

Issue to Address

Our clinic had a standardized workflow for INR monitoring. Overtime our LPNs took elements of the process and adapted it to their own personal workflow. Due to this we had variances of the process in each microsystem, which made it difficult to cross cover during staff absences. Therefore, we decided to review and standardized the workflow across the clinic. Our goal was to create a workflow which considers patient safety as the priority and at the same time is streamlined and practical.

Data Collection

Our clinic consists of 24 physicians and 12 LPNs who are divided into 4 microsystems. We call them Health team for simplicity. First, we collected data from all the LPNs for each element of INR monitoring and the rationales. Then we modified existing workflow based on the collected feedback and with consideration of safety and simplicity and sustainability. We consulted CPSA regarding areas with uncertainty. When the workflow was developed, relevant training happened and it was implemented. After 6 months of implementation, we conducted online survey through survey monkey for LPNs and physicians regarding their views about the new workflow. We also conducted a phone survey for patients asking them about their perspective. Sample of patients were selected randomly and included those who actually had an INR test during the two weeks time interval of the survey.

Acknowledgements

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Maeve O'Beirne, MD
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CFMTC Team

Findings

- Response rate to our survey was as below:
 - Health team 44.1% (LPN 66.7%, MD 54.2%)
 - Patients 100% (52.8% of total patients who need INR management)
- Majority of participants did not notice a change in the workflow: Health team 68.35%, Patients 84.85%
- Most of the patients agreed that current workflow supports patient safety (90.16%) and overall patient care (93.75%)
- Health team overall had a positive experience with the workflow. However, they brought up valuable suggestions and their highlights are as below:
 - Need for creating a LPN/RN supported protocol
 - Work towards INR self management for those patients who qualify
 - Need for more streamlines process for documentation
- 82.81% of patients believed patients should be reminded maximum twice to do INR (No call 10.94% Once 51.56%)
- Patients also shared interesting perspectives and suggestions as below:
 - 33.3% (8/24) of those who had added suggestions believed that patients should take more accountability with regards to their health and not require reminders for related issues
 - 37.5% (9/24) specifically indicated they really appreciate the reminder calls and are very pleased with the care
 - One patient asked for education about Warfarin

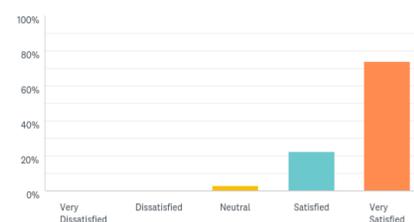


Chart 1: Patients' answer to: How satisfied are you with the current process our clinic uses for INR management?

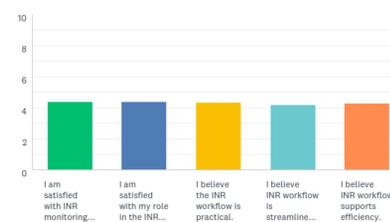


Chart 2: Health team's answer to various questions asked.

Conclusions

All of us in primary care consistently involve in Quality Improvement projects at our practice. However, we are not always able to collect feedback from our stakeholders, specially our patients regarding their expectations and suggestions. In this project, we had the opportunity to engage nurses in the development phase and patients as well as our team in the evaluation post implementation phase of our QI project.

This review provided our team with valuable information from which new ideas can develop. We aimed for a workflow which is safe, and at the same time, efficient, simple and sustainable. We are pleased to see the direction we moved towards is the right direction and to have guidance towards the next steps ahead.

This was an example of change management in which team's engagement in modifying the workflow, supported smooth implementation and high satisfaction.

Currently, based on the suggestions, we are planning towards:

- Modify INR monitoring task
- Look into possibility of implementing a system for patient self INR management
- Look into possibility of implementation of LPN/RN supported protocol
- Modify the process for reminding patients regarding their INR
- Look into establishing structured patient education modules about anticoagulation

Our efforts would have not and will not lead to desired outcome without the dedicated support from our team at CFMTC and we are grateful to be part of it.

