

VTE PROPHYLAXIS GIVEN TO POST OPERATIVE PATIENTS

Dissertation submitted to



The IIHMR University, Jaipur
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Master of Business Administration (MBA)

In

Hospital and Health Management

By

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Under the Supervision and Guidance of

Dr. MONIKA CHAUDHARY

DECLARATION BY STUDENT

I hereby declare that this dissertation titled '**VTE PROPHYLAXIS GIVEN TO POST OPERATIVE PATIENTS**' is the bonafied record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others throughout has been duly acknowledged in the text.

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MBA HOSPITAL AND HEALTH MANAGEMENT

2021-23

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CERTIFICATION BY ORGANIZATION

This is to certify that Dr. SUKHMAN WALIA in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her internship at MAX HOSPITAL, MOHALI during 1ST MARCH – May 20, 2023

Place: MOHALI

Date:

Dr. Swati Marwaha
Deputy manager of medical
Quality

CERTIFICATION BY INSTITUTION

This is to certify that dissertation titled VTE Prophylaxis given to post operative patients is a record of the research work undertaken by Dr. Sukhman Walia in partial fulfilment of the requirements for the award of the degree of MBA (Hospital management) from IIHMR University , Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific , and analytical.

Mrs. Monika Chaudhary
IIHMR University , Jaipur

Dr.(col)Mahender Kumar
IIHMR University, Jaipur

PLAGIARISM REPORT

This is to certify that the dissertation project report titled “VTE PROPHYLAXIS TO POST OPERATIVE PATIENTS” submitted by Dr. Sukhman Walia for the partial fulfilment of the requirements for the award of degree of MBA (Hospital and Health Management) from the IIHMR University.

This thesis has XX% plagiarism on evaluation by Turnitin Software.

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ABSTRACT

Venous thromboembolism (VTE) can occur after major general surgery. Pulmonary embolism is one of the most common identifiable cause of death in patients admitted in hospital . The risk of deep venous thrombosis is much higher in colorectal surgical procedures . The incidence is estimated about 0.2 to 0.3%. Patient safety is most important quality initiatives in prevention of VTE . Mechanical and pharmacological when combined together gives the best results .Patient who are undergoing surgery should know all the risk factors and procedure related risk factors .

1. INTRODUCTION

1.1 ORIGIN OF VTE – Thrombosis usually start in deep veins of legs that is calf muscles , from valve cusps . DVTs of calf gets resolve within 72 hours and about one sixth extent to proximal veins .Risk of PE increases when extended to proximal veins .

1.2 PURPOSE OF THE STUDY -The main objective of this study was to find out whether VTE prophylaxis were given to patients post operative .

To know about the effectiveness comprising intense education , reporting options , feedback, in order to improve incident that are happening and make changes in it .

VTE is a term that refers to blood cells in vein, which is a not diagnosed and serious but preventable condition that can which cause disability and death.

It affects deep leg veins such as calf veins, popliteal veins , femoral veins or deep vein of pelvis .

It consists of pharmacological and nonpharmacological measures to remove the risk of DVT and PE .

1.3 AIM AND OBJECTIVE OF THE STUDY :-

AIM – The main aim is to know whether VTE prophylaxis was given or not to post operative patient so that it would be helpful in improving the health services.

OBJECTIVE- To do VTE risk stratification and make a proper therapeutic plan for patients who are hospitalized for the same.

2. REVIEW OF LITERATURE

Deep venous thrombosis (DVT) and pulmonary embolism (PE) are one of the causes for deaths . The rate is increasing and have clinical presentations in community settings and hospitalized patients requiring timely prophylaxis . VTE is increasing among various methods for thromboprophylaxis .Anticoagulants have many side effects which leads to limitations of their use .If both medicines and mechanical approach such as intermittent pneumatic compression, venous foot pump becomes impractical , neuromuscular electrical stimulation can be done through research to know about its efficacy and implications.

3. METHODOLOGY

3.1 AIM-

The main aim of this study is to know whether VTE prophylaxis was given or not to post operative patient so that it would be helpful in improving the health services.

3.2 RESEARCH QUESTIONS-

What was the clinical outcome of VTE prophylaxis in patients going under surgeries like THR/TKR , obgy/gyne, or renal transplant and overall patients well being ?

3.3 MATERIALS AND METHODS-

Study design-prospective, cross-sectional and analytical

Setting – MAX SUPER SPECIALTY hospital , Mohali .

Study population-data for the year 2023 studied and VTE prophylaxis is given or not to post operative patients.

Duration of study -the duration of study was from 1st feb - 30th April 2023.

Sample size- Total number of patients reported from february to April 2023.

3.4 DATA COLLECTION PROCEDURE-

Data was collected from nephrology department, obgy/gyne, and orthopaedics department in which patients Information was taken. Total number of patients were 80 from the month feb to April .

Data was collected from each department .
So , I collected data from feb to April . I use to see their file whether VTE prophylaxis were given or not post operative .

3.5 DATA ANALYSIS PLAN-

Computerized patient record system (CPRS)

3.6 IMPLICATIONS OF RESEARCH –

To provide evidence on patient conditions and for betterment and quality of life . Reporting VTE prophylaxis and in return improves patient satisfaction with the treatment .

