

Coded Comments – Reasons for adjusting dose

Michelle Kennedy
Practice Development Nurse



Providing Quality Care



Brief overview of Hull Anticoagulation Service:

- Nurse-led Service
- Team incorporates RGN's, HCA's & Admin staff, AF Nurse Specialists
- GPwSi for complex dosing

- 3500+ patients managed within the service
- 7 day a week 365 days per week
- City wide clinics/home visits
- Referrals taken from GP's, Acute Trust
DVT Service

Contacts include:

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- AF initiation/general initiation
- Routine follow up
- Endoscopy/pre-operative pathways
- Misc. e.g. prior to dental extractions, cardioversion etc.



DAWN AC = a 'decision support package'

- Offers dosing/follow-up interval guidance
- Allows the user to use clinical judgement to adjust the suggested dose/follow-up interval if deemed necessary

An interesting debate:

What constitutes a valid reason to adjust the dose/follow-up offered by DAWN?

Evidence?

Literature Search =

- Substantial evidence available to demonstrate the safety & effectiveness of computer assisted dosing
- Minimal evidence available offering insight into clinicians decisions to adjust suggested dose

Audit undertaken:

- Brainstorming session with staff to identify common reasons for adjusting DAWN dose/follow up interval suggestion.
- Codes allocated to common reasons
- Codes set up on DAWN
- Staff educated to use codes in practice

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What did we find?

- 5215 total contacts
- At least 1649 dose/follow-up suggestions were adjusted (32%)



Main reasons identified:

- No dose/follow up interval suggested = 1358 (82%)
- Lifestyle change/medication change/patient missed dose(s) = 14 (1%)

- Dose deemed to be increased too aggressively = 30 (2%)
- Dose deemed to be decreased too aggressively = 55 (3%)
- Follow-up deemed too short = 98 (6%)
- Follow-up deemed too long = 79 (5%)
- Dawn does not suggest miss a dose when miss a dose is required = 18 (1%)

Issues identified:

- Clinicians had to 'adjust' dose/follow-up interval most often when DAWN did not suggest a dose/follow-up.
- Clinicians adjusted dose/follow-up interval for evidenced reasons only 1% of the time.
- 17% of adjustments require further investigation into what staff are basing these adjustment decisions on

Areas addressed:

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- With the support of Louise (at DAWN) we have identified the major reasons DAWN was not able to offer a dose/follow-up interval and a DAWN update has been implemented to resolve this issue.

Future plans:

- To investigate what staff are basing adjustment to dose/follow-up decisions on where evidence is not available to underpin.
- To re-audit to establish if the changes implemented in the DAWN update have reduced the number of 'no suggestions.'

Lessons learnt:

- To listen to the voices of staff!
- To look for evidence to support/disprove what staff believe.
- To regularly review dosing decisions made by clinicians to ensure they are based on evidence/correct clinical judgement.
- To ensure support/education is in place to underpin this

- To ensure clinicians are involved and understand future developments with DAWN.
- To develop & maintain strong links with relevant personnel e.g. at DAWN.

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Any questions?