

Hospital stays halved for patients on blood-thinning drug

Each patient can save up to \$2k under TTSH scheme, where pharmacists monitor dosage of wafarin

By LEE HUI CHIEH

A PROGRAMME that sees pharmacists monitor warded patients on a tricky-to-control blood-thinning drug has helped many people go home early and avoid costly bills, according to medical professionals.

The scheme, which began last year, has slashed hospital stays by half for patients on the medication, called wafarin, at Tan Tock Seng Hospital (TTSH).

The drug is notoriously diffi-

cult to manage and patients spend the bulk of their time in hospital waiting for doctors to find the correct dosage.

So, the hospital looked to pharmacists, who have the experience of helping to regulate the use of wafarin in outpatients, said Ms Wong Yee May, a pharmacist at TTSH.

The pharmacists studied 100 wafarin users and came up with a guide for starting dosages based on a patient's age, and how to adjust them.

This has sped up the process of arriving at the proper dose for each patient, said Dr Tay Jam Chin, a senior consultant from TTSH's department of general medicine.

Previously, doctors prescribed the starting dosages and adjusted them based on their own discretion, he said.

GETTING IT RIGHT

"If the blood is thinner than what we want, there is a risk of internal or external bleeding, which may not stop. If it's too thick, clots may form again."

MS WONG YEE MAY, a pharmacist at Tan Tock Seng Hospital

"Each doctor has his own preference, so there was not much standardisation of care," he added.

Now, nine in 10 of the hospital's patients who need wafarin go home after five days instead of 11, Dr Tay said.

Six fewer days in hospital mean savings of \$2,070, for those staying in unsubsidised wards.

Ms Wong said: "It's good that we are saving time and money for the patients."

Patients who have had a heart attack, stroke or deep vein thrombosis - conditions caused by blood clots clogging up arteries or veins - are given wafarin to thin the blood and prevent clots from forming again.

The drug needs four to five days to take effect.

In the meantime, patients need to be hospitalised and injected with another blood-thinning drug, the faster-acting heparin.

They may need to remain hospitalised for another week if the wafarin needs to be adjusted.

Incorrect dosages can leave the blood too thick, or too thin, and lead to potentially fatal complications, including heart attacks, strokes and internal bleeding.

Dr Tay, Ms Wong and seven other health-care workers formed a team last year to put in place a system where the pharmacists would check warded patients on wafarin every day. They would adjust their dosage of the drug, if necessary.

Since then, none of the patients has been discharged with their blood too thick or too thin,

down from 30 per cent previously.

Last year, the hospital had more than 500 warded patients on the drug. In addition, it attended to about 2,000 outpatients.

After their discharge, patients have to return to hospital regularly to be reviewed by pharmacists, as the medication still needs to be adjusted from time to time, according to changes in their condition.

The hospital has also started to let patients who are confident of jabbing themselves with heparin go home without being hospitalised.

One of them, Mr Ng Seng Kim, a 60-year-old security guard, realised that his legs became swollen after he stood for several hours.

Three months ago, he went to TTSH, and was told that his blood was too thick.

He put up with giving himself four jabs daily for two weeks, so that he would not have to be warded.

He said: "I didn't want to be hospitalised, because it would mean spending money. This way, I can still work."

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