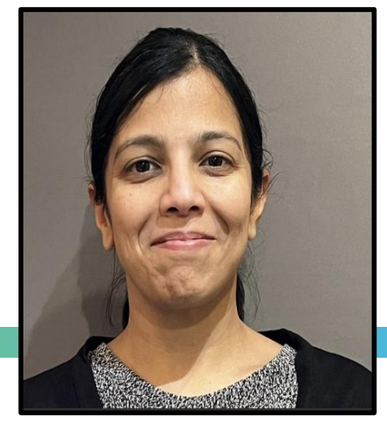
Reducing The Percentage Gap Between Estimated and Actual Prevalence of Atrial Fibrillation in GP practice

Patients attending for a blood pressure check in clinic have a recording of their pulse rhythm on the same day



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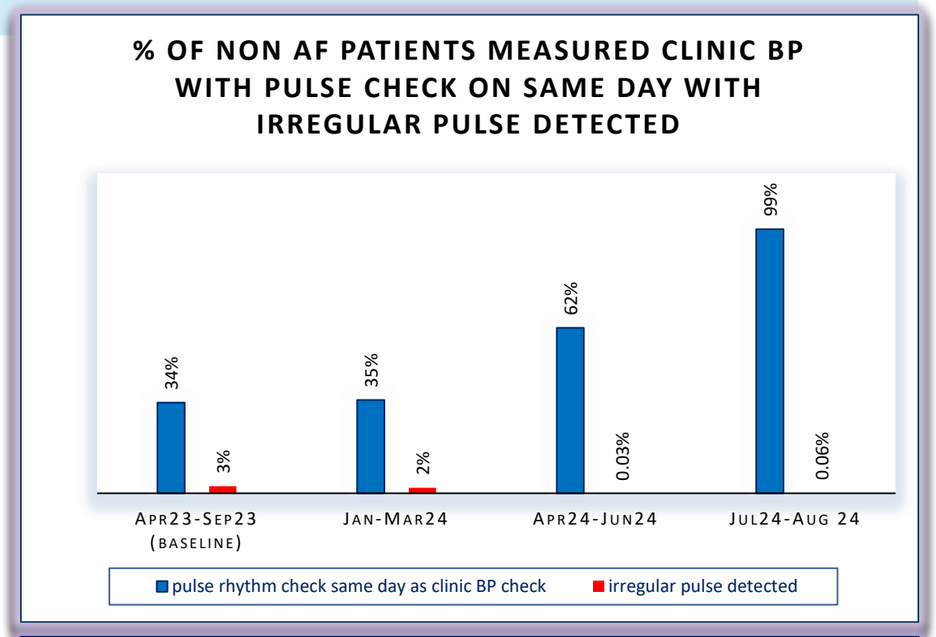
Aim

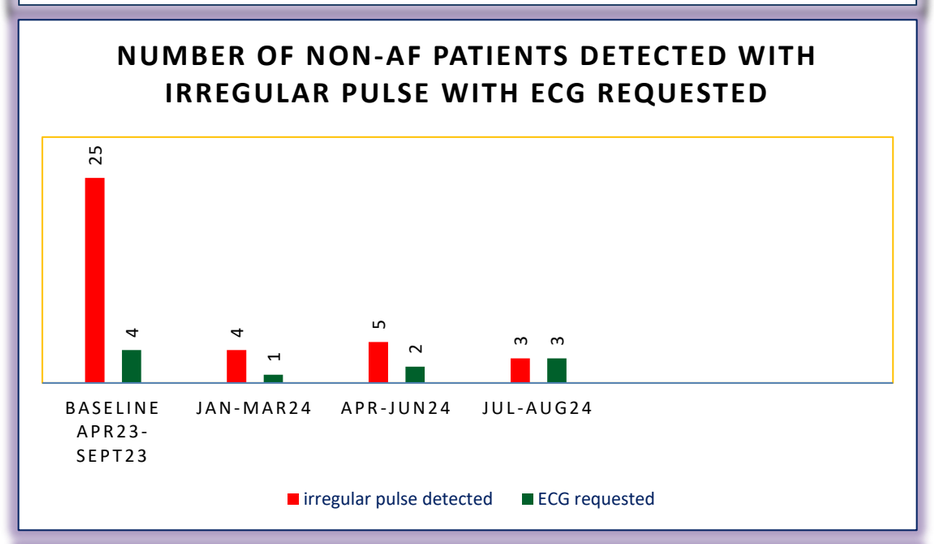
100% of patients at the GP practice attending for a clinic blood pressure check to have a recording of their pulse rhythm on the same day by end of August 2024.

