

Improving HTN Control w/ RN Follow-Up Visits and Reduction of BP Goal to <130/80

Open Door Quality Improvement

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Background

In non-pregnant adults in the United States, hypertension is the most common reason for a clinical office visit and medication management. However, approximately half of people with hypertension do not have their blood pressure in therapeutic range.

Many guidelines, such as 2017 AHA/ACC guidelines, recommend that goal blood pressure should be $<130/80$.

Common provider blood pressure goals in our clinic have been $<140/90$.

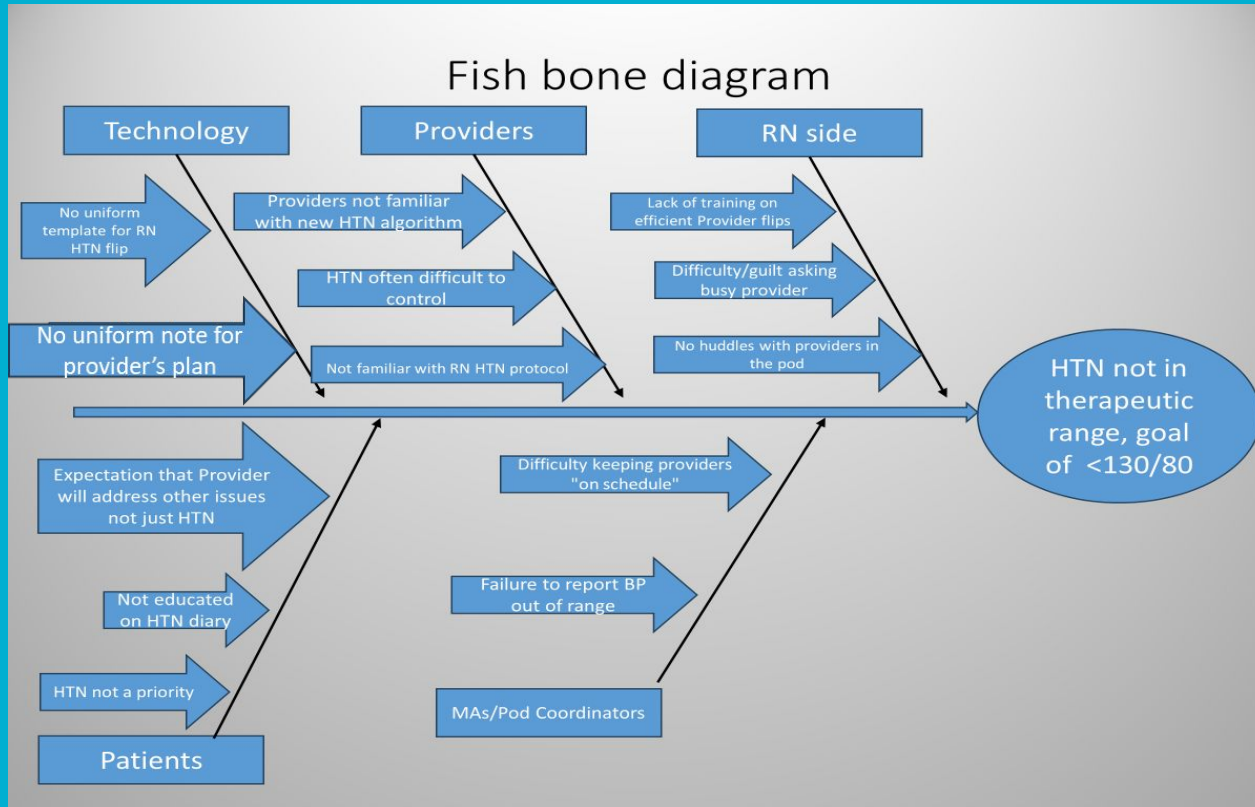
Medi-Cal, one of our clinic's funders, incentivises patient blood pressure $<140/90$.

Higher blood pressure goals run the risk of patient's blood pressure being out of range at an office visit. If this reading is the patient's last reading of the year, funding is negatively impacted because the health care measure was not met.

