



Nurse Led Rapid Access Atrial Fibrillation Clinic

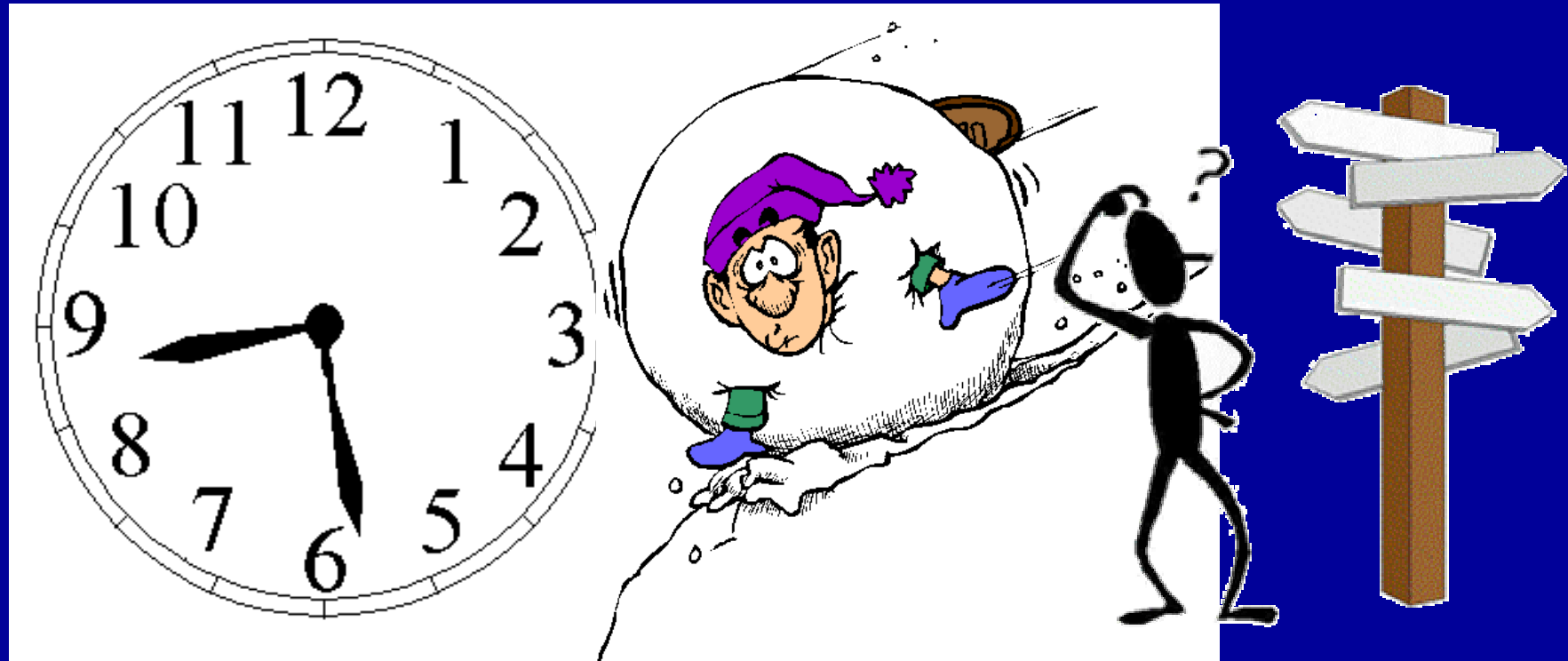
LTHT



Introduction

- **Why a rapid access AF clinic**
- **What the clinic offers**
- **Clinic evolution**
- **The first years experience**
- **Challenges of a nurse led clinic**
- **Future plans**

The Reason for Rapid Access AF Clinics



Warfarin is often an unpopular drug



A Major Public Health Issue ?



Peter Bruegel, "The Triumph of Death" (1562)



What the clinic offers.....



