

A Team-Based Follow-Up Protocol to Improve Blood Pressure Control

Kenneth Argote, DNP, APRN, FNP-C

PROBLEM STATEMENT

- Blood pressure control (SBP <140, DBP <90) in patients with hypertension continues to be a challenge that is a major cause of death, comorbidity, and economic burden.
- Less than half of diagnosed hypertension patients have controlled blood pressure and there has not been any significant change in control over the last 10 years.
- Further implementation of quality improvement programs and continued efforts to control blood pressure in patients diagnosed with hypertension should be evaluated.

PROJECT PURPOSE

- The overall purpose of this project is to improve blood pressure control in a community-based primary care health center.
- Improved blood pressure control equates to decreased morbidity and mortality for patients
- Clinical Question - Does implementation of a hypertension follow-up protocol that incorporates a 2-week patient follow-up with a staff nurse for patients with uncontrolled blood pressure, improve blood pressure control (SBP <140, DBP <90) in a community-based primary care health center within an 8-week time frame?

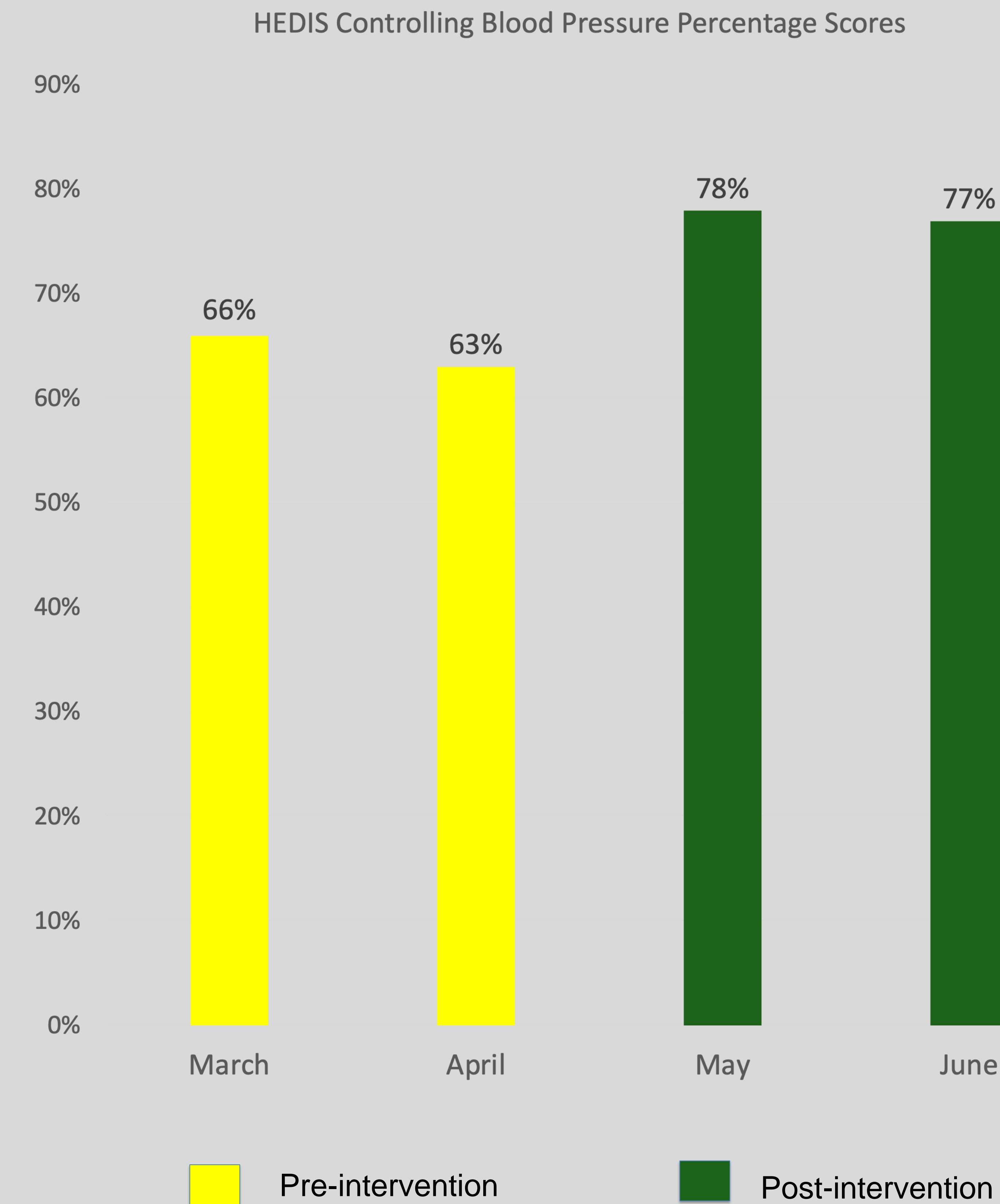
MODEL/NURSING THEORY

- This quality improvement project will practice the model Plan-Do-Study-Act (PDSA) cycle.
- The Health Promotion Model designed by Nola J. Pender was found to best guide and inform this project

METHODS

- **Subjects (Participants)** – All patients aged 18-85 with an outpatient diagnosis of hypertension will be included. Patients with end-stage renal disease, patients that are pregnant, and hospice patients will be excluded
- **Setting** - The project will take place at a primary care community health center. The community health center is a Federally Qualified Health Center (FQHC) that provides care to the underserved.
- **Instruments/Tools**
 - The percentage of uncontrolled hypertension patients will be measured at the clinical site.
 - HEDIS scores will be the tool to measure outcomes.
