

Dear Site Coordinator;

Thank you for coordinating your site's participation in this special JCRQSN activity, titled **Joint Commission Special Report: Improving Surgical and Inpatient Outcomes in VTE**. This special presentation of the Joint Commission Resources series, developed through collaboration with, and sponsored by, Med-IQ, will air on the following dates:

Wed, Aug 11, 2010: 12:00 PM to 1:00 PM ET
Mon, Aug 16, 2010: 2:00 PM to 3:00 PM ET
Thu, Sep 9, 2010: 1:00 PM to 2:00 PM ET
Tue, Sep 14, 2010: 3:00 PM to 4:00 PM ET
Fri, Sep 17, 2010: 12:00 PM to 1:00 PM ET

CME/CE Information

Program Title:

Joint Commission Special Report: Improving Surgical and Inpatient Outcomes in VTE

The following materials will allow participants to apply for CME/CE:

- Participant Sign-in Sheet:** Be sure to note at the top the **total number of attendees including viewers who have not requested CME/CE credits.**
- Please also fill in Site Coordinator contact information in case Med-IQ needs to reach you.**
- CME/CE Information:** Please download or print and photocopy for all participants (includes objectives, accreditation information, disclosures, etc.).
- Participant CME/CE Evaluation and Post-Test:** Please download or print and photocopy for all participants and collect them from participants who wish to turn them in.
- Collect all Sign-in Sheets, Evaluations, and Post-Tests that are returned to you. Please remind participants that incomplete or illegible forms will not be processed for credit.

Mail these forms to:

Med-IQ
5523 Research Park Drive, Suite 210
Baltimore, MD 21228
Or FAX to 443-543-5178

NOTE: Incomplete or illegible forms will not be processed for credit. Participant's degree must be indicated on forms for proper credit certification.

Directions for submitting CME/CE paperwork are also included on the individual forms should participants choose to mail them individually. Allow four to six weeks from receipt of forms for delivery of certificates. All responses are for continuing education processing only.

Should you have any questions related to this conference airing in your facility, please call our Customer Service Team, toll-free, at (800) 295-4196.

For CME/CE questions, contact Med-IQ at (443) 543-5157.

We want your experience with this series to be a complete success at your site. Thank you.



Post-Test

Joint Commission Special Report: Improving Surgical and Inpatient Outcomes in VTE

1. Which of the following is NOT a national VTE performance measure of The Joint Commission?
 - A. Incidence of potentially preventable VTE
 - B. Patients with recommended prophylaxis ordered and given within 24 hours of hospital admission
 - C. Appropriate selection of VTE prophylactic agent
 - D. Patients given written VTE discharge instructions
2. A 67-year-old African American woman is admitted to the hospital after a CT scan shows a large right-sided colonic mass causing obstruction. She is taken to surgery for extended right hemicolectomy for a presumed primary colonic adenocarcinoma. According to current VTE prevention guidelines, which of the following primary VTE prophylaxis regimens would you use in this patient?
 - A. Mechanical prophylaxis daily throughout hospitalization
 - B. Aspirin orally once daily
 - C. Unfractionated heparin (UFH) subcutaneously twice daily
 - D. A low-molecular-weight heparin (LMWH) subcutaneously once daily
3. A 52-year-old Caucasian man presents to hospital with severe mid-epigastric abdominal pain for the last 24 hours along with nausea and vomiting. His exam, lab results, and right upper-quadrant ultrasound reveal gallstone pancreatitis, and he is subsequently admitted to the hospital for management. His past medical history is significant for obesity, hypertension, and peptic ulcer disease.
Which of the following set of factors makes this patient a candidate for VTE prophylaxis?
 - A. Age, Caucasian race, obesity
 - B. Age, obesity, hospitalization for gallstone pancreatitis
 - C. Caucasian race, history of hypertension, and hospitalization for gallstone pancreatitis
 - D. Obesity, history of hypertension, and history of peptic ulcer disease
4. Which of the following statements regarding findings from the MEDENOX, PREVENT, and ARTEMIS clinical trials is TRUE?
 - A. LMWH and fondaparinux are significantly more effective than placebo in preventing VTE, but are associated with a significantly higher risk of major bleeding
 - B. LMWH and fondaparinux are significantly more effective than placebo in preventing VTE without any significant difference in major bleeding rates
 - C. LMWH are significantly more effective than fondaparinux in preventing VTE, but are associated with a significantly higher risk of major bleeding
 - D. LMWH are significantly more effective than fondaparinux in preventing VTE without any significant difference in major bleeding rates
5. Which of the following statements regarding strategies for improving VTE prevention processes is FALSE?

