



Manukau City Accident and Medical

ProCare, Waiana Collier

Dr Cliff Ahkit – Director

Audrey Cassidy – General Manager

Sandra Hewlett – Charge Nurse

Organisational “Buy - In”

Aim: To gain greater compliance with INR testing from patients taking warfarin and through greater compliance gain more stability and extend the time between INR tests

Buy-in : We introduced Best Practice guidelines for charting warfarin doses. We held education sessions with GP’s and Nurses

Change Ideas

- Did a search of Medtec to identify all current warfarin patients
- Created a spreadsheet including their next test date, any special instructions, i.e. home visits, length of treatment, hospital admissions etc
- Recalls and text reminders set up
- Education sent out to all Warfarin Patients
- Dosage calendars sent out via post or email to patients as well as patient phoned

What Changes have you tested?

	Change Tested	Outcome
1	COMPLIANCE WITH TEST DATES	100% of control group tested within 2 days of requested date
2	RECALL AND TEXT REMINDER SYSTEM	Patients surveyed appreciate the text reminder. Weekly printout of recalls enables early identification of missed tests
3	SPREAQD SHEET	Rapid identification of non compliant patients allows better follow up

Most Successful PDSA Cycle(s)

PLAN

1. Use of guidelines so everyone is doing the same thing and to target INR compliance
2. To ensure INR testing when required and where possible to extend the length of time between tests
3. To educate patients on their condition and their need to take warfarin and what the effects of warfarin as well as the change of process in treatment

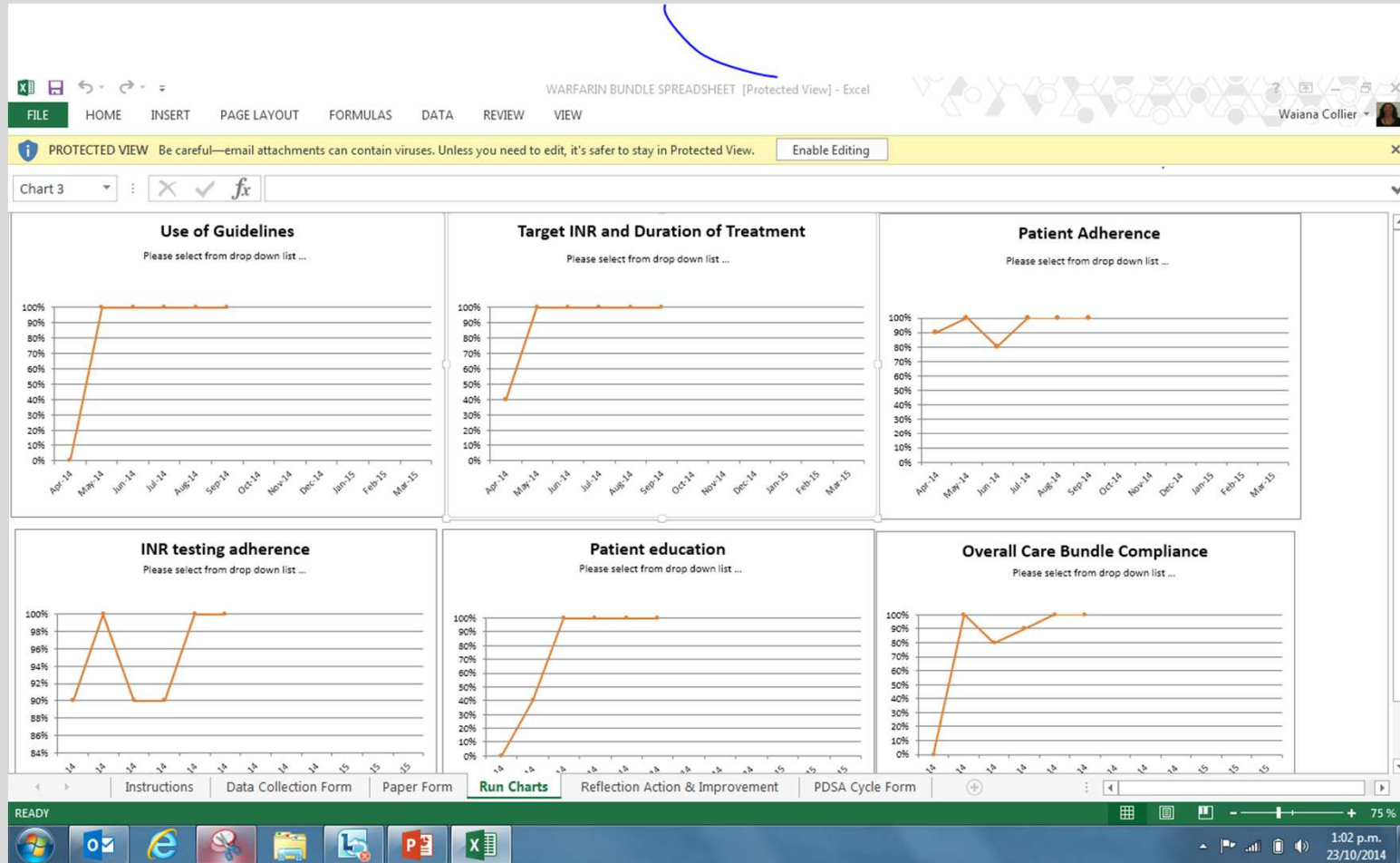
DO:

