



# Act rapidly

## Best practices

Instructions:

1. Compare results of the “Act rapidly: Pre-assessment” to best practices below.
2. Determine where opportunities for improvement exist.
3. Create a plan to implement applicable recommendations.

### Office processes

Process	Recommendation	Rationale
<b>Notify provider if blood pressure (BP) is out of expected range for each patient</b>	<ul style="list-style-type: none"> <li>• Ensure provider is notified if BP measurements are out of expected range for every patient per office protocol (too high, low or not at goal)</li> <li>• Note abnormal BPs identified by electronic health record (EHR)               <ul style="list-style-type: none"> <li>– If your EHR does not provide an alert when BP is out of expected range, work with your EHR vendor to add this</li> </ul> </li> <li>• If patient’s BP is out of expected range, use room flag or place colored card in visible location to alert provider               <ul style="list-style-type: none"> <li>– Can be placed on door or on keyboard in room</li> </ul> </li> <li>• Use pre-visit huddles that allow medical assistant or nurse to be aware of patients who are coming in that day with uncontrolled BP and share pertinent information about each patient with provider</li> </ul>	<ul style="list-style-type: none"> <li>• Providers often miss opportunities to manage abnormal BP measurements, often due to competing priorities and lack of time</li> <li>• Before providers can act rapidly to intervene (if appropriate), they need to be aware of abnormal BP</li> </ul>

### Treatment protocol

Action	Recommendation	Rationale
<b>Use treatment protocol that will be used by your practice</b>	<ul style="list-style-type: none"> <li>• Use treatment protocol so entire team knows when treatment intensification is needed for patient and when follow up should occur</li> <li>• Treatment protocols can be:               <ul style="list-style-type: none"> <li>– Customized for your organization so it is appropriate for all adults being cared for</li> <li>– Adopted from other organizations, examples include:                   <ul style="list-style-type: none"> <li>▪ <a href="#">Million Hearts® protocol for controlling hypertension in adults</a></li> <li>▪ <a href="#">Kaiser Permanente Clinical Practice Guidelines for Adult Hypertension</a></li> <li>▪ <a href="#">National Institute for Health and Care Excellence (NICE) protocol for hypertension in adults</a></li> </ul> </li> </ul> </li> <li>• Work with your EHR vendor to integrate the protocol into your EHR if possible</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment protocols are widely recognized in studies to play a role in improving BP control</li> <li>• Treatment protocols are like a playbook for the entire team— they lay out which patients need treatment, what that treatment should be and when follow up should occur</li> <li>• Having a playbook available for the entire team can help identify the role each care team member can play in addressing uncontrolled high BP</li> </ul>

## Medical records

Action	Recommendation	Rationale
<p><b>Identify patients with high BP</b></p>	<ul style="list-style-type: none"> <li>• If possible, run EHR reports to identify patients with uncontrolled high BP so appropriate actions can be taken (e.g., treatment intensification, follow-up visit or self-measured blood pressure (SMBP) monitoring)</li> </ul>	<ul style="list-style-type: none"> <li>• Reports will help identify patients who have not followed up (e.g., missed return appointment or did not communicate SMBP readings), so you can follow up with them to initiate appropriate actions to help them control their BP</li> </ul>
<p><b>Review medical records to identify clinical inertia (diagnostic or therapeutic inertia)</b></p>	<ul style="list-style-type: none"> <li>• Review medical records to identify instances where BPs were out of range on two or more occasions, but no action was taken. Actions taken can include:               <ul style="list-style-type: none"> <li>– Making a diagnosis of hypertension</li> <li>– Intensifying antihypertensive medication</li> <li>– Initiating or intensifying non-pharmacological therapy (e.g., diet, physical activity, weight loss and alcohol reduction if warranted)</li> <li>– Recommending follow-up visits</li> <li>– Using out-of-office BP measurements, including SMBP or 24-hour ambulatory BP monitoring (ABPM)</li> </ul> </li> </ul> <p>Try to identify the reason no action was taken to address uncontrolled high BP and educate team on appropriate actions to reduce the likelihood of clinical inertia happening in the future</p>	<ul style="list-style-type: none"> <li>• While it may not be appropriate to initiate or escalate antihypertensive medication in every patient with high BP, there are actions that should be taken to ensure all patients with high BPs are following up with your practice as recommended and appropriate interventions are put in place to help them gain control of their high BP</li> <li>• Providers may not always be aware that clinical inertia is occurring until chart reviews are performed</li> <li>• Reviewing medical records for patients with high BPs can uncover specific factors that contribute to clinical inertia and allows you to identify and implement changes to address those factors</li> </ul>