

VTE Incidence Calculator Worksheet

Greg Maynard, MD, University of California, San Diego Medical Center, developed the VTE Incidence Calculator for computing the potential savings when reducing VTE episodes. **Over 50% of the patients developing VTE receive no mechanical prophylactic therapy during their hospital stay and/or upon discharge for home recovery.**

Hospital Name: _____

Step 1) The DVT Free Registry found one VTE per hospital bed per annum. To estimate VTE events at your hospital simply calculate number of beds, i.e., a 300 bed hospital would experience 300 VTE's during any given year.

Example

Step 1: Estimate total # of VTE's diagnosed: 300

Diagnosed VTE's

Step 2) Multiple studies verified that 50% of VTE's diagnosed are hospital acquired. To estimate the number of hospital-acquired VTE events at your hospital, simply calculated by taking the number from Step 1 and multiply by 0.5.

Step 2: Estimate # of hospital acquired VTE events: 150

Acquired VTE's

Step 3) The utilization of VTE prophylaxis is un-utilized at rates between 50-60%. To estimate the number of preventable hospital-acquired VTE events at your hospital, use the estimates obtained in Step 2 and multiply by 0.5. Hospitals find the percentage of patients receiving appropriate prophylaxis are below 50%.

Step 3: Estimate # of preventable hospital-acquired VTE events: 75

Preventable VTE's

Step 4) Studies show the make-up of preventable hospital-acquired VTE events are 75% DVT and 25% PE. Using the estimate from Step 3, multiply 75% to identify preventable DVT's and 25% for PE's.

56 preventable DVT X \$10,800 = \$604,800.00

Preventable DVT X Average Cost of DVT = Total Preventable DVT Cost

+

19 preventable PE X \$16,500 = \$313,500.00

Preventable PE X Average Cost of PE = Total Preventable PE Cost

Total costs in preventable VTE per year: \$918,300.00

Total Preventable DVT Cost + Total Preventable PE Cost = Total Preventable VTE's Cost Per Year

Source: Agency for Healthcare Research and Quality - 2014 Statistics
DRG Codes: DVT: 451.1, 451.2, 451.8, and 451.9. PE: 415.1, 415.11, and 415.19.

VTE and PE are hospital acquired conditions. The underlying cause is the failure to provide mechanical prophylactic therapy to all non-ambulating hospitalized patients including post-surgical patients recovering at home for at least 30 days.

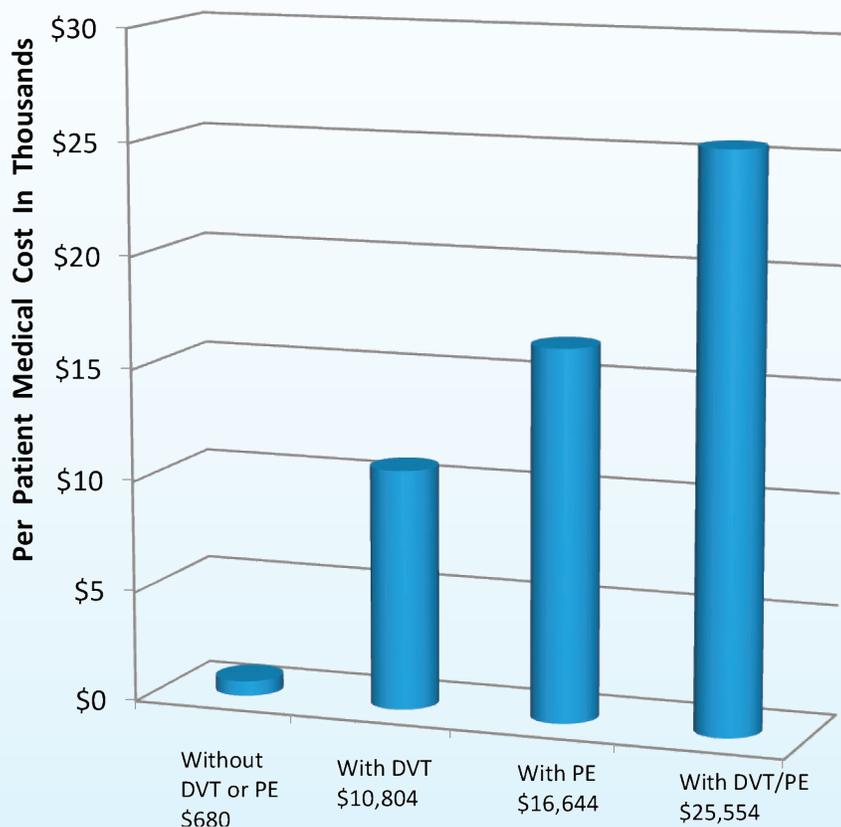
A 300 bed hospital can expect 150 hospital acquired DVT/PE per year. Increasing mechanical prophylactic to 90% can avoid 56 DVT's, 19 PE's, 3 Deaths, and Save \$900,000.

Are you willing to assume the risk of a patient developing a DVT/PE during hospital stay or during the first 30 days after discharge?

More than 1,000,000 Americans develop VTE during the first 30 days after surgery each year. The risk of developing VTE extends beyond the average length of hospital stay (3 days), making continuous prophylaxis a critical step in preventing VTE during hospital stay and throughout home recovery.

Discontinuation of prophylaxis is a major problem.

- Over 30% of patients undergoing knee or hip replacement discontinue prophylaxis by day 7, leaving them at risk for DVT and subsequent PE.
- Patients experience VTE, on average, 17 days following TKR and 27 days following THR.
- Post discharge, VTE occurs in 57% of TKR patients and 75% of THR patients.



*"Second peak of DVT/PE occurs from 10-21 days after surgery and risk extends for 3 months."
- Dr. Arcelus*

ACCP guidelines recommend using portable, battery-powered mechanical thrombo-prophylaxis devices for patients undergoing hip or knee arthroplasty for 35 days from the day of surgery.

CMS denies reimbursement for DVT/PE if readmissions are within 30 days of discharge after undergoing TKR and THR.

Costs to prevent DVT is significantly less than the costs to treat DVT and PE.

Significant savings can be realized with preventing VTE readmissions.

Based on data obtained from Agency for Healthcare Research and Quality: Costs & Utilization Projects

Over 50% of surgical patients diagnosed with VTE received no prophylaxis in the 30 days prior to diagnosis.

VeinOPlus® DVT a Simple Solution to a Major Problem

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