

**Summer Training at
Fortis Memorial Research Institute, Gurgaon
(April 3 to June 2, 2017)**

Venous Thromboembolism Prophylaxis Compliance

**By
Ridhima Chauhan**

**Under the guidance of
Dr. Suresh Joshi**

**MBA Hospital & Health Management
2016-2018**


**Institute of Health Management Research
The IIHMR University, Jaipur
2017**

CERTIFICATE

This is to certify that Dr Ridhima Chauhan has undergone summer training in Fortis Memorial Research Institute, Gurugram from 3rd April to 2nd June 2017.

The candidate herself completed the project assign to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.



Col. (Dr.) Ashok Kaushik
Dean (Academic & Student Affair)

The IIHMR University, Jaipur




Dr. Suresh Joshi
Professor

The IIHMR University, Jaipur

2nd June , 2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr.Ridhima Chauhan** has undergone a voluntary internship in "Quality Department" from 3rd April to 2nd June 2017 at Fortis Memorial Research Institute, Gurgaon.

During this period she exhibited a high level of professionalism and a tremendous zest for learning.

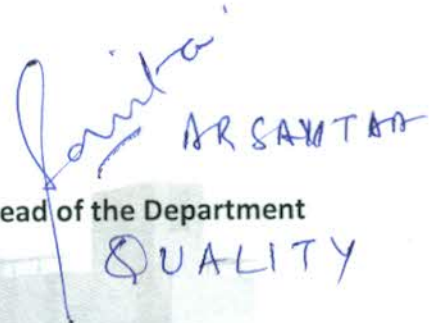
We wish **Dr.Ridhima Chauhan** all the best in her future endeavours.

With Best Wishes,



Shivani Dhir

Head- Training and Development


DR SANTAN
Head of the Department
QUALITY

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I would take the opportunity to acknowledge the people without whom this project wouldn't have seen the light of the day. In our efforts towards the realization of the project work, I have drawn on the guidance of many people who facilitated in shaping and remodeling the project.

I got the opportunity to pursue my summer internship from Fortis Memorial Research Institute, Gurugram , which is one of the best healthcare service providers.

I would like to thank my mentors and guide Mrs Savitaa Sharma (FMRI, Gurgaon) and Dr Suresh Joshi (IIHMR University, Jaipur) to help me and giving me necessary advices and guidance.

I would also like to share my deepest sense of gratitude to Ms Samira Parhar(Assistant Manager), Mr Jibin Mathew(Team Lead Pharmacology) and Mrs Lekshmi Girish(Senior Clinical Pharmacist) for their support and guidance throughout my training period.

I embrace upon this as an opportunity for my following career. I will try to use the skills and knowledge gained in the best possible way.

Sincerely,

Dr Ridhima Chauhan

IIHMR University,

Jaipur

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ACRONYMS/ABBREVIATIONS

CPOE	Computerized physician order entry
CSSD	Central Sterile Supply Department
DICOM	Digital Imaging and communication in medicines
DVT	Deep Vein Thrombosis
FAQ	Frequently asked questions
FMRI	Fortis Memorial Research Institute
FOS	Fortis Operating System
HRD	Human Resource Department
ICU	Intensive Care Unit
IPD	In Patient Department
IT	Information Technology
MRD	Medical Records Department
OPD	Out Patient Department
OT	Operation Theatre
PE	Pulmonary Embolism
PNDT	Pre natal diagnostic technique
RFID	Radio Frequency Identification
VTE	Venous Thromboembolism

OBSERVATIONAL LEARNING

FORTIS MEMORIAL RESEARCH INSTITUTE, GURUGRAM



FMRI is a multi-super specialty, quaternary care hospital with a desirable international faculty, reputed clinicians, including super-sub specialists and nurses, endorsed by cutting-edge technology. The hospital strives to be the ‘Mecca of healthcare’ for Asia Pacific and beyond. It is set on a spacious 11-acre campus with 286 beds (and potential for 1000 beds), this ‘Next Generation Hospital’ rests on foundation of ‘Trust’ and has the four strong pillars of Talent, Technology, Infrastructure and Service.

INFRASTRUCTURE: - The hospital has been built keeping in mind all round wellness of mind, body and soul and also to meet the simple needs of the attendants by means of facilities as the Tummy Luck, Meditorium , R&R Lounge, Holistic Health, Mamma Mia, Retail Therapy, Crèche.

The Fortis Logo



LOGO

“A HEALING PASSION”

The Fortis Healthcare Limited Logo defines its commitment to patient care. The logo shows their endeavour to achieve the excellence in the healthcare delivery system by bringing together the best of their technology, medical expertise and patient care.

The two hands along with a red dot on the top depicts- “nurturing hands caring for human life”

GREEN symbolizes healing and depicts WELLBEING and RED is symbolic of steadfast focus, dynamic zeal and enthusiasm.

MISSION:

“Globally respected healthcare organization recognized for Clinical Excellence and Distinctive Patient Care”

VISION:

“Saving and enriching lives”

SPECIALITIES:

• Anaesthesiology	• Dermatology and Venereology	• Dental Sciences	• Emergency and Trauma services
• Family Medicine	• Respiratory Medicine	• Paediatrics Orthopaedics	• General Medicine and Surgery
• High Risk Obstetrics and Gynaecology	• Ophthalmology	• Paediatrics	• Psychiatry

Table 1.1

SUPER-SPECIALITIES:

• Paediatric Cardiology	• Pulmonology	• Nephrology
• Plastic and Reconstructive Surgery	• Paediatric Surgery	• Neuro-radiology
• Oncology	• Medical Gastroenterology	• Rheumatology
• Neurology	• Nuclear Medicine	• Orthopaedics and Joint replacement
• Cardiology/Cardio thoracic Surgery	• Clinical Haematology	• Hepatology

Table 1.2

FMRI FAQs

- **Area of Hospital-10.76 Acres**
- **Entry & Exit Points- 4**
- **Built up area- 750,000 sq.ft.**
- **Height of Hospital- 27.95 meters**
- **Lifts and Dumb Waiters- 10 and 3 respectively**
- **Staircases-10**
- **Floors-9**
- **MGPS- Medical Gas Pipeline system**

FLOOR-WISE DEPARTMENTAL CATEGORIZATION

BASEMENT

- Engineering and biomedical
- Contractual staff dining
- Materials and purchase
- PTS blower room
- Stores : Pharmacy, Kitchen and General store
- Radiation Oncology
- MRD
- Mortuary
- Nursing training room
- Parking for staff and visitors

