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?
What the clinic offers.......
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

<table>
<thead>
<tr>
<th></th>
<th>SPAF</th>
<th>BAATAF</th>
<th>CAFA</th>
<th>AFASAK</th>
<th>SPINAF</th>
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</thead>
<tbody>
<tr>
<td>Number of Patients</td>
<td>1330</td>
<td>420</td>
<td>378</td>
<td>1007</td>
<td>571</td>
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<tr>
<td>Drug Used</td>
<td>Warfarin (INR 2-4.5) 325 mg</td>
<td>ASA</td>
<td>Warfarin (PT 1.2-1.5x Control)</td>
<td>Warfarin (INR 2-3)</td>
<td>Warfarin (INR 2.8-4.2) ASA 75 mg</td>
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<tr>
<td>Embolic Rate (%)</td>
<td></td>
<td></td>
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<tr>
<td>Treatment Control</td>
<td>2.3</td>
<td>3.6</td>
<td>0.41</td>
<td>3.5</td>
<td>1.5</td>
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<tr>
<td></td>
<td>7.4</td>
<td>6.3</td>
<td>2.98</td>
<td>5.2</td>
<td>6.2</td>
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<tr>
<td>Risk Reduction (%)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(95% confidence)</td>
<td>67</td>
<td>42</td>
<td>86</td>
<td>45</td>
<td>—</td>
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<td>Major Bleeding</td>
<td></td>
<td></td>
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<tr>
<td>Complications (%)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Control</td>
<td>1.5</td>
<td>1.4</td>
<td>0.9</td>
<td>2.5</td>
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<td></td>
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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

- CHADS 2+: 72 of 95 patients (76%)
- CHADS 1: 32 of 67 patients (48%)
- CHADS 0: 9 of 55 patients (16%)

Legend:
- Light blue: number warfarinised
- Dark blue: number in risk group
Asymptomatic Patients at High Stroke Risk

% blue, age green

persistent AF  paroxysmal AF  asymptomatic AF

42  12  45
36  31  36
22  56  19
71  65  70

CHADS 2+  CHADS 1  CHADS 0  ave age for group
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