

Review a minimum of 10 and a maximum of 20 medical records.

Focus:

For this review, review randomly selected charts of inpatients (e.g. the last 10) who had an INR greater than the reporting threshold (e.g. > 5.0) drawn on the second or later hospital day. Do not include charts where the high INR was drawn in the ED on the day of admission.

Instructions:

When reviewing the medical record, if documentation is found for the process, mark “**Yes**” in the box. If documentation is not found for the process, mark “**No**”. If the process being reviewed is not applicable to the medical record, mark “**N/A**”. After completing the review of all records, note the rows with the highest number of “**No**” responses. This will identify priority focus areas for improvement.

Note: Do not spend more than 20-30 minutes per medical record.

SUBMIT YOUR DISCOVERY TOOL FINDINGS WHEN COMPLETE: Take a 2 minute survey to report your findings. By submitting your findings, you will have taken the time to identify process gaps in which to focus improvement and to guide educational activities.

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High Inpatient INR Process Improvement Discovery Tool

Medical Record #										
The prescriber was managing the warfarin with pharmacy assistance.										
An INR was obtained and resulted before the first inpatient dose was ordered.										
Daily INRs were obtained.										
Dosage adjustments were made based on the last daily INR result.										
Dosage adjustments were ANTICIPATORY not REACTIVE ("It's going up fast, time to decrease the dose.")										
Warfarin dosage adjustments were made based upon known drug-drug interactions.										
Warfarin dosage adjustments were made based upon known food-drug interactions.										
Patient's history of prior INR control predicted that this patient is a good candidate for warfarin management. (Enter N/A if no prior history.)										
No inpatient warfarin doses were missed or refused.										
No medication errors of any kind (e.g., wrong med, wrong dose, missed dose) occurred that would affect the INR. Consider antibiotics and other meds that bind albumin.										
There is evidence that the patient was questioned about any medications, including OTCs, or foods that may interact with warfarin. (Y/N)										
There is evidence that the risks, benefits, and alternatives to warfarin were discussed with the patient AND that the patient agreed with warfarin therapy. (Y/N)										
Other factors led to the high INR (specify).										

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