LOWER GROUND

- Radiology
- Non-invasive cardiology
- Physiotherapy
- Chemo daycare
- Oncology
- Emergency and trauma
- Paediatrics
- CSSD
- In house laundry
- Nuclear medicine
- Staff entry gate
- General OPD
- Fire control room

**UPPER
GROUND**

- Administrative offices
- Health for you (H4U)
- Gynaecology
- Orthopaedics
- IPD Admissions
- Prayer room
- International Patient Services
- Fortiplex – 36 seater mini theatre
- VIP lounge
- Tummy Luck : Haldiram's , Whole Foods , Joost , Subway , Baskin Robbins
- Media Mart, Media Rent , Fila , Fortibakes , Being Human, Chicco , Bouncing babies

**FIRST
FLOOR**

- 4 Labour Delivery Suites with 02 Labour Rooms
- Meditorium - a 111 seat auditorium
- 40- Bedded Nightingale ward
- Paediatric Unit with 9 beds
- 11 bedded Dialysis Unit
- 10 bedded Chemotherapy Unit
- In-house blood bank
- Pathology Lab
- 13 Neonatal ICU warmers / incubators with a 5 bedded Well Baby Nursery

**SECOND
FLOOR**

- 6 ICUs
- Cath Lab
- Endoscopy
- 14 OTs

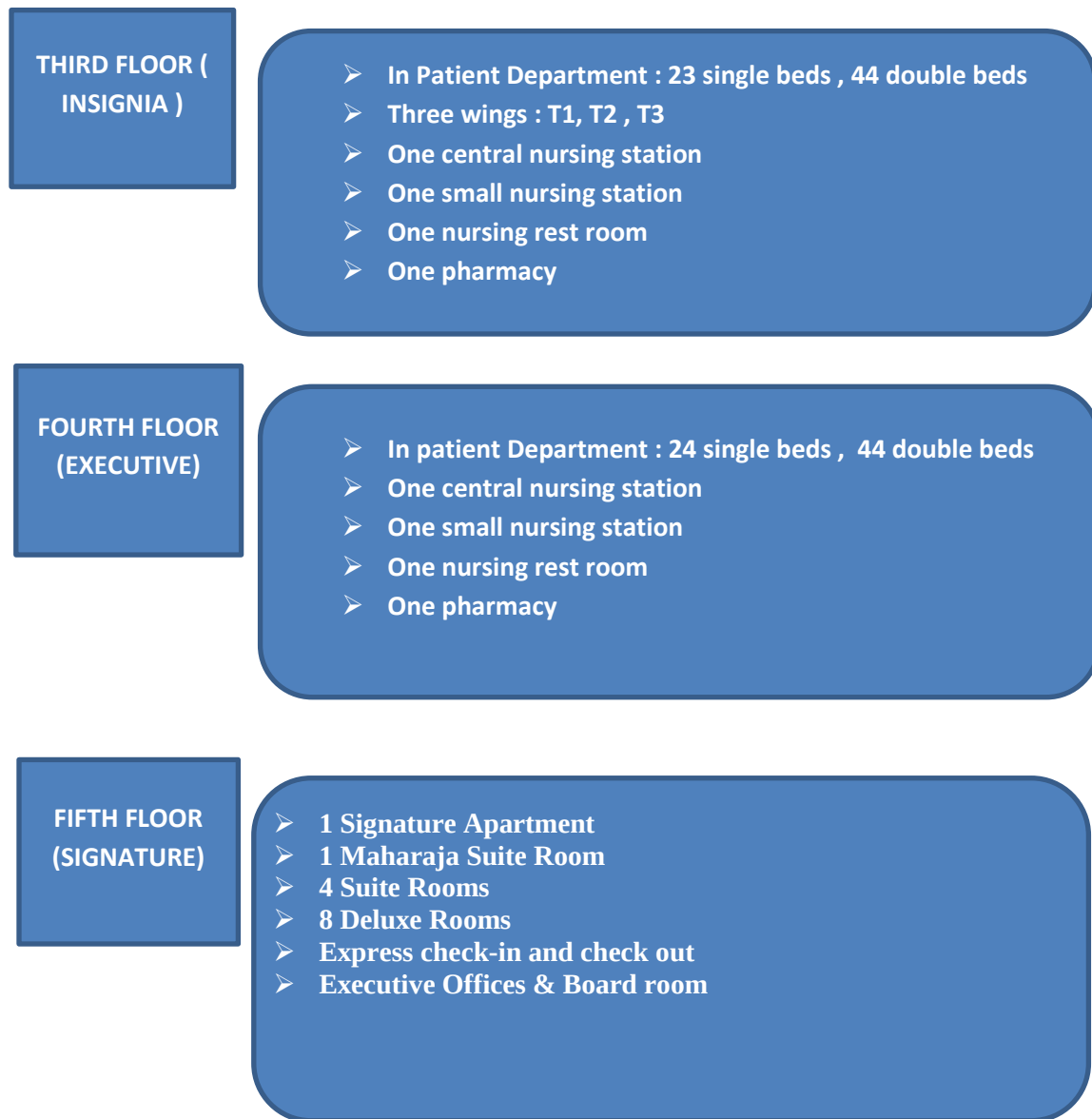


Fig 1.3

SPECIFIC OBJECTIVES

- **To visit all the departments in the hospital.**
- **To gain knowledge of functioning of different departments.**

MODE OF DATA COLLECTION

MODE : Personal interviews

- The data was collected during different visits.
- The data collection started with the NABH audits' visits to different departments.
- The data collection in ICUs was done during the visits for the VTE project data collection.
- The minor departments were covered during a few visits for the purpose of data collection.

