

# Improving Atrial Fibrillation Detection Rates

Utilising a surgery wide approach to improve AF case-finding



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## Aim

The aim was to increase the screening of undiagnosed Atrial Fibrillation (AF) in face to face GP, pharmacist, nurse and Healthcare Assistant (HCA) appointments by 80% by August 2024

## Method

Discussions were had with each clinical team (GP, Nursing/HCA, Clinical pharmacist) in the surgery who have face to face appointments with patients over the age of 65, to check the pulses of all patients who they see face to face and refer for ECGs on any patient that presents with an irregular heart-beat. These were then coded on SystmOne and reviewed if atrial fibrillation was detected. For example, CHA<sub>2</sub>DS<sub>2</sub>-VASc Score was carried out to assess patient's stroke risk and put on anti-coagulation where appropriate.

## Summary of Results

- From the 1st of January 2024 to the 1st of August 2024, 1695 pulse checks were carried out (the previous year had carried out 789 over the same period).
- Of these patients 9 were diagnosed with atrial fibrillation and 8 were placed on a direct oral anticoagulant.

## Sustaining the Change

- Sustaining the change is very much dependent on someone who is routinely reviewing the data and feeding back to the teams on the success/status of the data.
- There were periods of time where the number of pulse checks being completed did reduce – this often happened one to two months after team meetings / discussions with individual members showing that without a regular stimulus the practice would wane.
- One way to sustain this change would be to have a member of the team 'champion' the AF data – this would be a member of the nursing team as they were the most consistent in completing pulse checks.

## Learnings

- **Patient Population and Demographics** – as mentioned above, initially I set out to screen everyone's pulse but this was inefficient use of time and resources. It was then tailored to patients over the age of 65 to target those at a higher risk of having or developing atrial fibrillation.
- **Healthcare team training and skills** – It was quite apparent from the start of the project that the nursing team were more likely to check the pulse. This may have come down to time pressures for a GP or lack of competency from a pharmacist (confirmed by discussions with the team) - this helped me target specific training for the pharmacist team and to focus on reminding the GP team.
- **Patient Engagement** – Initially we did not complete any patient engagement outside of discussions when they were having a pulse check done. Going forward I feel it is key to have some information in the waiting room (posters/leaflets) to encourage patients to ask about their pulse and possibly increase the episodes of Atrial Fibrillation being found.

### Staff feedback

Multiple members of the pharmacy team feel more confident in checking a pulse manually.  
Members of the nursing team are more comfortable talking about atrial fibrillation risk and what the outcomes of a diagnosis can be.

### Patient feedback

Initially had some worries about WHY the heart was being screen but felt reassured by the nurse doing the pulse check on the aim of reducing the risk of strokes which do run in my family.

## Contact Details

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