

crisprpd 1.0



## Abstract

**Grant Number:** 5K01NR000143-02

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**PI Title:**

**Project Title:** NURSING INTERVENTIONS: VENOUS THROMBOEMBOLISM

**Abstract:** *The specific aim of this proposal is to evaluate the effect of a nurse- managed integrated care pathway (ICP) for venous thromboembolism (VTE) by comparing measures of clinical, functional, and cost outcomes before and after the dissemination and implementation of the ICP. The data that has been collected from the medical records prior to the development of the ICP includes patient demographics, diagnostic tests ordered, charges for diagnostic tests, treatment protocols for each service, length of stay, outcome of treatment for VTE, physician specialty, previous history of VTE, comorbidities, and risk factors for venous thromboembolism. In addition, the SF-36 Health Survey was administered to patients with VTE during study years 1997-1998. The plan for the current proposal is to disseminate the ICP to every provider service and nursing unit that cares for patients with VTE, to re-survey the physicians about their knowledge and practice of patients with VTE approximately six months following dissemination and implementation, and to collect the same objective data from chart reviews as was collected prior to implementing the ICP. Patient satisfaction, functional status, and quality of life issues will be conducted using the SF-36 Health Survey and a DVT- specific patient interview form at 30 days following treatment for their DVT, and one year following the diagnosis of their initial DVT. Objectives to be achieved through successful implementation and use of a nurse-managed ICP for VTE are multiple and include: (1) Increase physicians' knowledge of the etiology, diagnosis, and treatment of VTE; (2) Increase the proportion of physicians using appropriate care for patients with VTE based on an evidenced-based ICP standard of care); (3) Improve patients' clinical outcome and functional ability following an episode of VTE; (4) Decrease the time from diagnosis to treatment by having pre- printed order sets and a consulting team on call for difficult cases; (5) Decrease the recurrence rate of*

*VTE by more rapid diagnosis and treatment; (6) Increase the percent time that patients are adequately anticoagulated during the first 24 hours of treatment; (7) Improve the coordination of patient care throughout the continuum using nurse-managed interventions for VTE; and Decrease the number of hospitalizations by identifying patients who could be treated safely in an outpatient setting.*

***Thesaurus Terms:***

*health care service evaluation, health survey, information dissemination, nursing intervention, thromboembolism  
functional ability, quality of life  
clinical research, health services research tag, human subject, statistics /biometry*

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