

Oertel, Lynn B., R.N.

From: AMS DawnAC
Sent: Wednesday, October 22, 2008
To: Oertel, Lynn B., R.N.
Subject: Confirmation of AMS Appt

Email confirmation to referring physician:

- Outpatient referral received
- AMS appointment scheduled
- AMS management begins after appointment

Anticoagulation Management Services

This notice is to confirm that Anticoagulation Management Services received your referral for warfarin management and has scheduled an initial interview and assessment appointment as follows:

Patient:	Cathy J Oetest
MRN:	3861820
Appointment Date:	08/16/2008

AMS will assume monitoring and dosing responsibility following this appointment. Thank you for the opportunity to collaborate in the management of this patient.

Oertel, Lynn B., R.N.

From: AMS DawnAC
Sent: Wednesday, October 22, 2008
To: Oertel, Lynn B., R.N.
Subject: Therapy Review - Jamie Leg

Automated Therapy Review Process
 Email to referring physician to:

- Confirm DUE TO STOP date, if applicable
- Renew annual order to continue AMS management
- Summarizes clinical information and recent INR/dosing

Cathy J Oetel
 5 Great Meadow Rd
 Holliston, MA, 01746

MRN: 3861820 **Date of Birth:** 03/01/2007

Therapy Review

According to my records, your patient referenced above, is due for review of his/her anticoagulation management. Please confirm in a reply to this email that you continue to prescribe warfarin for this patient and orders remain as indicated below. **In the table below, if Due to Stop indicates a specific date, then also include new duration in your reply.**

Start date in AMS: 06/13/2007

INR Range and Target Goal: 2.0 - 3.0 (2.5 Target)

Due to stop: Indefinite

Pill size: Warfarin 5 mg strength pills

Primary Indication: Thrombosis/embolism: hepatic

Secondary Indication(s):

- Hx of (family): Sudden Cardiac Death
- Hx of (family): Other Cardiac Diseases
- Carotid Dissection
- Hx of (personal): TIA, and cerebral infarction without residual effects

The most recent INR and dose instructions provided to patient: (dose instructions by # pills per day)

INR Date: 10/14/2008

INR: 2.1

Weekly Dose: 35.00 mg/week

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	1	1	1	1	1	1
PEACH TABLET(S) [5MG STRENGTH]						

Previous INR information:

Date	INR	Dose	Instruction																					
09/03/2008	2.3	35 mg per week	<table style="margin-left: 20px;"> <thead> <tr> <th>Sun</th> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thu</th> <th>Fri</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td colspan="7">PINK TABLET(S) [1MG STRENGTH]</td> </tr> </tbody> </table>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	5	5	5	5	5	5	5	PINK TABLET(S) [1MG STRENGTH]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat																		
5	5	5	5	5	5	5																		
PINK TABLET(S) [1MG STRENGTH]																								
08/18/2008	2.3	35 mg per week	<table style="margin-left: 20px;"> <thead> <tr> <th>Sun</th> <th>Mon</th> <th>Tue</th> <th>Wed</th> <th>Thu</th> <th>Fri</th> <th>Sat</th> </tr> </thead> <tbody> <tr> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td colspan="7">PINK TABLET(S) [1MG STRENGTH]</td> </tr> </tbody> </table>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	5	5	5	5	5	5	5	PINK TABLET(S) [1MG STRENGTH]						
Sun	Mon	Tue	Wed	Thu	Fri	Sat																		
5	5	5	5	5	5	5																		
PINK TABLET(S) [1MG STRENGTH]																								

10/22/2008

08/05/2008	2	35 mg per week	Sun Mon Tue Wed Thu Fri Sat
			5 5 5 5 5 5
			PINK TABLET(S) [1MG STRENGTH]
05/14/2008	1.8	35 mg per week	Sun Mon Tue Wed Thu Fri Sat
			5 5 5 5 5 5
			PINK TABLET(S) [1MG STRENGTH]

I appreciate and thank you for the opportunity to collaborate with you in the management of this patient.

Sincerely,

Jamie Legvold, RN
617-~~XXXXXXXXXX~~
Office email box: AMSDawnAC@partners.org



275 Cambridge Street
Suite 101
Boston, Massachusetts 02114
Tel: 617 726-2768, Fax: 617 726-2546

Cathy J Oetest
5 Great Meadow Rd
Holliston, MA, 01746

Requesting Location: AM-01
Patient Name: Cathy J Oetest

Dose Instruction Letter mailed to patient

'957

10/22/2008

Dear Cathy J Oetest,

Your test result on **10/14/2008** was **2.1** and your goal INR range is **2.0 - 3.0 (2.5 Target)**.
Your result is **In Range**.

