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IT connectivity in Primary care

Experiences in shared care for INR monitoring

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Content



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1. Brief overview of INR enhanced service implemented in ABUHB Primary care.
2. IT Connectivity - Scope
3. IT Connectivity - What ?
4. IT Connectivity - Why ?
5. IT Connectivity - How ?
6. Challenges and solutions
7. Where we are now (what we have achieved)
8. Looking forward (problems still to overcome)



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Overview



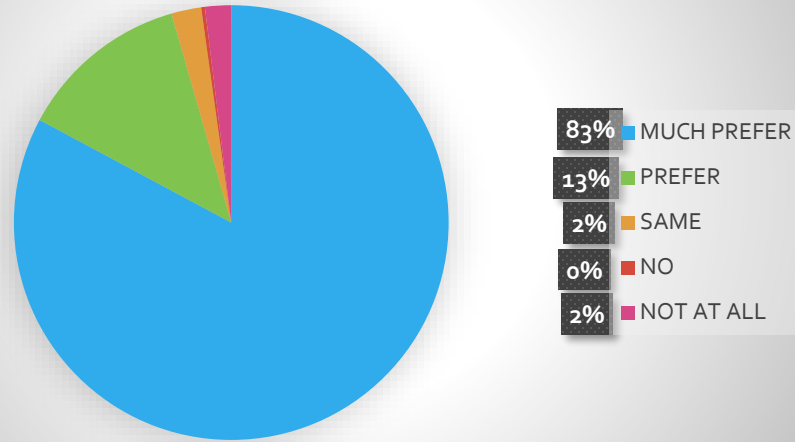
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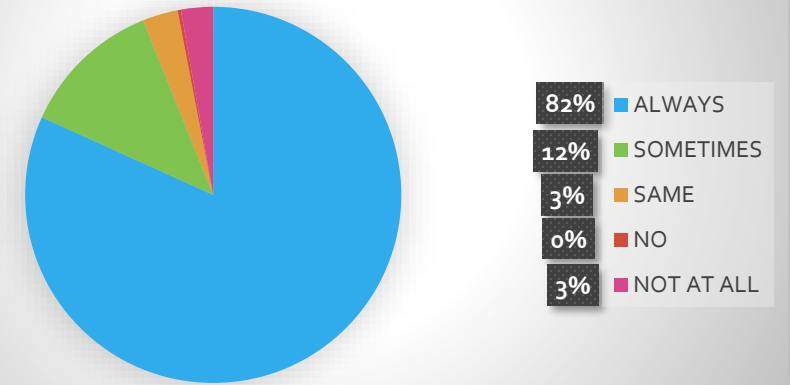
- International Normalised Ratio (INR) is used to monitor warfarin therapy
- Dosing of warfarin
- Patient management in ABUHB
- Enhanced Service- what and why?
- Overseen by POCT Dept

Patient experience

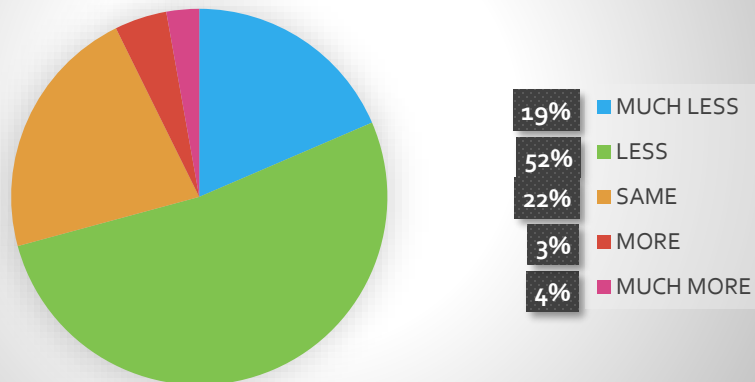
Do you prefer Fingerprick to Venous



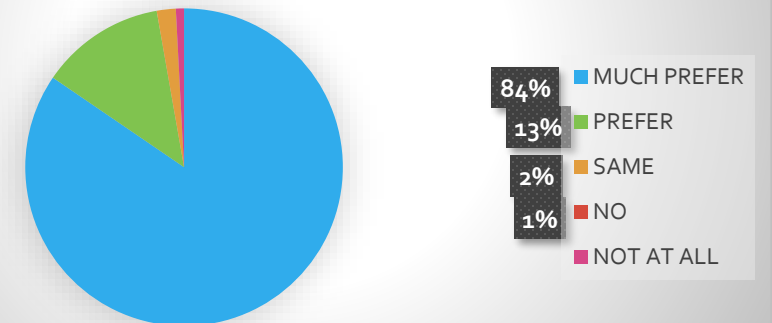
Is it easier to discuss issues when having POC test



