

Background

• Warfarin is one of the most common medications

Statistical Analyses

Table 1. Study Variables by Intervention Period for Independent Samples

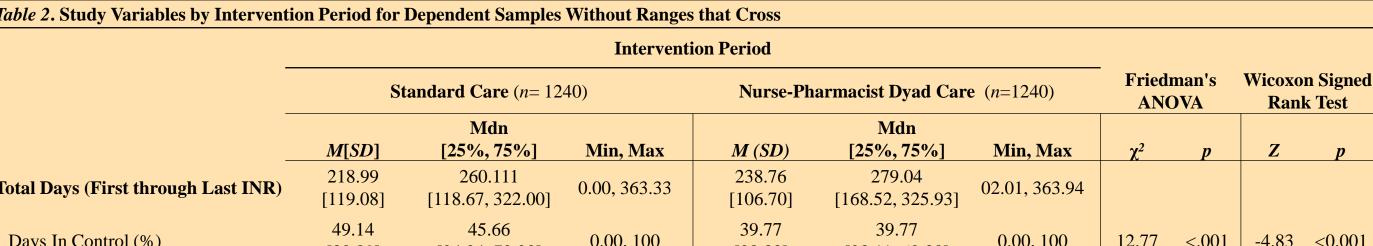
Methods

• A retrospective cohort study was used to extract medical record

implicated in hospitalizations of the elderly. There are approximately 100,000 emergency hospitalizations each year as a result of adverse drug events from warfarin. Half of these admissions are for patients over the age of 80.¹

- Warfarin presents significant risks due to the small therapeutic range for this drug to be effective. Subtherapeutic levels can result in a deep vein thrombosis (DVT), pulmonary emboli (PE), or stroke.
 Supratherapeutic levels can cause a cerebral bleed or even death.
- There are many potential factors that affect the blood levels of warfarin therapy. These factors include diet, co-morbid conditions, adherence to medication schedule and obesity.²
- It is unknown whether an nurse-pharmacist managed anticoagulation clinic (AC) will improve outcomes for patients receiving long term anticoagulation therapy in the outpatient setting.

	Intervention Period										
_	Standard Care (<i>n</i> = 1046)			Nurse-Pharmacist Dyad Care (<i>n</i> =1685)				- Median Difference Analysis		Mann-Whitney U Analysis	
	M[SD]	Mdn [25%, 75%]	Min, Max	M (SD)	Mdn [25%, 75%]	Min, Max	γ^2	р	Z	р	
Total Days (First through Last INR)	107.80 [100.12]	70.03 [21.37, 183.40]	0.16, 362.32	145.91 [108.10]	133.92 [38.86, 247.02]	0.00, 364.16		<u> </u>			
Days In Control (%)	33.86 [33.40]	20.60 [6.55, 52.69]	0.00, 100	44.99 [33.48]	38.52 [15.67, 70.72]	0.00, 100	91.96	<.001	9.53	<0.001	
Days Out of Control (%)	33.19 [28.84]	27.30 [5.47, 55.33]	0.00, 99.03	24.97 [25.90]	17.49 [00.88, 40.06]	0.00, 100					
Days Not Included (%)	32.94 [27.52]	27.73 [8.79, 51.54]	0.00, 98.69	30.04 [23.45]	28.06 [10.06, 45.27]	0.00, 98.71					
First In Control Range											
Days Until First In Control Range	24.74 [48.67]	3.52 [0.00, 26.40]	0.00, 330.74	23.22 [45.31]	1.76 [0.00, 24.67]	0.00, 322.84	3.93	0.047	-1.57	0.117	
Days Within 1st In Control Range	17.93 [33.15]	3.52 [1.05, 21.02]	0.01, 279.99	34.44 [50.01]	14.09 [2.08, 42.00]	0.00, 356.47	127.50	<.001	11.19	<0.001	
Total Ranges	3.95 [3.06]	3.00 [2.00, 5.00]	1.00, 30.00	3.77 [2.68]	3.00 [2.00, 5.00]	1.00, 20.00					
Ranges In Control (%)	53.33 [23.68]	50.00 [33.33, 61.78]	10.00, 100.00	60.21 [25.72]	50.00 [40.00, 80.00]	14.28, 100.00	55.58	<.001	7.08	<.001	
Ranges Out of Control (%)	46.67 [23.68]	50.00 [38.22, 66.67]	0.00, 90.00	39.79 [25.72]	50.00 [20.00, 60.00]	0.00, 85.71					
Total Tests	15.85 [15.56]	11.50 [7.00, 19.00]	2.00, 153.00	14.29 [11.96]	11.00 [6.00, 18.00]	2.00, 87.00					
Tests In Control (%)	47.91 [28.36]	40.00 [25.00, 64.28]	4.17, 100	57.70 [30.09]	52.00 [32.00, 87.88]	4.17, 100	70.66	<.001	8.35	<.001	
Tests Out of Control (%)	52.09 [28.36]	60.00 [35.71, 75.00]	0.00, 95.83	42.30 [30.09]	48.00 [12.12, 68.00]	0.00, 95.83					
Tests Not Included (%)	19.46 [17.15]	15.79 [6.67, 28.57]	00.00, 85.00	22.42 [17.35]	20.00 [10.00, 33.33]	-75.00, 87.00					



data from patient (N=???) EMR's between April 2012 and April 2014. Patient demographic (age and gender) and quality measures for anticoagulation therapy were analyzed (time and percent in therapeutic range (TTR).

