

Audit of NOAC Patients Previously on Warfarin

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The anticoagulation service at North Bristol Trust covers North Bristol and South Gloucestershire and operates shared care with GPs serving 5,200 patients through a postal service.

The Trust has introduced Dabigatran, Rivaroxaban and Apixaban to the anticoagulation service, with Edoxaban coming soon.

After concerns about how GPs were transferring patients from warfarin to a NOAC, an audit was carried out to understand how many patients had been transferred to NOACs; to look at the transfer process and ensure that best practice was followed; and to feedback the results to GP surgeries in order to improve patient care. The list views in DAWN enabled all of the relevant data to be extracted from the DAWN AC system quickly and easily for the audit to take place.

Patient data was extracted from the DAWN AC system for the previous two years and showed that 3438 patients had stopped Warfarin therapy in that time for a variety of reasons. A closer look at the patients being stopped on anticoagulation therapy highlighted a number of reasons such as dementia, falls, and high INRs, that the service felt were not appropriate reasons for stopping anticoagulation in patients with AF and that these should be investigated. Letters were sent out to GPs to increase their understanding of anticoagulation therapy.

Of those patients that had stopped Warfarin, 461 had been transferred onto NOACs: 1 on Apixaban; 164 on Dabigatran; and 296 on Rivaroxaban. Further investigation highlighted inappropriate management of the transfer of patients to NOACs with GPs stopping anticoagulation therapy completely in order to transfer patients. Information is now available for all GPs on the Bristol, North Somerset and South Gloucester website outlining the process for transferring patients onto NOACs.

Further problems picked up during the audit identified that patients had been transferred onto Dabigatran and Rivaroxaban for things that the therapies were not licensed for.

It was concluded that GPs were struggling to fully understand anticoagulation therapy and the impact and specifics of NOACs meaning that there was potential for patients to come to harm.

Actions arising from these findings included consultants writing to GPs regarding heart valves; the Clinical Nurse Specialist checking all future letters from GPs; and a further formal audit including junior doctors to get a wider perspective of the understanding and use of NOACs within the Trust.

Reference to a good paper for a practical guide on the use of NOACs was made which is free to download and contains a patient alert card. www.NOACforAF.eu