DEPARTMENT-WISE LEARNINGS

The learnings about how the organization works and what are the different departments and how departments work and how their functions are inter-related and depend on each other, are based on observations as well as on interviewing and personal interactions. All the learnings are summarized below:

DEPARTMENT	FUNCTIONING
OPD	- Reception/Information system - Giving appointment - Registration system-OPD and Diagnosis - Billing function-OPD, diagnostics ,Emergency - Report/document delivery system - Customer feedback system
HR	- In development of HR policies and strategies - In manpower planning - In recruitment and selection

	- In employee training - In salary determination - In performance appraisal - In personnel data entry and record maintenance - In consultation and advisory services to management and employees - In grievance handling
MRD	- Proper storage and maintenance of medical records - Maintenance of integrity and confidentiality of medical records. - Submission of required data to government.
IT	- In maintenance of all the software's in the hospital - In IPD Billing - In OPD Billing - In house keeping - In ward/nursing department - In issuing visitor's pass - In stores - In purchase department
EMERGENCY AND TRAUMA	- Provide immediate care to patients in need - Categorize patients according to the TRIAGE - CODE BLUE team in case of cardiac emergency
BLOOD BANK	- blood donation or collection - storing blood
LABORATORY	- outsourced - routine investigations

CSSD	- sterilizing all the instruments used in the hospital - sterilizing ,storing and supplying the clean linen
ICU	- for critically ill patients - Barrier nursing
OT	- For carrying the surgeries
QUALITY	- For continuous quality improvement - For making the staff to follow hygiene practices - Driving clinical audits through clinicians - Quality improvement audits - Keeping a check on quality indicators eg. Return to ICU
MARKETING AND SALES	- Brand promotion - Doctors' promotion - Arranging Continuous Medical Education, camps, meetings, conference - Field visits for Doctors' referrals - Arranging outreach OPDs , CSR activities
FINANCE AND ACCOUNTING	- Keeping a track of the accounts book - Keeping a track of revenue generation and expenses of the organization
GENERAL ADMINISTRATI ON	- Bargaining with the vendors(outsourced) - Renewal of licence and laws of hospital according to the changing government policies - Looking after the machineries and backups - Arranging the vehicles for travelling to the staff for field work

	- Request for the workforce (security ,housekeeping etc) need to the HR - To keep joining and resignation record of doctors(Gynaecology, Radiology and Cardiology) who do foetal echo
MEDICAL OPERATIONS	- Regular updation of ICUs' status - Ward rounds - Medical updates(patient files for the form filling by the doctors and nurses) - PNDT audits - Arranging multi disciplinary team meetings - Screening of mortality sheets
PHARMACY	- Maintaining drug formulary - Keeping a track of the used drugs and to order the required medicines - To release the required medication on different floors - To discard the expired medicines or the medicines near to expiry (usually near 3 months of expiry)

Table 1.4

ORGANOGRAM (QUALITY DEPARTMENT):

