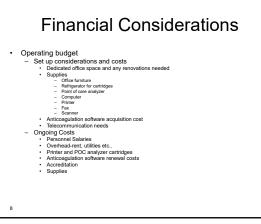




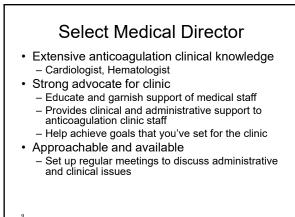
Establish Need for Service and Get Institution Backing

- The Joint commission National Patient Safety Goals
 - Defined anticoagulant management program
 Designed to reduce risk of adverse events associated with use of anticoagulants
 - Specified in writing
 - Individualized anticoagulant therapy for each patient
 Use standardized practice
 - Patient involvement
- P&T Committee
- Clinical trial results show benefit of anticoagulation clinic service
- Adverse Events Reports
- Financial benefit to institution

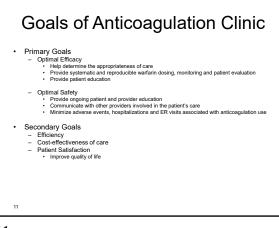
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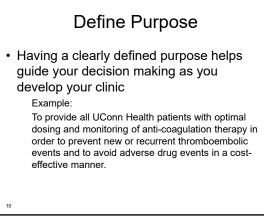


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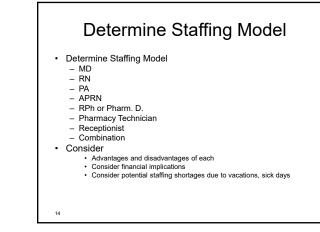


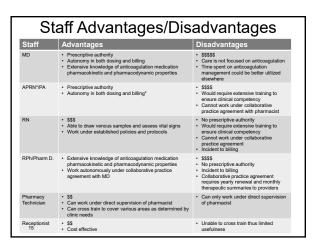
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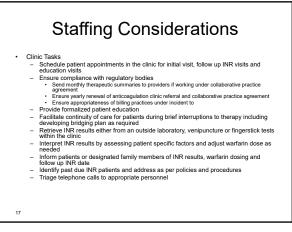
Scope of Service

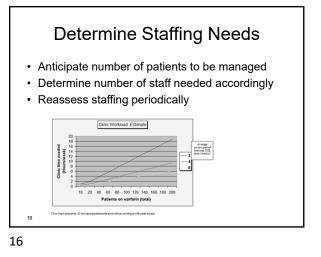
- · Considerations
 - Anticoagulation Clinic providers will often be first point-of-contact for patients with health induiries
 - Medication reconciliation
 - Monitoring vital signs
 - Dispensing medication
- Limit scope of service to something that is • achievable with staffing limitations

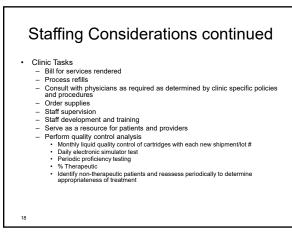
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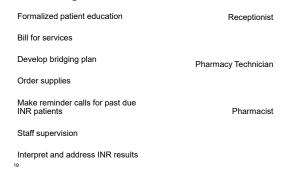




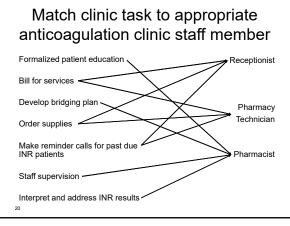




Match clinic task to appropriate anticoagulation clinic staff member



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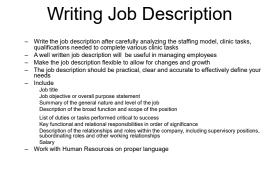
Qualification of Personnel ACC providers should meet minimum competencies and hold a license in a patient-oriented health-related field (eg. Medicine, nursing, pharmacy) Ability to communicate with patients and anticoagulation providers Skills to authorize and coordinate follow-up with patients and other health care providers Receptionist Excellent interpersonal communication Computer and data entry skills Certified Pharmacy Technician - Excellent interpersonal communication Computer and data entry skills - Maintain pharmacy technician certification 21

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Establish roles and responsibilities

