

ACEP 63

Title: Avoidance of admission for adult patients in Emergency Department with low-risk Deep Vein Thrombosis (DVT).

Description: Percentage of patients 18 years and older who present to the Emergency Department with low-risk Deep Vein Thrombosis (DVT) and are discharged home

Measurement Period: January 1, 2024, through December 31, 2024

Measure Steward: American College of Emergency Physicians (ACEP)

Measure Developer: American College of Emergency Physicians (ACEP)

Measure Scoring: Proportion

Measure Type: Process

Initial Population	All patients aged 18 years and older with an Emergency Department diagnosis of DVT
Denominator	Equals Initial Population
Denominator Exclusions	Diagnosis-related o Syncope o Pulmonary embolism o Proximal DVT Patient-related o Already on anticoagulation at time of DVT diagnosis based on listed home medications
Numerator	Patients who were discharged
Numerator Exclusions	Not Applicable
Denominator Exceptions	LAMA, LWT, LWBS, Death

Stratification: 1

Risk Adjustment: None

Improvement Notation: Higher score indicates better quality

Rationale

Deep Venous Thrombosis is a common diagnosis among patients presenting to the ED that can potentially be fatal if untreated. With increased use of oral anticoagulants and recent evidence-based guidelines, outpatient management of DVT has been shown to be safe, cost effective, and improve patient satisfaction. Yet admission rates for patients diagnosed with DVT have remained largely unchanged with over fifty percent of patients still treated in an inpatient setting. We specifically discussed psychosocial factors such as barriers to obtaining medications or treatment adherence that have been shown to impact need for hospitalizations. After a robust discussion, there was consensus that in order to maintain inclusive and equitable care, we would not consider psychosocial factors as exclusion criteria for this quality measure.

Clinical Recommendation Statement

The American College of Chest Physicians (ACCP) has published guidelines supporting the outpatient management of low risk DVT patients. It is estimated that up to two-third of patients diagnosed with a DVT in the ED can be safely managed in the outpatient setting. The use of commonly available lab tests can be applied to risk stratify patients – complete blood count, basic metabolic panel, and a pregnancy test (for women of childbearing age). Existing validated risk scores, such as HAS-BLED, can be applied to identify patients at high-risk of anticoagulation-related bleeding who should be admitted. For patients who are discharged, it is recommended to give the first anticoagulant dose in the ED and coordinate follow-up.

Definition

NA

Guidance

NA

References

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