

SHC AF QI Library

Goal	Rationale	Timeline	QI Team	Population Involved	Measurement	Additional Notes
Understand the demographics of patients (pts) with AF in the practice and those prescribed DOACs	Patients of color are more likely to be undertreated to prevent stroke.	2-3 weeks	Physician and allied health care providers, practice manager, and/or IT ¹	Review charts of all pts seen in the last 6 months	Strategy: Run Electronic Health Record (EHR) report or conduct chart review Measures: # of pts of color, by race, ethnicity, with AF and treated with DOAC	Consider how information about race and ethnicity are gathered and entered into the medical chart
Understand the number and demographics of pts at high risk of AF in the practice	High risk patients may benefit from screening and follow-up treatment	2-3 weeks	Physician and allied health care providers, practice manager, and/or IT	Review charts of all pts seen in the last 6 months	Strategy: Run Electronic Health Record (EHR) report or conduct chart review Measures: # of pts of color, by race, ethnicity, at high risk for AF	May implement a simple approach to defining high risk, such as older age without a diagnosis of AF
Identify pts with AF previously undiagnosed ²	Undiagnosed AF poses risk of stroke that can be prevented with DOAC treatment	3 months	Physician lead, front desk staff person, and medical assistants/nurses	Pts at high risk of AF	Strategy: Invite high risk pts to participate in screening upon appointment check-in; implement the screening during rooming or in exam room Measures: # of pts who agree to be screened and rate of positive AF identification	Pts enjoy implementation of simple screening tools
Increase awareness of AF stroke risk among pts	Patients often do not understand the risk of stroke presented by AF	3 months	Front desk staff person, and/or medical assistant	All pts	Strategy: Hang posters in waiting area or exam room Measures: Successful posting of education; knowledge change from survey of small sample of pts pre- and post-educational postings	Previous QI programs highlighted the importance of increasing pts education
Improve practice staff understanding of risks for AF, AF treatment and stroke prevention, and potential screening options	Clinical staff may not understand the risks posed by AF or the potential benefit of screening	1 weeks	Champions	All clinical staff at clinical practice	Strategy: Conduct lunch-and-learn for staff Measures: Pre- and post knowledge surveys	Engaging staff in a lunch-and-learn can help build knowledge and a long-term culture of quality improvement
Train physicians and nurses in Shared Decision Making (SDM) and Motivational Interviewing (MI)	Patient-centered care using SDH and MI improves adherence and satisfaction.	1 months	Physicians and advanced practice staff and nurses	Physicians and nurses	Strategy: Training presentation and role-playing with SDM and MI Measures: # of trained staff; pre- and post test of knowledge, practice, attitudes, and barriers	Clinicians often require training on SDM and MI, approaches that apply across many medical conditions

Increase DOAC use in appropriate pts by 50%	DOACs can reduce risk of stroke	6 months	Physicians, pharmacists, nurse practitioners, nurse	All pts with untreated AF who come in for an office visit and qualify for DOAC use	Strategy: Using SDM approach to discuss DOAC treatments with patients Measures: # of eligible pts; # of pts educated of those eligible; % increase in DOAC use	If disparities exist between White patients and patients of Color target the group with lower rates
Understand medication adherence	50% or more of patients with chronic diseases do not take medicine as directed, reflecting a number of reasons from lack of understanding of the medications, side-effects, costs, and other barriers	6 months	Physician/nurse lead, front desk staff person, or medical assistant	All pts with AF who have been prescribed a DOAC who come in for an office visit	Strategy: Survey via patient portal OR paper survey during check-in/rooming Measures: Response rate; Survey results	Understanding patient knowledge and attitudes toward medication can help the clinical team have more informed and effective conversations with pts
Increase adherence rates by 50% percent in population identified as having low medication adherence	Medication adherence is often 50% or lower	6 months	Physicians, nurses, medical assistants; pharmacist	All pts with AF prescribed a DOAC who come to an appointment and were identified as having low medication adherence	Strategy: Using MI techniques and patient education resources to discuss the DOAC role in AF Measures: # of eligible patients, # of MI/patient resources implemented, change in adherence rates	Many resources exist that can be shared with patients; adherence can be measured with follow-up survey at next visit

¹The champions are part of all projects; include other clinical staff as appropriate to their role. Remember it is important to make this a team activity.

²Multi-step PDSAs could be done with cycle 1 being assessing baseline; cycle 2 pilot implementation of an improvement strategy; cycle 3 broadening implementation of the improvement across the practice; another cycle that may be included is improvement of medical record documentation.