- Determine once staffing model established. Consider clinic tasks and delineate responsibilities to most appropriate staff member
- Clearly define roles and responsibilities of patients, staff members
- and physicians in the policies and procedures. Include any change in responsibilities that arise due to staffing considerations
- Ensure all patients, physicians and staff are aware of his/her roles and responsibilities through adequate training Reinforce roles and responsibilities thru proper supervision and
- Continually update policies and procedures and re-train as necessary for any changes in responsibilities that arise due to changes in the clinic

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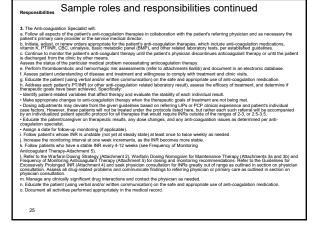
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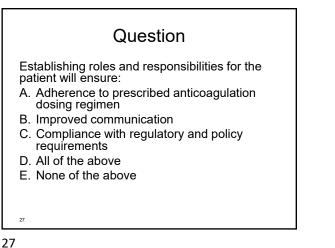
Sample roles and responsibilities Responsibilities

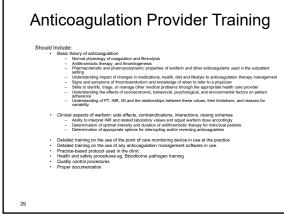
- 1. The Anti-capquiation Patient will:
 a. Follow Anti-capquiation Service instructions regarding anti-capquiation dosing and monitoring.
 b. Contact the Anti-capquiation Service with any alteration to the dosing and monitoring plan.
 c. Notify the Anti-capquiation service with any changes to medications (including OTC or herbal products), diet, or
 d. Notify the Anti-capquiation service with any changes to medicate the string or intervention so temporary cessation of
 their anti-caquiation herary or and be considered.
 e. Have clinic visit and Anti-capquiation assessment with UConn Health referring provider or UConn Health PCP at
 least annually.
 f. Schedule visits at the Anti-caquiation Clinic at least quarterly.
- 2. The Anti-coagulation Technician or Support Staff will: a. Arrive, schedule, re-schedule patients in IDX Live.

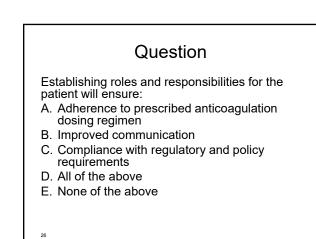
- a. Arrive, schedule, re-schedule patients in IDX Live.
 b. Assist with coordinating patient care with home health agencies, skilled nursing facilities, and laboratories.
 c. Examine patient compliance with PTINR monitoring by generating reports of patient overdue for INRs and contacting these patients in a timely manner by phone and/or letter.
 d. Assist with overdue patients in structure with promote adding test.
 In additional patient compliance with PTINR monitoring by generating reports of patient overdue for INRs and contacting these patients in a timely manner by phone and/or letter.
 d. Assist with overdue patients and the patients of INR results (or laboratory parameter specific to the anti-coagulation threapy with or phone calls.
 e. Manage the clinic correspondence with patients and providers.
 Initiate or remove PTINRs and other lab orders for clinic patients using the appropriate anticoagulation diagnosis
 g. Document any contact or attempted contact with the patient or any agent thereof except for upcoming appointment reminder calls.
 h. Contact/attempt to contact and follow-up with patients who do not attend scheduled clinic visits, as per clinic guidelines.

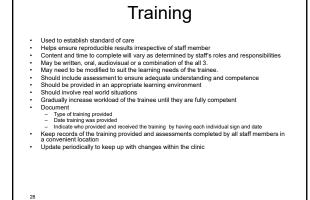
guidelines. Note: In the absence of Anti-coagulation technicians or support staff, the Anti-coagulation specialist will assume the above responsibilities.

