

HIN 2024 Cardiometabolic Fellowship – AF QI Project Ideas & Information

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Atrial Fibrillation Project – Detection, Monitoring and Optimisation

Projects – Sample Aims

AF projects are aiming to improve the health of patients and prevent strokes by ensuring that patients are being identified and treatment is optimised for AF.

Your aim might look like....

- Run up to date tests and where needed optimise treatment for 15% of patients in Priority Group Four, and optimise treatment where required by November 2024.
- Increase opportunistic AF detection testing in at risk groups at the practice by 10% (over baseline) by November 2024.
- Review 10% of patients in Priority Group One and offer anticoagulant if indicated by November 2024.
- Review 15% of patients in Priority Group Three (On Warfarin (or other Vitamin K antagonists) by November 2024.

A SMART Aim is Specific, Measurable, Achievable, Relevant, & Timebound

AF monitoring & optimisation – UCLP Risk Stratification Groups

UCLP Priority groups* -

- Priority One Not on anticoagulant
- Priority Two On anticoagulant & antiplatelet/s
- Priority Three On Warfarin (or other Vitamin K antagonists)
- Priority Four On DOAC Renal function >12m ago
- Priority Five On DOAC Renal function <12m ago

Priority One Not on anticoagulant <u>Offer anticoagulant if indicated</u>	Priority Two On anticoagulant & antiplatelet/s <u>Review need for antiplatelets</u>	Priority Three On Warfarin (or other Vitamin K antagonists) <u>Consider DOAC</u>	Priority Four On DOAC Renal function >12m ago <u>Check CrCl and review dosage</u>	Priority Five On DOAC Renal function <12m ago <u>Routine annual review</u>
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*From UCLP Framework risk stratification for AF - [UCLPartners Proactive Care Framework: Atrial Fibrillation - Stroke Prevention and Managing Cardiovascular Risk \(pcdn.co\)](#)

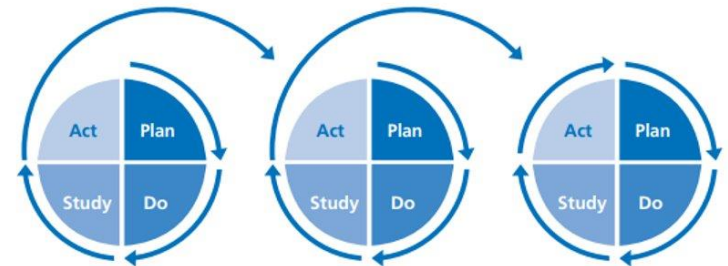
AF Projects – Ideas for Delivery

Following are ideas for delivery to get you started in planning your project. Your project will need to reflect ways of working in your practice, staff and patient need, and any other factors – but this can help you get started.

AF Sample Projects

To implement the PDSA cycle you will likely -

1. Identify what the problem is. Use data and other evidence (ie staff and patient feedback) to identify this.
2. Identify who in your practice needs to be involved in each stage of the project. Speak to colleagues about what you are doing – some Fellows found bringing the data was very useful to getting everyone on board.
3. With colleagues map the current process for recalling patients and optimising treatment. Think through the patient experience of this process, involving patients where possible.
4. Identify areas you can change for your project.
5. Work with colleagues to develop an improved process – for both patients and staff. Again involve patients where possible.
6. Decide what you will test for your project – PDSA cycle
7. Begin delivery of a new way of working.



AF Sample Project – Optimisation of patients with AF

Your project might involve -

1. Run [UCLP Searches](#) or other searches to identify patients in the target groups, and choose a target group and initial number to focus on.
2. Text or call patients in target groups to invite them in for up to date testing including for other CVD risks – review blood results, risk scores, and symptoms
3. Implement your process for patients who do not respond.
4. Update records and coding for patients with up to date test results
5. Assess if patients need to be on anticoagulant, or if need a review of their medications. Check adherence and review any side effects. Where needed implement escalation processes for patients with severe AF or other severe CVD risks.
6. Support patients with self-management advice and resources.
7. Track patients to assess impact.
8. Compare progress to aim - look at what is working well and what could be further improved.
9. Rerun the cycle (PDSA cycle) with the next set of patients.

AF Sample Project – Review Warfarin Medication

Your project might involve -

1. Run [UCLP Searches](#) to identify patients in Priority Group Three – On Warfarin (or other Vitamin K antagonists). Choose a number to initially focus on.
2. Text or call patients in target groups to invite them in for up to date testing including for other CVD risks – review blood results, risk scores, and symptoms
3. Implement your process for patients who do not respond.
4. Update records and coding for patients with up to date test results.
5. Review medication – switching where appropriate / required. Implement procedures as required based on readings and medication.
6. Support patients with self-management advice and resources.
7. Schedule reviews and patients to assess impact. Check adherence and review any side effects.
8. Compare progress to aim - look at what is working well and what could be further improved.
9. Rerun the cycle (PDSA cycle) with the next set of patients.

AF Sample Project – Opportunistic Case Finding

Your project might involve -

1. Set a baseline figure for current opportunistic testing at the practice / location.
2. Identify patients you would like to introduce opportunistic testing for based on at risk groups.
3. As a team, agree how testing will take place including what device is to be used (if any), anything that needs to be in place for its use (ie SOP), who will be doing the testing, and what the process will be for referrals / treatment if an irregular heartbeat is found - in line with local guidance.
4. Implement any training that is needed.
5. Set your baseline data and set the SMART aim.
6. Compare progress to aim - look at what is working well and what could be further improved.
7. Rerun the cycle (PDSA cycle).

AF Projects - Other things to consider

- Who do you need to involve in your project? (Stakeholders – this could include practice and / or PCN staff, patients, carers etc)
- Who else could help project delivery? Would they need training to support?
- Who can run searches in the practice? Can anyone be trained to help?
- Do you need training to help with delivery?
- Are staff confident with coding? With escalation procedures? Local pathways and guidance?
- Is there already a call and recall system to bring in patients for regular checks? How well is this working?
- What information on self-management do you have for patients? Does it reflect your patients' diets and culture? How are they sent information?

CVD resources to support your AF project

- HIN CVD Fellowship [Data Dashboard](#)
- HIN [Protected Characteristics Dashboard](#)
- [UCLP Framework and searches](#)
- [UCLP 2024 Framework for AF](#)
- [CVD Prevent](#)
- [AF Toolkit](#)
- [NICE guidance](#) for diagnosis and management of AF
- [CESEL AF Guide for SEL Primary Care](#)

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