

Pharmacist-directed anticoagulation service improves care coordination

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A pharmacist-directed anticoagulation service improves the coordination of care from the hospital to an outpatient clinic for patients treated with the anticoagulant drug warfarin, according to a Henry Ford Hospital study.

The study, published online today in the July/August issue of the *Journal of Hospital Medicine*, found that the transition of care directed by the anticoagulation service was seamless in more than 70 percent of [patients](#) treated and risk of bleeding and thrombosis declined by nearly 5 percent compared to patients not treated by the anticoagulation service. The study is available at

<http://onlinelibrary.wiley.com/journal/10.1002/%28ISSN%291553-5606>

"Our pharmacist-directed anticoagulation service has shown to improve the quality of care for patients taking warfarin in the hospital and transitioning to an outpatient setting," says James Kalus, PharmD, senior clinical pharmacy manager at Henry Ford and senior author of the study.

"The advantage of this service is that it improved the patient transition, enhanced communication between inpatient and outpatient clinicians and ensured that patients made it to their outpatient follow-up appointment after being discharged from the hospital."

Warfarin, used to prevent clots from forming or growing larger in the blood or blood vessels, is prescribed for certain heart-related conditions. It is linked to an estimated 30 percent of anticoagulant-related

medication errors.

Henry Ford sought to evaluate the impact of the anticoagulation service for managing the care and safety of patients receiving warfarin during hospitalization and after discharge to an outpatient anticoagulation clinic. Researchers followed 500 patients hospitalized in two Internal Medicine units and two cardiology units.

Researchers applied four key compliance metrics to measure how well care was coordinated as patients transitioned from the hospital to the outpatient anticoagulant clinic:

- Number of patients enrolled in an outpatient anticoagulation clinic.
- Documented communication between the inpatient and outpatient anticoagulation clinics to reflect how the care was being coordinated.
- Documented communication between the inpatient anticoagulation service and physician responsible for managing the patient at the outpatient anticoagulation clinic.
- Number of patients who actually kept their initial appointment with the outpatient anticoagulation clinic within five days of being discharged from the hospital.

To determine the safety and efficacy of the anticoagulation service, researchers evaluated any episodes of major bleeding or new thrombosis patients experienced.

"The pharmacist-directed anticoagulation service is a viable approach to standardizing care and improving anticoagulant safety," Dr. Kalus says. "Based on our findings, it may be possible this model can be applied to other complicated medication regimens or chronic diseases."

Provided by Henry Ford Health System

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