

PROGRAMME

Day One- 15th September 2010

Time	Activity	Speaker/Facilitator
9:00- 9:30	Registration & welcome	Muriel Shannon
9:30- 10:00	Coagulation mechanism and how warfarin works	Muriel Shannon
10:30- 11:00	The INR and BCSH guidelines	Muriel Shannon
11:00- 11:15	Coffee	
11:15– 12:00	NPSA safety alert & competencies Funding	Maria Ana Jenkins
12:00- 13:00	Lunch	
13:00-14:00	AF & Stroke prevention	Michael Sampson
14:00- 15:00	Computer Assisted Dosing Software	Paul Sullivan
15:00- 15:30	Setting up clinic in primary care	Maria Ana Jenkins
15:30- 15:45	Coffee	
15:45- 16:30	Dosing Practice	Muriel Shannon Maria Ana Jenkins
16:30- 17:00	Summary & Conclusion	Muriel Shannon Maria Ana Jenkins

Day Two- 22nd September 2010

Time	Activity	Speaker/Facilitator
9:00- 9:30	Registration	
9:30- 10: 30	Initiation, maintenance and stopping warfarin	Maria Ana Jenkins
10:30- 11:15	Interruption of anticoagulation for elective purposes	Muriel Shannon
11:15- 11:30	Coffee	
11:30- 12:00	Protocol Development	Maria Ana Jenkins
12:00- 13:00	Point of care testing and quality control	Jeremy Archer
13:00- 14:00	Lunch	
14:00- 14:15	Referral pathways between primary and secondary care Patient education and information	Maria Ana Jenkins
14:15- 15:15	Coagucheck Practical Workshop	Matthew Johnson
15:15- 15:30	Coffee	
15:30- 16:30	Case scenarios	Muriel Shannon Maria Ana Jenkins
16:30- 17:00	Summary & Conclusion	Muriel Shannon

Day Three- 29th September 2010

Time	Activity	Speaker/Facilitator
9:00- 9:30	Registration	
9:30- 10:15	Audit & Clinical governance	Muriel Shannon
10:15- 11:15	Treatment of over-anticoagulation & bleeding	Muriel Shannon
11:15- 11:30	Coffee	
11:30-11:45	VTE Risk Assessment	Muriel Shannon
11:45- 12:15	Revision- summary of learning objective and competencies	Muriel Shannon Maria Ana Jenkins
12:15- 13:00	Written assessment: MCQs	Muriel Shannon Maria Ana Jenkins
13:00- 14:00	Lunch	
14:00- 15:00	Practical assessment: POCT and data handling	Muriel Shannon Maria Ana Jenkins
15:00- 15:30	Summary & conclusion	Muriel Shannon Maria Ana Jenkins

A further half day session will be arranged at a hospital based anticoagulant clinic on an individual basis so that competencies can be signed off when each participant feels ready to practice on their own.

Speakers

Muriel Shannon Consultant Haematologist, St George's Hospital

Maria Ana Jenkins Anticoagulation Nurse Manager, St George's Hospital

Jeremy Archer Haemostasis Laboratory Manager, St. George's Hospital

Michael Sampson BHF Arrhythmia Nurse, St George's Hospital

Paul Sullivan Business Development Manager, Sullivan Cuff Software Ltd

Matthew Johnson Point of Care Specialist, Roche Diagnostics

Learning objectives (MSS)

-  Warfarin
 - Mechanism of basic haemostasis

- Mode of action of warfarin
 - Side effects of warfarin
 - Patient risk factors associated with increased bleeding
 - Drug interactions (including over the counter and herbal preparations)
 - The need for and methods of patient education
 - Dietary effects on warfarin
- ✚ How warfarin is measured
- How the INR is derived
 - Target ranges for INR
 - INR point of care testing (POCT) and limitations of POCT
 - The need for internal and external quality control systems
- ✚ How to set up a clinic in primary care
- Computerised dosing systems
 - How to manage a clinic using manual systems
 - Record keeping
 - DNA tracking
 - Audit of anticoagulation parameters
 - Clinical governance reporting of errors and near misses
 - Professional liability and accountability
 - Continued professional development
- ✚ Warfarin dosing – theory
- Initiation of warfarin
 - Maintenance dosing
 - Interruption for elective procedures
 - Stopping warfarin
- ✚ Warfarin dosing - practise
- Selection of patients
 - Determining appointment intervals
 - Action for low INR
 - Action for high INR
 - Use of Vitamin K
 - Use of LMWH
- ✚ Referral to secondary care
- Telephone advice
 - Non urgent advice for minor bleeding or INR out of range
 - Urgent referral for suspected major bleeding

- Referral for pregnancy management
- Referral for surgical management

Performance criteria (NPSA 2007)

1. Read the patient's notes, previous prescription and protocol, and identify any special instructions. Review the results of all relevant

- investigations (including blood test results) and identify any issues on which you need to seek advice.
2. Greet, accurately identify the patient and introduce yourself and any colleagues present to the patient and/or carer.
 3. If a carer is present, ensure that the patient consents to their presence throughout the assessment and is willing for them to receive the same information as that given to the patient.
 4. Undertake and document measurement of the INR in accordance with national and local guidelines.
 5. Review the patient's history since their last attendance.
 6. Explain the treatment alternatives and their risks and benefits to the patient and/or carer together with any potential side effects and their management, and accurately answer any questions at a pace and level that is appropriate to:
 - their emotional state;
 - their level of understanding;
 - their culture and background;
 - their preferred ways of communicating;
 - their needs.
 7. Explain any lifestyle changes that will be needed in order to ensure good anticoagulant control.
 8. Check that the patient and/or carer understand the treatment choices being offered, the implications of this choice and any potential side effects together with their management.
 9. Ensure that the patient receives verbal and written information concerning the way in which their anticoagulant therapy is to be continued.
 10. Prescribe the anticoagulant treatment according to legislation, national and local prescribing guidelines and relevant clinical information to ensure safe and optimal delivery of treatment.
 11. Include in the prescription:
 - the approved name of anticoagulant drug(s);
 - dose, route, method and duration of administration;
 12. Prescribe legibly, ensuring your intention for treatment and monitoring is clear, accurate and complete and that there are no ambiguities.
 13. Discontinue one or more anticoagulant drugs in accordance with national and local guidelines and the patient's response.
 14. Update the patient-held record of anticoagulant treatment.
 15. Inform the patient's multi-disciplinary team, including GP and community pharmacist, about the outcome of the assessment, in accordance with local policy.

16. Record and report your findings, recommendations, patient and/or carer's response and issues to be addressed according to local guidelines.
17. Recognise when you need help and seek advice and support from an appropriate source when the needs of the individual and the complexity of the case are beyond your competence and capability.
18. When transferring the care of the patient to another healthcare team and especially on discharge from hospital, ensure that the new team is sent information concerning the clinical indication for use, target INR, intended duration of therapy, current prescription and recent laboratory test results.