**British Heart
Foundation**



ONE STOP

Echo cardiogram

- High quality imaging
- Expert reporting

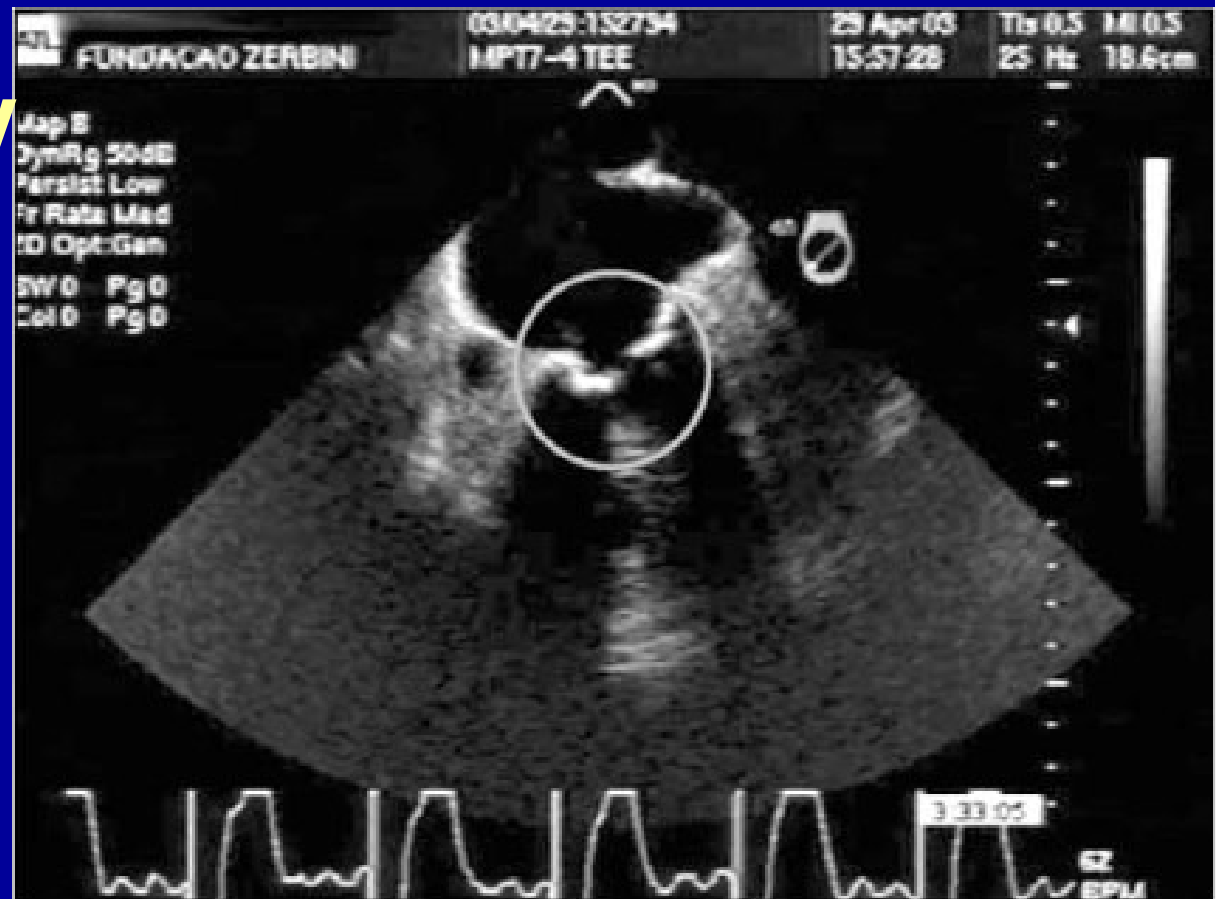
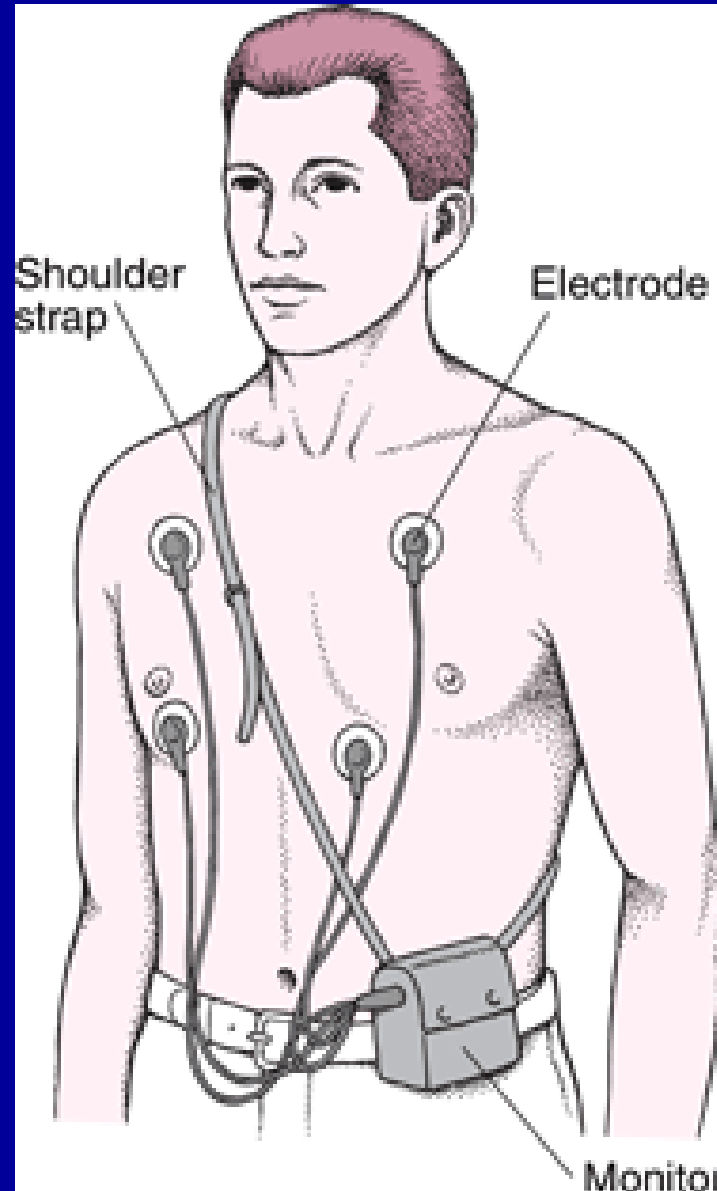
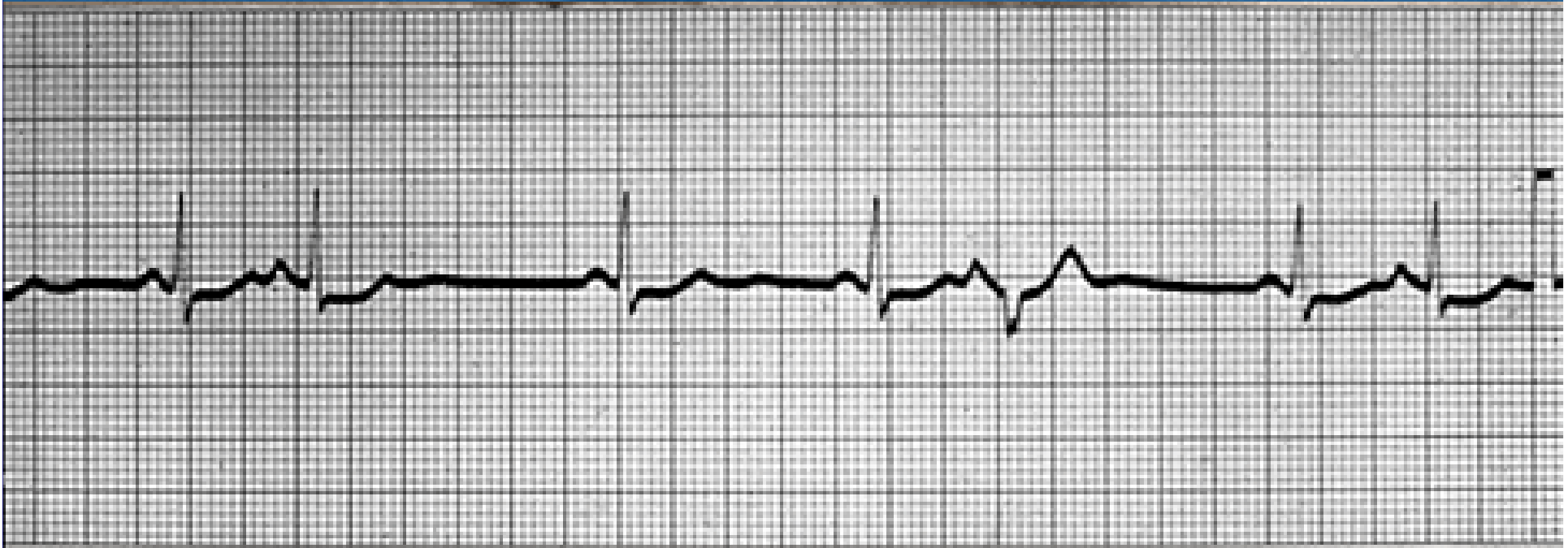


