Risk Management in Anticoagulation

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Faculty Disclosures

- Michael Smith, PharmD, BCPS, CACP has no actual or potential conflict of interest associated with this presentation

- In the past, he was on the Speakers Bureau of Glaxo Smith Kline but is no longer since 2013.

- Please note, the taped version has incorrect information.

Learning Objectives

- Discuss the education and training needs of pharmacists who participate in anticoagulation services
- Discuss the documentation needs of a pharmacists-run anticoagulation service
- Identify corporate infrastructure needs to support anticoagulation services or clinics

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Risk Management in Anticoagulation

- Warfarin is a leading cause of Emergency Department visits
- Annual rate of 1.7-3.4% of patients will have a major hemorrhage
- AMS services have been shown to improve the care of warfarin treated patients over usual care
- Care providers in AMS clinics are taking on risk when the manage anticoagulation therapy

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Risk Management in Anticoagulation

- Risk Management- *the identification, assessment, and prioritization of* _risks_ *followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events –wikipedia*

- Risk management involves protecting yourself, your coworkers, and your institution from being sued
- A proper risk management program will also protect your patients and improve and assure quality care

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Risk Management Process

Identify the risks
- Errors in management
- Errors in instructing the patient
- Patient errors
- Inherent risk of anticoagulation

Risk Management Process

- Risk Avoidance

- Risk Reduction

- Risk Sharing

Risk Management Process

- Risk Avoidance
  - Education, workload, process, policy, quality care
- Risk Reduction
  - Patient education, customer service, quality care
- Risk Sharing
  - Patient education, physician involvement

Risk Management Process

- Education
- Quality
- Documentation
- Documentation
- Documentation

Provider Education

Before beginning your education program, decide upon your goals

- Proficient knowledge of the medications used
- Proficient knowledge of disease states being treated
- Proficient knowledge of the care of anticoagulant treated patients

Provider Education

- Knowledge
  - Reading/lecture
- Comprehension
  - Discussions
- Application, Analysis, Synthesis
  - Case presentations, practice-based teaching/learning

Provider Education

- CHEST Supplement
  - June '08 volume 133(6)
- Managing Oral Anticoagulation Therapy
  - Ansell, Oertel, Wittkowski
- Managing Anticoagulation Patients in the Hospital
  - Michael Gulseth

Provider Education

Disease states
- Epidemiology, causes, treatment, monitoring
- Atrial fibrillation, stroke, venous thromboembolism, valvular heart disease
- Learning methods
  – Reading and lecture

Provider Education

Drugs
- Pharmacology, Pkinetics, drug interactions, diet interactions, dosing, monitoring guidelines, use in special populations bleeding risks
  – Warfarin, enoxaparin, dalteparin, fondiparinux, heparin
- Learning methods
  – Reading and lecture

Provider Education

Anticoagulation management
- Bridging therapy, management of drug interactions, concomitant disease states, dose adjustments, monitoring frequency, management of major and minor bleeding
- Learning methods
  – Discussion, case presentation, practice based

Provider Education

Competency Assessment and Documentation
- Internal- develop and standardize
  – written test, case presentations and evaluation, direct observation
- External
  – University of Southern Indiana
  – National Certification Board for Anticoagulation Providers (NCBAP)

Provider Education

Competency must also include knowledge of all policy and protocols

Policy

- Define roles and limitations based on licensure
- Define the responsibilities of the Medical Director
- Multi-disciplinary development
  – Cardiologist, hematologist, pharmacist, risk manager

Policy

- Define how and when to adjust dosing regimens while leaving room for "professional judgment"
- Define the follow-up schedule
- Define critical values for INR
    - And what to do about them

Policy

- Define the education process for patients
    - The what, when, and how
- Define how prescription refill requests are handled

Policy

- Define how to deal with patients who are non-compliant
    - With dosing, instructions, visits
- Define when and how patients will discharged from the clinic

Policy

- Policy should be reviewed and approved by the hospital leadership on annual basis
- Following an approved policy shifts the risk of individual practitioners
- An incomplete policy will place unnecessary risk on the care providers

Policy

- A quality and complete policy will help guide practitioners, especially inexperienced ones
- Any variance from policy must be clearly documented

Documentation

- The most important 'risk management' tool
- If you didn't document it, it didn't happen
- Document the big things as well as the little

Documentation

- Begins with documenting the education, training, and competency testing process for providers
- Includes quality assurance and improvement activities
- Must cover all interactions with patients

Documentation

- Referral process
  – When received, when patient first contacted, when first visit scheduled
- Initial visit
  – Medical history, social history, medications, physicians, education needs, education provided, expectations

Documentation

- Clinic visits
  – INR, assessments done, education provided, dosing decisions, follow-up instructions anything and everything
- Phone calls
  – Why they called, what you told them
- Discussions with other providers

Documentation

- Prescription refills
  – Authorized by a prescriber
  – Limited duration
- Missed visits
  – How often
  – Did they notify you?
  – Did you have to track them down

Documentation

- Discharging patients
  – Who, When, Why (based on protocol)
  – How notified
  – Also notify primary care and other physicians
- Patients who move away
  – Ensure adequate care during transition

Documentation

Where to document all your documentation?
- Paper chart
- Computer program
  – Commercial
  – Home-grown

Documentation

- Commercial programs
  - Hard work already done
  - Will enable you to document nearly everything in a single convenient database
  - Can offer dosing advice
  - Limited access to providers
  - Additional cost

Documentation

- CoagClinic
  - Standingstoneinc.com
- Dawn AC
  - 4s-dawn.com
- CoaguTrak
  - Coagutrak.com
- CoagCare
  - Coagcare.com

Documentation

Homegrown systems
- Free?
- Open access
- Unlikely to be as robust and complete as commercial products
- May need a paper record as well

Documentation

Make sure you can access the QA data you desire
- Time in Therapeutic Range (TTR)
- % in therapeutic range
- Missed appointments
- Time since last appointment

Documentation

- Software system is a key piece of infrastructure for your risk management system
- Documentation isn't useful if it's lost or incomplete

Infrastructure

- Corporate Compliance department
  - Help with billing
- Public Relations/Corporate Communication
  - Produce patient education materials
- Patient Accounts
  - Billing, patient assistance

Infrastructure

- Clinic Staffing
- Professional staff
  - Pharmacists, nurses, nurse practitioners, physician assistants
- Support staff
- Staffing ratio: 250pts/full time provider

…in conclusion

- Reduce risk by providing high quality care
- Knowledgeable practitioners
- Strong and complete policy
- Easy to use documentation system
- Expert support from other departments

References

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