INRstar

safe, effective anticoagulation support

lumira**Dx**

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INTRODUCTION

INRstar, the leading software solution for safe, effective anticoagulation management was originally created by Dr Mark Sullivan

"As a young Clinical Assistant in my local hospital many years ago, I was given responsibility for running the anticoagulation clinic. I loved it – it was busy and energetic but chaotic and not so patient friendly. The more I wondered whether it could be done differently, the more passionate I became about finding a solution.

I began building a simple but effective program which helped me to run the clinic more efficiently and after a few iterations, some of my GP friends liked it and started to use it. A year or so later it was rolled out across the Local Health Authority.

At this point, over 20 years ago our story began: The idea kept growing and is now a complete, integrated, digital anticoagulation solution, helping to improve patient outcomes in more than 2,700 clinics across the UK, through safer, more effective anticoagulation management."

Dr Mark Sullivan
Medical Director, INRstar

2,700
anticoagulation services
using INRstar across the UK

3,800,000
warfarin treatments entered
into INRstar every year

To improve outcomes and increase choice for patients with long-term conditions

Atrial Fibrillation (AF) is the most common sustained heart rhythm disturbance in the UK. People with AF are five times more likely to suffer a stroke.

Stroke is one of the top three causes of death and the largest cause of adult disability in the UK with over 150,000 strokes in the UK every year.

> " INRstar has revolutionised anticoagulation care in my opinion. It's fabulous that trained nurses and HCAs can effectively and safely manage patient care closer to home. "

INRstar user

22,500

strokes which are thought to be directly attributed to AF each year across the UK

4,000

strokes in England could be avoided if all patients were to receive optimal anticoagulation therapy

£43,407,072

could be saved by the NHS per year by avoiding these strokes in acute care costs alone

£7,500

per patient per year for long-term care following stroke to the NHS and social services

REFERENCES

AC Infographic, Savelieva I, Bajpai A, Camm AJ. Stroke in atrial fibrillation:
Update on pathophysiology, new antithrombotic therapies, and evolution of procedures and devices Annals of
Medicine 2007;39: 371-391 data summary attributed to Atrial Fibrillation Association.

Clinicians are being more proactive about identifying patients with AF, but how do you ensure that those patients who should be prescribed anticoagulants are receiving the safest, most appropriate treatment?

We are passionate about improving patient outcomes and continually update our software to ensure it meets the most rigorous safety and risk assessment criteria including the following:

Full compliance with the European Medical Device Directive (93/42/EEC)

Online eLearning system with completion certificates and training records

Tools and reports that enable you to follow NICE guidelines on anticoagulation management

Clinically risk assessed by medical professionals

Continuity of care and management of safety issues associated with transfer from secondary into primary care and vice versa

88%

Total % patients with Time in Therapeutic Range (TTR) 60% or more

81%

Total % patients with a TTR of 65% or more

76%

Higher than average TTR across all INRstar locations

" With more than 10% of over 65 year olds having AF, GPs have to deal with both its identification and management on a regular basis. The NICE guideline builds on the relationship between the patient with AF and their GP, outlining how each patient should have a clear management plan… "*

Dr Matthew Fay
GP and member of the Guideline Development Group

For all your anticoagulation patients

engage, our easy-to-use patient app, supports you to deliver care to all your anticoagulation patients remotely.

engage transforms the way you and your patients connect – securely integrating patient data and devices with the INRstar record and clinical system.

