

Clinical improvement – Stroke

The problem

A patient presented to cardiology clinic having recently suffered a stroke. Review of his pacemaker records showed that the onset of atrial fibrillation had occurred some months earlier, but anticoagulation had not been initiated.

The pacing clinic of the hospital follows up thousands of patients at high risk of stroke. The average annual stroke risk of an ICD recipient with atrial fibrillation is >30% over 10 years of follow up without anticoagulation¹.

Implanted cardiac devices alert to the detection of new atrial fibrillation and this will often warrant referral for initiation of anticoagulation to prevent stroke. However, the hospital had no way of identifying how many of the thousands of patients under its care were in this situation, and how many had been appropriately referred.

The solution

Using PACENET, it was possible in an afternoon to conduct an audit across thousands of patients, to identify all of those in whom sustained atrial fibrillation had been detected by their device. This could be broken down according to whether or not they were taking anticoagulation, and according to their level of risk. The patients at higher risk, in whom anticoagulation was not recorded were exported to allow further review of their clinical records by a specialist nurse.

1. Am J Cardiol. 2017 Jul 1;120(1):83-86.

Highlight

Using PACENET, it was possible in an afternoon to conduct an audit across thousands of patients, to identify all of those in whom sustained atrial fibrillation had been detected by their device.

Your Contact



Emma O'Kane
Client Success Manager

emma.okane@clinicalnetworksystems.com