Quality Improvement Project: HTN Timely Follow-up

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Introduction

- Five Rivers Family Health Center (FRFHC), FQHC located in urban area of Northwest Dayton, OH, Clinical training site for Wright State University Family Medicine Residency, 10-10-10 program
- 16-month state-wide hypertension quality improvement project

Goal: Follow-up within 35 days

Aim Statement

Increase control of blood pressure by 15% among Medicaid recipients with uncontrolled hypertension served by our offices and 20% among African-Americans.

Do

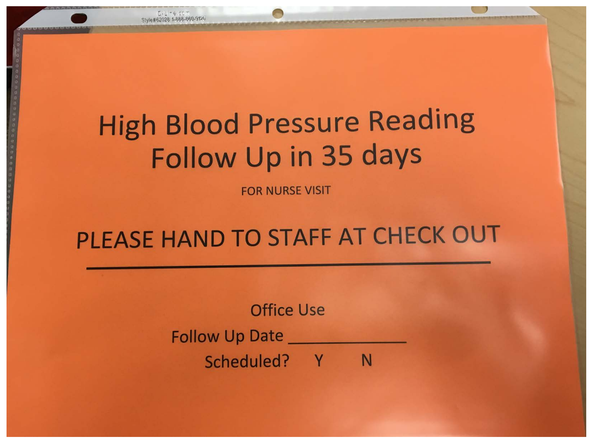
- If patient has 2 high blood pressure readings, the medical assistant hands them a card.
- The patient turns in the card at check out.
- The card alerts the front desk to schedule the patient for a nurse visit within 35 days.

Study

Seventeen (N=17) patients were recognized with hypertension, and with the card, all 17 scheduled for a follow-up within 35 days.

Plan

- Baseline: Of 10 patients who were identified as hypertensive in the office, 3 were not scheduled for follow up within 35 days. Of the 7 patients who were scheduled, all returned.
- We set out to “flag” those with high readings, adding an additional indication for scheduling them to return within 35 days.



Act

- Small -> Big Card
- Bright color
- Incorporate names in order to track the follow-up appointments
- Implement cards in all pods
- Educate staff on use of the cards

References

Hypertension Quality Improvement Change Package, 2017

Edws, J., DeFiore-Hyrmer, J., & Pryor, B. The Ohio Plan to Prevent Heart Disease and Stroke 2008-2012. http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/hprr/cardiovascularhealth/theohioplantopreventheartdiseaseandstroke.ashx. Accessed January 4, 2017.

Five Rivers Health Centers

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