Aim Statement

- About ½ of patients with HTN not at goal at our clinic – Increase number of patients in BP goal by 50%
- Mismatch in protocols for RN BP visits and provider's management of HTN – Align

Fishbone



Stakeholders

Green Pod Providers

Green Pod RN

Green Pod MAs

Green Pod Scheduler

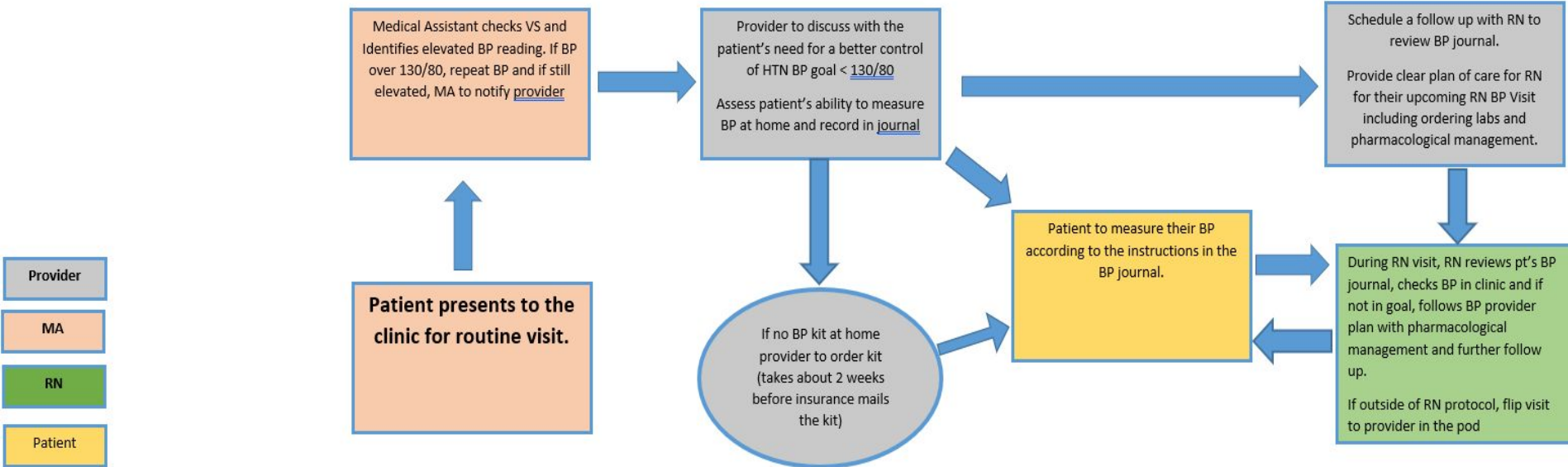
Patients

First PDSA Cycle

- Identify patients with elevated BP, implement plan, re-evaluate effectiveness on Follow Up appointments with RN and flip visits back to provider
- Trial in Green pod with 3 residents, MAs, and RN (added a panel of one of the preceptors to increase population size)
- Initially was planned to be run for the month of March (extended through April)
- Compile data and create necessary adjustment for next cycle
- Identify barriers/challenges
- Run second PDSA cycle green pod vs ECHC clinic

Process Map/Flowchart

Process Map/Flowchart



Blood Pressure Plan and BP Journal

Patient has a BP cuff at home {Yes 1 or No:73208}

Agrees to fill out 2 week BP journal {Yes 1 or No:73208}

Patient to return to the clinic for the RN visit in {1-4:125786} weeks

Patient understands that this visit is to review BP journal and for BP management only.

Blood Pressure Goal: {SA29 Blood pressure goal:92332}

If elevated plan to: {SA29 choices:92337}

If within goal follow up: ***

Rest for five minutes before measuring the first blood pressure

1. Take at least two measurements each time you check your blood pressure and write them down. Wait at least one minute between each measurement.

2. Write any factors you feel may have affected your blood pressure in the comments section.

3. Do this two times a day—once in the morning and once in the evening.

4. Give these numbers to your provider or clinical office staff in person, during a telephone call or through secure computer messaging.

