

Draft Agenda (V2.0)
NJHA Workshop on VTE Prevention

Time	Activity	Notes
8:30 am	Arrival and Onsite Registration Continental Breakfast	Distribute Materials
9:00 – 9:15 am	Faculty Introductions Houseskeeping	This session shows urgency of problem, and availability of underutilized effective prophylaxis. Material also helps project leaders build the business case. Medical vs Surg VTE VTE burden post discharge
9:15 – 10:00	Objectives and Overview of Day Epidemiology, Scope of Problem Few ARS Questions “Implementation Gap”	
10:00 – 10:15	ARS questions re: who the audience is, what do they see as current situation at their hospital. Exercise #1 – Slide 46 Failure Modes	Attempt to get them to start thinking about baseline performance and barriers, failure modes
10:15 – 10:30	Break Through Slide 51	
10:30 – 11:00	Common barriers and Failure Modes Framework for Improvement <ul style="list-style-type: none"> • Institutional Support • Team • Measures / Goals • Hierarchy of Reliability • Protocol, define best practice • Integrate guidance / implement • Measure-vention intro <p style="text-align: center;">52-75</p>	UCSD / Emory Failure Mode Studies <ul style="list-style-type: none"> • No protocol /risk assessment done • Risk assessment performed, but used incorrectly. • VTE risk or bleeding risk changes • Failure to administer ordered prophylaxis <p>Framework will address all failure modes</p>
11:00 – 12:15	Short talk on VTE Protocol Definition Sum Up – Risk Assessment Models and best methods to integrate them into routine care. Contraindications to AC and standardizing “leeway times” Table top intro / examples 76 – 89 Slide 82- Exercise #2 Risk Assessment Summarize VTEP principles 90-103 Tee up measurement 104 - 107	Exercise 2: distribute several commonly used risk assessment models to the audience. Present case scenarios Interaction on comparing / contrasting the utility and ease of use of various models

12:15 – 1:15	Networking Lunch	Over lunch, we can have them discuss: What do you know about current measures? What do you think of them? How would you measure success in VTE Prevention Efforts? This is really start of Exercise we'll close out just after lunch.
1:15 – 1:45 p.m.	Exercise 3 – Focus on Metrics Review of Metrics Exercise 3 – Outcomes Interaction Exercise 4 – Process Measures Interaction 108 - 134	After discussion, provide review with suggested strategies
1:45 – 2:15 pm	Focus in Interventions Reliability Theory Exercise 5 - Choose interventions to get to Level 4-5 Slide 154 135 -166	Multiple layered interventions Order sets Checklists Education (case based) Measure-vention and other
2:15 – 3:00 pm	New ACCP AT 9 Guidelines Context for Improvement Teams 167 - 206	Major changes in recent guidelines reviewed with focus on impact on this approach for improvement teams
3:00 – 3:15 pm	Break	
3:15 – 3:45	Special Populations and Situations <ul style="list-style-type: none"> • Morbidly Obese • OB / ESRD / Cancer • Discharge happens: Extended VTEP? Slides 207 - 227	Previous discussions have covered 80% of patients: This section is focused on the other 20%, and how to handle them.
3:45 – 4:30 p.m.	Summary / Wrap Up Exercise #6: Next Steps and concrete plans Housekeeping 228 - 233	A ten minute concise review of major lessons learned during the day. Exercise asking each group about major changes and next steps.
4:30 – 4:45	Evaluation / Q&A / Adjourn	
	COLLAPSE, HAVE a DRINK	Go to Philly

ARS Questions are present on Slides:

7,8,9, 29, 32, 36,37,38, 40,41,42, 151, 218,219, 232

Interactive / Table top / Exercises

ARS Questions on roles / current status 36-38 and 46 Failure Modes

82 Risk Assessment / protocols

110 (outcomes measures) 115 (process VTEP measures)

165,166 Adding on Interventions, getting to level 5

233 Next Steps