

ALERT 18: Actions that can make anticoagulant therapy safer

Compliance checklist

Action	Compliance
<p>1. Ensure all staff caring for patients on anticoagulant therapy have the necessary work competences. Any gaps in competence must be addressed through training to ensure that all staff may undertake their duties safely.</p>	<p>It is not necessary, or indeed practical, to identify that every staff member has received training at any one point in time. It is recognised that workforce turnover means that at any point in time some staff will not have been formally trained and/or had competence assessed. To signal 'action complete' organisations will need to confirm that:</p> <ul style="list-style-type: none"> • a training programme, approved by a relevant committee, is in place for all healthcare staff (including medical staff) who have a role in the anticoagulant care pathway (including prescribing, dispensing or administering anticoagulants). Staff need only be trained in the aspects of the care pathway that they are involved in; and, • there is a mechanism in place for determining competency of individual members of staff for the aspects of the anticoagulant care pathway that the particular practitioner is involved in. This may take the form of self-certification, or be otherwise assessed.
<p>2. Review and, where necessary, update written procedures and clinical protocols for anticoagulant services to ensure they reflect safe practice, and that staff are trained in these procedures.</p>	<p>All guidance documentation has a formal lifespan and should have a review date. There should be an auditable trail of updates signed off in accordance with due process. The availability of version controlled documents and/or minutes of meetings tracking versions and updates of guidance would be evidence of compliance.</p> <p>Training in procedures should be incorporated in the training aspect of action one above. Organisations will need to confirm that this is the case. Evidence could take the form of annotation in minutes of meetings or a description of the training content.</p>
<p>3. Audit anticoagulant services using BSH/NPSA safety indicators as part</p>	<p>An annual audit* should be built into the organisational audit programme and the</p>

<p>of the annual medicines management audit programme. The audit results should inform local actions to improve the safe use of anticoagulants, and should be communicated to clinical governance, and drugs and therapeutics committees (or equivalent). This information should be used by commissioners and external organisations as part of the commissioning and performance management process.</p>	<p>consequence of findings considered at the appropriate level. These discussions should be recorded. The decisions taken and resultant outcomes will form an audit trail indicating compliance with this action.</p> <p>Local patient safety incidents involving anticoagulants should be considered as part of the annual audit.</p>
<p>4. Ensure that patients prescribed anticoagulants receive appropriate verbal and written information at the start of therapy, at hospital discharge, on the first anticoagulant clinic appointment, and when necessary throughout the course of their treatment. The BSH and the NPSA have updated the patient-held information (yellow) booklet.</p>	<p>Written procedures and clinical protocols should specify the need to provide appropriate verbal and written information in accordance with this action. That these are on record and in force signals compliance with this action.</p> <p>The annual audit should capture data on the purchase and issue of patient-held information.</p>
<p>5. Promote safe practice with prescribers and pharmacists to check that patients' blood clotting (International Normalised Ratio, INR) is being monitored regularly and that the INR level is safe before issuing or dispensing repeat prescriptions for oral anticoagulants.</p>	<p>Written procedures, clinical protocols and standard operating procedures (SOPs) should be written to cover this action.</p> <p>In the case of independent contractors, compliance with this action point may be determined by self declaration, annual audit by the local organisation or by other appropriate means determined locally.</p> <p>Compliance with this action may be helped by formal arrangements being in place with laboratory services to ensure appropriate communication of INR results.</p>
<p>6. Promote safe practice for prescribers co-prescribing one or more clinically significant interacting medicines for patients already on oral anticoagulants; to make arrangements for additional INR blood tests, and to inform the anticoagulant service that an interacting medicine has been prescribed. Ensure that those dispensing clinically significant interacting medicines for these patients check that these additional safety precautions have been taken.</p>	<p>To comply with this action written procedures and clinical protocols should include instruction to prescribers in relation to significant interacting medication and procedures to follow where these are identified. Further, SOPs in dispensaries should include instruction to check with patients and ascertain that there are no potentially interacting medicines.</p> <p>Additional support could take the form of periodic information updates to prescribers and dispensers on clinically significant interacting medicines.</p>

<p>7. Ensure that dental practitioners 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.</p>	<p>Evidence that dental practitioners have received a copy of NPSA guidance, and are aware of patient information available as part of Alert 18 signals compliance with this action.</p>
<p>8. Amend local policies to standardise the range of anticoagulant products used, incorporating characteristics identified by patients as promoting safer use.</p>	<p>A standardised range of products should include the use of unfractionated heparin 1000 units per ml and the use of warfarin tablets strengths as required to meet the needs of individual patients. Where a policy decision has been taken locally to use one, or a limited range of warfarin strength(s) – this should be formally approved and recorded by the organisation and reviewed routinely. The needs of individual patients should always be accounted for where local decisions make concordance problematic.</p> <p>Standardisation should be evidenced by an auditable trail of decisions taken by suitably responsible and informed committees or individuals within the organisation. The agreed range should be reflected in written, procedures, clinical protocols and purchasing data which would provide evidence of compliance with this action.</p>
<p>9. Promote the use of written safe practice procedures for the administration of anticoagulants in social care settings. It is safe practice for all dose changes to be confirmed in writing by the prescriber.</p> <p>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.</p>	<p>Discussions or appropriate correspondence should be had with social care providers to advocate the use of written safe practice procedures for the administration of anticoagulants in social care settings. These procedures should not include the use of Monitored Dosage systems in care home settings.</p> <p>For individual patients there should be evidence that prescribers and dispensers have undertaken risk assessments on the use of Monitored Dosage Systems for anticoagulants.</p>

***Note: Annual audit**

The annual audit in the context of Alert 18 is to review the aggregation of data from multiple sources at a given point in time once a year. The collection of data can be; prospective; as in a spot audit and/or accrued over a period as trend data, or retrospective as in an audit of clinical case notes.

Data may be collated from:

- laboratory services;
- inpatient/outpatient case notes;
- dispensing and prescribing records;
- purchase records;
- specific surveys of patients and healthcare practitioners; and,
- other appropriate data sources.

Data collection should attempt to be representative of anticoagulant services, Representative sampling may be appropriate for some data. All patient safety incidents from local health and social care settings involving anticoagulants reported since the previous audit should be included in the audit and be subject to formal review for learning.