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EVALUATION OF ORAL ANTICOAGULATION THERAPY OUTCOMES MANAGED VIA TELEPHONIC ENCOUNTERS (B1), Steve Kawahara, Ruby Chang, David Gray. VALBHS, Long Beach, CA, (steve.kawahara@va.gov) IRB approval received.

Management of oral anticoagulation (AC) is necessary to maintain an international normalized ratio (INR) within a narrow therapeutic range in order to optimize thromboembolic prevention while minimizing the risk of bleeding complications. The Joint Commission's 2009 National Patient Safety Goal 3E (NPSG) addresses these concerns by requiring the implementation of processes that reduce the likelihood of patient harm associated with anticoagulation. The recent initiation of the VA Long Beach AC Telecare Clinic in January 2008 is supported by recent studies that suggest patients receiving telephonic management achieve clinical outcomes at least as favorable as face-to-face visits. The objective of this retrospective chart review is to evaluate clinical and safety outcomes for a single group of patients 6 months prior to enrollment followed by 6 months post enrollment into the AC Telecare Clinic at VA Long Beach. Clinical endpoints that will be evaluated include mean INR values and the number of visits within therapeutic INR range of 2-3. Safety endpoints that will be evaluated include adverse events requiring hospitalization such as thromboembolism and major bleeding related to warfarin therapy. Final results will be presented.