

CONFERENCE ABSTRACT

Multicomponent intervention in Elderly Patients Anticoagulated with Vitamin K Antagonists that were admitted to home care after hospital admission.

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Introduction

In this environment, 30% of home care chronic patients with a critical INR value (>6) without bleeding are sent to the hospital. This investigation aimed to describe the change in patients' hospital referral after an interdisciplinary intervention that favors a reliable transition and reduces the adverse events associated with vitamin K antagonists (VKA) in elderly patients that admitted home-based primary care (HBPC). The main goal of the integrated care programme was to reduce 50% of patients' hospital referral in HBPC who, when discharged from the hospital, are given VKA and have a critical INR value without bleeding within 90 days of discharge.

Equipment and methods

We conducted a prospective cohort study. We selected and studied patients over 64 years old, affiliated to the HIBA (Buenos Aires Italian Hospital) Health Plan, who entered an HBPC programme since admission and received VKA from February to July 2020. This is a multicomponent and interdisciplinary intervention (MII) (pharmacy, clinic, home care, social and health care workers) with high-risk medication as part of a standardized attention process in the hospital-home transition of anticoagulated chronic complex patients (CCP).

Intervention components

1. Discharge letter: INR registration, indicated VKA, dose and dosage, INR control; Responsible caretaker at home and follow-up doctor.
2. Education for the VKA responsible caretaker
 - Educational brochure and vitamin K (VK).
 - Education before and after 48 hours of discharge.

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3. Education for the HBPC doctor (educational e-mail about handling VKA according to the INR value).

Results

94 patients were intervened. The average age was 86, 72% women; 94% CCP, of which 75% had palliative needs (PN) and 76% clinical patients. To measure adherence to the intervention,

we evaluated the letter of discharge where 91% had the correct VKA registration (medication, dose, and frequency), 70% had the correct registration of at-home lab request (INR), and 40% identified the person in charge of the medication at home. 94% received educational intervention through pharmacy and VK pill, and 58% of doctors received the educational e-mail. Regarding outcome indicators, 14% of patients had critical INR value without bleeding, from these patients, none were not referred to the hospital and 70% received VK. 4 patients were referred for a different reason to high- INR. There were no adverse events associated with VKA nor VK. 11 patients passed away, 10 of them had PN, none of them died of bleeding or thrombosis.

Argument

Transition is a critical period during high-risk medication administration. Pluripathology and polypharmacy increase the risk of unstable INR and hospital referral. Unlike other studies, our work focused on improving VKA safety when handling outpatient critical INR values without bleeding to avoid unnecessary referrals to emergency departments.

Conclusion

This study suggests that a MII in the HBPC-hospital transition in VKA anticoagulated CCP may avoid hospital referral because of critical INR value without bleeding, without adverse events associated with VKA or VK.

Limitations

Ongoing pilot study in a reduced group of patients.

Suggestions for future research

Evaluate this intervention's effectiveness with a quasi-experimental design.