

# Warfarin Care Clinic

## Registering Your Patient

Please read these guidelines before completing the registration form overleaf. Completing the registration form does not automatically guarantee acceptance into the Warfarin Care Clinic program.

Please continue to give the patient dosage instructions until you receive confirmation that the registration has been accepted, you should receive a response within 3 business days.

Contact the Warfarin Clinic by phone for any urgent registrations (24 hours is required).

### 1. CHECK PATIENT'S ELIGIBILITY:

- There are two reliable contact numbers for the patient, carer, and/or relatives
- The patient or their carer/pharmacy is able to follow verbal and/or written instructions
  - Supply details of carer or pharmacy
- There are no known reasons which may prevent the patient from following dosage and testing instructions. For example; compliance, mental health issues, work, travel
- They are not included in any category outlined in the text box to the right
- They understand and agree to the Warfarin Clinic fees as explained in the attached *Informed Financial Consent*.

### 2. COLLATE PATIENT DETAILS

- Contact details: address and phone contact details
- Full medical history and current medicines
- Recent INR's and Warfarin doses

### 3. SUBMIT REGISTRATION REQUEST AND SIGNED INFORMED FINANCIAL CONSENT

Send the completed patient registration form via:

- **Editable PDF** - visit website [qml.com.au/Warfarin.aspx](http://qml.com.au/Warfarin.aspx), complete form and submit.
- **Email** - [warfarin@qml.com.au](mailto:warfarin@qml.com.au)
- **Fax** - (07) 3121 4335

### 4. ONCE APPROVED YOU WILL RECEIVE A QML PATHOLOGY REFERENCE NUMBER

- Contact the patient to advise them of their first test date
- Supply the patient with a signed INR request form – marked Rule 3 exemption; include on the form:
  - the QML Pathology Reference number
  - and request one-off FBC & E/LFT's if no test with QML in the previous 2 months
- If the registering doctor is NOT the primary care doctor then exclude the words Rule 3 and write the primary care doctor as a copy doctor.
  - Supply the patient with a second request form to take to their primary care doctor to have signed before their second test. Pre-write the second form: write the name of the primary care doctor into the requesting doctor section, in tests requested write "INR", "Rule 3 exemption", and the "QML Pathology Reference number".

**The QML Pathology Warfarin Care Clinic regrets that it cannot be responsible for the INR control and warfarin dosing of the following patients:**

- 'Acute' care cases or those that develop complex clinical conditions:
  - All inpatients (as per the current practice)
  - Patients requiring daily INR for >2 days will be deemed acute care
  - Patients on high dose cytotoxic chemotherapy
- Patients who will only be under QML Pathology control for a period of one month or less
- Patients or care givers who are unable to comply, or follow SMS, written, or verbal instructions in English
- Patients who experience ongoing difficulties attending on scheduled test dates, e.g., residents of remote areas or those whose employment/lifestyle requires frequent travel
- Patients or care givers who are abusive to QML Pathology staff
- Previously discharged non-compliant patients
- Patients who are taking LMWH or who have recently ceased LMWH, but INR results are not in therapeutic range.

### Compliance

Once registered, patients must be compliant with the instructions of the Warfarin Care Clinic. The patient, on their part will also be expected to keep QML Pathology informed of any changes - especially contact details. Habitually non-compliant patients (those who fail to test when requested or who self dose), and patients who abuse QML Pathology staff will be discharged from the Clinic after their clinician has been informed.

# Warfarin Care Clinic

Registration Number

(Internal use)

## Registration Request for Patient Warfarin Management

Please make sure you have read and understood steps 1 - 4 overleaf.

Continue to supply the patient with dose instructions until you have received confirmation that the registration has been accepted (1-3 business days). Once confirmed you will receive a registration number – write this on the first request form for QML Pathology to control INR plus one-off FBC & E/LFTs.

### DOCTOR INFORMATION

I, as the referring doctor, agree that the information provided is accurate and correct and that my patient fulfils the eligibility criteria for the QML Pathology Warfarin Care Clinic

I, as the primary doctor understand the Roles and Responsibilities.

