

**Evaluation of a clinical pathway to enable patient self-monitoring of anticoagulation**

Ella Jeffrey, Luke Bereznicki, Leanne Stafford, Gregory Peterson.

*Unit for Medication Outcomes Research and Education, School of Pharmacy, University of Tasmania, Hobart, Tasmania*

**Objective.** Previous studies suggest that self-monitoring (PSM) of the international normalised ratio (INR) may improve the outcomes of oral anticoagulation therapy through increasing the time spent within the target range (TTR), and improving both consumer satisfaction and participation in healthcare. The purpose of this study was to develop, implement and evaluate a pathway to enable people taking warfarin to monitor their own therapy in the community setting.

**Methods.** A structured training program was developed to facilitate the transition of consumers from usual care to PSM using the existing Home Medicines Review (HMR) model. Consumers were recruited through their community pharmacies and, in collaboration with their general practitioners, received intensive one-on-one warfarin education and training in using the CoaguChek XS point of care INR monitor by a trained HMR accredited pharmacist. PSM was undertaken for six months. Outcome measures included TTR, quality of life, warfarin knowledge, and consumer satisfaction.

**Results.** Twenty-eight patients with a minimum six-month history of anticoagulation treatment were recruited from Tasmania and New South Wales. Sixteen (57.1%) were male and 64.3% required anticoagulation for atrial fibrillation. At baseline, the mean TTR was 64.8%. The mean baseline warfarin knowledge score was 72.4% using a validated warfarin knowledge questionnaire. Qualitative feedback from consumers and general practitioners has indicated a high level of satisfaction with both the training program and PSM. Qualitative and quantitative results after six months of PSM will be reported.

**Conclusion.** Using the proposed model, trained pharmacists successfully identified and trained suitable consumers to undertake PSM. Initial qualitative feedback has been positive. Future investigation of both qualitative and quantitative data will aim to provide objective data to support these positive findings. This shared model could be used to identify suitable candidates for PSM and provide Australians with access to appropriate training and support.

## P100

**Application of the Repertory Grid Technique in patients with heart failure: a feasibility study**

Neil Cottrell (1), Lynne Emmerton (1), Charles Denaro (2)(3)

*(1) School of Pharmacy, The University of Queensland, Brisbane, QLD, (2) Royal Brisbane and Women's Hospital, Brisbane, Qld, (3) School of Medicine, The University of Queensland, Brisbane, QLD.*

**Objective:** To test the repertory grid technique to identify beliefs and understanding towards medication and self-care activities in a population of patients with heart failure.

**Methods:** A structured interview of patients with heart failure based on the repertory grid technique was conducted at two teaching hospitals in Brisbane. Participants were shown their self-care activities and medicines in groups of three and asked to explain how two of these were similar and how the third one was different. The two statements generated form a bipolar "construct". This was repeated for different combinations of these. A Likert-type scale was placed between the poles of the construct and the participants were asked to rate each of their medicines and self-care activities against their generated constructs. The resulting data were recorded to form the repertory grid for each individual.

**Results:** Twenty-eight patients were interviewed. Analysis of generated individual grids provided insight into individual patients' understanding towards their medicines and self-care activities. In analysing the grids collectively, a series of themes generated were identified, the four most common being "Benefit to the heart", "For fluid", "Necessary to do" and "Would do". The grids were analysed using generalised Procrustes analysis and principal component analysis to produce a graphical representation of how individuals interpreted their medicines and self-care activities. ACE-inhibitors and beta-blockers were interpreted as "Necessary to do", "Would do" and "Benefit to the heart", whereas the self-care activities were interpreted as "Not important to do" and "For fluid" by some patients, but were also acknowledged to be a "Benefit to the heart". The diuretic was interpreted to be strongly "For fluid".

**Discussion:** The findings from the feasibility study suggested that the repertory grid technique generated statements that reflect individuals' understanding of their heart failure management and that these could be linked to beliefs towards medicines.