We appreciate you taking the time to complete this survey and thank you so much for your involvement in the quality improvement collaborative and in improving VTE prophylaxis in your hospital.

What is the purpose of this survey?

This survey aims to understand the contextual factors that helped or hindered hospital teams improve VTE prophylaxis. We are asking about your project focus and how you carried out your improvement work and measurement, to add context to your measurement data.

Who will see your responses?

Your answers will be shared with the HSE Quality Improvement Division project team only. A summary of all responses will be included in a report on the collaborative.

How will the survey findings be used?

The survey results will be used to report on the collaborative and provide hospitals with recommendations which may help achieve higher levels of VTE prevention appropriateness.

How long will it take?

The survey should take approximately 10-20 minutes to complete. If you need to return to the survey, ensure you have pressed Done on any pages you have completed, but not on the final page (which submits it). When you log into SurveyMonkey again, you should return to your survey.

Who should complete the survey?

We are inviting at least one improvement team member from each hospital to complete the survey. We will need at least one completed survey from each hospital to facilitate analysis. If more than one person from a hospital completes the survey, this is very welcome.

Thank you for your time and attention to the survey. If you have any queries, please email safermeds@hse.ie

| * 1. I am a | |
|------------------------|---|
| Nurse | Consultant |
| Pharmacist | Other profession (please specify in comments box) |
| NCHD | |
| Other (please specify) | |
| | |

| • | | |
|---|--|--------------|
| | processes in place: In our hospital, ent group(s) or area(s) of the hospi | |
| | Before Sept 2016 | By Sept 2017 |
| 8.1 VTE policy (many pages, paper/online, with policy, purpose, roles & esponsibilities, procedures etc) | \$ | • |
| 3.2 VTE protocol (short one-two pages), in ormulary, online, poster etc) | \$ | * |
| 3.3 VTE protocol in drug chart or admission document (not requiring illing in or signing off) | \$ | \$ |
| 3.4 A VTE form (risk assessment etc requiring in; paper or electronic) | \$ | \$ |
| B.5 Education for doctors VTE prophylaxis training or information sessions) | \$ | \$ |
| 3.6 Education for nurses (VTE prophylaxis training or nformation sessions) | \$ | \$ |
| 3.7 Education for oharmacists (VTE orophylaxis training or onformation sessions) | \$ | \$ |
| 8.8 Education for patients VTE information leaflets or awareness raising campaigns) | \$ | \$ |
| 3.9 Pre-printed VTE prophylaxis section in drug chart (permanent or sticker) | \$ | \$ |
| 3.10 Other VTE prophylaxis prompt or tick-box in drug chart | \$ | • |
| i.11 Prompt or tick-box n doctors' admission locumentation | \$ | \$ |
| .12 Prompt or tick-box n nursing documentation | \$ | • |

* 2. I am/was involved in the VTE quality improvement project involvement in which hospital?

| | Before Sept 2016 | By Sept 2017 |
|---|--|--------------|
| 3.13 Prompt or tick-box in clinical pharmacy documentation | \$ | \$ |
| 3.14 Routine process where pharmacist ensures VTE prophylaxis is correct | \$ | \$ |
| 3.15 Routine process where nurse ensures VTE prophylaxis is correct | \$ | \$ |
| Comments, and any other tool(s) or I | nodels contributing to appropriate VTE prophylaxis | 5 |

* 4. As part of our VTE quality improvement project, we:

| | Not at all | A little | A moderate amount | A lot | All the time | Don't know |
|--|------------|----------|----------------------|------------|--------------|------------|
| Used the QI methodology taught at the collaborative | | | | | | |
| Used small-scale PDSA testing, scaling up promising PDSAs | | | | | | |
| Had support from a local QI coach | | | | | | |
| VTE prophylaxis (QI project and/or measurement) was reported at D&T, Quality & Safety or other governance committee | | | | \bigcirc | | |
| Comments or additional ele | ements | | | | | |

