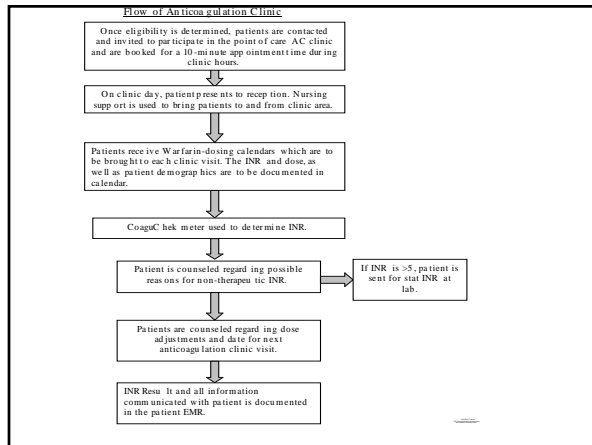


Point of Care Anticoagulation Clinic Results of Pilot Project Emily Reynen B.Sc.Phm, CDE

Clinic Particulars

- ◆ Wednesday Morning 9am-11:30am
- ◆ 10 minute booked appointment
- ◆ Pharmacist & Registered Nurse
- ◆ Administration Support
- ◆ CoaguChek Point of Care monitor used
- ◆ Date of inception was March 5, 2008
- ◆ 3 month pilot project
- ◆ Single site
- ◆ 20 patients in pilot



% Time Spent in Therapeutic Range

- ◆ Usual care 59.4% for 3 months prior to inception of clinic
- ◆ Anticoagulation Clinic 67.2% for 3 months duration

Time in Therapeutic Range Point Prevalence

- ◆ 57% in range at first INR reading in clinic
- ◆ 90.5% in range at 3 months of Anticoagulation clinic

Number of Tests

- ◆ Usual care: 118
- ◆ Anticoagulation Clinic: 136
- ◆ Venipuncture: ~\$14/test
- ◆ Point of care: ~\$8/test
- ◆ 1 patients had not had an INR in the previous 3 months
- ◆ 1 patient only had 1 INR in the previous 3 months

Patient Satisfaction

Knowing that there is the option between having your INR managed by the Anticoagulation clinic every Wednesday morning at Two Rivers FHT (Healthlink location) and continuing to have your INR checked at the lab, **do you prefer to have your INR monitored by the Anticoagulation clinic?**

Yes 83.3%
No 5.5%
Unsure 11.1%

Patient Satisfaction

Since joining the anticoagulation clinic has your knowledge of your warfarin therapy and factors that may cause your INR to fluctuate increased?

Yes 61.1%
No 27.7%
Unsure 11.1%

Physician Feedback

Do you feel that having patients enrolled in the Anticoagulation Clinic has impacted the amount of time you spend on managing patients on warfarin?

Do you notice a difference in the number of patients you need to manage who are on warfarin?

Both Physician respondents answered YES

Physician Feedback

What do you perceive to be the benefits and disadvantages that the Anticoagulation Clinic has on your practice?

- ◆ More scientific and standardized approach to INR management
- ◆ Improved compliance with testing
- ◆ Less time on INR's seems to be great control, good patient satisfaction
- ◆ Program seems very labour intensive for involved providers, but no issues from perspective

Challenges

- ◆ Funding
- ◆ Human Resources
- ◆ Acceptance from previously non-compliant patients
- ◆ Reliability of CoaguChek at higher INR and impact on clinical decision making

Next Steps

- ◆ Promote evidence based practice excellence through information sharing, educational opportunities and support possible research opportunities with the intention of advancing Pharmacist led patient-centered care.
- ◆ CSHP Anticoagulation PSN as a means of communicating with pharmacist colleagues who share this practice interest.
- ◆ Pharmacy & Nursing collaborating to provide sustainable consistent care to the >350 anticoagulated patients
- ◆ Application has been submitted to MOHLTC to ensure financial durability of this endeavor

Next Steps

- ◆ Proposal to our CDM steering committee to expand our services to a second site of the FHT
- ◆ Education modules for anticoagulated patients