Opportunistic identification of atrial fibrillation during unscheduled contact with emergency ambulance services in England: a qualitative exploration

C. Wilkinson¹, S. Moloney², G. Mcclelland³, A. Todd², T. Doran⁴, C. Price⁵

¹Hull York Medical School, York, United Kingdom of Great Britain & Northern Ireland
²Newcastle University, Newcastle-Upon-Tyne, United Kingdom of Great Britain & Northern Ireland
³North East Ambulance Service, Newcastle upon Tyne, United Kingdom of Great Britain & Northern Ireland
⁴University Of York, York, United Kingdom of Great Britain & Northern Ireland

Funding Acknowledgements: Type of funding sources: Public Institution(s). Main funding source(s): The project received funding from Newcastle University's UK Research and Innovation Quality-Related (UKRI QR) Policy Support Fund allocation

Background: Atrial fibrillation (AF) is an important risk factor for stroke which commonly affects people attended by Emergency Medical Services (EMS). There may be an opportunity for EMS clinicians to find new incidental cases of AF suitable for oral anticoagulation (OAC) amongst the population who do not require conveyance to hospital following urgent ambulance review.

Purpose: This study explored whether it was acceptable to propose a formal pathway for identification and subsequent referral of non-conveyed EMS patients with incidental AF to their general practitioner (GP) for consideration of OAC prescription. The perspectives of patients, paramedics, and field experts were included.

Methods: This qualitative study included four online focus groups involving 18 members of the public and one-to-one online interviews in England with 11 health care and service providers (6 paramedics, 5 field experts providing multiple expertise in cardiology, general practice, public health, academic research, healthcare policy, and primary care commissioning) between June and September 2022. A semi-structured topic guide was used, with purposive sampling to maximise the diversity of perspective and experience in all participant groups. Data were audio-recorded, transcribed anonymously and analysed thematically.

Results: All participant groups supported formalising the opportunistic detection of AF during EMS review, but each had concerns and caveats. Of paramount concern to all groups was that any change in practice must not create delays in the emergency response system since incidental AF is non-urgent and other community pathways are in place for detection and management.

Public participants were also concerned about how the diagnosis would be communicated to the patient, and opinion was split between whether this should be 'on the scene' or in a subsequent GP appointment. Paramedics reported that they frequently identify incidental AF, but that there is variation in practice regarding whether (and how) this is communicated to the GP. There was a concern that the finding of AF was not easily visible within the existing EMS report and may be missed. Paramedics also focussed on safety-netting of patients not being conveyed to hospital and of a need for an 'active' reporting process to ensure that the finding of AF was acted upon. In general, field experts felt that a formal pathway would be useful but relatively low impact, and favoured a simple intervention that did not overly complicate existing AF pathways.

Conclusions: There is support amongst the public and professionals for the development of a formal pathway to ensure ongoing follow-up and care for people with AF incidentally detected in the community by EMS. This novel case finding opportunity has the potential to improve AF detection, oral anticoagulation rates, and reduce the risk of stroke.