Date	Morning			Evening		
	#1	#2	Comments/average	#1	#2	Comments/average
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

Date	Morning			Evening		
	#1	#2	Comments/average	#1	#2	Comments/average
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

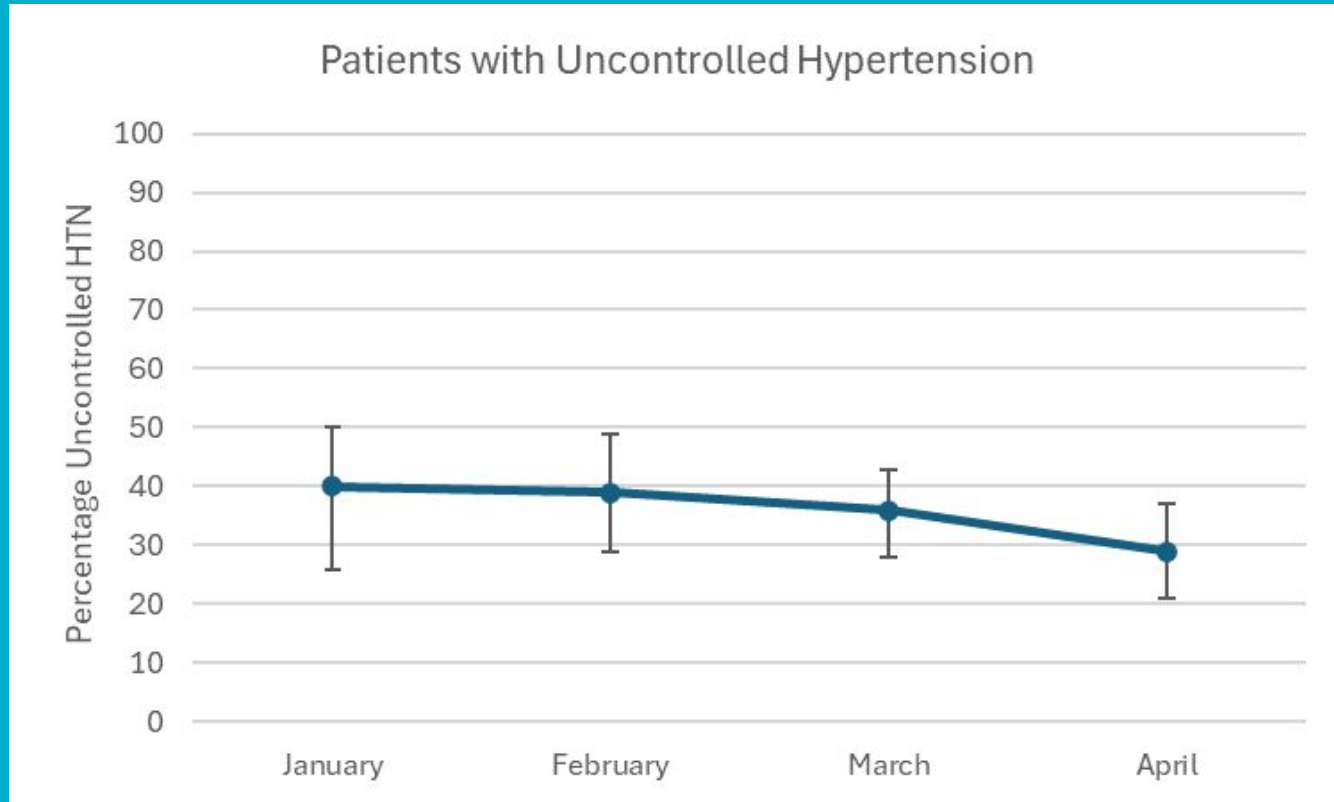
Click on the following web links to review information discussed at your hypertension visit.

- [CDC Preventing and Managing High Blood Pressure](#)
- [CDC Blood Pressure Basics](#)

