

ANTICOAGULATION PROGRAM

Antony Gagnon, Margaret Jin

PRIMARY GOALS

The primary goals of the Anticoagulation Program are:

1. To reduce the workload of the primary care physician
2. To institute a medical directive into the practice for the pharmacist and nurses

DESCRIPTION OF ENHANCEMENT

The Anticoagulation Program is comprised of three different documents that are to be used by the practice pharmacists and nurses. The pharmacists and nurses will receive the patient's INR and adjust the warfarin dose using the algorithm agreed upon by the practice site physicians. A presentation was also created by the pharmacist to introduce the practice site nurse to the change in policy and procedure in the practice.

This enhancement is comprised of 4 documents and includes both paper and electronic components.

1. INR Worksheet stamp: An EMR stamp has been created in order to document patient information related to warfarin. The fields included in the INR Worksheet stamp are warfarin strength at home; prior warfarin instructions; INR (pre-populated with date); new instructions to patient; INR repeat; contact date; and other notes.
2. Warfarin Dosing Medical Directive and Algorithm: This is a five-page document that explicitly states the procedure to be followed by nurses in the practice; which physicians patients are covered by the directive; indications and contraindications; appropriate documentation methods; and the Warfarin Dosing Algorithm to be followed.
3. Nurse Warfarin Presentation: A 24-slide PowerPoint presentation that includes general information on warfarin, such as its mechanism of action, contraindications and adverse events; warfarin management, such as different dosing schedules and how to make dosage adjustments using a patient's INR; and vitamin K.
4. Warfarin Case Study: A 16-page case study to be used as a learning tool. This is available at http://www.nps.org.au/resources/Case_Studies/Case_29/results.pdf

POTENTIAL BARRIERS

1. As there is no standardized algorithm available, the physicians at a practice site must agree on the Warfarin Dosing Algorithm to be followed by the practice pharmacists and nurses. As practice sites are comprised of more than one physician, several versions of a Warfarin Dosing Algorithm may be proposed before consensus is reached.
2. Official Medical Directives must contain certain criteria as per Canadian Guidelines; some practice site members may wish to create and implement a modified version of a Medical Directive, which by doing so, would not follow Canadian Guidelines.

POTENTIAL FACILITATORS

1. As this enhancement has the potential to decrease the workload for practice physicians, this may lead to increased 'buy-in' from the physicians and practice site staff.
2. Studies¹ have shown that patient safety is enhanced and that there is better control of patients' INR when physicians use an algorithm than if they do not.
3. Increased job satisfaction for the practice nurses and pharmacists.

CONTACT INFORMATION

For further information regarding this enhancement, please contact Margaret Jin
magsjin@gmail.com

¹Crowther MA. Oral anticoagulant initiation: rationale for the use of warfarin dosing nomograms. *Seminars in Vascular Medicine* 2003;3(3):255-60.