

Warfarin Initiative for Post-Discharge Follow-Up and Management

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Collaborative Team Members

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Background / Introduction

- Warfarin management involves a multi-disciplinary approach that requires adequate communication among each discipline to improve patient safety by reducing potential adverse events.
- Patients who are discharged from a hospital with a new diagnosis requiring warfarin for anticoagulation are at especially high risk for potential safety events.
- Patients who are on warfarin require close follow-up with PT/INR checks for management and therapeutic dosing.

AIM Statement with Numerical Goals

The Aim Statement for our project was:

- To identify patients admitted to VMC inpatient rehabilitation facility (IRF) on warfarin and identify (if applicable) pre-admission warfarin management and monitoring to initiate and ensure post-discharge follow up within 10 days of discharge.
- Our goal was to increase the **percentage** of appropriate follow-up for patients discharged from IRF on warfarin within 10 days after study intervention by **15%**.

How Will We Know This Change Is An Improvement?

Performed in 2 phases:

- Phase I: Retrospectively identified all patients discharged on warfarin from October 1st, 2018 through January 31st, 2019.
 - Identify the percent of patients that had appropriate follow up for management of warfarin within 10 days of discharge from IRF.
- Phase II: Retrospectively quantified percent of patient population discharged from IRF between April 1st, 2019 and July 31st, 2019 with appropriate follow up for management of warfarin within 10 days of discharge **following implementation of admission questionnaire.**

Baseline Data

11.54- Average Days to Follow up

PT	Discharge	Follow-up	Days	Within Window
1	1/4/19	1/22/19	18	0
2	1/11/19	-	N/A	0
3	12/20/18	1/3/19	14	0
4	12/5/18	12/18/18	13	0
5	10/23/18	10/30/18	7	1
6	1/9/19	1/11/19	2	1
7	1/11/19	-	-	0
8	10/9/18	10/24/18	15	0
9	11/15/18	-	-	0
10	11/21/18	12/3/18	12	0
11	12/31/18	2/7/19	38	0
12	1/18/19	1/23/19	5	1
13	1/7/19	1/7/19	0	1
14	1/23/19	1/29/19	6	1
15	12/18/18	1/3/19	16	0
16	1/3/19	1/16/19	13	0
17	10/19/18	11/1/18	13	0
18	10/17/18	10/24/18	7	1
19	11/26/18	11/29/18	3	1
20	10/18/18	10/24/18	6	1
21	12/21/18	12/21/18	7	1
22	11/14/18	-	-	0
23	1/16/19	1/23/19	7	1
24	2/1/19	3/19/19	46	0
25	12/12/18	12/19/18	7	1
26	11/4/18	11/8/18	4	1
27	2/8/19	2/18/19	10	1
28	1/2/19	1/10/19	8	1

Improvement Strategies Employed

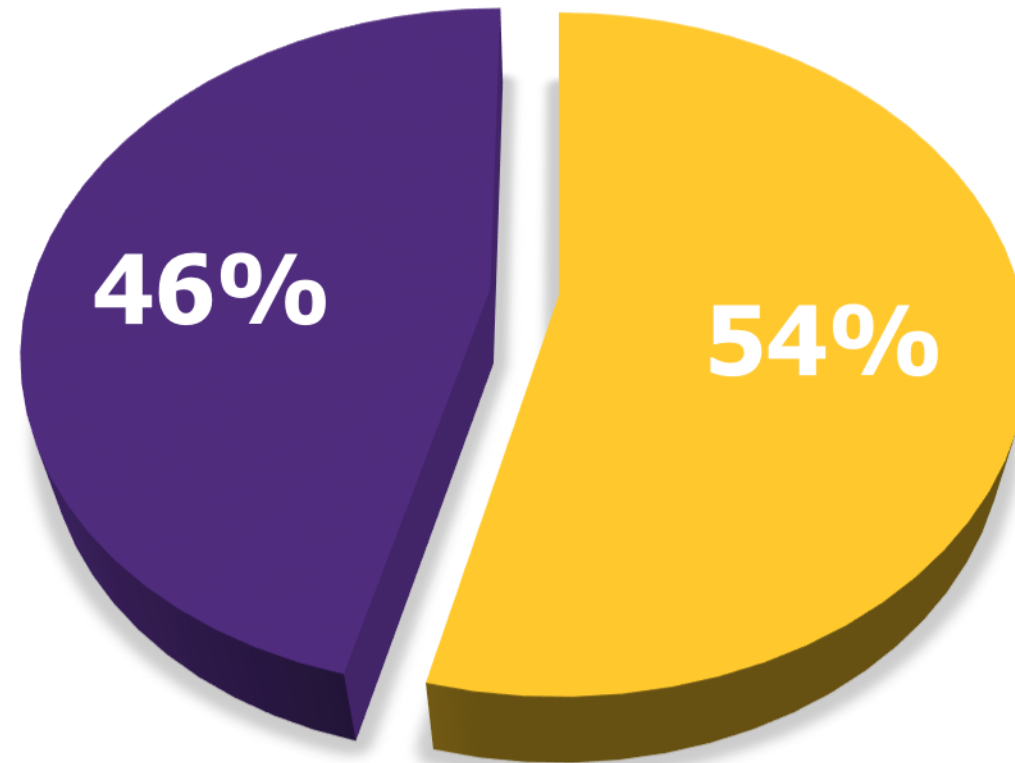
Each admitting resident was given a questionnaire/guideline during the “implementation phase”

