

Call to Action to Prevent Venous Thromboembolism in Hospitalized Patients

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Venous thromboembolism (VTE) is a major preventable disease that affects patients and the healthcare system. Despite the existence of evidence-based strategies to prevent their full adoption, compliance, and effectiveness has led to persistence of VTE as a major cause of morbidity and mortality in hospitalized patients for several decades. This policy statement provides a focused review of VTE, risk scoring, and prevention measures for the hospital environment and tracking methods. From this summary, five major areas of guidance are presented that the AHA believes will lead to better implementation, tracking, and reduction of VTE events. They include:

- x Performing VTE risk assessment and reporting the level of VTE risk to patients and families
- x Integrating 'preventable VTE' as a benchmark for hospital comparison and pay-for-performance
- x Supporting appropriations to improve public awareness of VTE
- x National tracking of VTE using standardized definitions
- x Developing and implementing a national VTE registry
- x Given that much of the morbidity and mortality from VTE is preventable, a national, evidence-based prioritization of proven, evidence-based primary prevention strategies accompanied by a national database of hospital-acquired VTE should be a national health priority
- x Treatment for acute VTE is estimated to incur direct medical costs of \$100,000 to \$135,000 per individual in the first year and between 10 to 30% of acute VTE survivors within 5 years. The projected annual burden of VTE is estimated to be 1.5 million cases and 100,000 deaths.