Our records show you use Warfarin 5 mg strength pills. Here is your current warfarin (Coumadin®) dose instruction (take the number of pills per day as shown below):

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	1	1	1	1	1	1
PEACH TABLET(S) [5MG STRENGTH]						

Your next test is scheduled for **Tuesday 11/11/2008**.

Please call **617-726-2768** if any of the following apply:

- If you cannot go on the above date, please call as soon as possible to reschedule.
- Our records indicate your physician, Lynn Oertel, prescribes your warfarin (Coumadin®). If this has changed, please call.
- When you do not receive similar notices to this within 4 business days following any INR test, please call.

All other questions can be directed to your primary nurse Jamie Legvold, RN at 617-~~726-2768~~. Voice messages left with our office prior to 12:00pm will be responded to the same day. No message will be left unanswered beyond the next business day.

Thank you for the opportunity to manage your anticoagulation.

Patient's Laboratory is: Special Lab Instruction - See Referral Notes



275 Cambridge Street
Suite 101
Boston, Massachusetts 02114
Tel: 617 726-2768, Fax: 617 72

10/22/2008

Transition of Care, immediate post-hospital discharge for patients newly started on anticoagulant(s)

- Letter faxed to outside PCP approximately 7 – 10 days after discharge when AMS not involved with long-term management
- Safe 'hand off' of patient management to patient's outside PCP

Dear _____, (via Fax #: _____)

Your patient Cathy J Oetest, 03/01/2007, was recently discharged from MGH. This patient was enrolled in an Anticoagulation Management Services (AMS) Transition Pathway as requested by the patient's discharging MGH physician. AMS has monitored this patient's anticoagulation therapy since hospital discharge.

This patient has an appointment with you on: _____

Below is a summary of this patient's anticoagulation therapy:


Date	INR	Dose	Instruction
09/03/2008	2.3	35 mg per week	Sun Mon Tue Wed Thu Fri Sat 5 5 5 5 5 5 5 PINK TABLET(S) [1MG STRENGTH]
08/18/2008	2.3	35 mg per week	Sun Mon Tue Wed Thu Fri Sat 5 5 5 5 5 5 5 PINK TABLET(S) [1MG STRENGTH]
08/05/2008	2	35 mg per week	Sun Mon Tue Wed Thu Fri Sat 5 5 5 5 5 5 5 PINK TABLET(S) [1MG STRENGTH]
05/14/2008	1.8	35 mg per week	Sun Mon Tue Wed Thu Fri Sat 5 5 5 5 5 5 5 PINK TABLET(S) [1MG STRENGTH]

Continued on page 2



MASSACHUSETTS
GENERAL HOSPITAL

275 Cambridge Street
Suite 101
Boston, Massachusetts 02114
Tel: 617 726-2768, Fax: 617 726-2546

 **Anticoagulation
Management Services**

Tablet size patient currently using: **1 mg** Strength

Date Lovenox was discontinued: Still taking

Recent blood work: date _____ Hct: _____ Plat: _____

The patient will need a prescription for continued warfarin therapy. We only supply 100 1mg size tablets as part of our pathway. If appropriate, consider changing tablet size to a more reasonable strength and adjust dose instructions for the patient. Additionally, we recommend a CBC at the first follow-up appointment to be sure that there is no drop in hematocrit, hemoglobin or platelets.

I hope this information has been helpful to you as AMS hands over the care of this patient to you. If you have further questions, please contact me.


Sincerely,

Jamie Legvold, RN
617-726-3477



MASSACHUSETTS
GENERAL HOSPITAL

275 Cambridge Street
Suite 101
Boston, Massachusetts 02114
Tel: 617 726-2768, Fax: 617 726-2546

 Anticoagulation
Management Services

Cathy J Oetest
5 Great Meadow Rd
Holliston, MA, 01746

Unable to contact to schedule AMS Appointment

Letter mailed to patient
Notice emailed to referring physician

10/22/2008

Dear Cathy J Oetest,

The Anticoagulation Management Service received information that Lynn Oertel has recently prescribed a new medication, Coumadin® (warfarin) and is requesting us to monitor and adjust your dose of this important medication.

We have been trying to reach you to schedule an appointment for an initial interview and assessment so that we can begin working with you. Unfortunately, we have not been successful reaching you after multiple tries by telephone. We require a one-time visit of approximately one hour to provide important education that will assure your safety while taking warfarin and to review our clinic procedures.

Please call us at your earliest convenience to schedule this appointment. Before you meet with us you must continue to work with Lynn Oertel to get dose instructions for your warfarin. We look forward to hearing from you.

