Updated 08/13/2014



Antithrombotic and Anticoagulation Management Practices						
Gap Analysis Questions	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.			
he facility has assigned responsibility for coordinating ntithrombotic and anticoagulation monitoring functions.						
he facility has a process in place to ensure fields contained n standard protocols/order sets/flow sheets are consistently opulated (manually or automatically) with key information, ncluding at a minimum:						
The patient's diagnosis.						
Allergies.						
. Most recent pertinent laboratory results.						
he facility has standard policies and practices in place for nanaging the initiation and maintenance of antithrombotic nd anticoagulation therapy which include:						
The specific medication used (e.g., low molecular weigh heparin (LMWH), warfarin, unfractionated heparin (UFH), Vitamin K reversal, direct thrombin inhibitors, Factor X inhibitors, Factor containing products, platelets, desmopressin).						
The condition being treated.						
. The potential for drug interactions.						
7. The potential for patient specific interactions.		<u>Ц</u>				
I he facility has a protocol in place to determine the need to reverse supra-therapeutic INR values based on key criteria (e.g., the INR value, the presence or absence of bleeding, individual patient situation, e.g., imminent surgery).						
i. The facility has a process in place to ensure that anti-platelet agents are used for the appropriate indication (e.g., patients with mechanical valves, acute coronary syndrome, or recent stent or bypass surgery).						
he facility's Vitamin K practice specifies in patients with no vidence of warfarin associated bleeding:						
No routine use of Vitamin K for INR between 4.5 and 10.						
The use of oral Vitamin K for INR >10.						
n patients with warfarin associated major bleeding:						
Reversal may be accomplished with the addition of Vitamin K 5 -10 mg given by slow IV infusion.						
 Reversal may also be accomplished with prothrombin complex concentrate and the addition of Vitamin K 5 -10 mg given by slow IV infusion. 						
	Antithcombotic and Anticoagulation Active Contrained anticoagulation monitoring functions. In facility has a sprocess in place to ensure fields contained standard protocols/order sets/fi/0w sheets are consistently opulated (manually or automatically) with key information, clucing at a minimum: The patient's diagnosis. Allergies. Most recent pertinent laboratory results. The specific medication used (e.g., low molecular weigh heaprin (LMWH), warfarin, unfractionated heaprin (UFH), Vitamin K reversal, direct thrombin inhibitors, Factor X inhibitors, Factor containing products, platelets, desmopressio). The condition being treated. The potential for patient specific interactions. The potential for aduit specific interactions. The potential for patient specific interactions. The potential for patient specific interactions. The facility has a protocol in place to determine the need to reverse supra-therapeutic INR values based on key criteria (e.g., the INR value, the presence or absence of bleeding, individual patient situation, e.g., imminent surgery). In facility has a protocol in place to determine the need to reverse supra-therapeutic INR values based on key criteria (e.g., the INR value, the presence or absence of bleeding. INVIGENCE (E.g., INVI	Antithrombotic and Anticoagulation Gap Analysis Questions Yes he facility has assigned responsibility for coordinating initithrombotic and anticoagulation monitoring functions.	Antithrombotic and Anticoagulation Man Gap Analysis Questions Yes No he facility has assigned responsibility for coordinating inthrombotic and anticoagulation monitoring functions.			

