

Chronic Care HTN Home Monitoring Pilot – RN/PharmD Standard Work

Overview:

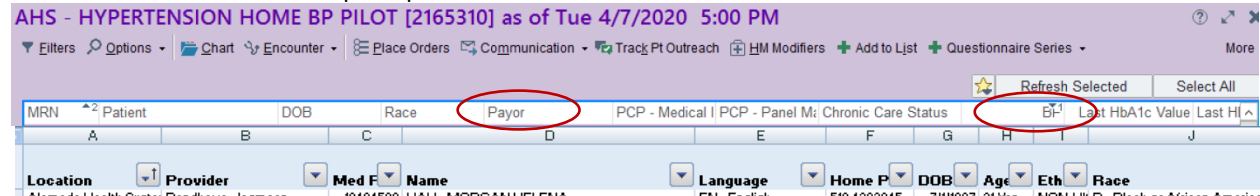
There will be three phases to the home BP pilot.

- Phase one: outreach to patients whose blood pressure was >140/90 at last clinic visit who also have diabetes and have had some contact with chronic care. During this outreach the MA will facilitate BP cuff ordering and arrangement of follow up. Part of phase one will include instruction on how to take BPs at home and anticipatory guidance.
- Phase two: regular telephone visits where BPs logs are reviewed with the patient and medications are titrated.
- Phase three: in-person follow-up to validate home BP results and lab draw

Phase One:

Chronic Care MA's will conduct outreach by using the following spreadsheet, titled AHS* Hypertension Home BP Pilot.

Below is a screenshot of the report spreadsheet.



Please see Chronic Care MA's standard work for BP pilot for more details.

Initial Visit:

All patients will be scheduled for an in-person visit OR telephone visit with a patient to instruct them on how to use the BP cuff. Content will be the same. When patients are arriving for in person appointments, they will be picking up their BP cuff at the same time.

In-Person: due to staffing issues will occur with the in-clinic RN. Visit reason will be **"BP Pilot Pickup."**

Telephone visit: will occur with any patient who either has a BP cuff or who will receive an ordered BP cuff. Visit reason will be **"BP Pilot New."**

Content of the visit:

- 1) RN/PharmD will review how to take a blood pressure
- 2) **Pt will be told to check BP in non-dominant arm two times in the morning (before taking medication) and two times in the evening and record the numbers on a log. Patient may record pulse as well.**
- 3) **Patient should be instructed to do the following when taking BP:**
 - a. No smoking or nicotine 15-30 minutes before taking blood pressure.
 - b. No caffeinated beverages one hour before taking blood pressure.
 - c. Rest for 5 minutes before taking blood pressure.
 - d. Sit up straight with the back supported. The arm should be supported so the elbow is just below heart level.
 - e. Never cross the legs when measuring blood pressure.
 - f. Do not talk while measuring blood pressure.
- 4) Anticipatory Guidance will be given for signs of hypertensive urgency and will be instructed to call the clinic or present to the ED if this occurs. Patients with regular asymptomatic BPs >180/100 will be instructed to have in person follow up in clinic within 24 hours.

- 5) At the end of the visit, the patient will be provided supportive documents. For patients who have access to MyChart, patient will be given educational information via HTN dot phrase (.CCCHTNPILOTPTED) which will include a video from the AMA which shows patients how to correctly take their BP. The patient will also be given a BP log or instructed to record BPs on a piece of paper

Anticipatory Guidance:

Patients reporting the following symptoms accompanying an elevated blood pressure reading should be sent to the ED:

- Visual disturbances
- Chest pain
- Shortness of Breath
- Edema
- Dizziness
- Headache
- Confusion or other neurologic symptoms (trouble with speech, facial or one-sided numbness)

Consult with a physician for any symptoms concerning for hypertensive emergency or blood pressure readings >200/110 mmHg.

Phase Two:

During this period, patients will have 2 regular follow up visits via telephone to review BP averages and titrate medication. These visits will occur every 1-2 weeks. The RN/PharmD will titrate medications based on the algorithm attached. Visit reason will be “**BP Pilot FU.**”

In cases where titration is unclear, the provider should send a consult to the PCP or Natalie Curtis.

For patients who miss an appointment, the chronic care MA will reschedule per the same protocol as missed regular CCC appointments.

Phase Three:

After about 6-8 weeks of med titration, patients will be brought back to the clinic for follow up. At this point the patient will have an in-person BP visit with an RN and have a venipuncture for lab draw if indicated. Depending on the status of COVID19, this appointment will either be scheduled with an in-clinic RN or with one of the chronic care team.

Documentation:

Please document within the outreach sheet. Please be sure to document the following:

- 1) If the patient had a cuff at the time of the visit
- 2) Average BP and the date of the BP check appointment
- 3) Any notes/comments

Tracking should be done in the workbench report (MA will be doing this). Outcomes of the outreach can be done on the sharepoint Excel sheet for QIP. Please contact Natalie if you cannot access the sharepoint:

References:

- 1) Standard Nurse Protocol for Primary Hypertension in Adults. Department of Public Health Nurse Protocols for Registered Professional Nurses, Georgia. 2015.
- 2) Ripley TL, Barbato A. Hypertension. PSAP 2019 Book 1. 12, 2018.
https://www.accp.com/docs/bookstore/psap/p2019b1_sample.pdf

