Why Do Patients Refuse VTE Prophylaxis? A Nursing-Focused Qualitative Evaluation

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Background

• Venous thromboembolism (VTE) is a potentially preventable medical condition resulting in morbidity and mortality.
• Hospitalized postoperative patients who refuse comprehensive VTE prophylaxis (ambulation, sequential compression devices, and chemoprophylaxis) increase their risk of VTE.1,2
• Previous studies have shown that nurses can influence patient compliance with VTE prophylaxis.3

Project Aim

• The study was conducted to identify nursing-related drivers of patient refusal and develop interventions to reduce refusal rates.

Project Design/Strategy

• We conducted focus group interviews (n=14) with day- and night-shift nurses from five units (2 medical, 3 surgical) at one hospital to assess nurse understanding of VTE prophylaxis and perception of why patients refuse each prophylaxis component.
• Four units were selected for participation by their high patient refusal rate along with the surgical unit that had the lowest refusal rate.
• Focus groups were recorded and transcribed verbatim.
• Nurse perception of drivers of patient refusals of VTE prophylaxis were analyzed using the Theoretical Domain Framework (TDF), which is an integrative framework that applies theoretical approaches to interventions aimed at behavior change (Figure 1).

Project Design/Strategy

Results

• Focus group findings highlight that patient refusals are influenced by three main TDF domains: environmental context and resources, knowledge, and skill (Table 1).
• One key environmental context and resource barrier identified was the lack of patient education materials on VTE prophylaxis. Nurses did not have the resources required to supplement their explanation to patients about the significance of prophylaxis.
• Knowledge was highlighted as a barrier by many nurses who do not know that all three components of prophylaxis are necessary in most inpatients (e.g., chemoprophylaxis is necessary in ambulating patients).
• Nurses also felt unequipped to manage patient refusal of VTE prophylaxis because they lacked the skills to handle those situations.
• Five customized interventions were developed to address these barriers:
  1. Revised patient education materials (Figure 2a),
  2. Online, interactive nurse educational module,
  3. Unblinded unit- and nurse-level comparative patient refusal reports (Figure 2b),
  4. Simulation exercises to equip nurses to counsel patients who refuse (Figure 2c), and
  5. Educational bulletin boards on units promoting ambulation (Figure 2d)

• Conducted at a single institution
• Only focused on nurses

Conclusions

• Nursing-related barriers to patient refusal of VTE prophylaxis include knowledge, skill, and resources.
• These barriers provide insights for modifiable targets for quality improvement, particularly by focusing on equipping nurses to address potential patient refusals and by engaging patients in their care.
• Future initiatives will use similar methods to identify how physicians can influence patient refusals of VTE prophylaxis.

Limitations

• Focus group findings highlight that patient refusals are influenced by three main TDF domains: environmental context and resources, knowledge, and skill (Table 1).
• Knowledge was highlighted as a barrier by many nurses who do not know that all three components of prophylaxis are necessary in most inpatients (e.g., chemoprophylaxis is necessary in ambulating patients).

Citations