PATIENT QUESTIONNAIRES IN REFERRAL AND REVIEW PROCESSING

AMANDA POINTON

ANTICOAGULATION MANAGER

STAFFORDSHIRE THROMBOSIS

ANTICOAGULATION CENTRE (STAC)

BACKGROUND

- STAC is a comprehensive anticoagulation and DVT diagnosis centre based at the Royal Stoke University Hospital
- Manages over 8000 patients on Anticoagulation
- Offer Inpatient, Outpatient and Community anticoagulation services
- Comprehensive review process
- Thrombosis and anticoagulation MDT
- DOAC and complex thrombosis clinic

REFERRAL PROCESS pre

Questionnaire

- A paper/fax/email referral was received
- Patient is entered onto DAWN
- STAC form completed
- STAC form approved by Nurse Prescriber or Consultant, scanned in DAWN, entered onto a separate database
- Drowning in paper, duplicating work, difficult with office in a different location, delay in approval
- Lead to delay in patient being given an appointment
- In conjunction with DAWN developed a questionnaire to streamline the referral process

NEW PATIENT QUESTIONNAIRE (NPQ)

- The paper STAC form was incorporated into a questionnaire on DAWN from January 2017
- For each new referral we receive we generate a NPQ in questionnaires on DAWN
- Depending on diagnosis different boxes will open on questionnaire
- Venous Thromboembolism
- AF
- Mechanical Heart Valve

Questionnaire (Pointon Amanda # / 123456789) - New record

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STAFFORDSHIRE THROMBOSIS & ANTICOAGULATION CENTRE

NEW REFERRAL FOR ANTICOAGULATION

RefDate	Ref Dr	GP/Cons	RefLoc	
Diagnosis	Venous Thromboembolism	O Atrial Fibrillation O Mechanical Heart Va	live Other	
		Venous Thromboembolism	2	-
Select	Site/Provocation	Target	Duration	MDT Referral
0	First Provoked Proximal DVT/PE	2.5	3 months	
0	First Unprovoked DVT/PE	2.5	3 months (consider long- term)	required
0	Recurrent VTE (not on anticoagulation)	2.5	consider long-term	required
0	Recurrent VTE (on therapeutic anticoagulation)	3.5	long-term	required
0	Distal DVT	2.5	3 months	
0	Cancer Associated VTE	Dalteparin preferred		
O Unusual site thrombosis		Provide dinical details; individualised treatment		required
0	Others	Specify; individualised treatment plan		
	Releva	antclinical information (including co-morbiditie	es)	
				Ç
		Potential Problems		
	ol or drug abuse	District nurse or transport for blood tests	Dosette box or problems w administration	ith self-

🥝 4S Dawn Clinical Software & Internet Applications UHNM IM&T Department								
Questionnaire (Pointon Amanda # / 123456789) - New record								
	Indication for continuing antiplatelets							
	Comments							
	Show Indications							
Contraindications and Risks								
No contraindication to anticoagulation Show list Comments								
	^							
	V I							
Recommended Treatment Plan								
	2 : 12 · 1 · 1 · (DIF)							
Treatment Plan Date 13/09/2017 Approved by (prescriber only):	Reviewed By: Amanda Pointon (BMS)							
0								
O Warfarin O Directoral anticoagulant O Dalter	parin O No Anticoagulation							
Prescriber instructions / follow-up advice								
Prescriber insulcations / whow up advice								
	Y							
End date of anticoagulation:								
-								
	ew date ○ 3 mo ○ 6 mo ● 12 mo ○ None							
13/09/2018								
Recommendation for GP								
The state of the s								
	^							
Print GP and Patient Letter Plead test prior to review								
Print GP and Patient Letter □ Blood test prior to review □								
Print GP and Patient Letter □ Blood test prior to review □								

