



Improving Blood Pressure Control Through Simple, Operational Interventions

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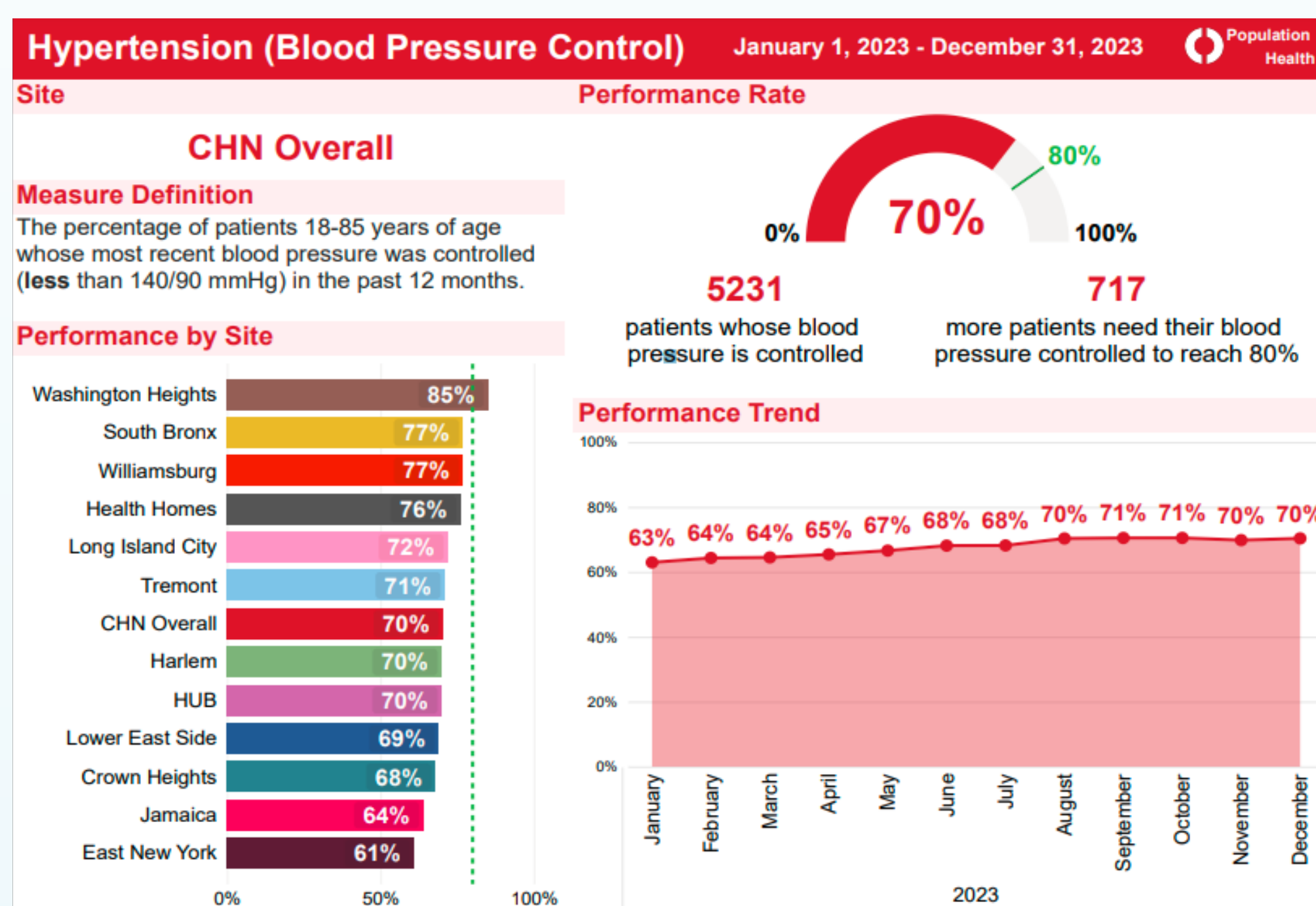
Introduction

At Community Healthcare Network (CHN) in 2021, over 7,200 unique patients ages 18-85 years old were seen and had a diagnosis of hypertension. At that time, only 53% of those patients had blood pressure (BP) that is considered adequately controlled (<140/90mmHg).

With competing priorities, coming off the height of the pandemic, we realized that making BP control a focus of our quality work needed to become a new priority.

