The Clot Thickens:
Optimizing VTE prophylaxis Beyond Hospital Walls

Leah Webster PharmD, BCPS[1] , Chloe Gernhard PharmD BCPS, CPh[1], Elizabeth Tem, PharmD,[1]
Troy Coffman, DNP, RN[2], Amy Haney, DMSc, P.A.-C.[3], Laila Hakam, M.B.B.S., M.D.[3]
, [1]Department of Pharmacy, [2]Department of Nursing, [34]Department of Internal Medicine
Acknowledgements: **Heather Wood, P.A.-C., Kendrick Panoch,** PharmD

Following a VTE ppx time out, ppx dispensing and early discontinuations were lower, with no observed increase in hospital-acquired VTE

622 HaH encounters | 378 pre-intervention | 244 post-intervention

VTE PPX DISPENSED

51% → 38%

194/378 → 92/244
p < 0.001

VTE PPX STOPPED WITHIN 48 H OF INITIAL TRANSFER HOME

19% → 12%

73/378 → 28/244
p = 0.010

HOSPITAL-ACQUIRED VTE

0 → 1

0/378 → 1/244 (apixaban failure)
No observed change (not tested)

THE PROBLEM

- **No standard to follow:** there is no guidance for VTE prophylaxis in HaH, so practice often defaults to the inpatient order or is reflexively discontinued.
- **Imprecise risk tools:** validated inpatient scores do not reliably separate low from no VTE risk, and may not be applicable in the home; “ambulatory” has no objective consensus definition.
- **Misaligned prescribing:** a stakeholder FMEA identified this as the top patient-safety risk. HaH patients are perceived as lower risk simply because they can move around at home.
- **Patients decline therapy:** refusals are common because of needle fear or pain, logistical burden, or unclear benefit. No existing process for educating on risks and documenting.
- **Avoidable downstream work:** orders started on admission and stopped within 48 hours lead to needless dispensing, courier delivery, home visits, and injections.

WHAT WE CHANGED

- **The “VTE ppx time out”:** Epic SmartPhrases (dot phrases) for a pause at the point of transfer that reconfirms whether prophylaxis is still indicated before the patient goes home.
  - ✓ **Provider prompting:** walks the prescriber through a standard VTE risk factor assessment and documents it in the chart.
  - ✓ **Pharmacy confirmation:** pharmacy verifies the regimen (agent, dose, and indication) against the documented risk assessment.
  - ✓ **RN education and confirmation:** nursing educates the patient and confirms willingness to accept injections at home before doses are dispensed.
- **Patient refusal pathway:** a SmartPhrase prompts education on the risks of declining prophylaxis and documents the patient’s acceptance or refusal.
- **Built-in sustainment:** SmartPhrase utilization reports flag drift, with early-discontinuation review if compliance falls below 90%.

THE TAKEAWAY

Implementation of a structured VTE ppx time out was associated with less prophylaxis dispensing and fewer early discontinuations, with no observed increase in hospital-acquired VTE. As an uncontrolled pre/post evaluation, these findings suggest association rather than causation. Next: an objective, consensus definition of “ambulatory” for home hospital care.

VTE = venous thromboembolism (blood clot) | ppx = prophylaxis (preventive treatment) | HaH = Hospital at Home | FMEA = Failure Mode and Effects Analysis | VTE ppx time out = structured pause to confirm prophylaxis before transfer

©2026 Mayo Foundation for Medical Education and Research