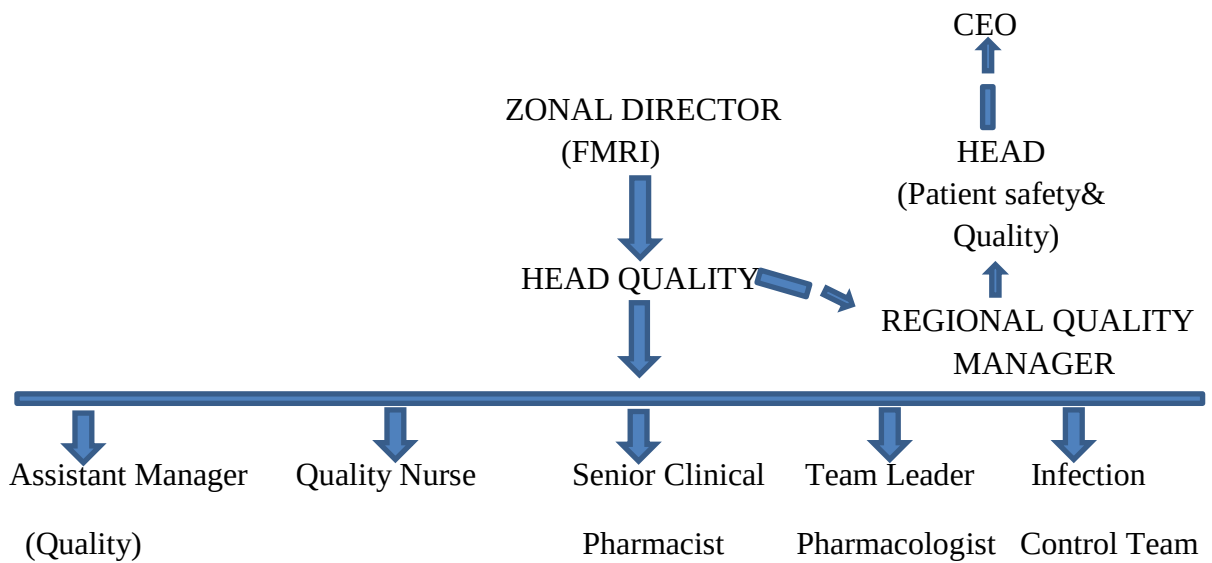


Fig 1.8

SECURITY & IT DEPARTMENT

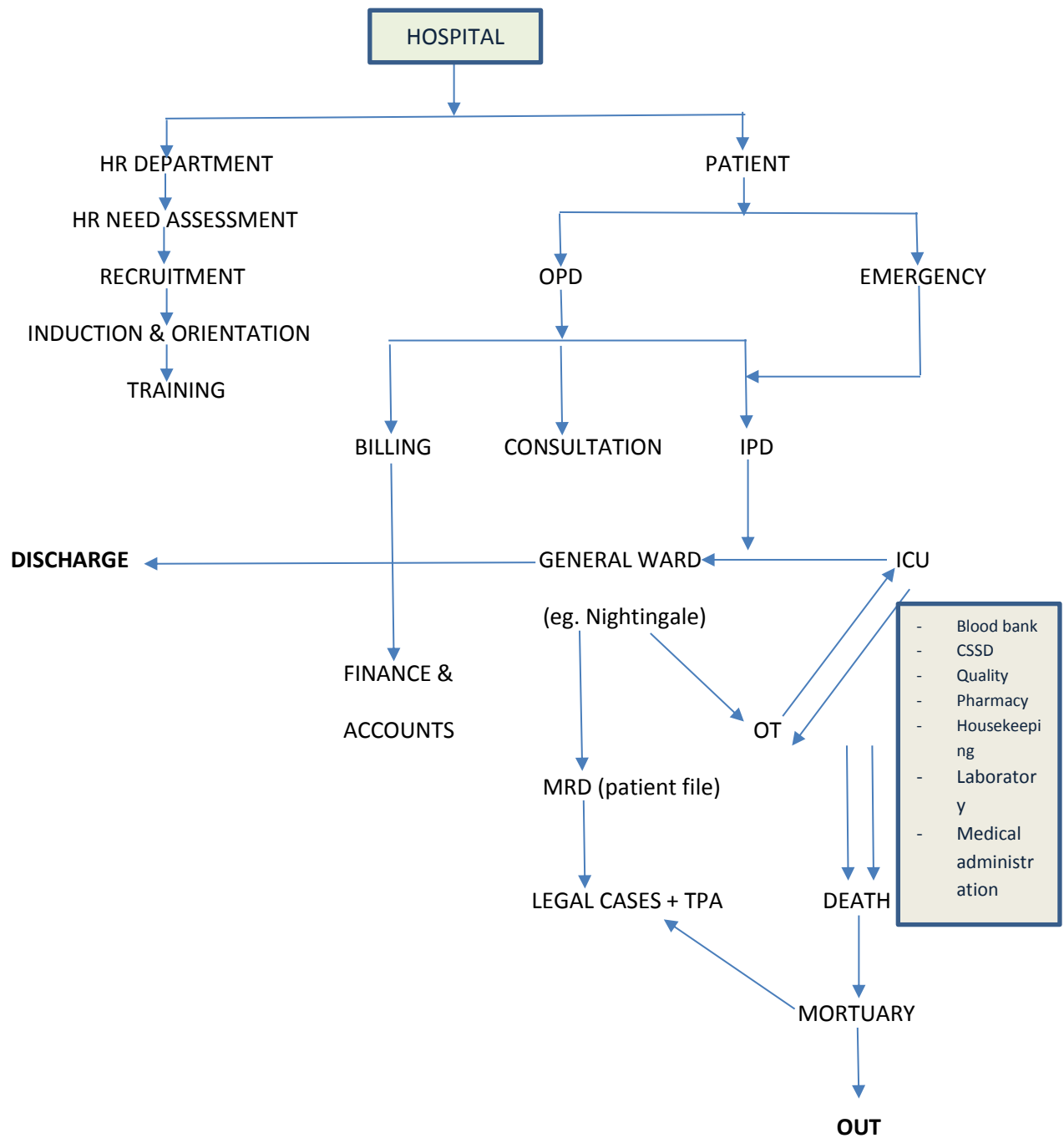


Fig 1.9

OBSERVATIONS AND LEARNINGS

- **The hospital serves two major functions: administration and clinical services.**
- **Both the functions are inter-related and need to be kept parallel.**
- **There are 33 departments in the hospital.**

STRENGTHS:

- **International patients.**
- **4 top performing departments : Neurosurgery, Oncology , Gynaecology , Radiology.**
- **Good diagnostic services with the latest technologies.**
- **Highly recognized doctors.**
- **Capitol ,**

WEAKNESS:

- **There are outsourced services : Three in clinical (Physiotherapy ,IVF, Radiance – Derma) and Ten in non-clinical (food , clothing ,eye accessories) . These departments does not follow the hospital policies of discounts and offers . They have their own marketing strategies, which creates a state of dissatisfaction amongst the patients.**
- **Due to cost cutting , there is a less workforce which, in turn, puts pressure and heavy workload on the employees in the respective departments.**
- **The demand and supply of beds in the hospital is a mismatch.**
- **Handwash hygiene is a serious issue amongst the doctors and the nursing staff.**
- **Referral strategy of the sales and marketing department is not compliant.**

PROJECT REPORT

VENOUS THROMBOEMBOLISM PROPHYLAXIS COMPLIANCE

INTRODUCTION

Venous thromboembolism(VTE) is the formation of blood clots in the vein in the body. *Deep vein thrombosis* or *DVT* is a clot formation in a deep vein, usually in the leg. *Pulmonary embolism* or *PE* is the process of break down of that clot breaks and its travelling to the lungs .

Venous Thromboembolism is no longer a rarity in India. Until the 1990s, venous thromboembolism (VTE) was viewed primarily as a complication of hospitalization for major surgery (or associated with the late stage of terminal illness). However, recent trials in patients hospitalized with a wide variety of acute medical illness have demonstrated a risk of VTE in medical patients comparable with that seen after major general surgery. In addition, epidemiological studies have shown that between one quarter and one half of all clinically recognized symptomatic VTEs occur in individuals who are neither hospitalized nor recovering from a major illness. Mortality and morbidity from VTE is a significant problem in India. It is one of the commonest causes of unplanned readmission and preventable death. General surgical operations are the most common causes of post-operative DVT. Pulmonary embolism continues to be suspected more than it is diagnosed.