90%
of patients recommend engage
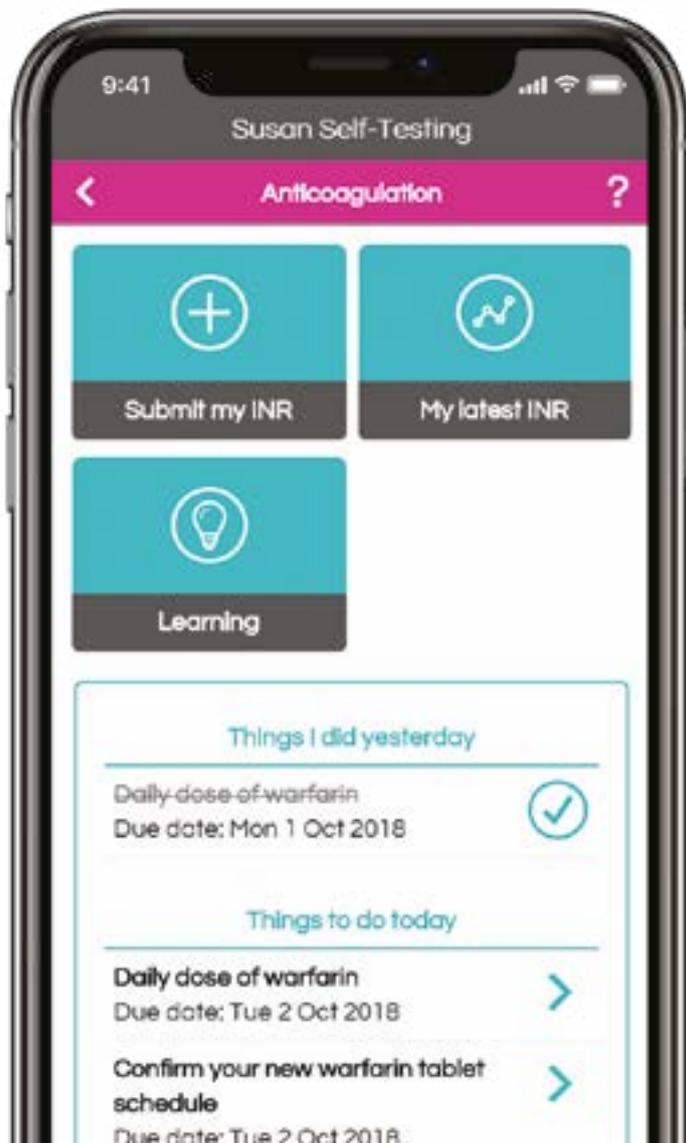
Smart, digital anticoagulation care

Our technology enables data to flow seamlessly between patient monitoring devices and INRstar via the engage app.

Highly commended in the "Best Healthcare App" category at the 2017 Building Better Healthcare Awards, engage offers a wide range of connected self-care programmes and gives your patients the knowledge, skills and confidence to self-care in partnership with your team.

- Support your patients to stay independent for longer

- Release clinic time to focus on patients that need it most

- Eliminate transcription errors with full integration to patient devices

A range of connected self-care programmes

Available on smartphone, tablet and web, our connected self-care programmes help you to monitor and support all your anticoagulation patients remotely. Built-in education, support and connectivity gives your patients the knowledge, skills and confidence to feel more in control of their health.

Our connected self-care programmes include:

- INR self-testing – approved to join the NHS app library, this programme helps you support warfarin patients to self-test

- Digital dosing diary – deliver dosing instructions digitally

- DOAC support programme – support and review patients remotely

*90% patients said they would recommend engage in a survey carried out to patients from the warfarin self-testing programme 2017.

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Full compliance with the Medical Device Directive, Caldicott 2 and the latest NICE guidelines means peace of mind that your data is safe with us.

Safe

- Uses published warfarin induction and maintenance algorithms for consistent dosing and review period suggestions

- Follows the latest clinical guidelines on anticoagulation best practice

- Contains built in warnings and alerts

- Facilitates clinical audit to monitor the effectiveness and safety of your service

- Manages all your anticoagulation patients in one place; giving you a crucial bird's eye view of your whole patient population

- Clinical Leads can implement centrally managed clinical protocols to ensure consistency across multiple providers

Efficient

- Quick, simple entry of INR test results

- Clear and simple daily dosage suggestions which can be printed for patients to encourage compliance

- Full audit trails of every transaction

- Clinically risk assessed roles and permissions allow you to delegate routine tasks

Flexible

- Interfaces to alll leading clinical systems (EMIS, TPP SystmOne and INPS Vision)

- Add new patients to INRstar, pulling the demographic details from the clinical system

- Accessible from any nationwide N3 connected computer, facilitating the sharing of data and resources

- Non-testing locations can access their registered patients' records via a View Only Licence

Focused

- Allows you to focus on patients, not IT

- Quick and easy to set up

- Centrally hosted on the NHS network so no local hosting, maintenance or manual updates

