

OSHP-2015 Update

## **JCAHO Patient Safety Goal-2008: Anticoagulation**

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The ASHP 2015 Medication Safety Initiative lays out goals to guide and stimulate involvement of pharmacists in advancing safe medication use processes. It is no small coincidence that JCAHO patient safety goals often mirror expectations of 2015.

JCAHO has identified a new **2008 National Patient Safety Goal (NPSG, 3E):**

*'Reduce the likelihood of patient harm associated with the use of anticoagulation therapy'*

A list of selected 2015 goals that can support this NPSG include:

Goal 1-1, Inpatients with complex/high risk medications will be monitored by pharmacists

Goal 3-1, Pharmacists are involved in development of evidence based therapeutic protocols for medication use

Goal 4-3 Pharmacists reviews 95% of routine med orders before administration.

Goal 5-4 Pharmacists will use medication-relevant portions of patients' electronic medical record for managing patients' medication therapy

Goal 5-5 Pharmacists access pertinent patient information and communicate across settings of care to ensure continuity of pharmaceutical care for complex and high-risk regimens.

Pharmacists can expect to be called upon to collaborate on and champion both 2015 and NPSG initiatives. Many pharmacists already include elements of NPSG 3E in their practice, and that is commendable. But a high degree of variation exists between practice sites, and along the continuum of care. JCAHO is looking for a collaborative top down review of anticoagulant therapy management bringing together evidence based medicine, education, monitoring, technology, and standardization.

Some KEY WORDS pulled from the JCAHO implementation expectations suggest areas for study/improvement/implementation:

- Individualize care
- Standardize products

- Consistent Monitoring
- EBM-Protocols
- Food/drug interaction screening
- Programmable infusion pumps
- Education for all staff, patients
- Post discharge follow-up
- Process Evaluation/CQI

**2008 National Patient Safety Goal** (from JCAHO web site)

<http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/>

**Rationale**

Anticoagulation is a high-risk treatment, which commonly leads to adverse drug events due to the complexity of dosing these medications, monitoring their effects, and ensuring patient compliance with outpatient therapy. The use of standardized practices that include patient involvement can reduce the risk of adverse drug events associated with the use of heparin (unfractionated), low molecular weight heparin (LMWH), warfarin, and other anticoagulants.

Note: This requirement has a one-year phase-in period that includes defined expectations for planning, development, and testing (“milestones”) at 3, 6, and 9 months in 2008, with the expectation of full implementation by January 1, 2009.

1. As of April 1, 2008, the [organization]’s leadership has assigned responsibility for oversight and coordination of the development, testing, and implementation of NPSG Requirement 3E.
2. As of July 1, 2008, an implementation work plan is in place that identifies adequate resources, assigned accountabilities, and a time line for full implementation of NPSG Requirement 3E by January 1, 2009.
3. As of October 1, 2008, pilot testing in at least one clinical unit is under way.
4. As of January 1, 2009, the process is fully implemented across the organization.

The Implementation Expectations that will apply beginning January 1, 2009, are provided below.

**Implementation Expectations**

1. The organization implements a defined anticoagulant management program to individualize the care provided to each patient receiving anticoagulant therapy.
2. To reduce compounding and labeling errors, the organization uses ONLY

oral unit dose products and pre-mixed infusions, when these products are available.

- 3.** When pharmacy services are provided by the organization, warfarin is dispensed for each patient in accordance with established monitoring procedures.
- 4.** The organization uses approved protocols for the initiation and maintenance of anticoagulation therapy appropriate to the medication used, to the condition being treated, and to the potential for drug interactions.
- 5.** For patients being started on warfarin, a baseline International Normalized Ratio (INR) is available, and for all patients receiving warfarin therapy, a current INR is available and is used to monitor and adjust therapy.
- 6.** When dietary services are provided by the organization, the service is notified of all patients receiving warfarin and responds according to its established food/drug interaction program.
- 7.** When heparin is administered intravenously and continuously, the organization uses programmable infusion pumps.
- 8.** The organization has a policy that addresses baseline and ongoing laboratories tests that are required for heparin and low molecular weight heparin therapies.
- 9.** The organization provides education regarding anticoagulation therapy to prescribers, staff, patients, and families.
- 10.** Patient/family education includes the importance of follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions.
- 11.** The organization evaluates anticoagulation safety practices (see MM.8.10).

Accomplishing this goal is a large task and will require interdepartmental collaboration and commitment. Pharmacy is in an excellent position to become a key resource and change agent in this effort. This new JCAHO patient safety goal for management of anticoagulation therapy has PHARMACY stamped all over it. It is a golden opportunity for the profession.

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