

Welcome to the Centers of Excellence Assessment

Becoming an Anticoagulation Center of Excellence gives your service the chance to work as a multidisciplinary team to evaluate your current safety practices and identify improvement opportunities. The goal of the six-part self-assessment is to assess your service using an up-to-date, comprehensive standard, answering questions accurately and honestly so that you can identify specific areas where your service can improve and be given specific resources in those areas.

Enrolling is easy and free. Simply complete our brief registration process and you'll be ready to begin the assessment. There is never a cost to participate, and you'll benefit by seeing how your service compares to our comprehensively researched examples from services performing at the highest level.

The evaluation will allow you to track your improvement progress. When you meet all the benchmarks, you'll receive recognition as a Center of Excellence. Some questions on the assessment have multiple parts. Not all boxes must be checked, but most are required to qualify for recognition. If you are unable to check all required answers, you will receive a list of recommended resources from our Resource Center to help you improve towards excellence. You may retake the assessment at any time, at no cost. All evaluation attempts are stored in your account for review.

Please note that only one person from your service (preferably the Medical Director/Program Manager, or their designee) should complete the assessment. We encourage you to assemble a team of practitioners within your service who influence and contribute to patient care to discuss your service's current systems and practices prior to taking the assessment. Assess your service's assessment performance through a consensus vote from all team members after thoroughly investigating performance on each self-assessment item. The typical time required to complete the assessment is 30 to 60 minutes. Questions are divided into six areas, and you may need to interrupt the assessment in order to discuss with your assessment team and gather additional information. You may partially complete the assessment and return to finish at any time. Your assessment will be scored immediately upon submission.

If you have already received recognition as a Center of Excellence, you will need to renew your recognition every two years by retaking the assessment.

Drug Therapy Management

a. The service provides anticoagulant drug therapy knowledge, expertise & support for all of the following:

- Vitamin K Antagonists (e.g. Warfarin)
- LMWH - (e.g. Enoxaparin, Dalteparin)
- Injectable Anti-Xa Agents (e.g. Fondaparinux)
- Unfractionated Heparin

As a Center of Excellence you should understand how unfractionated heparin is used and administered. If your practice has that level of knowledge you may answer yes, even if you do not actively manage patients on heparin.

- Direct Oral Anticoagulants (e.g. Apixaban, Dabigatran, Edoxaban, Rivaroxaban) **Inpatient**
- Injectable Direct Thrombin Inhibitors - (e.g. Bivalirudin, Argatroban) **Inpatient**
- Thrombolytics - (e.g. Alteplase, TPA)

An Inpatient Center of Excellence should expect to be a resource in emergent situations and be familiar with indications for use, associated doses, along with contraindications. If your practice has that level of knowledge you may answer yes, even if you do not actively manage patients on thrombolytics.

b. The service has systematic processes in place for the following:

- Anticoagulation therapy initiation
- Anticoagulation therapy maintenance
- Anticoagulation therapy discontinuation
- Identifying risk factors for and managing potential and actual anticoagulation therapy-related bleeding
- Identifying risk factors for and managing potential and actual thromboembolic complications
- Managing extremes of anticoagulation therapy response

- Managing anticoagulation therapy during concurrent illness (acute or chronic)
- Identifying and managing potential anticoagulation therapy drug and food interactions
- Managing anticoagulation therapy issues related to travel Outpatient
- Has knowledge and expertise to assist patients with self-testing/self-management options Outpatient

Disease State Management

c. The service utilizes a process or guideline to coordinate care with other providers and patients to develop comprehensive patient-care plans for the following:

- Initial assessment of appropriateness of treatment plan
- Ongoing assessment of appropriateness of treatment plan
- Therapeutic transitions (from one anticoagulant to another)
- Patient preferences in decision making

d. The service uses evidence-based approaches (i.e. guidelines, protocols, order sets) to incorporate risk/benefit assessment for treatment, selection and management in each of the following disease states requiring anticoagulation therapy:

- Atrial fibrillation
- Acute coronary syndrome Inpatient
- Acute stroke Inpatient
- Heart valve replacement
- VTE treatment
- VTE prophylaxis Inpatient

e. The service utilizes a structured process, guidelines or knowledge to assess and provide care to the following special/high-risk patient populations:

- Non-adherent patients Outpatient
- Non-English speaking
- Cancer
- Cognitively impaired
- Frail elderly
- Hospice/end of life
- Liver disease
- Extremes of weight
- Pediatric patients
- Pregnancy
- Renal impairment

f. The service collaborates with the patient's medical team to actively coordinate and assist patients with:

- Access to medical care
- Access to drug therapy

g. The service provides the knowledge, expertise and support to interpret and incorporate guidelines for the following:

A Center of Excellence should have knowledge and expertise about how to interpret results of these tests and/or when to administer them but does not need to endorse the practice of the testing itself.

