



AF SMART

ATRIAL FIBRILLATION SCREEN, MANAGEMENT AND GUIDELINE RECOMMENDED THERAPY

JOIN THE AF SMART STUDY



LED BY DR NICOLE LOWRES & PROFESSOR BEN FREEDMAN: UNIVERSITY OF SYDNEY

Background: atrial fibrillation (AF) and stroke

- AF is the most common arrhythmia, and is commonly asymptomatic in older people
- AF causes one third of all stroke – mostly preventable, if it can be detected and treated with anticoagulant

What is involved?

- Practice nurses to offer AF screening to eligible patients ≥ 65 yrs during consultations (written consent NOT required)
- Patients will hold a Kardia mobile (formerly AliveCor) smartphone device to record a single-lead ECG for 30 seconds (iECG). An automated iECG interpretation to diagnose AF will be available immediately
- The iECG PDF file is sent to a secure website and can be downloaded and filed in the patient's medical record
- Electronic decision support for management of patients with AF available through Topbar (Pen CS) which is provided for the study
- Topbar includes HealthTracker developed by the George Institute which interfaces seamlessly with Medical Director/Best Practice to offer quick and clear evidence-based recommendations about AF management

HealthTracker

- Electronic decision-support for AF management
- Improves communication with patients using engaging graphic interface
- Tailored for the needs of primary care professionals
- Developed by leading experts in health solution
- Clinically tested for effectiveness

Benefits for your clinic

- Participating clinics receive:
 - 3 smartphones, iECG devices and all software for use during the study
 - \$1000 to cover setup costs and practice nurse training
 - Payment of \$10 per patient for the first 500 patients screened
- Take part in cutting-edge healthcare research to screen and treat AF-SMART in your practice

Practical points

- The iECG is FREE for the patients (usual consultation fees apply)
- We will supply the smartphones and Kardia mobile devices for the duration of the study
- We will provide onsite staff training at your clinic
- De-identified data will be collected automatically using the Pen clinical audit tool (CAT). No paper consent required

For further information please contact:

Research Coordinator: Jessica Orchard

Email: jessica.orchard@sydney.edu.au, Phone: +61 2 8627 1664

Research Assistant: Jialin Li

Email: jialin.li@sydney.edu.au, Phone: +61 2 8627 5036

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