A Clinical Quality Improvement (CQI) committee was formed that includes members from medical affairs, nursing, nutrition and population health. An initial step was to raise awareness. We developed a score card for centers and presented them with monthly data on their performance.

Score Card Example



After raising awareness, the CQI group moved forward with three key Quality Improvement initiatives. These include:

- ✓ Improving Accuracy
- ✓ Ensuring Timely Follow-Up
- ✓ Staff Education

Methodology

Step One: Improving Accuracy

- ✓ Taught staff about the key elements of properly taking BP readings.
- ✓ Ensured that second BP Readings are taken for all patients after an initial abnormal reading.
- ✓ Changed vital sign to red when BP greater than 140/90.

Methodology, Con't

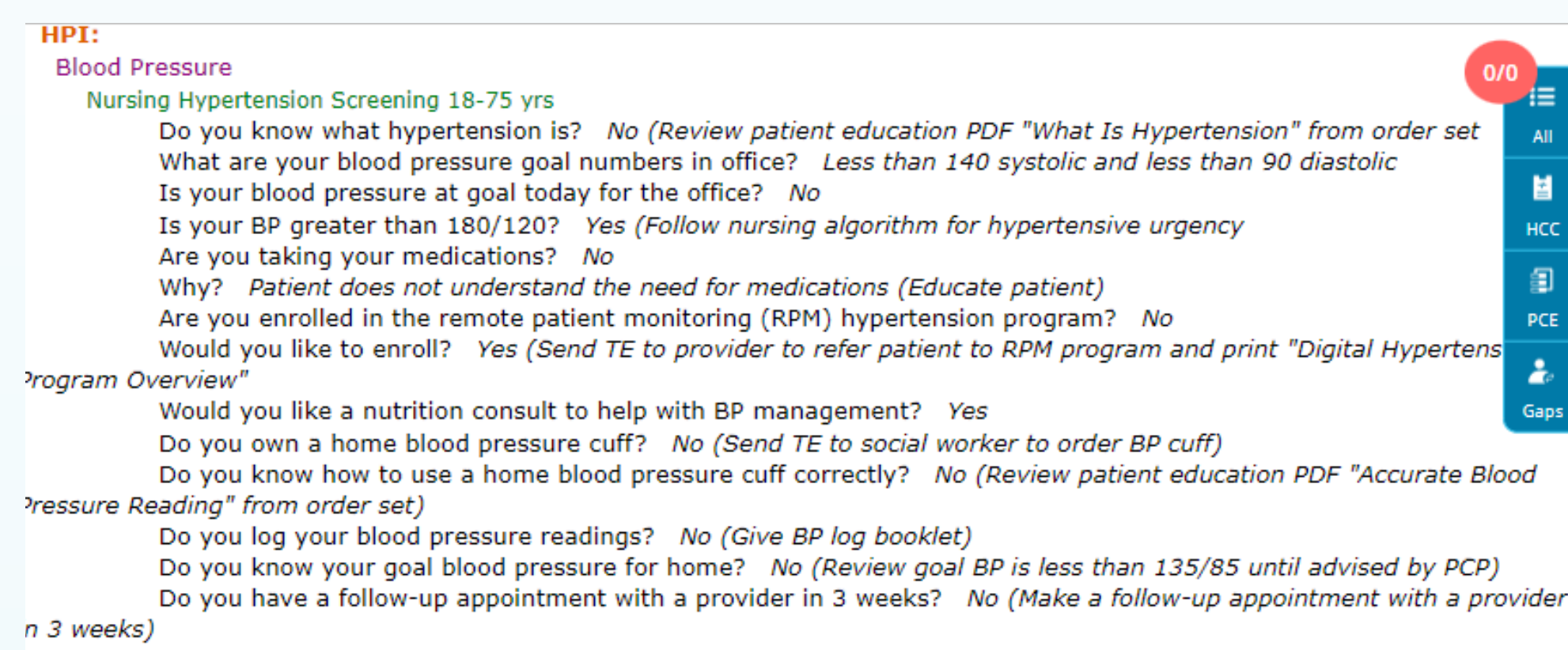
Step Two: Ensuring Timely Follow-Up

The American Heart Association guidelines recommend follow-up for patients with uncontrolled BP every 2-4 weeks. As such, our ongoing process goal is for 80% of our patients with an uncontrolled BP reading to be scheduled for a follow-up visit within 28 days.

The visits are scheduled at point of care or by direct telephonic outreach. We expanded access to ensure availability:

RN Hypertension Visits Developed protocolized RN hypertension visit.

