



Improving the documentation of and patient knowledge on warfarin prescribing, and the communication of INR results to patients in primary care.

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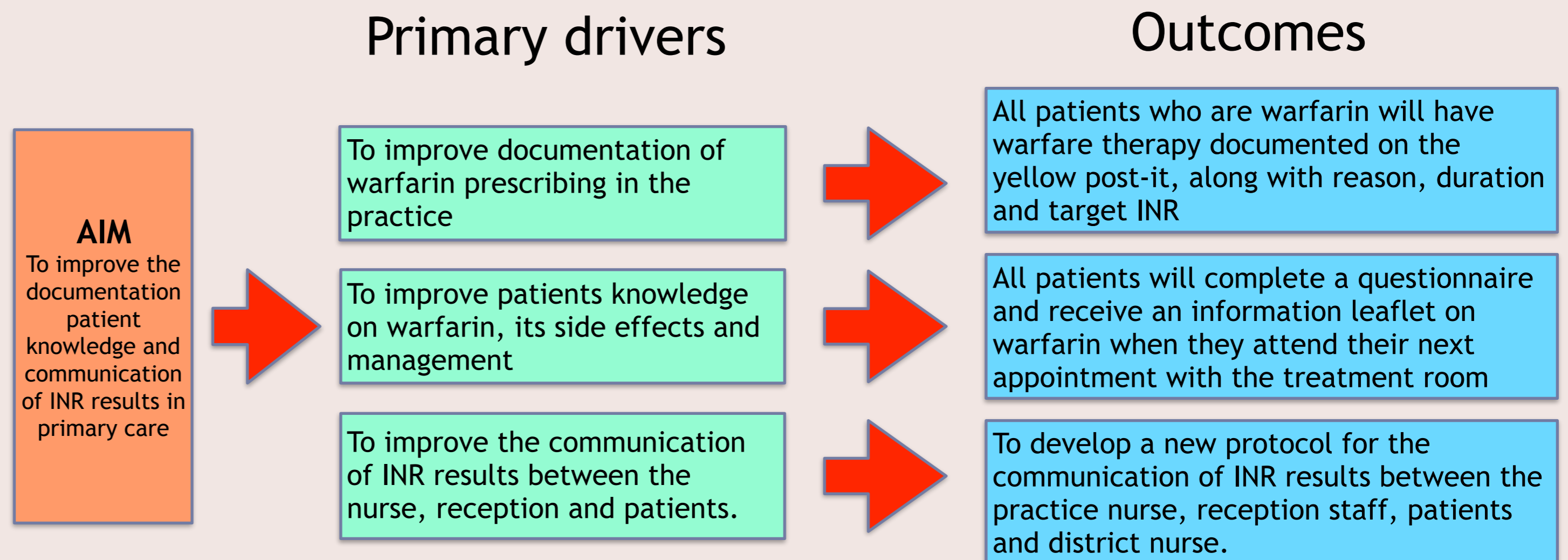
Background

- DOACs are now the preferential treatment for patients with non valvular AF and those with VTE. There are still certain situations where warfarin is prescribed such as in those with mechanical valves and those with valvular atrial fibrillation.
- Improved documentation will hopefully reduce the risk of adverse events associated with anticoagulation and improve patients knowledge on common drug and food interactions.
- This project was started following an error where an INR was missed and the district nurse was not arranged for the repeat INR.
- Improving communication between patients, reception staff and nurse will hopefully reduce the risk of errors and improve reception productivity.
- This project supports the practice's view on improving systems and increasing productivity of staff, while not necessarily increasing their workload.

