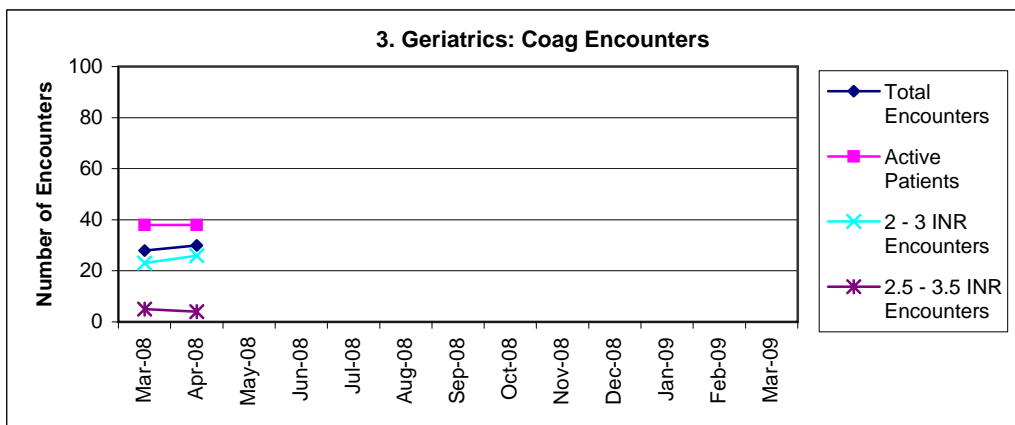
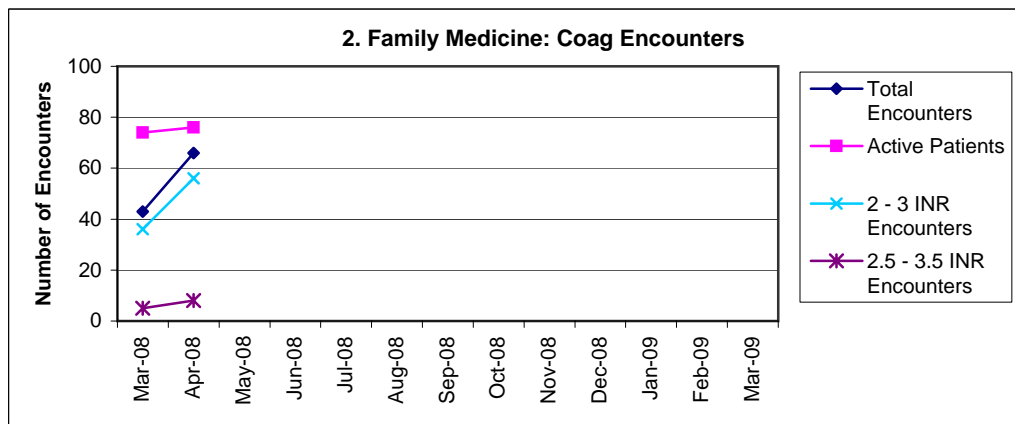
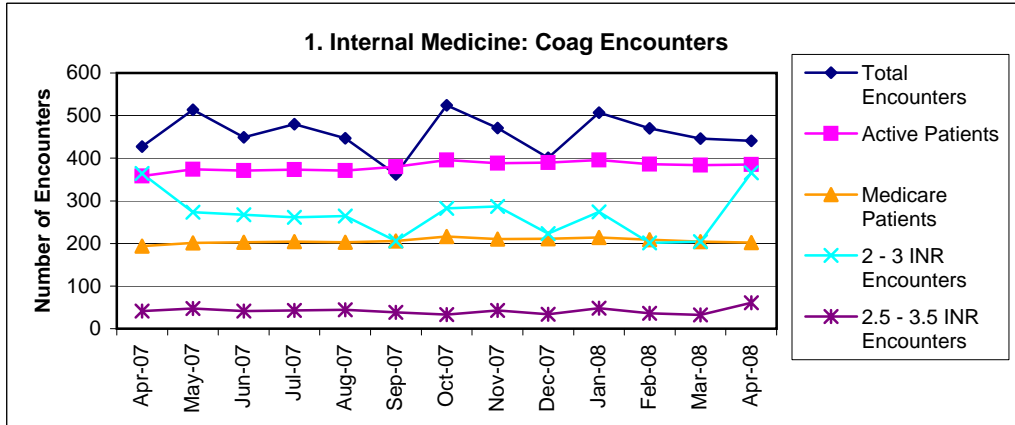
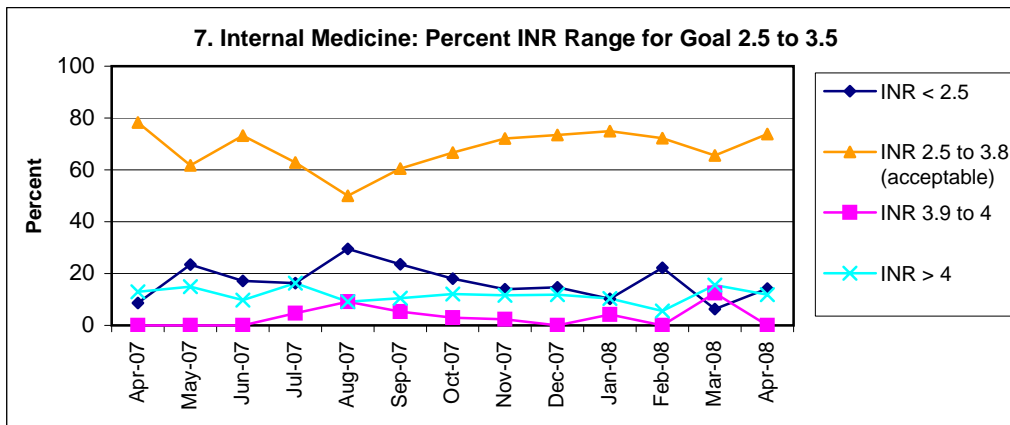
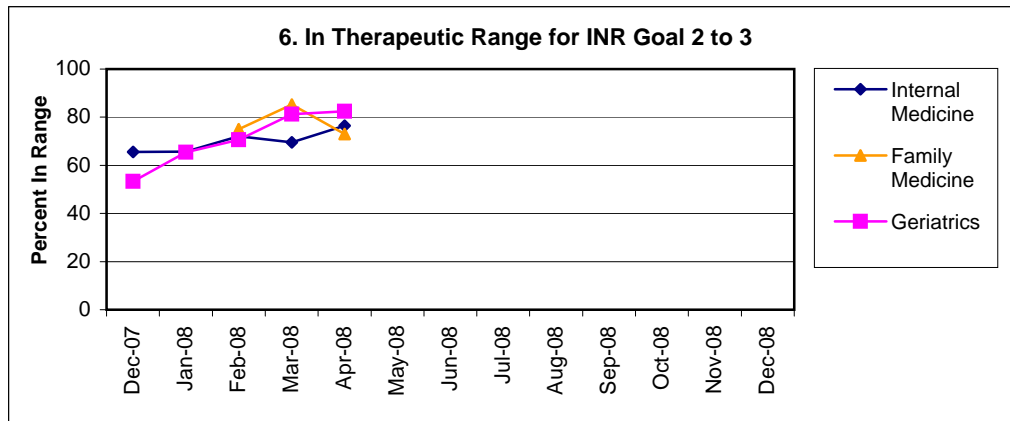
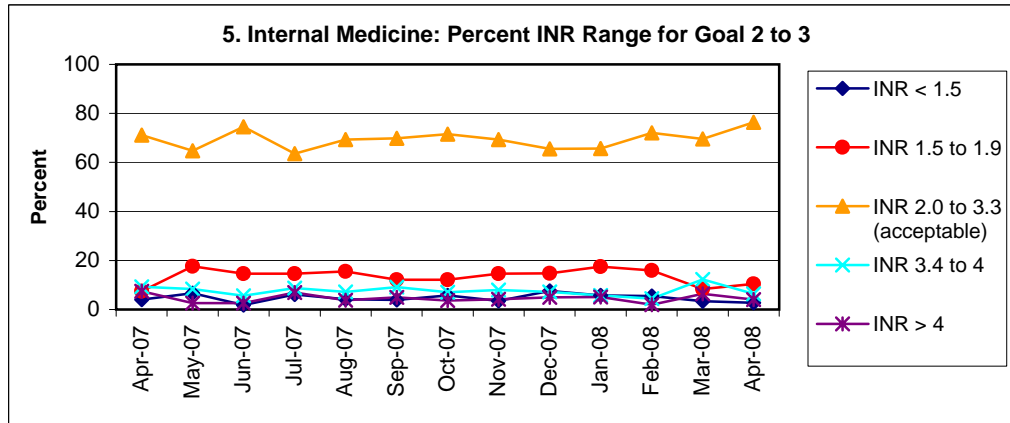
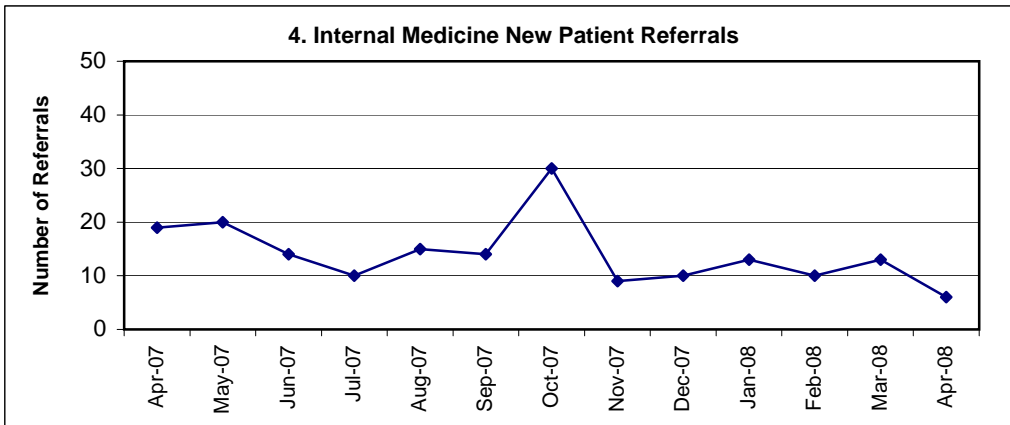
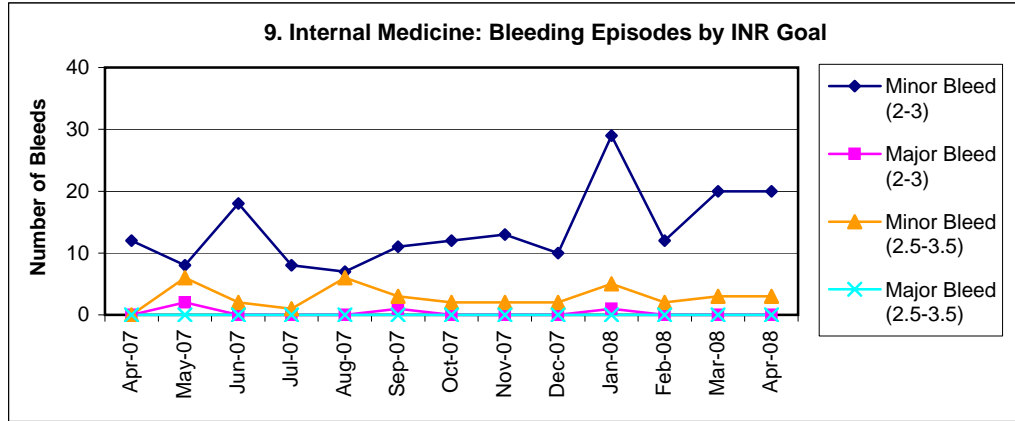
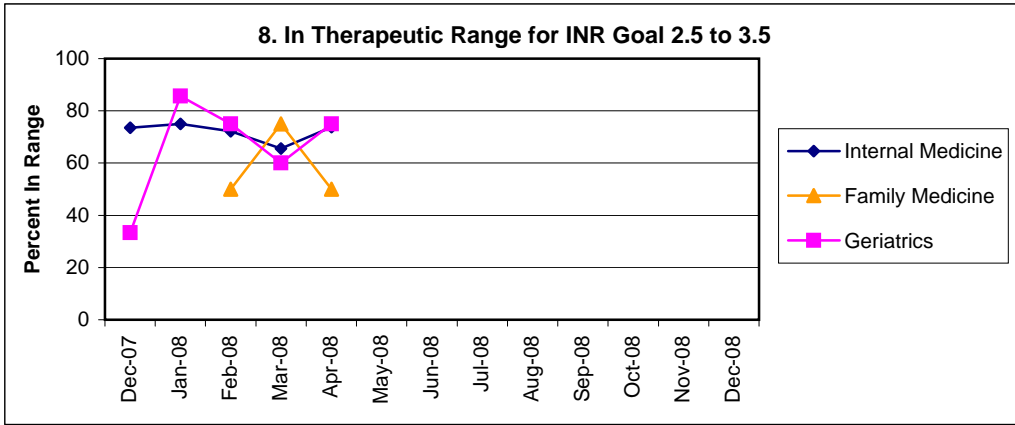


**General Internal Medicine
 Enhanced Care Anticoagulation Program
 April 2008 – Run Charts**







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, and total number of patient encounters by INR goals of 2 to 3 and 2.5 to 3.5. The total numbers 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 Clinics. Four data points for encounter information are included above, the total number of active patients currently enrolled in each clinic, 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 Clinics. Four data points for encounter information are included above, the total number of active patients currently enrolled in each clinic, 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 INR 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). Three subsets of patients are broken out to include those with an INR >4.0, since these patients 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. Comparison of Patients 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 INR 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. Comparison of Patients 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. Bleeding Episodes** - the total number of bleeding episodes 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**