mortality (OR 1.12 (95%C. I 1.09–1.15) compared to admission during normal working hours.

Conclusions This study suggests a higher risk of death for patients with a diagnoses of Atrial Fibrillation admitted outside of normal hours and weekends compared with standard weekday normal working hours. The impact of our findings on service provision and healthcare delivery should to be widely debated.

61 ANTICOAGULATION FOR ATRIAL FIBILLATION IN THE ELDERLY

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10.1136/heartjnl-2016-309890.61

Introduction The incidence of atrial fibrillation (AF) increases with age and carries with it a 5 fold increased risk of having a stroke. The most effective prevention is anticoagulation yet elderly people are often viewed of as high risk and are not started on therapy. The first cycle of this audit included 166 current inpatients of the Care of the Elderly Department (COTE) in Gartnavel General hospital (GGH) aged 65 and over. Over one third (36%) of admissions had AF however only 33% of these were on anticoagulation. 11/40 (28%) of those with AF had no decision about anticoagulation recorded. All patients had a CHADSVASC score of 2 or greater so should have been considered for anticoagulation. Novel anticoagulation (NOACs) are now available as first line treatment of non-valvular atrial fibrillation accounting for 50% of those anticoagulated with the remaining 50% on Warfarin.

Intervention The audit findings were presented to the GGH COTE department and included the current guidelines for AF and use of NOACs. A copy of the presentation was also sent to all departmental staff via email. Information is now included in the junior doctor departmental handbook given at induction, and a section in the admission document regarding Atrial Fibrillation must be completed for each patient.

Results A regular audit of the COTE department in the form of Plan Do Study Act (PDSA) cycles was implemented to monitor the effectiveness. In March 2015 the first cycle after initial intervention, 60% of those with AF were receiving anticoagulation, however during April (junior doctor changeover) this fell to 23%. Further education was implemented and 50% of patients were on anticoagulation in May. There was also increasing compliance with filling in the admissions box regarding AF, rising from 39% at baseline to 71% in May.

Discussion All new admissions to COTE departments should be assessed for atrial fibrillation and considered for anticoagulation including use of NOACs as an alternative to warfarin. Having a section regarding AF in the admissions booklet is a useful prompt for discussion of anticoagulation.

62 LEFT ATRIAL APPENDAGE OCCLUSION FOR STROKE PREVENTION IN ATRIAL FIBRILLATION: CONTEMPORARY EXPERIENCE FROM A COMMISSIONING THROUGH EVALUATION SITE

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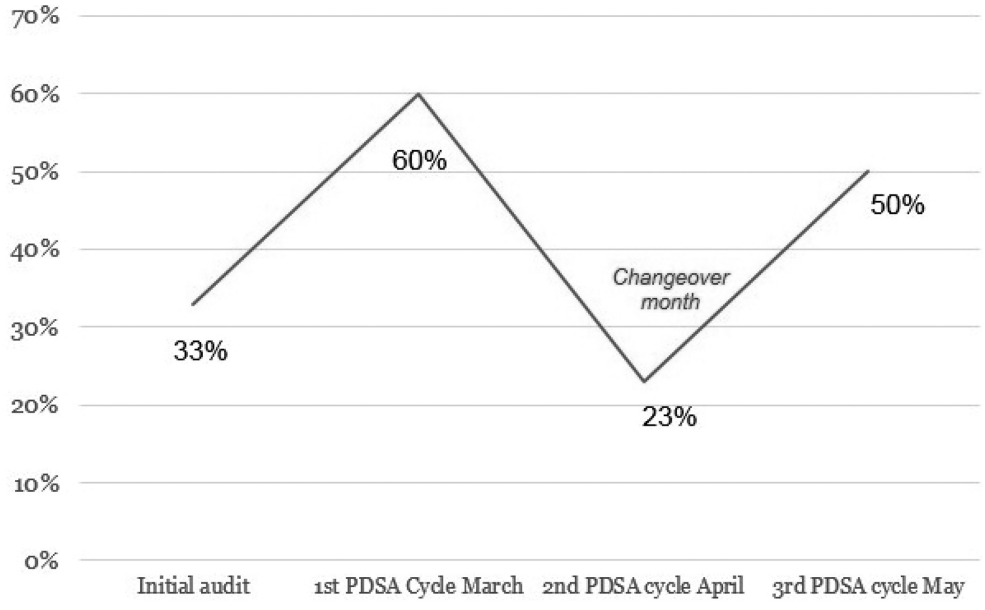
10.1136/heartjnl-2016-309890.62

Background Since October 2014, NHS England has approved funding for left atrial appendage occlusion (LAAO) for stroke prevention in patients with atrial fibrillation in 10 UK sites as part of Commissioning through Evaluation (CtE) process. There are no data available on contemporary LAAO practice in the CtE era.

Methods In July 2014, we instituted several processes to ensure compliance with stringent CtE requirements. These included creation of a multidisciplinary team (MDT) that included stroke physicians and non-invasive cardiologists with interest in cardiac imaging, agreement on objective inclusion



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