ADE Anticoagulant Safety – Top Ten Checklist

Baseline Rate: 2.5%
Goal: 2.0%

1. **Leadership:** Identify administration, quality and pharmacy leaders to champion ADE reduction strategies, including anticoagulants. Set *aims, goals and timelines* for practice changes.

2. **Prevent:** Require *baseline INR and routine monitoring* for all warfarin patients. Time warfarin doses until after the INR is available.

3. **Prevent:** Require *documentation of the INR result on the medication record* and the signature of the RN indicating that it is in range before giving medication or have pharmacist review INR before dispense.

4. **Prevent:** Have *pharmacist dose warfarin* and/or a pharmacist-run anticoagulation clinic for the hospital.

5. **Detect:** Ensure that *critical lab information is available* to those who need it and use an anticoagulation flow sheet if possible.

6. **Detect:** Instruct patients and families on symptoms to monitor for side effects and when to contact a health care provider for assistance and care.

7. **Mitigate:** Have a *reversal protocol* including Vitamin K and other factors.

8. **Mitigate:** Have an *Anticoagulation Management Team* that ensures policies are in place related to therapeutic dosing protocols, frequency of INR and patient education.

9. **Performance and evaluation:** perform *root cause analysis* based on use of reversal agents, transfer to a higher level of care or INR greater than 5. Conduct an interdisciplinary failure modes and effects analysis.

10. **Moving towards zero:** Interface EHR with laboratory systems to provide high INR alerts. Use anticoagulant dosing service or "clinic" for inpatient and outpatient settings (pharmacist or nurse driven).