

PHASE

Preventing Heart Attacks & Strokes Everyday



Welcome to the PHASE Learning Community!

 KAISER PERMANENTE®

PHASE



PREVENTING HEART ATTACKS
& STROKES EVERY DAY

Webinar Housekeeping



1. Lines are muted.
2. Chat in questions or unmute your line by pressing *7 to ask a question (*6 to re-mute).
3. Webinar is being recorded and will be posted on the PHASE Support site. A link will be sent via email.
4. Please fill out our feedback survey at the end of the webinar



THREE-PART SERIES:
Nurse-Run Hypertension Care



Facilitated By
KATE COLWELL, MD



RECAP OF PART 1: THE CASE FOR NURSE-LED CARE & OPTIONS FOR IMPLEMENTATION

WHY NURSE-RUN HYPERTENSION CARE?

THE QUADRUPLE AIM



MODELS USED BY YOUR PHASE PEERS

Clinic	Model	Visits Schedule d w/ RN?	Face to face?	Can RN Adjust Rx?	# Visits per week	Panel/Population size per RN	Billable?	EHR
Marin Community Clinics	Co-visits with pod nurse	Yes	Yes	No	5-10	Panels of 4-5 providers	Yes because is co-visit with provider	NextGen
CommuniCare	One co-visit then phone follow-up	Provider	Warm handoff, then phone f/u	Yes, per PHASE algorithm	10	Not empaneled: RNs belong to multiple care teams	No unless coincides w/ provider visit	ECW
West County	- Care team with 1 RN for several MDs. - Case management outreach to PHASE pts 3x/year.	No	Mostly phone + in-reach	No	7	?	No unless coincides w/ provider visit	ECW
San Francisco Health Network	- Standard work for RNs. - Some co-visits with PharmD. MD or pharmacists sign off to alter meds	Yes	Face to face	Yes	Varies & decided by clinic	Not empaneled	No unless coincides w/ provider visit	ECW
Alameda	- PCP referral to nurse paired with PharmD in each clinic. - Nursing notes sent to PCP.	Yes	Warm handoff; schedule face-to-face or phone	Yes	? - RNs seeing multiple types of patients	Not empaneled	No unless coincides w/ provider visit	NextGen

01

THE CASE FOR NURSE LED CARE &
OPTIONS FOR IMPLEMENTATION

02

**DEVELOPING THE GUIDELINES
AND PROCEDURES**

Today!