- ✓ Visits are scheduled on nursing panel
- ✓ Template developed to standardize best practice for nursing. It includes drop downs to help guide the visit.
- ✓ Enables our RNs practice to the top of their license



Remote Population Health FNP (Fast Track) Developed a fast-track protocol utilizing a remote population health FNP to see patients for telehealth visits between in-person visits with their primary care provider (PCP).

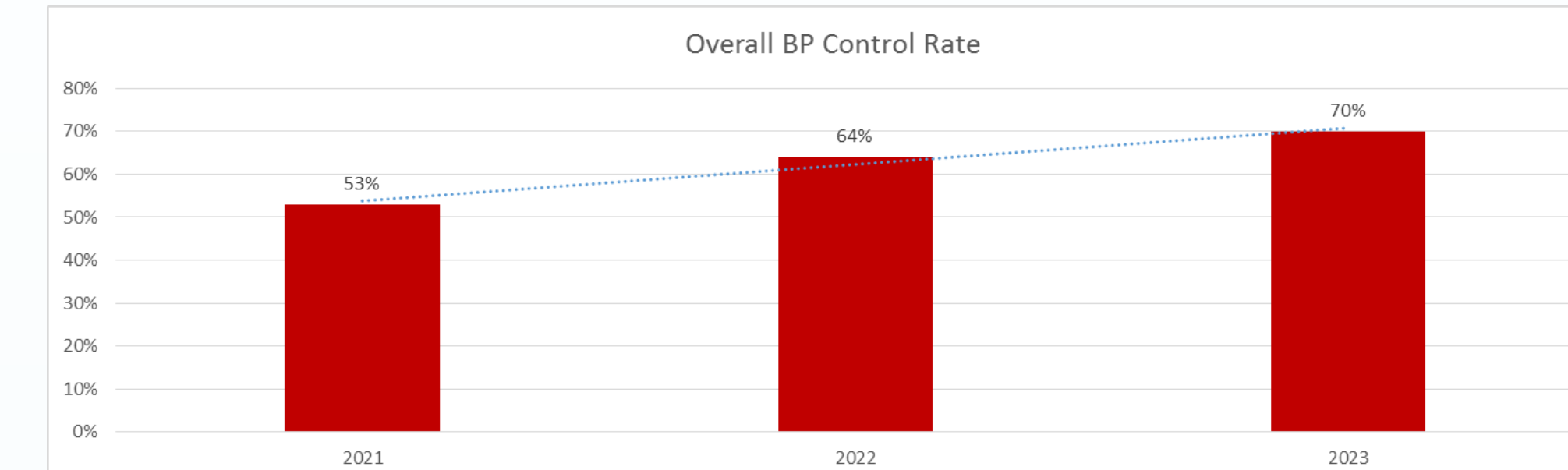
Step Three: Staff Education

Created awareness campaign around best practice for improving accuracy and timely follow-up for providers and nursing.

- ✓ Developed an informational hypertension training online for all staff.
- ✓ Emphasized the value of home BP monitoring and created access to BP cuffs for patients to enable successful telehealth visits
- ✓ Nurse educator educated nursing department on ensuring accurate BP reading.
- ✓ Led individual meetings with each center leadership team to discuss ways to implement the 2-4 week follow up
- ✓ Engaged care management departments (Health Homes, HIV, Nutrition) in using their patient relationship to ensure timely follow-up.

