Beachlands Medical Centre

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Organisational "Buy - In"

Aim: To ensure patient safety in management of patients prescribed warfarin, to prevent avoidable harm

Buy-in

- Started with key staff with an interest in patient safety/ evidence based practice
- Recent examples of poor control leading to complications

Change Ideas

- Instructions as suggested by the BPAC tool were too complex, leading to confusion of nurses and patients

- Patients who were advised to have an INR sometimes did not attend and we had no way of knowing this, lost to follow up

Change ideas cont.

- We were not documenting education, although thought we were doing this, how to record this occurring

- The BPAC tool could be used in several ways, leading to different advice depending on the user, needed standardisation

What Changes have you tested?

	Change Tested	Outcome
1	Complex instructions, a new formula to simplify dosing instructions	Made simpler and better compliance/understanding of instructions
2	No recalls, start recalls for follow up INRs	Recalls added and several patients recalled after not attending for INR
3	BPAC tool causing variable advice	Nurses meeting and uniform application of the advice tool now

Most Successful PDSA Cycle(s)

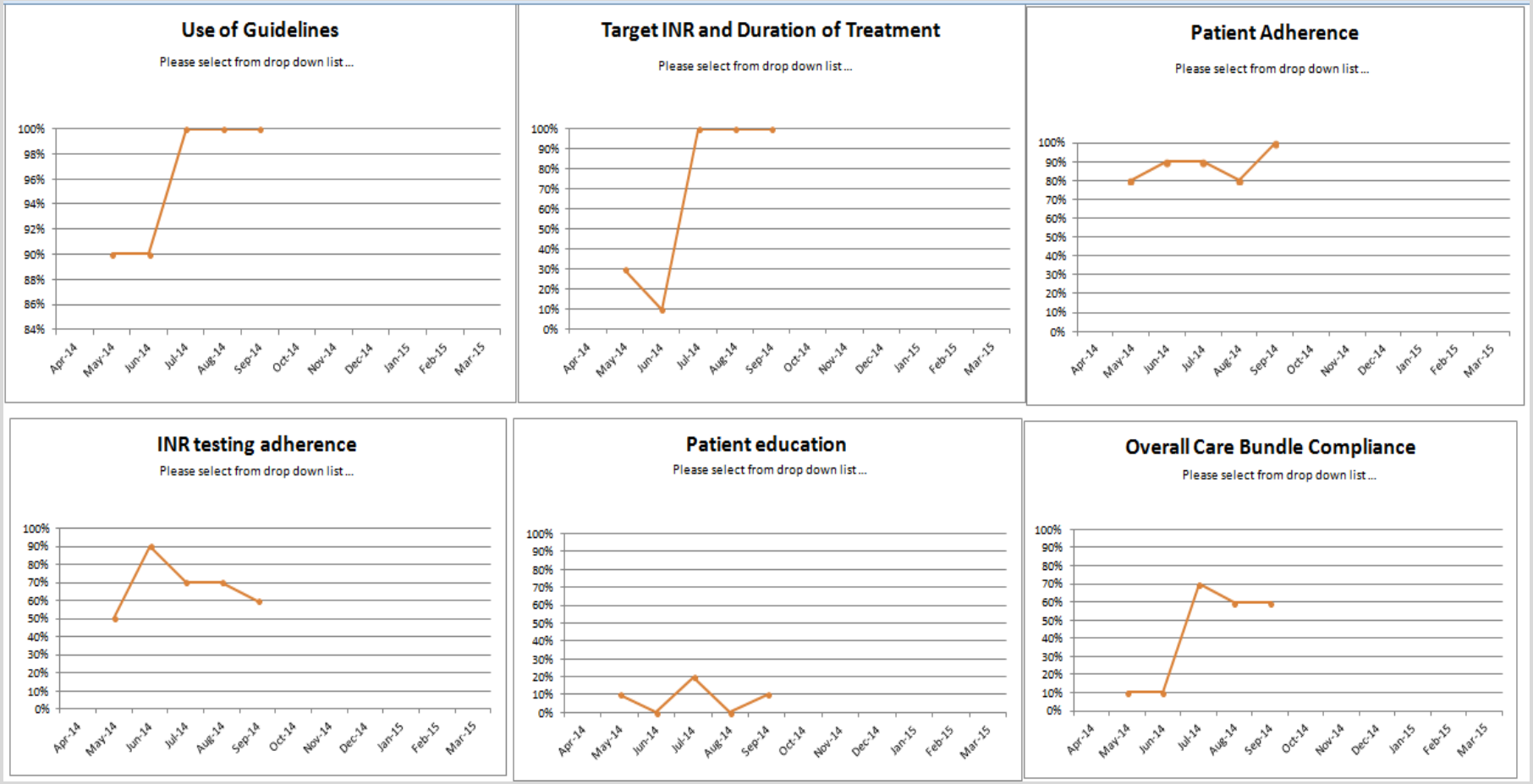
Plan: Simplify complex suggested dose changes

Do: new formula to simplify instructions

Study: Both nurses and patients clearer with understanding of dosing advice, better compliance

Act: A new procedure embedding this formula and BPAC tool written for warfarin management

Measures Summary



Highlights and Lowlights

Lowlights

- Finding the time to do this

Highlights

- Nurses are finding it simpler and faster
- Patients like the simple instructions
- Confirmation that our processes and management of warfarin is of a high standard overall

Achievements to date

1. To streamline the process, simplify instructions, implement recalls working with the project team first

2. Allow time for changes to be checked, adjusting further if required, before rolling out to all staff to embed as usual practice

3. Continue data gathering to monitor progress, of incremental changes

Other thoughts

- *Objective data for actual INR management is needed, ie INR tests/year, INR within target range, INR <1.5 or > 5.0*

- *Surveying patients on their perceived understanding is encouraging, we also need to test whether they actually do understand*