Staten Island **University Hospital** Northwell Health[™]

Background

Deep vein thrombosis (DVT) affects 1 out of every 1,000 adults and carries a significant morbidity and mortality. Venous duplex ultrasound is the diagnostic modality of choice for evaluation of DVT and can be performed in a variety of settings. Multiple subspecialties may be equipped to both diagnose and treat DVT and the department ultimately taking ownership of this service can vary between institutions and practices. For Interventional Radiology (IR), outpatient imaging centers can be a valuable resource for establishing a principal role in the management of DVT.

Creating a **DVT Response Team** helps to facilitate improved communication between providers and, ultimately, improved patient care through expedited decision making and continuity of care.

- Streamlines communication between providers.
- Results in improved continuity of care and a better patient experience.
- Showcases the availability and responsiveness of the IR team.

Growing Scope of IR Practice Through Implementation of a DVT Response Team: Our Institutional Experience

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Methods

The primary objectives of the response team were to provide the imaging center with a reliable provider contact and to facilitate rapid clinical follow up of acute and complex DVT. Upon diagnosis of a DVT, findings were immediately conveyed to the IR response team via a secure messaging platform. After clinical evaluation and discussion with the referring provider, a disposition plan was formulated. When acute management was required, patients were sent to the emergency department as patients of IR and continued care was provided.

Results

Our DVT response team has created a streamlined process with reliable lines of communication, improvement in patient experience, and expanded scope of practice for our IR department. This alleviated many of the factors contributing to delayed patient care such contact with the referring provider, determination of a disposition plan, and consultation of a treating inpatient specialty service.

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Conclusions

The role of IR in the treatment of DVT varies significantly from practice to practice. Opportunities to expand that role can be captured by identifying points of care where diagnosis and management of DVT can be improved. With a mindset of proactive communication and collaboration, we established a DVT response team for a high-volume outpatient imaging center, creating significant benefit to both our practice and our community.

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