

Utilization of the Veterans Health Administration (VHA) Adverse Anticoagulation Event Surveillance Report

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Background

Phase 1: Chart Review

- December 2018-April 2019
- ICD 10 codes

Phase 3

- December 2019-April 2020
- VHA surveillance report

Phase 2: Surveillance Report Review

- April 2019
- VHA surveillance report

Background: Phase 1 and 2 Summary

Minimal VA ADERS reporting

Concomitant medications

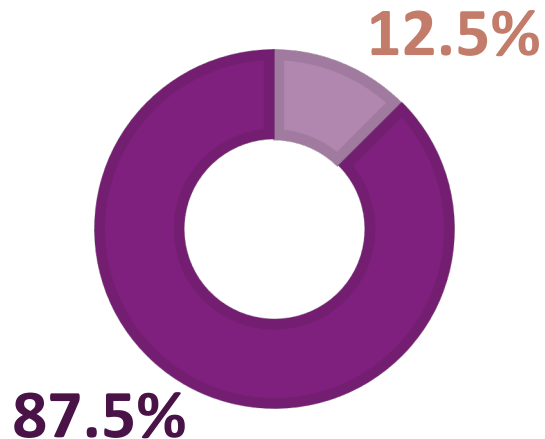
Contributing factors

Background: Phase 1 and 2 Summary

Minimal VA ADERS reporting

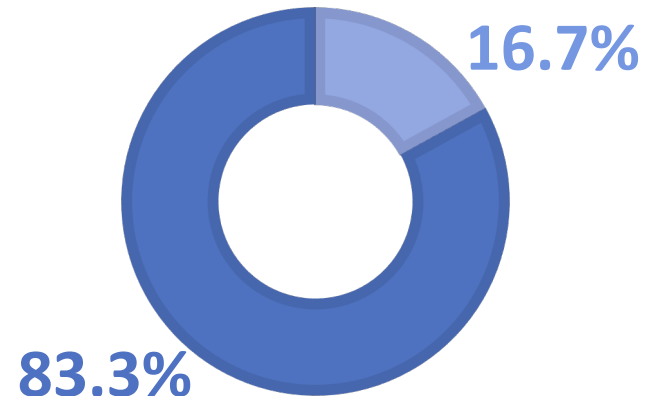
PHASE 1 (N=40)

■ Reported ■ Not reported



PHASE 2 (N=12)

