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

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

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

**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

**Drugs**
- Pharmacology, Pkintetics, 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

- 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

- Gulseth M. Managing anticoagulation patients in the hospital
- Ansell J, Dettert UB, Wittkowsky AK. Managing oral anticoagulation therapy