Requirement 3E
Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
Note: This requirement applies only to organizations that provide anticoagulation therapy.

Rationale for Requirement 3E
Anticoagulation is a high risk treatment, which commonly leads to adverse drug events due to the complexity of dosing these medications, monitoring their effects, and ensuring patient compliance with outpatient therapy. The use of standardized practices that include patient involvement can reduce the risk of adverse drug events associated with the use of heparin (unfractionated), low molecular weight heparin (LMWH), warfarin, and other anticoagulants.
Note: This requirement has a one-year phase-in period that includes defined expectations for planning, development and testing (“milestones”) at 3, 6 and 9 months in 2008, with the expectation of full implementation by January 2009.

A 1. (AHC, HAP, CAH, LTC, OBS, OME) As of April 1, 2008, the [organization]’s leadership has assigned responsibility for oversight and coordination of the development, testing, and implementation of NPSG Requirement 3E.

A 2. (AHC, HAP, CAH, LTC, OBS, OME) As of July 1, 2008, an implementation work plan is in place that identifies adequate resources, assigned accountabilities, and a time line for full implementation of NPSG Requirement 3E by January 1, 2009.

A 3. (AHC, HAP, CAH, LTC, OBS, OME) As of October 1, 2008, pilot testing in at least one clinical unit is under way.

A 4. (AHC, HAP, CAH, LTC, OBS, OME) As of January 1, 2009, the process is fully implemented across the organization. The Implementation Expectations that will apply beginning January 1, 2009 are provided below.

Implementation Expectations for 3E

A 1. (AHC, HAP, CAH, LTC, OBS, OME) The organization implements a defined anticoagulant management program to individualize the care provided to each patient receiving anticoagulant therapy.
A 2. (AHC, HAP, CAH, LTC, OBS, OME) To reduce compounding and labeling errors, the organization uses ONLY oral unit dose products and pre-mixed infusions, when these products are available.

(M) C 3. (AHC, HAP, CAH, LTC, OBS, OME) When pharmacy services are provided by the organization, warfarin is dispensed for each patient in accordance with established monitoring procedures.

(M) C 4. (AHC, HAP, CAH, LTC, OBS, OME) The organization uses approved protocols for the initiation and maintenance of anticoagulation therapy appropriate to the medication used, to the condition being treated, and to the potential for drug interactions.

(M) A 5. (AHC, HAP, CAH, LTC, OBS, OME) For patients being started on warfarin, a baseline International Normalized Ratio (INR) is available, and for all patients receiving warfarin therapy, a current INR is available and is used to monitor and adjust therapy.

(M) C 6. (AHC, HAP, CAH, LTC, OBS, OME) When dietary services are provided by the organization, the service is notified of all patients receiving warfarin and responds according to its established food/drug interaction program.

A 7. (AHC, HAP, CAH, LTC, OBS, OME) When heparin is administered intravenously and continuously, the organization uses programmable infusion pumps.

(M) C 8. (AHC, HAP, CAH, LTC, OBS, OME) The organization has a policy that addresses baseline and ongoing laboratories tests that are required for heparin and low molecular weight heparin therapies.

(M) C 9. (AHC, HAP, CAH, LTC, OBS, OME) The organization provides education regarding anticoagulation therapy to (CAH, HAP: prescribers,) staff, patients, and families.

(M) C 10. (AHC, HAP, CAH, LTC, OBS, OME) Patient/family education includes the importance of follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions.

A 11. (AHC, HAP, CAH, LTC, OBS, OME) The organization evaluates anticoagulation safety practices (see MM.8.10).