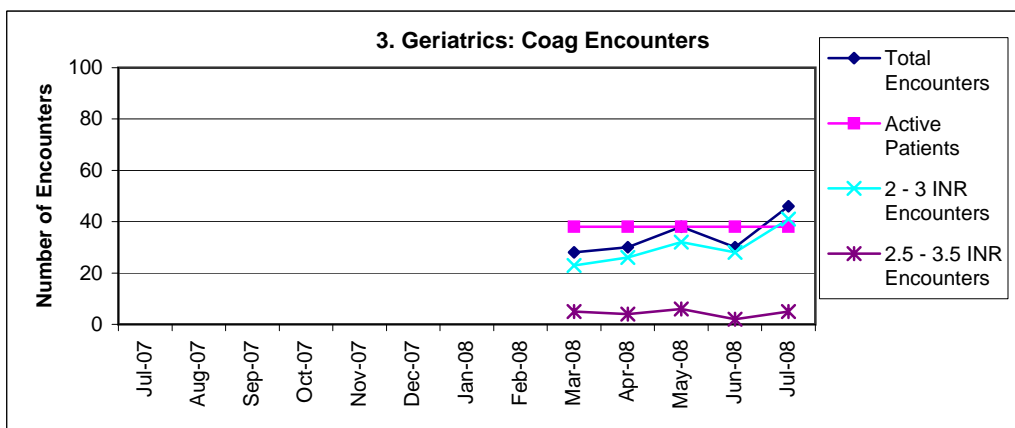
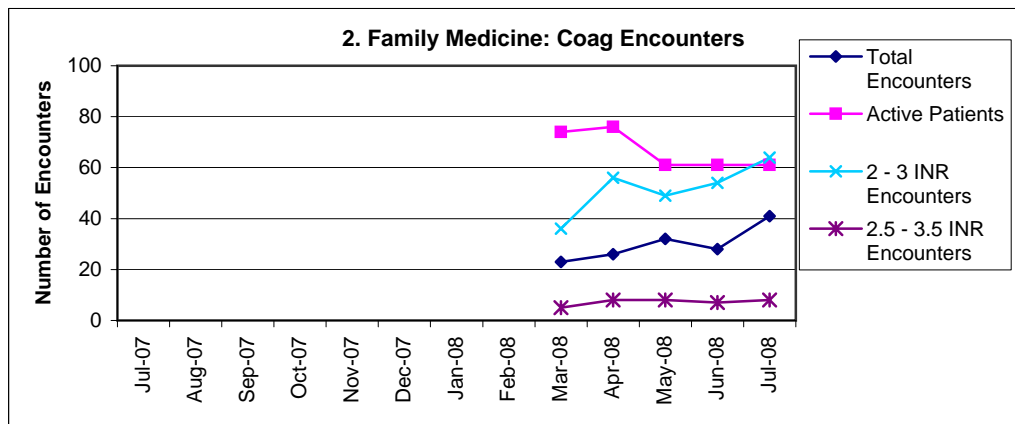
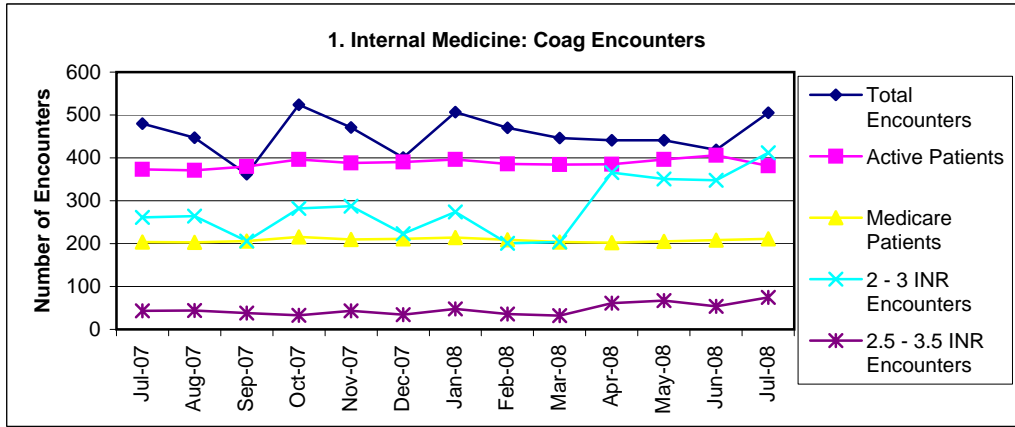
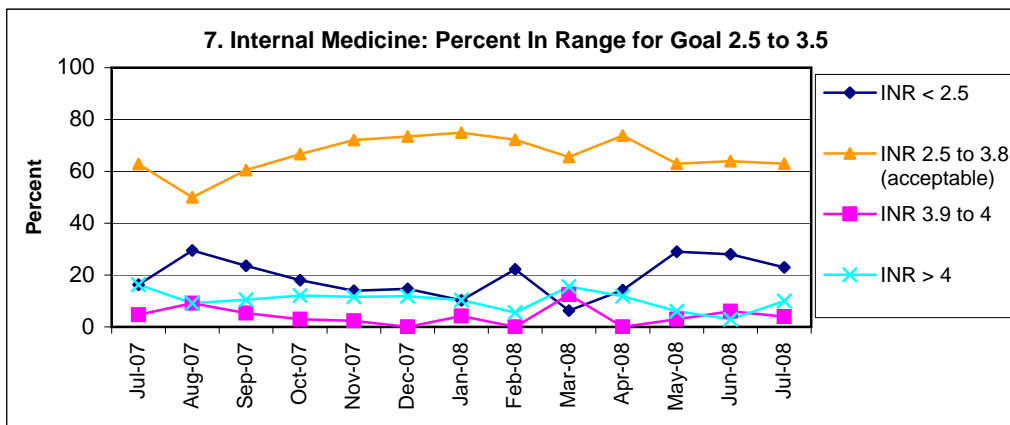
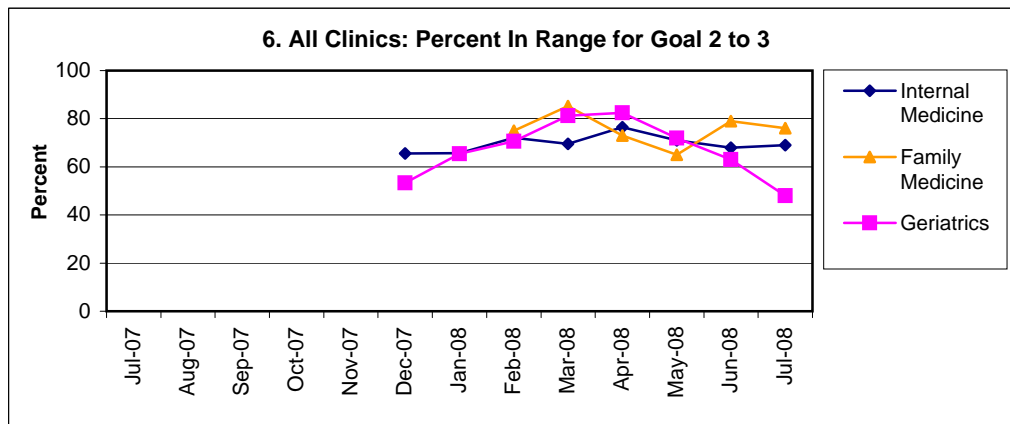
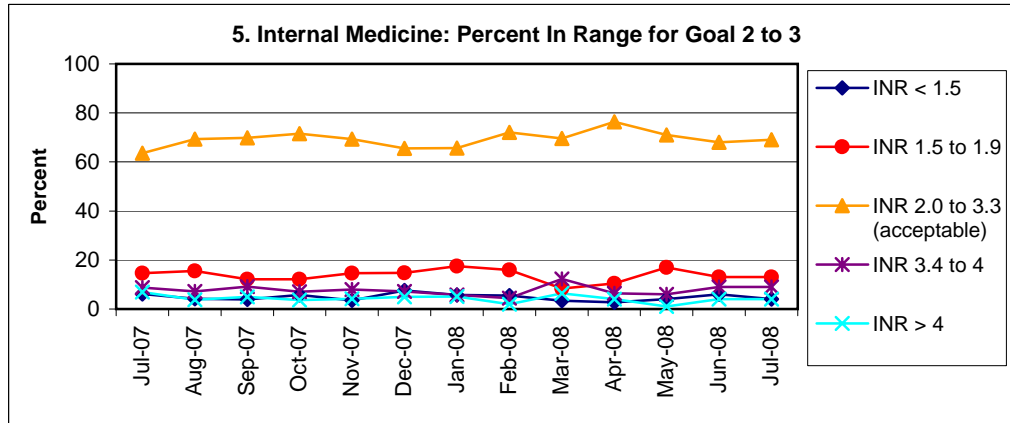
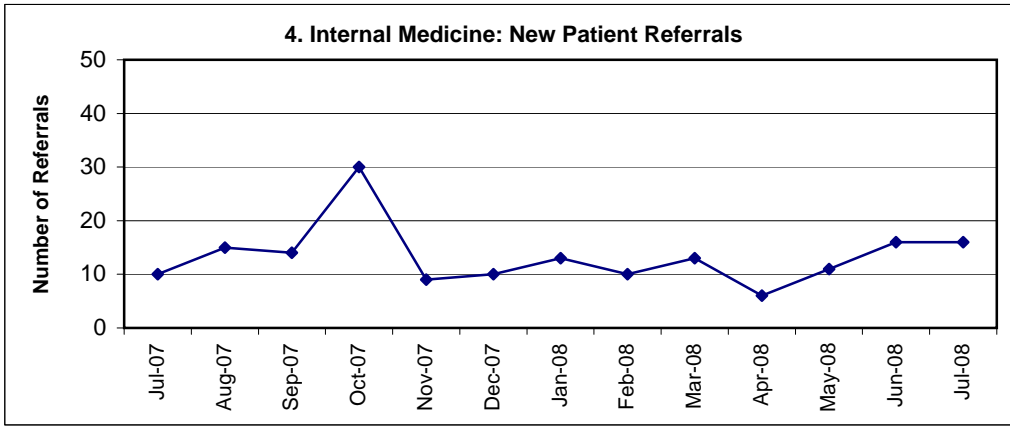
