ACTIVITY:  Anticoagulation Therapy: Patient Safety and Evolving Regulatory Requirements

OBJECTIVES:  Discuss the outcomes data surrounding anticoagulation therapy
 Describe the risks involved in use of anticoagulants
 Review current regulatory requirements and processes for meeting them

SPEAKER:  Dr. Kenneth Wood and Anne Rose, PharmD

Post-Program Questions:

1) Deep venous thrombosis in post-operative surgical patients is one of the most highly reported events with significant risk for mortality and cost.  True ❑  False ❑

2) The rationale for thromboprophylaxis is supported by evidence which includes:
   a) ☐ Prevention of DVT and proximal DVT
   b) ☐ Prevention of symptomatic DVT and fatal PE
   c) ☐ Prevention of DVT, prevents PE
   d) ☐ Cost-effectiveness
   e) ☐ All of the above

The Joint Commission standards require and the ACCP guidelines advocate that all patients be assessed for DVT upon presentation and prophylaxis initiated according to evidence-based guidelines.  True ❑  False ❑

3) A defined anticoagulation program includes:
   a) ☐ Written policy that addresses baseline and ongoing laboratory monitoring
   b) ☐ Baseline INR available on all warfarin patients and current INRs used to monitor and adjust warfarin dose
   c) ☐ Food and drug interaction guidelines
   d) ☐ Patient and staff education
   e) ☐ All of the above

The driving forces behind improvement initiatives in anticoagulation therapy include The Joint Commission National Patient Safety Goals, the National Quality Forum Safe Practices, and The Surgical Care Improvement Project.  True ❑  False ❑

Your constructive feedback is very important to us and will assist us in developing future activities.  It is important that each participant complete and return an evaluation form.

Please rate the presentation and speaker(s) using the following scale:
5-Excellent; 4-Very Good; 3- Good; 2-Fair; 1-Poor

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Do you anticipate changes in your practice as a result of the materials presented?  Yes ☐ No ☐

Did you sense any commercial bias in the presentation?  Yes ☐ No ☐

Comments and topics you recommend be included in future activities?

PLEASE INCLUDE YOUR NAME ON THIS FORM SO THAT WE CAN GIVE YOU CREDIT FOR COMPLETING THE RISK EDUCATION VIDEO. THANK YOU!

NAME: