## Joint Commission National Patient Safety Goals (2010)

### GOAL 3: Improve the safety of using medications

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Responsible Committee/Person</th>
<th>Policy</th>
<th>Measurement Required?</th>
<th>Documentation Required?</th>
<th>Gaps</th>
</tr>
</thead>
</table>
| NPSG.03.05.01: ANTICOAGULATION – Reduce the likelihood of patient harm associated with the use of anticoagulation therapy. | Pharmacy Service  
Raja Zeitany  
Mark Baje  
Physician Director  
Alpesh Amin | | NO | YES | EP-7: Education program for staff, patients and families, with the following components  
- Importance of follow-up monitoring  
- Compliance  
- Drug-food interactions  
- The potential for adverse drug reactions and interactions |

### EDUCATION SUBCOMMITTEE

#### ROLES/RESPONSIBILITIES
- Patient, family education
- Staff education
- Educational materials
- Outcomes and deliverable should address therapeutic and prophylactic management

#### OUTCOMES/DELIVERABLES
- Implementation of an inpatient education program for patients and families
- Implementation and documentation of appropriate staff education
- Implementation of educational materials/resources

#### DUE
- Patient education plan: July 2010
- Staff education plan: July 2010
- Roll-out of education: July 2010
- Patient Personal Recovery Plan: Oct 2010
- Roll-out of the PPRP: Oct 2010

### ACTIONS TAKEN:

6/28/10: Dr. Amin, Donna Grochow, Paula Luna, Maurice Espinoza, Cheryl Simkins and Lynn Willis

1. Patient Education Materials:
   a. Team was aware that the AHRQ video was available in the on-demand system. **ACTION:** Lynn and Donna to work with Andrea Herbert on an all staff announcement
   b. Team reviewed a “Preventing Blood Clots” document by Donna Grochow geared toward VTE prevention at discharge.
   c. Team reviewed Preventing and Treating Blood Clots with Anticoagulant Medications document prepared by Kathleen Nguyen. Team agreed that a single document for each medication would be more appropriate. Team also agreed that these handouts ideally would be given at the time the medication is initiated and also at discharge.
   d. Team discussed whether a single page document for VTE prevention during hospitalization would be helpful or whether a personal recovery path would be more appropriate. Team agreed that the educational materials for VTE prevention we very dependent on the final QUEST order sets. **ACTION:** Donna to get VTE materials from Dr. Dangodara.

2. Staff Education: Donna brought forward AACN VTE Prevention Practice Alert. Team agreed to utilize the alert and AACN resources as the foundation of the practice change and education. The team agreed that the 4 components of staff education should be: 1] General information about anticoagulation, 2]...
VTE prevention, 3] Treatment of VTE, and 4] Patient Teaching. **ACTION:** Donna to work on staff education module based on AACN guidelines. Lynn to draft process flow.

**6/22/10:** Focus group on education: Donna Grochow, Jade Yang, Kathleen Nguyen, Victoria Malonzo, Brooke Baldwin, Maurice Espinoza and Lynn Willis. After much discussion, the group agreed to the following:

1. Target Audience for education: 1] patients and families, 2] Staff: Nurses, Dieticians and Pharmacists
2. Components of staff education: 1] Clinical knowledge of anticoagulation management and VTE prevention and treatment, and 2] what to teach the patients

**ACTION ITEMS:**
1. Kathleen to provide basic staff level information on anticoagulants
2. Jade to provide basic staff level information on food:drug interactions and Vitamin K restrictions
3. Lynn to provide information on current VTE risk assessment in TDS
4. Donna, Maurice and Brooke to develop staff module utilizing AACN Practice Alert

**5/14/10:** Dr. Amin, Donna Grochow, Jade Yang, Kathleen Nguyen, Jung-Ah Lee, Gwen Van Servellen, Victoria Malonzo, Paula Luna and Lynn Willis. Guests: Marra Williams

