

P28 - ATRIAL FIBRILLATION PROJECT - A CONTINUED STORY

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Brief Description of Research or Project: Atrial fibrillation is a primary cause of strokes, frequent cause of acute transfers, and often, an asymptomatic disease with seniors. Strokes are potentially fatal, cause significant morbidity, increase care complexity exponentially, and can be avoided early detection and appropriate therapy. The objective of this project was to form a multidisciplinary Atrial Fibrillation Team (AFAT) responsible to develop and implement an organized protocol that:

- Supports a best practice approach to screen for undetected atrial fibrillation
- Develop assessment tools to assist team members in the treatment of confirmed cases of atrial fibrillation.
- Educate and train all staff with resident contact to recognize and respond appropriately to signs of atrial fibrillation

We presented at the OLTCA Quality Forum in June 2013 with our proposed plan. We have since developed relevant tools that we would like to highlight in our poster. **Why is this research important to profile at the Research Day 2014?** Using the developed tools, equipment, and knowledge, our engaged team members created an implementation plan that:

- Screen all newly admitted residents
- Trains all staff to be able to recognize symptoms of atrial fibrillation and test appropriately
- Diagnosis and treatment for our residents using assessments (nursing and pharmacy) and guidelines (nursing and medical).

Statistics since program start October 1, 2013 are as follows: 1. # of Resident screenings completed: 22; 2. # of single lead ECG's completed: 20; 3. # of residents who have had AF medication changes made: 4; 4. # of residents who had INR reviews completed: 3; 5. # of residents who have had an undiagnosed AF detected: 0. Our next steps are to continue to refine our project by completing assessments and data collection for the pilot home. By the end of April 2014, a planned roll out process will be developed to implement the use of these assessments and guidelines across our organization. We plan to share what we have created and learned through this process through and with our long-term care sector partners. Having the opportunity to continue the dialogue that we started related to this topic will be a great benefit to the sector and our willingness to share what we have learned is key.