Sincerely,

Vivine Wilson, Patient Service Coordinator
Anticoagulation Management Services
617-726-2768

CC: Lynn Oertel

Oertel, Lynn B., R.N.

From: AMS DawnAC
Sent: Wednesday, October 22, 2008 2:03 PM
To: Oertel, Lynn B., R.N.
Subject: Patient did not keep AMS Appt

Patient did not keep appointment with AMS
Notice emailed to referring physician

Cathy J Oetest
5 Great Meadow Rd
Holliston, MA, 01746

MRN: 3861820

Date of Birth: 03/01/2007

Notice of "Did not keep appointment with AMS"

Your patient referenced above, did not keep his/her appointment in Anticoagulation Management Services.

The AMS appointment was originally scheduled for: 08/16/2008

I have been unsuccessful in reaching this patient to re-schedule another appointment after a number of attempts. AMS can not begin management of this patient's warfarin therapy until the patient is seen. Therefore, you remain responsible for this patient's warfarin management.

Please review the importance of this appointment, as well as future laboratory blood tests, with your patient and ask that he/she calls to re-schedule this appointment.

Thank you for your assistance.

Sincerely,

Jamie Legvold, RN
617-~~XXXXXXXX~~

Office email box: mghams@partners.org

The information transmitted in this electronic communication is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you received this information in error, please contact the Compliance HelpLine at 800-856-1983 and properly dispose of this information.



MASSACHUSETTS
GENERAL HOSPITAL

275 Cambridge Street
Suite 101
Boston, Massachusetts 02114
Tel: 617 726-2768, Fax: 617 726-2769

Cathy J Oetest
5 Great Meadow Rd
Holliston, MA, 01746

*****First Notice*****

October 22, 2008

Dear Cathy J Oetest,
The Anticoagulation Management Service wants to provide you with the best care possible. As you know, it is very important that you have your INR blood test as requested. This letter is to inform you that AMS did not receive an INR for the date of your scheduled lab visit.

If you have had your blood tested prior to receiving this letter call AMS at **617-643-0975**.
Please leave the following information:

- **First and Last Name**
- **MGH Medical Record Number or Date of Birth**
- **Name of lab site**
- **Date you went to the lab for your INR Test**

If you prefer, you can email AMS with the above information. Our email address is:
mghams@partners.org

AMS will contact the lab & retrieve the INR Result. Expect a dosing letter within 4 business days of your message.

If you did not have your blood tested as scheduled, your test has been rescheduled for 10/10/2008. Please have your blood tested on or before this date to avoid receiving additional notices.

Sincerely,


Jamie Legvold, RN
Tel: 617 [REDACTED]

NonCompliance Process			
DNA Stage	INR rescheduled in...	RN Reminder	MD Email
1	if no INR 3 DAYS after scheduled date, then next INR in.... 2 weeks		
2	if no INR 1 DAY after scheduled date, then next INR in ... 1 week		
3	if no INR 1 DAY after scheduled date, then next INR in ... 1 week	√	
Final	if no INR 1 DAY after scheduled date, then next INR in ... 1 week	√	√
Discharge Notice	sent via Certified Mail	Patient Discharged	√
(DNA = Did Not Attend)			



MASSACHUSETTS
GENERAL HOSPITAL

275 Cambridge Street
Suite 101
Boston, Massachusetts 02114
Tel: 617 726-2768, Fax: 617 726-2546

 **Anticoagulation
Management Services**

Cathy J Oetest
5 Great Meadow Rd
Holliston, MA, 01746

*****Final Notice*****

October 22, 2008

Dear Cathy J Oetest,
The Anticoagulation Management Service wants to provide you with the best care possible. To do that, it is important that you keep all appointments to have your blood tested. Without blood results dose adjustments cannot be made safely. Despite several reminders and rescheduling of test dates you have not had your blood tested. Your last test was on 09/03/2008.

Without proper monitoring it will be necessary to discharge you from our service. Your test has been rescheduled for 10/10/2008. **Please have your blood tested on or before this date to avoid being discharged from our service.** Again, this is your final notice. A copy of this letter is being sent to your doctor Lynn Oertel. We hope that you will become more serious about the importance of ongoing monitoring.

Sincerely,

Jamie Legvold, RN
Tel: 617-██████████

cc Medical Record # 3861820

Risk Assessment

Name: Cathy J Oetest
MRN: 3861820
Assessed on: 10/22/2008 2:14:46 PM

Scores

Risk Score	Event Score	Proc. Score	Drug Score	Age Score	New Pat. Score	DNA Score	Total Risk
9	0	0	15	0	0	0	24

Risk Classification

Current: Low Watch (26-50)
Recommended: Controlled (0-25)