



# LEIGHTON HOSPITAL, CREWE

---



# Core competencies for delivering a quality AC service

---

- By
- Julie Salisbury
- Anticoagulation Practitioner
- Leighton Hospital, Crewe



## Areas of Service to be discussed.

---

- Staff
- Patients
- Resources
- Technology
- Benchmarking
- New Oral Anticoagulants



## INTRODUCTION

- Leighton Hospital is a medium sized District General Hospital, serving a population of 3000,00
- 
- Foundation Trust Status April 2008
  - Employs 3,200 staff and has approx 540 beds
  - Covers quite a large area, rural and urban, Crewe being the largest town
  - Small % ethnic minority patients, mostly Polish
  - Pathology services is linked with Macclesfield and Anticoag Service manages treatment for 3,700 patients from Crewe and 3,300 from Macclesfield.



# Staff

---

- Ideally establish a dedicated team who have gone through a thorough training programme and then gained experience over time.
- Patients prefer to see same team.
- Nurses, Biomedical Scientists, Pharmacists – who is best ?
  - all of them as long as they have been well trained !
- Audit staff performance regularly
- Case studies - Review and discuss
- “INR Wobblers” dosed by Senior Staff
  - twice weekly testing, self testers



# Patients

---

- Education is the key!
- All of our new patients have a 30 minute appointment during which they are told about their anticoagulation treatment plan and given information booklets.
- Not only does this session give information to the patient it allows us to assess that individual for any potential problems with compliance.
- We tailor the information to the individual – huge variation in how much people want to know about their treatment.
- Ask patients if they have any questions at each clinic session, allow time for this, or have option for patients to list questions for you to follow up after clinic.
- Limit number of patients seen at clinic to 16 per hour



# Compliance Issues

---

- Forgetting tablets
- Running out of tablets
- Lifestyle issues
- DNAs – reason ? -
  - Transport problems
  - Forgetting – is this a 'one off'?
  - Deteriorating physical health



# Technology

---

- Wet/dry technology?

- what suits your service best?

- Limiting Factors

- cost
- level of technical expertise
- time
- location of clinics





# Benchmarking Joined scheme in 2004

---

Enables you to compare your results against other specific providers and highlights areas which needed addressing

