Studies show that hypertension surveillance and intervention are fundamental in preventing chronic disease progression. Hypertension is a major cause of preventable premature deaths, with significant health and economic burdens. In contrast, this condition is, preventable.

**AIM 1**
Evaluate the results of a 12-week evidence-based intervention program assessing the improved usage of the guidelines and documentation to care practice pre-post-implementation.

**AIM 2**
Evaluate a 12-week evidence-based intervention program for improved blood pressure measurement.

**AIM 3**
Evaluate the outcome of a 12-week evidence-based intervention program to improve hypertension referrals.

**BACKGROUND**

Hypertension is a chronic condition that, if left untreated, can lead to serious health complications such as heart disease, kidney failure, and stroke. Early detection and management of hypertension are crucial in preventing these outcomes.

**METHODS**

**Design:** Pre-post design survey

**Inclusion/Exclusion Criteria:** Adult patients without hypertension diagnosis, patients under 18, non-hypertensive, pregnant, incarcerated, and unable to consent.

**Setting:** A clinic in the midwestern region of the United States

**Measurements:** Intervention of in-person staff training on accurate blood pressure measurement and documentation. Improved blood pressure documentation and hypertension diagnosis. It increased the identification and care coordination of patients with undiagnosed hypertension.

**Data Analysis:** Using SPSS 26, descriptive statistics analytics, and a paired t-test to evaluate the pre-post intervention.

**RESULTS**

Demographics: Most participants were between 40-80 years old, but there was a lack of diversity.

Door magnets: Displaying visual reminders outside all patient rooms improved screening compliance.

**DISCUSSION**

The DNP student lead QI project improved hypertension surveillance and practice variations.

**STRENGTHS**

- The project bridged a significant gap in hypertension surveillance and practice variations.
- Changes to clinical practice resulted in better blood pressure measurement and documentation.
- Healthcare professionals focused more on primary prevention because the project included standard screening and blood pressure monitoring.
- This project aligned with the department’s goals and the organization’s aim to raise the level of surveillance of undetected hypertension during acute visits to maximize the quality of patient care and outcomes.

**LIMITATIONS**

- Organizational restructuring posed implementation challenges.
- Limited to a single outpatient clinic
- A lack of gender, ethnic and racial diversity
- Staffing shortages intensified participant stress.
- Time constraints included a twelve-week implementation period with other competing priorities and additional QI projects.

**CONCLUSION**

- Findings suggest that the intervention increased hypertension surveillance in the early screening of asymptomatic patients.
- Outpatient clinics need further studies to expand the conversation on chronic disease management and create multi-disciplinary care coordination beyond the clinic diagnosis of hypertension for improved health outcomes.