AMGA
Advancing High Performance Health

VTE Care Transitions

ASPIRE

Accelerating System Progress with Implementation Research and Education

Improving Care Transitions for Patients with Venous Thromboembolism (VTE)

This implementation study includes six AMGA member healthcare organizations focused on improving transitions of care for patients with venous thromboembolism (VTE). The study reaches beyond the traditional means of quality improvement and integrates new approaches, informed by implementation science, which seek to identify and address barriers that slow or halt the uptake of evidence-based health interventions. The study is designed to close gaps in our collective knowledge about the processes and factors that influence widespread use of evidence-based interventions to improve transitions of care for patients with VTE.

VTE is a serious condition that manifests as symptomatic or asymptomatic deep vein thrombosis (DVT) that can lead to a pulmonary embolism (PE), which can be fatal. New cases of VTE in the U.S. are estimated at 300,000 to 600,000 annually, with 60,000 to 100,000 deaths each year. Proper handling of transitions from hospitals or emergency departments for patients with VTE into outpatient and other settings is critical since most clots that occur in outpatient settings can be linked to a recent hospitalization or surgery.

Over a 12-month period beginning in March 2022, participants will work with a team of advisors who are expert clinicians and implementation specialists. Together, they will identify and implement interventions to improve hospital and emergency room discharge processes for patients with DVT or PE and strive to improve the quality of coordination and communication among teams participating in VTE care transitions.

Objectives

- Use implementation science to identify gaps and leverage local assets in interventions to improve VTE care transitions across settings.
- Facilitate methods proven to ensure the uptake of evidence-based interventions in transitioning VTE patients.
- Evaluate project efforts to identify all factors and interventions that achieve improved patient outcomes.
- Disseminate findings, and methodologies to AMGA members and healthcare systems.

Addressing Gaps in Care

In late 2020, AMGA held roundtables with experts from 12 AMGA member healthcare organizations to identify best practices in managing hospitalized, nonsurgical patients with VTE. All participants had protocols and pathways for hospitalized patients, but primary treatment for VTE often involves three to six months of extended anticoagulation after discharge. Where longer term treatment was indicated, many of the participants were still working to improve care for patients with VTE in the transition to other healthcare settings. Several other care gaps and opportunities for improvement were also identified. (For more information on the VTE roundtables read *Vein Reaction: Effectively managing your patients with VTE, AMGA Group Practice Journal, March/April 2021.)*