03

**MOVING TO ACTION:
TRAINING & IMPLEMENTATION**

May 16, 12-1pm

**MAYBE
START
SMALL, BUT
START
SOMEWHERE**





BRANDON BETTENCOURT, RN

Director of Quality Improvement

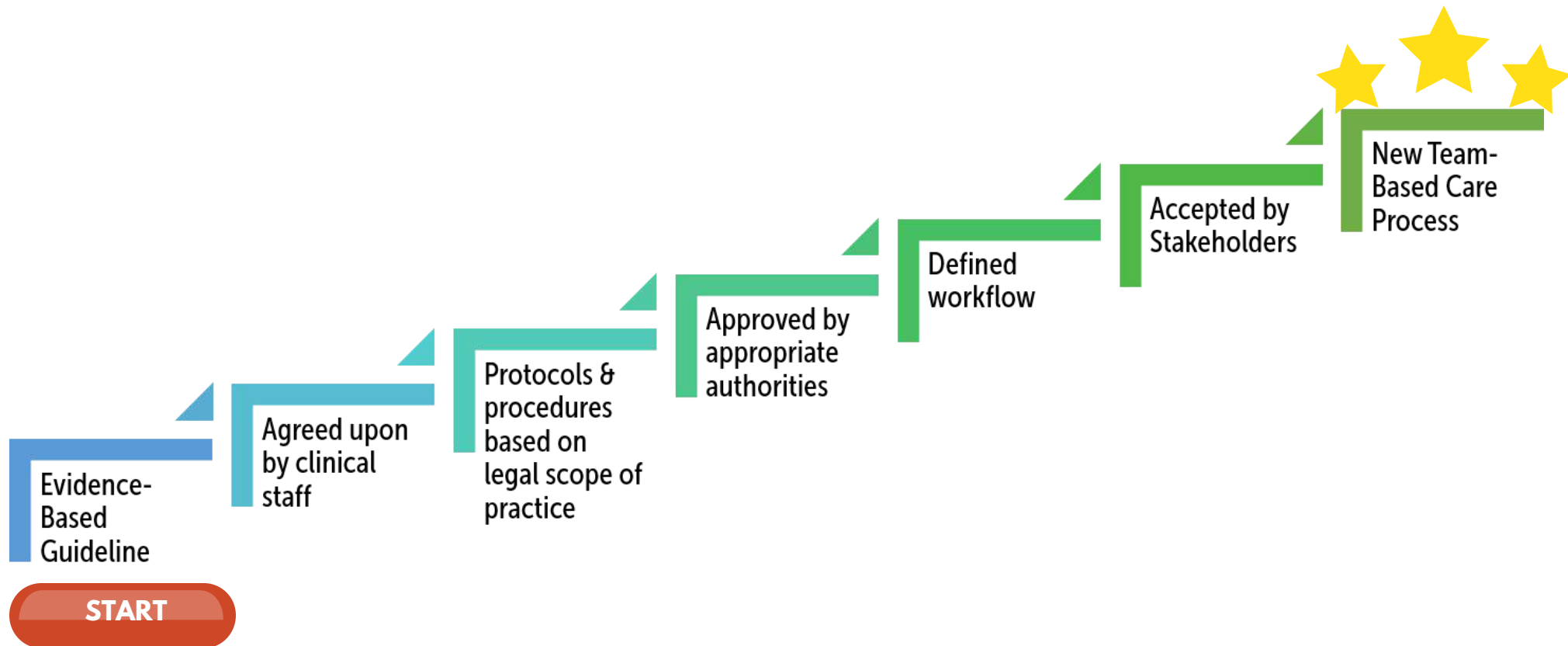
Model: MAs Check BP and Improve

Access for HTN Care

EHR System: eClinicalWorks



NEW CARE TEAM PROCESS



GUIDELINES BASED ON BEST CURRENT EVIDENCE

- 2014 Joint National Committee on Hypertension
- 2017 American College of Cardiology/American Heart Association Clinical Practice Guideline for High Blood Pressure in Adults



BP Goals¹

Population	Conventional	AOBP Avg ²
18 - 59 yrs and/or DM, 18+, and/or CKD ³ , 18+	≤ 139 / 89 mm Hg	≤ 134 / 84 mm Hg
≥ 60 yrs w/out DM or CKD	≤ 149 / 89 mm Hg	≤ 144 / 84 mm Hg

If BP above goal

Start ACEI+Diuretic

Lisinopril - HCTZ

20 - 25mg
½ → 1 → 2 tabs daily

See CAUTION/INFO: **verify contraception** & eGFR.
Titrate to BP goal.

Optional: Replace ACEI w/ ARB if ACEI intolerant

Losartan

25mg daily → 25mg twice daily → 50mg twice daily
Titrate to BP goal.

Add Calcium Channel Blocker

Amlodipine

2.5 → 5 → 10mg daily
Titrate to BP goal.

Replace HCTZ w/ Chlorthalidone

Chlorthalidone

25mg daily
Titrate to BP goal.

Add Spironolactone*

Spironolactone

12.5 → 25mg daily

*If on thiazide AND eGFR ≥ 60 AND K < 4.5

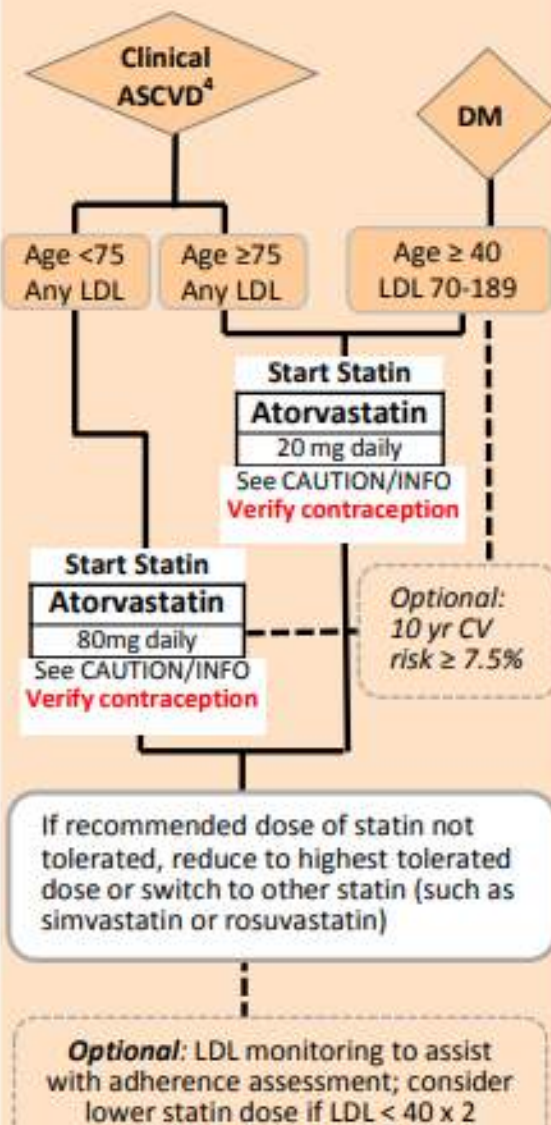
Statin Goals

Atorvastatin 40-80 mg:

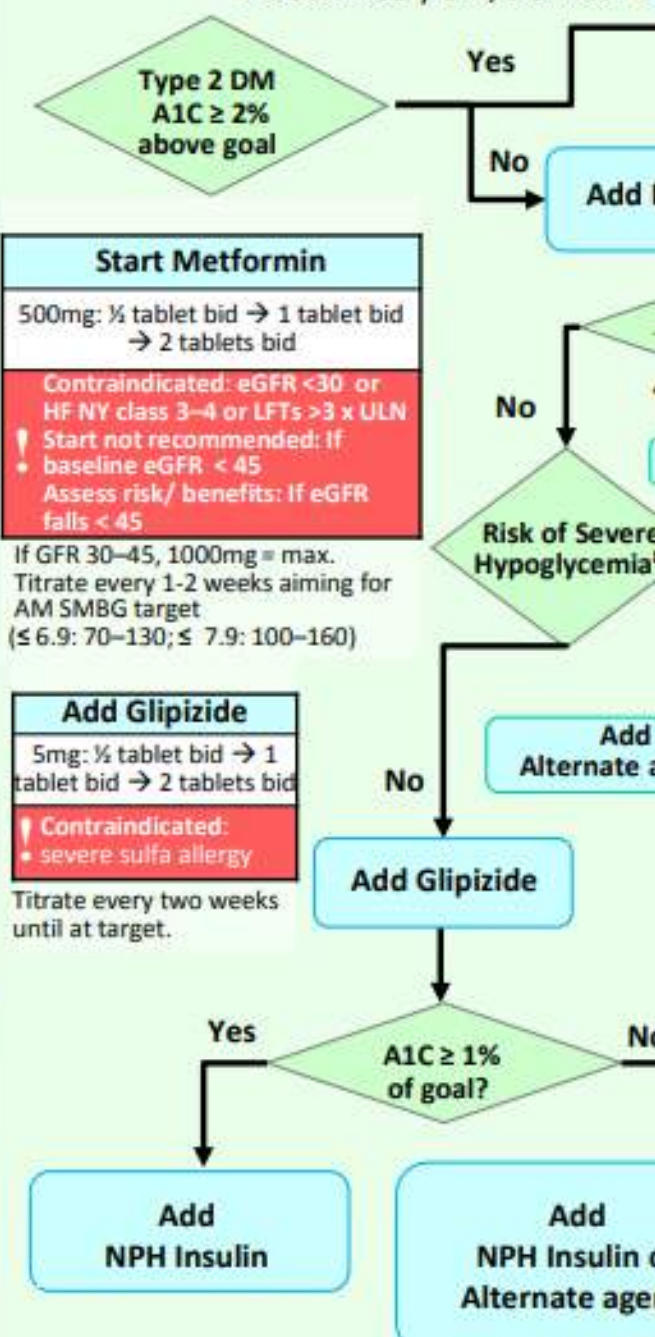
- Clinical ASCVD⁵ Age < 75 + any LDL

Atorvastatin 10-20 mg:

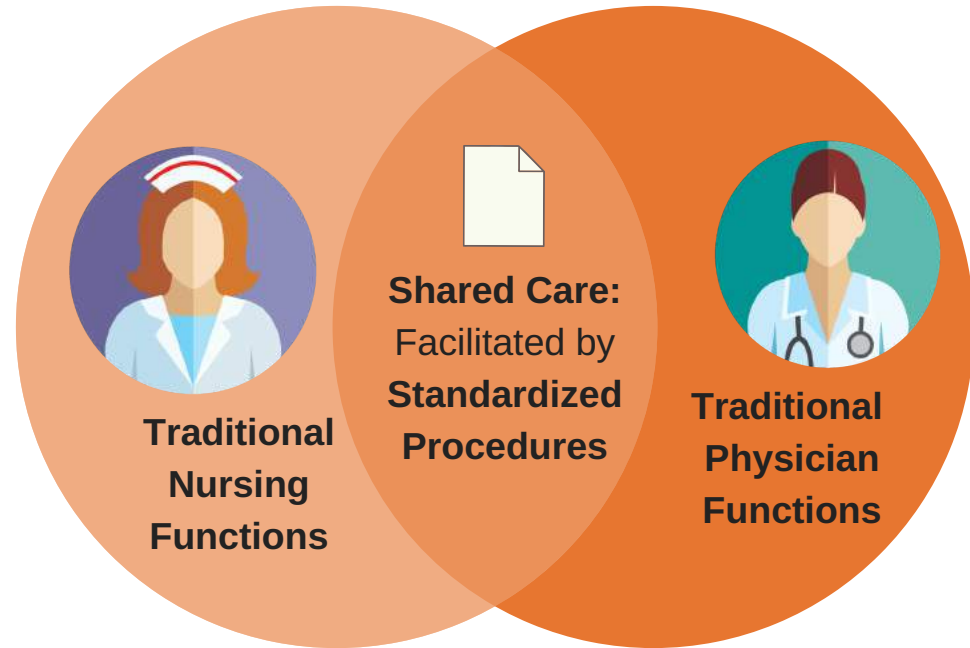
- Clinical ASCVD Age ≥ 75 + any LDL
- DM: Age ≥ 40 + LDL 70-189