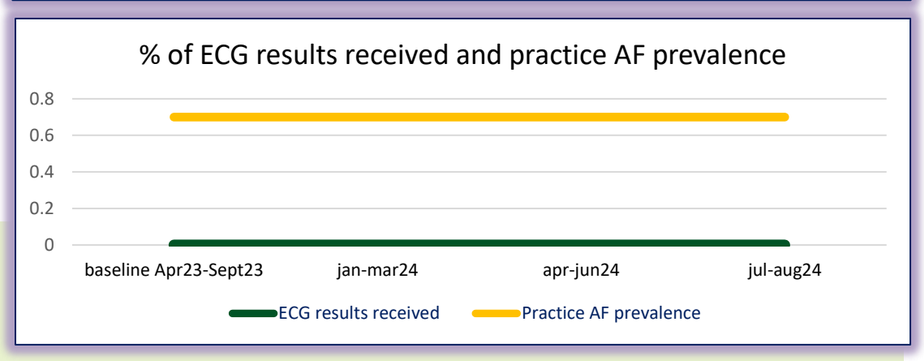
Method

First Plan Do Study Act (PDSA) cycle between January 2024 to March 2024 involved staff education on atrial fibrillation (AF) and case findings to ensure pulse rhythm checks were conducted when checking BP in clinic. A SystmOne search was made to run at three months to monitor the number of patients with a pulse rhythm check conducted on the same day as a clinic BP in patients with no previous AF diagnosis. Search was also run to monitor the number of irregular pulse detected, ECG requested and new AF diagnosis. As the aim had not been achieved the practice met to review and plan a second PDSA cycle. There was no protocol or audit trail in place for non-prescribing healthcare professionals (HCPs) on actions to take when irregular pulse was detected especially if patient is asymptomatic. Few prescribing HCPs did not request ECG in asymptomatic patients.

Second PDSA cycle from June onwards, involved setting up a SystmOne protocol to prompt the HCP checking blood pressure in clinic, to check the pulse rhythm of patients with no AF diagnosis. If found to be irregular a further prompt advising to recheck BP manually and to send urgent task and instant message to the duty doctor, if the HCP was not a prescriber, so that an ECG can be requested. A search was run 3monthly to review adherence to the protocol. Consultations were reviewed for patients where the protocol was not adhered to.







Summary of results

Following PDSA cycle 2:

- 99% of non-AF patients were checked for pulse rhythm on the same day as measuring blood pressure in clinic.
- 100% of patients detected with irregular pulse rhythm had an ECG requested.
- No ECG results were received following referral and so no new AF cases detected.
- No change in percentage gap between estimated and actual prevalence of atrial fibrillation achieved in GP practice.

Sustaining the change

- Continue to run 3 monthly search to ensure the protocol is being adhered to.
- Review the SystmOne prompt protocol annually to ensure codes are updated accordingly so protocol continues to work.
- Plan next PDSA cycle to ensure timely ECG is conducted following the detection of irregular pulse in GP practice.

Learnings

- Detecting AF requires a collaborative approach amongst staff in the GP practice. Going back to basics of BP checks and having a protocol prompt for non-prescribing HCPs will ensure correct action is taken.
- There is a delay between time of ECG referral and test done delaying diagnosis. Current practice relies on patient attending A&E for ECG which most patients avoid if asymptomatic. The practice should consider setting up a local ECG service in the PCN or explore pathways with secondary care team for immediate access to the test and results to prevent delay in diagnosis and anticoagulation.
- It is important to continue to raise awareness of AF detection in at risk groups and to liaise with external stakeholders e.g. community pharmacists, secondary care colleagues, assisted living/nursing home staff and patients who can be taught to self-check.

Staff feedback

The project has reminded me of the importance of checking pulse rhythm when checking BP and pulse rate especially in patients at risk of AF

Staff feedback

Having a process in place to refer findings of irregular pulse is useful as I was not confident in knowing what the next steps were

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