1. **Patient Educational Materials:** The team reviewed the two pamphlets from AHRQ, “Your Guide to Preventing and Treating Blood Clots” and “Blood Thinner Pills: Your Guide to Using Them Safely.” There was much discussion about whether the pamphlets covered the core topics that were important to UCI patients and would align with our process. There was also discussion about LMWH and the best approach to patient/family education. Cost was also discussed. Lastly, implementation timing was discussed. Final decisions were:
   - Educational materials and training for Staff will roll out on July 6 with a goal of full implementation of the educational plan for patients/families by July 15, 2010
   - AHRQ pamphlets would be used to start the program. Feedback from nursing and patients/families on their value will be sought during the first 3-6 months of implementation. Depending on feedback UCI will either continue to use these pamphlets or develop an internal version. **ACTION:** Marra to order pamphlets.
   - AHRQ video will be used. It will be available on demand in the Douglas Hospital. There is loaner vcr equipment available for patients in the Tower until the on-demand system can be fully implemented there. **ACTION:** Marra to order videos and put into on demand system.
   - The kits available from the pharmaceutical manufacturer will be used for Lovenox teaching. **ACTION:** Victoria and Raja to work on having the kits available as an item that can be order from Pharmacy.
   - Insufficient information is in the materials on heparin and other medications might be better explained. **ACTION:** Kathleen to work with Donna on a supplemental sheet to add to the pamphlets.
   - Donna will include the cost of the pamphlets etc in her budget for this year. Moving forward a budget for educational materials should be proposed.
   - A Clinical Pathway and Patient Recovery Plan would be ideal tools in the long-run. **ACTION:** Lynn and Donna to meet with Tania Bridgeman.

2. **Physician and Staff Education:**
   - Staff Education: There was discussion about the best approach to education. Nursing education should incorporate clinical information on anticoagulation safety and VTE prevention, as well as information on what to teach to patients and families. Because of the complexity of the topic, the proposed approach will include a self-direct module as well as in-person education. **ACTION:** Donna to lead a focus group with Pharmacy, Nutrition and Nursing on roles and content. Lynn to schedule session.
   - Physician Education: Dr. Amin suggested several areas that should be covered for physician education preferably in a video or CBT type format. Anna is familiar with a module that may already be available. **ACTION:** Anna to provide module. Next Subcommittee meeting to focus on physician education.
3. Process Map: reported provide by D. Grochow for J. Skau. Process map is in progress and will be aligned with the teaching plan following the focus group meeting.

5/18/10: Dr. Amin, Donna Grochow, Bobbie Jingle, Jade Yang, Kathleen Nguyen, Jung-Ah Lee and Lynn Willis; Mo Espinoza, Marra Williams, Parmis Khatibi, Marianne Lovejoy.

1. Steering Committee update: Dr. Amin updated the Subcommittee on the addition of the VTE prophylaxis component to the overall mission of the Anticoagulation Safety Program noting that one of the outcomes/deliverables for the VTE subcommittee is a gap analysis of our process compared to the 8th ACCP Consensus Guidelines. Dr. Amin also shared that he would be presenting the Anticoagulation Safety Program to the new Medication Management Committee on Wednesday. ACTION: Lynn to refer gap analysis to VTE subcommittee.

2. Process map: Deferred. J. Skau not present

3. Patient Education: Marra and Donna presented educational materials from various sources including AHRQ noting that the AHRQ products including the videos are free. There was much discussion on the approaches to patient education next steps. Key points included:
   - The “Ask me 3” approach which focuses on addressing: 1] How does this affect me?, 2] Why is it important?, and 3] What can we do about it?
   - The use of the common approaches to patient education: 1] written material, 2] videos, and 3] 1:1 teaching. The group agreed that the use of all three modalities was preferred. The group suggested the use of flip-charts for the 1:1 teaching to provide consistency.
   - The group also agreed that the education should address treatment, prophylaxis and the transition to outpatient care

4. The group discussed the QUEST Screens and the current TDS VTE screens as well as the orders for VTE. None of the subcommittee members felt certain about the process. ACTION: Request VTE and QUEST subcommittees provide additional information at the next Education Subcommittee meeting.