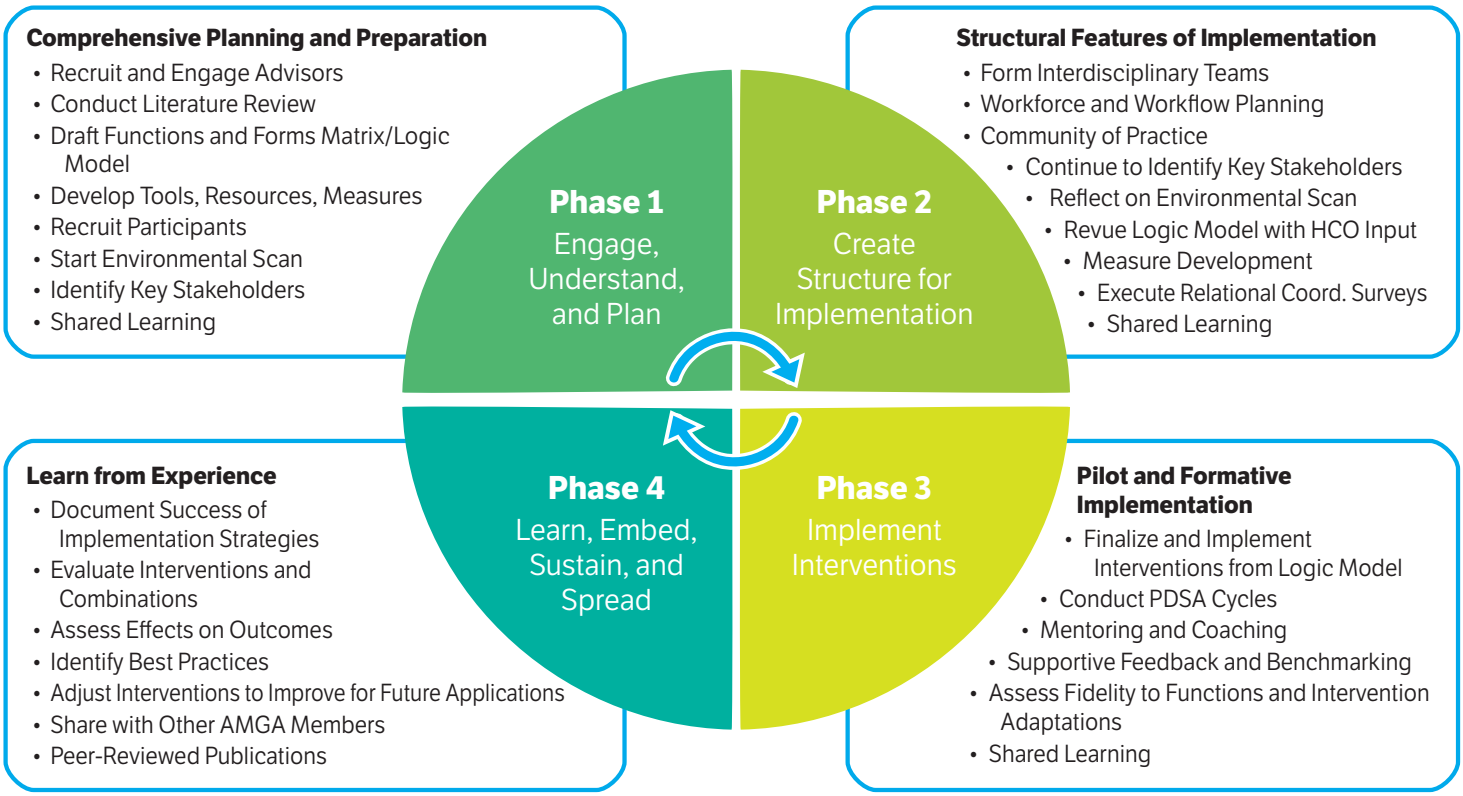
Areas Identified for Improvement

- Appropriate use of models improving care for patients with VTE with a focus on care transitions from the hospital or emergency room.
- Institution-wide initiatives to promote awareness about post-discharge VTE risk to drive appropriate treatment and secondary prevention of recurrent VTE.
- Ensure equitable health care by addressing disparities and concerns exposed or magnified by the COVID-19 pandemic.
- Registries for patients with VTE to track medication adherence and adverse events.
- Continued improvement in VTE prophylaxis for surgical patients.
- Effective patient and provider education.

Learning Health System Approach

Leveraging insights from these exploratory findings, AMGA will use a learning health system approach to develop and test interventions to improve VTE care transitions. Advisors will assist participants in selecting, adapting, and implementing appropriate interventions for their local context. Activities will include dynamic action plans using plan-do-study-act (PDSA) cycles and monthly meetings with advisors or webinars that feature experts and national thought leaders. The learning health system approach will include these four study phases:

VTE Study Schema



Relational Coordination

Successful care transitions require effective communication and coordination within and between teams. Participants will receive training in relational coordination, an implementation science-informed tool that has demonstrated its effectiveness in increasing use and dissemination of evidence-based interventions in complex environments where work is interdependent, uncertain, and developed under time constraints. The approach has empirical evidence to demonstrate beneficial outcomes are achieved for multiple stakeholders by strengthening shared goals, shared knowledge, and mutual respect through frequent, timely, accurate, and problem-solving communication. This and other implementation science-informed tools will be used to help participants leverage their local context and culture to develop and implement the most effective intervention strategies.

Dissemination

The study will create a community of knowledge to benefit all AMGA member healthcare systems. AMGA will conduct a mixed-methods evaluation of the procedures and interventions implemented at each site, documenting changes in workflow and communication that have accelerated systematic changes, enhanced care processes, and improved patient outcomes. AMGA will disseminate learnings and best practices broadly to AMGA members and the general public to advance improvements in care for patients with VTE transitioning from the hospital or emergency room to other care settings. For more information visit AMGA's VTE Care Transitions Webpage at: *www.amga.org/about-amga/subsidiaries/amga-analytics/amga-research/aspire-projects/vte-care-transitions.*

VTE Care Transitions is the first of AMGA's new, *Accelerating System Progress with Implementation Research and Education* (**ASPIRE**) program. **ASPIRE** empowers members using proven methods for catalyzing change in complex organizations with methods grounded in implementation science. Each **ASPIRE** study aims to increase widespread adoption of evidence-based practice and will be led by a multidisciplinary team of national experts in clinical and operational healthcare management, implementation science.