

AUDIT ON ANTICOAGULATION IN ATRIAL FIBRILLATION

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INTRODUCTION

A Clinical Audit was recommended by the Medical Examiner following identification of potential safety signal because of possible non-compliance with guidelines on Anticoagulation in Atrial Fibrillation.

AIMS

Aim of the audit was to identify if, as per NICE guidelines patients had:

- Risk for stroke (CHA2DS2-VASc) and bleeding (ORBIT) assessed upon new diagnosis of AF?
- Made aware of their risk assessments and involved in discussion regarding risk -vs- benefit of anticoagulation
- Anticoagulation prescribed as per national recommendations

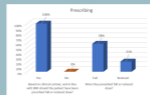
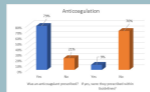
OBJECTIVES

To ensure that patients with new diagnosis of atrial fibrillation are assessed for stroke and bleeding and involved in discussion regarding anticoagulation which is prescribed as per national recommendations

METHODOLOGY

This local audit was carried out by analysis of both electronic and paper-based patient records using an Excel spreadsheet for analysis. Data was then analyzed with the help of the Senior Clinical Effectiveness Advisor.

RESULTS



HIGHLIGHTED RISKS

It was observed that in most cases (82%), patients were not made aware about the condition and associated risk of stroke due to underlying AF. They were also not involved in discussion regarding commencing lifelong anticoagulation, and not explained the benefits and risks of anticoagulation. Omission/ignorance of anticoagulation upon new diagnosis of AF hence increasing the risk of stroke with lethal consequences of preventable death in 21% of patients.

RECOMMENDATIONS & CONCLUSION

- Formulation of "AF Anticoagulation Checklist" (based on NICE guidelines) ensuring every patient with a new diagnosis of AF has :
- a repeat ECG for confirmation of diagnosis
 - CHA2DS2-VASc and ORBIT scores for risk assessment
 - Renal functions and coagulation profile checked
 - Followed by discussion with patient regarding results of risk assessment and risk vs benefit of anticoagulation.