RN Managed Warfarin Therapy Improves Patient Outcomes

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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