I have informed the patient of the Warfarin Clinic fees and attached the patient signed *Informed Financial Consent*

**REGISTERING DOCTOR**  Specialist OR  Primary Care Doctor

Name: \_\_\_\_\_

Provider No.: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PRIMARY DOCTOR** (if not registering doctor)

Name: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and position of person completing form: \_\_\_\_\_

### PATIENT INFORMATION

Financial Consent is signed and attached

Patient Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Is address:  Temp  Perm  NEW Contact Ph No. 1: \_\_\_\_\_ Contact Ph No. 2: (family, friend, or other) \_\_\_\_\_

Name of Pharmacy or Nursing Facility: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Visits:  Y  N  Temporary?  Permanent? (Ongoing home visits are a service for those who are housebound)

### PRINCIPAL ANTICOAGULATION DIAGNOSIS

Atrial Fibrillation  Flutter  Stroke (CVA)  TIA  Arterial Embolism

Date of Condition: \_\_\_\_\_

DVT Where? \_\_\_\_\_ Known reason? \_\_\_\_\_

INR Target Range: \_\_\_\_\_

Pulmonary Embolism (PE)  Minor  Major  Bilateral Known reason? \_\_\_\_\_

Warfarin Duration: \_\_\_\_\_

Heart Valves Which one? \_\_\_\_\_  Mechanical  Graft  Repair

Date Began Warfarin: \_\_\_\_\_

Other \_\_\_\_\_

### OTHER HX

Recent surgery Reason: \_\_\_\_\_

Date of discharge: \_\_\_\_\_

Attach recent hospital discharge summary

Attach full health summary

List ALL other medicines or supply with Health and/or Hospital Discharge Summary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CURRENT MEDICINES

Brand Warfarin:  Marevan  Coumadin

Other Anticoagulant: \_\_\_\_\_

Aspirin  Plavix

Recent Warfarin Doses over 5 - 7 days and recent INR's (2 if possible):

Date	Dose	INR

# QML Pathology Warfarin Care Clinic

## Informed Financial Consent

Date:

Surgery/Hospital fax number:

Dear Doctor

**Regarding a registration request to monitor the Warfarin doses for the following patient:**

Patient name:

Patient D.O.B.:

Reference number:

The QML Pathology Warfarin Care Clinic is not funded by Medicare or any other funding source, and in order for QML Pathology to continue to provide this service, new and re-registering patients will receive a registration fee at the time of their first INR test. These initial charges will contribute towards their Medicare Safety Net.

An annual fee will be charged on the 1<sup>st</sup> of November each year. Patients who were registered during the months of July to October may be exempt from the annual fee for November of the same calendar year.

**Please ensure your patient has been made aware of the registration and annual fees by asking them to sign this document and returning to us before the registration can be finalised.**

Reply fax to the Warfarin Care Clinic on **07 3121 4335**, or email **Warfarin@qml.com.au**.

### Warfarin Care Clinic registration fee as of 1<sup>st</sup> November, 2018

Private \$275\* OOP plus MBS rebate for 1st INR test or other pathology tests requested

Concessional \$140\* OOP plus MBS rebate for 1st INR test or other pathology tests requested

Once the dosing service has commenced, an administration fee will apply if the registration is cancelled.

### Annual Warfarin Clinic fee as of 1<sup>st</sup> November, 2018

Private \$130\*

Concessional \$65\*

#### To the Patient

Are you over the age of 65 or under the age of 18? Yes/No

Do you hold any of the following cards? Yes/No

Pension / Health Care / Commonwealth Seniors Card / DVA Card (please circle)

*If DVA Gold Card or White Card with an accepted condition requiring the administration of Warfarin, please supply details in order for QML Pathology to bill the DVA directly on your behalf:*

Name on card: \_\_\_\_\_ Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

• **If you answered YES: you are entitled to the concession rate,**

• **If you answered NO: you are considered a private patient.**

Please cross out the fee below that does not apply to you:

I \_\_\_\_\_ understand that QML Pathology will provide me with an account after the first INR test of \$275\* (private) / \$140\* (concession), which is an out of pocket cost after the Medicare rebate. Future INR tests will be bulk billed if I have a Medicare card. Once the dosing service has commenced, an administration fee will apply if the registration is cancelled.

