ESTABLISHING AN
ANTICOAGULATION / INR CLINIC

1. Purpose

The purpose of this document is to present guidelines for establishing a warfarin clinic within a medical practice.

2. Organisational Structure

There should be a systematic approach to the introduction of Point of Care Testing (PoCT), which includes all stakeholders. It is not uncommon for PoCT equipment suppliers to go directly to potential user, followed by an immediate decision to purchase and institute PoCT, without an appropriate needs analysis and evaluation of equipment. This ad hoc approach is potentially expensive and dangerous in terms of patient safety. To avoid this situation, any healthcare centre should identify one person who will be the PoCT Coordinator.

Minimum Requirements for PoCT
The following are suggested as minimum requirements for any PoCT service:

• Appropriately qualified designated authority acceptable to all stakeholders who will ensure that the appropriate standards of quality are maintained.
• Equipment selected should have an evaluation report available, preferably performed in Australia/New Zealand.
• Type of PoCT selected should meet clinical requirements.
• All individuals who perform PoCT should undergo appropriate training and be certified as competent.
• Written policies should be in place for all aspects of PoCT. This will include organisational structure, personnel considerations, method/ instrument selection, testing procedures, safety/waste disposal, quality control, external quality assurance, maintenance, reporting of results and patient education.
• Users of PoCT equipment should follow manufacturers’ recommended schedules and protocols.
• Complete, accurate and timely records should be maintained for all aspects of PoCT.
• Written procedures should be in place for each type of PoCT test performed.
• There should be a process in place for routinely monitoring instrument performance, including quality.
• Medical alert/critical/panic values must be defined and communicated immediately to the appropriate carer. Complete, accurate and timely records of patient results should be maintained. Wherever possible, electronic transfer of PoCT results should be implemented.
• Backup and/or confirmatory testing procedures should be identified.

In summary, PoCT is part of the diagnostic assessment and management of a patient and should not be treated differently from normal laboratory testing. The devices should form part of a quality system to ensure the quality of results and, if possible, should also be part of an accreditation process.
3. **Staffing Requirements**

3.1 A Point of Care Coordinator is responsible for an assessment of needs; implementation, management, quality and accreditation of PoCT; protocols for PoCT including guidelines for out-of-range patient results and quality controls. Other roles include:
- Internal Quality Control (QC)
- External Quality Assurance (EQA)
- Maintenance of devices
- Storage of QC consumables at the correct temperature including monitoring of refrigeration
- Checking expiry of cartridges
- Responding to out of range QCs
- Responding to EQA reports
- Training of staff for device proficiency and education for patients
- Competency of staff
- Ensuring that Point of Care Testing is a regular agenda item at practice meetings

3.2 General Practitioner for INR consultation
- Manage out of target range results
- Prescribe dose of warfarin
- Education if target range not achieved
- Repeat prescription
- Communication with Pharmacy if altered dose is required and patient uses a Webster pack

4. **Clinics and Appointments**

Nominate times and days of the week clinics will be performed. Either allocate 5 minute appointments for patients or ask them all to present at the nominated time

5. **Patient Responsibility**

- Presentation of their INR book for results.
- Arrive with warm fingers. Either wear gloves, hold their fingers between their legs or under armpits to warm the fingers or briskly rub fingers together ensuring a quality first sample is achieved
- Ensure the next appointment is booked before leaving
- Encourage patients to read their INR book produced from the manufacturer of their medication.

6. **Results Management**

Best practice ensures results are transferred electronically to the General Practitioner's medical program. If unavailable then the INR result is documented in the patient record and their handbook.
Individual Practice Guidelines must be followed if the patients INR is outside the target range for their condition

7. Discussion while performing procedure

Discussion with the patient on diet (vitamin K), current prescription medication, commencing new medications, over the counter supplements, chronic illness and alcohol intake is important to ensure awareness of effect on INR

8. Quality Control / Quality Assurance

The Point of Care Coordinator will be responsible to ensure Internal Quality Control, External Quality Control, monthly laboratory comparisons, maintenance, training and competency of staff are completed. Accurate ongoing recording of these results should be kept as an integral part of a quality system. Again, clear guidelines must be available for out of range internal and external quality assurance results.

9. References