Apollo Medical Centre

Warfarin SIP

PHO: ProCare

Facilitator: Nicki Brentnall

Team members: Esme David (GP), Veronica Smith (RN), Rebecca Baldwin (MA)

Organisational "Buy - In"

Aim:

- Have a standardised approach across the entire team for warfarin/INR management.

Buy-in

- Practice has seen value in past 2 SIP audits
- Large medical centre with > 55 patients on warfarin, multiple GP's & nurses involved in warfarin management, so potential for errors & harm increased.
- Urgent care team were frustrated with having to deal with INR results coming through after 5pm.
- Significant amount of nursing time being spent contacting patients with results & chasing patients up regarding INR's not done at recommended time.

Change Ideas

Standardisation:

- To ensure standard documentation in the patient's 'alert' & on 'dashboard' of warfarin indication, treatment duration, INR target range & preferred patient contact for results.
- To use a recognised, reliable dosing guideline/ BPAC tool & ensure correct details were entered into the tool.
- To ensure patient's were taking the correct advised dose, informing us of any new events/changes & having their INR blood tests within 7 days of recommendation
- To ensure patients received at least once a year warfarin education updates.

Smooth workflow:

- Aim to formalise when INRs would be actioned – same day (out of range) or next day (within range).
- Aim to formalise the process of contacting patient's for overdue INRs
  - How many 'overdue' days allowed
  - who would contact the patient
  - how they would be contacted (phone/text/email).

What Changes have you tested?

	Change Tested	Outcome
1	Document standardisation	Recent audit of 10 random notes found 90% of patient's had clear documentation in 'alert' & 'dashboard'
2	Computerised (pharmacy POC) or BPAC tool used for stable patient's	100% of 10 records audited had documentation of computer assisted decision making. **However we noted 2 records of "BPAC' errors, so some uncertainty as to whether to adopt manual calculation guideline.**
3	Use of 'keyword' regarding safety questions for nurses to ask patient's when calculating & advising next dose & also to ensure task was set for the next INR review.	Latest audit 70% using 'keyword'.

Most Successful PDSA Cycles?

Plan:

"Keyword" created to ensure patient's were asked 'safety questions' prior to calculating & advising of next dose; in addition to ensure 'task' set for next INR review.

Keyword questions included:

- What dose of warfarin have you been taking?
- Any missed doses in the past 7 days?
- Any red flags since last INR check?
- Any new medications since last INR?
- Pt advised of instructions in BPAC by:
- Task reset

DO:

- Repeat audit of 10 random notes

Most Successful PDSA Cycles?

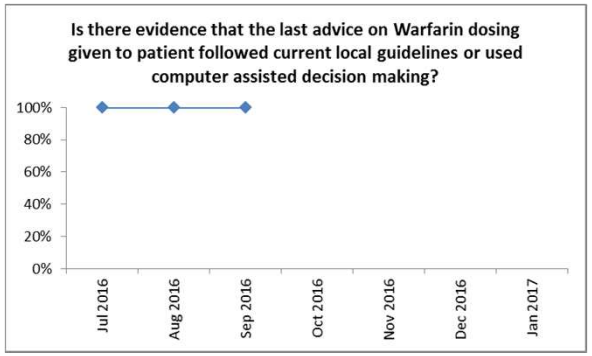
Study:

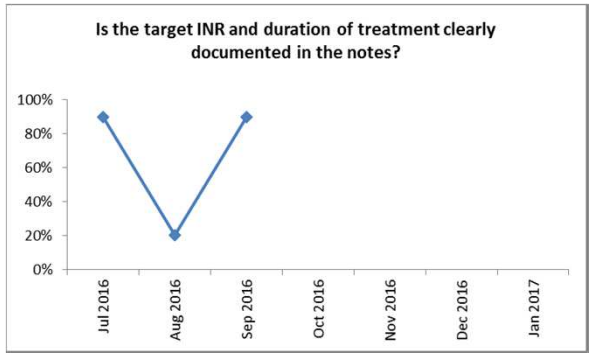
- Before creating keyword 0% documentation of safety questions, after keyword, recent audit 70% of clear documentation.

