

Improving the management of atrial fibrillation with RVR

Maroondah Hospital

Why this project is important in our Emergency Department

In March 2013, the Emergency Care Improvement and Clinical Network (ECIICN) embarked on its fifth round of evidence-based improvement projects in Emergency Departments (EDs). The aim of these projects is to enhance the use of evidence-based care in EDs, to reduce variation in clinical practice and to improve consistency of care.

Maroondah Hospital Emergency Department selected '*Improving the management of atrial fibrillation with rapid ventricular response*' as the topic for improvement. We considered this an important topic because:

- Acute atrial fibrillation is a common condition presenting to our ED
- AF carries significant morbidity as well as potential iatrogenic hazards
- Management is sometimes complex
- Limited inpatient resources at our hospital which means that AF is frequently managed mostly or entirely by ED staff
- Documentation of patient CHADS2 score, symptoms duration and clinician choice of treatment strategy were inconsistent
- Our ED lacked a local management pathway.

What we did

- We developed and promoted the use of a new Maroondah ED Atrial fibrillation management pathway
- Poster copies of the pathway were positioned prominently in the ED main staff base.
- An electronic copy was also inserted into our computer intranet ED guidelines.

What we achieved

1. The proportion of patients treated according to a pathway was unchanged 90% to 90%.
2. The proportion of patients where chronicity was recorded **improved from 67% to 97%**; (p=NS).
3. The proportion where a documented treatment strategy was recorded increased from 60% to 67%; (p=NS).
4. The proportion with CHADS score recorded **improved from 30% to 57%**; (p<0.01).

What we learnt

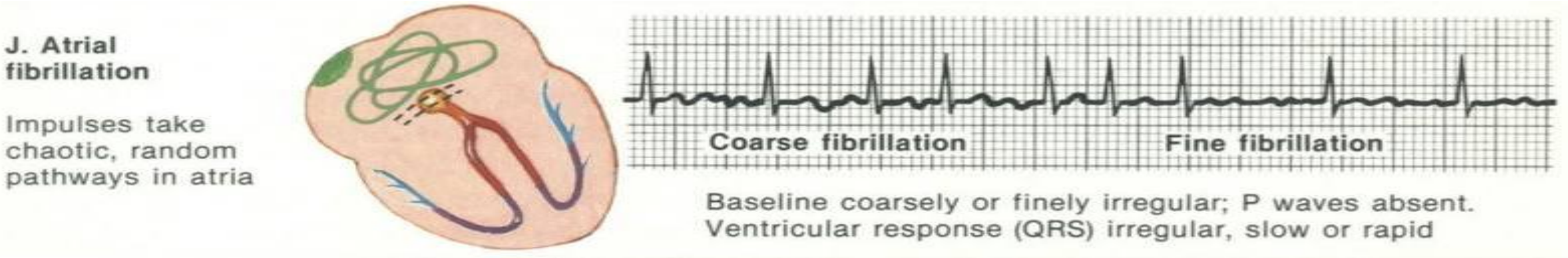
Key success factors	Challenges
<ul style="list-style-type: none">• Topic seen as very relevant by ED staff• Staff agreement of importance of management guidelines• Plenty of time allowed to complete project• Extensive medical literature readily available on the subject• ECIICN workshop provided ideas on handling project• Improvement project supported by ED director and other senior ED medical staff.	<ul style="list-style-type: none">• High staff turnover in the ED.• Large influx of new medical staff July / Aug, many of whom are from overseas and require a lot of orientation to our health system.• Workload pressures on staff.• Documentation in clinical history and attention to details.

Impact on patient care, staff and ED

'High rate of patients managed in accordance with new pathway.'

'Improvement in documentation of symptoms onset, CHADS score and choice of treatment strategy.'

'Some staff commented the new pathway is much easier to follow than external guidelines and literature which were felt to be too lengthy and sometimes confusing.'



Project Team

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