- Thrombophilia testing
- Heparin Induced Thrombocytopenia testing
- Pharmacogenetic testing

Transition and Coordination of Care

h. The service has a procedure to receive, process, assess and schedule patients in a timely manner for the following:

- Referral process with meaningful information including a thorough evaluation of appropriateness of therapy
- Treatment plan is reviewed for appropriateness and adjusted if necessary in collaboration with referring provider
- Timely scheduling of first visit after referral is received
- Mechanism to notify referring provider or consulting organization that referral or request for patient care has been received and first visit has been scheduled **Outpatient**

i. When notified, service assumes responsibility for ensuring appropriate aspects of peri-procedural anticoagulation management:

- Evaluating patient's thromboembolic vs. bleeding risk
- Withholding antithrombotic therapy prior to and following procedures
- Providing peri-procedural bridge therapy when appropriate
- Active coordination of care among the referring provider, procedural specialist, and patient
- Patient/caregiver education regarding all aspects of peri-procedural plans, including written instructions
- Documentation of peri-procedural anticoagulation plans, accessible to all providers involved in the patient's care

j. The service takes an active role in coordinating the following transitions of care among various settings for patients taking antithrombotic agents:

- Active tracking and documentation of where patients are residing and receiving care (home, hospital, nursing facility, etc.)
- Sharing of necessary medical records from/to alternative care sites
- Proactive communication with staff at alternative care sites
- Patient/caregiver education regarding transitions of care

Service Operational Performance

k. The service has policies and procedures that are updated regularly and reviewed by a multidisciplinary committee regarding the following:

- Population served and services provided are clearly defined
- All staff member's role delineation, including documented achievement of minimum competencies
- Anticoagulation care management decisions limited to licensed healthcare professionals practicing within stated scope of practice regulations
- Communication procedures for sharing/reporting information to patients

- Integration of anticoagulation service-specific information with existing medical records or electronic health
- Processes for appropriate billing and reimbursement strategies, if applicable
- Processes for point-of-care testing devices and related quality assurance program, if applicable
- Processes for accessing care for urgent clinical matters outside of usual business hours if applicable

I. The service has systematic processes in place for timely evaluation and review quality metrics and patient safety for the following:

- Regular reports or mechanism to assess service performance (using a consistent methodology) Some examples include but are not limited to:

INR Control; Clinical outcomes of bleeding and thrombotic events

- Process to identify and follow-up with patients who are late for scheduled blood testing Outpatient
- Policy in place for addressing patient non-compliance Outpatient
- Participates in a systematic reporting and review process to determine contributing factors and areas for improvement of identified safety issues

m. The service has a formal staff training and competency assessment program for the following:

- Initial competency assessment
- Clinical in-services, presentations, journal reviews, continuing education opportunities, professional development
- Completion of annual performance appraisals
- National certification credentialing in anticoagulation (CACP credential) for at least one staff member

n. The service has a physician medical director or medical reporting structure to:

- Assist service staff as needed during service operating hours Outpatient
- Review quality measures on a regular basis
- Provide medical advisement on policy, procedures, and protocols

Patient and Family Education | Assessment

o. The service uses the following methods to conduct education (check all that apply):

- Verbal
- Written
- Audio-visual
- Demonstration
- Group instruction
- Group discussion or patient support groups

p. The service has a process in place to (check all that apply):

- Provide standardized, age-appropriate, patient educational curriculum for each anticoagulant monitored by the service
- Review and update educational materials regularly
- Determine patient's preferred language to receive health related information
- Provide education in patient's preferred language
- Provide education relevant to disease and associated drug therapy
- Address barriers to the learning process such as limited English proficiency, illiteracy, visual/hearing impairment and reliance on caregivers
- Document patient education in the health system medical record
- Assess patient's knowledge retention through the use of formal pre/post-test assessment