

## CEC VTE Prevention Toolkit

### Brainstorming Examples

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

Low engagement from Medical discipline due to competing priorities

Risk assessment tool is tedious and takes too long to complete

No electronic triggers or alerts to prompt risk screening

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

Risk assessment tool needs to be simplified

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

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

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

Easier to just ask registrar or consultant what prophylaxis they want

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

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

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

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

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

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

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

No policy in place requiring VTE risk assessment to be completed

Coordination of care/communication lacking between ED and admitting teams

Lack of use of the standardized risk assessment tool available