5. The group also discussed the various VTE prophylaxis measures that are being collected. The Education Subcommittee felt that a better understand of the measures as well as the current VTE prophylaxis ordering process would be helpful. ACTION: VTE subcommittee to present to the Steering Committee the criteria and current performance in the various VTE related measure sets (SCIP, CHART, NSQIP). VTE subcommittee to outline the current VTE prophylaxis risk assessment (i.e. TDS screens), ordering process and education process.

5/4/10: Dr. Amin, Terry Donnelly (for Victoria Malonzo), Paula Luna, Donna Grochow, Jean Skau, Bobbie Jingle, Jade Yang, Jung-Ah Lee and Lynn Willis. Guests: Jessica Schmick, Dietary Intern and Gwen Van Servellen, Professor Emeritus, UCLA School of Nursing and Research Professor, Program in Nursing Science, UCI.

1. Introduction of new members and guests
2. Jung-Ah presented overview of RWJ grant on nursing education as a method to reduce preventable VTE. Members were asked to assist with the grant application. ACTION: Deadline to submit materials to Jung-Ah is May 21, 2010 for inclusion in grant application.
3. Process map: Meeting to design ideal educational process was scheduled for May 5, 2010. However, several key members are not available. ACTIONS: Jean Skau to reschedule. Process map to be reviewed and next meeting.
4. Food-Drug Interaction Policy: Jade noted that the information from the process map was needed to complete the updates to this policy. Other revisions have been made. ACTION: Jade to send policy to Education Subcommittee for review and input.
5. Educational Materials: Donna Grochow presented that she had collected a significant number of samples from various commercially available sources. After meeting with Marra Williams in Patient Education, Donna recommended the development of a UCI specific educational package. The package will be primarily directed at the inpatient, but will including information about transition of care. The materials will cover heparin, warfarin and LMWH. The materials will be supplemented by the closed circuit tv. ACTION: Donna to have draft of educational materials ready for review at the next meeting. Jean Skau to provide information on timeline of availability of closed circuit tv in the Tower.
6. ACTION: Lynn Willis to send Committee structure and implementation timeline to subcommittee members.

4/19/10: Dr. Amin, Terry Donnelly (for Victoria Malonzo), Paula Luna, Brooke Baldwin (for Donna Grochow), Jean Skau, Chris Johnson, Bobbie Jingle, Mary Owen, Jade Yang and Lynn Willis

1. Educational Materials: Deferred to next meeting
2. Process Map: Jean Skau and Chris Johnson present the process mapping for what happens after Coumadin is ordered. Key points were:
   - Some gaps in process
   - Few decision points in process
   - Order of steps might not be correct
   - Each stakeholder seems to work in parallel and in a vacuum
   - Per Pharmacy Protocol and per MD protocol may not have the same critical value process
   - Not clear if pharmacy is following all patients and if so at what level. Inconsistent location for pharmacy oversight documentation
   - Process is not ideal

   **ACTION:** Jean Skau and Chris to develop and map ideal process by next meeting. Participants will include: Brooke Baldwin, Jade Yang, Carolyn Lem, Mark Baje, Kathleen Nguyen, Amy Breschiami and Jackie Stromberg.

4/5/10: Dr. Amin, Raja Zeitany, Victoria Malonzo (for Linda Hardham), Donna Grochow, Karen Grimley, Paula Luna, Jade Yang, Carolyn Lem, Jung-Ah Lee, Chris Johnson (for Jean Skau) and Lynn Willis

1. Background and thoughts from previous meeting summarized to update new team members. Team was reminded that goal is to provide the Steering Committee with recommendations and an implementation plan for anticoagulation education.

2. Discussion about patient population: DECISION: Education should be provided for all patient receiving anticoagulation therapy and/or long-term anticoagulation prophylaxis even.

