

Integrated Care in the Management of Atrial Fibrillation Presentation and Creation of the Hot AF Clinic

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BACKGROUND & RATIONALE

❖ Atrial fibrillation (AF) is the commonest cardiac arrhythmia affecting 2-4% of the population. AF is associated with significant mortality and morbidity.

❖ Every year, an average of 1200 patients present to the various emergency services at UHL with a primary diagnosis of atrial fibrillation and 11,400 patients with a secondary diagnosis of atrial fibrillation.

❖ Half the patients transferred by ambulance from A&E to the cardiology clinical decisions unit (CDU) at Glenfield Hospital are discharged following assessment resulting in unnecessary duplication of care and costs.

❖ Over 30% of patients are inappropriately admitted to hospital for rate control despite being clinically stable and without necessarily seeing an arrhythmia specialist.

❖ In addition, there is no specific referral pathway for surgical patients found to have atrial fibrillation in the surgical pre-assessment clinic including cancer patients. Hence, they can have long waits for an arrhythmia clinic review resulting in surgical delays or cancellations.

IDENTIFIED NEEDS & OBJECTIVES

❖ I identified a need to reduce inappropriate admissions and prolonged hospital stays, streamline care and reduce recurrent admissions in patients who present acutely with atrial fibrillation and expedite outpatient arrhythmia specialists review in line with NICE and GIRFT.

❖ There was a great need for a care pathway for patients awaiting surgery found to have new or uncontrolled atrial fibrillation to allow early arrhythmia specialist review for optimisation of clinical management and prevention of inappropriate surgical delays, particularly cancer patients.

METHODS & BUSINESS CASE PROCESS

Regular meetings were held with the different Stakeholders, including general practitioners, CMG representatives, acute trust services, surgical assessment nurse, anaesthetist and finance representatives; to discuss the Hot AF clinic proposal and the proposed Integrated Pathways for the management of Atrial Fibrillation in the acute setting and surgical pre-assessment clinics.

A streamlined acute AF management pathway was produced aiming to improve early initiation of appropriate therapy, improving decision making about appropriate admission or discharge, criteria for review in SDEC (opened in April 2021) and criteria for referral to the Hot AF clinic (within 2 weeks of acute presentation) or routine Arrhythmia clinic.

A separate pathway was created to improve management of atrial fibrillation in surgical patients with criteria for referral to the Hot AF clinic (within 2 weeks of referral) to optimise therapy and prevent delays to critical surgery.

There were some inherent delays due to the Covid-19 pandemic. I anticipate the roll out of the Hot AF clinic within a couple of months.

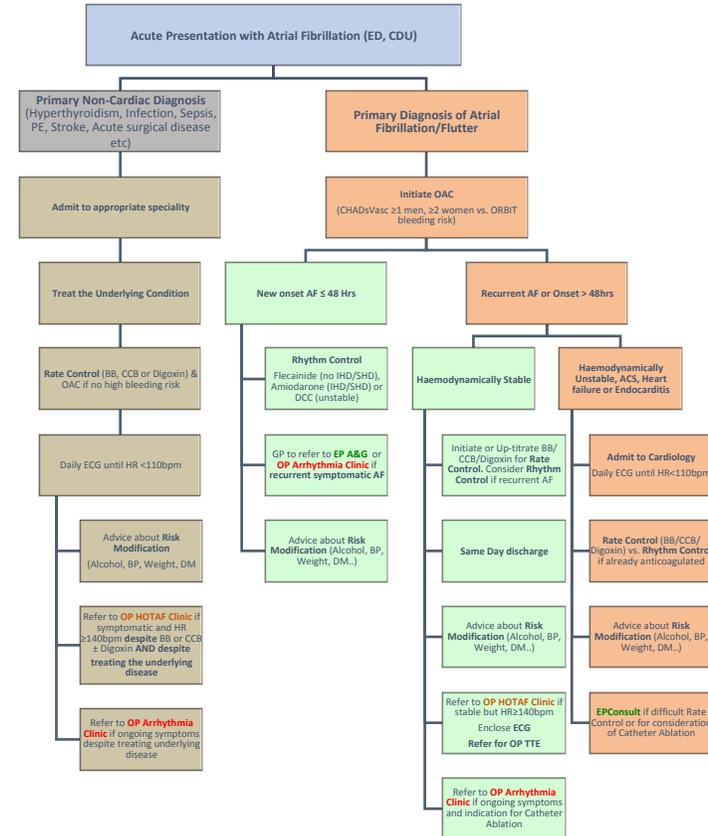
An Online Referral Form is being generated to improve the referral and prevent delays with the option to generate an advice letter.

A leaflet providing information about treatment options and risk modification will be created alongside.

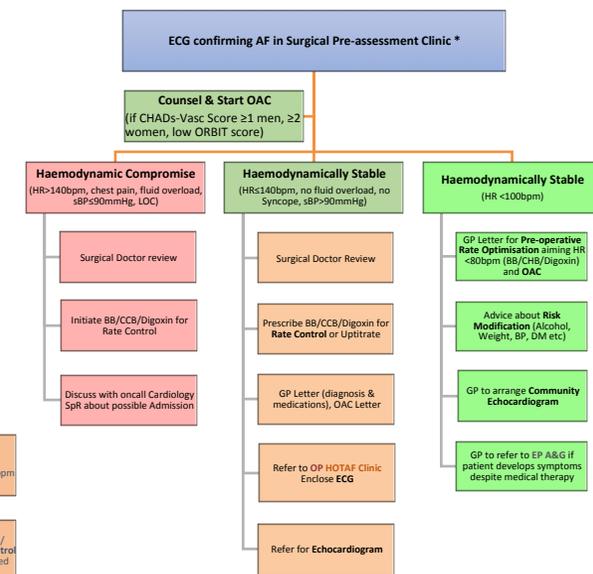
Training is planned for doctors and nurses in the emergency services and surgical pre-assessment ahead of the roll out.

A new clinic code will be used to capture patients' data and allow formal audit in few months to ensure effectiveness of the Hot AF clinic and possible expansion to other services.

ACUTE AF MANAGEMENT PATHWAY



AF MANAGEMENT IN SURGICAL PRE-ASSESSMENT



CONCLUSION

❖ Streamlined pathways for the management of atrial fibrillation in the emergency services and surgical pre-assessment clinic were produced in conjunction with creating a Hot AF clinic to expedite specialist arrhythmia assessment and improve long term clinical outcomes.

❖ The creation of the Hot AF clinic will allow expedited specialist arrhythmia review within 2 weeks of referral.

❖ Patients will be seen by the right specialist at the right time in line with the NICE guidelines and the GIRFT report.