Aim

- To improve the documentation of warfarin prescribing in all patients by July 2017 all patients.
- To improve patients knowledge on warfarin including common drug interactions by July 2017.
- To improve the communication of INR results between reception, the nurse and patients by

Methodology

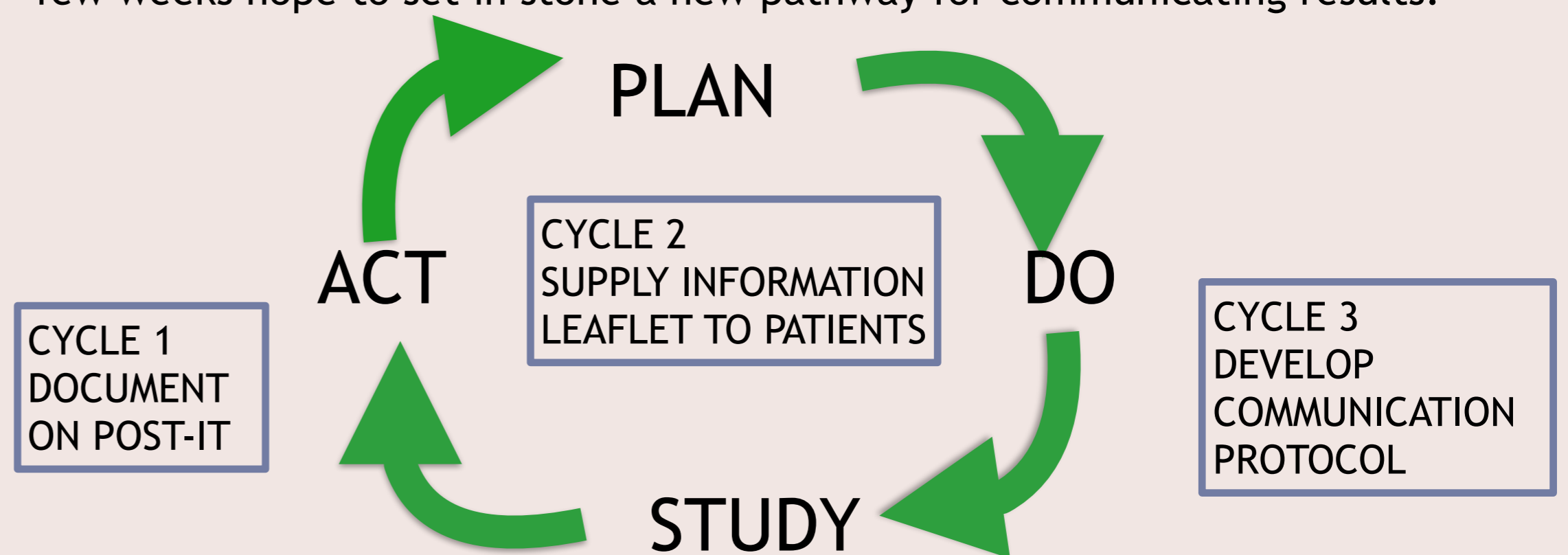


Results

- All patients who are on warfarin (14/14) have this documented in their yellow post in - including duration, INR range and indication.
- There were difficulties in trying to the patient questionnaires filled out as most of our patients are stable on warfarin and need infrequent INRs. Therefore the decision was made to provide information leaflets to the treatment room and to ask the nurse to provide the patient with this leaflet when they attended.
- There have been no new patients started on warfarin since the start of this project.
- The process how results are communicated by staff is in the process of changing - this has been the most challenging aspect of this improvement project as we have to change staff attitudes and practice. I have spoken to both the practice manager and nurse to find out the process by which they follow and in the next few weeks hope to set in stone a new pathway for communicating results.

Outcome

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Outcome measures

Outcome measures	Process measures	Balancing measures
<ul style="list-style-type: none"> • Number of patients with documentation of warfarin prescription on yellow post-it on vision. • Number of patients who have INR result communicated to them within 48hours. 	<ul style="list-style-type: none"> • Any new patients commenced on warfarin are documented as per protocol • Any new patient on warfarin is provided with information leaflet in treatment room. 	<ul style="list-style-type: none"> • That the process where by results are communicated to patients doesn't take any longer than it does at present

Next Steps

- In the next PDSA cycle I would want to evaluate how good the new system of communication is by speaking to reception staff, patients and the practice nurse.
- I would want to find out if they have found the new system more work or less work and if there are any teething problems that need sorted out.