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Reducing Warfarin ADR's with a Nurse Led Anticoagulation Clinic: A New Model of Patient Care

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BACKGROUND

Warfarin

- Prescribed since the 1950's for patients with atrial fibrillation, deep vein thrombosis, pulmonary emboli and prosthetic heart valves.
- ➤ Adverse effects can be life threatening and costly.
- Many emergency department hospitalizations are due to unintentional overdoses.
- Literature review showed a nationwide problem in the management of patients on this therapy.

- Due to its extensive drug interaction profile, it requires frequent monitoring and dose adjustments.
- ➤ In order for the medication to work appropriately, patients must have INR testing to determine whether they are in therapeutic range.
- Management is complex because of its intricate pharmacokinetic, pharmacodynamic properties, and narrow therapeutic ranges.



SOUTH MIAMI HOSPITAL

Warfarin

- Leading cause of drug related adverse events at South Miami Hospital prior to the clinic opening.
- Resulting in 27 hospital admissions a year.
- ➤ Patients had prolonged hospital stays due to sub therapeutic INRs and frequent ED visits due to warfarin toxicity.
- A retrospective chart review revealed that patients were being discharged without a clear plan for follow up and management.
- General lack of knowledge among patients taking Warfarin in regards to strength, use and effect.
- Serious and sometimes fatal warfarin and heparin toxicity issues were being experienced throughout our own community as evidenced by our Emergency Department reports of frequent readmissions.

BRANDS AND STRENGTHS

Coumadin	<u>Warfarin</u>	Jantoven
0	banr WAR 1	WRF 832
20	Sarp WAR 2	WRF 832
20	12 2/2 barr WAR 2/2	WRF 832
00	SEE 3 BARR WAR 3	WRF 832
00	Tr. L. barr WAR 4	632
30	622 5 barr WAR S	WRF 832
	926 6 barr WAR 5.0	WRF 832
	1914 the Barr MAR Page	WRF 632
00	033 10 Darr WAR 10	VRF E22





ENGAGING IN A QUALITY IMPROVEMENT PROJECT

- An interdisciplinary team was formed to address this problem.
- Nurses, doctors, and nurse practitioners.
- Decision was made to create an anticoagulation clinic to address the number of patients going to the emergency room due to warfarin toxicity.
- In 2007 South Miami Hospital
 Anticoagulation Clinic opened its door.

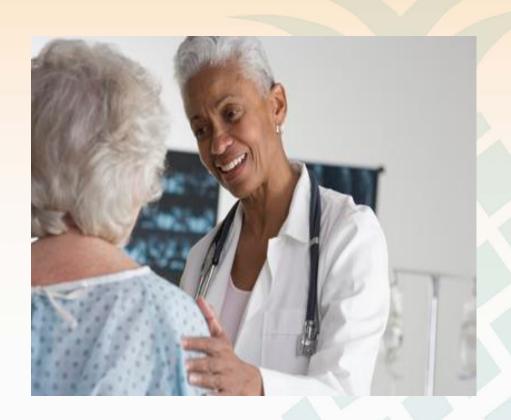
PROJECT GOAL

- The foundation of our efforts in the development of an Anticoagulation Clinic was to:
 - Improve the quality of life
 - Educate the community
 - Decrease time in the hospital
 - Enhance the effectiveness and compliance of treatment plans
 - Mitigate the risks associated with the use of anticoagulants
- The primary goal of service was to act as a bridge in the transition from hospital to home.



IDENTIFYING CHALLENGES

Our community
patients were
uninsured,
impoverished, and
dependent on nurses'
care.





OUTREACH PROGRAM

- Charity care program which provides office visits and point of care testing to those that meet the criteria.
- This program has allowed us to care for the patients who would normally have limited resources, and in turn provide education and assist them in becoming proactive in their own health care.