- **Is the patient currently on warfarin?**
Yes or No
- **Does the patient currently follow up with a PCP or INR clinic?**
Yes or No
- **If NO, begin process to establish care with PCP or INR clinic to ensure follow up within 10 days of discharge for management of warfarin.**
- **Ensure PCP and/or INR clinic appointment documented on discharge summary.**

Outcomes

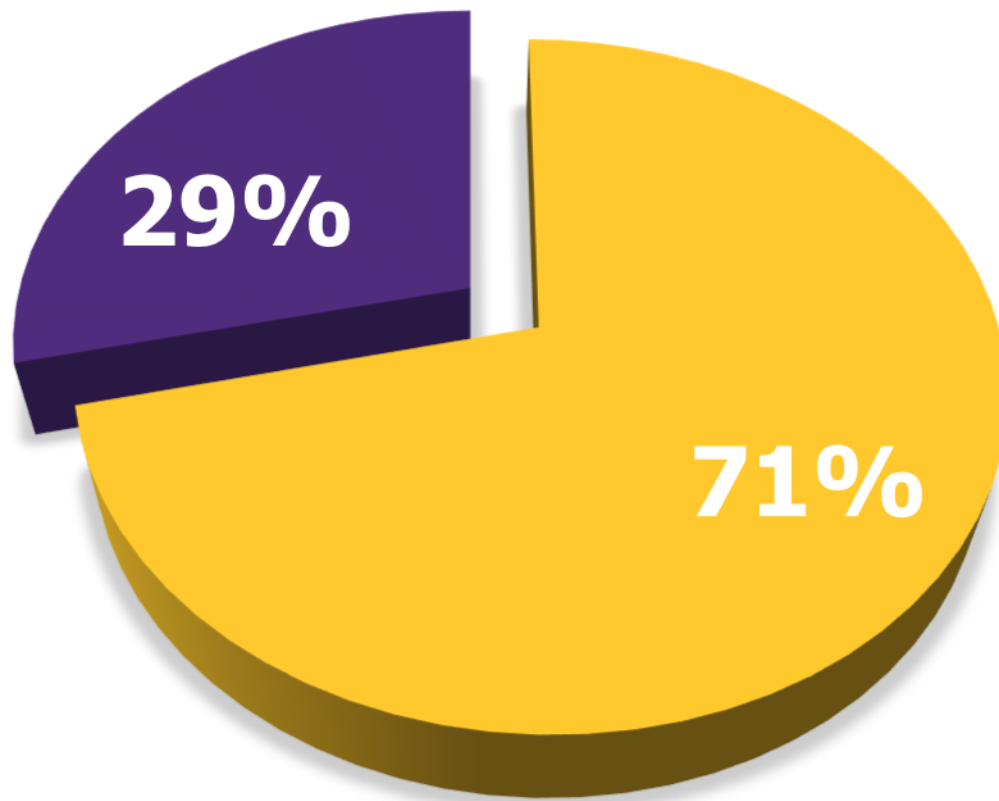
Pre-Intervention

- % With Appropriate follow up
- % With No Appropriate follow up



Outcomes

Post-Intervention



- % With Appropriate follow up
- % With No Appropriate follow up

Increase in percent of all patients discharged on warfarin with appropriate follow up within 10 days by 17.6%.

Challenges Encountered in QI Process

- Some patient follow up appointments were difficult to confirm
- Appropriate utilization of questionnaire by admitting physician

Lessons Learned Through QI Efforts

- Through utilization of the questionnaire, follow-up for management of warfarin was markedly improved.

Next Steps

- Plan to implement a “Best Practice Advisory” for IRF patient discharges who will need follow up for INR checks.
- If successful, implement BPA hospital-wide.

Questions?

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