

Self-Assessment Test

Early Experience with the Joint Commission National Patient Safety Goal on Anticoagulation Management: Issues and Tips

This program is located at <http://ashpmedia.org/symposia/NPSG3>



This self-assessment test has been provided as a study aid only. At the conclusion of the internet-based program, click on “Take CE Test” to proceed to the ASHP Learning Center and take the on-line program post-test. You may print your CE statement immediately after successful completion of the post-test.

There are a total of 16 questions associated with this self-assessment test.

1. Which of the following statements regarding the anticoagulation management goal (NPSG 3.05.01) is NOT true?
 - a. In select cases, the goal can be applied to prophylactic use of anticoagulant agents.
 - b. The goal applies to warfarin, heparin, and low molecular weight heparins (LMWHs).
 - c. The goal applies to outpatient retail pharmacies owned and operated by the hospital.
 - d. Element of Performance (EP) 2 regarding the requirement for use of prefilled syringes applies to heparin flushes.

2. All of the following would be exempt from the anticoagulation therapy requirement EXCEPT:
 - a. Routine situations in which short-term prophylactic anticoagulation therapy is being used to prevent venous thromboembolism.
 - b. Organizations that provide anticoagulation therapy, which includes ordering, dispensing, or administering anticoagulants.
 - c. Organizations that provide only monitoring and education on anticoagulation therapy.
 - d. Situations in which the patient’s laboratory values are expected to remain within, or close to, normal limits.

3. Because fondaparinux is not a low molecular weight heparin (LMWH), the National Patient Safety Goal (NPSG) 3 does not apply.
 - a. True.
 - b. False.



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4. Based on surveys conducted in early 2009, compliance with EP 3, which relates to the implementation of an approved protocol for the initiation and maintenance of anticoagulation therapy in all patients receiving warfarin, heparin, and LMWHs, has been the most problematic EP from a surveyor's perspective.
 - a. True.
 - b. False.

5. Which of the following statements regarding the requirements for approved protocols for anticoagulation therapy as required by EP 3 is correct?
 - a. Must be appropriate to the medication used, the most common indications, and dosing schedules.
 - b. Must be appropriate to the medication used, the condition being treated, and the potential for medication interactions.
 - c. Must be appropriate to the medication used, the most common indications, and the potential for medication interactions.
 - d. Must be appropriate to the medication used, the condition being treated, and potential life-threatening medication interactions.

6. Which of the following situations would be considered non-acceptable compliance with EP 3?
 - a. Physicians and pharmacists order according to clinical guidelines approved by the same mechanism as other medical staff protocols.
 - b. A physician may request a "dosing per pharmacy" order as long as a protocol that pharmacists follow for that particular order is in place.
 - c. Physicians may order according to different protocols according to his or her preferences.
 - d. A single protocol may be used as long as it addresses all of the indications for use and all anticoagulant drugs covered by NPSG 3.

7. Which of the following statements describes a situation that complies with EP 4 regarding patients receiving warfarin?
 - a. Admission international normalized ratio (INR) is on file and current INR has been ordered.
 - b. Admission INR is on file and current INR has been used to monitor and adjust therapy.
 - c. Baseline INR is on file and current INR has been ordered.
 - d. Baseline INR is on file and current INR has been used to monitor and adjust therapy.



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8. All of the following are requirements of the NPSG Elements of Performance EXCEPT:
 - a. Dietary must be notified of all patients on warfarin and respond according to an established drug–food interaction program.
 - b. Continuous i.v. heparin may be administered via a programmable or gravity flow infusion pump.
 - c. Education on anticoagulation therapy is provided to prescribers, staff, patients, and family.
 - d. Hospitals must evaluate their anticoagulation safety practices, take appropriate action to improve their practices, and measure the effectiveness of those actions on a regular basis.

9. All of the following are challenges faced by pharmacists in providing safe anticoagulation therapy EXCEPT:
 - a. Justifying the positive clinical impact on patient care.
 - b. Identifying and training pharmacists to provide optimal, safe anticoagulation therapy management.
 - c. Developing and expanding clinical services with shrinking budgets.
 - d. Dealing with unfunded mandates.

10. All available anticoagulants are not covered by NPSG 3 because
 - a. The newer agents are far safer than heparin, warfarin, and LMWHs.
 - b. There is far less potential for complications with the newer agents compared with heparin, warfarin, and LMWHs.
 - c. Pharmacists have limited experience with the newer agents and therefore would be unqualified to develop protocols for their use.
 - d. The drugs were chosen based on overall reported medication errors, not a percentage of total use, and the newer agents were not among the top drugs causing patient harm.

11. An INR taken at the actual starting point of warfarin therapy in a patient whose clinical presentation has since changed would be considered reliable and safe.
 - a. True.
 - b. False.

12. All of the following are factors that can affect warfarin dosing or lead to complications EXCEPT:
 - a. Presence of heart failure.
 - b. Presence of infection or acute illness.
 - c. Excessive amount of vitamin K in the diet.
 - d. Patient gender.



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13. All of the following are roles pharmacists can play in transitioning patients among anticoagulants EXCEPT:
 - a. Determining whether bridge therapy is indicated.
 - b. Assessing the risk of thrombosis.
 - c. Discontinuing a patient's anticoagulant therapy independent of a therapeutic protocol or physician consultation.
 - d. Assessing the risk for bleeding.

14. Which of the following statements regarding reported laboratory values for anticoagulant therapies is NOT true?
 - a. Warfarin management can be complicated by direct thrombin inhibitors, which can increase the INR.
 - b. When using a fixed protocol, every laboratory value can be considered reliable.
 - c. Laboratory values can be affected by a change in reagents.
 - d. Certain anticoagulants can affect laboratory values (e.g., heparin can increase the INR).

15. Anticoagulation therapy in pediatric patients is usually straightforward because these patients have been studied extensively and practitioners are accustomed to managing them.
 - a. True.
 - b. False.

16. When faced with the challenge of incorporating new anticoagulants into anticoagulation management services, pharmacists should
 - a. Assume dosing interval for approved indication is applicable for other uses.
 - b. Assume dosing adjustments for special populations is not necessary if not specified in the product labeling.
 - c. Carefully review current literature and product labeling to develop protocols that aim to reduce the risk of adverse events associated with the use of these agents.
 - d. Switch all patients to the new agents because of improved efficacy and safety.



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