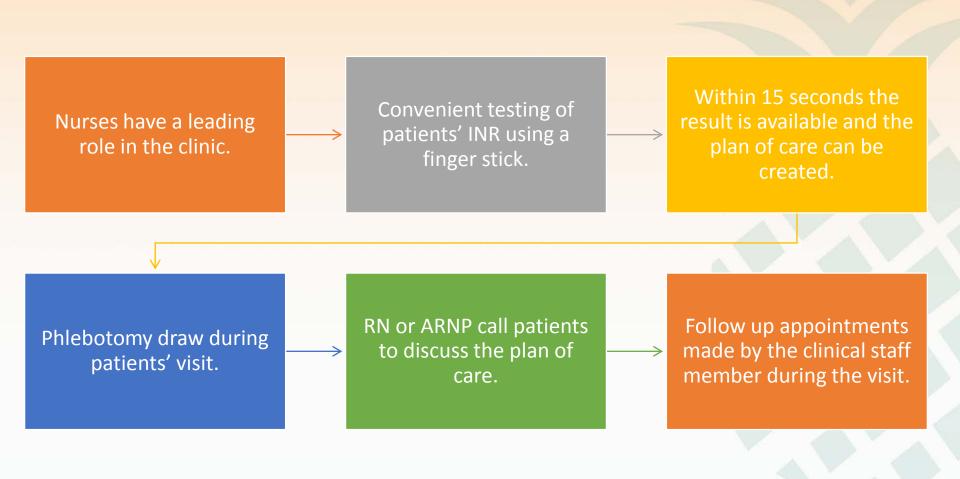


PATIENT SAFETY ACCOMPLISHMENTS

- Safely patient discharge with an immediate follow-up visit by the clinic staff for INR adjustments.
- Patients are discharged earlier and monitored frequently which has reduced anticoagulation related readmissions.
- Reduction in hospital costs and improvement in patient outcomes.
- Clinic has grown in volume and has been successful in monitoring outpatient anticoagulation therapy, providing patient continuity of care, increasing patient safety, decreasing patient complications, and number of adverse drug reactions.



ANTICOAGULATION CLINIC



SERVICES

- The clinic uses evidence-based guidelines to make dose adjustments and follow up intervals.
- Any fluctuations in a patient's INR levels are addressed.
- Medications and changes in diet are monitored during each visit.
- Patients are provided with continued support by the clinic's staff.

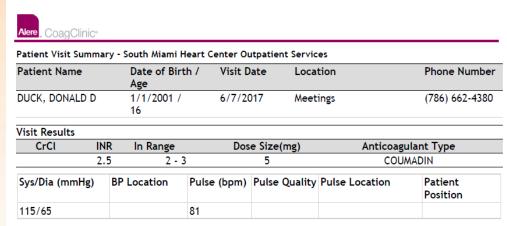
Order and Dosing Protocol

ATE	TIME	OUTPATIENT ANTICOAGULATION CLINIC PHYSICIAN'S ORDERS	COMP#	UC INITIAL	NURSE
			CODE	INITIAL	INITIAL
		Fax to South Miami Hospital Anticoagulation Clinic 786-662-4343			
		Referring Physician:			
		Primary Physician:			
		Please check the items that pertain to this patient:			
		Diagnoses and Disease Status:			
		☐ Cardio-embolic Stroke ☐ TIA ☐ Thromboembolism			
		DVT			
		□ Pulmonary Embolism			
		☐ Atrial Fibrillation			
		☐ Valve Replacement - Mechanical ☐ Aortic ☐ Mitral			
		☐ Valve Replacement - Bioprosthetic			
		Other:			
		Start Date: Upon Discharge Other:			
		Treatment Goal: INR range ☐ 2.0 - 3.0			
		□ 2.5 - 3.5 □ Other:			
		Prior to initiation of treatment obtain baseline CBC if not done within past 5 days.			
		Patients to be managed per South Miami Hospital Heart Center Outpatient Warfarin Dosing Protocol.			
		Contact Care Coordinator/Social Work Services.			
		Additional Orders:			
100	CANI	ALLERGIES:	1		
J SC ODE:	ANI	NED			
	CONSI	JLT CALLED			
	MEDIC SLIP S	ATION ADMINISTRATION RECORD			
S =	MESSA	AGE SENT			
E =	NOI E	NTERED IN COMPUTER Print Physician's Name:			
		Tillet Hysiolaits I valid.			
		Physician's Signature: Da	te:	Time	

	se column that reflects Desired range	
INR	oved by ARNP or Medical Director 2.0 to 3.0	3.5 to 3.5
		2.5 to 3.5
<1.5	↑Weekly dose by 5% to 10%	↑Weekly dose by 15% to 20%
1.5 to 1.9	↑Weekly dose by 5% to 10%	↑Weekly dose by 5% to 10%
2.0 to 2.4	Therapeutic; no change in dose	↑Weekly dose by 5% to 10%
2.5 to 3.0	Therapeutic; no change in dose	Therapeutic; no change in dose
3.1 to 3.5	\downarrow Weekly dose by 5% to 10%	Therapeutic; no change in dose
3.6 to 4.0	Hold 1 dose. \downarrow Weekly dose by 5% to 10%	↓Weekly dose by 5% to 10%
4.1 to 6.0	Hold 1 to 2 doses.	Hold 1 to 2 doses.
4.1 to 0.0	↓Weekly dose by 15% to 20%	↓Weekly dose by 5% to 10%
	Assess for signs of bleeding, such as noseble bruising, red or dark brown If Vitamin K is or	n urine, red or black stools.
	a) 2.5 - 5 mg P.O. cl	heck INR in 24 -48h
>6 to <10	b) If INR remains high, repeat vitamin K; repea c) If INR remains>6 after 2 doses o	
	Assess for signs of bleeding, such as noseble bruising, red or dark brown Consult with physician. Refer to ED if indica	n urine, red or black stools. ated. If vitamin K is ordered, the dose is: 5mg
	a) Check II	NR in 24 h
>10		repeat INR in 24 h and follow table above if INR sician if INR remains >6
	c) If INR remains>10 after 2 doses of vitam	

