A PRACTICE IMPROVEMENT PROJECT

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Title of Project: ATRIAL FIBRILLATION: ANTIARRHYTHMIC DRUGS VERSUS CATHETER ABLATION

Purpose: The project was an attempt to find evidence for atrial fibrillation ablations to become a first line of therapy versus a last resort after failure of antiarrhythmic drug therapy in order to improve quality of life (Qol) and reduce sequelae associated with atrial fibrillation.

ABSTRACT

The achievement of the highest levels of Quality of Life (Qol) is essential in atrial fibrillation of management of care. Qol should also serve as an endpoint in the evaluation of new therapies. In this practice improved project atrial fibrillation management is explained sparking the clinical inquiry: In Atrial Fibrillation (AF), how does pulmonary vein isolation (PVI) with radiofrequency ablation compared to antiarrhythmic drugs (AAD) affect patients Qol as it relates to perception of wellness and increased activity. Atrial fibrillation is the most common sustained arrhythmia in clinical practice and has a major impact on health in relation to Qol. Treatment with AAD and anticoagulation is considered first line therapy in those patients with symptomatic AF. PVI with radiofrequency ablation may cure AF obviating the need for AAD and anticoagulation. In this project best practices were examined to determine whether PVI is feasible as a first
line therapy for treating patients with symptomatic AF and its affect on the increase of Qol. The population of AF patients with symptomatic, paroxysmal or persistent AF, prospectively or randomized into AAD therapy versus PVI with radiofrequency ablation were examined. The evidence-based practice model guiding this project was the Stetler Model and was interwoven in the development and implementation of this project. The purpose of this project was to evaluate Qol in those populations of AF patients treated with AAD verses PVI.

Findings support a higher perceived Qol in patients undergoing PVI versus AAD therapy.