

Prescribing and Clinical Effectiveness Bulletin

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NATIONAL PATIENT SAFETY AGENCY (NPSA) PATIENT SAFETY ALERT: ACTIONS THAT CAN MAKE ANTICOAGULANT THERAPY SAFER (MARCH 2007)

Anticoagulants are one of the classes of medicines most frequently identified as causing preventable harm and admission to hospital. Managing the risk associated with anticoagulants can reduce the chance of patients being harmed in the future. Staff are reminded of the NPSA Patient Safety Alert on Anticoagulants from March 2007 and are asked to ensure that they are fully compliant with all recommendations:

- 1. All staff caring for patients on anticoagulant therapy must have the necessary work competencies. Any gaps in competence must be addressed through training to ensure that all staff may undertake their duties safely.**
- 2. All written procedures and clinical protocols for anticoagulant services must reflect current and safe practice; staff must be trained to these procedures.**
- 3. Anticoagulant services must be audited annually using BSH/NPSA safety indicators.**
- 4. All patients prescribed anticoagulants must receive appropriate verbal and written information at the start of therapy, at hospital discharge, on the first anticoagulant appointment and, when necessary, throughout the course of their treatment. The British Society for Haematology (BSH) and the NPSA have updated the patient-held information (yellow) booklet for this purpose.**
- 5. The patient's blood clotting (International Normalised ratio (INR)) must be monitored regularly and the INR level confirmed as safe before issuing or dispensing repeat prescriptions for oral anticoagulants.**
- 6. Prescribers co-prescribing one or more clinically significant interacting medicines for patients already on oral anticoagulants must make arrangements for additional INR blood tests to be performed and must inform the anticoagulant service that an interacting medicine has been prescribed. Pharmacists dispensing clinically significant interacting medicines for patients taking oral anticoagulants must check that these additional precautions have been taken.**
- 7. Dental practitioners must manage patients on anticoagulants according to evidence based therapeutic guidelines. In most cases dental treatment should proceed as normal and oral anticoagulant treatment should not be stopped or the dosage decreased inappropriately.**

- 8. Written practice procedures should be available for the administration of anticoagulants in social care settings. All dose changes must be confirmed in writing by the prescriber. A risk assessment should be undertaken on the use of monitored dosage systems for anticoagulants for individual patients. The general use of monitored dosage systems for anticoagulants should be minimised as dosage changes using these systems are more difficult.**

Further guidance on the implementation of the patient safety alert recommendations

Anticoagulant booklets

In response to this alert the NPSA in partnership with the BSH updated the patient – held information booklet commonly referred to as “the yellow booklet”. Copies can be obtained from the post room at Cross O’Cliff, Bracebridge Heath, Lincoln.

Anticoagulant Monitoring Service

Since 1st June 2009 there has been a new primary care based oral anticoagulation monitoring service for all NHS Lincolnshire registered patients. This offers a “one stop” service allowing for both the necessary monitoring test and any resulting dose alterations to be carried out at the same time. The service specification was drawn up to be compliant with the recommendations within the NPSA patient safety alert.

Key points from the service specification are as follows:

- All staff involved in the delivery of the monitoring service should have undergone the appropriate training and hold the appropriate qualifications and competencies as specified by the NPSA.
- All providers of the monitoring service must have written procedures and clinical protocols in place for the use of oral anticoagulant therapy.
- The service provider should undertake an annual audit of the anticoagulant services that they provide.
- The service provider will ensure patients receive appropriate verbal and written information at the start of their therapy, on the first oral anticoagulant appointment and when necessary throughout the course of their treatment.
- The service provider must ensure if they are not the prescriber of repeat prescriptions for the anticoagulant that they communicate promptly with the patients registered GP (it is suggested within the service specification that they use a secure fax) details of the patient’s treatment including diagnosis, name and dose of oral anticoagulant, target INR, INR results, and details of next appointment. This should enable the prescriber to ensure they are aware of the patients INR results and frequency of monitoring before issuing a further repeat prescription.
- The service provider has the responsibility to ensure that they ask the patient at each monitoring appointment about any medication changes, lifestyle changes or other significant events that might require adjustment either of the oral anticoagulant or a change to the monitoring regime. Similarly it is also the responsibility of the patient’s registered GP (if not the service provider) to ensure they communicate any information regarding medication changes etc promptly to the monitoring service.
- The service provider also has the responsibility of ensuring that the patient is aware of the importance of the information contained within the NPSA anticoagulation booklet and the importance of presenting this booklet every time they attend other clinical appointments. This is also emphasised in the patient information leaflet provided by NHS Lincolnshire which reminds

patients to ensure they carry their yellow book with them every time they attend hospital or dental appointments, visit their own GP or other healthcare professional or whenever they have a new medicine dispensed or purchase over the counter medicines.

The primary care website (www.lincolnshire.nhs.uk) also provides information to patients on the primary care based anticoagulant service, including a full list of all current providers, advice on how to change service providers and a reminder of the importance of the warfarin booklet when contacting healthcare professionals or when purchasing medicines.

Reference

National Patient Safety Agency, Patient Safety Alert No 18 – *Actions that can make anticoagulant therapy safer* (27th March 2007)

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