EDUCATION AND COMMUNICATION

- Diet
- Medication interaction
- Safety
- Common reactions
- Emergency management
- Bridging
- Referring physician
 - Results
 - Dosing instructions
 - Notice of non-compliance
 - Yearly prescription renewal
- Consulting physician
 - Bridging plan of care
 - Anti-coagulant transition



Please take your Anticoagulation Medication according	g to the following dosing schedule:
---	-------------------------------------

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Weekly Amount
Week 1	5 mg	5 mg	5 mg	2.5 mg	5 mg	5 mg	5 mg	32.5 mg
# of Tablets	1 Tablets	1 Tablets	1 Tablets	0.5 Tablets	1 Tablets	1 Tablets	1 Tablets	
	(7)	0	0	0	0	0	D	

Please return for follow up on: Fri, 6/16/2017 at 10:30 AM at Anticoagulation Clinic

Our records indicate that you have the following allergies to medicines and are on the following medications. Please take a moment to verify this information and notify us of any changes.

Medication Reaction Type		e Sev	erity/	Classification	Start Date	Stop Date		
PEDIACARE MULTI-SYMPTOM Nausea COLD		Мо	derate	Unspecified (0401010000)	5/23/2012	5/23/2012		
Current Anticoagula	ant M	edicati	ions					
Medication		Dose	Units #	Freq	Route	Classification	Start Date	Stop Date
COUMADIN	4	5	mg			Anticoagulants	3/10/2010	

ACHIEVING THE GOAL

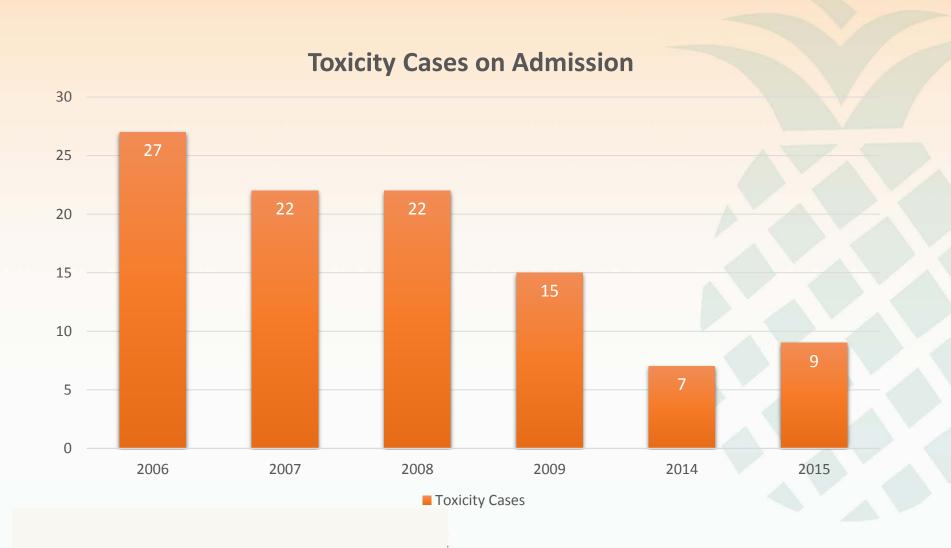
- Since the clinic has opened, there has been a steady decrease in Coumadin related adverse events.
- Prior to the anticoagulation clinic, there were between 22 – 27 hospital admissions related to Warfarin toxicity or complications.
- Today the number has decreased significantly to less than 10 admissions per year and this number has been sustained.



MONITORING INRS & ADR

- Patients are carefully monitored and data regarding adverse drug related (ADR) admissions are analyzed and reported to the SMH Pharmacy and Therapeutics committee.
- The Pharmacy department monitors and reports ADR data.

MAKING PROGRESS



LESSONS LEARNED

It is evident that the anticoagulation clinic is a remarkable resource for education, monitoring, and Warfarin management.

This model has been effective of reducing Warfarin toxicity admissions by 74% since its opening.

Patients continue to appreciate the timeliness and convenience of their Warfarin management.

PLAN

FUTURE GOALS

- Development of a culturally sensitive teaching tool
- Improvement of current educational materials
- Enhance novel oral anti-coagulant (NOAC) safety and monitoring

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QUESTIONS