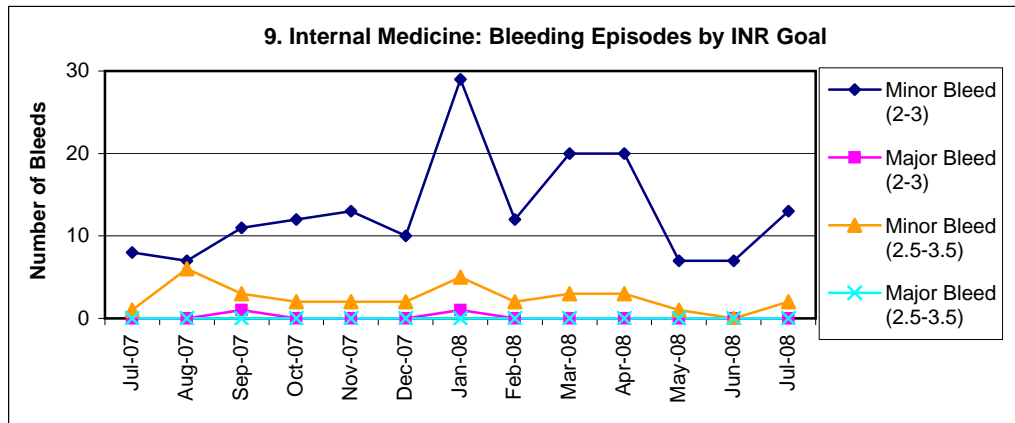
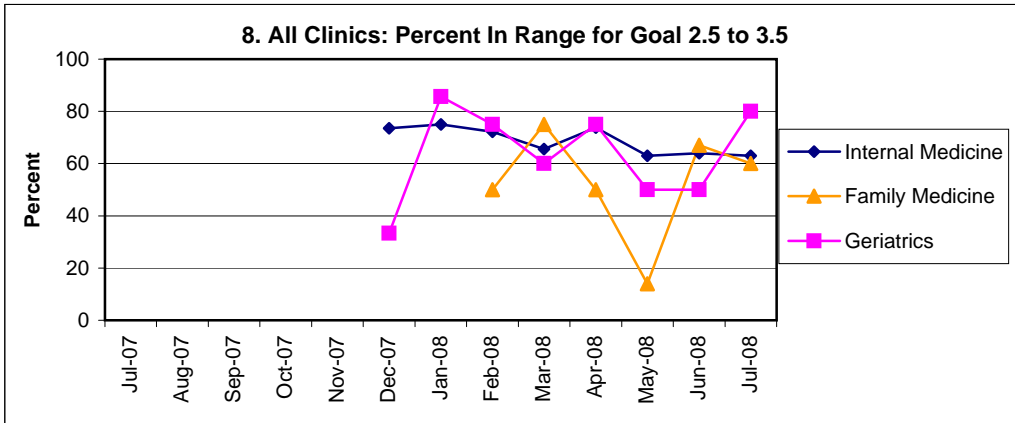


**UNC Anticoagulation Programs
Run Charts - July 2008**







10. Internal Medicine Major Bleeding Summary:
 none

Chart Descriptions

- 1. Internal Medicine: Monthly Coag Encounters** - includes encounter and enrollment data in our ACC, GIM Anticoagulation Clinic. The total number of encounters per month, total number of patient encounters by INR goals of 2 to 3 and 2.5 to 3.5, total number of active patients enrolled in the program and the subset who have Medicare coverage are included.