Fig. 3 - Transesophageal echocardiography showing the following: valvular thickening and calcification, and reduction in the valvular opening, characterizing mitral valvular stenosis.

24 hour tape available on the day



Accurate Diagnosis



Recorded by a trained
cardiographer
Analysed by a consultant

Access to:
Consultant Cardiologist



**Arrhythmia specialist
nurses**

evidence based decision making

	SPAF		BAATAF	CAFA	AFASAK		SPINAF
Number of Patients	1330		420	378	1007		571
Drug Used	Warfarin (INR 2-4.5)	ASA 325 mg	Warfarin (PT 1.2-1.5x Control)	Warfarin (INR 2-3)	Wafarin (INR 2.8-4.2)	ASA 75 mg	Warfarin (INR 1.2-1.5)
Emboic Rate (%)							
Treatment	2.3	3.6	0.41	3.5	1.5	6.0	4.3
Control	7.4	6.3	2.98	5.2	6.2	6.2	0.9
Risk Reduction (%) (95% confidence)	67	42	86	45	—	—	79
Major Bleeding Complications (%)							
Treatment	1.5	1.4	0.9	2.5	6.3	0.6	1.5
Control	1.6	1.9	0.5	0.5	0.0	0.0	0.9



Clinic Evolution

Co-ordinated set up of clinics

Observed consultation

Completed arrhythmia
management masters module

Nurse led consultation
with direct supervision

***Nurse led consultation
Cardiologist available at
each clinic to discuss
clinical decisions***

REFERRAL CRITERIA

- Newly Diagnosed AF
- Patients presenting recently with paroxysmal symptoms and a strong suspicion of AF e.g. irregular pulse and symptoms.
- Asymptomatic AF discovered on opportunistic screening

The Experience So Far

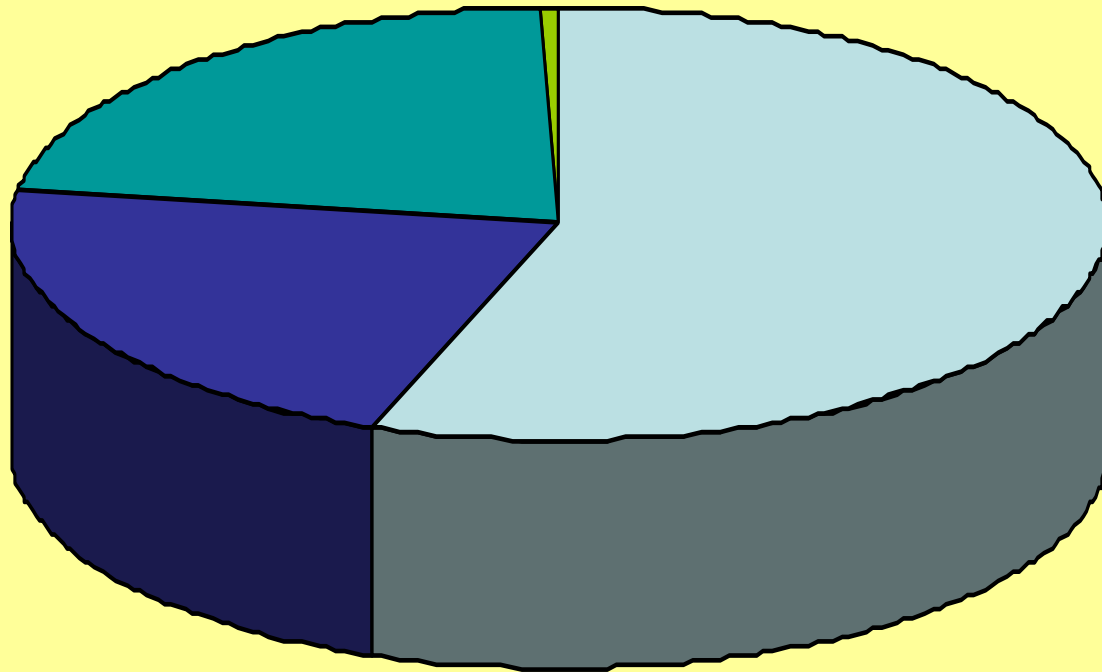
- **217 patients** since may 07.
- **36%** patients with persistent symptoms.
- **29%** patients with paroxysmal symptoms
- **35%** incidental findings of AF

We aimed for under 2 weeks wait.

