AN OPPORTUNITY TO PREVENT STROKES?

Atrial fibrillation identification by emergency medical services

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BACKGROUND

- Atrial fibrillation (AF) is a common arrhythmia and a significant risk factor for stroke.
- Oral anticoagulants (OACs) substantially reduce the risk

Must not take

paramedics extra

time away from their

'core role'

Findings of AF should

be actioned

Is the paramedic the right person to

communicate a new AF finding?

• Many people have undiagnosed and therefore untreated AF

METHODS

A qualitative study using one-to-one interviews with healthcare and service providers, and focus groups involving members of the public.

Is opportunistic screening for incidental AF by ambulance clinicians acceptable and feasible?

A semi-structured topic guide explored identification of undiagnosed AF during emergency contacts with non-conveyed patients, including:

- Six interviews with paramedics
- Five interviews with 'field experts' from cardiology, general practice, public health, academic research, healthcare policy, and primary care commissioning. GENER
- Four focus groups involving eighteen members of the public.



AMEDICS

It is feasible, and shouldn't add time

We are doing this anyway, but informally

A formal pathway may save time

Should not add time or unnecessary additional burden

AF should be treated as a provisional diagnosis, for subsequent verification

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'Is it necessary?' vs. 'it is an opportunity'

All participant groups were in favour of a formal pathway to 'action' new findings of AF

Public participants worried about how the diagnosis would be communicated with them

Paramedics concerns focussed on safety-netting of nonconveyed patients and ensuring follow-up

> Field experts recommended more work to understand current processes to guide a pathway

CONCLUSION

OPPORTUNISTIC IDENTIFICATION OF ATRIAL FIBRILLATION

Opportunistic identification of AF by ambulance clinicians was supported by participants

but concerns were expressed around communicating the identification of AF to patients, the need for evidence on the effectiveness of current referral pathways, and how this public health screening fitted with the emergency response role of the ambulance service.



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