■ Reported ■ Not reported



Background: Phase 1 and 2 Summary

Minimal VA ADERS reporting

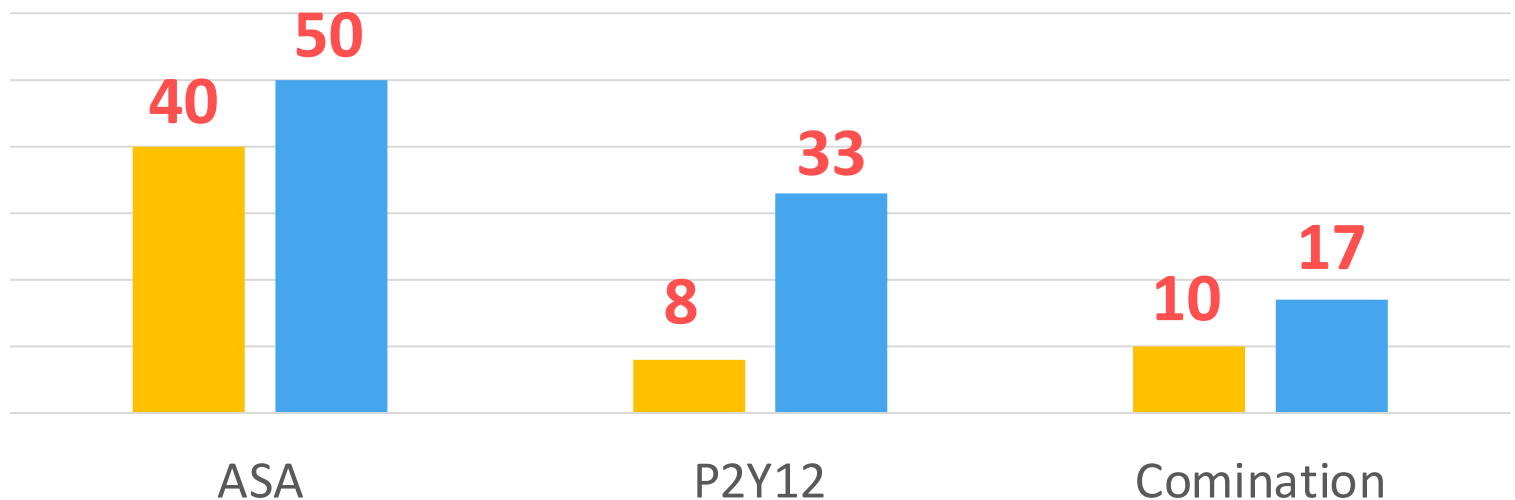
Concomitant medications

Contributing factors

Background: Phase 1 and 2 Summary

Concomitant medications

Percent of Patients



■ Phase 1 (N=40)

■ Phase 2 (N=12)

Medication

Background: Phase 1 and 2 Summary

Minimal VA ADERS reporting

Concomitant medications

Contributing factors

Background: Phase 1 and 2 Summary

Contributing factors

33%
Anemia

Hypertension
60%

50%
Smoking History

Background

**USDHHS Action Plan recommends
heightened surveillance of
hemorrhagic events**

Phase 3 Objective

Increase awareness of risk factors through documentation of the adverse risk assessments associated with anticoagulation therapy

Phase 3

Inpatient Note Templates

**Anticoagulation
clinic consult
request for
physicians**

**Discharge note
for inpatient
pharmacists**

Anticoagulation Note Templates

**Progress notes
include modifiable
risk factor
assessment**

**Consult includes
hemorrhagic risk
assessments, referral
recommendations,
and time to follow-up**

Educational Sessions

**Anticoagulation
dosing**

**Concomitant
medication
recommendations**

**Documentation
and reporting**

Baseline Characteristics

Patient Population (N=37)	
Indication	
AF <i>n (%)</i>	26 (70.3)
VTE <i>n (%)</i>	6 (16.2)
Combination <i>n (%)</i>	3 (8.1)
MHV <i>n (%)</i>	1 (2.7)
May-Thurner Syndrome <i>n (%)</i>	1 (2.7)
AC	
Apixaban <i>n (%)</i>	15 (40.5)
Warfarin <i>n (%)</i>	14 (37.8)
Rivaroxaban <i>n (%)</i>	7 (18.9)
Dabigatran <i>n (%)</i>	1 (2.7)

