**National Clinical Pharmacy Specialist (NCPS) Resource Guide: Collection of Emergent Care Visits from Adverse Events from Oral Anticoagulants**

**Background:** Starting August 2015, the NCPS Committee required submission of specific outcomes for Anticoagulation Clinics with any new and renewal requests for anticoagulation certification. Resource Guide was developed to improve easy and standardization of collecting adverse events.

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| **Rate of Emergent Care Visits for Adverse Events from Orally Administered Anticoagulants\*** | **Calculations** | **Results (%)** |
| *Numerator:* # of visits to Emergency Department or Urgent Care Clinic for injury from oral anticoagulants  *Denominator:* # of anticoagulated patients | Numerator \_\_=  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Denominator  = |  |
| \*Definitions:  Oral anticoagulants:  warfarin and direct oral anticoagulants (DOACs);  Adverse Events:  coagulation, laboratory abnormalities, and/or hemorrhagic events. | | |

1. IHS has an ACCESS database that has been shared to help assist in reporting. The ACCESS database will be updated to include the additional questions (but currently not available): “Has patient been hospitalized or visited an ER/EC since their last visit related to anticoagulation?” and “Was vitamin K administered since their last visit?”. Alternatively, this could be added on the local level.
2. ER/EC visits
   1. Patient self-report:
      1. Include ER/EC/hospitalization since last visit (related to anticoagulation) in the visit template.
         1. For positive response, consider using a system to be able to pull the data that does not require retroactive chart review of all notes. Examples include: entry into ACCESS database, note title only used for anticoagulation ADEs, code visit with a specific ICD10 , CPT, or patient education code that can be pulled with a report.
   2. Reports from facility
      1. IHS: create a panel in icare and ER/EC visits can be identified under flags for visits within the facility but will not include outside facilities.
3. Vitamin K administration
   1. Prescribing vitamin k is considered urgent care. Include administration of vitamin K as a visit to “emergency department or urgent care clinic” regardless of the ordering clinic (coag, PCP, ED, EC, etc)
   2. Drug utilization report
   3. Patient self-report
   4. Chart review of ER/EC visits
4. Adverse Drug Events
   1. Webcident or other ADE reporting system
5. Abnormal labs
   1. Reports could include elevated INRs, platelet (thrombocytopenia), drops in hemoglobin > 2g/dl that require intervention or referral (i.e. vitamin k administration, referral to ER or EC). If repeat monitoring is the only action, it does not need to be included.