

**Northern Ireland Medical and Dental Training Agency**

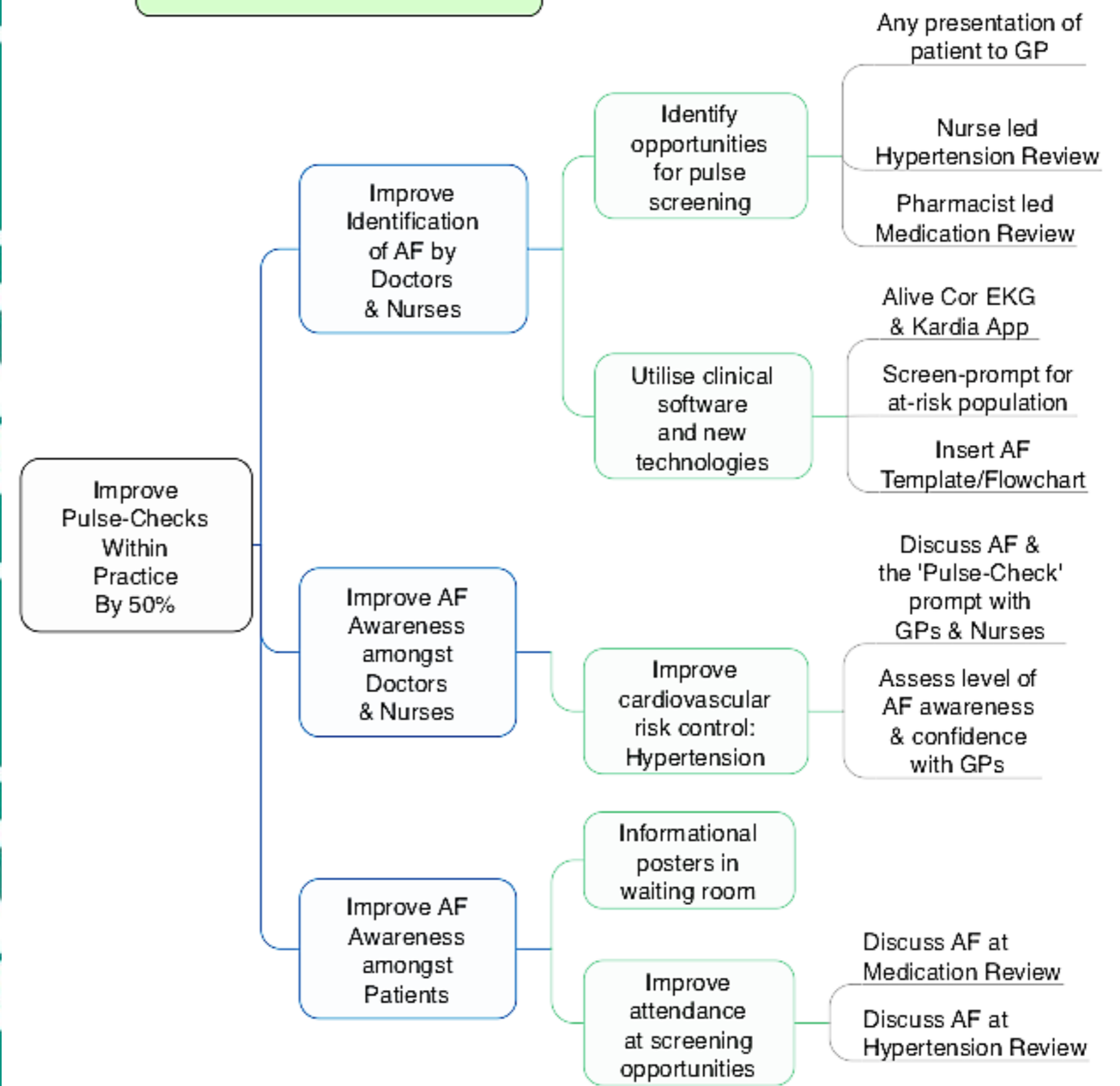
**Background**

AF is becoming more prevalent in the elderly as we succeed in managing multi-morbidity. Anticoagulation is now easier to manage for both doctors & patients with the advent of direct-acting oral anticoagulants and GPs may be expected to initiate such therapy and counsel these patients. Opportunistic screening in primary care may increase the rate of AF detection in the elderly and patients with increased risk (e.g. with Hypertension) who are found to have AF following opportunistic screening may benefit from earlier stroke prophylaxis. We aim to improve the AF detection rate in our practice by identifying at risk individuals (i.e.  $\geq 65$  years with Hypertension) and proactively checking their pulse.

