Implementation of Dietary Approaches to Stop Hypertension (DASH) Diet Protocol in a Primary Clinic Setting - A Quality Improvement Project

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Outline of DASH Diet Educational Protocol in a Primary Care Setting

- I. Introduction to DASH Diet
 - A. Project problem
 - B. Project question
 - C. Purpose statement
 - D. Significance of Project
 - E. Objectives
- II. Review of Literature
- III. Theoretical Model





Cont. of Outline of DASH Diet Educational Protocol in a Primary Care Setting

- IV. Project/ Study design
- V. Discussion of Implementation
- VI. Discussion of Evaluation
- VII. Discussion of Conclusion
- VIII. Ideas for future dissemination
- IX. References





Introduction

- 5th leading cause of common chronic diseases
- 82, 735 deaths in 2016
- Often asymptomatic
- Manage high BP → Dietary Approaches to Stop Hypertension (DASH)
 diet

(America's Health Rankings [AHR], n. d., Mayo Clinic, 2019 & Whelton et al., 2018)





DASH diet → low in fats, fruits & vegetables



→ reduced sodium
→ lowers BP, TC, & LDL
→ better quality of life

→ prevents osteoporosis, cancer, diabetes, & heart disease
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(Mayo Clinic, 2019; Whelton et al., 2018; Filippou et al., 2020; Rifai et al., 2015, Siervo et al., 2015)

- Barriers to DASH diet utilization
 - → lack of communication skills
 → lack of provider knowledge

(Sany et al., 2020; Batterham et al., 2016; Sadeghi et al., 2019 & Won, 2015)





A. Project Problem

- DASH diet is recommended but not implemented
- Project proposes implementation of a DASH diet educational protocol

B. Project Question



 Does DASH diet educational protocol implementation improve knowledge ?



C. Purpose statement

Educate the clinic staff & healthcare providers

D. Significance of the Project Importance of healthcare provider education





E. Objectives

- Formulate & implement a DASH diet educational protocol
- Conduct an educational session
- Patient education
- Use of pre- & post-education DASH diet questionnaire
- Clinic staff & healthcare provider compliance







• DASH diet lowers the BP



DASH diet lowers BP alone or with another intervention

(Mayo Clinic, 2019)







Literature Review

- DASH diet in BP reduction & CV risk improvement
- Healthcare provider education
- DASH diet adherence



(Brunstrom & Solani et al., 2020)



Theoretical Model



(IHI, 2021a)



Continuation of Theoretical Model
Part I Three Fundamental Questions
To address "what are we trying to accomplish?"

- To address "how will we know that a change is an improvement?"
- To address "what change can we make that will result in improvement?"
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Continuation of Theoretical Model Part 2 PDSA Cycle

• Do

Plan

Study

Act

Plan-Do-Study-Act Changes are to be made Act Plan Bo Carry out the rise Stor meter

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Project/Study Design

To address "what are we trying to accomplish?"

Intervention:

→ DASH diet educational session





Continuation of Project/Study design
To address "how will we know that a change is an improvement?"

Intervention:

 \rightarrow 12 week chart review



→DASH diet education documentation



Continuation of Project/Study design

- To address "what changes can we make that will result in improvement?
 Intervention:
- \rightarrow Increased knowledge



- → Education of hypertensive patients
- → DASH diet educational protocol



Discussion of Implementation QI project

 Assessed the efficacy of the DASH diet educational session

Assessed healthcare provider compliance





Cont. of Discussion of Implementation

DASH diet educational protocol → implemented x 4 weeks → DASH diet educational session

 \rightarrow Pre- & post-intervention

assessment

- → Health care compliance assessment
- \rightarrow Chart reviews





Cont. of Discussion of Implementation

Data analysis using SPSS version 23

 → Wilcoxen signed rank test
 → 95% confidence interval estimate
 (Clopper- Pearson's exact method)

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Discussion of Evaluation

DASH diet education of clinic staff & healthcare providers

Implementation of DASH diet protocol





Continuation of Discussion of Evaluation

Increased knowledge & awareness

Education provided





Continuation of Discussion of Evaluation

Limitation

- Time frame
 - \rightarrow conducted x 4 weeks
 - \rightarrow patient cancellations

(Juraschek et al., 2017 & Filippou et al., 2020)





Discussion of Conclusion

- Increase in awareness & knowledge
- Healthcare providers compliance
- DASH diet educational protocol



Ideas for Future Dissemination

Increased recognition & impact

Promote importance of education

Promote sustainability

Presentation of the DNP project





Questions????



Questions????





Questions????



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