

Patient education ups VTE prophylaxis in hospital setting

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ratio, 0.57; 95 percent confidence interval, 0.48 to 0.67) compared with no change on control units (13.6 versus 13.3 percent; odds ratio, 0.98; 95 percent confidence interval, 0.91 to 1.07; P

"The concept behind this [intervention](#) shows promise well beyond the delivery of VTE prevention," the [authors](#) write.

Several authors disclosed financial ties to the pharmaceutical and publishing industries; several authors disclosed giving expert witness testimony in various medical malpractice cases.

More information: [Abstract/Full Text](#)

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(HealthDay)—A patient-centered education bundle intervention can reduce nonadministration of venous thromboembolism (VTE) prophylaxis, according to a study published online Nov. 16 in *JAMA Network Open*.

Elliott R. Haut, M.D., Ph.D., from the Johns Hopkins University School of Medicine in Baltimore, and colleagues conducted a nonrandomized comparison trial involving 19,652 patient visits during which at least one dose of VTE prophylaxis was prescribed from April 11 through Dec. 31, 2015. Patients on four intervention units received a patient-centered education bundle if VTE prophylaxis medication was not administered; [patients](#) on 12 control units received no intervention.

The [researchers](#) found that from the preintervention to postintervention period, the conditional odds of VTE [prophylaxis](#) nonadministration decreased significantly on intervention units (9.1 versus 5.6 percent; odds

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