CCHCS ANTICOAGULATION* QUALITY OF CARE REVIEW**

REVIEWER: _____ **DATE OF REVIEW:** _____

PATIENT NAME: _____ **CDCR #** _____ **DOB:** _____

PCP: _____ **DATE(S) OF VISIT(S):** _____

1.) Is the overall history/problem list documentation for anticoagulation therapy adequate?	❑ **Yes** ❑ **No**
• Are there current complaints documented? Pertinent symptoms (i.e. epistaxis, melana, bruising, etc) reviewed? If present, were severity and frequency of symptoms documented? • Is a review of medications documented? Is adherence to medications reviewed? Is therapy duration included? And if not life-long treatment, are therapy start/end dates documented? • Is there review of the most recent INR? A. If supra-therapeutic, are reasons explored (i.e. recent dosage changes, or dietary changes*) B. If sub-therapeutic, are reasons explored (i.e. poor adherence to medication, or dietary changes*)? Also, were symptoms of extremity pain, swelling, or neurovascular deficits explored*? • Is a review vaccinations documented, if applicable for the condition requiring anticoagulation therapy?	
2.) Is the overall focused clinical examination for anticoagulation therapy adequate?	❑ **Yes** ❑ **No**
• Are vital signs documented? • Does physical examination include examination of skin and mucous membranes for evidence of possible bleeding§ (i.e. ecchymosis, gingival bleeding)? • Does physical examination expand to encompass the diagnosis for which anticoagulation therapy is prescribed, or complaints in history (i.e. extremity exam if history of DVT or for complaint of leg swelling, or chest examination if complaint of SOB, or history of mechanical valve)?	
3.) Is the overall assessment for anticoagulation therapy adequate?	❑ **Yes** ❑ **No**
• Is the diagnosis requiring anticoagulation therapy documented? • Is INR target goal documented? • Is the most recent INR within the therapeutic range of the INR target goal?	
4.) Is the overall plan for anticoagulation therapy adequate?	❑ **Yes** ❑ **No**
• Is anticoagulation therapy adjusted in accordance with guidelines, if INR out of therapeutic range of the INR target goal? • Is INR monitored every 4 weeks*, if most recent INR within the therapeutic range of the INR target goal? • Is INR monitored every 7-10 days, or more frequently (if clinically indicated), if INR not within the therapeutic range of the INR target goal? • Are appropriate actions taken, if patient has abnormal bleeding (i.e. stat labs ordered, referral to higher level of care, administration of Vit. K)? • Is appropriate follow-up ordered, per guidelines? A. Due to high risk nature of anticoagulation therapy, follow-up typically $\leq$ 90 days, as clinically indicated.	
5.) Is the overall education and effective communication for anticoagulation therapy adequate?	❑ **Yes** ❑ **No**
• Is there documentation of instructions/counseling on lifestyle modifications (weight loss, dietary changes, exercise, etc.)? • Is there documentation of medication issues (adherence, side effects, drug-drug interactions, drug-food interactions, etc.)? • Is there documentation of effective communication, including identification of disability† & accommodations‡ employed to ensure effective communication, of applicable?	
RECOMMENDATIONS/COMMENTS:	

* If anticoagulant, other than warfarin, refer to "Anticoagulation Care Guide" for appropriate guidelines.

** All elements in each domain are suggestions for good documentation, not requirements. Overall adequacy for each domain should include a majority of the elements below. Use clinical judgment when reviewing the documentation. Please consider the elements in this review tool when completing AMAT.

§ OIG Instructions and Guidance Elements

† Disabilities may be identified on Problem List or in a progress note in plain language or be DVVP code, i.e. TABES <4.0, DPH, DPV etc.

‡ Accommodations should be specific to identify disability i.e. large print or magnifying device for visual impairment.