

## 1.5 Percentage of patients with an INR above 4 whose dosage has been adjusted or reviewed prior to the next warfarin dose

### Purpose

This indicator addresses the effectiveness of processes for timely and effective monitoring of high risk medicines such as warfarin.

### Background and evidence

Warfarin has a narrow therapeutic index, thus monitoring therapy is critical to prevent harm. The anticoagulant effect of warfarin is monitored by calculating the International Normalised Ratio (INR) – a ratio of the patient's prothrombin time to the mean normal prothrombin time.<sup>1</sup> For most patients requiring warfarin, the target INR range is between 2 and 3.<sup>1,2</sup>

Bleeding is the most common and serious complication of warfarin<sup>2</sup> and there is a strong relationship between INR levels and bleeding.<sup>3</sup> The risk of bleeding is markedly increased once the INR exceeds 4.<sup>4</sup>

To reduce bleeding risk, dosage adjustment is often needed, particularly for those patients newly initiated on warfarin and/or other medication. This includes patients on warfarin who are hospitalised for conditions unrelated to the requirement for warfarin. However, watchful waiting is an acceptable alternative in patients with mildly elevated INR.<sup>5</sup> Therefore in some cases it may be appropriate that no dosage adjustment occurs, although regular review is mandatory.

### Key definitions

**Dosage adjusted** is defined as dose reduction or dose omission and must be documented on the medication chart.

**Dosage reviewed** means there is explicit documentation on the medication chart or in another pre-determined section of the medical record that a high INR has been noted and that dosage adjustment is not required.

### Data collection for local use

Please refer to the section *Using the National Quality Use of Medicines Indicators for Australian Hospitals* for guidance on sample selection, sample size, measurement frequency and other considerations.

**Inclusion criteria:** Patients aged 18 years and over with an INR result greater than 4.

**Exclusion criteria:** Nil.

**Recommended data sources:** Medical records, medication charts and pathology results.

The data collection tool for QUM Indicator 1.5 assists data collection and indicator calculation.

## Data collection for inter-hospital comparison

This indicator may be suitable for inter-hospital comparison. In this case, definitions, sampling methods and guidelines for audit and reporting need to be agreed in advance in consultation with the coordinating agency.

## Indicator calculation

$$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$$

**Numerator** = Number of patients with INR above 4 whose dosage has been adjusted or reviewed prior to the next warfarin dose

**Denominator** = Number of patients with INR above 4 in sample

## Limitations and interpretation

Data collection for this indicator relies on documentation in the medical record, especially for demonstration of dosage review. Good documentation supports quality patient care<sup>6</sup> and is a critical component of management for potentially toxic medicines such as warfarin. Poor communication can result in adverse drug events.<sup>7</sup> Thus it is assumed that absence of explicit documentation means no review took place.

## Further information

Medication Safety Self Assessment for Antithrombotic Therapy in Australian Hospitals<sup>8</sup> (MSSA-AT) can help identify potential strategies for improvement with this and other indicators. The MSSA-AT encourages development of robust systems for safe prescribing, dispensing, administration and monitoring of antithrombotic therapy. MSSA-AT is available at [www.cec.health.nsw.gov.au](http://www.cec.health.nsw.gov.au)

This indicator can be used to assist hospitals in meeting the National Safety and Quality Health Service Standard 1 [items 1.2.1, 1.2.2, 1.5.2, 1.6.1, 1.6.2, 1.8.1] and Standard 4 [items 4.2.1, 4.2.2, 4.5.1, 4.5.2, 4.11.1].<sup>9</sup>

## References

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