



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 who are hospitalized. Stratifying patients by their risk and taking preventive measures are extremely important but barriers currently exist that prevent their full adoption, compliance, and efficacy that has led to persistence of VTE over the last several decades. This policy statement provides a focused review of VTE, risk scoring systems, preventive measures for the hospital environment, and tracking methods. From this summary, five major areas of policy guidance are presented that the AHA believes will lead to better implementation, tracking and prevention of VTE events. They include:

- Performing VTE risk assessment and reporting the level of VTE risk in all hospitalized patients
- Integrating 'preventable VTE' as a benchmark for hospital comparison and pay-for-performance programs
- Supporting appropriations to improve public awareness of VTE
- National tracking of VTE using standardized definitions
- Developing a centralized data registry for tracking on VTE risk assessment, prevention, and rates.

Top Things to Know

- Acute venous thromboembolism (VTE), comprising deep venous thrombosis (DVT) of the legs or pelvis and pulmonary embolism (PE), is a frequent, costly complication in hospitalized patients, a leading contributor to increased length of stay, and the leading cause of preventable hospital death in the United States (US) and worldwide.
- Most estimates place the US annual incidence of diagnosed VTE in adults at 1 to 2 per 1000 per year, increasing with age, obesity, and in blacks.
- Primary prophylaxis in high-risk hospitalized medical and surgical patients is safe, clinically effective, and cost-effective for reducing VTE but is under-utilized.
- Provider and public awareness of VTE is low.
- Given that much of the morbidity and mortality from VTE is preventable, increased VTE awareness and prioritization of proven, evidence-based primary prevention strategies accompanied by uniform tracking of hospital-acquired VTE should be a national health priority.
- Treatment for acute VTE is estimated to incur direct medical costs of \$12,000 to \$15,000 (2014 US dollars) per individual in first-year survivors and between 10 to 30% of acute VTE survivors develop recurrent VTE within 5 years. The projected annual cost of preventable hospital-acquired VTE is \$7-10 billion per year.