

# Waiuku Health Centre

## Warfarin Management





## Team members:

Dr Denise Dalziel (Clinical Lead), Jackie Burton (Practice Manager), Pam Morley (Nurse)

## PHO and Facilitator:

Alliance Health Plus (Vanita & Philippa)

# Goals and Measures

- ❖ Clinical staff uses recognised guidelines for Warfarin management.
  - ✓ Guidelines agreed and accessible
- ❖ Reduce testing frequency.
  - ✓ Testing frequency is in alignment with guidelines
- ❖ Duration times are clearly recorded and followed up
  - ✓ Duration recorded in screening template with timely recall for follow up.
- ❖ All patients on warfarin have been given full education and supporting information on warfarin management and self-care.
  - ✓ Education given is recorded in screening template.
- ❖ Transfer responsibility of suitable patients to nurses.
  - ✓ Clear guidelines to identify patients managed by nursing staff and those managed by GP

# Plan

## Key Milestone Actions:

- Audit to find out number of Patients on Warfarin
- Identify Patients non-compliant with testing and look to see if suitable for dabigatran
- Random audit to view end dates (done via Query Builder) and check if 6 months past that patient not still on Warfarin
- Education sessions for nurses
- Develop and agree Algorithm
- Develop and agree Standing Order

# What Changes have you tested?

	Change	Progress
1	Transfer of responsibility for Warfarin management of stable patients to nursing staff	<ul style="list-style-type: none"> <li>• Still under discussion for adjustments to suit nursing responsibilities</li> <li>• Development of algorithm and standing order</li> <li>• Need clear criteria for patients selection</li> <li>• Need to have GP oversight on regular basis (quarterly)</li> </ul>
2	Screening templates to be updated to meet new agreed criteria and recording requirements	<ul style="list-style-type: none"> <li>• Practice template shared with other practices and their adjustments and changes brought back to practice</li> </ul>
3	Patients Education given as routine part of Warfarin start, however not recorded consistently	<ul style="list-style-type: none"> <li>• Mass mail out of information planned to meet the recording requirements. Little Red book ordered and will be mailed out with letter.</li> <li>• New patients to have education given recorded with date on new screening template</li> </ul>

## Highlights

&

## Lowlights

- *Raised profile and awareness of issues with current system for warfarin management*
  - *Training and up skilling opportunities for clinical staff*
  - *Open discussion of best clinical person to manage specific groups of patients on warfarin.*
  - *One patient has been involved in the changes and provide good feedback on what they think works best from their perspective.*
- *Co-ordination of practice wide meetings (time)*
  - *Gaining agreement from all parties*
  - *Staff confidence in shift of responsibilities*

# Achievements to date

- **Current INR Screening Term template reviewed and some minor adjustments required**
- **Collation of resources available for Patient education i.e. flip chart, red book etc.**
- **Plan to send out Patient Education document to all Warfarin Patients and add wording of “If you would like further information please contact the clinic”.**
- **Algorithm in development**
- **Standing orders for nurses in development**
- **Drop down arrow added within screening term to show whether Nurse or Dr can manage Patient**
- **Changed the wording on the INR screening term within Medtech from “Patient Info Given” tickbox to “Patient Education Given” as a date field.**