20 days in the first quarter from May 07

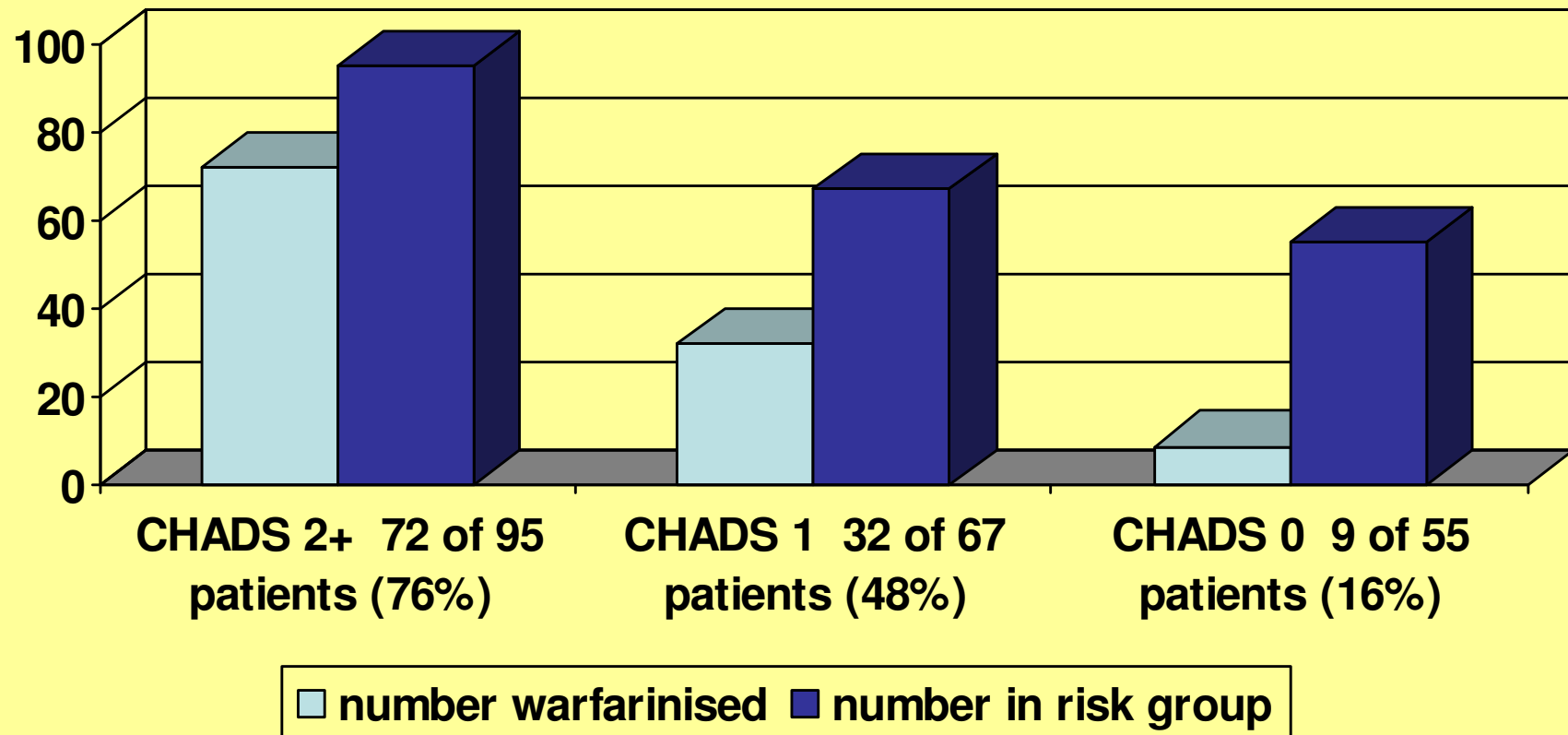
17 days since December 07.

