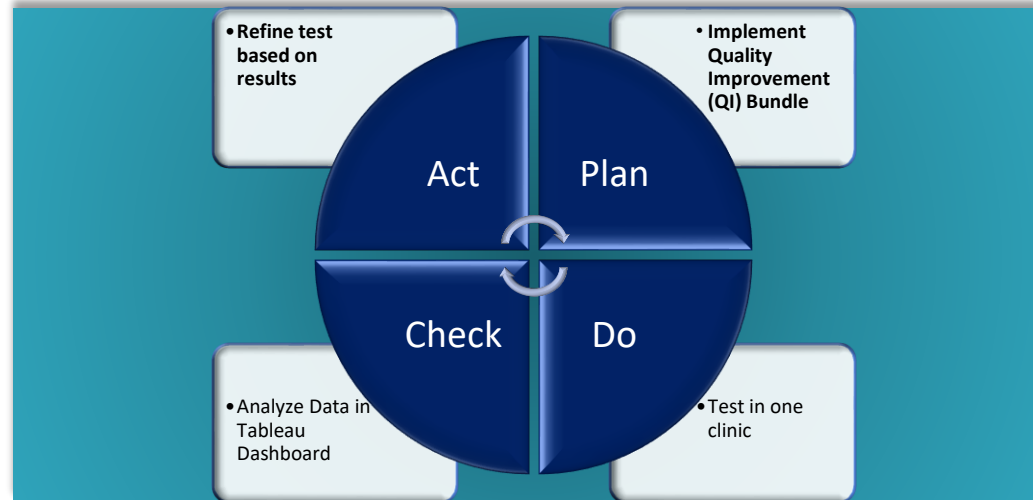


Improving Blood Pressure Compliance in the Ambulatory Care Services (ACS) Setting: A Quality Improvement (QI) Bundle Approach

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Measurement

Quality Improvement Bundle Framework: Plan, Do, Check, Act (PDCA)



Analysis

A pre-post FECC data analysis showed p is .00428. The result is significant at $p < .05$ when comparing 5 months pre and post outcomes starting in January 2023.



Conclusion

The quality improvement (QI) bundle demonstrated that focusing improvement efforts on these areas significantly improved the HEDIS (CBP) measure from a baseline of 54.2% with incremental positive trends to 60.7% in five (5) months.

References

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Introduction/Background

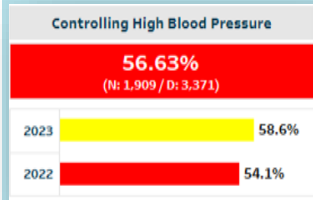
- The high prevalence of uncontrolled hypertension in underserved populations is a major cause of health disparities in the United States and requires innovative healthcare delivery interventions (Pasha et al., 2021).
- Hypertension (HTN) is blood pressure > 140/90 that affects 116 million adults (47%) in the United States (U.S.), with only one out of four people estimated to have their BP under control.
- Age, family history, race, lifestyle, and lower socioeconomic are risk factors that cause hypertension (HTN). Therefore (HTN) that is inadequately controlled leads to cardiovascular, kidney, and cerebrovascular disease, affects 119.9 million adults (48.1%) in the United States, and generates \$131 to \$198 billion each year in healthcare costs (CDC, 2023).

Gap Analysis

Controlling High Blood Pressure (CBP)

Healthcare Effectiveness Data and Information Set (HEDIS): The percentage of patients 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mmHg) during the measurement year (NCQA, 2022).

National Benchmark: ≥ 76% at the 75th percentile.



Compliance Rate: Adequately controlled HTN compliance in the ambulatory

Literature Review

According to the Institute for Healthcare Improvement (IHI), using a “bundle” promotes the use of improvement methods to redesign care processes. A “bundle” is defined as a small set of evidenced-based interventions for a defined patient population and care setting that, when implemented together, will result in significantly better outcomes than when implemented individually. The FECC quality improvement (QI) bundle was initiated to improve the HTN compliance rate.

Multifaceted Bundle (FECC) for Quality Improvement

Focused Audits

HEDIS (CBP) audits focused primarily on compliance scores and specific findings related to non-compliance.

Clinical Decision Support

Enhancement of the HTN documentation in Epic utilizing a Smartform.

Education

Education provided to bring awareness to HEDIS (CBP) compliance and best practice to improve compliance.

Clinical Quality Analytics

Data Analysis of HEDIS (CBP) derived from the Tableau dashboard.

Implementation

The FECC quality improvement (QI) bundle was initiated to improve HTN compliance rates utilizing four interventions:

- Data analysis of the HEDIS (CBP) measure was performed to determine monthly data trends.
- A HEDIS (CBP) focus audit was conducted to ascertain findings related to compliance vs. non-compliance.
- A collaboration with IT was initiated to enhance the HTN smartform documentation in Epic.
- Clinicians were educated regarding HEDIS (CBP) compliance, HEDIS (CBP) focus audit data analytics, and best practices to improve high blood pressure compliance.