

# Illuminating Value

Frontline Stories of  
Data-informed Change

## MaineHealth

Turning MPL benchmarking data into a system-wide improvement effort in anticoagulation management.

MaineHealth

# A Catalyst for Rapid Implementation

## *Anticoagulation Program Improvement*

by Erin Graydon Baker, MS, RRT, CPPS, CPHRM

### THE PROBLEM:

Convincing leadership to address potential risks before they become realized.

Our flagship hospital's pharmacy runs an anticoagulation clinic to educate and monitor cardiology patients at an elevated risk for internal bleeding or clotting. When one office practice group noted three anticoagulation management safety reports for non-cardiac patients in a short timeframe, they brought it to our attention in the Risk Management office. Fortunately, no one was harmed, but those near misses left us wondering if we might need to expand the pharmacy program. We quickly pursued a failure mode effects analysis (FMEA) to better understand the process, and an examination of MPL data to help us understand the risks we faced across all our office-based practices if/when our "luck" changed.

The FMEA identified three primary failure points, giving us a target for intervention: EHR

anticoagulation workflow, standardized protocols, and patient education. We determined that if we could expand our Pharmacy-led anticoagulation management program, then we could address each of these failure points. Since MaineHealth has a small set of MPL cases to analyze, we turned to a nationwide MPL database.

While Candello's self-service tool gave us some insights, we undertook a more comprehensive MPL data analysis to dig deeper. That national analysis, based on 598 anticoagulation cases, pointed to the most commonly involved injuries, services, settings, specific medications, and contributing factors.

Together, the FMEA and the MPL data assured us that expanding our current anticoagulation program to a broader demographic and geographic reach would substantially reduce



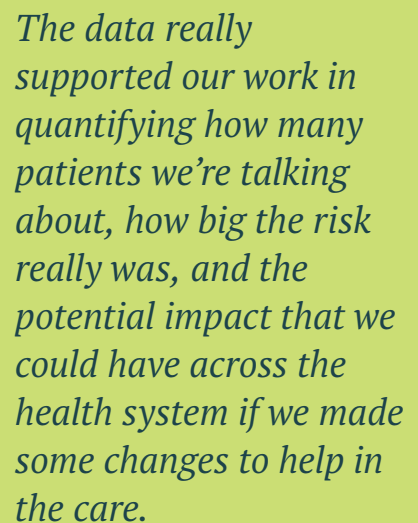
## *MaineHealth leadership ... found our financial analysis ‘sobering.’*



our risk of patient harm and financial loss. An examination of our hospital data on preventable readmissions due to anticoagulation complications is helping us further pinpoint our primary targets: patients with GI bleeds or other coagulation-related adverse events. Our improvement and expansion plan focused on our informatics workflow—entering patients and tracking them—for the entire MaineHealth system.

MaineHealth leadership—well-versed in the credibility and power of Candello data—found our financial analysis “sobering.” That generated a groundswell for rapid implementation of enhancements to the EHR anticoagulation workflow and standardized protocols. The data also supported the need for the Pharmacy Anticoagulation Management expansion. It is too soon to determine an impact on MPL claims associated with anti-coagulants. We understand that reducing preventable readmissions will help our bottom line, but even at a loss, we know we need to do this to keep patients on anticoagulants safe from harm.

*Erin Graydon Baker is the Clinical Risk Manager for the MaineHealth system.*



*The data really supported our work in quantifying how many patients we’re talking about, how big the risk really was, and the potential impact that we could have across the health system if we made some changes to help in the care.*

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*In a field of research plagued by inadequate data, [Candello] is a treasure. It contains information on claims that did not result in a payment, as well as physicians' specialty and detailed information on the allegations, injuries, and their causes.*

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Pairing local experience with clinical and financial MPL data on anticoagulation risks, MaineHealth gained awareness and the traction needed to expand its anticoagulation program. The result is a broadened demographic and geographic reach and an investment in informatics support for tightening clinical workflows and standardizing protocols.

To learn more about Candello, email us at [candello@rmf.harvard.edu](mailto:candello@rmf.harvard.edu)