In February 2015 the Emergency Care Clinical Network began its seventh round of nine-month evidence-based improvement projects in emergency departments. The aim of these projects is to use evidence-based care to reduce unwarranted variation in clinical practice and improve consistency of patient care within emergency departments. Ballarat Hospital focused on improving the management of atrial fibrillation (AF) with rapid ventricular response (RVR).

Why this project was important to our emergency department
- AF is a common presenting condition in our department.
- There was an inconsistent approach to managing patients presenting with AF and RVR.
- There was variation in practice, some of which was not evidence-based.
- There were delays in the time to treatment.

What we did
- Streamlined patient care with early identification at triage.
- Developed a clinical practice guideline based on evidence, which is awaiting approval for implementation.
- Developed and implemented a short stay unit pathway for selected patients.
- Developed and displayed posters documenting practice change.
- Held a range of awareness-raising events including afternoon teas.
- Educated staff in a standardised approach to managing patients with AF and RVR.

Our results
- The proportion of patients treated according to a pathway increased from 0% to 50%.
- The proportion of patients in whom chronicity/duration was recorded was essentially unchanged 77% to 70%.
- The proportion of patients in whom a documented treatment strategy was recorded increased from 80% to 100%.
- The proportion of patients with a CHADS2 score (or similar) recoded increased from 0% to 30%.

Impact on patients, staff and the health system
- Patient care will be evidence-based once the clinical practice guideline is approved.
- There is now a consistent approach to rate control for patients with AF and RVR.
- Having a standardised approach guides consistent practice.

What we learnt about improving quality of care
- Enthusiastic nurses make change possible.
- Visual displays remind staff of practice change.
- Some medical staff are harder to engage in practice change.
- It can be difficult to maintain enthusiasm among improvement team members when medical staff are difficult to engage.
- Next time we would use Plan, Do, Study, Act (PDSA) cycles to develop and implement change.