Measurement strategy for rapid access atrial fibrillation clinics

The following measurements are based on the measurement strategy applied in the Rapid Access Atrial Fibrillation pilot program and are recommended for the evaluation and sustainability projection of the clinic at your health service. They are designed to measure the following objectives:

* Increase access to specialist treatment for patients diagnosed with atrial fibrillation (AF)
* Increase stroke risk assessment utilising CHA2DS2-VA score and bleeding risk screening
* Increase prescription of appropriate oral anticoagulants for stroke prevention
* Provide arrhythmia management through rate or rhythm control
* Identification and management of risk factors and concomitant diseases
* Establish and promote referral pathways to the rapid access AF clinic for the health service, other health services and primary health care services in the region
* Establish discharge pathways from the rapid access AF clinic
* To see patients at the rapid access AF clinic within 14 days from the referral date[1]
* Demonstrate the effectiveness and sustainability of the rapid access AF clinic that supports its integration into usual care delivery within current hospital funding model

## Reference

1. Woods, T. J., Ngo, L., Speck, P., Kaambwa, B., & Ranasinghe, I. (2022). Thirty-Day Unplanned Readmissions Following Hospitalisation for Atrial Fibrillation in Australia and New Zealand. *Heart, lung & circulation*, *31*(7), 944–953. <https://doi.org/10.1016/j.hlc.2022.02.006>

## Outcome Measures: assess the impact of the rapid access AF clinic

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| Unit of Focus | Definition | Data Collection Method | Numerator | Denominator |
| To what extent has the rapid access AF clinic provided specialist AF care to eligible patients presenting to ED from the participating health service? | Percentage of eligible patients presenting from participating health service ED referred to AF clinic | Counted from:  1. patients attending clinic from health service  2. patients with AF presentation at participating health service ED through ICD code of i48.9 as primary diagnosis | Total Number of patients attending from participating health service | Total number of patients with AF presentation in ED at the participating health services ICD code of i48.9 as primary diagnosis |
| Total number of patients referred to rapid access AF clinic | Patients referred to clinic through completion of direct referral from ED, referral form, email, fax or online | Counted from:  1. number of referrals from participating health service  2. number of referrals from external health services  3. number of referrals from primary healthcare networks including GPs and UCCs |  |  |
| To what extent has the rapid access AF clinic improved management of AF patients? | 1. Percentage of care-set completed (medical history, U&Es, TFTs, echocardiogram)  2. Percentage of CHA2DS2-VA and HASBLED assessment completed  3. Percentage of patients at risk (CHA2DS2-VA score of ≥1) prescribed OAC or have OAC plan/consideration  4. Percentage of patients prescribed a rate/rhythm plan  5. Percentage of patients with discharge management plan | Counted from:  1. AF care-set completed  2. CHA2DS2-VA and HASBLED assessments  3. OAC prescription/plan  4. Rate/rhythm management plan  5. Discharge management plan | 1. Number of patients with care-set completed  2. Number of patients with CHA2DS2-VA and HASBLED assessments completed  3. Number of patients with CHA2DS2-VA score of ≥1 prescribed OAC or have OAC plan/consideration  4. Number of patients prescribed a rate/rhythm plan  5. Number of patients with a discharge management plan | Total number of patients attended clinic. |
| To what extent did the rapid access AF clinic improve HRQOL for patients attending the rapid access AF clinic? | A change in HRQOL measure from initial assessment to discharge assessment | Counted from:  1. HRQOL (through EQ5D) at initial assessment  2. HRQOL (through EQ5D) at discharge assessment (at follow up phone call) |  |  |
| To what extent did the rapid access AF clinic reduce readmission for patients diagnosed with AF for the participating health service | Patient readmission for all cause at 30 days for patients | Counted from:  1. Patient follow up review whether they have represented to hospital within 30 days of admissions/referral date |  |  |

## Process Measures: assess the clinic’s activities and outputs

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| Unit of Focus | Definition | Data Collection Method | Numerator | Denominator |
| Attendance rate at rapid access AF clinics | Percentage of patients attending AF clinics compared to referral numbers | Counted from:  1. number of patients attending the clinic  2. number patients booked for clinic | Number of patients attending clinic session | Number of patients booked for clinic session |
| Average time to when patient is seen in clinic from date of discharge from ED (and wards if appropriate) from participating health services | Duration in day(s) when patient attends clinic from discharge from hospital | Counted from:  1. date when patient attends clinic  2. date of discharge from hospital |  |  |
| Average time to when patient is seen in clinic from referral date | Duration in day(s) when patient attends clinics from referral date | Counted from:  1. date when patient attends clinic  2. date of referral |  |  |
| What is the median number of clinic appointments required per patient?  To ensure the clinic isn’t replacing usual care specialist clinic and can maintain RA features | The median number of clinic appointments required per patient | Counted from:  1. Number of clinic appointments | Number of clinic appointments | Number of patients |
| Where is the discharge destination post clinic? | Discharge destination from clinic | Counted from:  1. Discharge destination, e.g. GP, Private Cardiologist, Public Regional Cardiology clinic, Metropolitan Cardiology Clinic, Regional General Medicine Clinic |  |  |

## Balancing Measures: monitor any unintended consequences (good or bad)

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| Unit of Focus | Definition | Data Collection Method | Numerator | Denominator |
| Patient satisfaction | % of patients satisfied with clinic | Counted from:  1. Patient survey (e.g. net promoter score) | Number of patients surveyed who selected promoter and passive scores on the net promoter scale for satisfaction | Total number of patients surveyed |
| Staff satisfaction | % of staff satisfied with clinic | Counted from:  1. Staff survey (e.g. net promoter score) | Number of staff surveyed who selected promoter and passive scores on the net promoter scale for satisfaction | Total number of staff surveyed |