



The Medplus Warfarin Experience

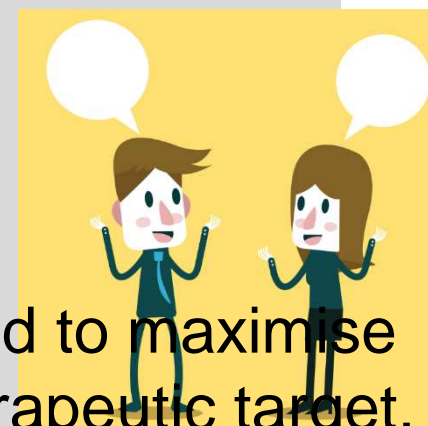
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Medplus+ “Buy - In”

Aim:

INR testing processes will be standardised to maximise the achievement and maintenance of therapeutic target, and provide regular information and education for all patients on warfarin to improve self management



Buy-in:

- Staff felt uneasy that no standard classification in problem list -
- Staff agree that dosage decisions following not currently following one particular method
- Clinical staff agree that nurses should manage the monitoring but no clear process in place for them to work to

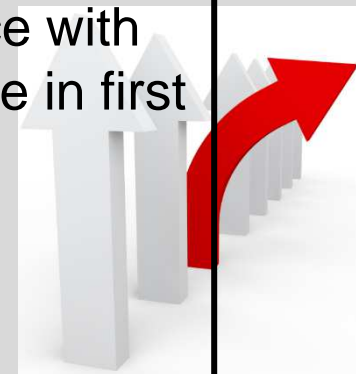
Change Ideas



- Standardise dosage calculation method by using one guideline
 - Compare and investigate Bpac, NSH, implement computer assisted calculator
links to bundle questions 1
- Easy identification of warfarin patients in current problem list by means of electronic template
 - Customise PMS warfarin classification that includes all vital details
Links to bundle question 2
- Provide regular warfarin education to patients
 - Prompt for nurse team annually. Information to be collated
Links to bundle question 5
- Collect better information from patient at time of result management to aid dose decision
 - Use computer assisted calculators, or changes to manual sheets
Links to bundle question 3 + 4

What Changes have you tested?

	Change Tested	Outcome
1	Computer assisted calculator not compatible with our PMS – revert to use of guideline sheet in folder kept in each consult area	100% GP compliance with use of Bpac guideline in first 2 weeks
2	Standardised classification formulated and entered – manually as not able to customise on PMS	Viewed by GPs and feedback given -Colour updated to red to improve visibility in current problem list. Information great.
3	Change to patient record sheet – trialled with added column for dose taken	Nurses advise -Improved information exchange with patient but need comments column



Most Successful PDSA Cycles?

Use of Bpac guidelines –

- Plan:

Investigate and make recommendation for guideline - to be adopted by all GPs.

Bpac recommendation made.

- Do:

INR dosage using Bpac guidelines trialled for 2 weeks by all doctors.