April 2004

Position 64 / 74

July 2012

Position 8 / 102

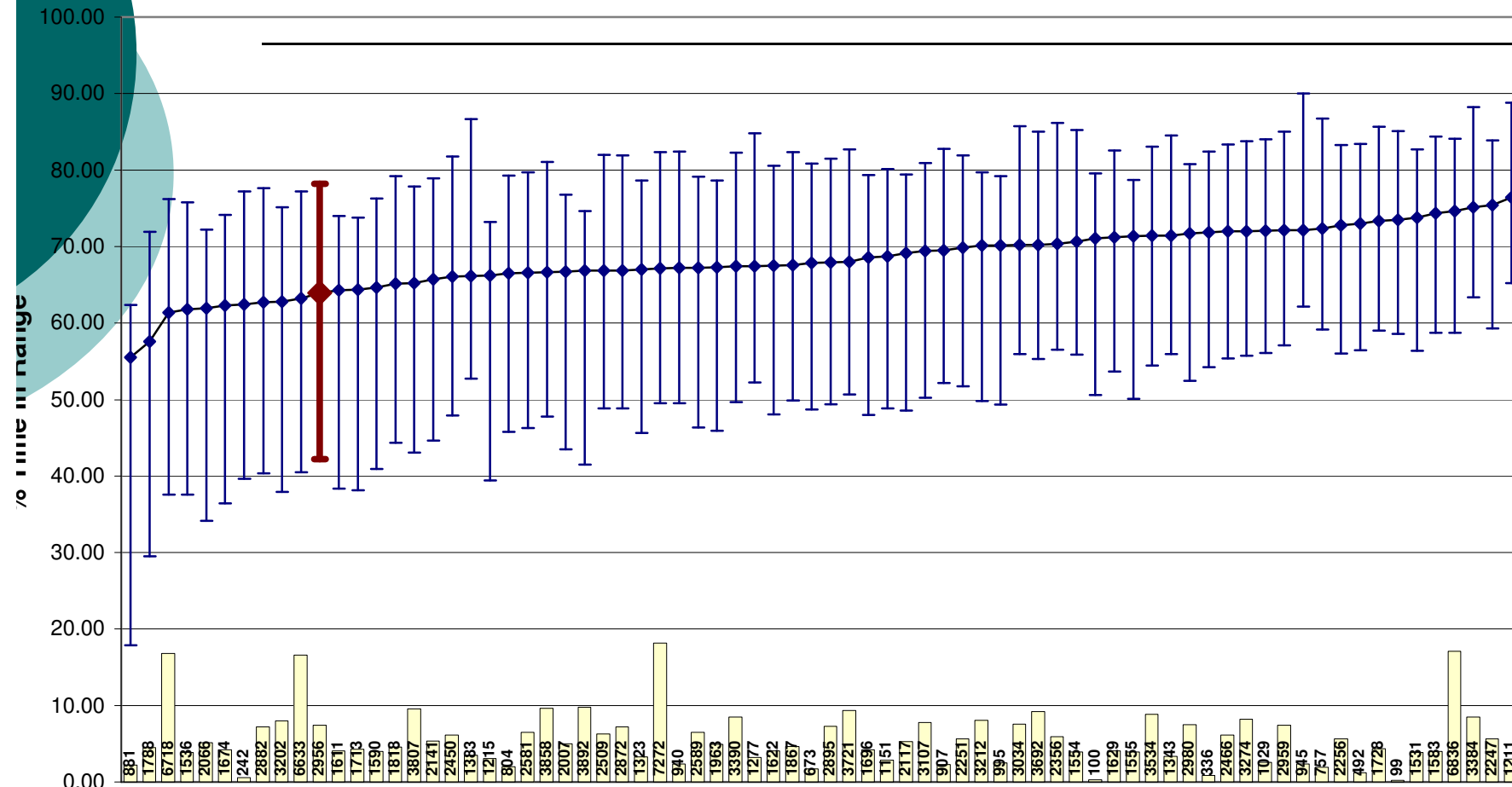
Wet technology:

Instrument using reagent which had to be prepared daily. Measured amount of blood added to reagent.

Dry technology:

