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. Bendigo Hospital focused on refreshing and sustaining its achievements in improving the management of atrial fibrillation (AF) with rapid ventricular response (RVR), a topic it addressed in 2013.

Why this project was important to our emergency department

• AF is a common presenting condition in our department.
• Our existing AF protocol required updating.
• Inadequate identification and documentation of stroke risk remained an issue.
• There was a lack of education and training in managing patients presenting with AF.

What we did

• Audited our current practice, which demonstrated high sustainability from the original project in 2013 apart from identifying and documenting stroke risk.
• Updated the existing rapid AF protocol.
• Uploaded the updated AF protocol onto ‘ED central’ – the local repository for the department’s protocols.
• Laminated copies of the pathway and displayed them in the ‘consultant corner’, as well as with the other pathways for the short-stay observational unit.
• Educated staff on the updated pathway and the improved process for identifying and documenting stroke risk.

Our results

• The proportion of patients treated according to the pathway increased from 84% to 100%.
• The proportion of patients in whom chronicity/duration was recorded was essentially unchanged from 96% to 100%.
• The proportion of patients in whom a documented treatment strategy comparing rate versus rhythm control was recorded increased from 92% to 100%.
• The proportion of patients with a CHADS 2 score decreased from 27% to 8%, which may be due to inadequate documentation.

Impact on patients, staff and the health system

• The improvement in care for patients presenting with rapid AF was sustained between 2013 and 2015.
• The care for patients presenting with rapid AF improved further in 2015.
• Our identification and documentation of stroke risk needs further attention.
• Having a standardised approach guides staff to deliver consistent practice.

What we learnt about improving quality of care

• Sustained improvements in care can be achieved in a busy department.
• Once a pathway has been established it is easier to keep it updated.
• Continuous effort is required to improve quality of care.