

Educating Nurses In Regards To DVT Prophylaxis

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BACKGROUND

- Inconsistency of deep vein thrombosis (DVT) prophylactics administration compared to patient orders was noted on different units
- Through further research done by this group, it was gathered that a lack of proper education for nurses in regards to implementing DVT prophylactic measures and signs to look for can otherwise hinder the nurses role in proper administration
- Evidence shows that nurses with previous DVT education reported “greater self-efficacy in conducting VTE assessments and prevention care with their patients” (Lee, J.A. et al. 2014)

PICO

- **P- Nurses caring for patients over 18 years old on a med-surg unit**
- **I- Educating nurses about specific risk factors, signs to look for, and benefits of educating patients on being compliant**
- **C- No education for nurses**
- **O- Nurses understanding of inpatient care and compliance of prophylactic measures**

EVIDENCE

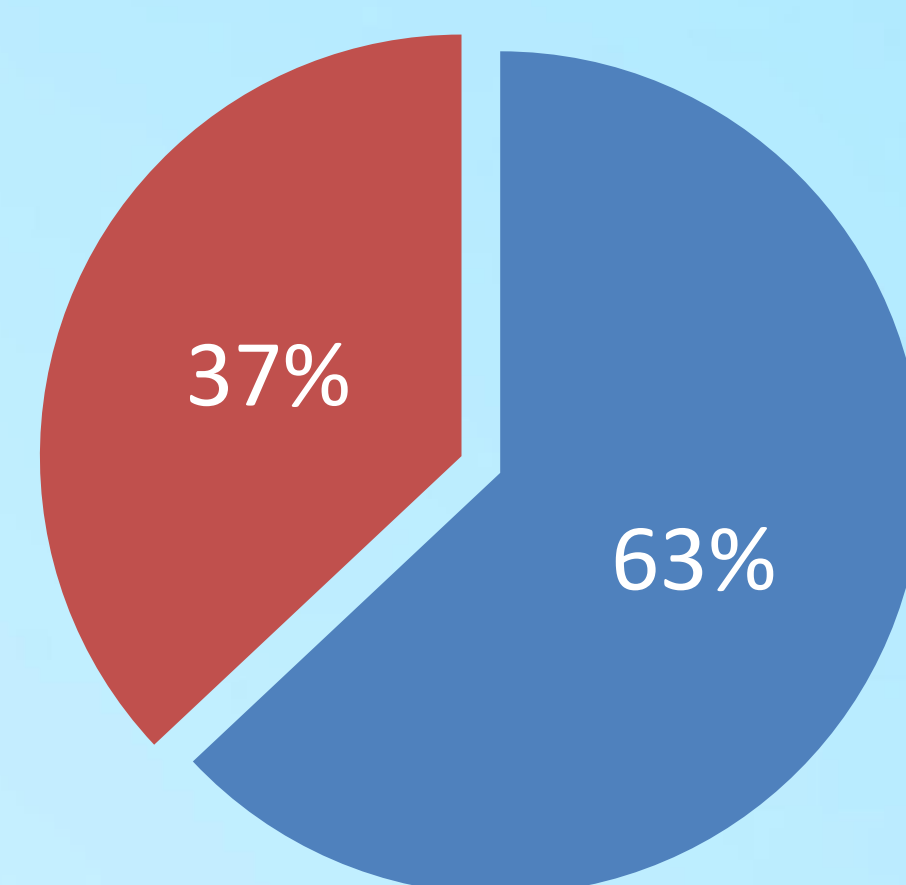
- DVT is a significant health risk for hospitalized patients, leading to an estimated 100,000-200,000 deaths annually in the US (Ma et al. 2018)
- Chemical and mechanical DVT prophylaxis, particularly heparin administration and sequential compression device (SCD) use have been shown to decrease occurrence of DVTs (Maynard & Stein 2010)
- Comprehensive education programs for nurses have been shown to improve nursing knowledge and understanding of DVT prophylaxis (Ma et al. 2018)
- Implementing nursing interventions for education has been shown to statistically significantly increase compliance with DVT prophylaxis among patients, leading to improved outcomes (Duff et al. 2011)

IMPLEMENTATION

- Colleagues were surveyed to establish a baseline of knowledge related to DVTs and DVT prophylaxis, such as signs and symptoms of a DVT, best practice for administering heparin, and time required for SCDs to be effective in use
- Questions also investigated practical application of knowledge, including education provided by colleagues to patients about the importance of DVT prophylaxis, and overall compliance of patients with DVT prophylaxis that providers ordered for them
- An educational PowerPoint of information written by this research group regarding DVTs and DVT prevention was provided through the hospital’s Learning Center for colleagues to view
- Colleagues were surveyed after viewing the educational PowerPoint to analyze the success of educational materials for nurses in promoting DVT prophylaxis understanding and behaviors
- Knowledge-based questions were evaluated for improved scores indicating improved understanding of the material, and practical application questions were assessed for increased education of patients and reported comfort/confidence level of nurses in administering DVT prophylaxis and education patients on its importance

