No, the policy does not apply to all patients
   [ ] Yes,
   [ ] Unknown

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

   [ ] No *Skip to question 5*
   [ ] Yes
   [ ] Unknown *Skip to question 5*

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		Neutral		Highly significant	Unknown/ no opinion
	1	2	3	4	5	
4a. Not a hospital priority	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
4b. Lack of hospital leadership support	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
4c. Lack of a VTE prevention champion	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
4d. Lack of time or human resources	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
4e. Lack of financial resources	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
4f. Other, *specify*: _____	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

5. Does your hospital have a hospital wide VTE prevention protocol? *Select one*

   Note: A VTE prevention protocol is a standardized VTE risk assessment process, sometimes linked to a menu of appropriate VTE prophylaxis options for level of risk, which provides guidance for patients with contraindications to pharmacologic prophylaxis. The protocol may include bleeding risk tools and guidance for timing of anticoagulant prophylaxis for surgical procedures. Protocols define best local practice based on best evidence, with operational definitions that drive order set design, measurement tools, etc.

   [ ] No
   [ ] Yes

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

    [ ] 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)? *Select one*

    [ ] No *Skip to question 12*
    [ ] Yes, we have a designated team that focuses specifically on VTE prevention
    [ ] Yes, VTE is addressed by another committee, *specify* _____

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

    [ ] No
    [ ] Yes
    [ ] Unknown

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

    [ ] 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: Can 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
    [ ] Other, *specify* _____

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

    [ ] 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? *Select one*

    Note: As a CMS supported initiative, Hospital Improvement Innovation Networks (HIINs) work at the regional, state, national or hospital system level to sustain and accelerate national progress and momentum towards continued harm reduction in the Medicare program, help identify solutions already working and disseminate them to other hospitals and providers.

    [ ] 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*

    Note: Over time (e.g. monthly, quarterly, annually).

    [ ] 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*_____
    [ ] None

14. Does your hospital review hospital-associated VTE events? *Select one*

    Note: Examples of VTE events are DVT, PE, or sudden cardiac death due to PE

    [ ] No
    [ ] Yes, some events
    [ ] Yes, all events
    [ ] Unknown

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

    Note: Examples of adverse events and complications from anticoagulant prophylaxis include major bleeding, such as intracerebral hemorrhage, minor bleeding, heparin-induced thrombocytopenia with thrombosis.

    [ ] No
    [ ] Yes, some events
    [ ] Yes, all events
    [ ] Unknown

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

    [ ] No *Skip to question 18*
    [ ] Yes
    [ ] Unknown *Skip to question 18*

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)

[ ] State, *specify*:_____
[ ] 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** services/unit(s) 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** services/unit(s) includes adult patients 18 years or older undergoing surgeries that focus on the abdomen including esophagus, stomach, small intestine, large intestine, liver, pancreas, gall bladder, 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.

A. VTE risk assessment

18. Which patients are routinely assessed for VTE risk? *Select one*

[ ] Patients in general **medical** units only
[ ] Patients in general **surgical** units only *skip to 19b*
[ ] Patients in both general **medical** and general **surgical** units
[ ] Neither general medical nor general surgical but other specialty groups of patients *(Skip to question 29*
[ ] None *Skip to question 29*

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? *Select one*

Note: standardized means they must follow a common protocol rather than relying on clinical judgement

[ ] General **medical** only
[ ] General **surgical** only *Skip to question 22*
[ ] Both general medical and general surgical
[ ] Neither general medical nor general surgical but other specialty groups of patients *Skip to question 29*
[ ] None *Skip to question 29*

21. When is VTE risk assessment performed on general **medical** 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, s*pecify:*_____ *Skip to question 23a*

Please answer questions 21a to 21d below as applicable depending on your selections in Q21.

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

[ ] Mandatory
[ ] Optional

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

[ ] Mandatory
[ ] Optional

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

[ ] Mandatory
[ ] Optional

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

[ ] 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, s*pecify:*_____ *Skip to question 23b*

Please answer questions 22a to 22d below depending as applicable on your selections in Q22.

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

[ ] Mandatory
[ ] Optional

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

[ ] Mandatory
[ ] Optional

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

[ ] Mandatory
[ ] Optional

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

[ ] Mandatory
[ ] Optional

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

[ ] 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 general **surgical** patients is it based on an externally published risk assessment model? *Select one*

[ ] 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

24a. Which type of <u>qualitative risk assessment model</u> is being used for general **medical** patients? *Select one*

Note: Qualitative risk assessment models categorize groups of patients into broad risk categories or "buckets" of VTE risk (e.g., low, moderate, and high).

[ ] 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? *Select one*

Note: Quantitative risk assessment models are point-based scoring systems that assign points to each VTE risk factor based on the impact of each risk factor on VTE risk. The patient's cumulative point score determines the patient's VTE risk level (e.g., low, moderate, or high).

[ ] 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)
[ ] Modified IMPROVE
[ ] Intermountain Health (as published)
[ ] Modified Intermountain Health
[ ] Padua (as published)
[ ] Modified Padua
[ ] Other, or internally developed consensus model *specify*: _____

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

Note: Qualitative risk assessment models categorize groups of patients into broad risk categories or "buckets" of VTE risk (e.g., low, moderate, and high).

[ ] We do not use a qualitative risk assessment model for general **surgical** patients
[ ] 3-bucket/University of California San Diego (UCSD) as published
[ ] 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? *Select one*

Note: Quantitative risk assessment models are point-based scoring systems that assign points to each VTE risk factor based on the impact of each risk factor on VTE risk. The patient's cumulative point score determines the patient's VTE risk level (e.g., low, moderate, or high).

