Clinical Audit of Warfarin Clinic the 4th Practice
Mallow Primary Healthcare Centre, 2011-2012
Stephanie Cronin, Elaine Mulcahy, Dr David Molony, Curtis Irvine

Introduction

• Warfarin is a commonly prescribed drug with approximately 800,000 prescriptions annually in Ireland for the treatment of atrial fibrillation, pulmonary embolism, deep vein thrombosis and post-cardiac valve replacement.

• The majority of patients taking Warfarin are in the older age group for the management of Atrial Fibrillation.

• The decision to start someone on Warfarin is based on using the CHADS 2 VASC Score which calculates the risk of stroke occurring.

• Most Warfarin clinics do not monitor their overall clinic management and in the main rely on individual assessments to guide control.

Methods

• Decision to merge clinics for one system.

• Incorporate British Haematological Guidelines.

• Develop a ‘near testing’ model in keeping within the community.

• Use Laboratory quality machine.

• Use CompleteGP software linked directly to machines.

• Calculator built for calculation of Time in Therapeutic Range (TTR) using Rosendaal Method according to British Committee for Standards in Haematology.

• CompleteGP incorporated University of Michigan logarithms and calibrated against the UK Raid System.

Conclusion

• All warfarin testing moved to 4TH Practice.

• Patient education conducted with leaflets and personal explanation.

• 4 step process, lasting 3 mins.

• Near patient testing, capillary blood pipetted to warfarin machine, result automatically to CompleteGP and calculator with recommended result and label printed with each dose and next appointment date.

• Average TTR for whole clinic rose to 66.9%.

• Patient Satisfaction 70% gave 10/10.

• Single patient complaint is cost.

MPHC Dilemma 2010

• The 3 group practices joining MPHC had 3 clinics, 1 near patient testing and two taking samples and sending to laboratory with results later.

• Impossible to have level measuring system.

• Control monitored to different levels by different Computer systems.

• Large resources in staff, time, transport, clinical management were focused on this.

• TTR was 61% accurately in one clinic and taken as standard.

• Clinics with samples to hospital had 13 steps before results.

Patient Demographics

<table>
<thead>
<tr>
<th></th>
<th>01/11/12</th>
<th>264</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patients enrolled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean Age</td>
<td>71.8</td>
<td></td>
</tr>
<tr>
<td>Males / Females</td>
<td>61% / 39%</td>
<td></td>
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<tr>
<td>Average test/patient</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>Cardiac Valves</td>
<td>10%</td>
<td></td>
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<tr>
<td>DVT/PE-IHD,CVA</td>
<td>14%</td>
<td></td>
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References


Clinical Audit of Warfarin Clinic the 4th Practice, MPHC. 2011-2012

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New Warfarin Clinic

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Audit Figures

- 178 Patients enrolled 01/07/2011.
- AFIB= , Cardiac Valves= , PE/VT= 
- Number of tests done
- Average test /patient =
- Mean age =
- Gender F= M= 
- Average TTR for whole clinic rose to 66.9%.
- Patient Satisfaction 70% gave 10/10.
- Single complaint is cost