I understand that I will also be required to pay an annual fee each November of \$130\* (private) / \$65\* (concession).

If I was registered during the months of months of July to October I may not be required to pay the annual fee for the same calendar year but will do so thereafter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Dependent on Medicare Rebate and/or subject to change without notice. Concession rates will apply to all patients over the age of 65 and under the age of 18, DVA and Health Care Card holders. Prices, where displayed, are correct at time of printing and are subject to change without notice.

## ROLES AND RESPONSIBILITIES

WARFARIN CARE CLINIC:	PATIENT'S DOCTOR:	PATIENT/CARER:
<ul style="list-style-type: none"> <li>✓ Provide educational and informational material in respect to Warfarin</li> </ul>	<ul style="list-style-type: none"> <li>✓ Provide the Warfarin Care Clinic with any changes to the patient's medical history or medication changes as they occur</li> </ul>	<ul style="list-style-type: none"> <li>✓ Have a mobile phone contact number because QML Pathology's preferred method of transmitting INR and dosage is via a Short Message Service (SMS)</li> </ul>
<ul style="list-style-type: none"> <li>✓ Answer any questions patients have regarding Warfarin</li> </ul>	<ul style="list-style-type: none"> <li>✓ Provide six monthly testing of FBC and E/LFTs to aid the Haematologist in ensuring safe monitoring of the patient's Warfarin</li> </ul>	<ul style="list-style-type: none"> <li>✓ Have a suitable answering service and a reliable second contact number to ensure the Warfarin Care Clinic can contact or leave a message for the patient/carer at all times</li> </ul>
<ul style="list-style-type: none"> <li>✓ Advise INR and Warfarin dose in a timely, prioritised fashion</li> </ul>	<ul style="list-style-type: none"> <li>✓ Review the patient every six months to determine the ongoing requirement for Warfarin therapy, INR target range and Warfarin duration</li> </ul>	<ul style="list-style-type: none"> <li>✓ Be patient with staff as they endeavour to assist them. Verbal abuse or violence will not be tolerated. Take the time to understand and follow the instructions given to them by our staff</li> </ul>
<ul style="list-style-type: none"> <li>✓ Contact patients as soon as possible if any INR is greater than 5.0, and assist with the provision of Vitamin K</li> </ul>	<ul style="list-style-type: none"> <li>✓ Supply a new signed Rule 3 request form to the patient for Medicare every six months</li> </ul>	<ul style="list-style-type: none"> <li>✓ Continue on their current dose until they have heard from QML Pathology with their new dosage. If the patient has not received their instructions within 2-3 days they should contact the Warfarin Clinic</li> </ul>
<ul style="list-style-type: none"> <li>✓ Give a kindly reminder (within reason) if patients are well overdue for testing</li> </ul>	<ul style="list-style-type: none"> <li>✓ Counsel the patient on the importance of testing and following instructions on Warfarin doses</li> </ul>	<ul style="list-style-type: none"> <li>✓ Complete the QML Pathology request forms for each INR and carefully answer the questions to ensure the Haematologist can be made aware of any changes</li> </ul>
<ul style="list-style-type: none"> <li>✓ Coordinate care with cardioversion clinics</li> </ul>	<ul style="list-style-type: none"> <li>✓ Alert the Warfarin Care Clinic prior to procedures if Warfarin needs adjusting</li> </ul>	<ul style="list-style-type: none"> <li>✓ Advise the Warfarin Care Clinic of any changes: hospital admissions, hospital discharges, medical or dental procedures, changes to health, changes to other medications. When/if their Warfarin is ceased or if their dose is altered by another doctor</li> </ul>
<ul style="list-style-type: none"> <li>✓ Coordinate Webster packs directly with the pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>✓ Provide updated details post hospital admissions</li> </ul>	<ul style="list-style-type: none"> <li>✓ Have their INR Test on time as requested by the Warfarin Care Clinic</li> </ul>