	Antithrombotic and Anticoagulation Prevention and Mitigation Practices						
	Gap Analysis Questions	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.			
2a)	Antithrombotics and anticoagulants are included in the organization's defined list of high alert medications.						
2b)	A system is in place to alert health care practitioners to significant drug interactions for patients on antithrombotic or anticoagulant agents.						
2c)	A system is in place to remind the prescriber to evaluate the need for initiating and reinitiating therapy when antithrombotics and anticoagulants are being held for future surgical purposes.						
2d)	A pharmacy managed system is in place for antithrombotic and anticoagulant drug shortage situations which outlines how standard medication safety processes will be followed.						
2e)	The facility has a process in place to prevent IV antithrombotic and anticoagulant orders from being entered into the pharmacy system without including patient weight.						
2f)	The facility uses smart infusion pumps for the IV administration of all antithrombotics and anticoagulants (including platelet inhibitors), with functionality employed to:						
	i. Intercept and prevent wrong dose errors.						
	ii. Intercept and prevent wrong infusion rate errors.						
	Antithrombotic and Anticoagula	ation	The	rapeutic Practices			
	Gap Analysis Questions	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.			
3a)	Gap Analysis Questions The facility has a process in place, using a standardized tool, to address and document the following prior to initiating antithrombotic and anticoagulation therapy:	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.			
3a)	Gap Analysis Questions The facility has a process in place, using a standardized tool, to address and document the following prior to initiating antithrombotic and anticoagulation therapy: i. Nutritional status.	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.			
3a)	Gap Analysis Questions The facility has a process in place, using a standardized tool, to address and document the following prior to initiating antithrombotic and anticoagulation therapy: i. Nutritional status. ii. Recent trauma.	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.			
3a)	Gap Analysis Questions The facility has a process in place, using a standardized tool, to address and document the following prior to initiating antithrombotic and anticoagulation therapy: i. Nutritional status. ii. Recent trauma. iii. Surgery.	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.			
3a)	Gap Analysis Questions The facility has a process in place, using a standardized tool, to address and document the following prior to initiating antithrombotic and anticoagulation therapy: i. Nutritional status. ii. Recent trauma. iii. Surgery. iv. Bleeding problems experienced while receiving any previous antithrombotic or anticoagulant therapy.	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.			
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3c)	For	critical test results reporting, the facility has defined eptable lengths of time between:			
	i.	Ordering critical hematologic tests (e.g., INR, PPT) and reporting of the test results.			
	ii.	The availability of the results and confirmation of receipt by a health care provider.			
	iii.	The receipt of results by a health care provider and clinically appropriate antithrombotic dose changes.			
		Warfarin Manage	ment	: Pra	actices
					If answard "No" - identify the Specific Action
		Gap Analysis Questions	Yes	No	plan(s) including persons responsible and timeline to complete.
4a)	The war	facility has standard processes in place for initiation of farin therapy and daily dosing, which include:			
	i.	Collection of baseline lab values prior to prescribing anticoagulant. e.g. warfarin naive patient (30 days prior), warfarin maintenance patient (24 hr prior)			
	ii.	The INR is the primary laboratory test used to monitor and adjust warfarin therapy.			
	iii.	Nutritional assessment.			
	iv.	Drug/drug interactions.			
	٧.	Lab values.			
	vi.	History of thrombosis or bleeding event.			
	vii.	Recent trauma or surgery.			
	viii.	Allows ability to adjust INR target range for clinical indication.			
	ix.	Screening for interactions between enteral nutrition products and anticoagulation therapy.			
	х.	Obtaining blood draws for INR at the same time each day.			
	xi.	Administering warfarin at the same time each day after INR results are available (e.g., afternoon / evening).			
	xii.	Warfarin is started on Day 1 or 2 of LMWH or UFH therapy initiation.			
		Warfarin Prevention and	d Mit	igati	ion Practices
		Gap Analysis Questions	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and
					timeline to complete.
5a)	The	facility's warfarin management practices include:			
	i.	Notification of dietary services when a patient is receiving			
		warfarin therapy.			
	п.	warfarin therapy. Automatic nutrition consults when patients are first placed on warfarin to avoid drug-food interactions.			
	iii.	warfarin therapy. Automatic nutrition consults when patients are first placed on warfarin to avoid drug-food interactions. Warfarin is dispensed in unit dose only (e.g., warfarin tablets are not split).			
	iii. iv.	warfarin therapy. Automatic nutrition consults when patients are first placed on warfarin to avoid drug-food interactions. Warfarin is dispensed in unit dose only (e.g., warfarin tablets are not split). Warfarin is not available as floor stock unless stored in an automated dispensing cabinet that is interfaced with pharmacy.			
	ii. iv. v.	warfarin therapy. Automatic nutrition consults when patients are first placed on warfarin to avoid drug-food interactions. Warfarin is dispensed in unit dose only (e.g., warfarin tablets are not split). Warfarin is not available as floor stock unless stored in an automated dispensing cabinet that is interfaced with pharmacy. All strengths of warfarin tablets dispensed within the facility are purchased from a single manufacturer.			
5b)	iii. iv. v. The prov	warfarin therapy. Automatic nutrition consults when patients are first placed on warfarin to avoid drug-food interactions. Warfarin is dispensed in unit dose only (e.g., warfarin tablets are not split). Warfarin is not available as floor stock unless stored in an automated dispensing cabinet that is interfaced with pharmacy. All strengths of warfarin tablets dispensed within the facility are purchased from a single manufacturer. facility's practice for handoff communication to the next vider of care includes:			
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5b)	ii. iv. v. The prov i. ii.	warfarin therapy. Automatic nutrition consults when patients are first placed on warfarin to avoid drug-food interactions. Warfarin is dispensed in unit dose only (e.g., warfarin tablets are not split). Warfarin is not available as floor stock unless stored in an automated dispensing cabinet that is interfaced with pharmacy. All strengths of warfarin tablets dispensed within the facility are purchased from a single manufacturer. facility's practice for handoff communication to the next vider of care includes: Inpatient warfarin dosing history. Inpatient INR value history.			
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5b)	ii. iv. v. The pro i. ii. iii. iv. v.	warfarin therapy. Automatic nutrition consults when patients are first placed on warfarin to avoid drug-food interactions. Warfarin is dispensed in unit dose only (e.g., warfarin tablets are not split). Warfarin is not available as floor stock unless stored in an automated dispensing cabinet that is interfaced with pharmacy. All strengths of warfarin tablets dispensed within the facility are purchased from a single manufacturer. facility's practice for handoff communication to the next vider of care includes: Inpatient warfarin dosing history. Inpatient INR value history. Daily warfarin dosing schedule to be followed until date of next INR. A confirmed appointment scheduled for laboratory, physician, and/or anticoagulation clinic.			