**Aim**

To improve the practice of 'pulse checking' by 50%, for those patients  $\geq 65$  years with Hypertension

**DRIVER DIAGRAM**



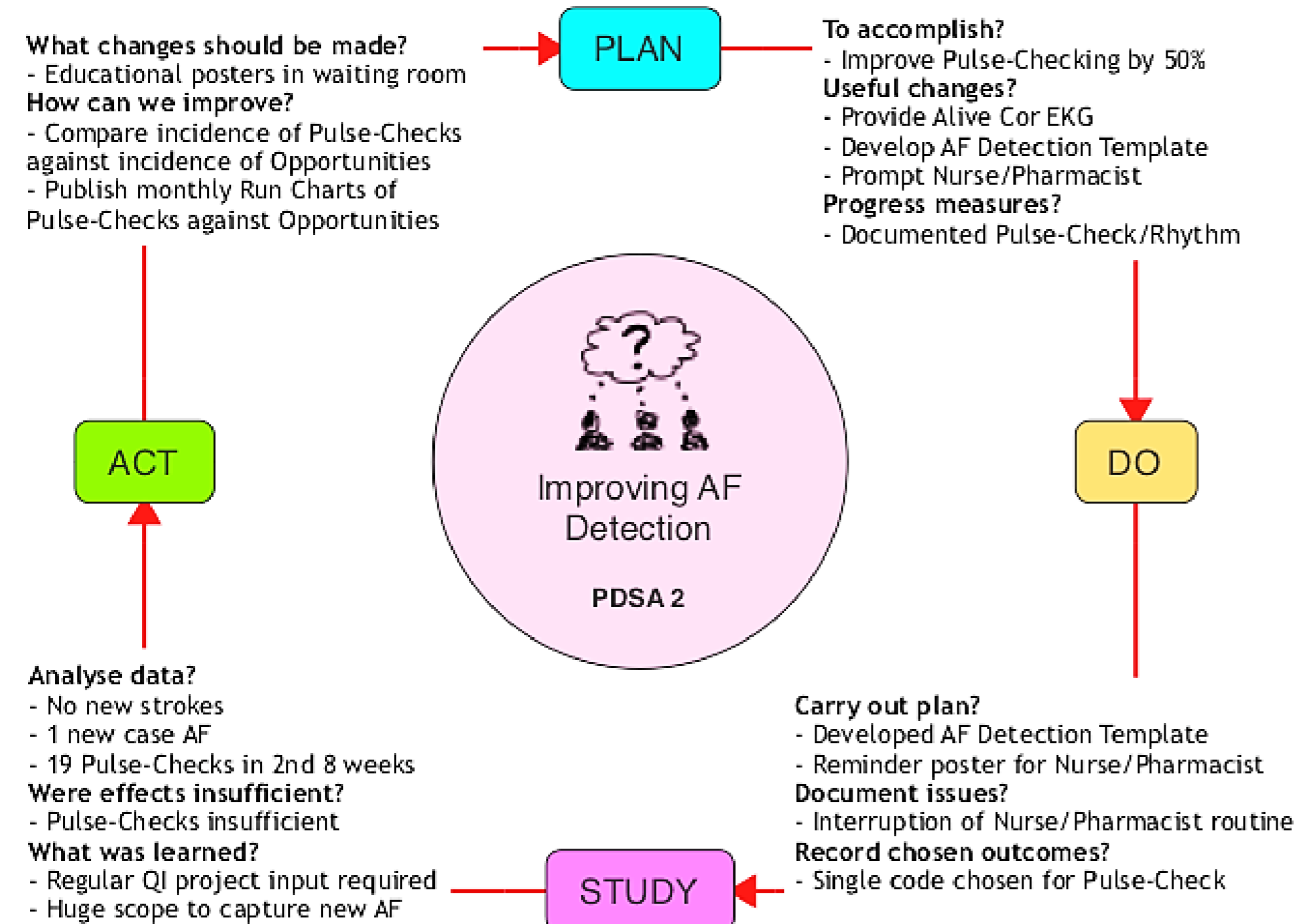
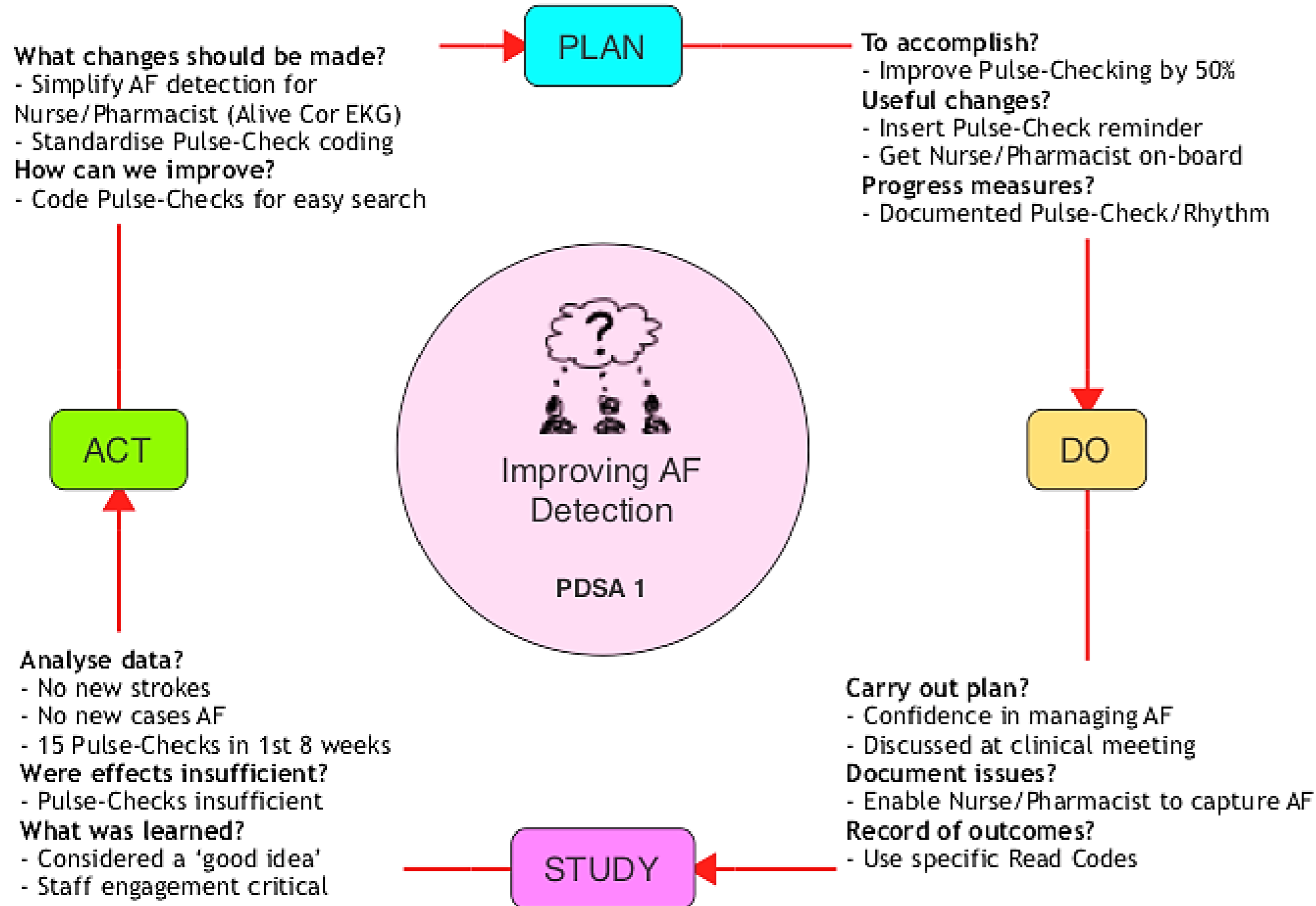
**Improvement Methodology**

- On-screen prompt added for patients  $\geq 65$  with Hypertension
- Presentation and launch to GPs, Nurse & Pharmacist
- Rhythm exam template added to Template library to aid recording and management of anticoagulation
- Nurse/Pharmacist Prompt added
- Periodical monitoring of Database for incidence of Pulse-Checks; AF; Stroke
- Pulse-Check incidence compared against Pulse-Check Opportunities

**Outcome Measures**

Measurements:

- Pulse check documented
- AF documented
- Stroke incidence



**Results**

PULSE CHECKS RECORDED OVER QI PROJECT LIFETIME

Month 1	Month 2	Month 3	Month 4	Month 5
0	15	14	5	19

**Outcome**

QI project deemed unsuccessful in reaching stated aim  
 642 Pulse-Check opportunities, 53 opportunities taken  
 1 new case AF found

**Next Steps**

- Collect opinion on ease of use & potential utility of concept
- Display posters for patients in waiting room
- Publish monthly Run Charts and feed-back in clinical meeting