Learning Session 3

Crawford Medical Centre

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Warfarin

Aim:

Warfarin Monitoring

Warfarin Monitoring at Crawford Medical Centre was carried out by a combination of nurse and doctor activities, with the process being inefficient due to the nurse often having to wait for the doctor to make dosing decisions.

We wanted to change to a nurse-lead process, and to ensure we have safe and effective INR monitoring documentation and algorithm

Change Ideas

Develop a simple INR algorithm for the nurses (and doctors) to follow for warfarin dosing and re-testing interval

- will allow Nurse-lead service and consistency of practice

Train all nurses in use of INR monitoring sheet and algorithm. More experienced nurses to act as mentors to less experienced nurses as required day-to-day

- Will give initial confidence and process of peer support

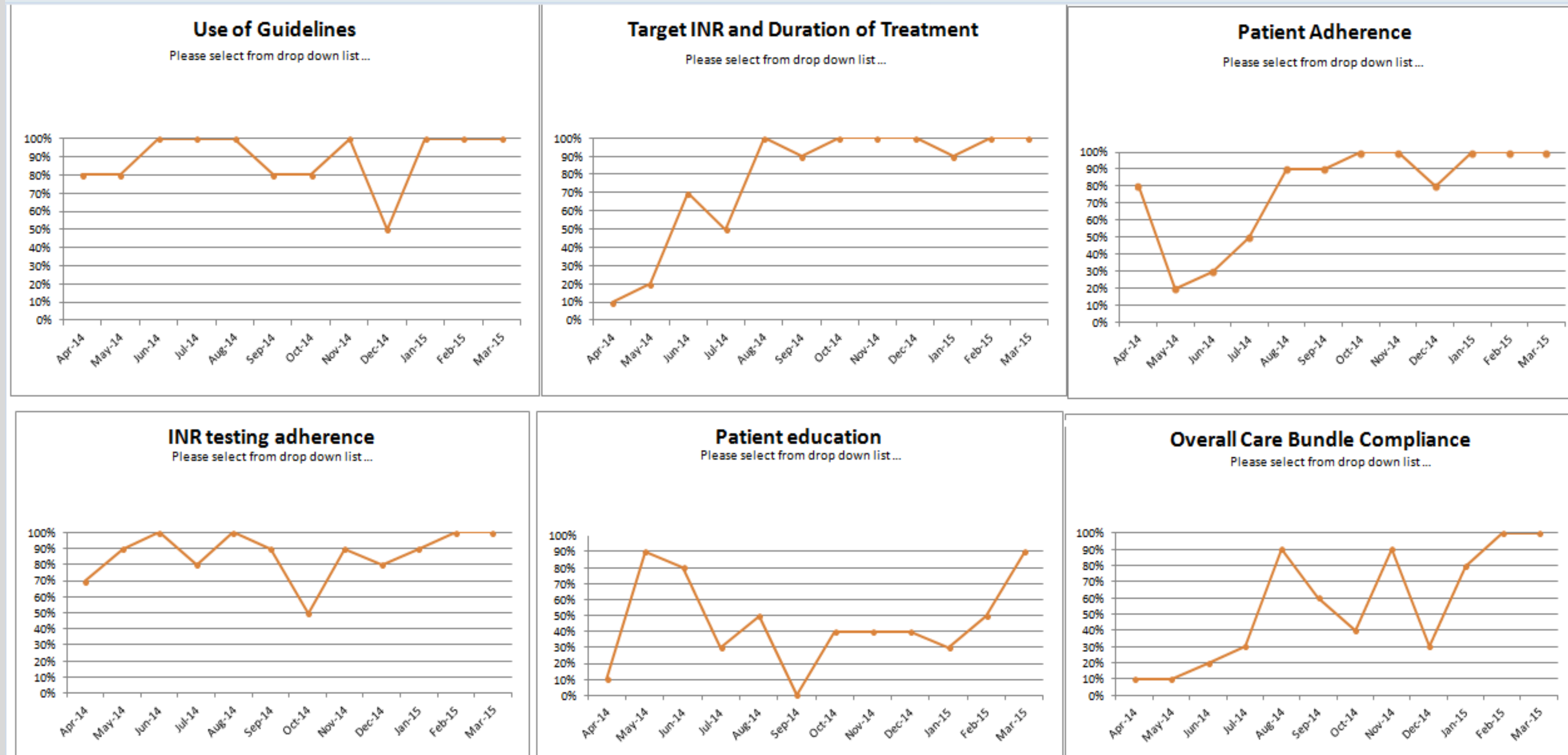
Re-design Warfarin Monitoring sheet

- Will ensure comprehensive information available to all who need it to safely manage patient

Change Package

	Change Tested	Outcome / Evidence of Improvement
1	New warfarin dosing algorithm, and 2 revisions	- Too complicated at first. - Revised algorithm increments too high. - Final algorithm working well - Doctors rarely need to be involved in warfarin monitoring
2	Redesigned warfarin monitoring sheet	- Further deficiencies revealed by audit tool. - Sheet revised - Audit results improved
3	Nurse-lead warfarin monitoring	- Algorithm and monitoring sheet issues as above - Now resolved and system working well

Measures Summary



Achievements to date

Do you have an

- agreed aim -> Nurses to carry out warfarin monitoring
- a change package -> Standing order (SO)
- measurement plan – not specifically. "General consensus" and audit data

Do people on your team know what their responsibilities are and what is expected of them?

- Nursing staff are aware of their role and are clear when to ask for assistance as stated on the algorithm and the SO
- Doctors expected to follow algorithm

What has changed and what difference have the changes made?

- Doctors rarely involved in warfarin monitoring.
- No significant events
- Patients are more efficiently and safely informed of dose and testing interval

Trigger Tool / Climate Survey

Trigger tool used on CMC patients with Heart Failure

- Many triggers identified
- Few harms identified: 3 hospital-related; 2 potentially preventable in GP
- Several incidental issues (non-harm) identified e.g. documentation not compatible with e-referrals
- Quality of documentation excellent
- High standard of care, especially communication with patient and FU of issues

Highlights and Lowlights

LOWS

- Misunderstandings highlighting importance of team communication
- Monthly audit was a struggle and perhaps too frequent

HIGHS

- Team effort to do audits, make changes and follow through with plan to empower our nurses
- Nurses manage almost all of the Warfarin Monitoring