VTE may contribute to upto 12% of deaths in ICU and is the No.1 preventable cause of hospital death. Silent DVT is present in 5-10% of ICU patients despite thrombo prophylaxis. ICU doctors often have a skewed perception of the risk of bleeding in ICU patients, predisposing them to avoiding anticoagulation.

So, there is a need to create awareness amongst the concerned authorities to put light on the issue and to work in the direction of reducing the incidence by providing the required prophylaxis.

To provide prophylaxis for VTE, it is important to understand and being awared of the risk factors for VTE, which are as follows:

- **Major general surgeries**

- **Major orthopaedic surgeries**
- **Injuries of spinal cord**
- **Pelvis, hip, or long bones' fracture**
- **Multiple trauma**
- **Malignancy**
- **Myocardial infarction**
- **Congestive heart or respiratory failure**
- **Prior VTE**
- **Age**
 - **Usually above 40 years of age**
 - **Rare in children**
- **Obesity**
- **Immobility**
- **Varicose veins**
- **Pregnancy and the Puerperium**
- **Oral contraceptives**
- **Antiphospholipid antibody syndrome**
- **Hereditary risk factors**
 - **Antithrombin deficiency**
 - **Protein C and Protein S deficiencies**
 - **Coagulation factors**
 - **Hyperhomocysteinemia**

These risk factors require prophylaxis measures to decrease the incidence of the VTE amongst the patients. The recommended prophylaxis for VTE is given below:

SURGICAL PATIENTS		MEDICAL PATIENTS
RISK OF VTE	RECOMMENDED PROPHYLAXIS	RECOMMENDED PROPHYLAXIS
High risk of VTE with low risk of bleeding	Enoxaparin 40 mg daily + Anti embolic stockings +/- sequential compression device + Early mobilization	Enoxaparin 40 mg(must be written up and given on the day of admission) + Early mobilization
High risk of VTE with significant risk of bleeding	Anti embolic stockings +/- sequential compression device + Early mobilization	Anti embolic stockings +/- sequential compression device + Early mobilization (Do not use anti-embolic stockings in stroke patients)
Low risk of VTE	Early mobilization	Early mobilization

Table 2.1

When a patient is admitted in the hospital, he/she is to be assessed within one hour and half an hour as the initial assessment by the doctor and the nurse respectively. And has to be assessed for VTE risk within 24 hours of admission. Then, the above recommended prophylaxis according to the VTE status of the patient must be followed and given to the patients to lower the incidence of VTE. But, this is where the gap lies. The doctors and the nursing staff are not compliant with the provision of the VTE prophylaxis to the admitting patients.