ETHICAL CONSIDERATIONS-

Following considerations concerning ethics will be strictly followed-

- All the classified data is kept confidential .
- All the information about the patients is kept confidential.
- Any discussion planned will not be recorded to maintain the confidentiality of the organisation.

ANALYSIS-

The methodology used in this study will be the cross-sectional study design . The hypothesis in this study design is to prove that whether vte prophylaxis were given to patients post operative or not.

The key design questions in this study design are as follows

- Whether VTE prophylaxis is given to post delivery or LSCS
- Whether VTE prophylaxis given to ortho patients going through THR/TKR surgeries
- Whether VTE prophylaxis given to renal transplant patients

The study setting will be conducted in Max superspeciality hospital, Mohali. The study design is of descriptive in nature and the study population includes all patients admitted in ortho. Obgy/gyne and nephrology department from 1st march to 20th may . A total of 80 samples was collected.

DEPARTMENT	TOTAL SAMPLES COLLECTED
OBGY/ GYNE	27
ORTHOPAEDICS	34
NEPHROLOGY	19
TOTAL	80

In the case files of the above 80 samples, the forms to be assessed was

1. VTE prophylaxis form
2. Pain assessment form
3. Fall assessment form

This study was a review of approach in which data was collected in the mentioned departments on everyday basis . It was a systematic approach with strict adherence to the hospitals guidelines and protocols so as to obstruct the hospitals daily activites while conducting this study. A descriptive analysis will be conducted to analyse the data

collected .

RESULT-

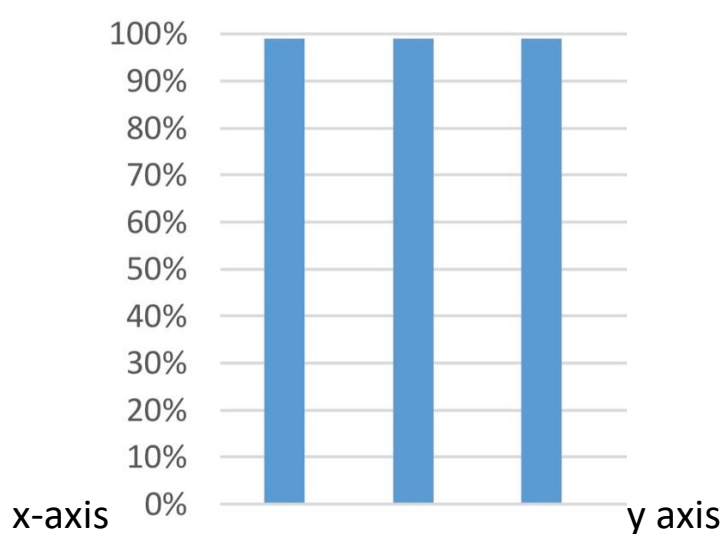
Given below shows the following tables and graph of each department in the given period from 1st march to 20th may, 2023.

Table 1.1

DEPARTMENT	VTE PROPHYLAXIS FORM
Obgy/gyne	100%
Orthopaedics	98%
Nephrology	99%

Graph 1.1

VTE prophylaxis form (march 1st to 20th may) 2023



The first column shows of ortho department , the second column shows of nephrology department and third column shows of obgy/gyne department .

The x-axis shows the percentage of VTE prophylaxis given to patient or not

DISCUSSION-

VTE prophylaxis form – departments achieved a rate of 99%-100% for VTE prophylaxis form, indicating a high level of adherence by the hospital protocol towards the prevention of venous thromboembolism (VTE) .

Through the analysis of the data collected , the following objectives were accomplished-

1. Communication between the patient and physician
2. Direct review of patient
3. Improve quality of care and healthcare services
4. Benefits of doing VTE prophylaxis post operative

CONCLUSION-

SUGGESTIONS:

- To find out the barriers of VTE prophylaxis
- Identification and management of barriers:
It is important to identify and investigate barriers such as lack of awareness, resources or specific challenges as understanding barriers help targeted implementations.
- Education and training of hospital staff (doctors and nurses):
Conduct education and training of hospital staff at regular intervals regarding VTE prophylaxis protocols and ensure strict adherence to specific procedures and guidelines.
- Continuous Monitoring and Feedback:
Implementation of continuous monitoring and feedback to track compliance rates. Motivation and encouragement are vital tools for improvement.

- Standardization of hospital processes:
Establishment of standardized processes especially in areas with low VTE prophylaxis form compliance rates to reduce variability and improve compliance rate.
- Quality Improvement programs:
Quality improvement initiatives especially in areas with low VTE prophylaxis form and encouragement of evidence-based strategies.
- Conducting audits and accountability
Audits should be held in regular intervals to assess compliance rates and identify areas of non-compliance. Hospital staff not following the proper procedures and protocols should be held accountable.

By implementing the above suggestions, the hospital (Quality department) can work towards improving the compliance rate for VTE prophylaxis form , thereby ensuring that all protocols are followed strictly and ultimately resulting in optimum patient safety and quality care.

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