

The Journey to Plank 8: “All Specialists Intervene with Patients Not In Control”

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**Measure Up
Pressure Down**

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Spoiler Alert:



We're still on the
journey, too!

Our Roadmap

- It all begins with physician champions...
 - 2006: Dr. Tony Wooley (Internal Medicine) began study of blood pressure measurement
 - Concluded blood pressures taken more than once, and later in the visit, were more likely to be classified “in control”
 - 30-40% of patients classified as uncontrolled by usual practice prove to be controlled by automated mean BP
 - We had no defined “standard” for blood pressure measurement

Our Roadmap

- Primary Care defines the standard work

Sequence (Order in which tasks occur)	(Brief summary of task)	
1.	Perform initial blood pressure measurement at the end of the rooming process. Patient should: <ul style="list-style-type: none">• be seated and should not cross legs• not talk during measurement• not have any clothing between the BP cuff and the arm• Use the patient's same arm for each BP reading• Have their arm supported or allowed to rest on a solid surface so the inner aspect of the bend of the elbow is level with the heart	10 seconds

Our Roadmap

6.	Follow Standard Work for <u>automated Omron BP measurement</u> if initial BP above target: <ul style="list-style-type: none">• <u>Systolic 140 or above</u>• <u>Diastolic 90 or above</u> <i><u>For Diabetes patient</u></i> <ul style="list-style-type: none">• <u>Systolic 130 or above</u>• <u>Diastolic 80 or above</u>	0 seconds
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A Couple of People Take Detours...

- In 2010...
 - Amber joined Specialty Services as Quality Improvement Director
 - Dan joined Quality Improvement as Senior Medical Director



And start asking questions.



- Do our specialty teams have a standard process for blood pressure measurement?
- Do they take responsibility for blood pressures that are out of good control?
- How do they hand off patients to the right person if not?

It comes full circle...

- To passionate physician champions!
 - Dr. David Homans, Cardiology (Service Line Chief)
 - Dr. Richard Moore, Nephrology (Department Chair)
 - Invited further conversation about Primary Care's process; expressed interest in standardizing further and championed with other specialty departments

The difference in principle and practice

- Specialty departments agreed standardized measurement of blood pressure is a great idea.
- Not all of them felt comfortable with the management of blood pressure.

“I feel comfortable measuring and managing blood pressure.”

Cardiology

Nephrology

“I am fine with measuring blood pressure in a standardized way, but don't feel comfortable managing it!”

Oncology


Rheumatology

“Blood pressure doesn't have relevant application to my practice.”

Dermatology

Radiology

Specialties defines a process

 Park Nicollet	Process: Specialty Services Out of Range BP Role(s) performing tasks: RN/LPN/MA		
	Location: All		Department: Specialty Services
WORK STANDARD DRAFT	Document Owner: Specialty Services Leadership		Date Prepared: 1/4/12
	Date 1st Approved: mm/dd/yyyy	Date Last Reviewed: mm/dd/yyyy	Date Last Revised: mm/dd/yyyy
	Work Standard Summary: (Required) Specialty Services will follow the following Work Standard for patients between the ages of 18 – 85 years who have an out of range blood pressure.		
Essential Tasks:			
1.	An initial blood pressure is taken manually on patients for whom it is indicated. If initial blood pressure is greater than 140/90, follow Automatic Omron Blood Pressure Measurement Standard Work .		
2.	For patients between the ages of 18 – 85 with an average blood pressure greater than 140/90, the clinical staff will need to treat the Hypertension or refer the patient to their primary care provider with a message to the PCP via phone messaging. If the patient's treating PCP is outside of Park Nicollet, documentation of patient education/communication to follow up with their PCP is needed in the EMR. <ul style="list-style-type: none"> • Departments managing Hypertension: Adult Endo, Peds Endo, Cardiology, Nephrology, Struthers, Infectious Disease HIV patient population • Departments not managing Hypertension: Oncology, Asthma and Allergy, Gastroenterology, Neurology, Pulmonary, Rheumatology, and PM&R 		

The fork in the road...

- What happens with patients who have a high blood pressure reading in a measure, but don't manage department?
- Initial proposal – Electronic messaging to primary care. Met with concern due to volume of messaging typically received.
- This conversation first occurred while we were still using a previous medical record.

Where we are today

- Formal process of communication for departments who measure but don't manage is not yet standardized
 - Informal mechanisms (sending a message, making a phone call, referring patient to a followup appt with primary care provider) exist
- Some departments (Dermatology) still do not measure. Meaningful Use and pay-for-performance measures may increasingly drive us to seek their participation in this as well.

Appendix



Standard Work:
Primary Care BP Measur



Standard Work:
Using Omron



Standard Work:
Specialties Process



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