Sotalol and dofetilide are commonly prescribed medications to control atrial fibrillation. They both require initiation within a supervised setting to monitor for adverse QT interval prolongation.

All these admissions are planned in advance, but until our project began, these patients did not have preassigned beds.

We believed implementing a policy to reserve beds for these admissions would not only ensure they received the antiarrhythmic agent sooner, but would also expedite throughput and decrease length of stay.

We first conducted a retrospective chart review of all patients admitted for sotalol or dofetilide loading during a nine-month period from 1/2018 to 9/2018 at UF.

Clinical data was confirmed by investigators through a detailed review of individual electronic medical records and stored in a HIPAA compliant online database.

Patient demographics, time of first antiarrhythmic dose and total length of stay were recorded.

This data was analyzed in order to obtain our first data set.

We met with nursing administration to discuss reserving beds for these planned admissions, with emphasis on administering the first dose of the antiarrhythmic before 11:00 am.

We allowed two months for our proposed intervention to be implemented, then resurveyed for a period of 6 months with data being collected in a similar manner as before.

Our analysis included a total of ninety patients.

The pre-intervention group consisted of sixty-five patients, whereas our post-intervention group consisted of twenty-five patients due to time constraints.

In the pre-intervention group, only 9% of patients received their first dose of dofetilide or sotalol prior to 11:00 am. The length of stay (LOS) was statistically longer, with the majority of patients having a three-day hospitalization (73%).

In the post-intervention group, medication administration prior to 11:00 am improved to 84%. LOS was also reduced (48% of patients had a LOS of three days vs. 73% in the pre-intervention group; 40% of patients had a LOS of two days vs. 12% in the pre-intervention group).

This study identified a significant problem with the elective admission process.

The old process resulted in delayed initiation of the antiarrhythmic agent and prolonged LOS. Long wait times in the lobby were a regular occurrence, sometimes in excess of 12 hours.

Our intervention of reserving bed space for pre-admitted patients undergoing antiarrhythmic loading resulted in an improvement in time to medication administration, as well as an overall reduction in LOS.

Although our study was not designed to investigate this, there was an observed, anecdotal increase in patient and staff satisfaction.

"Knowing what admissions were coming helped staffing assignments go smoother".

"The changes allowed for earlier medication start times and any pharmacy related issues could be addressed during the day instead of late evening or by the night coverage fellow."