- All data stored (and backed up) on secure remote servers

- Regular updates ensure that all users are kept up to date with latest software and service developments, including direct and newer anticoagulation drugs and associated guidelines
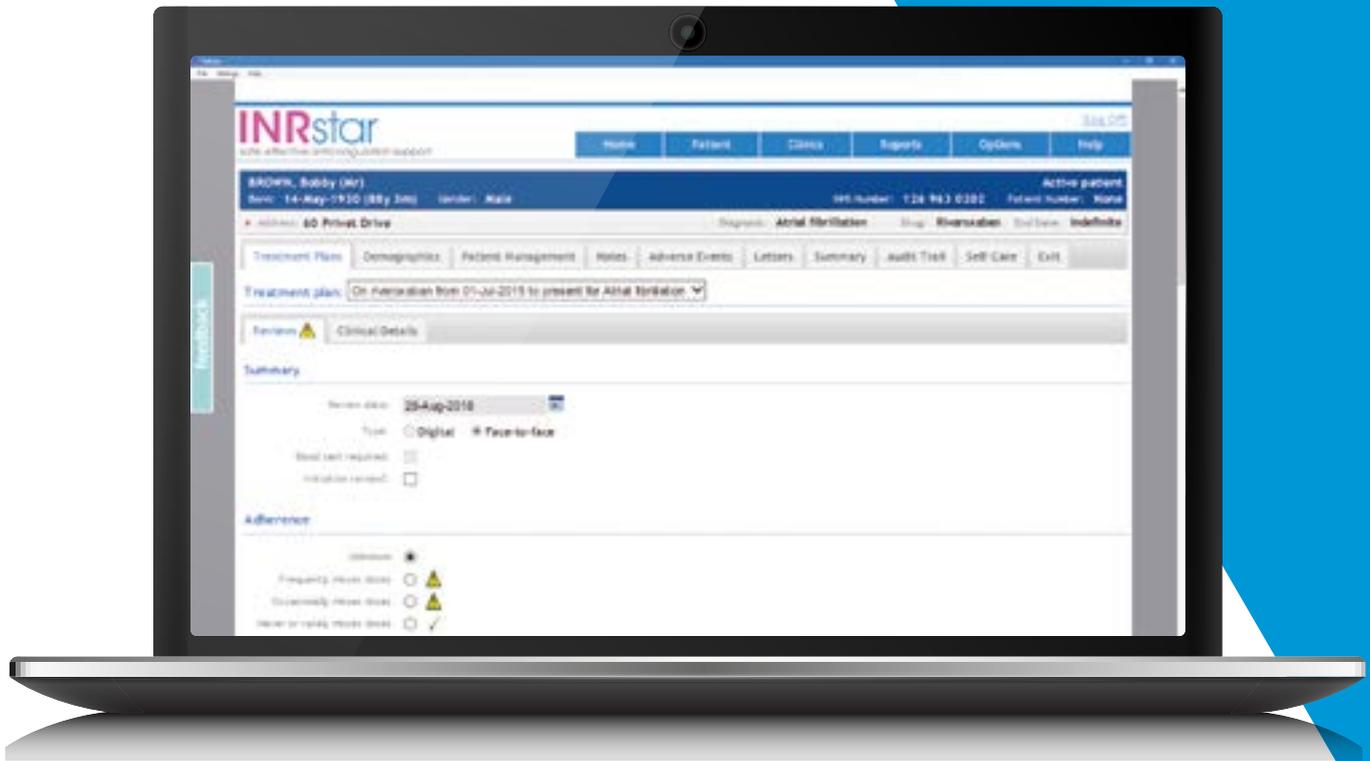
What about the new oral anticoagulants?

INRstar supports the ongoing management of patients on the direct or newer anticoagulation drugs as part of your usual anticoagulation clinic.

This allows for effective cross reporting across all AC patients and ensures that all patients are regularly reviewed.

According to the European Heart Rhythm Association Practical Guide on the use of new oral anticoagulants in patients with non-valvular atrial fibrillation. **(NOAC) Patients should return on a regular basis for on-going review of their treatment, preferably every 3 months.**

" Patients on the newer oral anticoagulants come in to our warfarin clinic every 3 to 6 months for a review of their treatment. This allows us to emphasise the importance of compliance, ask about side-effects and ensure that their renal function is checked regularly. "

Dr Matthew Fay
FRCP (Edin.), GP Principal,
Westcliffe Medical Practice; Medical Advisor,
Atrial Fibrillation Association.

" Reviewing and monitoring our patients is absolutely vital to our service and we are keen to have a means of reviewing patients on different medications in the one place. "

Sherra Aynin
Anticoagulation Sister,
St. George's Hospital.

All your anticoagulation patients in one place

Patients on non-warfarin anticoagulants can be managed within INRstar.