 - Created by the National Committee for Quality Assurance (NCQA), HEDIS measures the clinical quality performance of health plans through the collection and analysis of data documenting the clinical care received by individual plan members from providers, influenced through activities and programs delivered by the health plans
- **Intervention and Data Collection**
 - The intervention is the implementation of an evidence-based follow-up protocol for patients with uncontrolled hypertension.
 - A team-based approach will be instituted as part of the protocol where the patient will be scheduled a two-week follow-up with the staff nurse.
 - Hypertension education will be provided to the patient
 - A blood pressure log will be provided to the patient that will be brought back to the follow-up visit
 - Data will be collected over a time frame of eight weeks. Pre-intervention data will come from the previous eight weeks before the project start date

RESULTS



DISCUSSION

- The improvement of HEDIS CBP scores reveal that the clinic benefited from the follow-up protocol
- Patients response to nurse follow-ups were favorable, out of the 78 nurse visits scheduled 56 patients showed up to the follow-up visit.
- Utilization of the staff nurse to their full scope of practice can help promote patient engagement and reinforce education to reach optimal health

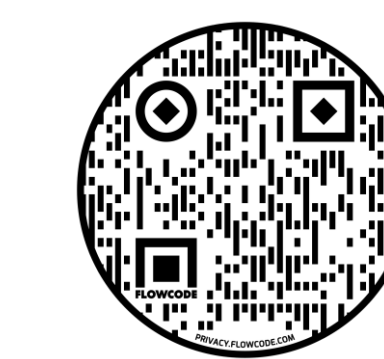
IMPLICATIONS FOR ADVANCE PRACTICE NURSING

- Nurse practitioners are at the frontline for change in primary care and are a pivotal force for ensuring positive patient outcomes. Designing a hypertension follow-up protocol promoting both closer follow-ups and the use of a team-based approach are both associated with improved blood pressure control and, in turn, improve patient outcomes.

SUSTAINABILITY

- No additional budget is needed to implement change
- No additional cost to patient for nurse visit follow-ups
- Protocol can be easily be replicated in other clinical sites
- Protocol can easily be modified to include other chronic conditions that could take advantage of closer follow-ups and managed by the staff nurse

REFERENCES



Blood pressure control improved within 8-weeks by 12% after implementation of a protocol that utilized a two-week nurse follow-up.