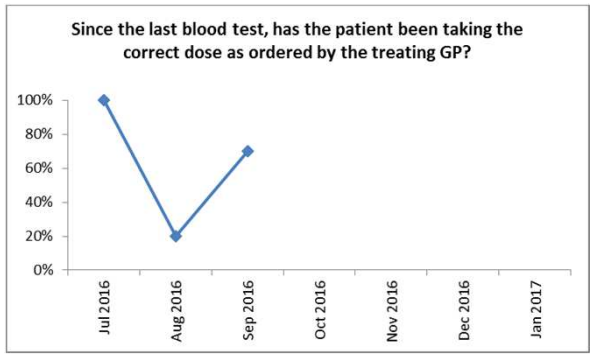
Act:

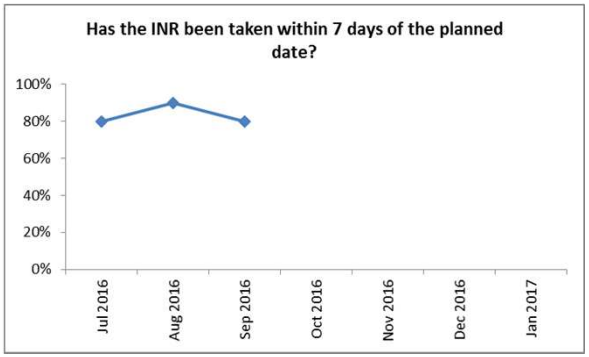
- To update all nurses regarding safety questions & use of the 'keyword'.
- Complete PDSA with 10 random records.

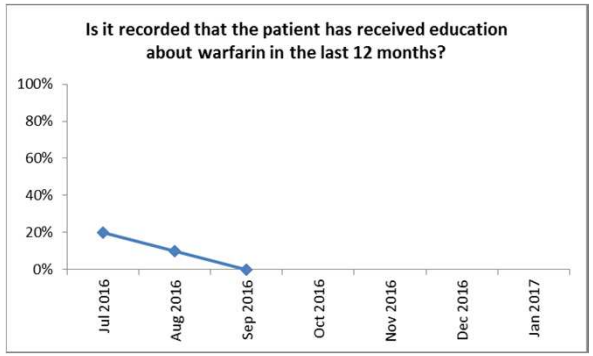
Measures Summary

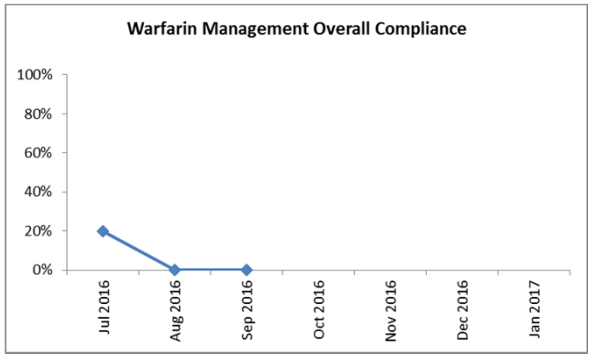












Highlights and Lowlights

- Initial feeling of 'yet another thing to do'.
- Finding time to make changes & doing audits is challenging.
- Initial audit has identified other challenges, e.g. how reliable/accurate is BPAC tool.
- Only a few of the team has been involved in making changes so far; aim in the future is to meet with majority of nurses, clinical director & create more smooth workflow & agreed time frame on handling INR results, contacting patients & chasing overdue INRs.
- On a positive note we have improved patient record documentation of the relevant information required to improve safety of warfarin management.

Achievements to date

Do you have an

- agreed aim -yes
- a change package – working towards this
- measurement plan - yes

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

– Getting there

What has changed and what difference have the changes made?

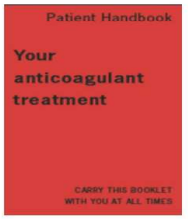
– Improved patient record documentation

Any other achievements?

We have created a “Warfarin CHECK” leaflet for patient education.

Warfarin “CHECK”

(Marevan 1mg most commonly prescribed)

C	H	E	C	K
Check that your family, doctors, pharmacists and dentists know you are on Warfarin  Call or seek advice if you have any: - bleeding - bruising - fever - vomiting - diarrhoea - severe unexplained pain - other concerns	Have your bloods on time **(preferably before 10:00am at Labtests)**  Have the correct advised dose of Warfarin on time 	Eat a consistent diet It’s important to eat the same amounts of some foods to keep your INR stable. Mix green vegetables with other coloured vegetables  Limit use of: - alcohol - grapefruit - cranberry juice - green tea	Check with your GP or pharmacist before starting any new meds  Many over the counter medicines/herbs affect your INR: e.g. - Neurofen/ibuprofen - Voltaren/diclofenac - St John’s Wort - Gingko	Know which things may affect your INR: - Alcohol - Dietary changes - Medications - Acute illness Keep track of your INR 

When you next have an INR blood test it is important to advise the nurse, GP, (or pharmacist) if you have missed a dose of warfarin, not been taking the advised dose or any new changes since your last INR.