Phase 3

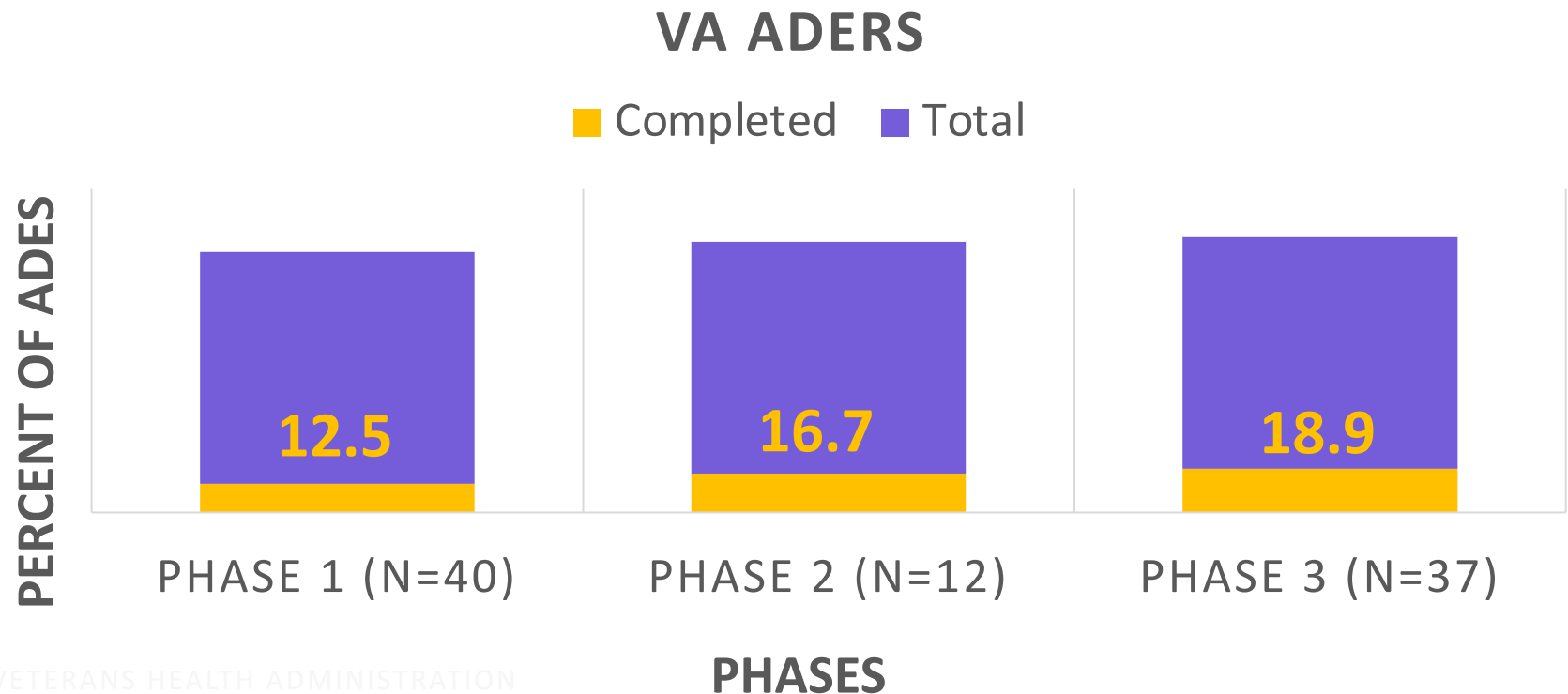
Minimal VA ADERS reporting

Concomitant medications

Contributing factors

Phase 3

Minimal VA ADERS reporting



Phase 3

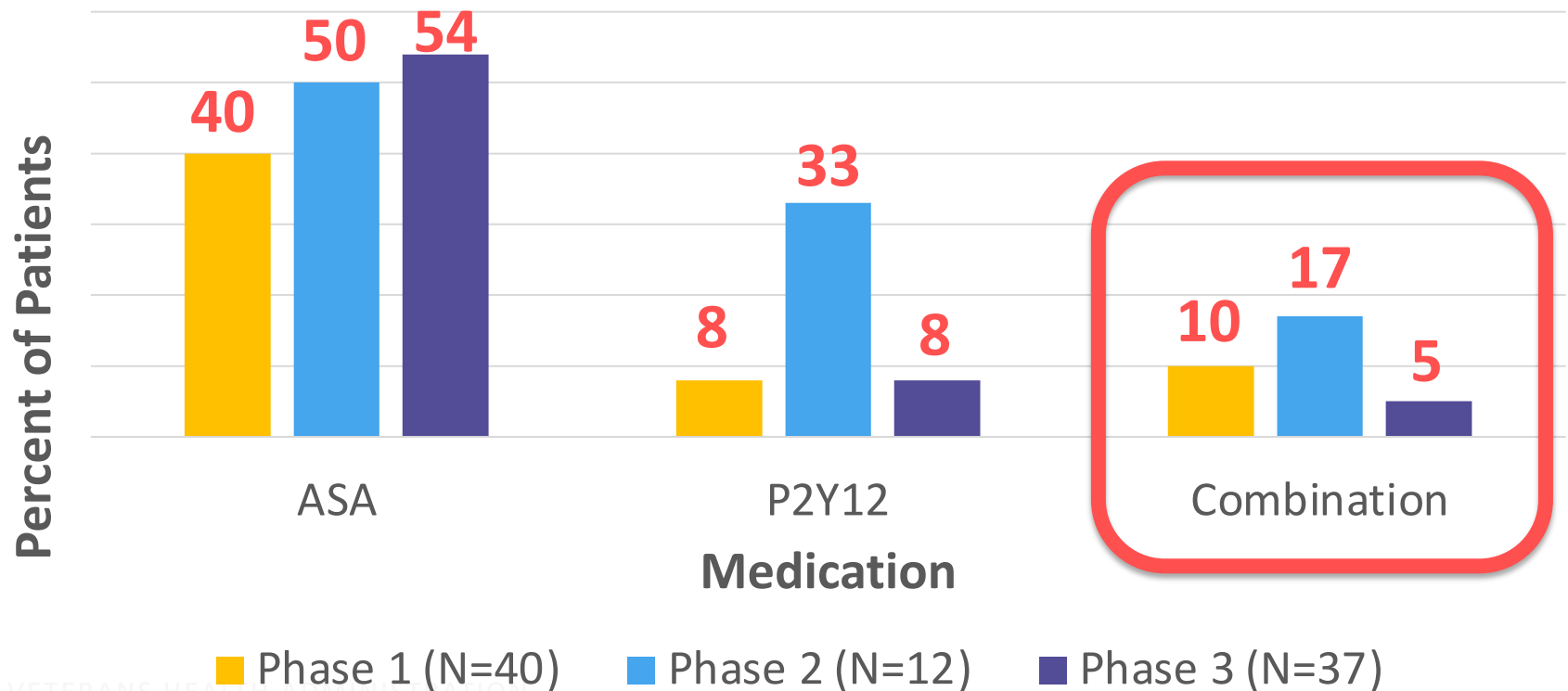
Minimal VA ADERS reporting

Concomitant medications

Contributing factors

Phase 3

Concomitant medications



Phase 3

Minimal VA ADERS reporting

Concomitant medications

Contributing factors

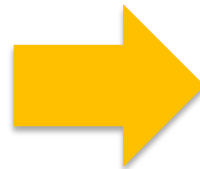
Phase 3

Contributing factors



8 patients smoking
at time of event

3 patients referred to
primary care for
smoking cessation

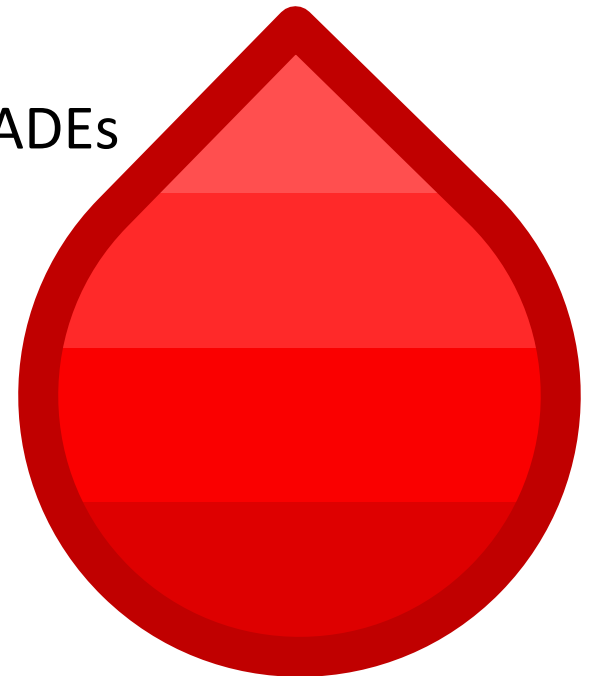


6 patients with
hypertension at time
of event

3 patients referred to
primary care for
hypertension

Conclusions

- Documentation of high-risk assessments has increased with the utilization of new anticoagulation progress notes and consults
- Decrease in triple therapy
- Increase in referrals to decrease risk of ADEs regarding contributing factors
- Continued area of expansion of VA ADERS reporting



Future Directions

Further study implementation of VA ADERs completion process and integration of ADE surveillance into anticoagulation clinic process

Risk assessment via VHA surveillance report

Continue utilizing note templates as reminders for completing essential documentation of ADE