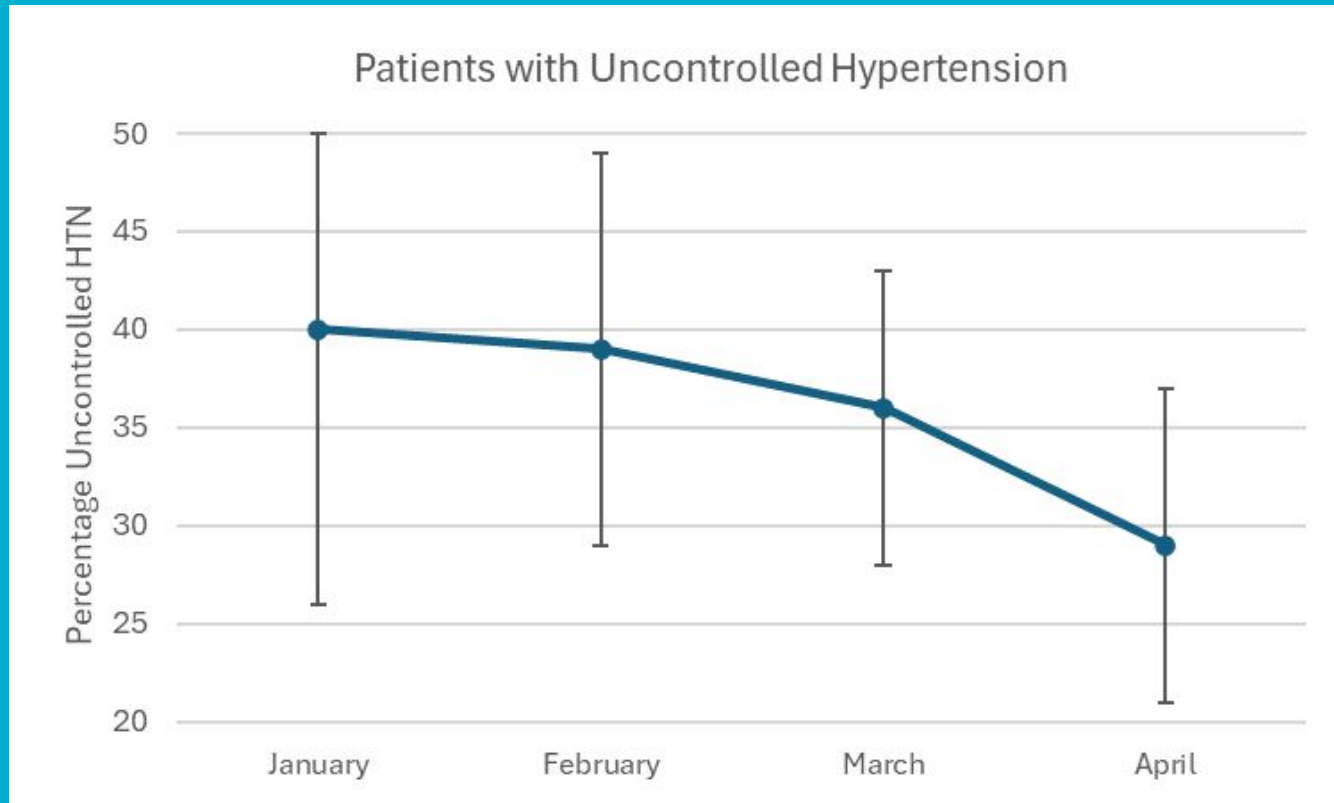
Changes

- Initially focused on increasing overall RN flip visits for HTN
 - Changed to a more patient-focused measure (decreasing HTN)
- Realized the RN Protocol was not in line with updated Provider Protocols
 - Worked with RNs to update language and guidelines in Protocol
- Abandoned identifying barriers to flip visits (may investigate in future cycles)

Data



Data



Results

Average decrease in Uncontrolled HTN: 11% (4-13% range)

Preceptor had best results; attributes this to “aggressively” treating to <130/80

Barriers/Challenges:

- Patient “buy-in”
- Available visits
- Panel size (Preceptor had most impressive results; 10x HTN pts and more clinics available to schedule on)
- Short duration (2 months)

Conclusions/Implications

Setting goal for most patients to $<130/80$ WITH f/u RN visits likely effective measures for decreasing rates of hypertension

Next steps:

- Revisit RN Protocol
- Improve RN Flip Visit Note

Retrospective changes

- Identifying patients with uncontrolled HTN to schedule

References

Basile, J., Bloch M. (2024). Overview: Hypertension in adults. Retrieved from https://www.uptodate.com/contents/overview-of-hypertension-in-adults?search=hypertension&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1

Carey, R. (2021). Guideline-driven management of hypertension: An evidence-based update. Retrieved from [Guideline-Driven Management of Hypertension: An Evidence-Based Update \(heart.org\)](#)