[ ] We do not use a quantitative risk assessment model for general **surgical** patients
[ ] Caprini (as published)
[ ] Modified Caprini
[ ] Kucher (as published)
[ ] Modified Kucher
[ ] IMPROVE Predictive (as published)
[ ] IMPROVE Associative (as published)
[ ] Modified IMPROVE

[ ] Intermountain Health (as published)
[ ] Modified Intermountain Health
[ ] Padua (as published)
[ ] Modified Padua
[ ] Other, or internally developed consensus model *specify*: _____

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? *Select one*

[ ] No
[ ] Yes
[ ] Not applicable, we do not have a VTE prevention policy or protocol

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? *Select one*

[ ] 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? *Select one*

[ ] No
[ ] Yes, for **medical** patients only *Skip to question 28b*
[ ] Yes, for **surgical** patients only *Skip to question 28a*
[ ] Yes, for both medical and surgical patients *Skip to Q29*
[ ] Unknown

28a. In your opinion, how difficult would it be to calculate the proportion of patients with a risk assessment completed on admission for general **medical** patients? *Select one*

Not at all difficult		Neutral		Extremely difficult	Unknown/ No opinion
1	2	3	4	5	
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

28b. In your opinion, how difficult would it be to calculate the proportion of patients with a risk assessment completed on admission for general **surgical** patients? *Select one*

Not at all Difficult		Neutral		Extremely difficult	Unknown/ No opinion
1	2	3	4	5	
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

B. VTE prophylaxis safety considerations

29. Which patients are routinely assessed for bleeding risk during the hospital stay?
Select one

[ ] General **medical** only *Next answer 30a, then 31a, 32a, 33a, 33b*
[ ] General **surgical** only *Skip to question 30b, then 31b, then skip to 32b, then 33a, 33b*
[ ] Both general medical and general surgical
[ ] Neither general medical nor general surgical but other specialty groups of patients _____ *Skip to question 33a*
[ ] None *Skip to question 33a*

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:*_____

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

Select one

[ ] No, we use an internally developed consensus model, *describe* _____
[ ] Yes 32a

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

Select one

[ ] No, we use an internally developed consensus model, *describe* _____
[ ] Yes 32b

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

[ ] IMPROVE
[ ] HAS-BLED Score
[ ] Modified version of one of the above, *describe* _____
[ ] Other, or internally developed consensus model s*pecify:*_____

32b. What is the model being used for bleeding risk assessment in your genera**l surgical** services / unit(s)? *Select one*

[ ] IMPROVE
[ ] HAS-BLED Score
[ ] Modified version of one of the above, *describe* _____
[ ] Other, or internally developed consensus model s*pecify:*_____

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

[ ] No
[ ] Yes
[ ] Unknown

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

[ ] No
[ ] Yes
[ ] Unknown

C. Ambulation protocol and VTE prevention education

34a. Is there an <u>ambulation protocol</u> for your general **medical** patients? *Select one*

Note: An ambulation protocol institutes a process that assesses a patient's current level of mobility

and generates recommendations for safe mobilization and interventions such as physical therapy, as appropriate, to assist in increasing inpatient ambulation.

[ ] No
[ ] Yes

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

[ ] No
[ ] Yes

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

[ ] No
[ ] Yes

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

[ ] No
[ ] Yes

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

[ ] No
[ ] Yes

36b. Is VTE prevention education, including the importance of VTE prophylaxis, provided for general **surgical patients** any time during the hospitalization? *Select one*
[ ] No
[ ] Yes

D. VTE prophylaxis monitoring and support

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

[ ] 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? *Select one*

[ ] No, our transfer orders sets do not address VTE prophylaxis
[ ] 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? *Select one*

[ ] 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? *Select one*

[ ] No, our transfer orders sets do not address VTE prophylaxis
[ ] 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? *Select one*

Note: Clinical decision support (CDS) can be provided electronically and/or paper form and/or by human alert. Electronic CDS are implemented in many platforms (e.g., Internet-based, local personal computer, networked EMR, or a handheld device). Common features of CDS designed to provide patient-specific guidance include the knowledge base (e.g., compiled clinical information on diagnoses, drug interactions, guidelines), a program for combining this with patient-specific information, and a communication mechanism.

[ ] No
[ ] Yes

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

[ ] No
[ ] Yes

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

[ ] No
[ ] Yes

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

[ ] No
[ ] Yes

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

Note: Reminders and electronic/human alerts are additional interventions reinforcing the protocol to drive improved care. For example, a physician can receive electronic/computer alerts or human alerts (e.g., phone call from a nurse or pharmacist) when their patient has not had VTE risk assessment done or appropriate prophylaxis ordered.

[ ] No
[ ] Yes

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

[ ] No
[ ] Yes

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

Note: Audit and feedback, defined as the provision of clinical performance summaries to healthcare providers and organizations, is a well-used approach to support clinical behavior change.

[ ] No
[ ] Yes

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

[ ] No
[ ] Yes

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

[ ] Yes, we routinely document missed anticoagulant doses for general **medical** patients Skip question 43a If only medical is selected

[ ] Yes, we routinely document missed anticoagulant doses for general **surgical** patients Skip to question 43b if only surgical is selected

[ ] No, we do not routinely document missed anticoagulant doses for general medical or general surgical patients *Skip to question 44*

43a. Are the reasons for missed doses documented for general **medical** patients? *Select one*

[ ] No
[ ] Sometimes
[ ] Most of the time
[ ] Always

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

[ ] No
[ ] Sometimes
[ ] Most of the time
[ ] Always

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

_____

_____

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.