Questionnaire (Pointon Amanda # /

123456789) - New record

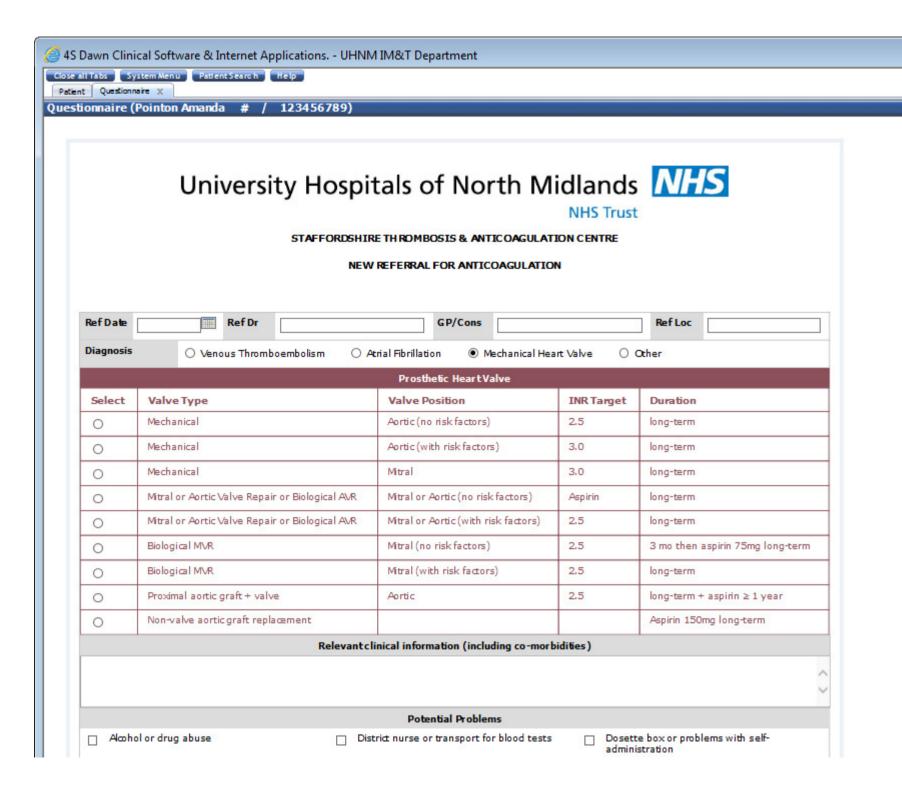
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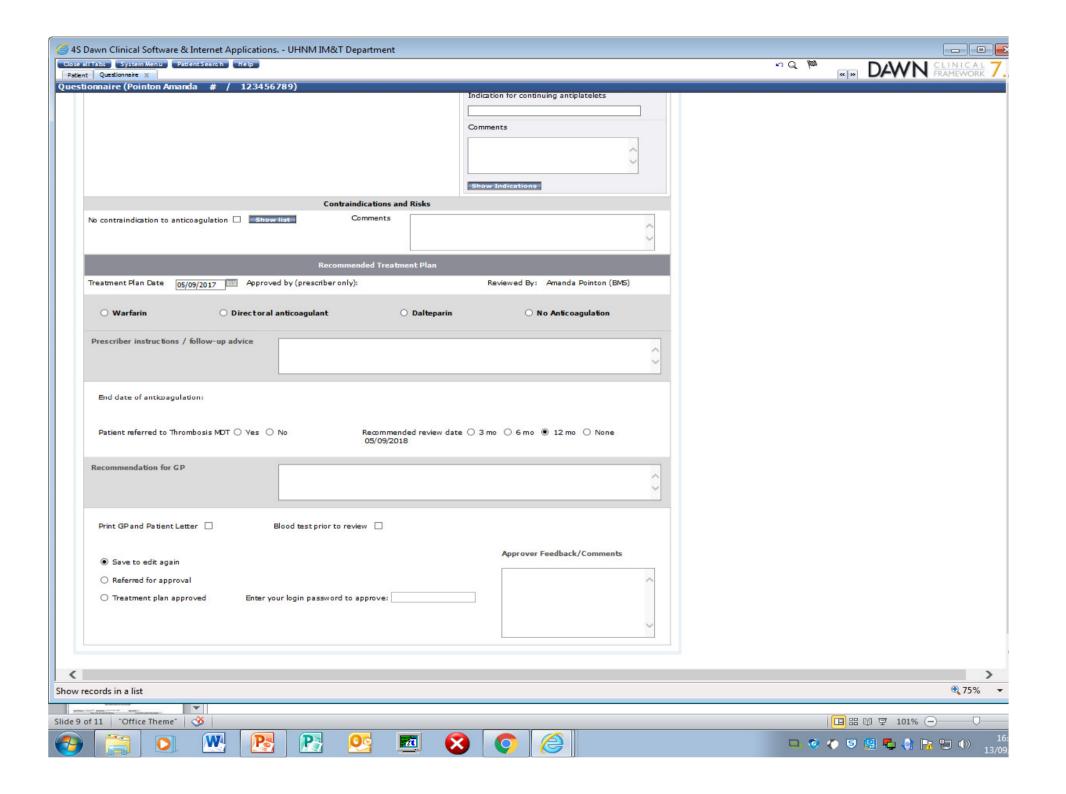
STAFFORDSHIRE THROMBOSIS & ANTICOAGULATION CENTRE