A1c Goals ≤ 7.9%: ≥ 65 yrs or clinical fact
≤ 6.9%: < 65 yrs w/o clinical fact



PROTOCOLS, STANDARDIZED PROCEDURES AND SCOPE OF PRACTICE



Nursing Scope of
Practice mostly
defined in **California
Business & Professions
Code 2725**

Nurses taking on functions
traditionally done by MDs **work under
standardized procedures.**

DON'T READ THIS.

1474. Standardized Procedure Guidelines.

16 CA ADC § 1474 BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness Title 16. Professional and Vocational Regulations Division 14. Board of Registered Nursing Article 7. Standardized Procedure Guidelines

16 CCR § 1474

§ 1474. Standardized Procedure Guidelines.

Following are the standardized procedure guidelines jointly promulgated by the Medical Board of California and by the Board of Registered Nursing:

(a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.

(b) Each standardized procedure shall:

(1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.

(2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.

(3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.

(4) Specify any experience, training, and/or education requirements for performance of standardized procedure functions.

(5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

(6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.

(7) Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.

(8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.

(9) State the limitations on settings, if any, in which standardized procedure functions may be performed.

(10) Specify patient record keeping requirements.

(11) Provide for a method of periodic review of the standardized procedures.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Section 2725, Business and Professions Code.

Alameda Health System

STANDARDIZED PROCEDURE: TITRATING MEDICATIONS IN ADULT PRIMARY CARE

<i>Department</i>	Ambulatory Health Care Services	<i>Effective Date</i>
<i>Campus</i>	All	<i>Date Revised</i>
<i>Unit</i>	Adult Primary Care Clinics	<i>Next Scheduled</i>
<i>Manual</i>	Ambulatory Health Care Services	<i>Author</i>
<i>Replaces the following Policies:</i>		<i>Responsible Per</i>

Printed copies are for reference only. Please refer to electronic version.

Purpose

This protocol describes the functions, which may be performed by a Clinical Nurse II/III/IV in managing uncomplicated hypertension in the Adult Primary Care Clinics.

Definitions and Criteria

1. Hypertension: Patients who have been diagnosed by a physician with systolic / diastolic blood pressure levels above 139/89 mmHg and older than 60 years without Diabetes or Chronic Kidney Disease.
2. Uncomplicated hypertension is hypertension without any of the following morbidities: Coronary Artery Disease, Stage 4 Chronic Kidney Disease, Heart Failure, or pregnancy.
3. ACEI is Angiotensin Converting Enzyme Inhibitors and ARB is Angiotensin Receptor Blockers. Examples of ACEI are Benazepril, Enalapril, Fosinopril, and Lisinopril. Examples of ARB are Losartan, Valsartan, and Irbesartan. Thiazide diuretics include Hydrochlorothiazide, Chlorthalidone, and Metolazone, but not Furosemide. All medications included in this protocol.
4. Provider is physician, physician assistant or nurse practitioner.

Treatment Goal

ALAMEDA HEALTH SYSTEM'S INCLUSION / EXCLUSION CRITERIA

1. Uncomplicated hypertension and hypertension with stage 1-3 chronic kidney disease, diabetes mellitus, stroke, or transient ischemic attack
2. Adult, aged 18 and older
3. May be on other anti-hypertensive medications other than those listed which will not be titrated.
4. Referring provider is responsible for initiating Hydrochlorothiazide, Lisinopril, Lisinopril/Hydrochlorothiazide, or Amlodipine.
5. Referring provider is responsible for ordering serum sodium, potassium and serum creatinine within 2 weeks of starting an ACEI or thiazide.
6. Exclusion criteria: Coronary artery disease, stage 4 or 5 chronic kidney disease, heart failure, or pregnancy.