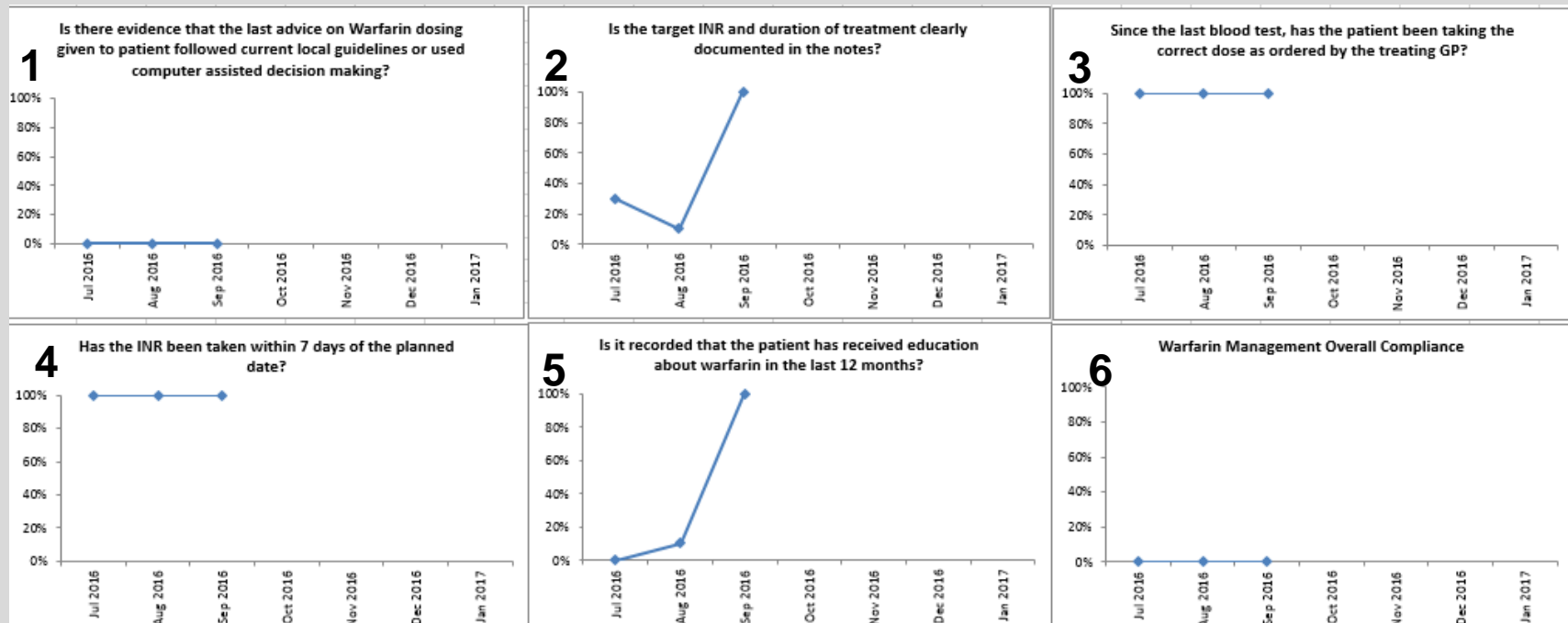


- Study:
All doctors who completed INR results reported compliance with use of guidelines
Some doctors had not been involved with INR dosing due to sessions worked not coinciding with results coming through.
- Act:
Adopt guidelines for policy. Monitor over a period of one month and audit for improvement in therapeutic range achievements

Measures Summary

Measure 1 has not yet been influenced by our change process, however we are expecting to see some improvement in this in coming months. This influences our overall compliance.

Measures 3 + 4 were already sitting at 100% prior to commencing the change process and



Highlights and Lowlights

- We were pretty proud of our INR system, and thought it was safe and robust. We were quite shocked at how many safety gaps there really were.
- Disappointing that we were not able to access electronic tools to work with our PMS – forced to use paper based and manual system
- We took a while to get started due to time pressures on staff however we were heartened by the fast pace of change that occurred when we did get underway.
- It was often hard to find time to get together due to staff shortages at the time.
- Once we identified gaps all GPs came on board to find a fix, and we worked as a team
- One nurse became our INR champion and ignited new interest in nurse team taking lead for management.



Achievements to date

At Medplus we now have:

- A clear aim for our INR warfarin management
- A change package – albeit it largely manual at this time.
- An audit plan to check that we are following guidelines and improving time spent in therapeutic range
- A goal to move management of INR to the nurse team in 2017

GP team are fully committed to working with the change process with a goal of shifting management to the nurse team.

Nurse team – process reviewed and refreshed + new additions. Will need more discussion for future goal

Achievements to date

Changes to date: -

Process has been refreshed and tightened up. Confirmed that many parts of the process are working well and don't need adjustment ie management of results as they are received via fax, electronic; recall process; initial start up process.

More patient involvement and encouragement for better self management. Awaiting patient feedback

Has opened a conversation around the whole process including our INR contracts.

Unclear how it is impacting time spent in therapeutic range yet – await audit data.

GPs feel safer around dose calculation process, and that it does not fluctuate so much now.

Any other achievements?

Education / information always held but now collated into 2 user friendly documents embedded in forms

Increased nursing confidence in dosing process

The process is now more accurate and therefore safer

Better information being gathered from patients on dosage sheets allowing better management.

A general increase in confidence from all clinical staff around patient safety for INR monitoring

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