Although these patients no longer need regular INR tests, the national experts still recommend regular clinical reviews,* and many anticoagulation services are now adapting their clinics to cater for those patients taking the newer agents.

INRstar supports:

- apixaban
- dabigatran
- edoxaban
- rivaroxaban
- sinthrome

Low molecular weight heparin
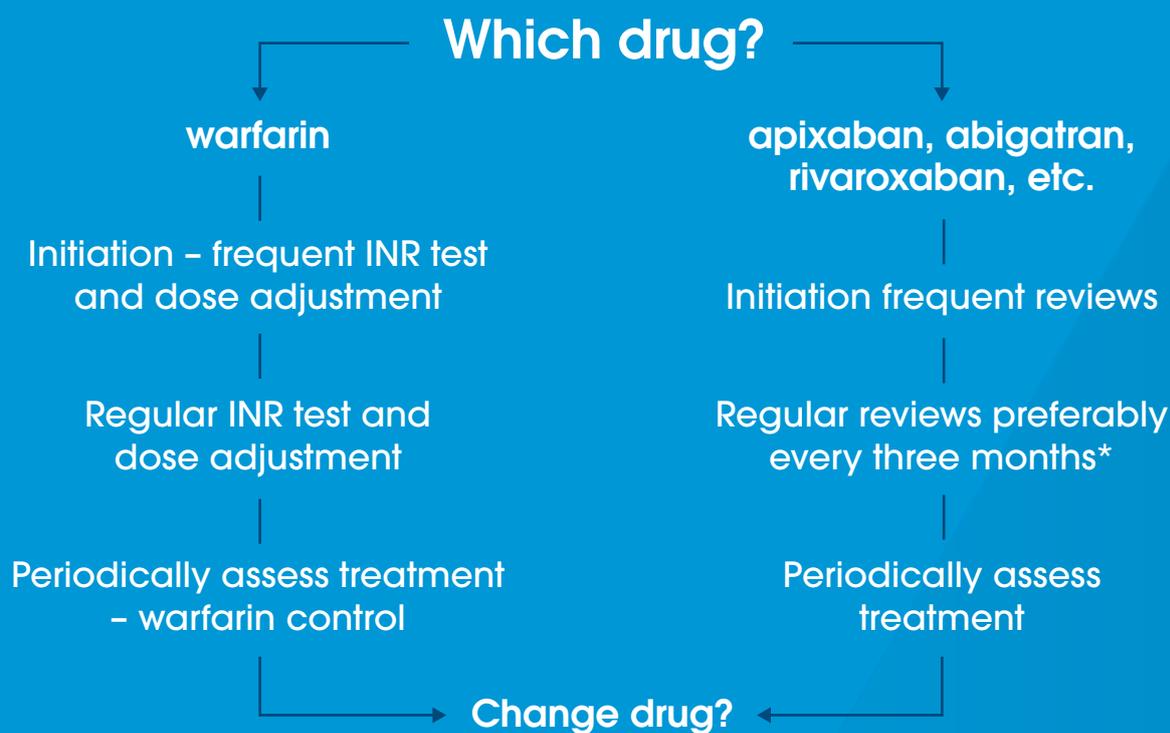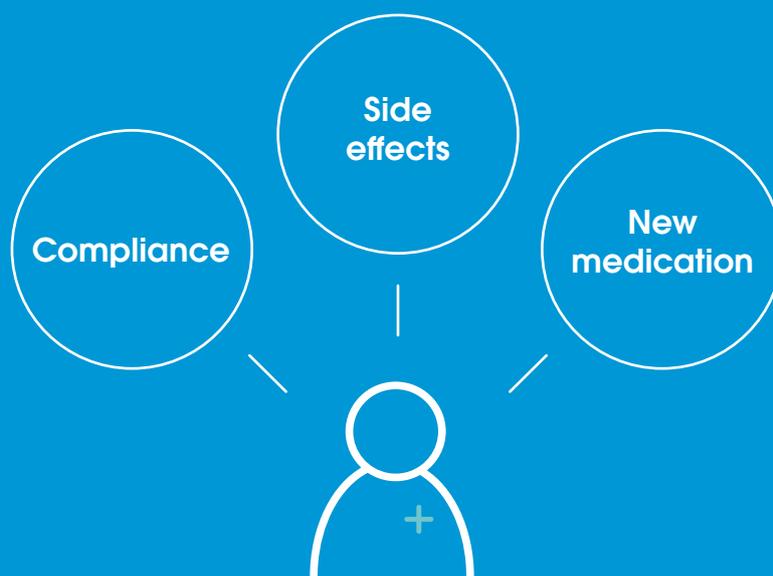
- dalteparin
- enoxaparin

"As we run our anticoagulation clinics having all information about all of our patients in one place, it makes my job a lot easier. We see patients on direct oral anticoagulants (DOACs) every 3 to 6 months, and it is vital that we review their treatment.

