RN Managed Warfarin Therapy Improves Patient Outcomes

Beth Ormsby  
*Rochester Regional Health*, Beth.Ormsby@rochesterregional.org

Stacee Marvin  
*Rochester Regional Health*, Stacee.Marvin@rochesterregional.org

Viktoria Leblanc  
*Rochester Regional Health*, Viktoria.LeBlanc@rochesterregional.org

Ashley Harris  
*Rochester Regional Health*, Ashley.Harris@rochesterregional.org

Follow this and additional works at: [https://scholar.rochesterregional.org/nursingresearchday](https://scholar.rochesterregional.org/nursingresearchday)

Part of the Medical Education Commons, and the Nursing Commons

**Recommended Citation**

Ormsby, Beth; Marvin, Stacee; Leblanc, Viktoria; and Harris, Ashley, "RN Managed Warfarin Therapy Improves Patient Outcomes" (2022). *Nursing Research and EBP Day 2022*. 6.  
[https://scholar.rochesterregional.org/nursingresearchday/6](https://scholar.rochesterregional.org/nursingresearchday/6)

This Poster is brought to you for free and open access by the Nursing Research and EBP at RocScholar. It has been accepted for inclusion in Nursing Research and EBP Day 2022 by an authorized administrator of RocScholar. For more information, please contact Lisa.Buda@rochesterregional.org.
RN Managed Warfarin Therapy Improves Patient Outcomes

Beth Ormsby MS, RN IV; Stacee Marvin RN; Viktoria Leblanc BS, RN IV; Ashley Harris MS, RN III

Background
Warfarin is an oral anticoagulant with a narrow therapeutic range and must be carefully managed to avoid serious complications. Therapeutic effect is determined using a blood test – International Normalized Ratio (INR).
- Time In Therapeutic Range (TTR) should be 60 – 70% or higher
- Medication interactions, diet changes and overall health may affect how a patient responds to warfarin
- Routine monitoring of INR and warfarin dose adjustments reduce risks of bleeding, hemorrhagic stroke and death
- Consistent dose adjustment and INR testing contribute to TTR

Purpose
The purpose of this study was to determine if an algorithm based approach to warfarin management by a consistent team of RN’s would improve TTR and outcomes.

Sample/Setting
Group One – 118 patients at a Geriatric Practice
Group Two – 88 patients at a Federally Qualified Health Center

RN Managed Anticoagulation Program
- Warfarin dosing algorithm developed from ACCP guidelines
- RN training on warfarin management, workflow and application of the dosing algorithm
- Designated RN at each site manages warfarin patients
- Provider orders to initiate RN Managed Anticoagulation
- RN provides patient follow up including dosing instructions, INR draw date and patient education on medication management

Results
Group One (118 Patients)
Average TTR = 59.07% pre
Average TTR = 65.58% post
Overall improvement: 6.51%

Group Two (88 Patients)
Average TTR = 57.47% pre
Average TTR = 67.47% post
Overall improvement: 10%

Additional Findings
- Longer testing intervals for some patients
- Fewer resources required for testing (home draw, provider time)
- Improved patient satisfaction, testing compliance with INR self testing
- Additional practices transitioned to RN Managed Anticoagulation

References

Primary Care & Ambulatory Specialty Institute
ROCHESTER REGIONAL HEALTH