NEW REFERRAL FOR ANTICOAGULATION

Ref Date	Ref Dr	GP/Cons Ref Loc		
Diagnosis	○ Venous Thromboembolism ● Atrial Fibrillatio	n O Mechanical Heart Valve O Other		
	- Abria	l Fibrillation		
	CHADSVASc Score	HASBLED Score		
Age	○ <65 ○ 65-74 ○ ≥75	Hypertension (uncontrolled > 160mmHg sys)		
Sex	○ F ○ M	Renal Disease (dialysis, transplant, cr > 200µmol/L)		
Congestive Heart F	Failure	Liver Disease (cirrhosis, bil>2XN, ALT/ST/ALPX3N)		
Hypertension		Stroke History		
Stroke/TIA/Thromb	oembolism 🗆	Prior Major Bleeding or disposition		
Vascular Disease		Age > 65		
Diabetes		Labile INR (TTR <60%)		
		Medication Predisposing to Bleed		
		Alcohol (>8 units/wk)		
Total CHADSVASc	. 0	Total HASBLED 0		
	Relevant clinical informa	ation (including co-morbidities)		

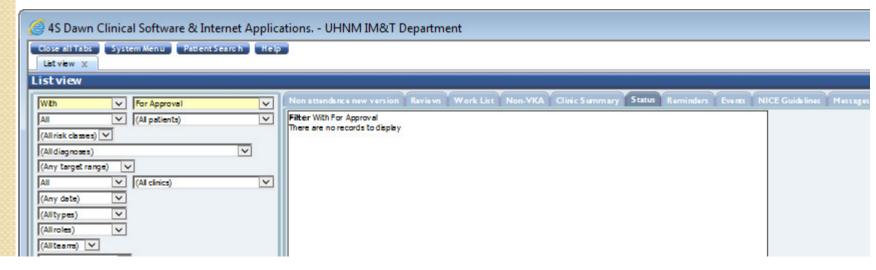


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NPQ

- Once the Anticoagulation Nurse has completed the NPQ they tick the referred for approval tab on the NPQ
- The Haematology Consultant or Registrar works through the status tab in DAWN



FOLLOWING NPQ APPROVAL

- The Nursing team work through in list view status tab
- Select New referral approved (created in last 7 days)
- Add any comments or make amendments to treatment plan depending on approver comments
- Generate a letter in DAWN 'New referral Approved Letter', this imports all the data off the NPQ, a copy to the patient and GP.
- DAWN have developed a report in DAWN which collates all the information on the NPQ this can then be imported into an Excel spread sheet for data analysis