- Set up best practice guidelines
- Provided training for GPs and Nurses
- Provided patient education
- Set up recalls and text reminders
- Created spreadsheet to assist quick follow up of non compliant patients

STUDY:

- Overall compliance was increased monthly April 0%, May 100%, June 80% July 90% August and September 100%
- During June and July two patients were overseas

Monthly Audit data



ACT:

Developed a paperless process for following up patients who take warfarin and to monitor their INR

- Will continue to monitor patients on a monthly basis
- Will continue with education on a monthly basis
- Will conduct another patient satisfaction survey in November 2014

Measures Summary

1. COMPLIANCE:

- ARE ALL TESTS DONE WITHIN 2 DAYS OR RECAL
- (if not why not – are they being contacted)
- ARE PATIENTS TAKING THE PRESCRIBED DOSE OF WARFARIN

2. EDUCATION:

- PATIENTS UNDERSTANDING OF THEIR CONDITION AND THE NEED FOR WARFARIN

3. STABILITY:

- ARE PATIENTS OUTCOMES WITHIN THE PARAMETERS SET FOR THEM BY THEIR DOCTOR

4. PATIENT SATISFACTION:

- IS THE SERVICE WE ARE PROVIDING APPROPRIATE TO THE PATIENTS NEEDS

Highlights and Lowlights

- There was initially some resistance from nurses, who did not see it as their responsibility to chart the warfarin doses
- Using best practice guidelines and standing orders approved by doctors nurses gained confidence advising patients of altered dosages
- Nursing staff have greater interaction with patients and patients have become more aware as they have received more education
- Greater compliance, stability and extended time between tests has been achieved

Achievements to date

- DOCTORS HAVE BECOME LESS INVOLVED IN THE MANAGEMENT OF WARFARIN/INR MANAGEMENT
- NURSING STAFF HAVE BECOME MORE CONFIDENT AND BETTER EDUCATED REGARDING WARFARIN AND MANAGEMENT OF INR
- PATIENT FEEDBACK HAS BEEN VERY POSITIVE SO FAR
- THE PROCESS WE USE IS LESS TIME CONSUMING AND MORE ACCURATE
- SOME PREVIOUSLY NON COMPLIANT PATIENTS HAVE BECOME MORE COMPLIANT, BUT THERE ARE A COUPLE WHO WILL NEVER LIKELY TO FOR VARIOUS REASONS, MOSTLY SOCIAL.