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	 Consistent evaluation regarding the need for 			
	LMWH until a therapeutic INR is reached.			
	b. Maintaining patient on LMWH until a therapeutic			
	INR is reached (when appropriate)			
	intra reached (when appropriate).			
		1		
	Oral Anticoagulant and Antit	hrom	ooti	c Management Practices
	orar / Indoougulant and / India			o managomont i raotiooo
	Gap Analysis Questions	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete
6a) The	a facility has standard processes in place for initiation of			
	I antiacagulant ar antithrambatia tharany, which includes			
ora	ranticoaguiant or antithrombotic therapy, which include:			
Ι.	Collection of baseline lab values prior to prescribing			
	anticoagulant or antithrombotic.			
ii.	Drug/drug interactions.			
iii.	History of thrombosis or bleeding event.			
iv.	Recent trauma or surgery.			
V.	Administering anticoagulant or antithrombotic at the same			
	time each day			
vi	Transitioning the patient from warfarin benarin or LMWH to			
vi.	on oral anticoagulant agent or from an oral anticoagulant			
	an orar anticoagurant agent or from an orar anticoagurant			
	agent to warrann, neparin, or LiviviH.			
VII.	Renal adjustment policy that is individualized for each agent.			
viii.	Monitoring and/or discontinuing anticoagulant /			
	antithrombotic therapy prior to invasive procedures.			
ix.	Management of bleeding events.			
х.	Reversal agents are on formulary with policies for			
	appropriate use.	_		
	Parenteral Anticoadulan	t Man	ade	ement Practices
				It apolyorod "No" idoptity the Speakie Astion
	Gap Analysis Questions	Yes	No	plan(s) including persons responsible and timeline to complete.
7a) The	Gap Analysis Questions	Yes	No	plan(s) including persons responsible and timeline to complete.
7a) The	Gap Analysis Questions	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
7a) The i.	Gap Analysis Questions e facility has processes in place for: Safely managing the care and removal of epidural catheters placed during regional apethesis when LMW/H has been	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
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7a) The i.	Gap Analysis Questions e facility has processes in place for: Safely managing the care and removal of epidural catheters placed during regional anesthesia when LMWH has been administered for surgical prophylaxis. Manifering discontinuing and/or reginition	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
7a) The i. ii.	Gap Analysis Questions	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
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Parenteral Anticoagulant Preve	ntion	and	Mitigation Practices
Gap Analysis Questions	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
8a) The facility has processes in place to eliminate errors in preparation, storage, and dispensing which includes:			
i. Utilizing unit dose LMWH (round to the nearest dose if using a svringe)			
ii. Limiting concentrations of heparin stored in automated			
10,000 units/mL 1mL vials in automated dispensing cabinets or as floor stock)			
Dispensing commercially prepared, pre-mixed IV solutions of UFH in limited concentrations.			
 Dispensing commercially prepared, pre-mixed IV solutions of UEH in limited vial sizes 			
 Dispensing commercially prepared, pre-mixed IV solutions of UFH in prefilled heparin flushes. 			
8b) The facility has a process in place to perform an independent double-check for UFH (e.g., with smart pump technology or nurse double-check) with:			
i. Each new bag hung.			
ii. Each rate change.			
Parenteral Anticoagulant	: Ther	ape	utic Strategies
Gap Analysis Questions	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
9a) The facility has processes in place to initiate and monitor heparin via lab values including:			
 A baseline hemoglobin, hematocrit, serum creatinine and platelet count are obtained prior to initiating antithrombotic therapy with unfractionated heparin or LMW heparin. 			
ii. PTTs are obtained no sooner than 6-8 hours after UFH initiation			
iii. Laboratory tests have standard intervals for assessment			
iv. Prior to ordering any heparin product, the facility requires			
history of heparin induced thrombocytopenia (HIT) and/or an allergy to heparin. Positive responses are documented in the			
medical record.			
critically ill medical patients that includes use of low dose UFH, LMWH or fondaparinux.			
vi. The facility's renal anticoagulant dosing program allows a pharmacist or prescriber to routinely adjust the doses of LMWH, Factor Xa inhibitors, and direct thrombin inhibitors.			
vii. The facility's documentation process for LMWH injections includes date and time of dose, and site of injection.			
9b) For patients on UFH:			
 If platelet count decreases to less than 100,000/mm³ or less than 50% of the baseline that the patient is evaluated for HIT in real-time. 			
 If the patient is diagnosed with HIT, all sources of heparin are discontinued including heparin flush. 			