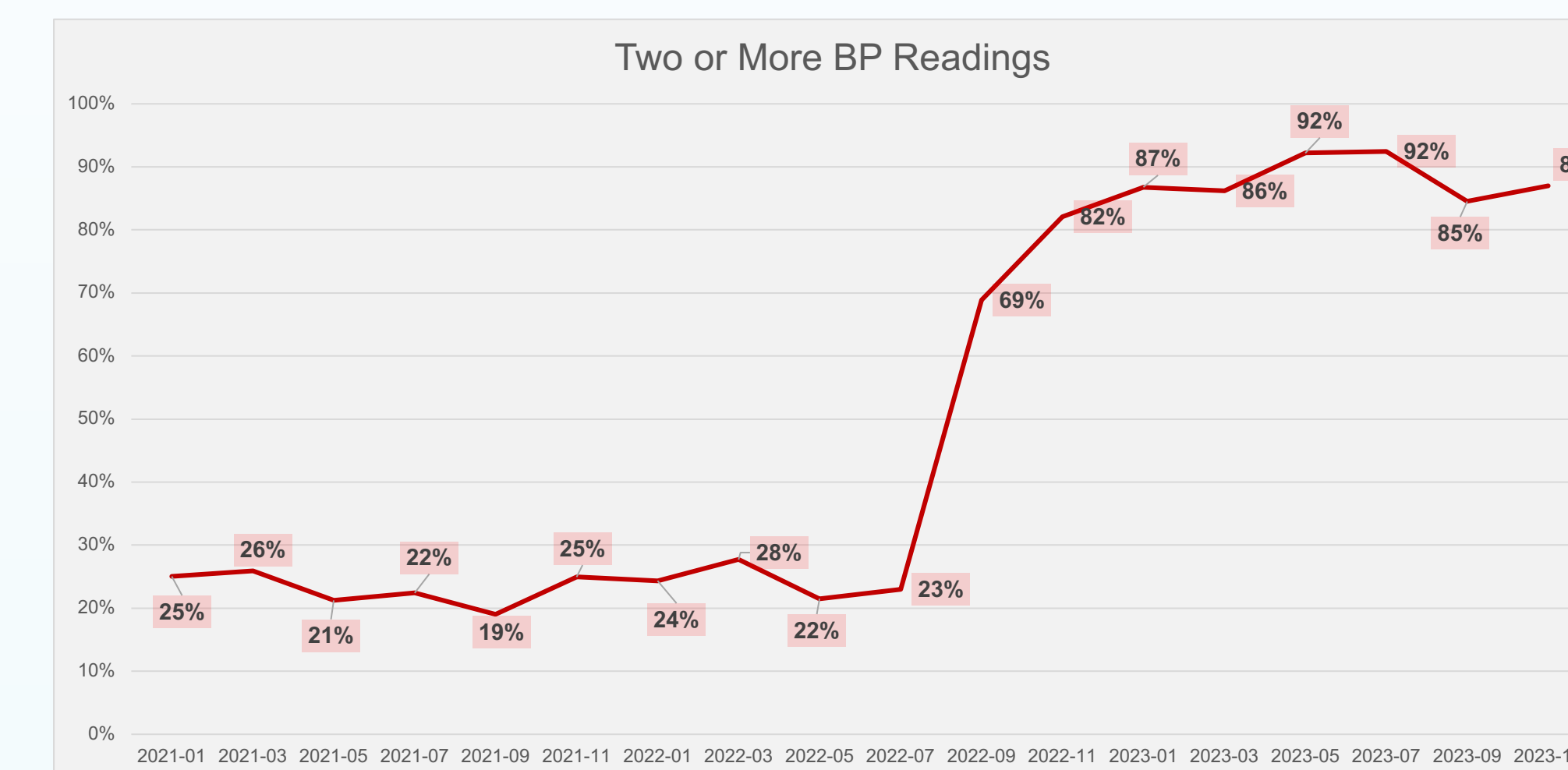
Results

Overall Outcome



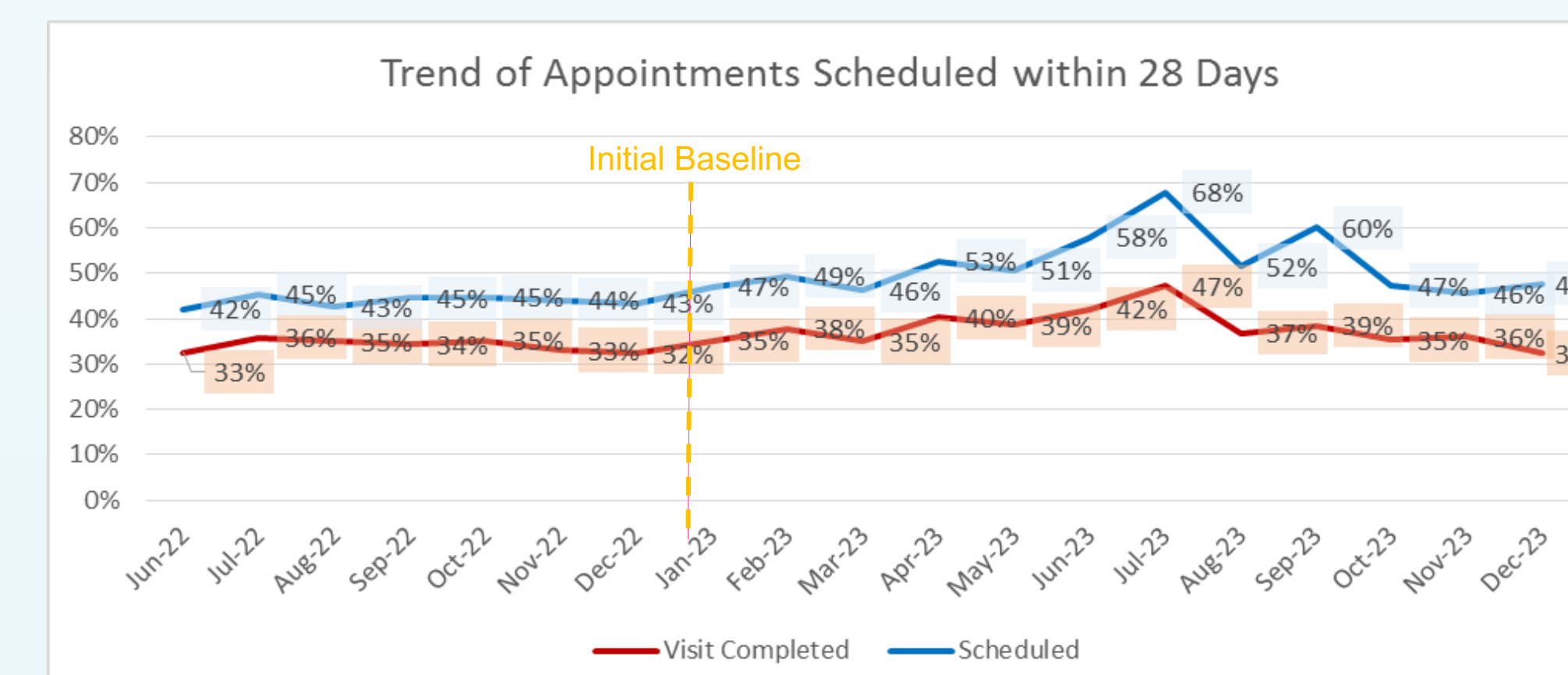
Our overall BP control rate went from 53% in 2021 to 70% in 2023- a 17% increase in control. By the end of 2023, the denominator was 7,443 patients, up slightly from 2021, when we had 7,289 patients.

Step One: Improving Accuracy



The frequency of second BP rates increased from an average of 24% in 2021 to 89% in 2023. We noticed that 32% of the initially uncontrolled readings from 2023 were actually controlled when repeated.

Step Two: Ensuring Timely Follow-Up



The two lines show the difference between patients scheduled and those who were actually seen. From June of 2022-December 2022, 44% of our patients were scheduled for a timely visit vs. an average of 52% scheduled in 2023.

RN Hypertension Visits

In 2023, we had 273 completed RN hypertension visits across the network.

Population Health Remote FNP

The population health FNP conducted 148 telehealth hypertension visits in 2023.

Step Three: Staff Education

In 2022 and 2023, 422 staff completed the informational hypertension training, including 87 nursing staff and 99 providers.

Key Lessons Learned

Implement the Best Practices of Hypertension

Each unique category of intervention has a powerful impact on BP control at a population level

- ✓ Education around proper technique, including second BP, improves BP accuracy.
- ✓ Developing infrastructure for timely follow-up for uncontrolled BP is an important intervention, especially with provider buy-in and recommendation.
- ✓ Point of care scheduling ensures the patient understands the importance and that it actually gets scheduled.
- ✓ Team based approach to BP control- involving nursing, care management, outreach and operations- dramatically improves outcomes.
- ✓ Ensuring patients have access to a home BP cuff enables telehealth visits for hypertension management.

Conclusion

Our continued goal is to improve our patient's hypertension control rate to greater than 80%, regardless of race, ethnicity or insurance status. An organized approach to addressing the key process metrics associated with hypertension control has already yielded significant improvement. We will continue to maintain attention to BP accuracy and are striving to improve timely follow-up while also increasing access to home blood pressure monitoring.

In 2024, we continue to expand access by now offering telehealth appointments from additional Fast-Track providers. We are also developing an improved Remote Blood Pressure Monitoring program to support the patients who need this extra intervention.

Acknowledgements

The CQI team focusing on hypertension control would like to give a special acknowledgement to CHN's nursing team, overseen by our Chief Medical Officer, Dr. Taisha Benjamin. Some of the main interventions- such as ensuring accuracy and conducting special RN hypertension visits- have been championed by our nursing team!