

# BEST PRACTICES FOR AFIB MANAGEMENT IN THE EMERGENCY DEPARTMENT

**James Allred, MD, FACC, FHRS**  
**Ankit Nanavati MD, FACEP, FAAEM**  
**Amber Seiler, MSN, NP-C, FHRS**



# DISCLOSURES

- James Allred, MD
  - Biosense Webster - consultant
  - CV Remote Solutions- owner
  - Medtronic- consultant, speaker
- Amber Seiler, NP
  - Biosense Webster- speaker
  - CV Remote Solutions- owner
  - Medtronic- consultant, speaker

# OBJECTIVES

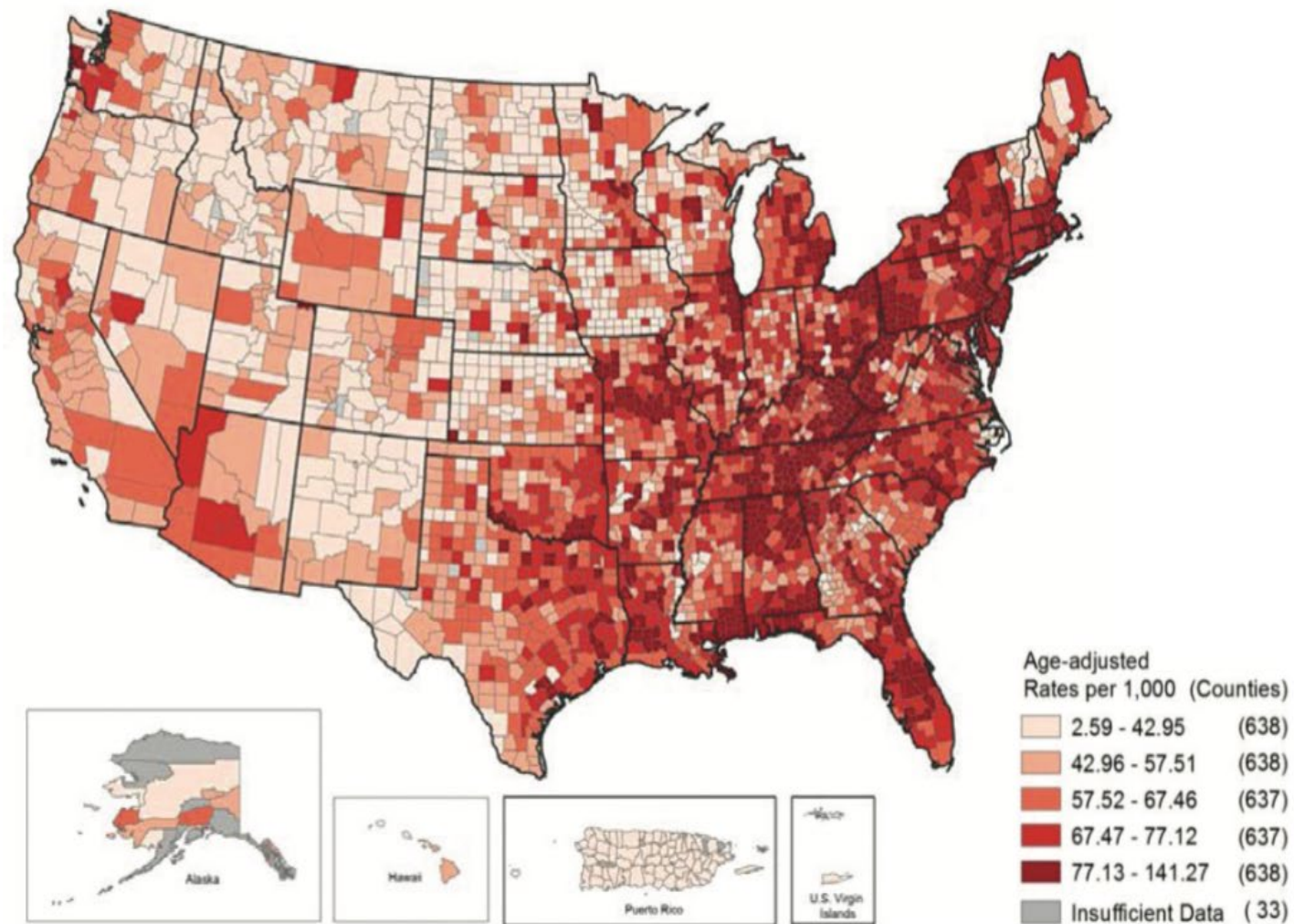
## To Discuss

- Options available for management of atrial fibrillation (AF).
- Comprehensive atrial fibrillation center in AF patient care.
- Importance of collaboration between Emergency and Cardiology Department in creating a comprehensive atrial fibrillation center.
- Operational impact of collaborative ER protocol at Cone health.

