

# CEC VTE Prevention Toolkit Affinity Diagram Example

What are possible reasons why ADULT INPATIENTS are not being assessed for VTE risk within 24 hours of admission?

## VTE Education

Perception that prescribing prophylaxis is enough to address VTE prevention and that a formal risk assessment is unnecessary

No evidence that VTE is a problem on our ward that needs to be addressed with risk assessment

The importance of reliability of VTE risk assessment, and the need for regular reassessment, is not well understood by most clinicians

## Empowering Staff

Junior medical officers not feeling empowered to make the decision after completing assessment

Easier to just ask registrar or consultant what prophylaxis they want

## Electronic Workflow

No electronic triggers or alerts to prompt risk screening

Can't find/access risk assessment tool in eMR to complete it

## Electronic VTE Risk assessment Tool

Staff don't know how to use the electronic risk assessment tool

Risk assessment tool needs to be simplified

Risk assessment tool is tedious and takes too long to complete

Lack of use of the standardized risk assessment tool

## VTE Leadership

Lack of leadership to promote importance of VTE prevention and need for risk assessment

Low engagement from Medical discipline due to competing priorities

There are more pressing tasks to complete than VTE risk assessment, it is easily forgotten

## Teamwork

Unclear if ED doctors or admitting team are responsible for VTE risk assessment

Coordination of care/communication lacking between ED and admitting teams

## Standardising practice

Risk assessments are occurring, but medical officers are not formally documenting them

Patient awaiting procedure or results so VTE risk assessment/prophylaxis paused for afterwards

Staff are unaware that a risk assessment must occur within 24 hours of admission

Use of VTE risk assessment tool is not mandatory causing confusion that it should be completed