



The Effects of Protocol Change and Blood Pressure Control

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PURPOSE

- To improve quality metric scores for blood pressure control in a suburban, North Carolina medical office.

BACKGROUND & SIGNIFICANCE

- The office has a quality metric score of 65.4% for blood pressure control. The goal for this quality metric score is 74%.
- This project will help explore factors that influence blood pressure measurements.
- Factors include: non-adherence to BP guidelines by clinicians, patient positioning, cuff placement, white coat syndrome, and burnout.
- Per AHA guidelines, it is crucial to obtain precise blood pressure readings to properly manage hypertension (Levy et al., 2016).
- Nonadherence to guidelines may lead to inaccurate diagnosis, which can contribute to improper treatment of hypertension (Levy et al., 2016).

METHOD

- New protocol placed to guide clinical staff with proper technique when obtaining blood pressure measurements.

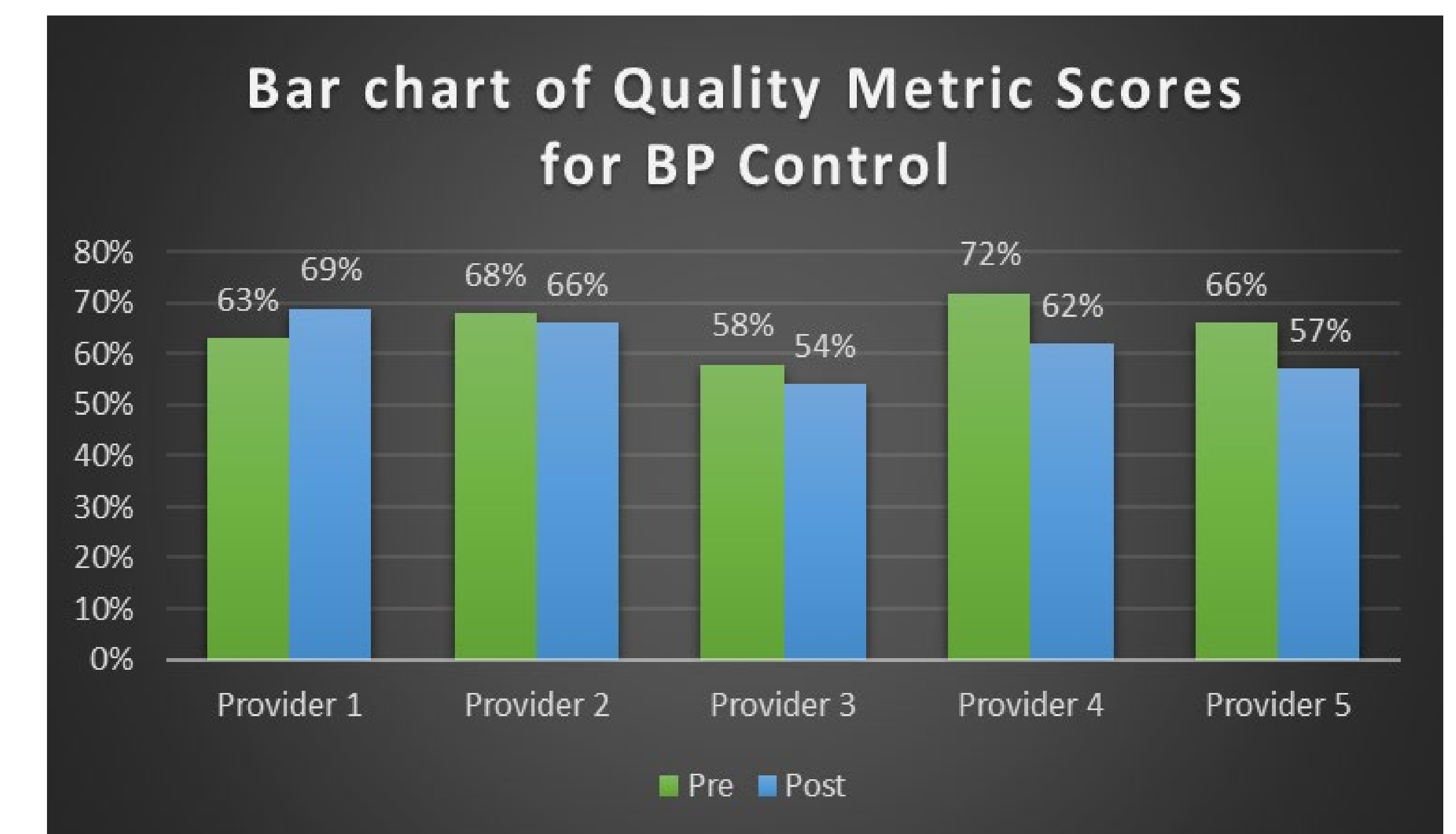
Protocol for Blood Pressure Control

1. Give patient approximately 5 minutes to rest after rooming.
2. When obtaining vital signs, measure blood pressure last. Chart vitals.
3. If the patient is hypertensive per JNC 8 guidelines (140/90), take the blood pressure again in the opposite arm.
4. Chart the second blood pressure reading.
5. If patient hypertensive after second reading, make the provider aware. Provider will re-take BP.
6. Provider to chart third reading. Include "Hypertension Education" in the AVS for patient.



RESULTS

- The pre-implementation quality metric score is the average of blood pressure control scores from the five office providers for August 2020 - October 2020.
- The post-implementation quality metric score is the average of blood pressure control scores from the five office providers for August 2021 - October 2021.



LIMITATIONS

- The major limitation within this local primary care office is non-adherence to blood pressure guidelines, which is believed to derive from underlying issues such as burnout, resulting from high turn-over rates and staffing shortage.

CONCLUSIONS

- The goal for the average blood pressure control score among the five providers was not met.
- This office's average quality metric score for blood pressure control post-implementation was 61.6%.

References

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- Morcus, R. N., Carter, K. J., Castro, F., Koirala, S., Sharma, D., & Syed, H. (2019). Sources of error in office blood pressure measurement. *The Journal of the American Board of Family Medicine*, 32(5), 732–738. Retrieved October 10, 2020, from <https://doi.org/10.3122/jabfm.2019.05.190085>