Are you attending clinic more or less frequently with POC testing



Do you prefer to have your INR result available at the time of testing



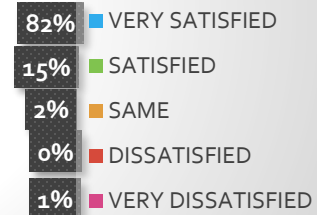
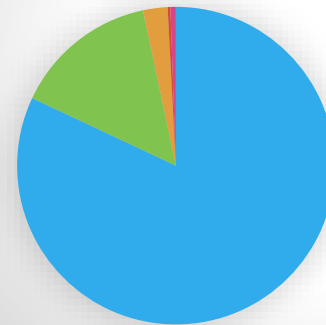


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Patient overall experience

How satisfied are you with the changes in Warfarin management since introducing POC testing





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IT Connectivity – Scope



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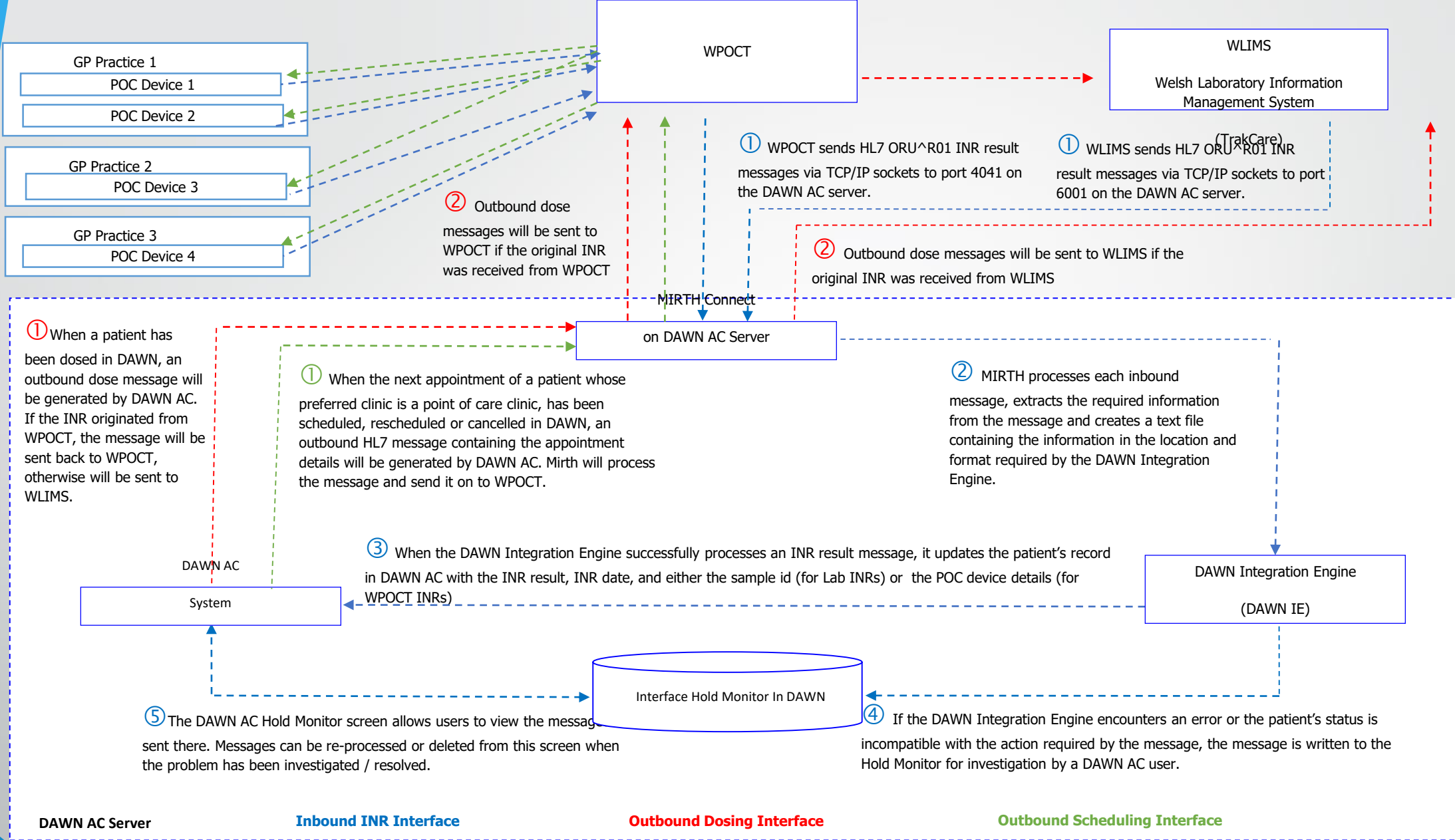
- 75 GP surgeries – 68
 - 44 DAWN dosing - 41
 - 24 Non DAWN dosing - 18
 - 9 Not dosing or testing at all
- 25 D/N Bases
- 3 Anticoagulation Clinics
- 1,000 Operators using the devices
- 203 Devices



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IT Connectivity – What?