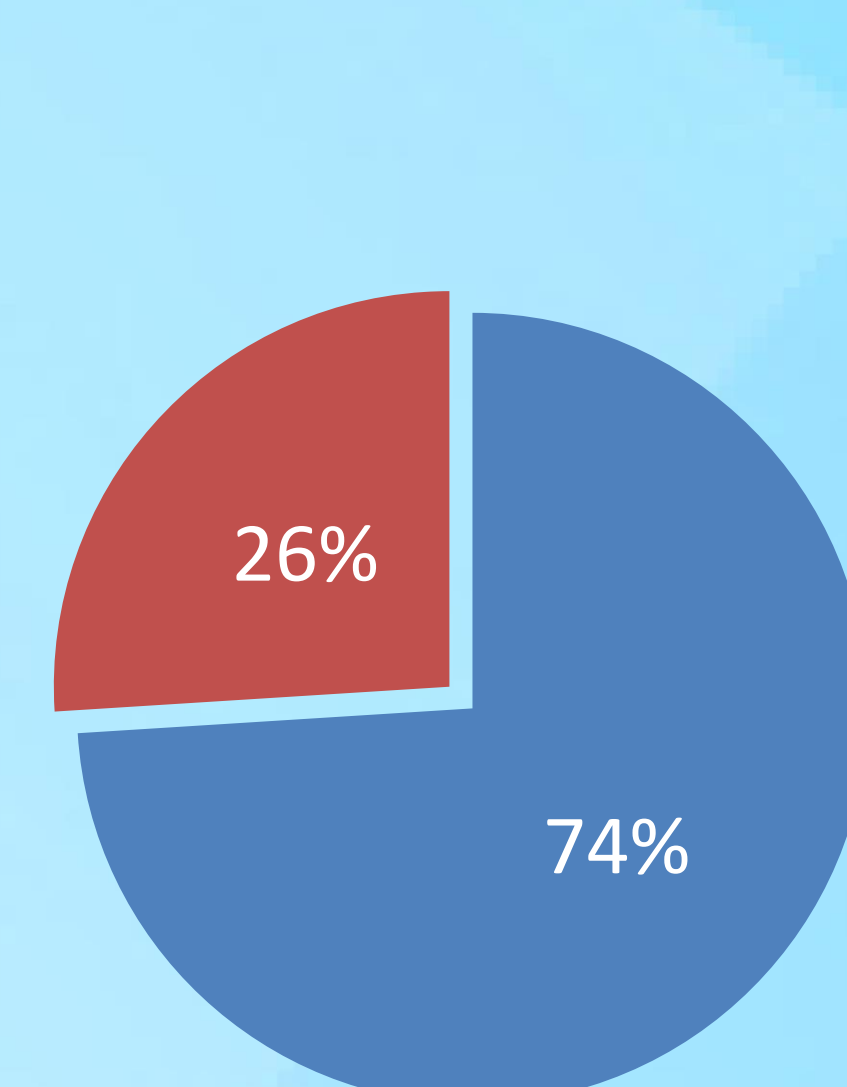
OUTCOMES

PRE-EDUCATION DVT PROPHYLAXIS COMPLIANCE



■ COMPLIANT PATIENTS
■ NONCOMPLIANT PATIENTS

POST-EDUCATION DVT PROPHYLAXIS COMPLIANCE



■ COMPLIANT PATIENTS
■ NONCOMPLIANT PATIENTS

OUTCOMES CONT.

- Post-education, knowledge-based survey scores improved from an average of 77% correct to an average of 95% correct
- Pre-education, 92% of patients had an order for DVT prophylaxis (158/172 patients), while only 63% of those with an order were compliant (100/158 patients)
- Post-education, of the 85% of patients who had an order (39/46 patients), 74% were compliant (29/39); this shows an 11% increase in compliance post-education
- Post-education, nurses reported high comfort/confidence levels with educating patients on DVT prophylaxis, with 87% rating their comfort level as 9-10/10 and 87% reporting the education as ‘moderately’ or ‘highly’ beneficial to their understanding

NEXT STEPS

- Based on the results of this study, it could be beneficial for LVHN to implement nursing education on the topic of DVT prophylaxis to nurses in the network. This could include a required TLC Learning PowerPoint for all nurses in the network. The goal of doing this is to improve nurses’ understanding of the topic, therefore improving patient compliance with DVT prophylaxis.

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