

# Hospital Anticoagulant Adverse Drug Events (ADEs) Self-Assessment (Basic)

Complete each field below to assess your organization's commitment to preventing anticoagulant ADEs.

<b>What areas are your strengths?</b>			
<b>What areas need improvement?</b>			
Question <i>(Check "Y" or "NI" box(es) to designate Yes or if the area Needs Improvement)</i>	Y	NI	Comments
Does your hospital have an interdisciplinary committee (e.g., P&T, Medication Safety) to review ADEs and make quality improvements?			
Are relevant stakeholders included on the committee? <input type="checkbox"/> Sr. Leader <input type="checkbox"/> Pharmacy <input type="checkbox"/> Nursing <input type="checkbox"/> Physicians <input type="checkbox"/> Lab <input type="checkbox"/> Coding/CDI <input type="checkbox"/> IT (e.g., alerts, reports) <input type="checkbox"/> Quality			
What staffing do you have to support medication safety? <input type="checkbox"/> Pharmacy <ul style="list-style-type: none"> <li><input type="checkbox"/> Internal</li> <li><input type="checkbox"/> 24/7</li> </ul> <input type="checkbox"/> Clinical Pharmacist <input type="checkbox"/> Medication Safety Officer <input type="checkbox"/> Physician Champion			
Does your hospital have a high-risk medication policy that includes anticoagulants?			
Does your hospital have a process to identify anticoagulant adverse drug events? <input type="checkbox"/> Electronic Medical Record <input type="checkbox"/> Laboratory surveillance software <input type="checkbox"/> Incident/Event self-reporting <input type="checkbox"/> Billing or Coding notification <input type="checkbox"/> HQIC monthly report <input type="checkbox"/> Other _____			

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## Self-Assessment (Basic)

Question <i>(Check the "Y" and/or "NI" box(es) to designate Yes and if the area Needs Improvement)</i>	Y	NI	Comments
Are anticoagulant events/data tracked for quality improvement?			
Are anticoagulant ADEs evaluated for: <ul style="list-style-type: none"> <li>• Root cause (patient-level)?</li> <li>• Common cause (aggregate, system-level)?</li> </ul>			
Does your hospital use approved protocols and evidence-based practice guidelines for reversal of anticoagulation and management of bleeding events related to each anticoagulant medication? (NPSG.03.05.01)			
Does your hospital use approved protocols and evidence-based practice guidelines for perioperative management of all patients on oral anticoagulants?(NPSG.03.05.01)			
Does your hospital only use oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available.(NPSG.03.05.01)			
Does your hospital use: <ul style="list-style-type: none"> <li><input type="checkbox"/> Bar Code-assisted medication administration (BCMA)?</li> <li><input type="checkbox"/> Lab result monitoring (e.g., PT/INR)?</li> <li><input type="checkbox"/> Prescriber alerts?</li> <li><input type="checkbox"/> Drug interaction alerts? <input type="checkbox"/> Food interaction alerts?</li> <li><input type="checkbox"/> Required documentation for clinical indication?</li> <li><input type="checkbox"/> Billing &amp; Quality second level review process?</li> </ul>			
Are staff educated and evaluated for understanding of anticoagulant risk factors and signs/symptoms that may be indicative of excessive bleeding or thromboembolism?			
Are the patient and caregiver educated regarding the signs/symptoms of bleeding or thromboembolic complications and when to seek medical attention?			

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