# ATRIAL FIBRILLATION: EPIDEMIOLOGY

- Prevalence in the US is approximately 5 million cases. Estimated to double over the next 25 years.
- Most common primary arrhythmia presenting to the Emergency Departments.
- >467,000 admissions yearly with primary diagnosis of atrial fibrillation.

# U.S. Atrial Fibrillation Hospitalization Rates, Medicare Beneficiaries Aged 65+, 2007-2012



Centers for Medicare & Medicaid Service, Medicare Provider Analysis and Review (MEDPAR)

# ACUTE MANAGEMENT OF ATRIAL FIBRILLATION

## **Treatment Goals:**

- Stabilize
- Discern the etiology of Atrial fibrillation
- Improve symptoms
- Prevent Thromboembolism
- Prevent progression of the disease

## **Treatment Options:**

- Rate Control
- Rhythm Control (Electric vs. Chemical Cardioversion)
- Treat the underlying etiology

# Cardioversion of Paroxysmal Atrial Fibrillation in the Emergency Department

---

**John A Michael, MD\***

**Ian G Stiell, MD, MSc\***

**Sanjay Agarwal, MD<sup>†</sup>**

**Diku P Mandavia, MD<sup>§</sup>**

---

**Study objective:** Patients presenting to the emergency department with acute atrial fibrillation are traditionally admitted to hospital. The objective of this study was to review the success and safety of ED cardioversion and discharge of patients with acute atrial fibrillation.

*EM Advances*

## **Association of the Ottawa Aggressive Protocol with rapid discharge of emergency department patients with recent-onset atrial fibrillation or flutter**

Ian G. Stiell, MD, MSc;\* Catherine M. Clement, RN;† Jeffrey J. Perry, MD, MSc;\*  
Christian Vaillancourt, MD, MSc;\* Cheryl Symington, RN;† Garth Dickinson, MD;\*  
David Birnie, MD;‡ Martin S. Green, MD‡

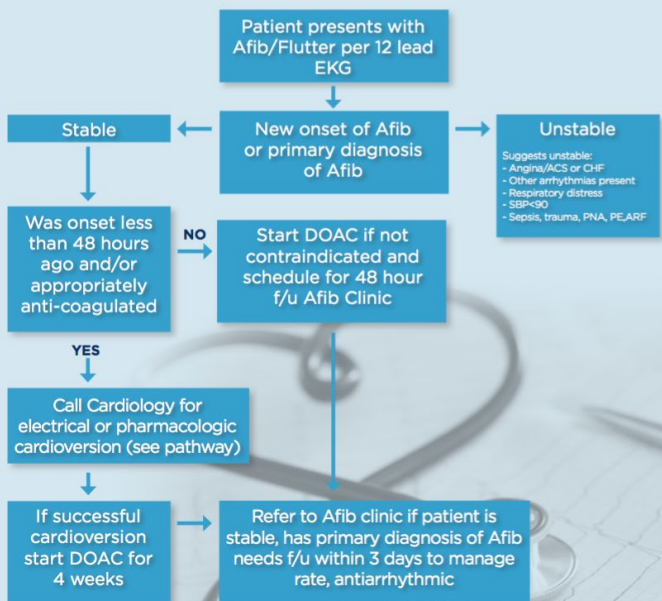
*CJEM* 2010;12(3):181-91



# CONE HEALTH AF MANAGEMENT ED PROTOCOL



## ATRIAL FIBRILLATION PROTOCOL



For more information or to schedule an appointment, call **336-832-7033**.

The Atrial Fibrillation Clinic is located in the Heart and Vascular Center at Moses Cone Hospital.