3. Discussion on components of education and best expertise. Group agreed on the following:
   - Drug Food Interactions: Dieticians
   - Drug Drug Interactions: Pharmacy
   - General Inpatient Education, including Risks: Nursing
   - Transition and Authorization: Case Management

4. Discussion on available educational materials. Paula Luna brought a sample of a commercially available “go-home kit” for Lovenox. Raja mentioned that he has a DVD available. Carolyn Lem shared several examples of outpatient materials and suggested that these might be adaptable for the inpatients. Donna shared the revised teaching plan which is now ready for implementation. Group agreed that an assessment of all educational materials including cost should be done. ACTION: Donna and Carolyn to review available educational materials from various internal and external sources and provide an assessment including cost. Evaluation due at the next Subcommittee meeting.

5. Discussion on roles and responsibilities of 4 key participants (Dieticians, Pharmacy, Nursing and Case Management). Group agreed that there are opportunities to improve clarity and that process mapping would be valuable. ACTION: Chris Johnson and Jean Skau to process map current anticoagulation education from admission through discharge including transition to home/next provider. Process mapping work group will include: Kathleen Nguyen (Pharmacy), Beth Asano (Dietician), Cinda Parker (Diet Clerk), Joanne Bailey (Nursing), Jackie Stromberg (Case Management) as well as a bedside nurse from SICU. Process map is due at the next Subcommittee meeting.

6. Additional ideas on overall education plan:
   - Dr. Amin suggested the group consider feasibility of inpatient group classes
   - Raja suggested a tiered-trigger based education where all might get the DVD and additional education would be provided based on triggers

3/11/10: Dr. Amin, Raja Zeitany, Linda Hardham, Brooke Baldwin, Mary Owen, Jade Yang, Carolyn Lem, Jung-Ah Lee, and Lynn Willis

1. Dr. Amin provided an overview on the structure of the Anticoagulation Safety Team, including membership of the Steering Committee and Education Subcommittee, as well as the program components (P&T approved protocols, Program Evaluation, and Education).

2. Jade Yang explained the current process for food-drug interaction education by Dietary Services for patients on Coumadin
Dietary Services does not provide food-drug interaction (Vitamin K foods) to patients on Coumadin unless Dieticians are seeing the patient for other reasons. If they are seeing the patient for other reasons, they will then reinforce the information on Micromedix related to consistent vitamin K rich foods.

New orders for Coumadin go to the Diet Office where they are addressed by the Tray Line.

The Diet Office monitors vitamin K intake and will let the patient know if he/she is ordering too much vitamin K rich food.

The Diet Office monitors vitamin K intake and does not necessarily consult with a Dietician during this process.

3. Carolyn Lem shared that patients seen in the outpatient Anticoagulation Clinic attend an educational session.

4. There was discussion regarding the role of nursing in anticoagulation education and the current nursing knowledge base. Linda Hardham suggested that the Education Subcommittee add a Nurse Manager. **ACTION**: Linda to nominate a Nurse Manager to the Subcommittee.

5. There was discussion about the development of a Clinical Pathway for anticoagulation management. A suggestion was also made to develop a personal recovery plan for patients which would complement the education. **ACTION**: Subcommittee to consider incorporating these tools into the education program.

6. There was some discussion about whether the Steering Committee should be deciding about the content and implementation of the education program. Dr. Amin clarified that goal of the Education Subcommittee is to develop an education program, with implementation plan, for patients, families and staff which encompasses the 4 components required by the NPSG and also addresses the transition from hospital to home, and bring the plan forward to the Steering Committee for approval.

7. **The Education Subcommittee will meet every two weeks until the education plan has been submitted to the Steering Committee. **ACTION**: Lynn to work with Viviana to get the meetings scheduled.

Possible next steps/ implementation ideas:

1. Prior to discharge, CM to schedule outpatient appointments in the Anticoagulation Clinic.
2. Address transition/communication with outpatient provider for patients not eligible for the Anticoagulation Clinic.
3. Use of closed circuit tv for educational videos.
4. Verify that the QUEST discharge instructions incorporate proper cautionary information, especially about the importance of diet and follow-up.