DOACs functionality means that we check in with each patient on a regular basis, and patients do not get lost to review. We can check for side effects, compliance and feed all this back into one central system."

Bernie Cahill
Assistant Practitioner in Cardiology
Westcliffe Medical Centre

* "After patients start on a NOAC, it is good practice for clinicians to see them for regular review, preferably every three months" – NICE Implementation Collaborative (NIC) Consensus Statement on the Use of NOACs, June 2014.

One-stop, nurse-led anticoagulation

Side effects

Compliance

New medication

Which drug?

warfarin	apixaban, abigatran, rivaroxaban, etc.
Initiation – frequent INR test and dose adjustment	Initiation frequent reviews
Regular INR test and dose adjustment	Regular reviews preferably every three months*
Periodically assess treatment – warfarin control	Periodically assess treatment

Change drug?

Sometimes healthcare professionals need to access the record of a patient who is not usually managed by their anticoagulation service in order to provide direct care for that patient.*

External Patient Lookup allows users with the correct level of permissions to search for, view and treat anticoagulation patients who are not normally managed by them.

We designed External Patient Lookup to improve patient safety and reduce adverse events associated with poor access to patients' anticoagulation records.

Now, wherever your patient goes, we can ensure that they are safely managed, enabling you to make the right decisions for that patient based on an accurate, up to date treatment history.

"Currently, patients whose INR is high during out of hours, turn up to A&E with the expectation that clinicians there will know how to treat them. The reality is that until now, there has been no way to access the patient's record. If other providers or locations could access this data, it would enable more integrated delivery of care and therefore improved patient safety. "

Dr Richard Oliver
Clinical Lead, Sheffield CCG.

Home Visits

GP

Hospital

Pharmacy

GP
Out of hours

* For the purpose of direct care only in accordance with Caldicott 2 recommendation
• The patient must be able to be uniquely identified by the search criteria and the user must provide a reason for accessing the record.
• Only Registered Health Care Professionals can use this functionality on a permissions based log in.

Efficient anticoagulation at population level

Our central analysis tool allows you to monitor anticoagulation services easily and efficiently with instant access to data across all of your INRstar locations and providers.

Save time and improve safety

◉ Pay services quickly and easily based on accurate patient and treatment data

◉ Undertake clinical audits quickly and effectively

◉ No access to patients' confidential data means full compliance with Caldicott 2 guidelines

◉ Ensure services are compliant with NICE guidelines

We act on your feedback to continually improve our products and services.

Our Support Team is on hand to make finding your way around INRstar a hassle-free process from start to finish. If you need more specialist advice about our software, our team can consult with our clinical experts to answer your questions.

Our experienced team works from our Cornwall office, so no automated call handling or off shore call centres – just happy to help people at the end of the phone when you need them.

88%

of users rate us 7 or above out of 10

100%

of support queries closed within 1 hour on average*

*Figures from January to August 2018

" The communications with the helpdesk and project staff have been fantastic. The INRstar staff were flexible, understanding, calm and patient which led to a very stress-free go live …We have been very impressed with the process and often comment how nice it is to work with a supplier that wants to help, is keen, and quick at responding. "

David Waterton
SystmOne Technical Project Manager
Hammersmith and Fulham CCG.

" I must say that the staff are all extremely helpful. I have been extremely impressed with everyone we've had dealings with at INRstar – it makes a pleasant change! "

Francesca Stannard
IT Lead
Market Harborough Medical Centre.

INRstar interfaces to all leading GP clinical systems: TPP SystmOne, EMIS (LV, PCS and Web) and INPS Vision and Aeros.

For more information on our clinical system interfaces go to www.help.INRstar.co.uk

Our promise to you

◉ All the information you need to make safe, informed dosing decisions

◉ Peace of mind that the right decisions are made by the right people

◉ Networked and accurate information at your fingertips

◉ Continual improvements and regular releases based on your feedback

◉ Responsive support and service at all times

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Improve patient safety, reduce workload and add value with INRstar.

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