Critical Thinking and K	now	ledg	je Strategies
Gap Analysis Questions	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
10a) The facility provides interdisciplinary education on antithrombotic therapy, which includes:			
 Initial training for new hires and existing staff, including protocols and guidelines. 			
ii. Post-test incorporating a case-study approach to demonstrate proficiency.			
iii. Plan for targeting gaps in knowledge.			
 Ongoing antithrombotic education is provided to direct care staff when new relevant information is available. 			
Patient	Educ	atic	on
Gap Analysis Questions	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
11a) When initiating antithrombotic therapy, patients/caregivers receive verbal and written information on purpose, action, side effects, and monitoring.			
11b) The facility has a process in place to educate patients and families on anticoagulants, using teach-back method, to ensure safe therapy including:			
i. Indication.			
ii. Symptoms for monitoring.		<u> </u>	
III. Dietary issues.	<u> </u>	<u> </u>	
IV. Drug Interactions.			
v. Wonitoling requirements.	- ⊢ –		
vii. Potential adverse effects.			
11c) Pharmacists are available for consultations to assist with patient education when any health care practitioner identifies a patient who is at risk for non-adherence.			
VTE Prevention and	d Miti	gati	ion Strategies
Gap Analysis Questions	Yes	No	If answered "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
12a) The facility has a designated team (may be an existing committee with the addition of content matter experts) to oversee VTE prophylaxis protocol and order set development, updates, and use.			
12b) Staff roles and responsibilities in the VTE prophylaxis process are well defined.			
12c) The facility has a process in place to ensure timely ordering and implementation of VTE prophylaxis according to physician orders and evidence based practice.			
12d) The facility's VTE prophylaxis protocol includes, at a minimum:			
 Assessment and documentation of patient VTE risk factors, using evidence-based criteria, upon hospital admission, at change in level of care and at discharge. 			
ii. Encouragement of patient mobility.			
iii. Assurance of proper fitting, application, and use of mechanical VTE options.			

iv. Education of patients and the benefits of pharmacological a prophylaxis	eir families on the purpose and and mechanical VTE				
v Education of patients on pos	t-discharge VTE prophylaxis				
vi Post discharge assessment/	scrooping follow up via		<u> </u>		
telephone call or postcard, w	vith patient and/or family.				
12e) The facility has a process in pla	ace to:				
i. Monitor/audit the appropriate	e use of VTE protocols.				
ii. Provide timely feedback whe	en lapses of protocol use are				
discovered.					
	VTE Therapeut	tic St	rate	aies	
				If answered "No" – identify the Sp	ecific Action
Gap Analysis G	Questions	Yes	No	plan(s) including persons respo timeline to complete.	nsible and
13a) The facility has a process in pla	ace to ensure that:		_		
 Prophylaxis recommendation 	ns are based on risk				
assessment, consistent with	evidenced-based measures/				
guidelines and are individual	ized for each patient receiving				
anticoagulation therapy.					
ii. A protocol for use of mechan	nical prophylaxis with intermittent				
pneumatic compression (IPC	c) is implemented per				
evidenced-based practice an	nd manufacturer's				
recommendations					
iii All potiente with moderate to	high right of yong yo	+ -			
III. All patients with moderate to	nign risk of venous				
thromboembolism are started	d on pharmacologic prophylaxis				
based on the hospital's ident	ified recommendations – unless				
contraindicated.					
13b) The facility uses smart infusion	pumps for the IV				
administration of all antithromh	otics, with functionality				
employed to:	,				
employed to: i. Intercept and prevent wrong	dose errors.				
i. Intercept and prevent wrong ii. Intercept and prevent wrong	dose errors.				
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15b) The fam ens	e facility has a process in place to educate patients and nilies on anticoagulants, using teach-back method, to sure safe therapy including:		
i.	Indication.		
ii.	Symptoms for monitoring.		
iii.	Duration of therapy.		
iv.	Dietary issues.		
٧.	Disease interactions.		
vi.	Monitoring requirements.		
vii.	Potential for adverse drug reactions and interactions.		

Adapted from:

Anticoagulation Agent Adverse Drug Event Gap Analysis – Component of the Medication Safety Road Map

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Venous Thromboembolism (VTE) Prevention Strategies Gap Analysis – Component of the Medication Safety Road Map

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