- 2. Family Medicine: Monthly Coag Encounters** - includes encounter and enrollment data in the UNC Family Medicine Anticoagulation Clinic. Four data points for encounter information are included above: the total number of active patients currently enrolled, the total number of encounters per month, and total number of patient encounters by INR goals of 2 to 3 and 2.5 to 3.5.
- 3. Geriatrics: Monthly Coag Encounters** - includes encounter and enrollment data in the UNC Geriatric Anticoagulation Clinic. Four data points for encounter information are included above: the total number of active patients currently enrolled, the total number of encounters per month, and total number of patient encounters by INR goals of 2 to 3 and 2.5 to 3.5.
- 4. Internal Medicine New Patient Referrals** – number of new patient referrals to ACC, GIM Anticoagulation Clinic per month.
- 5. Internal Medicine: Percent In Range for Patients with INR Goal 2 to 3** – the percentage of patients seen in UNC Internal Medicine with subtherapeutic (< 2.0), therapeutic (INR 2.0 to 3.3 defined as acceptable based on lab variability), and suprathreshold INRs (>3.3). Patients with an INR >4.0, are at an increased risk of hemorrhagic complications from warfarin (Coumadin®) while patients with an INR < 2.0 are at risk for thrombosis, and those < 1.5 are obtaining no therapeutic benefit from warfarin (Coumadin®) therapy.
- 6. All Clinics: Percent In Range with INR Goal 2 to 3** – the percentage of patients in the UNC Internal Medicine, Family Medicine and Geriatric Anticoagulation Clinics with therapeutic INRs (INR 2.0 to 3.3 defined as acceptable based on lab variability).
- 7. Internal Medicine: Percent In Range for Patients with INR Goal 2.5 to 3.5** – the percentage of patients seen in UNC Internal Medicine with subtherapeutic (<2.5), therapeutic (INR 2.5 to 3.8, defined as acceptable based on lab variability), and suprathreshold INRs (> 3.8). Patients with an INR > 4 are at an increased risk of hemorrhagic complications from warfarin (Coumadin®). Patients with an INR < 2.5 are at risk for thrombosis.
- 8. All Clinics: Percent In Range with INR Goal 2.5 to 3.5** - the percentage of patients in the UNC Internal Medicine, Family Medicine and Geriatric Anticoagulation Clinics with therapeutic INRs (INR 2.5 to 3.8 defined as acceptable based on lab variability).
- 9. Internal Medicine: Bleeding Episodes by INR Goal** - the total number of bleeding episodes in the ACC, GIM clinic per month. These events are divided by INR goal because patients requiring higher INRs may experience an increase in reported minor bleeding. Minor bleeding is defined as a bleed reported by the patient or noted on exam that is unexplainable and does not require additional testing, referrals, or visits. Major bleeding is defined as, requiring treatment, medical evaluation, a drop in hemoglobin leading to transfusion of at least 2 units of blood, leading to hospitalization, cardiac arrest, surgical/angiographic intervention, or irreversible sequelae.
- 10. Major Bleeding Summary for Internal Medicine per month** - a detailed explanation of the major bleeding event, pertinent labs, and information surrounding the bleeding event including brief history of the patient involved.