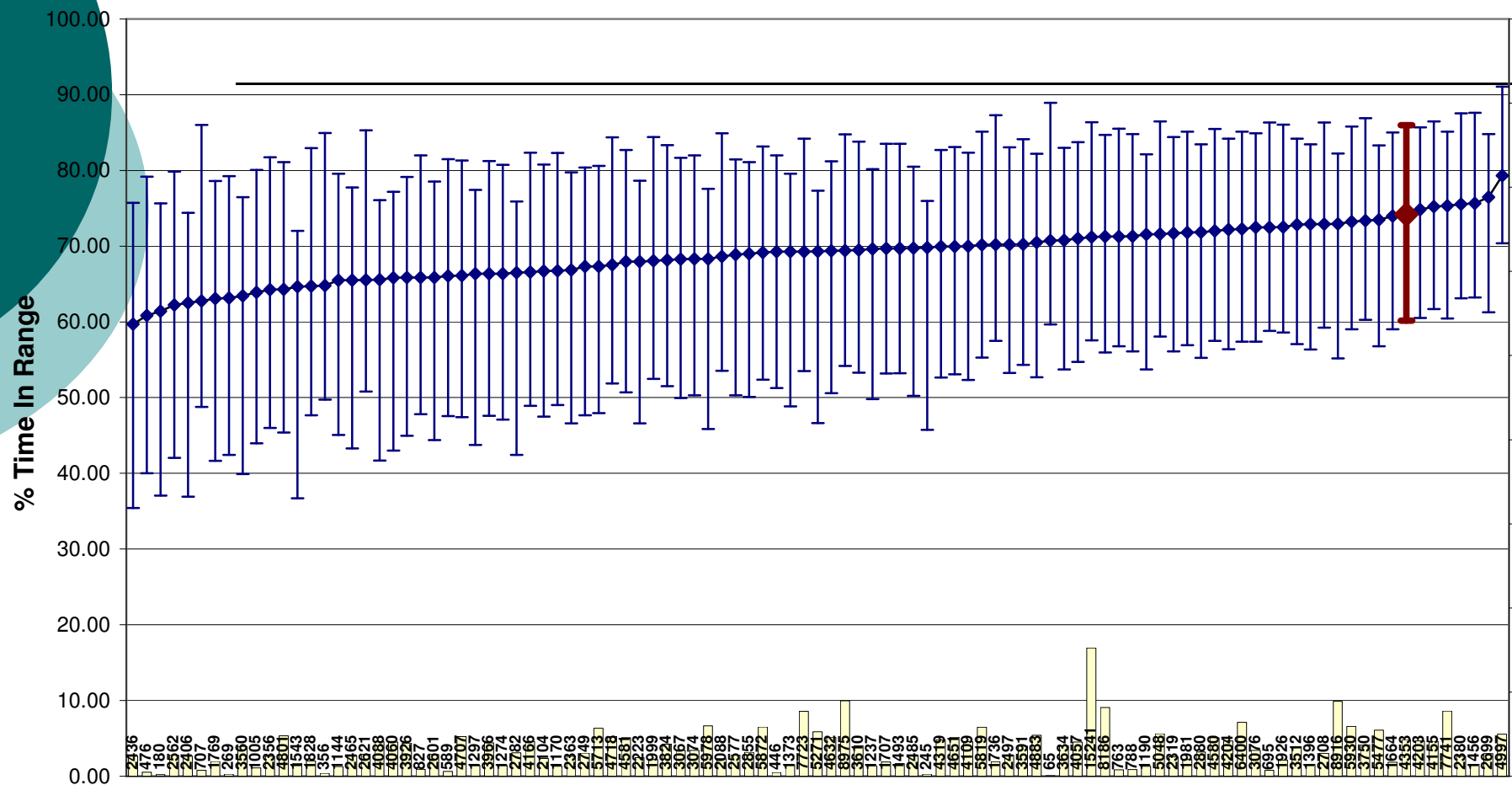
Instrument with test strip to which a drop of blood is added.

## % Time In Range Comparison for April 2004 Run, Site 84 and All Ranges



This chart shows the time in range for all sites in ascending order.  
 The bar below the line shows the time below range; the bar above the line shows the time above range.  
 Your site is highlighted in red. The numbers of patients for each site are shown at the bottom of the chart.

## % Time In Range Comparison for April 2012 Run, Site 84 and All Ranges



This chart shows the time in range for all sites in ascending order.  
 The bar below the line shows the time below range; the bar above the line shows the time above range.  
 Your site is highlighted in red. The numbers of patients for each site are shown at the bottom of the chart.



# Benefits

---

- Helps highlight areas of service which need to be improved.
- Whilst services vary in what they provide and who they serve you need to be sure that you are performing satisfactorily.
- Provides information to our GPs who commission the service, TTR, % INRs  $> 5$  and  $< 1.3$
- Allows you to examine certain areas eg: Audit individual BMS staff to see how much variation there is between % manual interventions for dosing, time intervals between tests.



## Resources

---

- Money available !
- Remember Anticoagulation is the second most litigious area of healthcare
  - **Powerful Statement**



# New Oral Anticoagulants

---

- Will you use them?
- Can you afford them?
- We are looking to use the new drugs for selected patients:
- $TTR < 65\%$  over last 6 – 12 months
- $2 \times INR > 5$  ?



# Good starting point:

Consider individual patients –

---

- Why low TTR?
  - is it a transient problem or ongoing?
  - compliance? If not compliant with warfarin are they going to be compliant with new drug?
  - health or lifestyle issue?
  - easy to tell if warfarin being missed, but not with new drugs.
- Patient choice
- Allergy/intolerance to warfarin
- Benefits of swapping poorly controlled warfarin patients –
  - safer for patients
  - frees up clinic space
  - use DAWN report