

National Patient Safety Goal: FAQ's

Goal 3.05.01: Reduce the likelihood of patient harm associated with the use of anticoagulant therapy

- 1. What anticoagulants are included in this goal?** The only anticoagulant drugs included currently are warfarin, unfractionated heparin, and low molecular weight heparins.
- 2. Does this goal include anticoagulant drugs that are not used for therapeutic purposes, such as heparin flushes in lines? What about subcutaneous heparin?**
No, the requirement only applies to patient's receiving "anticoagulation therapy". Therefore, it only applies to patients receiving these drugs for therapeutic purposes and does not include heparin flushes or subcutaneous heparin.
- 3. What does the goal require?** The goal has several requirements related to the anticoagulation therapy. These include but are not limited to:
 - The hospital must have a defined anticoagulation program
 - To reduce errors, the hospital only uses unit dose products, prefilled syringes, or premixed infusion bags
 - Programmable infusion pumps must be used when infusing heparin
 - Baseline INR is obtained
 - Authoritative resources must be used to manage potential food and drug interactions for patients receiving warfarin.
 - Patients, families and staff must be educated about anticoagulation therapy.
- 4. What is the Anticoagulation Management Service at MGH?** The Anticoagulation Management Service (AMS) at MGH is an out-patient practice staffed by experienced RNs with specific knowledge in anticoagulation. The AMS provides comprehensive monitoring, management, and education for patients and families who require anticoagulation therapy. AMS is led by a physician and a nurse co-director, a clinical nurse specialist, and an office manager. The RN staff use a sophisticated anticoagulation software application to support decision-making in many aspects of anticoagulation management. These include induction for patient's new to warfarin, interruptions in therapy which may require bridge therapy using low molecular weight heparins, and long-term maintenance care. The nursing staff is further supported by the efforts of a front-desk team of patient service coordinators and by a systems analyst. The MGH AMS is one of the oldest and largest anticoagulation clinics in the country. The clinic manages approximately 4400 patients.
- 5. How do I know if my patient is followed by AMS?** There is an AMS icon in the electronic medical record (eMR) i.e. CAS, LMR, OnCall which identifies if the patient is managed in the AMS; when the symbol is clicked, a new window opens which includes helpful clinical information specific to the patient such as INR/dose information and the pill size the patient is using.
- 6. Are my responsibilities different based on whether or not my patient's warfarin therapy is managed by AMS or by an outside PCP?** No. All patients on anticoagulation therapy need to receive appropriate medication education.
- 7. What does patient and family education need to include?** Patient and family education needs to emphasize the importance of follow-up monitoring – especially the concept of who their "warfarin manager" is and how communication will proceed. Education should include why periodic blood testing (INR) is important and how to identify their pill size and color. The patient and family should be able to accurately describe the daily dose regime, food-drug-herbal interactions, and recognize signs and symptoms of complications and subsequent actions to take.
- 8. Where can I obtain teaching materials for the patient?**
 - *A Guide to Taking Warfarin* is the standard patient education tool used by the MGH and MGPO. All patients should be provided this Guide unless they indicate that they have received it in the past. The Guide is available in English and Spanish; additional languages are being developed.

You can order the Guide through Standard Register (SR#85474 for English, SR#85811 for Spanish).

- Additional patient education tools on low molecular weight heparins are housed in the Partners Handbook. Patient Education info → MGH Patient Education Discharge Documents → Anticoagulation Therapy.
- On MGH TV, video on “Blood Thinners”, Fragmin (dalteparin), Lovenox (enoxaparin) are available.

9. My patient was started on warfarin during his hospitalization. Can AMS help this patient after discharge? Yes. All patients newly started on warfarin (with or without low molecular weight heparin) can be managed by AMS provided AMS Consult/Referral or Transition Services is submitted in POE before discharge.

10. My hospitalized patient is already managed by AMS and will be discharged soon. What type of information should I communicate to AMS and what is the best way to do this? The POE AMS Consult/Referral should be used when low molecular weight heparins are used as a bridge therapy following discharge. The AMS icon window provides the hyperlink to easily and directly communicate with AMS about changes in medications or other clinical needs pertaining to their safety and anticoagulation therapy.

11. An outpatient in the IMA practice has an infection for which he has been prescribed a new antibiotic. I see an AMS icon on his eMR. Do I need to communicate this prescription to the AMS? Yes. It is important to the patient's safety that this information be communicated in a timely manner to the warfarin manager, in this case the AMS. There are numerous drug interactions with warfarin and many have a profound impact on warfarin metabolism and thus the INR. The patient will require close monitoring and likely dose adjustments. You can use the AMS icon to locate the hyperlink for email to the AMS. Send this type of information and similar clinical health updates and it will be followed up by AMS staff.

12. How will Joint Commission surveyors evaluate our compliance with this Goal?

- **Ask leadership** to describe the hospital program related to anticoagulation therapy
- **Ask leadership** to provide a copy of the hospital's anticoagulation program
- **Ask the nurse** how he or she infuses heparin
- **Review the patient's record** for a baseline INR and documentation of patient education
- **Ask the patient** to describe what he or she has been taught about their anticoagulation therapy
- **Ask the physician** about use of protocols to initiate therapy.