Three comparison groups: 1) Independent samples consisting of patients with INR results for only the standard care period (n=1046) or the nurse-pharmacist dyad (n=1685); 2) Dependent samples (N = 1240) including patients with INRs in both study periods without ranges crossing between periods; and 3) Dependent samples (N = 1037) including patients with INRs in both study periods with ranges crossing between periods.

• Sample: Female/Male: 44.8%/55.2%; *Median* age 72.30 years (*SD*=12.36) at start of study, (*Range*=19.0 to 106 years).

 Median and Mann-Whitney U tests were conducted on the independent samples to compare for differences in medians and distributions, respectively. Friedman's Analysis of Variance (ANOVA) and Wilcoxon Signed Rank tests were used to compare dependent samples for differences in medians and distributions,

Significance

- Warfarin therapy is challenging due to the narrow therapeutic window in order to keep the patients in therapeutic range.³ Subtherapeutic values can cause the patient to develop DVT's and PE's, supratherapeutic and the patient may experience a cerebral hemorrhage.
- Evidence-based anticoagulation therapy protocol
 implementation has been shown to improve the TTR
 for the patients and reduce their potential for adverse
 events.⁴
- This project is an opportunity to improve the anticoagulation therapy management by enhancing

Days In Control (%)	49.14 [30.89]	45.66 [24.24, 72.20]	0.00, 100	39.77 [28.33]	39.77 [23.11, 62.38]	0.00, 100	12.77	<.001	-4.83	< 0.00
Days Out of Control (%)	16.73 [19.30]	10.22 [0.00, 25.07]	0.00, 97.25	18.79 [19.02]	14.22 [02.95, 28.12]	0.00, 95.39				
Days Not Included (%)	34.13 [23.94]	33.77 [16.47, 49.15]	0.00, 99.00	36.71 [21.55]	37.60 [21.88, 50.87]	0.00, 99.00				
First In Control Range										
Days Until First In Control Range	23.33 [50.25]	0.00 [0.00, 21.00]	0.00, 315.87	28.65 [52.43]	0.00 [0.00, 37.12]	0.00, 343.88	13.2	<0.001	3.89	<0.00
Days Within 1st In Control Range	52.29 [66.61]	28.04 [6.99, 69.02]	0.00, 350.09	51.98 [61.67]	29.25 [13.96, 63.05]	0.00, 353.29	1.78	0.182	0.98	0.327
Total Ranges	4.08 [2.95]	3.00 [2.00, 5.00]	1.00, 26.00	4.65 [3.26]	4.00 [3.00, 6.00]	1.00, 32.00				
Ranges In Control (%)	64.28 [24.86]	60.00 [50.00, 100.00]	16.67, 100.00	59.98 [23.76]	53.33 [41.67, 75.00]	12.50, 100.00	11.19	<.001	-4.72	<.002
Ranges Out of Control (%)	35.72 [24.86]	40.00 [00.00, 50.00]	0.00, 83.00	46.67 [23.76]	46.67 [25.00, 58.33]	0.00, 87.50				
Total Tests	14.72 [13.22]	12.00 [8.00, 17.00]	2.00, 183.00	16.47 [13.62]	13.00 [9.00, 19.00]	2.00, 162.00				
Tests In Control (%)	64.14 [27.81]	63.64 [40.70, 100.00]	6.67, 100.00	59.76 [26.87]	57.14 [38.89, 81.82]	6.45, 100.00	24.13	<.001	-4.68	<.00
Tests Out of Control (%)	35.86 [27.81]	36.36 [00.00, 59.30]	0.00, 93.33	42.86 [26.87]	42.86 [18.18, 61.11]	0.00, 93.54				
Tests Not Included (%)	22.79 [15.75]	21.05 [11.76, 31.25]	0.00, 82.00	24.68 [15.07]	22.22 [14.29, 33.33]	0.00, 85.00				

