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| **“Audit of Warfarin Monitoring in General Practice”** | | **RNZCGP**  **Audit** |
| Jan 2018 Endorsed by RNZCGP for CPD credits for a period of 5 years.  All doctors must complete the summary sheet outlining the action plan that they intend to implement based on the audit results. It does not need to be sent to the College unless the doctor is under a College audit.  Participants record completion on the **CDP/MOPS Online page**, under **the Audit of Medical Practice** section. From the drop down menu under ‘Type of activity’, please select **“Self-designed audit**” and record the audit name and number - **“Safety in Practice Audit of Warfarin Monitoring in General Practice”.**  The new system knows to allocate 10 credits. Please note that *Continuous Quality Improvement (CQI)* has been renamed by the MCNZ to *Audit of Medical Practice*.  GP’s are encouraged to discuss the outcomes of the audit with the practice. | | |
| **PREPARED BY** | Dr Lisa Eskildsen for Safety in Practice March 2018 | |
| **Background** | **AUDIT OF WARFARIN MONITORING IN GENERAL PRACTICE**  Warfarin is one of the medicines most frequently associated with adverse drug reactions in New Zealand, predominantly bleeding (1). If processes are not robust and consistently followed within practices, errors with potential harm are more likely to occur.  Warfarin management in General Practice often includes numerous members of the practice team. Effective communication between members within the team as well as with patients, along with clear agreed documentation is critical. Patients receiving regular education about safe use of their medication is also essential.  This audit looks at some of the key aspects of safe warfarin management processes within a General Practice.  Doctors and practices benefit from undertaking this audit by identifying where gaps might exist in their warfarin managment processes which could result in patient harm and therefore where they might focus effort for improvement in this area.   1. Robb G, Loe E, Maharaj A et al. Medication-related patient harm in NZ hospitals. New Zealand Medical Journal 2017;130(1460):21-32 | |
| **What indicators and criteria will the audit measure?** | The audit involves 5 specific questions to be answered for EACH test result along with overall compliance:  1. Is there evidence that the last advice on warfarin dosing given to the patient followed current local guidelines or used computer-assisted decision making?  2. Is the target INR and duration of treatment clearly documented in the notes?  3. Since the last blood test, has the patient been taking the correct dose as ordered by the treating GP?  4. Has the INR been taken within 7 days of the planned date?  5. Is it recorded that the patient has received education about warfarin in the past 12 months?  4. Overall compliance - have ALL of the measures been met? | |
| **What standard of achievement should ideally be achieved?** | The standard is that 100% of patients managed on warfarin will be compliant for each of the criteria. | |
| **Background resources relating to evidence** | See Safety in Practice change package Warfarin Monitoring | |
| **How will an individual doctor’s data be collected?** | The data is collected using a query build which identifies patients who have received a prescription for warfarin in the previous three months. Of these patients a random sample of 10 patients will be identified.  For each or these patients the audit measures are then assessed.  Results are collected in an simple "all or nothing" approach - YES NO or N/A.  So EACH of these results that apply for that patient will be checked against each criteria.  ALL measures for EVERY patient must match to a positive or N/A answer for all 5 questions to get an overall compliance for that patient. | |
| **Data analysis** | The Safety in Practice programme provides a spread sheet into which the data can be entered which automatically collates into a graph which develops as the audit is repeated each month.  For any particular month doctors can simply analyse the results as they will get a number out of 10 which were compliant on all tests, and they can easily see in which areas they were not compliant for any relevant patients. | |
| **ACT to implement change** | Doctors themselves, and also the practice team, will reflect on the results and identify where there might be gaps that could be improved in practice processes.  Practices are encouraged to discuss this together as a team and work out together what changes they will make for the following month to improve warfarin management process compliance.  Using a PDSA cycle quality improvement approach, individuals and practice teams work on the changes and for Safety in Practice would re-audit in the following month to see how the improvements have gone and what further adjustments need to be made, or what new issues have arisen.  The Safety in Practice programme supports doctors and practices to make changes by running collaborative learning sessions where doctors and teams can meet with others to share and learn from each other. Resources of ideas that other practices have tried in previous years are available. Individual support is also provided through practice facilitators through their PHO, improvement advisors through the DHB and Clinical Leadership guidance also through Safety in Practice. | |
| **Monitoring changes** | GP's and practices can monitor the progress by re-auditing each month and as they enter the information into the spreadsheet they get graphs which show the changes by each individual question as well as overall compliance. This provides easy visual information on trends. | |
| **Subsequent cycles** | This process can be repeated monthly as part of Safety in Practice or as decided by the clinician / practice. | |