

A New Patient Induction & Education Process

GLASGOW & CLYDE ANTICOAGULATION SERVICE



BACKGROUND

In 2002 Glasgow Anticoagulation Service (GAS) was established with a nurse-led multidisciplinary team and one-stop local clinics. With 2000 patients and five sites within the Glasgow territory, one using DAWN and four manual dosing, the service was fragmented with no standardisation.

In 2009 the service extended to Clyde and became the Glasgow & Clyde Anticoagulation Service (GCAS) in 2009 with specialist staff working in local hospitals; local clinics opening and the start of the home visiting service. With patient numbers at this point standing at 12,000, guidelines and policies were developed to ensure standardisation across the entire Glasgow and Clyde territory which included implementing DAWN V7 across all sites.

Currently GCAS patient numbers stand at 15,500 with 150 clinics held per week and numbers are increasing.

New patient referrals to GCAS for AF were around 15-25 per week with waiting times for induction at around 1-3 weeks, however new AF guidelines increased referral numbers substantially. After the new AF guidelines were introduced, the service began to see around 50-65 referrals for AF per week which increased waiting times to up to 9 weeks in some areas and caused a backlog of 100 patients waiting to start on Warfarin.

GROUP INDUCTION SESSIONS

GCAS's solution to this growing problem was to find a new approach to the induction process, introducing group induction sessions to the service. Evening clinic sessions began with groups of up to 30 patients and within one week the backlog had been cleared. Group induction sessions are now held weekly for around 12-16 patients per session and waiting times have reduced back to 1-3 weeks.

A new letter was sent to patients informing them that the induction session would be group rather than individual and that they could bring someone along with them. Groups of between 12-16 patients were allocated an hour and a half for the session which started with an educational talk followed by completion of patient forms and the taking of their INR. An appropriate induction protocol was also chosen.

Problems with the group inductions included timekeeping in some areas; patients who weren't fully aware of their referral and attended the induction session without realising that they were there to actually start on Warfarin;

and those who willingly shared too much personal information despite being encouraged not to by the nurses.

Despite the small number of problems faced, the group induction sessions have been well received by patients.

The sessions have proved invaluable to the service as patient numbers continue to rise, with 2722 new patients and 1377 AF referrals since January 2013. DVT and Heart Valve patients are also now included in the sessions as they are a generic induction covering Warfarin and so are suitable for these patients.

Using the DAWN AC Induction Module for all new patients enables less experienced staff to dose appropriately. In addition, the audit facilities mean that the service is able to easily demonstrate the increases in new patient numbers which helps their business case.

This case study is based on a presentation given by Anne-Marie Etherington, Glasgow & Clyde Anticoagulation Service, at a DAWN AC User Group Meeting

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