Creative Approach to Managing Hypertension in Primary Care

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Abstract
The metric included was the BP measurement of all patients with Diagnosis of HTN, regardless of age, to be lower than 140/90 at any time seen in the network.

Methods
- One family medicine practice with 2 providers, staff and 3,500 patients on panel.
- Ideas created by staff and providers.
- Clinical Coordinator identified patients on HTN metric on schedule ahead of time.
- Proper technique of assessing BP with staff reviewed.
- Magnets to promote High BP communication to provider.
- Sound machine, during time prior to recheck
- Breathing methods with glass of water prior to recheck
- Recheck of any BP over 140/90
- If BP still high then provider adjusted medications, lifestyle, and diet.
- Follow up appointment made for 2 weeks later.
- Process repeated until BP goal achieved.
- Quality metrics were reviewed monthly as new techniques were used to track BP levels.

Results
- Steady incline of improved BP readings with open communication from clinical staff to provider.
- Identification of patient on metric ahead of the appointment helped focus in on population in question.
- 4-7-8 breathing technique with the addition of water became the most successful component than sound machine option.
- Improving patient access to providers for appointments assisted in the improved metric.

Conclusions
A creative and aggressive hands on approach to improve HTN metric to goal percentage is necessary. Each member of the team was involved in the process and played a vital role in the success of this project. Reduction in white coat syndrome effect and anxiety in each appointment helped identify true HTN patients to be identified and manage their medications. Maintaining project in the office on a daily basis is time consuming but necessary to identify true HTN patients.

References


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