FOLLOW UP REVIEWS

- New development; Performing an anticoagulation review, as per NICE recommendation, for over 6000 patients
- GPS remain responsible for approximately 2000 patients
- Worked with DAWN to develop a questionnaire template to aid and document the process
- Telephone review for the majority of patients
- Face to face review available for patients

SCHEDULING THE TELEPHONE REVIEW

- Clerical team schedule the telephone reviews; working through the review tab in DAWN; all patients with a follow up review due in next 4 weeks
- Send a letter to the patient with a blood test form; FBC, LFT and CRE, and date and 3 hour time window for the telephone review
- A letter also goes to the patients GP requesting an up to date list of medication and Co-Morbidities to sent to us.
- Change the follow up review in DAWN to Telephone Annual review AM or PM and review date for the date that this review is scheduled for.

CHECKS BEFORE THE TELEPHONE REVIEW

- One week before the telephone review; clerical team check the patient has had their bloods done and updates DAWN with drugs and Co-Morbidities from the GP.
- Open up the Follow up Review Questionnaire in DAWN; this will import any drugs and comorbidities directly into the questionnaire
- Few days before the review the Nursing team input the blood results onto the follow up review questionnaire

ON THE DAY OF THE REVIEW

- Anticoagulation Nurse Specialist (ANS)
 works through the list view review tab for
 Telephone Annual reviews due on that day
- ANS pulls up the follow up review in questionnairre tab





STAFFORDSHIRE THROMBOSIS & ANTICOAGULATION CENTRE

ANTICOAGULATION FOLLOW UP REVIEW

Date Of Review 05/09/201	7 Reviewed By:	manda Pointon (BMS)	Арр	roved By:	
P	lease check and confirm the	Current (last 6 months) Anticoagulation performance			
Indication for Anticoagulation	(None selected)	No Bleeding Problems		Stats last calculated: 11/09/2	017 13:42
Current Therapy	(None selected)	No Thrombotic Problem	s 🗆	TTIR%	100%
Intensity of Therapy		No Other Side Effects		Number of INRs between	5-8 0
	(None selected)			Number of INRs > 8	0
Dose		No Social Issues/Compliance		Number of INRs < 1.5	0
Duration of Therapy	(None selected)	Dietary/Alcohol Intake		Bleeding Events / Vit K re	ported 0
Anticoagulant Therapy Appropriate	○ Yes ○ No ○ Referre	d to MDT			
Patient satisfied with current therapy	○ Yes ○ No				
Comments	5		^		
			~		
If the	re any issues please specify	Comorbidities			
			^		
					ĺ
			~		`
	Medications (please indic	ate)		Renal Function (Non	e selected)
Change in Medical History	Other Cur	Other Current Medication		Recent Investigations	
List of current med	dications. Please enter any cl	nange in medication below			(
				Next Review Date	05/09/2018
			^	MDT Referral	EIIK!
				Review in STAC Clinic	
			~		

TO CONCLUDE

- By working closely with DAWN to develop these 2 bespoke questionnaires it has enabled streamlining of the process, making them safe and auditable
- DAWN have developed reports which collates all the information from the NPQ and follow up review; these can then be imported into an Excel spreadsheet for data analysis
- We have performed 8270 Follow up reviews since the questionnaires where introduced in July 2016 and 762 New Patient Questionnaires since Jan 2017
- We recommend a change in anticoagulation for approx. 20% of our patients
- We no longer use the term annual review; over 50% of our patients are reviewed more frequently

FUTURE DEVELOPMENTS

- Working with DAWN and hospital IT to interface the letters we generate from DAWN following the questionnaires to go onto our hospital system; which will enable these letters to be viewed by other clinicians and also the GP would have these letters electronically instead of paper copy.
- THANK YOU and any questions?