

Abstract

Background: Hypertension is a major concern for healthcare organizations today, especially in primary care. Causes of high blood pressure are multi-factorial and may include: poor medication adherence, lifestyle choices, ineffective follow-up, and patient and health care provider knowledge deficit. Accordingly, reduction of blood pressure is multifactorial, and all aspects need to be addressed for adequate follow-up and control.

Objective: The purpose of this evidence-based practice project is to create a protocol to address blood pressure follow-up in an urban primary care setting.

Methods: The protocol was implemented in an adult urban primary care clinic over four weeks. Data was collected at pre-intervention and post-intervention.

Results: Initial review of the data showed a small decrease from the pre-intervention means of systolic and diastolic blood pressures at post-intervention (135.78, 136.82) and (74.43, 74.92) respectively. The Healthcare Effectiveness Data and Information Set (HEDIS) scores showed a slight increase toward the organizational goal with a pre-intervention mean of 82.95, and post-intervention score of 83.20. The percentage of follow-up blood pressure appointments increased slightly as well, with the mean pre-intervention at 74.80% and post-intervention at 77.1%.

Conclusion: However, statistical analysis revealed no statistically significant improvement after intervention. It can be argued a larger sample size, and longer project runtime may have yielded statistically significant results. Nevertheless, these small improvements seen, though not statistically significant, should not be ignored and can be promising to a similar future project.

Keywords: hypertension, management, protocols, guidelines, HEDIS, quality, follow-up, adherence, primary care