RESEARCH QUESTION

How much is the compliance in provision of Venous Thromboembolism prophylaxis in ICUs in Fortis Memorial Research Institute, Gurgaon?

SPECIFIC OBJECTIVE(S)

- **To check if the patients are being assessed for venous thromboembolism within 24 hours of admission in the hospital.**
- **To measure the compliance of initiating the prophylactic measures according to the VTE status of the patients.**

MODE OF DATA COLLECTION

Sample size : 59 patients

Sampling : Purposive sampling

Sampling criteria : Patients who had completed 24 hours from the time of admission in the hospital, at the time of data collection

Methodology :

- **ICUs (ICU-4, ICU-5, ICU-6, ICU-7, ICU-8, ICU-9) were covered (except neonatal and paediatric ICUs).**
- **The patients who had been assessed for the initial assessment and had completed 24 hours from the time of admission in the hospital, were selected and their VTE risk assessment form were checked.**
- **The VTE risk assessment form was checked against some parameters in the checklist.**
- **The physiotherapists were also questioned according to a checklist on their knowledge of VTE and its prophylaxis.**
- **The data was then compiled and analyzed according to the different parameters and areas.**

DATA ANALYSIS

Analysis of the Admitting doctors' data collected:

1. Risk assessment done/not done within 24 hours of admission in the hospital

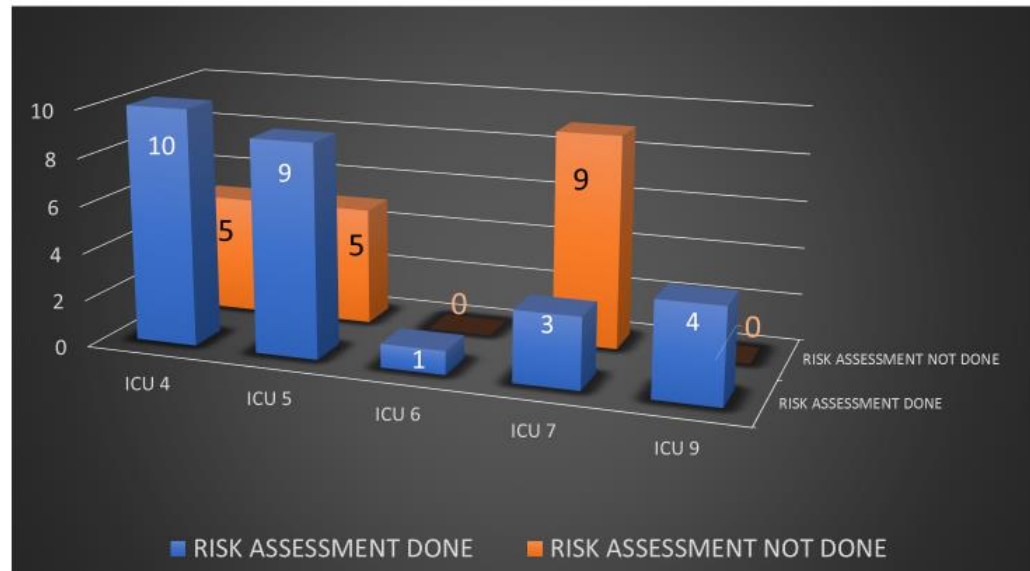


Fig 2.2

2. Completion of the risk assessment form for VTE



Fig 2.3

3. Documentation of the prophylactic measures

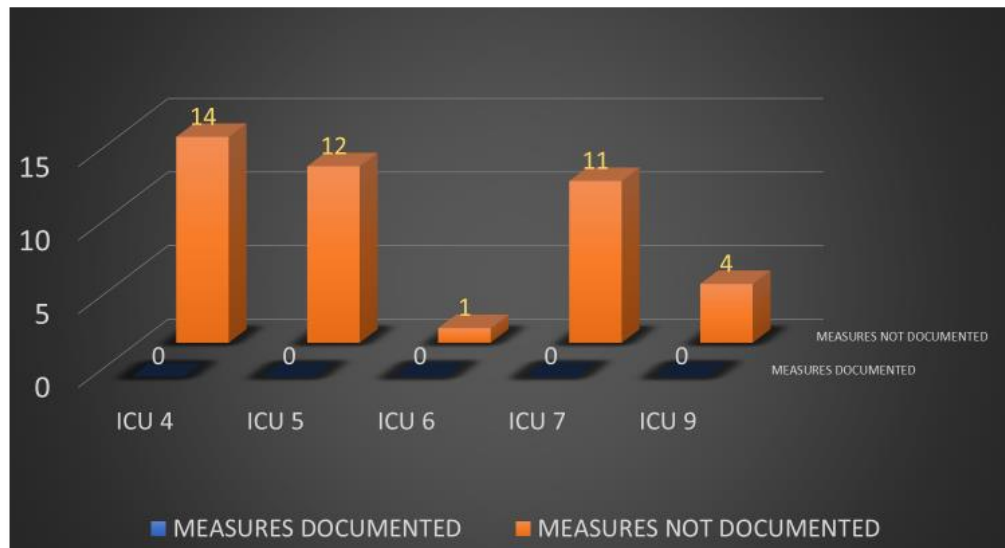


Fig 2.4

4. Initiation of the prophylactic measures according to the VTE status of the patient

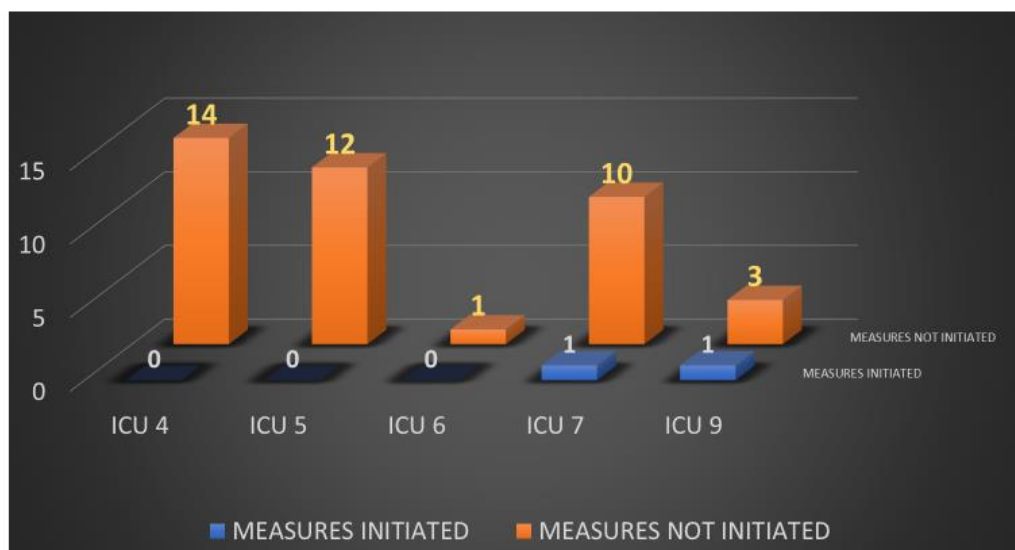


Fig 2.5

5. Risk assessment

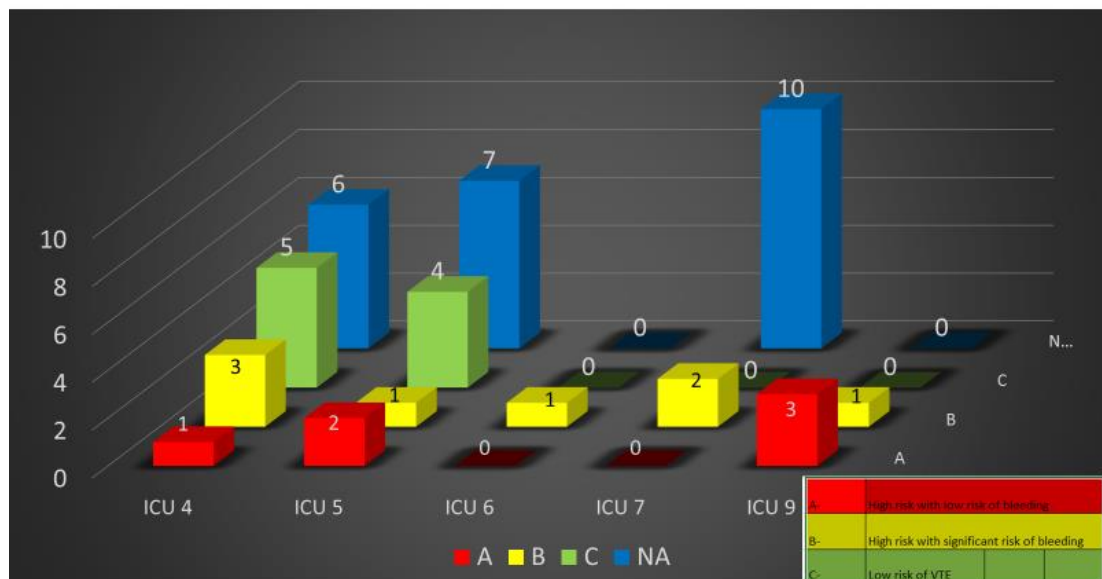


Fig 2.6

Analysis of the Physiotherapists' data collected:

1. Information to the physiotherapist about the VTE status of the patient

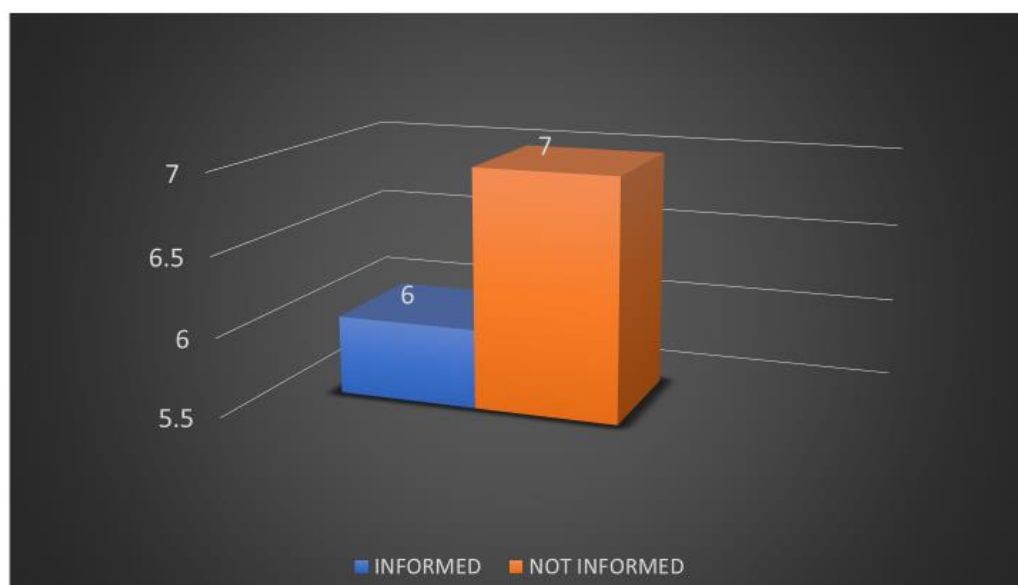


Fig 2.7

2. Knowledge of the physiotherapists about the measures to be undertaken

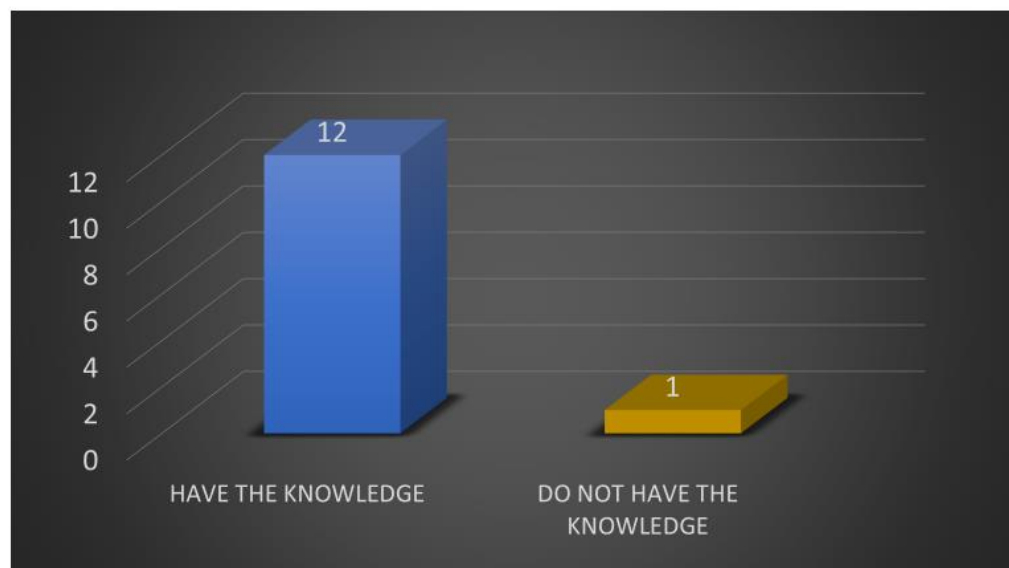


Fig 2.8

3. Initiation of the prophylactic measures

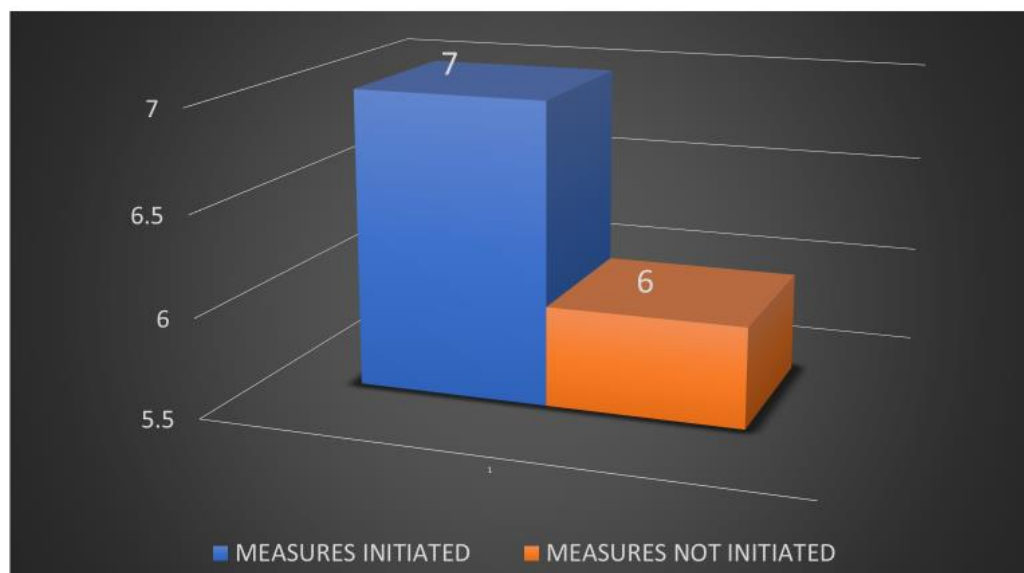


Fig 2.9

4. Area wise compliance based on the initiation of the prophylactic measures for VTE

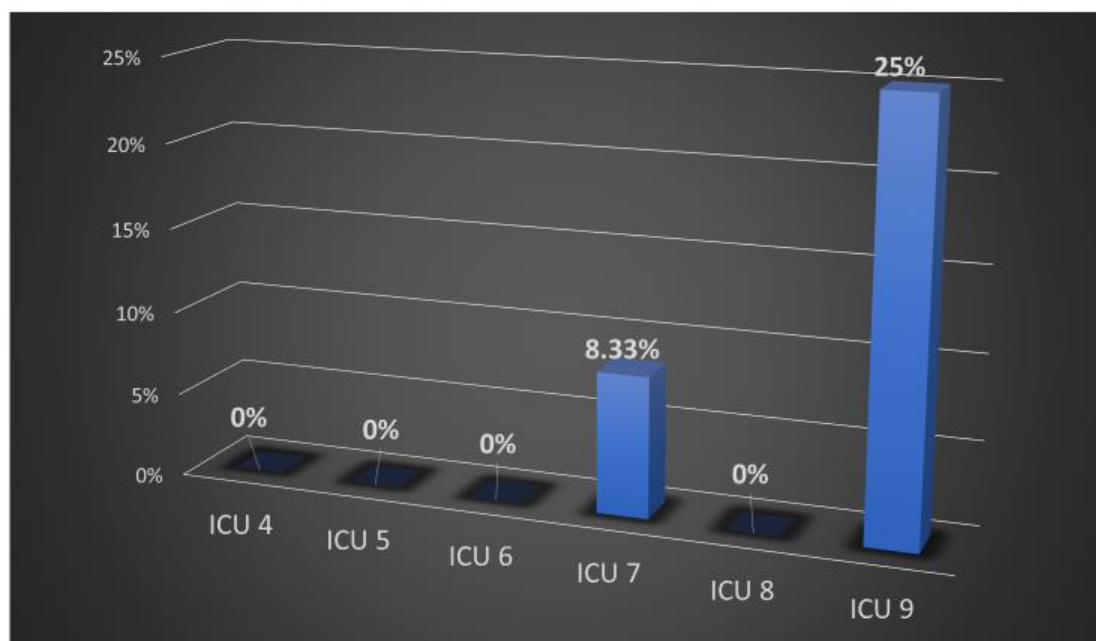


Fig 2.10

OVERALL COMPLIANCE

Out of the 22% cases of A, only 1 patient has been initiated with the prophylactic measure.

Out of the 30% cases of B, only 1 patient has been initiated with the prophylactic measure.

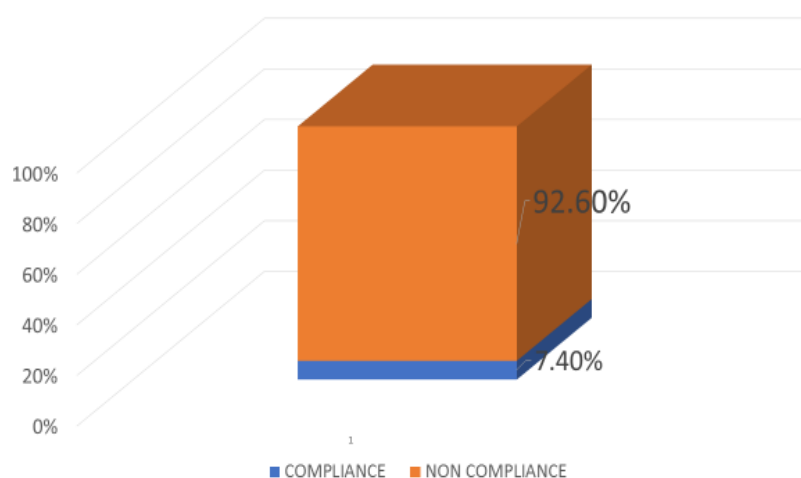


Fig 2.11

INTERPRETATIONS

Based on the above data, following interpretations are done:

