A Quality Improvement Project Focused on Clinical Audit and Re-audit of Anticoagulation Use in Atrial Fibrillation Patients with International Guidelines

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Abstract:

Background: Atrial fibrillation (AF) increases stroke risk, requiring structured risk stratification and appropriate anticoagulation guided by CHA_2DS_2-VA and HAS-BLED scores. This Quality Improvement Project aimed to improve the documentation and application of these tools in an acute care setting, in line with ESC and NICE guidelines.

Methods: A retrospective audit of 50 AF patients between March–August 2024 assessed the use of CHA_2DS_2-VA and HAS-BLED scoring and anticoagulation practice. Gaps included low risk score documentation and incorrect anticoagulant dosing. Interventions included staff education, protocol updates, and improved documentation systems. A re-audit of 50 patients was conducted three months later.

Results: Baseline data showed CHA_2DS_2-VA and HAS-BLED were calculated in 27% and 5% of cases, respectively; 42% of patients were prescribed anticoagulants, with correct dosing in only 20%. Post-intervention, both scores were documented in 100% of cases, anticoagulant prescribing and correct dosing reached 100%, and no eligible patients were left untreated. Minor bleeding was reported, but no major complications occurred.

Conclusion: Targeted education and workflow integration of guideline-based tools significantly improved AF risk assessment and anticoagulation practices, enhancing patient safety and standard of care.

Keywords:

AF, anticoagulation, CHA_2DS_2-VA, HAS-BLED, QIP, ESC, NICE, audit.