

# Atrial Fibrillation Specialty Unit

## The Problem

Primary atrial fibrillation (AF) is often treated inefficiently, with expensive and unnecessary diagnostic testing and prolonged length of stay. BIDMC had the opportunity to establish an atrial fibrillation specialty unit on Farr 3 to address this problem.

## Aim/Goal

To improve the efficiency of atrial fibrillation management (as measured by LOS) through the use of an atrial fibrillation specialty unit and the use of algorithms for rate control, antiarrhythmic therapy, anticoagulation management and early cardioversion.

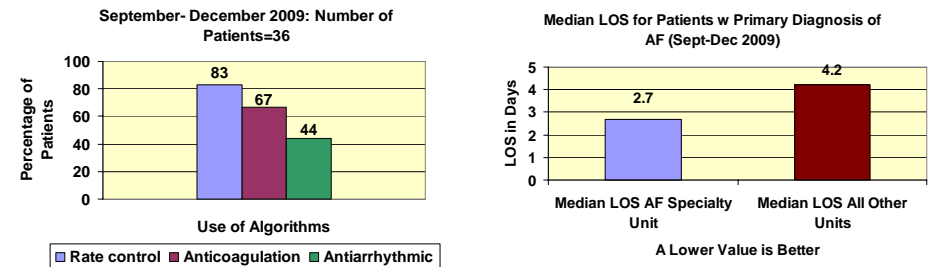
## The Team

- Peter Zimetbaum, MD. Clinical Director of Cardiology
- Tricia Bourie, RN, MS, Nurse Manager, Cardiology
- Mary Jane Devine, MSN, NP Cardiology Nurse Practitioner

## The Interventions

- Creation of a 4 bed Atrial Fibrillation specialty unit on Farr 3.
- Use of algorithms for rate control, rhythm, cardioversion, and anticoagulation management.
- Distribution and review of the [Be-Informed about Atrial Fibrillation](#) booklet. Provide AF discharge guideline sheet on chart for house staff/nursing to ensure optimal discharge planning.
- Reduction in unnecessary testing of patients admitted with AF.
- Care in the dedicated AF unit with a nurse/nurse practitioner staff trained in the management of AF.
- AF unit location in proximity to services; Holter lab, cardioversion room, Cardiac Echo Lab.
- Contact referring physician to arrange outpatient follow-up within 1 week.
- Offer appointment with the BIDMC EP service within 72 hrs of discharge.
- EP consult for non-EP attending patients.
- Follow up phone calls by NP to review management, treatment and follow up care.

## Results: Progress to Date



Length of Stay: For the initial 4 month period, length of stay for AF patients on Farr 3 averaged 2.0 days. For AF patients admitted to other medicine floors, the average LOS was 4.2 days.

## Lessons Learned

- The creation of the AF Specialty Unit and the use of the algorithms does reduce the length of stay for hospitalization.
- Patient education and satisfaction with the care at BIDMC is enhanced through staff management, personal, individualized attention, educational materials, and communication with the patient upon discharge via telephone calls.
- Communication with the cardiology house staff, nurses, and nurse practitioners is key for optimal patient management.
- Challenges of the program include availability to meet for morning rounds, clarification of the primary diagnosis of atrial fibrillation when admitted from the ED and maintaining staff enthusiasm and involvement.

## Next Steps

- Continue data collection to validate sustained LOS decrease.
- Expand data collection on patient care and satisfaction.
- Plan to compare BIDMC performance with other hospitals that utilize similar services.
- Create a POE Order set.
- Ongoing staff education and communication



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**For More Information Contact**

Mary Jane Devine, MSN, NP  
Cardiology Nurse Practitioner  
mdevine1@bidmc.harvard.edu