HYPERTENSION SCREENING AND REFERRAL

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On my honor, I pledge that I have neither given nor received any unauthorized assistance on this paper. 04/09/2023
Abstract

Background and Purpose: Hypertension surveillance and intervention are essential in preventing chronic disease progression and burden, particularly in adults with risk factors. Hypertension is a leading cause of preventable premature deaths, with significant health and economic burdens. Routine screening and intervention can mitigate comorbidities. Access to primary care providers in rural communities needs more care resources. This quality improvement project aimed to implement routine screening as part of regular practice to increase the rate of hypertension diagnosis and care coordination.

Methods: This project used a pre-post design survey to compare hypertension screening and care coordination of adult patients at baseline and post-intervention in an outpatient clinic in the midwestern region of the United States. The intervention comprised in-person staff training on accurate blood pressure measurement and documentation. Post-intervention survey was used to determine staff participant adherence. The survey was a validated tool measuring consistency in hypertension screening adherence to improve the rate of hypertension diagnosis.

Results: Seventy-six participants met the inclusion criteria. All participants completed the post-implementation survey. A major organizational restructuring affected the pre-implementation survey. However, the results show no major clinical significance in blood pressure measurements post-implementation.

Conclusion: Findings suggest that an intervention to increase hypertension surveillance in early screening for barriers of asymptomatic patients is essential in improving hypertension management. Outpatient clinics must increase the conversation on chronic disease management and create multi-disciplinary care coordination beyond the clinic diagnosis of hypertension for improved health outcomes.

Implications: Project data shows a considerable improvement in hypertension diagnosis post-implementation. However, no major clinically significant change in blood pressure measurements post-implementation. Prospective studies would include race, gender, and ethnicity classifications, consequently showing that risk stratification influences health and contributes to mitigating disease progression.

Keywords: Hypertension, screening adherence, barriers, intervention, outpatient clinics