SCOPE OF PRACTICE FOR NURSES AND PHARMACISTS



**ERIC MAHONE,
PHARMD**

Clinical Pharmacy
Manager – Ambulatory
Care

- **Model:** PCP referral to nurse paired with PharmD in each clinic. Nursing notes sent to PCP.
- **Scheduled with RN:** Yes
- **Face-to-Face?:** Warm hand-off + scheduled face-to-face or phone
- **Adjust Meds:** Yes
- **Visits/Week:** Uncertain - RNs see multiple patient types
- **Billable:** No, unless visit coincides with provider visit.
- **Empanelled:** No
- **EHR:** NextGen



SCOPE OF PRACTICE FOR NURSES AND PHARMACISTS



LUCRETIA MAAS, FNP
Director of Nursing

Model: One co-visit then phone follow-up

Scheduled with RN: Yes

Face-to-Face?: Warm handoff, then mostly phone follow-up

Adjust Meds: Yes, per PHASE algorithm

Visits/Week: 10

Billable: No, unless visit coincides with provider visit.

Empanelled: No, RNs belong to multiple care teams.

EHR: eCW

GETTING OPERATIONAL APPROVAL FOR YOUR PROGRAM

APPROVAL FACTORS:



Financial
Considerations



Nursing
Role



Medical
Considerations



Strategy

GET BUY IN
FROM...

COO
AND/OR
CFO

CNO

CMO

CEO

GETTING LEGAL APPROVAL FOR YOUR PROGRAM



Hospital-Based System

- Hospital System Interdisciplinary Practice Committee
- Medical Executive Committee
- Possibly quality or other committees



Community Health Centers

- Community Clinic Board
- Others per governance bylaws



LEGAL ISSUES: SCOPE OF PRACTICE AND GETTING APPROVAL IN YOUR SYSTEM

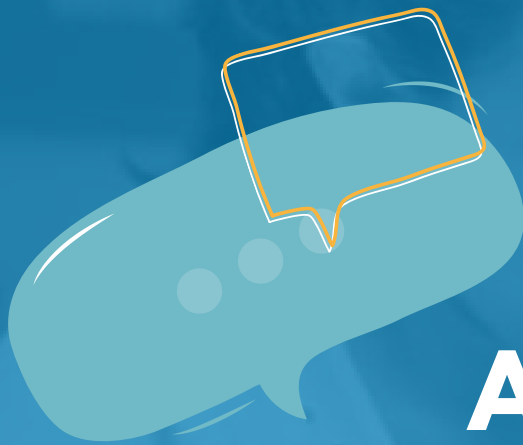


ALAMEDA
HEALTH SYSTEM

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LEGAL ISSUES: SCOPE OF PRACTICE AND GETTING APPROVAL IN YOUR SYSTEM



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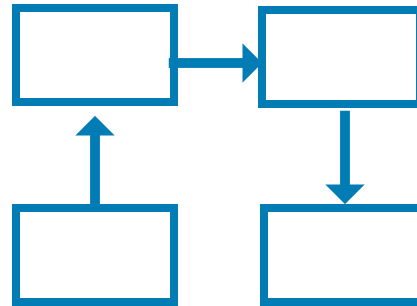
EHR: eCW

WORKFLOW DEVELOPMENT

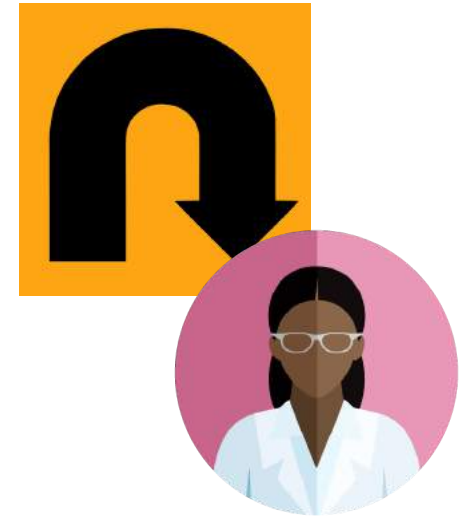
Workflows needed:



CRITERIA AND
WORKFLOW FOR
REFERRAL TO RN
VISIT

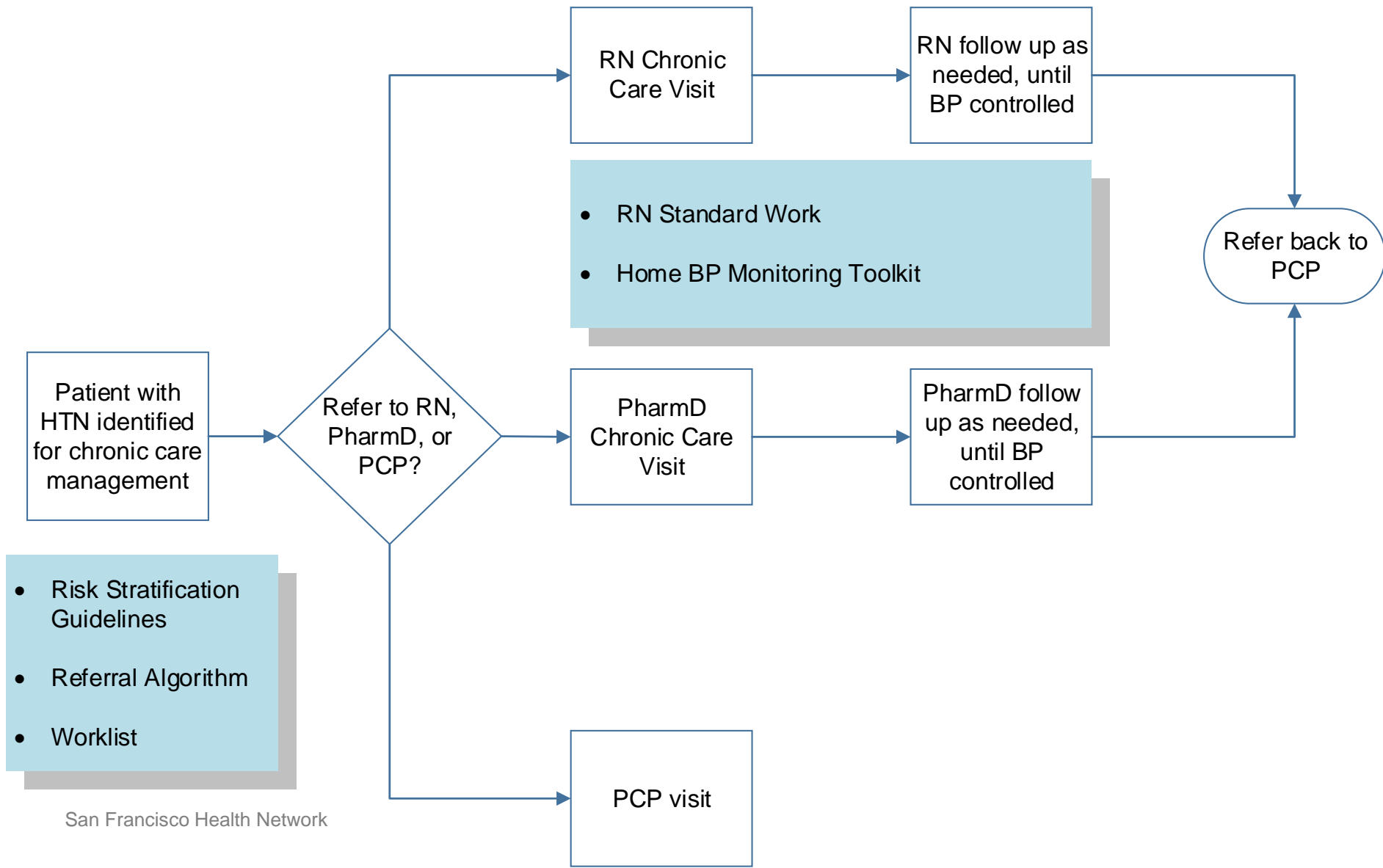


WORKFLOW
FOR THE RN
VISIT

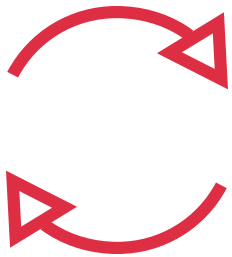


CRITERIA FOR
DISCHARGE AND
RETURN TO
CLINICIAN

Chronic Care Visit – high level workflow



BUY-IN = CHANGE MANAGEMENT



RIGHT
CHANGE



RIGHT
PEOPLE

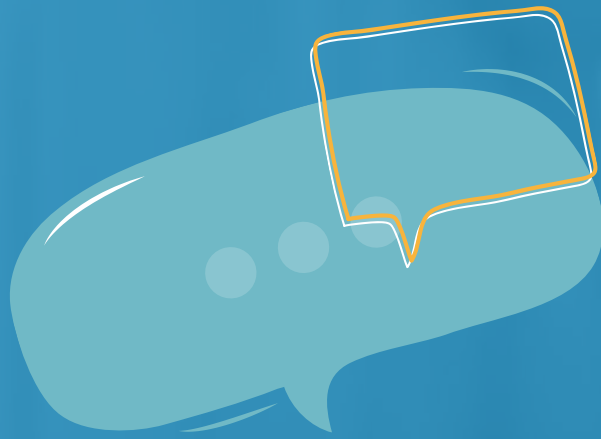


RIGHT
MESSAGE



RIGHT
TIME





GETTING NURSE PARTICIPATION



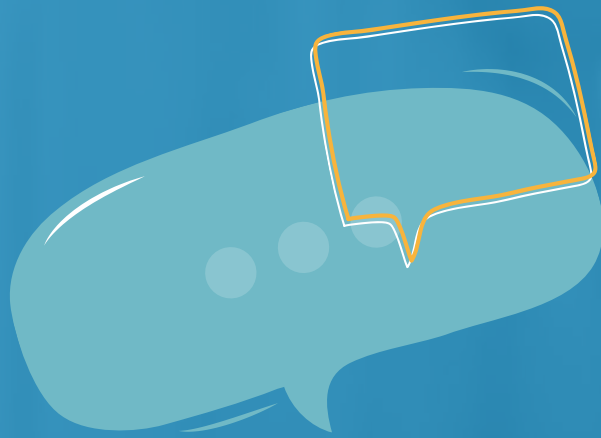
San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

JUDITH SANSONE,
RN, MS

Director of Nursing,
Primary Care

- **Model:** Standard work for RNs. Some co-visits with Pharm D. MD or pharmacists sign off to alter meds.
- **Scheduled with RN:** Yes
- **Face-to-Face?:** Yes
- **Adjust Meds:** Yes
- **Visits/Week:** Varies & decided by clinics
- **Billable:** No, unless visit coincides with provider visit.
- **Empanelled:** No
- **EHR:** eCW



GETTING NURSE PARTICIPATION



**ADRIENNE
GIAMPAOLI, RN**

Quality Improvement
Nurse

- **Model:** Co-visits with pod nurse
- **Scheduled with RN:** No, scheduled with Provider
- **Face-to-Face?:** Yes
- **Adjust Meds:** No
- **Visits/Week:** 5-10
- **Billable:** Yes, co-visit is with provider
- **Empanelled:** Yes
- **Panel Size:** 4-5 providers
- **EHR:** NextGen



GETTING PHYSICIAN BUY-IN



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

ELLEN CHEN, MD

Primary Care Director of
Population Health and
Quality

- **Model:** Standard work for RNs. Some co-visits with Pharm D. MD or pharmacists sign off to alter meds.
- **Scheduled with RN:** Yes
- **Face-to-Face?:** Yes
- **Adjust Meds:** Yes
- **Visits/Week:** Varies & decided by clinics
- **Billable:** No, unless visit coincides with provider visit.
- **Empanelled:** No
- **EHR:** eCW



GETTING PHYSICIAN BUY-IN

- **TIME** to discuss and agree on clinical evidence re HTN protocol(incl. CME)
- **DATA** for improvement
- **PROVIDER EDUCATION** about RN education
- **TIME** to build relationships and trust
- **SYSTEM PROTOCOLS** for referral and communication within team
- **CLEAR EXPECTATIONS** of professionalism & communication with team