1. More than half of the patients admitted have been assessed for the risk of VTE within 24 hours of admission in the hospital.
2. Out of these , only *one third* of the risk assessment forms for VTE are completely filled.
3. These *two third* remaining forms serve as the *first gap* in the initial process of provision of VTE prophylaxis.
4. But none of these one third forms have the assessment results documented.
5. This is the *second gap*.
6. Only 7.40% cases were seen to be initiated with the prophylactic measures according to the VTE status of the patient, but without any documentation for the same.
7. This comes out to be the *third gap* in the process.
8. Of the total number of the physiotherapists sampled, only 46.15% are being informed about the VTE status of the patients.
9. This comes out to be the *fourth gap*.
10. And almost all (92%) have the knowledge of the prophylactic measures that should be undertaken according to the VTE status of the patients.
11. All the physiotherapists who have been informed of the VTE status have initiated the prophylactic measures.
12. Whereas the remaining who have not been informed of the VTE status of the patients, have not initiated inspite of having the knowledge about the prophylactic measures that should be undertaken.
13. This results out to be the *fifth gap*.
14. Overall compliance of the VTE prophylaxis, considering all the factors, comes out to be 7.40%, with 25% as the highest compliance in initiating the prophylactic measures.

CONCLUSION

An observational study on “ Venous Thromboembolism prophylaxis compliance in ICUs ” was conducted in Fortis Memorial Research Institute, Gurgaon from April 13, 2017 to May 22, 2017 , to check if the patients are being assessed for VTE risk assessment within 24 hours of admission in the hospital and to measure the compliance of initiating the prophylactic measures for VTE to the patients according to their VTE status.

The study could find that more than half of the patients admitted are being assessed for the risk of VTE , within 24 hours of admission in the hospital. And 92% of the physiotherapists, providing the non-pharmacological prophylaxis for VTE , have the knowledge of the prophylactic measures which should be provided to the patients according to the risk status for VTE. These two are the *major positive findings* in the study.

Also, there were some *gaps* which were found during the study and they are five in number. The gaps found are:

- a. Gap 1: There is a gap in the completion of the forms for the risk assessment of VTE. Only one third of the forms are being completely filled.**
- b. Gap 2: The measures to be taken according to the risk status of the patients are not being documented which adds to the reluctancy of the nursing staff and the physiotherapists to provide the required prophylaxis.**
- c. Gap 3: Only 7.40% of the risk assessments have been initiated with the prophylactic measures, but also with no documentation of the same.**
- d. Gap 4: Only 46.15% of the physiotherapists are being informed about the VTE risk status of the patients.**
- e. Gap 5: The physiotherapists who are not being informed do not even intervene into the risk status of the patients without any prior documentation or reference, which leads to the underutilization of the capability of the service providers of the same.**

The above study can be summarized with the following key points:

- a. The patients are being assessed for the Venous thromboembolism risk assessment within 24 hours of admission in the hospital, (more than half of the total).**
- b. The compliance of initiating the prophylactic measures according to the risk assessment of the VTE came out to as 25% as highest and 0% as lowest, but with no documentation for the same.**
- c. The overall compliance of the study came out to be 7.40%.**

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ANNEXURE:

(a) Time Schedule

S. No	Name of the Department	% of Time Spent	Interacted with (Name and Designation)
1.	ICU (ICU 4, ICU 5, ICU 6, ICU 7, ICU 8, ICU 9)	30%	Intensivist, Team Leader, Nursing staff
2.	Nightingale Ward	10%	Junior Residents, Consulting doctors, Team leader, Nursing staff
3.	Third Floor (Insignia – In Patient Department)	5%	Floor Manager, Team Leader, Nursing Staff, Junior Residents, Physiotherapists
4.	Fourth Floor (Executive Ward- In Patient Department)	5%	Floor Manager, Team Leader, Nursing Staff, Junior Residents
5.	OPD	1%	Nursing Staff
6.	Physiotherapy	1%	Physiotherapists
7.	Radiology	1%	Technicians, Radiologists
8.	H4U (Preventive Care)	0.5%	Technicians
9.	Cath Lab	0.5%	Nursing staff
10.	Paediatrics	1%	Nursing staff, Paediatrician

11.	Emergency	0.5%	Nursing staff, Junior Residents, Senior Residents
12.	Pharmacy	1%	Pharmacists
13.	IT	0.5%	Technicians
14.	Medical Records Department	2%	Staff and the Head of the Department
15.	Chemo Day Care	1%	Nursing staff
16.	Oncology	0.5%	Nursing staff
17.	Gynaecology	1%	Nursing staff, Head of the Department, Doctors
18.	CSSD	3%	Head of the Department, General Duty Persons
19.	Marketing	2%	Staff
20.	Human Resource	0.5%	Training and Development Head
21.	Medical Administration	1%	Staff
22.	Quality	31%	Head Quality, Clinical Pharmacist
23.	Dialysis	1%	Nursing staff

Table 3.1

(b) Data collection format, tables, pictures, and charts.

a. Data collection format:

37

[illegible]

Fig 3.2

PHYSIOTHERAPISTS'S CHECKLIST								
S.NO	PATIENT UID	DOCTOR'S NAME	RISK ASSESSMENT	PROPHYLACTIC MEASURES TO BE GIVEN	HAVE YOU BEEN INFORMED ABOUT THE VTE STATUS OF THE PATIENT	DO YOU KNOW ABOUT THE MEASURES TO BE GIVEN ACCORDING TO THE VTE STATUS	HAVE THE MEASURES BEEN INITIATED	IF NO, WHY?

Fig 3.3

b. List of tables:

- Table 1.1 - Specialties
- Table 1.2 – Super specialties
- Table 1.4 – Department wise functions
- Table 2.1 – Recommended prophylaxis
- Table 3.1 – Time schedule

d. List of Pictures:

- Fig 1.3S – Floor wise departmentalization
- Fig 1.7 – Organogram for ICU
- Fig 1.8 – Organogram for Quality department
- Fig 1.9 – Summary of hospital- patient workflow
- Fig 2.2 – Risk assessment done within 24 hours of admission in the hospital
- Fig 2.3 – Completion of risk assessment form for VTE
- Fig 2.4 -Documentation of prophylactic measures
- Fig 2.5 – Initiation of prophylactic measures
- Fig 2.6 -Risk assessment

- **Fig 2.7 -Information to physiotherapist about the VTE status of the patient**
- **Fig 2.8 -Knowledge of physiotherapist about the measures to be taken**
- **Fig 2.9 -Initiation of prophylactic measures**
- **Fig 2.10 –Area wise compliance according to the initiation of the prophylactic Measures**
- **Fig 2.11 – Overall compliance**

e. List of charts:

- **Chart 1.6 – Registration process of OPD**