| | Not at all | A little | A moderate amount | A lot | All the time | Do kno |
|---|-------------------|----------|---|---------|--|-----------|
| nvolved and engaged patients in the mprovement work (e.g. cought their comments on tools) | | | | \circ | | |
| nvolved and engaged loctors in the mprovement work (e.g. comments on tools, asked for ideas for change) | | | | | | (|
| nvolved and engaged nurses in the mprovement work | \bigcirc | | | | | (|
| nvolved and engaged harmacists in the mprovement work | | | | | | (|
| nvolved and engaged nealthcare assistants n the improvement vork | \bigcirc | 0 | \circ | | 0 | (|
| omments or additional el | lements | | | | | |
| omments or additional el | s of % appropriat | | | - | | |
| Our measurements llowing patient grou | s of % appropriat | So | were taken from a ome patients in this growne ward) | - | some/all of the atients in this group hospital | |
| Our measurements llowing patient grou | s of % appropriat | So | ome patients in this gro | - | atients in this group | |
| Our measurements llowing patient grou | s of % appropriat | So | ome patients in this gro | - | atients in this group | |
| Our measurements llowing patient grou Adult orthopaedics Adult surgical non- | s of % appropriat | So | ome patients in this gro | - | atients in this group | |
| Our measurements llowing patient grou Adult orthopaedics Adult surgical non- orthopaedics | s of % appropriat | So | ome patients in this gro | - | atients in this group | |

| * 7. We spent approximate of hours)? | ately now many nours on i | measure | ment for the project | (average monthly number |
|---|----------------------------------|-------------|---------------------------------------|--|
| Nurse(s) hours per month | | | | |
| Pharmacist(s) hours per month | | | | |
| Doctor(s) hours per month | | | | |
| Other(s) hours per month | | | | |
| * 8. We used random s | ampling when selecting p | atients f | or measurement | |
| Not at all | | | About three quarters of the | ne time |
| About a quarter of the | time | | All measurement was ba | sed on random samples |
| About half of the time | | | Don't know | |
| Comments | | | | |
| | | | | |
| | | | | |
| Nurse(s) hours per month Doctor(s) hours per month Pharmacist(s) hours per month Other(s) hours per month * 10. Our project was for | cused on improving the qu | uality of \ | /TE prophylaxis for t | he following patient |
| group(s) (tick all that a | pply) | | | |
| | No patients in this group | Some p | atients in this group (e.g. one ward) | All patients in this group in the hospital |
| Adult orthopaedics | | | | <u> </u> |
| Adult surgical non- orthopaedics | \bigcirc | | \bigcirc | \bigcirc |
| Adult medical | | | | |
| Post-partum | | | | \bigcirc |
| Rehabilitation | | | | |
| Other (please specify) | | | | |
| | | | | |

| * 11. Hospital environment in general (culture and resources for patient safety, improvement | and |
|---|--------------|
| innovation). Please answer for what was present while you were participating in the VTE co | ollaborative |

| | Not at all | Somewhat | Yes |
|--|------------|----------|-----|
| Innovation and improvement is supported with encouragement, appreciation etc (moral support) | | | |
| Innovation and improvement is supported with resources (people, time) allocated to it | | | |
| We have other quality improvement programme(s) in place (any focus) | | | |
| We have other patient safety programme(s) in place (any focus) | | | |
| Additional comments | | | |

| * 1 | Hospital environment in general (culture and resources for patient safety, improvement and | |
|-----|---|--------|
| ir | vation). Please answer for what was present while you were participating in the VTE collabo | rative |

| | Not at all | Somewhat | Yes |
|---|---------------------------|------------------------------------|--------------|
| We have a medication safety pharmacist (Yes if full time, Somewhat if part-time or unofficial role) | | | |
| We have clinical pharmacy services (Yes if at least 2/3rds of areas covered, Somewhat if less than 2/3rds covered, Not at all if no clinical pharmacy) | | | |
| We have nurse(s) with responsibility for education, safety and/or improvement, e.g. Nurse practice development, clinical placement coordinators (Yes if more than one, Somewhat if one, Not at all if none) | | | |
| We have a quality manager, patient safety manager and/or similar (Yes if any of these roles, Somewhat if unofficial role or parttime) | | | |
| Additional comments | | | |
| 13. Please describe any fa successes you achieved | ctors which helped your բ | project progress, or which contril | buted to any |
| 14. Please describe any fa | ctors which challenged o | r hindered your project progress | or success |

| | Please describe any additional factors which you think could have helped you or others improve E prophylaxis |
|-----|---|
| | |
| | |
| 16. | Since the collaborative finished in September, is VTE improvement work: |
| | Actively continuing |
| | Not currently but definite plans to continue in near future |
| | Not currently but uncertain plans to continue |
| | Not currently and no plans to continue in future |
| Com | nments |
| | |
| | |
| | |
| | |
| | Your name and contact email/phone are (optional, to facilitate us if we need to follow up on anythin 1 you) |
| | |
| | |