GETTING PATIENT BUY-IN



San Francisco
Health Network

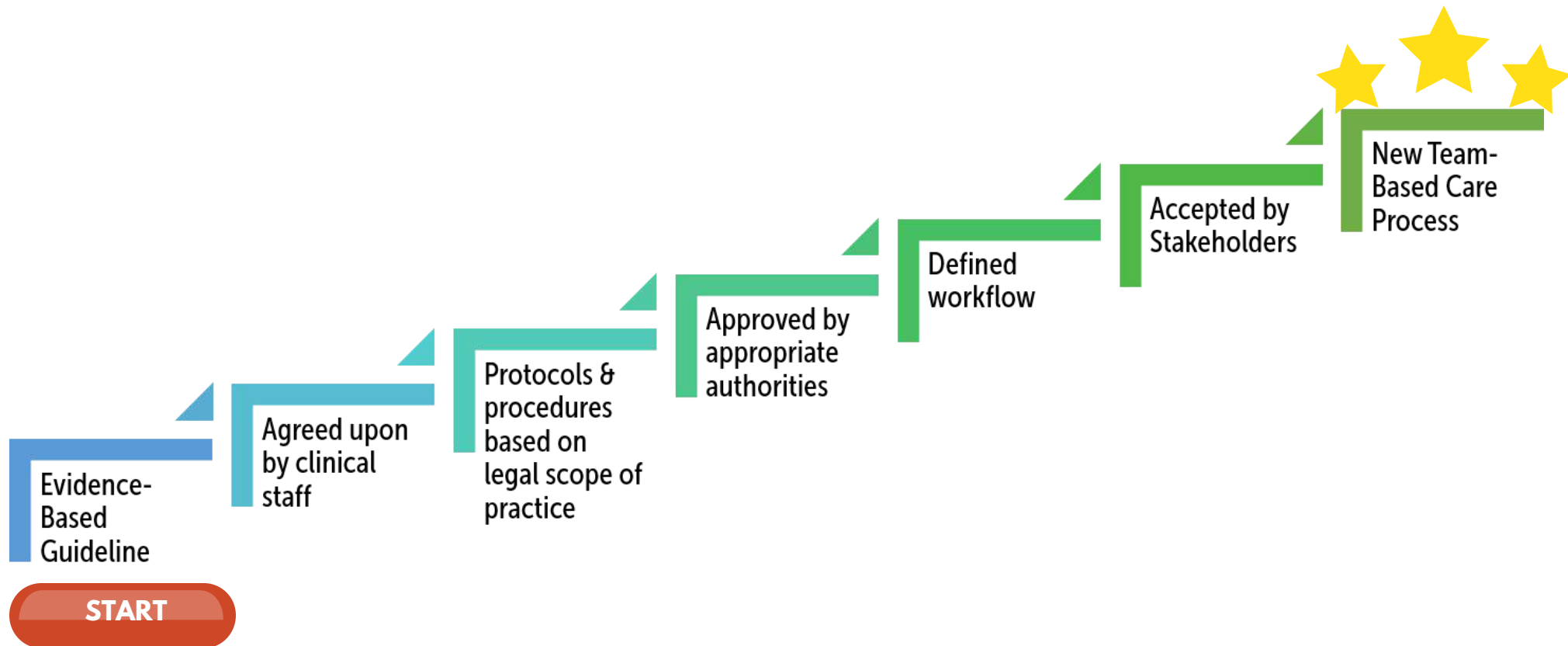
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WHERE ARE YOU IN THIS PROCESS?



Q&A: YOUR TURN



Today, presenters will answer questions about
Scope of Practice, Approval, Workflow, &
Buy-In Issues

Final Thoughts

Thank you!

Questions? Contact:

SA Kushinka
Program Director
sa@careinnovations.org

Angela Liu
Program Coordinator
angela@careinnovations.org

Please
remember to fill
out the post
webinar brief
survey!!



KAISER PERMANENTE®

PHASE

PREVENTING HEART ATTACKS
& STROKES EVERY DAY





Save the date!

In-Person PHASE Convening

Tuesday, June 5 | DoubleTree, Berkeley Marina



References for Guidelines and Scientific Information

- UpToDate <https://www.uptodate.com/home>
- Cochrane Database of Systemic Reviews
<http://www.cochranelibrary.com/cochrane-database-of-systematic-reviews/index.html>
- National Guideline Clearinghouse
<https://www.guideline.gov/>
- JAMA network Hypertension Guidelines
<https://sites.jamanetwork.com/jnc8/>
- ACC/AHA 2017 Guidelines
<https://jamanetwork.com/journals/jama/article-abstract/2664350?redirect=true>
- JNC 8 2014
<https://jamanetwork.com/journals/jama/fullarticle/1791497>

References for Protocols and Team Roles

- Nursing Practice

https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=6.&article=2.

- Standardized procedure guidelines

[https://govt.westlaw.com/calregs/Document/IB5F41390D48E11DEBC02831C6D6C108E?originationContext=document&transitionType=StatuteNavigator&needToInjectTerms=False&viewType=FullText&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB5F41390D48E11DEBC02831C6D6C108E?originationContext=document&transitionType=StatuteNavigator&needToInjectTerms=False&viewType=FullText&contextData=(sc.Default))

- Standing orders versus specific orders re MAs

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=2069.&lawCode=BPC

Standing orders and Team care

https://www.careinnovations.org/wp-content/uploads/2017/12/8_Standing_Orders_CP3_Toolkit.pdf

<https://www.careinnovations.org/wp-content/uploads/2017/11/cp3-july-21-training-slides.pdf>

ACCESSING RESOURCES DISCUSSED IN THIS SERIES



Serving Sonoma, Napa, Marin & Yolo Counties

- **RCHC's RN Standardized Procedures Templates:**

<https://www.rchc.net/POPULATION-HEALTH/EVIDENCE-BASED-CARE/>



- **AHS RN Standardized Procedure for Medication Titration**

https://phasesupport.files.wordpress.com/2017/12/standardized-procedure-_htn.pdf

- **AHS Nursing Standardized Procedure Training**

<https://phasesupport.files.wordpress.com/2017/12/nursing-standardized-procedure-training-htn.pptx>

Or, go to PHASEsupport.org Resource Hub > Protocols & Change Packages:

<https://www.careinnovations.org/phasesupport/resources/#protocols>