What Happened to the Patients

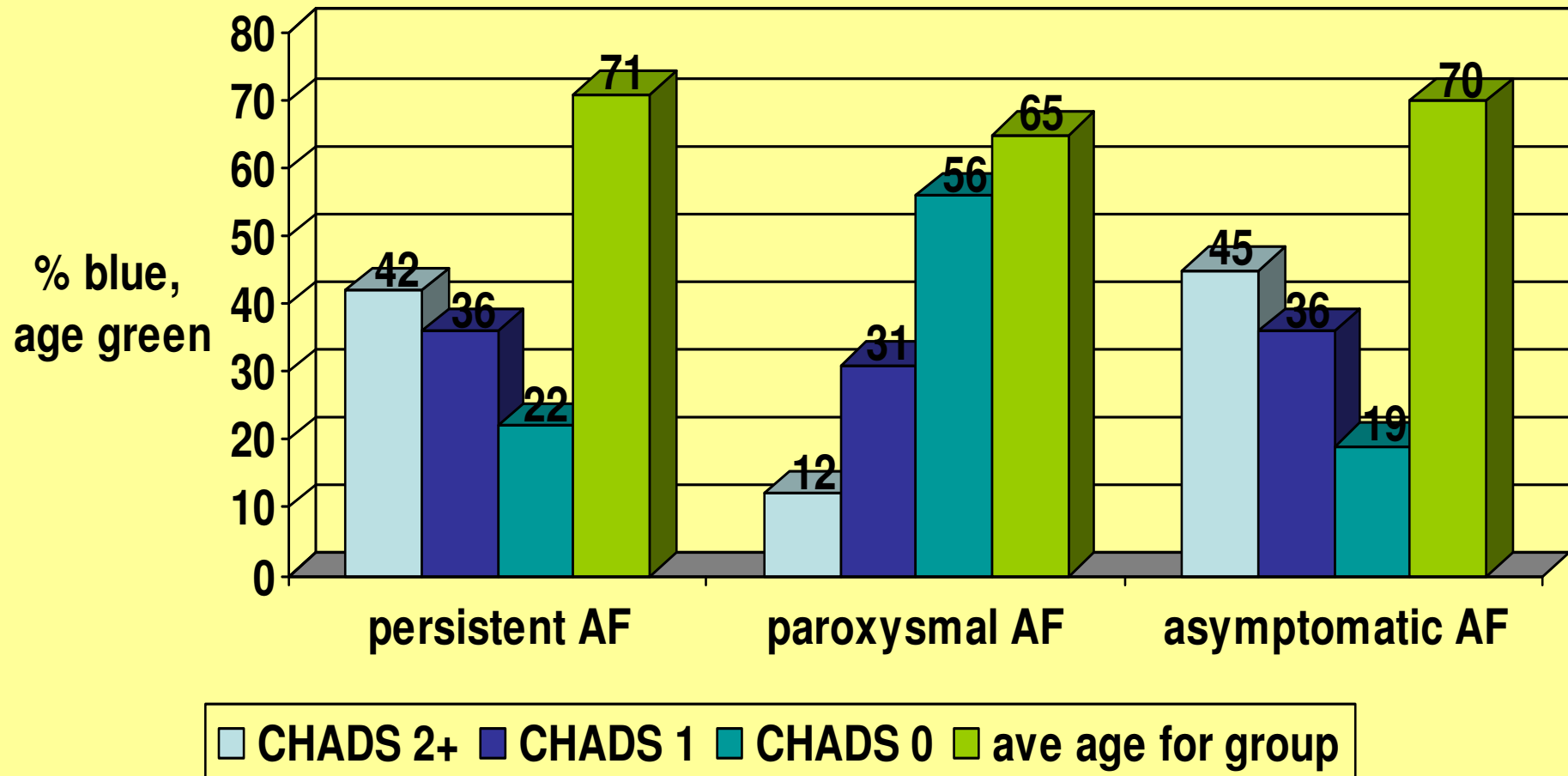


- discharged for GP follow up with plan 55.6%
- DCCV 22.1%
- other cardiology followup 21.9%
- admitted 0.5%

Warfarinisation rates



Asymptomatic Patients at High Stroke Risk





Challenges of Nurse Led Clinic

- 8 slots a week at present
- Multidisciplinary balance
- Unable to prescribe independently
- AF only one part of chapter 8



Future Developments

- Creating extra clinic slots : primary care with GPwSI support
- **On going training plans: non-medical prescribing, clinical examination module.**
- **Warfarin dispensing on the day**
- **Rapid feedback report, on the day to GPs**



Summary

- **Focussed on major public health issue**
- **Timely access to clinical decisions and evidenced based treatment plans with patient involvement**
- **Ongoing developments:**
 - **developing advanced nurse practitioner skills**
 - **reducing delays in commencing treatment**
 - **primary care clinics**