

Self-Assessment Test

Managing VTE Prophylaxis: Making a Case for a Team Approach to Quality Improvement

This knowledge-based activity is located at www.StopVTE.org and at www.ashpadvantage.com/podcasts



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There are 12 questions associated with this self-assessment test.

- 1. Which of the following actions is part of building a business case for venous thromboembolism (VTE) prevention?**
 - a. Identifying evidence-based practice guidelines.
 - b. Developing a protocol to contact the physician about every patient.
 - c. Preparing a flow diagram of the steps in care delivery.
 - d. Demonstrating the impact of recent improvement efforts.
- 2. The SMART goals and metrics used for quality improvement in VTE prevention are specific, measurable, action-oriented, _____, and timely.**
 - a. random.
 - b. reasonable.
 - c. referenced.
 - d. repeated.
- 3. The PDSA acronym for the framework for quality improvement in VTE prevention is best described as:**
 - a. Plan-Do-Study-Act.
 - b. Propose-Decide-Strategize-Achieve.
 - c. Prepare-Delineate-Stratify-Address.
 - d. Program-Deliver-Study-Assess.
- 4. In quality improvement efforts for VTE prevention, the timing of measure-vention is:**
 - a. Retrospective.
 - b. Concurrent.
 - c. Prospective.
 - d. Irrelevant.
- 5. Which of the following levels of the hierarchy of reliability for VTE prevention efforts can be achieved when measure-vention is used?**
 - a. Level 2 decision support exists.
 - b. Level 3 protocol well integrated.
 - c. Level 4 protocol enhanced.
 - d. Level 5 oversights identified and addressed in real time.
- 6. Which of the following organizations developed inpatient quality measures requiring documentation of VTE risk assessment/prophylaxis within 24 hours of hospital admission and within 24 hours of admission to ICU?**
 - a. Centers for Medicare & Medicaid Services.
 - b. Health Services Advisory Group.
 - c. American Public Health Association.
 - d. The Joint Commission.



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7. **Which of the following organizations is the source of the most often quoted set of comprehensive, evidence-based guidelines for VTE prophylaxis?**
 - a. American Academy of Orthopaedic Surgeons.
 - b. American College of Chest Physicians.
 - c. American College of Obstetricians and Gynecologists.
 - d. American Society of Clinical Oncology.

8. **Which of the following prophylactic regimens is recommended by the American College of Chest Physicians (ACCP) for low-risk general surgery patients undergoing minor procedures with no additional risk factors?**
 - a. Early and frequent ambulation.
 - b. Low molecular weight heparin.
 - c. Low dose unfractionated heparin.
 - d. Fondaparinux.

9. **Which of the following types of monitoring is needed during warfarin therapy for VTE prophylaxis?**
 - a. International normalized ratio (INR).
 - b. Liver enzymes.
 - c. Platelet count.
 - d. Renal function (e.g., serum creatinine).

10. **Which of the following is the duration of VTE prophylaxis recommended by ACCP for patients undergoing major orthopedic surgery (hip or knee replacement or hip fracture surgery)?**
 - a. Until hospital discharge.
 - b. 10 days.
 - c. At least 5 days and up to 28 days.
 - d. At least 10 days and up to 35 days.

11. **Which of the following is an emerging direct thrombin (factor IIa) inhibitor?**
 - a. Apixaban.
 - b. Dabigatran etexilate.
 - c. Idraparinux.
 - d. Rivaroxaban.

12. **Which of the following characteristics is shared by the emerging anticoagulants apixaban, dabigatran etexilate, and rivaroxaban?**
 - a. Direct factor Xa inhibition.
 - b. Indirect factor Xa inhibition.
 - c. Lack of a need for routine laboratory monitoring.
 - d. Subcutaneous route of administration.



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