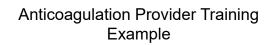












The training will consists of a didactic portion and practical experience. For the didactic portion, all Anti-coaquitation specialists must complete one of the following educational requirements: Complete available educational activities in the following areas: - Activities and the learning objectives in the following areas: - Activities and anticoaquitation Prophylaxis post-hospitalization - New Cal Anticoaquitation Prophylaxis post-hospitalization - New Cal Anticoaquitation - Vitamin K-Antagonist Pharmacology and Pharmacoherapy and Pharmacogenomics - Hospirul.cw Molecular Weight Heparin and Fondgarinur. Pharmacology and Pharmacoherapy - Direct Thrombin Inhibitor Pharmacology and Pharmacoherapy - Pharmasit Reimburgement for Anticoaquitation Services - Risk Management in Anticoaquitation - Training Will be provided to the Anti-coaquitation specialists on the appropriate use and maintenance of the point-of-care testing device.

- All Anti-coagulation specialists must show proficiency by successfully passing the anti-coagulation clinic credentialing and i-STAT competency tests with a score of ≥70%.

Supervision

- Clearly establish chain of command
- · Designated supervisor in the clinic will:
 - Field difficult patient/provider care concerns
 - Address disciplinary issues
 - Performance evaluations of all clinic staff
 - Direct and lead staff to ensure smooth operation of clinic

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Question

Which of the following is useful when supervising challenging personnel?

- A. Job description
- B. Training
- C. Roles and Responsibilities
- D. All of the above
- E. None of the above

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Question Which of the following is useful when supervising challenging personnel? A. Job description B. Training C. Roles and Responsibilities D. All of the above E. None of the above

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Develop Written Policies and Procedures Include:

- Purpose and goals
- Scope of services
- Roles and responsibilities of patients and clinic staff
- Training and competency requirements
- Criteria for physician consultation Process for managing critically high INR's
- Referral process-include inclusion/exclusion criteria
- Patient educational session content and method of delivery
- Initial laboratory monitoring
- Warfarin initial and maintenance dose adjustment guidelines
- Frequency of monitoring INR guidelines
- Thromboembolic/Hemorrhagic risk assessments

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Develop Written Policies and Procedures continued

Include:

- Guidelines for assessing therapy
 Documentation method and requirement
- Billing criteria and process
- Perioperative management of patients on anticoagulation
- Process for managing and discharging non-compliant patients
- Method for processing refills
 Forms used by the clinic and/or sent to the patient following written policies and procedures
- Communication procedures for patient and referring practitioners Optimal therapeutic range and duration of anticoagulation therapy
- Quality assurance
- Identification of high risk patients and management method



· Things to keep in mind: - Keep dosing nomograms flexible to allow clinical judgment

- Limit liability by including appropriate discharge criteria and identification and management of high risk patient

Develop Written Policies and

Procedures continued

 Sample Collaborative Practice Agreement http://pharmacy.uchc.edu/services/anticoagulati on/pdfs/agreement collaborative practice.pdf

Determine Clinic Hours

- · Possible weekend or evening hours to accommodate working patients
- · Consider coverage, staffing levels during vacations

Health and Safety Considerations

- · Safe finger-stick blood tests
- · Glove/eye protection policy
- · Sharps disposal
- · Needle-stick injury procedure
- · Hepatitis vaccination and antibody testing
- · Safe use of liquid quality controls

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Collaborative Practice Agreement Considerations

- · Yearly collaborative practice agreement renewal for each patient with each provider
- · Yearly visit with referring provider
- · Minimum monthly therapeutic summaries
- · Pharmacists may not enter into collaborative practice agreements with APRNs, PAs
- · Prescription refills

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Quality Control and Assurance Personnel - Through effective management and ongoing training and evaluation Patients

- Run reports periodically to determine TTR, identify non therapeutic and high risk patients and discuss with providers as needed
- 41



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References http://webcache.googleusercontent.com/search?q=c clinic.doc+&cd=1&hl=en&ct=clnk&gl=us sell, Jack E et. Al, Managing Oral Anticoagulation Therapy Clinical and Operational Guideline http://www.google.com/url?sa=t&rct=j&q=&scrc=s&source=web&od=3&cad=rja&uact=&&ved=01 2Pwww.sicsn.hts.uk%2Faf%2F18es%2Ftreatment%2Fanticoagulation%2Fa1-psas.setting-up-an risks_rdex8uacaEFCIFX04591028e2XPE1696891XVVvws&siz2=XxRB1L4F0_EC5bErd%2TUA ion.org/assets/1/6/2015 NPSG HAP.pd 42