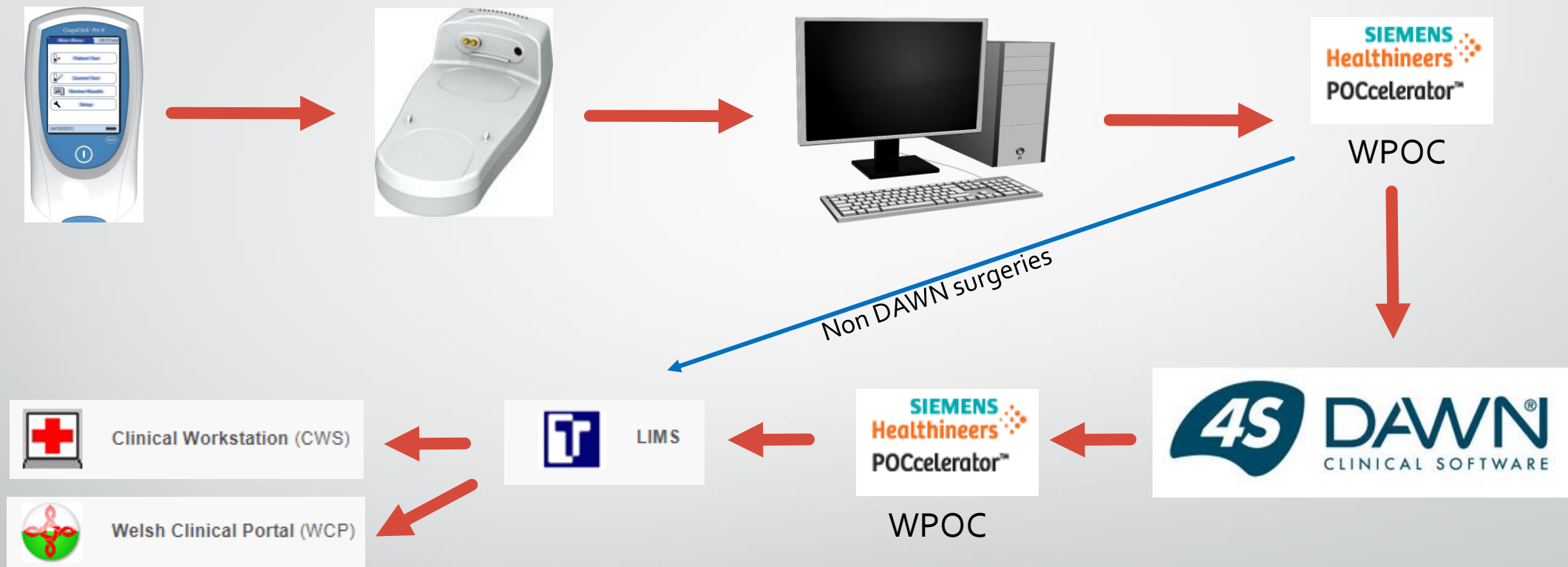


IT Connectivity – What ?



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DAWN
Anticoagulant
Dosing Software

Clinic List
→

WPOCT
All Wales POCT IT
System
Poccelerator

Clinic List
→

Coaguchek INR
Meter

↓ INR result

WPOCT
All Wales POCT IT
System
Poccelerator

INR result
Dose
%TTR
←

DAWN
Anticoagulant
Dosing Software

INR result
←

WPOCT
All Wales POCT IT
System
Poccelerator

INR result
Dose
%TTR
↓

LIMS
Pathology Information
management system

INR result
Dose
%TTR
→

CWS **WCP**
Clinical **Welsh**
Work **Clinical**
Station **Portal**

EMIS/VISION
GP information system



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IT Connectivity – Why?



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- ABUHB insisted as part of the project to ensure results are in the secondary care patient record.
- Prevent transcription errors



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IT Connectivity – How?



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- Liaised with DAWN, Siemens, DHCW to create the data flow.
- Created spreadsheet of all the GP locations and identifying codes
- Siemens downloaded this information into WPOCT
- Installed USB driver to PC's in primary Care
- Configured the handheld base units to communicate with WPOCT
- Preparation of devices to be connected via the base units
- Preparation of WPOCT for the devices and the operators



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Challenges and solutions



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- Covid
- Installation of USB drivers
 - New version of Base units does not recognise the pre- installed USB drivers !!
- Configuring the base units on site was very time consuming.
- Downloading and configuring device information to WPOCT on site was even more time consuming and frustrating
 - Data cleansing the device prior to docking
 - Setting up device in WPOC **before** visiting site
 - Configure patient list in WPOCT
- Time for results to transmit from WPOCT to DAWN !!!



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Where are we now?



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Connected:

- All 18 NON DAWN GP surgery – 42 devices
- 20 D/N bases – 42 devices
- 3 anticoagulation clinics – 8 devices

40 DAWN dosing surgeries manually entering results into DAWN, but results, Dose , %TTR and next appt date connecting to WPOCT and downstream to LIMS, Clinical Work Station and Welsh Clinical Portal



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Looking Forward



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- Retirement !!
- Connecting remaining 5 D/N bases - 10 devices
- Connecting all Dawn dosing surgeries devices directly to WPOCT as originally intended – 80 devices
- Connection to the GP surgeries IT systems EMIS/Vision – ideally but a way off.



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Thank you

Any Questions?