- A. Education and dissemination of guidelines without a formalized protocol is not effective at increasing use of VTE prophylaxis
 - B. Both human alerts and electronic alerts have demonstrated significant increases in the use of VTE prophylaxis
 - C. Audit and feedback is a key strategy for improving use of VTE prophylaxis
 - D. Decision support systems that integrate VTE prophylaxis orders at the point of care are equally as effective at increasing prophylaxis rates as stand-alone protocols and alerts
6. According to the Surgical Care Improvement Project (SCIP) performance measures for VTE prophylaxis in surgical patients, within what time frame should thromboprophylaxis be received?
- A. Between 8 hours prior to surgical incision start time and 8 hours after surgery end time
 - B. Between 8 hours prior to surgical incision start time and 24 hours after surgery end time
 - C. Between 24 hours prior to surgical incision start time and 24 hours after surgery end time
 - D. Between 24 hours prior to surgical incision start time and hospital discharge
7. Which of the following agents is NOT a guideline-recommended pharmacologic thromboprophylaxis option for hospitalized medically ill patients?
- A. Fondaparinux
 - B. LMWH
 - C. UFH
 - D. Warfarin

CME/CE Evaluation

Release Date: August 11, 2010 Expiration Date: September 17, 2011

To earn CME/CE credit, complete the following evaluation and the post-test, if applicable. If completing the evaluation in print form, please use all capital letters and print your name, address, and other information requested below. Keep a copy of the completed evaluation for your files.

Send originals to:

Med-IQ, 5523 Research Park Drive, Suite 210, Baltimore, Maryland, 21228, or fax to (443) 543- 5178 within 7 days of the air date. For mailed or faxed evaluations, allow 4 to 6 weeks from receipt of evaluation form for delivery of statement of credit.

The purpose of this evaluation is to receive your feedback so we may improve future educational activities. All responses are confidential but may be evaluated in aggregate. Thank you.

PARTICIPANT INFORMATION

Date of Participation in Activity: _____

First Name: _____ Last Name: _____

Degree/Profession:

MD DO PharmD RPh PhD PA MBA

RN NP LPN

Other: _____

Specialty: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Type of practice:



- Community/Private Academic Hospital HMO
 Other: _____

Approximately how many hospitalized patients do you see each week? _____

Approximately what percentage of the hospitalized patients you see each week are at risk of developing venous thromboembolism (VTE)? _____%

Were faculty conflicts of interest, the commercial supporter, and/or discussions of off-label or investigational drug use disclosed prior to and/or during the activity?

- Yes No Comment: _____

Rate the extent to which this CME activity:	Minimally					Completely		N/A
	1	2	3	4	5	6	7	N/A
Met the following learning objectives:								
Identify patients who are appropriate candidates for VTE prophylaxis using evidence-based risk stratification methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe VTE prophylaxis performance measures endorsed by The Joint Commission ,and identify strategies to implement them in your institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design appropriate VTE prophylaxis strategies for various at-risk patient populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met your expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is applicable to your practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used appropriate teaching methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided current scientific evidence to support content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressed barriers to optimal patient management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided useful non-educational resources (eg, patient handouts, tools to assess practice, resources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressed the following 6 core competencies:								
Patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Practice-based learning and improvement

Compared to all other CME activities similar to this one that I have participated in over the past year, I would rate this program as:	Needs Serious Improvement		Average			The Best of Its Kind	
	1	2	3	4	5	6	7
Rate the Faculty presentation/instruction:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alok A. Khorana, MD, FACP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Franklin A. Michota, MD, FACP, FHM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did this activity provide fair and balanced content free from commercial bias? Yes No
(Commercial bias is defined as information presented that advocates a specific proprietary business product, or service, of a commercial interest.)

As a result of this learning experience, what will you do differently in the care of your patients?

Which of the following practice changes do you intend to implement as a result of participating in this learning experience?

- A. I will assess my practice to determine if I am meeting the Joint Commission and/or SCIP performance measures for VTE prophylaxis
- B. I will routinely assess all patients for VTE risk upon hospitalization
- C. I will initiate thromboprophylaxis in at-risk hospitalized patients on the day of or the day after admission/surgery per national performance standards
- D. I will use or recommend the implementation of a method to improve VTE prophylaxis (eg, protocol, reminder system, alert) within my institution
- E. Other (please specify): _____
- F. None

Are there specific barriers to VTE prophylaxis that you feel better equipped to address as a result of this activity? If so, please list them.

Are there specific barriers to VTE prophylaxis that this activity did not address? If so, please list them.

I would like to see CME/CE activities on these topics: _____



Other comments (eg, what can we do to improve future CME/CE activities?)_____

ATTESTATION REQUIRED TO EARN CREDIT:

Physicians: I claim __ (maximum 1.0) *AMA PRA Category 1 Credit(s)*TM

Nurses: I claim __ (maximum 1.0) contact hour(s) for RNs, LPNs, LVNs, and NPs

Pharmacists: I claim __ (maximum 1.0) contact hour/0.10 CEU

SIGNATURE REQUIRED TO RECEIVE CREDIT

Signature

Date

Nurses: Provide license #