			Interventio	on Period						
	Standard Care (n=1037)			Nurse-Pharmacist Dyad Care (n=1037)			– Friedman's ANOVA		Wicoxon Signe Rank Test	
	M[SD]	Mdn [25%, 75%]	Min, Max	M (SD)	Mdn [25%, 75%]	Min, Max	χ^2	р	Z	р
Total Days (First through Last INR)	223.31 [84.82]	242.91 [174.88, 293.00]	0.92, 356.87	224.99 [86.36]	243.99 [169.15, 294.30]	1.95, 363.97				
Days In Control (%)	50.21 [28.01]	47.84 [28.46, 70.54]	0.11, 100	48.22 [27.02]	45.13 [26.90, 68.16]	0.19, 100	5.54	0.019	-2.06	0.04
Days Out of Control (%)	17.01 [18.22]	12.35 [1.17, 12.35]	0.00, 96.41	17.68 [16.94]	14.47 [03.14, 26.97]	0.00, 88.95				
Days Not Included (%)	32.78 [19.99]	32.78 [18.59, 46.65]	0.00, 96.00	34.10 [19.90]	34.65 [20.45, 47.85]	0.00, 97.00				
First In Control Range										
Days Until First In Control Range	19.94 [41.42]	0.00 [0.00, 21.05]	0.00, 308.72	26.18 [45.02]	0.00 [0.00, 36.86]	0.00, 283.91	10.65	<.001	4.02	<.001
Days Within 1st In Control Range	62.60 [62.93]	40.95 [18.94, 84.21]	0.044, 309.72	55.38 [56.41]	34.22 [15.00, 76.35]	0.12, 329.00	4.59	0.032	-2.96	0.003
Total Ranges	4.08 [3.03]	3.00 [2.00, 5.00]	1.00, 26.00	4.28 [3.04]	4.00 [2.00, 5.00]	1.00, 30.00				
Ranges In Control (%)	63.15 [24.02]	57.14 [50.00, 80.00]	20.00, 100.00	61.08 [23.11]	57.14 [50.00, 75.00]	14.29, 100.00	2.23	0.127	-2.05	0.4
Ranges Out of Control (%)	36.85 [24.02]	42.86 [20.00, 50.00]	0.00, 80.00	38.92 [23.11]	42.86 [25.00, 50.00]	0.00, 85.71				
Total Tests	14.62 [13.41]	11.00 [8.00, 16.50]	2.00, 169.00	14.70 [12.14]	11.00 [8.00, 17.00]	2.00, 110.00				
Tests In Control (%)	64.16 [26.45]	63.64 [42.86, 85.71]	5.56, 100	62.23 [25.19]	60.00 [42.86, 80.00]	6.90, 100.00	2.23	0.136	-1.88	0.061
Tests Out of Control (%)	35.84 [26.45]	36.36 [14.29, 57.14]	0.00, 94.44	37.77 [25.19]	40.00 [20.00, 57.14]	0.00, 93.10				
Tests Not Included (%)	22.58 [13.91]	20.00 [12.50, 29.71]	0.00, 71.00	22.74 [13.80]	21.05 [12.50, 31.25]	0.00, 75.00				

respectively. **Results**

- The independent samples comparisons demonstrated the nursepharmacist dyad care evidenced significantly higher percentage of days, ranges, and tests within the appropriate INR range as well as the number of days See Table 1 for descriptives.
- Dependent Sample (Without Ranges that Cross) demonstrated the nurse-pharmacist dyad care evidenced significantly higher percentage in days, ranges and tests. Days not significantly higher. See Table 2 for descriptives.
- Dependent Sample (With Ranges that Cross) demonstrated the nursepharmacist dyad care evidenced significantly higher percentage in days and ranges. Percentage of tests not significantly higher. See Table 3 for descriptives.

Conclusions and Implications

- Nurse-pharmacist dyad for anticoagulation care is significantly improved in the independent sample comparison (table 1).
- Further analysis needs to be completed with the nurse-pharmacist

clinical performance and improving quality outcomes for patients.

Objectives and Research Questions

This study aimed to evaluate the efficacy of a nursepharmacist managed anticoagulation clinic. The research question included:

• In patients requiring warfarin for anticoagulation, is there a difference between the nurse-pharmacist dyad medication management compared with the physician medication management process on the TTR? ¹Budnitz, D. S., Lovegrove, M. C., Shehab, N. & Richards, C. L. (2011). Emergency hospitalizations for adverse drug events in older Americans. *New England Journal of Medicine*, *365*(21), 2002–2012.

²FrancavillaFrancavilla, C. L. (2008). Registered nurse-managed anticoagulation clinic: Improving patient outcomes. *Nursing Economic*\$, *26*(2), 130.

³Rose, A. J., Miller, D. R., Ozonoff, A., Berlowitz, D. R., Ash, A. S., Zhao, S...Hylek, E. M. (2013). Gaps in monitoring during oral anticoagulation: Insights into care transitions, monitoring barriers, and medication nonadherence. *CHEST Journal*,143(3): 751-757.

⁴Young, S., Bishop, L., Twells, L., Dillon, C., Hawboldt, J. & O'Shea, P. (2011). Comparison of pharmacist managed anticoagulation with usual medical care in a family medicine clinic. *Biomed Central Family Practice*, *12*(1), 88.

dyad in place for one year to validate continued improvement in the time and percentage of INR values.

• The overall percentage of days, test and ranges in control in all three comparisons has room for improvement using evidencebased literature for improved patient outcomes.

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