



# KHC HIIN Mini-Sprint: Anticoagulation Safety

Hospital Name: \_\_\_\_\_

Please complete Discovery Tool and return a copy to KHC by **Wednesday, January 22, 2020**.

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Questions? Contact Michele Clark or Chuck Duffield at Kansas Healthcare Collaborative at (785) 235-0763

High Inpatient INR Process Improvement Discovery Tool (Minimum 10 charts/Maximum 20 charts)										
Note: Do NOT spend more than 20-30 minutes per chart!										
Instructions: (1) Mark an X in the box if the best practice process occurred as stated. You may check multiple boxes per chart. (2) The processes with many blanks could be a priority focus.										
BEST PRACTICE PROCESS	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
The prescriber was managing the warfarin with pharmacy assistance.										
An INR was obtained and resulted before the first inpatient dose was ordered.										
Daily INRs were obtained.										
Dosage adjustments were made based on the last daily INR result.										
Dosage adjustments were ANTICIPATORY not REACTIVE ("It's going up fast, time to decrease the dose.")										
Warfarin dosage adjustments were made based upon known drug-drug interactions.										
Warfarin dosage adjustments were made based upon known food-drug interactions.										
Patient's history of prior INR control predicted that this patient is a good candidate for warfarin management. (Enter N/A if no prior history.)										
No inpatient warfarin doses were missed or refused.										
No medication errors of any kind (e.g. wrong med, wrong dose, missed dose) occurred that would affect the INR. Consider antibiotics and other meds that bind albumin.										
Other factors led to the high INR (specify).										