

Nurse-Led Hypertension Clinic in Primary Care

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Background

Hypertension Statistics

- ♥ 1.13 billion affected globally (WHO, 2019)
- ♥ 108 million in U.S. (CDC, 2020a)
- ♥ 90% of \$3.5 trillion annual U.S. Healthcare Expenditures (CDC, 2020b)

High Blood Pressure Redefined

- ♥ New Guidelines 130/80 (Whelton, 2018)
- ♥ **Call to Action** by U.S. Surgeon General Jerome M. Adams (HHS, 2020)
- ♥ Primary Care
- ♥ Quality and Safety Metrics
- ♥ HEDIS Hypertension: BP Control target 75%
- ♥ HTN control 72.2% at project site

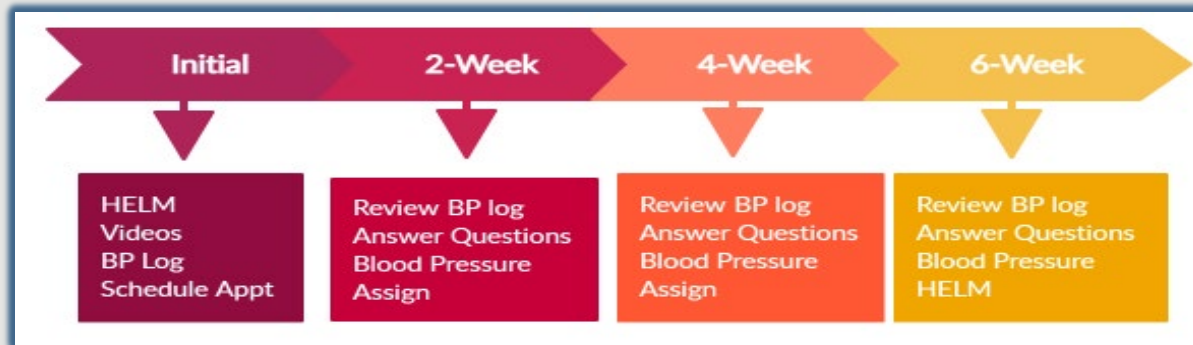
Purpose

To improve blood pressure control and knowledge related to self-management through a nurse-led hypertension clinic, focusing on education and bi-weekly follow-up.

- ♥ New diagnosis of hypertension
- ♥ Uncontrolled hypertension

Methods

Intervention: Four separate nurse visits:



Instrument:

Hypertension Evaluation of Lifestyle Management (HELM) knowledge scale

Setting:

Primary Care
16 providers (3 physicians participated)

Discussion

Nurses in Primary Care

- ♥ Improve access
- ♥ Work at top of scope

Limitations

- ♥ Small sample size
- ♥ Provider engagement

Patient Commitment

- ♥ Scheduled follow-up appointments
- ♥ Review assigned educational material

Recommendations

Standardize Hypertension Nurse Visits

- ♥ Create template
- ♥ Standardize documentation
- ♥ Create standard work

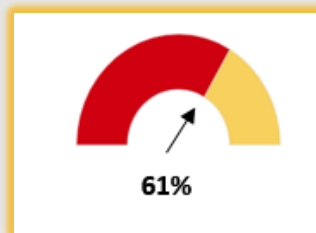
Develop Nurse-driven protocol

- ♥ Monitor BP readings
- ♥ Titrate medication
- ♥ Create order sets
- ♥ Lab monitoring (if indicated)
- ♥ Education/lifestyle modification

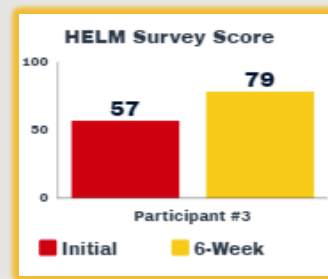
Results

HELM Knowledge scale

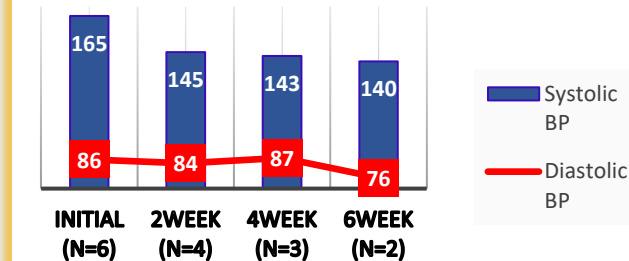
Initial Average (n=6)



6-Week (n=1)



Blood Pressure Average



References

