

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

What Changes have you tested?

	Change	Progress
4.	Recall set for annual education update	<ul style="list-style-type: none"> • A work in progress • Need to decide the recall process i.e. manual recall set, recall set from template
5.	New Patients started on Warfarin contacted by Practice post secondary Care discharge	<ul style="list-style-type: none"> • This I currently in discussion to support the requirement for education given. • Our plan is to contact all patients discharged from hospital who have been started on Warfarin and check that they have been given Education regarding warfarin medication.
6.	Audit to identify Patients prescribed Warfarin but with no INR Screening Template	<ul style="list-style-type: none"> • Carried out Monthly

What Changes have you tested?

	Change	Progress
7.	Audit to identify abnormal INR results to ensure guidelines followed	<ul style="list-style-type: none"> Audit carried out twice
8.	Audit to identify patients duration of Treatment and whether their treatment exceeded this	<ul style="list-style-type: none"> Audit carried out once

Template sample

View Screening Entry _ □ ×

Main | **Chart** | Audit

Main

Provider: Mrs Pam Morley (PM) ▾

Date: 17 Sep 2014 ▾

Code: INR (INR) ▾

Received on: 17 Sep 2014 ▾ Date

current result: 2.1

New dose Warf.: 3 mg Today

Rpt INR test in: 7 days

Indication of Warf: af

Prev. INR date: 8/9/2014

Previous INR: 2.3

Prev. dose Warfari: 3 mg

Target INR: 2-3

Yr of initiation: 2000 month/Yr

Duration of Tx: lifetime

compliance of tx: Good

GP/GP's Remarks:

Notification: Practice to notify pati ▾

Update: ▾

Bleeding: ▾

Vit K indication: ▾

Vit K dose: ▾

FFP required: in hosp

Thrombosis: ▾

Education Given: 15 Jan 2015 ▾

Outcome / Note

Outcome: Task completed (C) ▾

Note: Patient phoned with result and new dosage.

Recall

Recall In: ▾ ▾

Provider: Mrs Pam Morley (PM) ▾

Note:

Inactive:

OK Cancel Help

Highlights

- *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*
- *Sent out Patient Education booklet to all Warfarin Patients*
- *One patient has been involved in the changes and provided good feedback on what they think works best from their perspective.*

&

Lowlights

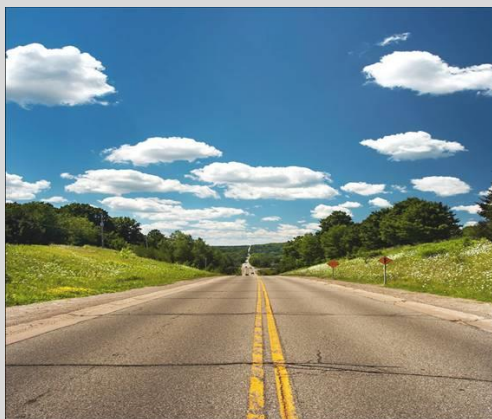
- *Co-ordination of practice wide meetings (time)*
- *Gaining agreement from all parties*
- *Staff confidence in shift of responsibilities*

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**
- **Monthly Audits to identify Patients prescribed Warfarin but with no INR Screening Template**
- **Audit to identify abnormal INR results to ensure guidelines followed**
- **Audit to identify patients duration of Treatment and whether their treatment exceeded this**
- **Changed the wording on the INR screening term within Medtech from “Patient Info Given” tickbox to “Patient Education Given” as a date field.**
- **Sent out Patient Education booklet to all Warfarin Patients**

Continuous Quality Improvement

- We have seen improvements in Warfarin management at our practice and intend to continue the journey until we reach our goals



Choose
one 😊

