

IMPLEMENTATION OF ANTICOAGULATION MONITORING WITH PHARMACY INVOLVEMENT TO IMPROVE PATIENT SAFETY (B4), Elizabeth Trang, Thao Nguyen. White Memorial Medical Center, Los Angeles, CA (etrang1@ah.org), IRB waiver.

The National Patient Safety Goals 3E requires new standardized practices to reduce risk of adverse drug events and patient harm associated with the use of anticoagulant therapies. Many hospitals utilize pharmacists in anticoagulation therapies whereas WMMC traditionally utilized nursing heparin protocol and physician managed warfarin therapy. Gap analyses on heparin and warfarin therapies indicated a need for a revised heparin nursing protocol, standardized warfarin physician order form and assessment for pharmacist involvement in monitoring heparin and warfarin therapies. This cohort study compares outcomes between two processes: pharmacist involvement vs. no pharmacist involvement period. Outcomes from the gap analyses included sixty patients from each of the therapies with no pharmacist involvement from March 2007 to August 2008 will be compared to a separate set of sixty patients from each therapy with pharmacist involvement from September 2008 to March 2009. Primary endpoint for warfarin therapy compares the average number of days between groups that reached therapeutic range for 2 consecutive INRs. Primary endpoint for heparin therapy compares the percentage of patients who reach therapeutic range for 2 consecutive aPTT levels within 24 hours. Secondary endpoints for warfarin therapy include the number of INR overshooting

and pharmacist's interventions, and for heparin therapy would be appropriate aPTT monitoring, accurate infusion rate adjustment and pharmacist's interventions. Results of the pilot study will be presented at the WSC.