

Learning Session 2

Marsden Medical Practice Warfarin Management

Team Members:

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Organisational “Buy-In”

Aim:

To deliver safe and effective anti-coagulant therapy to all patients on warfarin

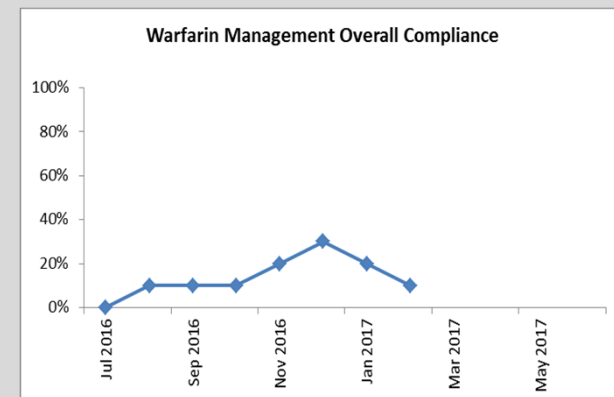
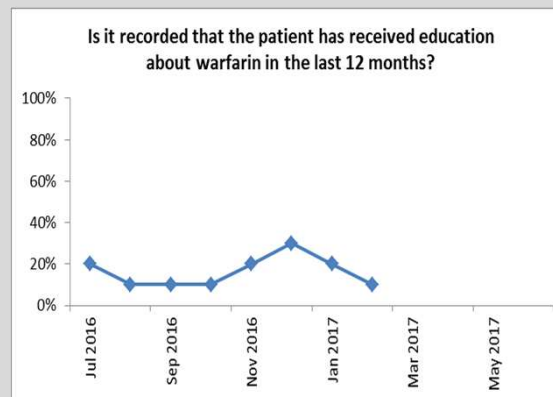
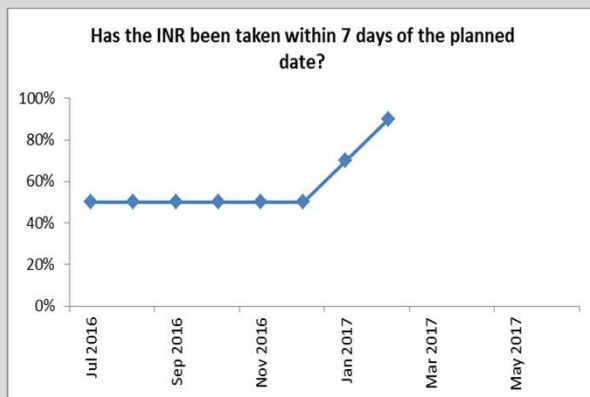
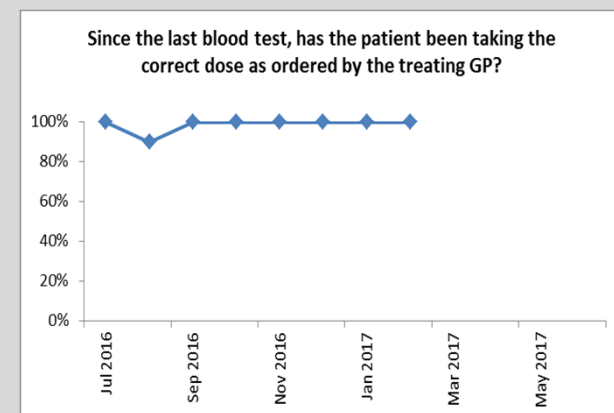
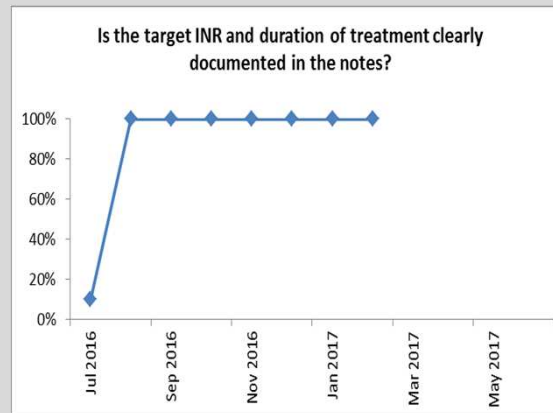
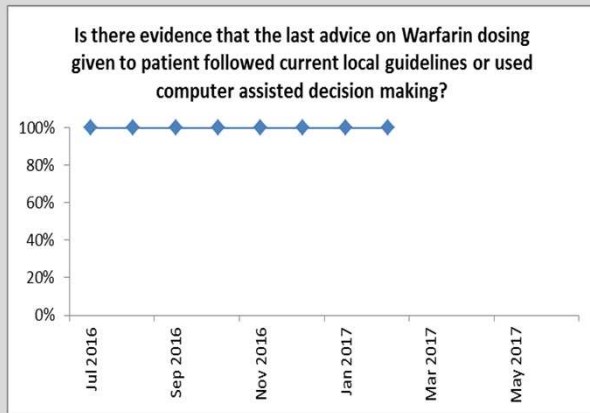
Buy-in:

- ❖ Annual update/education of patients on warfarin has been identified as an area for improvement
- ❖ Better follow-up of those patients who have a tendency to “self-titrate” and test at their leisure.
- ❖ Clear documentation of the clinical indication for warfarin therapy and patients’ target INR is needed

What changes have you tested?

	Change Tested	Outcome / Evidence of Improvement
1	Documentation of indication for treatment clearly accessible within current problem list	<ul style="list-style-type: none"> Ensures safe & effective follow through of treatment as per indication
2	Annual warfarin education for all patients. This must be clearly documented in PMS	<ul style="list-style-type: none"> Improves patient engagement and knowledge around warfarin safety
3	Electronic documentation of warfarin management, from receipt of result through to communication with patient & implementation of warfarin algorithm	<ul style="list-style-type: none"> More explicit documentation = improved continuity of care. More efficient use of medical staff resources

Measures Summary



Highlights and Lowlights

Highlights

- More organised & clear cut process so that entire clinical team can manage these patients in a more safe & time efficient manner
- With the implementation of a standard algorithm nurses are now on-board with the majority of INR management, freeing up medical practitioners time

Lowlights

- How to better manage those patients who continue to self-titrate / test ? (question raised)
- Some patients identified as “at risk to treat” leading to ethical dilemmas regarding continued warfarin treatment / team decisions regarding coming off treatment

Achievements to Date

- Management now electronically documented
- Indications for treatment clearly documented in current problems list
- Standard INR algorithm agreed on by all team members
- Warfarin education now underway as patients present to clinic, or by way of phone discussion at times when INR results & dosing are relayed to the patient.
- Warfarin patient handouts are available and posted out if necessary
- Patients engaging in patient portal as a means of INR communication

Trigger Tool

1. Search Criteria

All patients with ≥ 2 long term conditions (enrolled on careplus)

2. Harm found

Change/cessation in medication not applied to patient's regular medications list in PMS

3. Solution recommended/implemented

*Discussed findings with MD → reiterate across the team - responsibility of **ALL** clinicians to update PMS following hospital discharge **AND** confirm current medications during face-to-face interactions*

4. Incidental findings

None encountered

5. Experience of tool

Great "safety net" tool. Useful for identifying opportunities to improve processes / policies

Safety Climate Survey

- 85% of practice team completed
- Feedback session at monthly team meeting
- Tool well received, questions better structured than previous surveys
- The team agrees, little if anything needs addressing – Higher than average scores overall - healthy team environment, communication / transparency and manageable workload