

INTERNATIONAL CONSENSUS STATEMENT ON VTE PREVENTION

Venous Thromboembolism (VTE) is a significant international patient safety issue as the number one cause of preventable hospital mortality. VTE is the immediate cause of death in 10% of all patients who either die in hospital or within three months after admission. Proven, effective measures are available to prevent and treat DVT and PE in high-risk individuals. Yet today the majority of individuals who could benefit from such proven services do not receive them. To reduce harm associated with VTE we endorse the application of a system-wide approach to VTE prevention on a global scale, that seeks to:

- **Raise levels of public awareness and information around the risks of VTE;**
- **Improve professional education about VTE prevention;**
- **Develop a systematic approach to VTE prevention for hospitalised patients;**
- **Ensure that every hospital develop a formal strategy, in the form of a written institution-wide VTE prevention policy**
- **Develop a system for monitoring compliance with VTE best practice;**
- **Improve VTE metrics in national and international data collections; and**
- **Make VTE prevention a priority for health policy makers.**

VTE not only kills, but can also have devastating co-morbidities which significantly impact on the quality of life for those patients who survive a blood clot. Safe and effective methods of VTE prevention have been known for many years, but despite this, implementation of VTE prevention best practice still remains largely unaddressed in many hospitals worldwide.

The only way to truly address this public health challenge is for national health systems to prioritise the development of systematic and integrated approaches to VTE prevention that can be implemented in primary, secondary and tertiary settings.

In recent years, it has become apparent in some countries that reducing avoidable death and chronic ill health from hospital acquired VTE is both achievable and desirable in addressing the human and financial costs of VTE. Estimates of the overall annual costs of VTE and its complications, namely chronic venous insufficiency (CVI), vary from US\$720 million-1 billion in Western European countriesⁱ, to US\$3 billion in the USAⁱⁱ.

With VTE now becoming a priority patient safety issue for a number of healthcare systems around the world, clinicians from across the world have demonstrated their support for the development of a global initiative to share VTE prevention best practice, modelled on the tried and tested approaches taken by international VTE exemplars.

The Global VTE Prevention Forum has been established as a unique platform for policy decision makers, clinicians and multidisciplinary teams to share learning, best practice and exchange views and information. Its main aim is to improve patient care through more effective treatment and prevention of VTE. The forum agrees that VTE should now be seen as a priority for national health systems as a means of reducing further avoidable death in hospital patients around the world.

Clinical or policy representatives from any country with an established VTE prevention programme, or those with a desire to learn from existing best practice, are encouraged to join the Global VTE Prevention

Forum, which held its inaugural meeting during the XXIII Congress of the International Society on Thrombosis and Haemostasis (ISTH) in Kyoto, Japan on 24 July 2011.

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References

ⁱ Jantet G. The socioeconomic impact of venous pathology in Great Britain. *Phlebologie*.1992;45:433-7.

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ⁱⁱ McGuckin M, Waterman R, Brooks J, Cherry G, Porten L, Hurley S, et al. Validation of venous leg ulcer guidelines in the United States and United Kingdom. *Am J Surg*. 2002;183:132-7.