# Benefits of early ED discharge



Improved Patient Outcomes



Reduced hospitalizations



Reduced ED Length of Stay



Reduced Patient Costs



Improved Access to Sinus Rhythm



Improved Patient Satisfaction

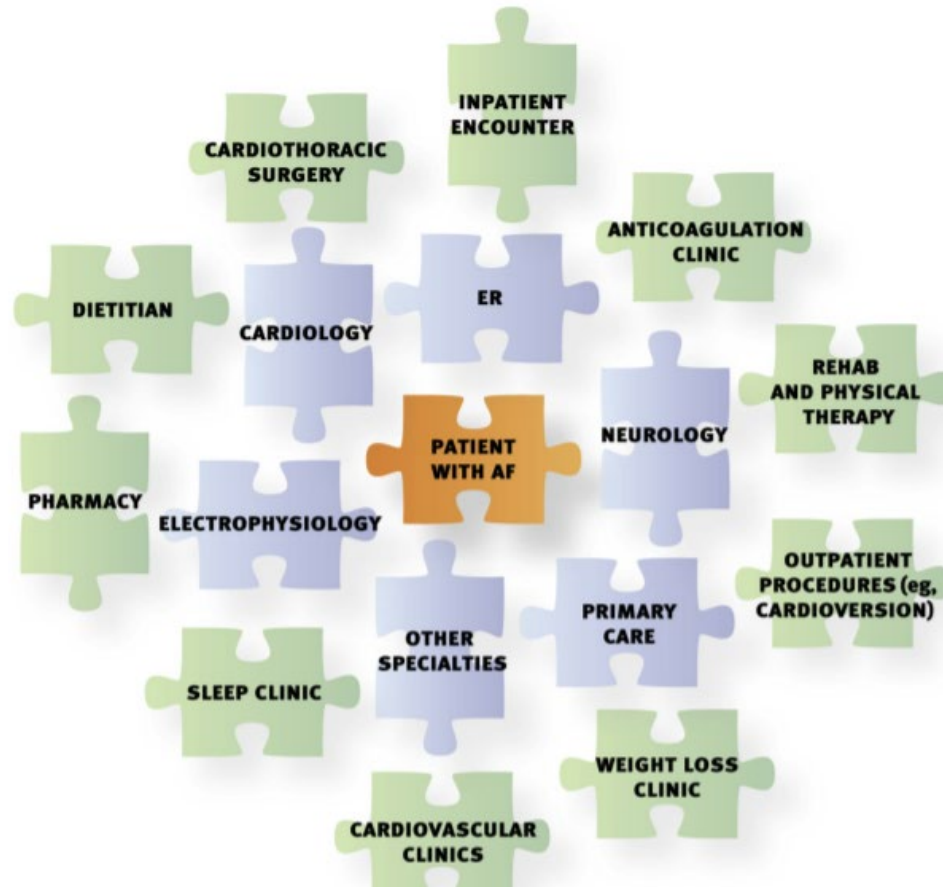


AF Standardization Team

## | Standardization Team Members

- Pharmacy
- ACO representation
- Cardiology
- Emergency Room
- Electrophysiology
- Research
- Quality
- IT

# AF CLINIC

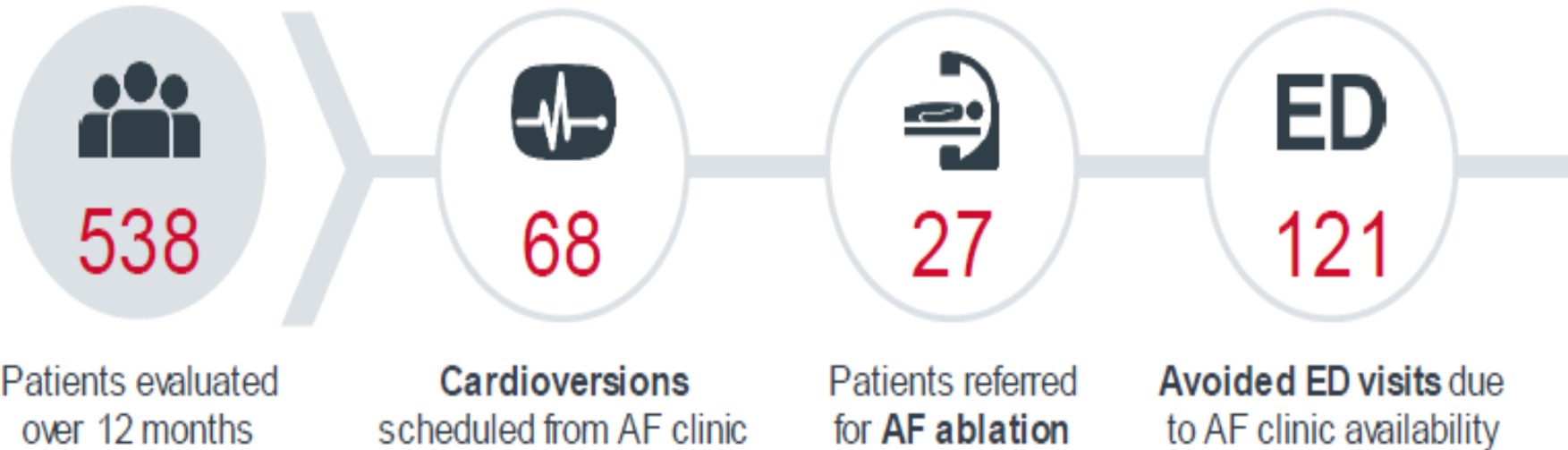


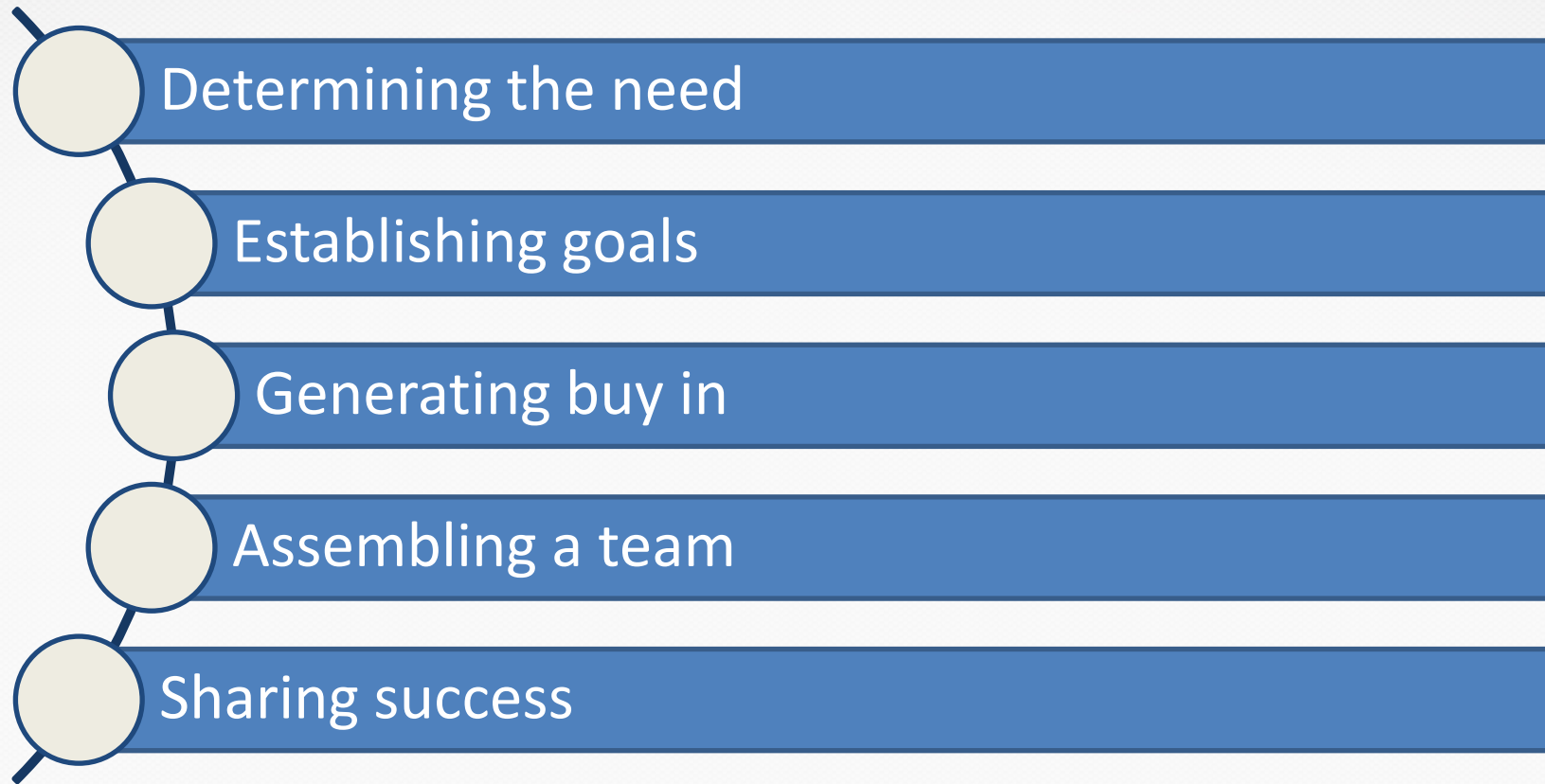
# | Opportunities for Standardization



# NP-LED AF CLINIC TO DELIVER PATIENT CARE

## 12-Month AF Clinic Downstream Impact

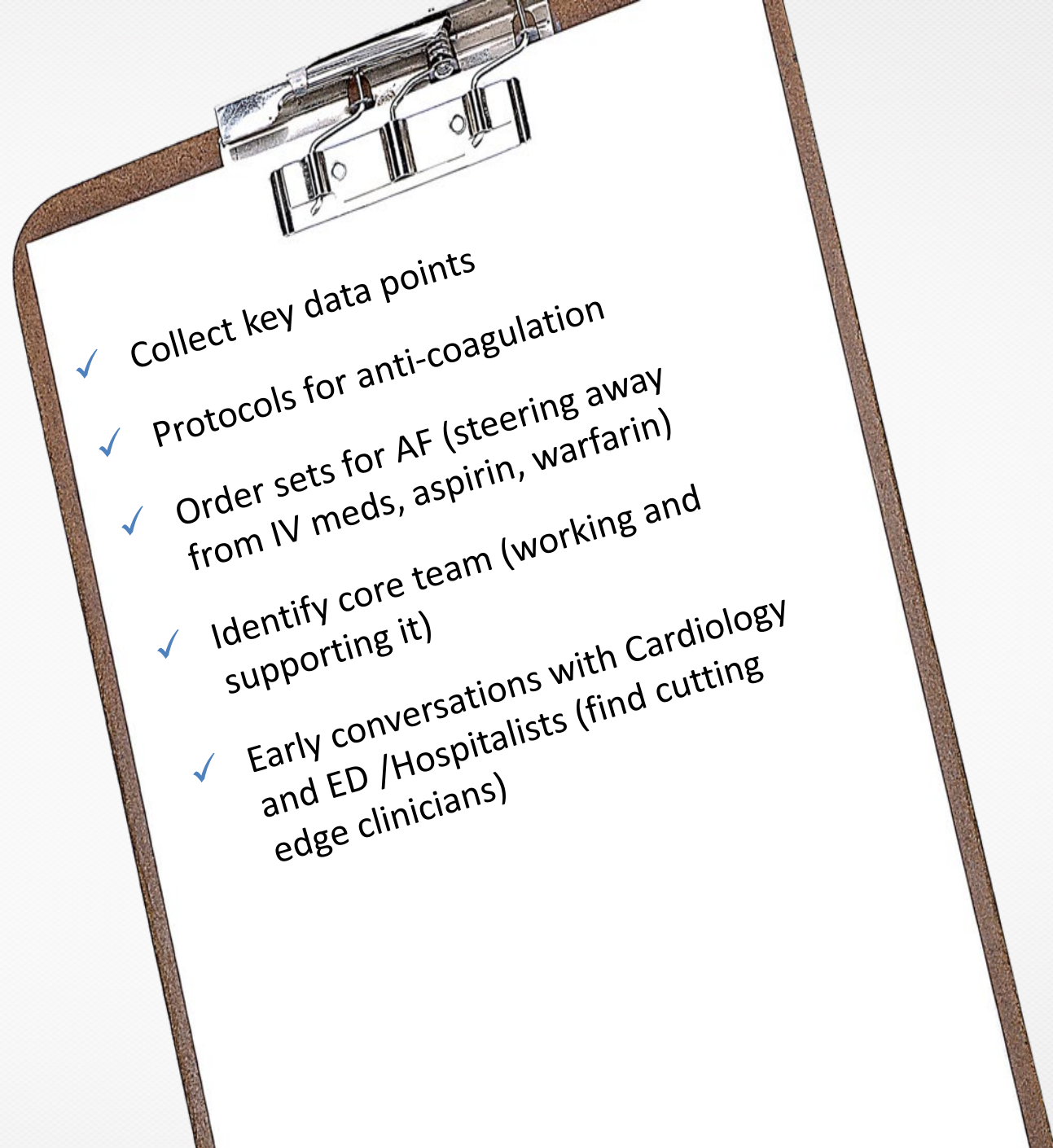




## Steps in Creating a Comprehensive AF Program



## What Can You Do NOW



- ✓ Collect key data points
- ✓ Protocols for anti-coagulation
- ✓ Order sets for AF (steering away from IV meds, aspirin, warfarin)
- ✓ Identify core team (working and supporting it)
- ✓ Early conversations with Cardiology and ED /Hospitalists (find cutting edge clinicians)



QUESTIONS?



@Allred\_J  
@AmberSeiler1