

# Implementing a Self-Measured Blood Pressure/Loaner Program

Gina DeVito, RD, CDN
Open Door Family Medical Centers

## SMBP/Loaner Program

- Patient selection/exclusionary criteria
- Device selection
- Loaner contract agreement
- Protocol for device tracking, cleaning, calibration, storage
- Program length
- Data requirements
- Development of SMBP program
- Community linkages





#### Patient Selection Criteria

- Patients 18 years of age or older with uncontrolled hypertension (at least 1 elevated BP in recent visit)
- Readiness/willingness to participate- how to assess?
  Excludes:
- Pregnancy
- ESRD
- At risk for lymphedema
- Recent cardiac event
- A-fibrillation or arrhythmias





#### **BP** Devices

- Monitors provided via grants
  - Omron 5
  - Welch Allyn

#### **Considerations:**

- Clinically validated
- Upper arm, digital monitors only
- Cuff size
- Ease of use
  - Quantity for inventory/storage limitations







## Loaner Agreement

#### Acuerdo de Préstamo

ombre del paciente:	Fecha de na	cimiento:
úmero de serie del monito	or:	
o estoy de acuerdo en pa	rticipar en el programa de préstamo de la presión arteria	ıl.
Yo voy a registrar m     Yo voy a devolverm     próxima cita:	resión arterial mediante el monitor que he recibido y lo v vr(a) de bienestar,, me di is niveles de presión arterial en la hoja de registro sumi ni hoja de registro completa y el monitor de presión arter resión arterial cada mañana y cada noche durante	rigió. nistrada. ial a mi entrenador(a) er
Si usted tiene una presión	Toma estas acciones:	Llame al
Menos de 90/60	<ul> <li>Si se siente normal, espere una hora y vuelva a verificarla.</li> <li>Si los niveles siguen bajos o si tiene síntomas com desmayo, debilidad, mareo, náusea o vómito, confusión, o visión borrosa, llame a su proveedor e Open Door.</li> </ul>	
Entre 91/61 a 135/85	Está en una zona ideal	
Entre 136/86 a 159/99	<ul> <li>Vuelva a verificar después de cinco minutos.</li> <li>Si los niveles siguen siendo alto el día siguiente, llame a su proveedor en Open Door.</li> <li>Hable con su proveedor sobre los cambios en su estilo de vida que puede hacer para reducir la presión arterial.</li> </ul>	(914) 632-2737
Entre 160/100 a 179/109	Vuelva a verificar después de cinco minutos. Tenga en mente que factores como el estrés y el dolor pueden aumentar la presión arterial. Si los niveles siguen siendo alto el día siguiente, llame a su proveedor en Open Door.	(914) 632-2737
De 180/110 o más	<ul> <li>Mantenga la calma y trate de respirar lentamente y profundamente.</li> <li>Si se siente normal, vuelva a verificar después de cinco minutos.</li> <li>Si los niveles siguen altos o si tiene síntomas com dolor del pecho, falta de aire, dolor de la espalda, entumecimiento, debilidad, cambios en la visión o dificultad para hablar, llame a 911.</li> </ul>	
irma del paciente:	Fecha:	

- Available in English and Spanish
- Clearly outlines details of program commitment
- Schedule follow-up appointment
- Safety protocols for low/high blood pressure readings
- Serves as a checklist of talking points for SMBP coach





# **Tracking Devices**

- Serial number documented on loaner agreement
- Document if device was distributed in SMBP progress note
- Patient information and device serial number tracked on inventory spreadsheet





#### Protocol for Disinfection

- CDC guidelines for "noncritical equipment"
  - Seventh Generation disinfecting wipes

#### Pg 84; 3.C

Perform low-level disinfection for noncritical patient-care surfaces (e.g., bedrails, over-the-bed table) and equipment (e.g., blood pressure cuff) that touch intact skin (see Recommendation 5g).

#### Pg 85; 5.G

Use a one-step process and an EPA-registered hospital disinfectant designed for housekeeping purposes in patient care areas where 1) uncertainty exists about the nature of the soil on the surfaces (e.g., blood or body fluid contamination versus routine dust or dirt); or 2) uncertainty exists about the presence of multidrug resistant organisms on such surfaces. See 5n for recommendations requiring cleaning and disinfecting blood-contaminated surfaces. Category II.

#### Pg 85; 5.N

For site decontamination of spills of blood or other potentially infectious materials (OPIM), implement the following procedures. Use protective gloves and other PPE (e.g., when sharps are involved use forceps to pick up sharps, and discard these items in a puncture-resistant container) appropriate for this task. Disinfect areas contaminated with blood spills using an EPA-registered tuberculocidal agent, a registered germicide on the EPA Lists D and E (i.e., products with specific label claims for HIV or HBV or freshly diluted hypochlorite solution. *Category II, IC.* 214, 215, 557, 1013 If sodium hypochlorite solutions are selected use a 1:100 dilution (e.g., 1:100 dilution of a 5.25-6.15% sodium hypochlorite provides 525-615 ppm available chlorine) to decontaminate nonporous surfaces after a small spill (e.g., <10 mL) of either blood or OPIM. If a spill involves large amounts (e.g., >10 mL) of blood or OPIM, or involves a culture spill in the laboratory, use a 1:10 dilution for the first application of hypochlorite solution before cleaning in order to reduce the risk of infection during the cleaning process in the event of a sharp injury. Follow this decontamination process with a terminal disinfection, using a 1:100 dilution of sodium







### Device Calibration and Storage

- Devices calibrated after disinfection process
- Calibrate according to device guidelines
- Purchased storage bins for devices "to-be disinfected" and "disinfected"
- Inventory of devices and calibration log managed by SMBP coaches at each program site





# Program Length

1 week program

#### Benefits of a shorter program:

- Presents referral opportunity to community partner (YMCA) BPSM program
- Strengthens partnerships with local pharmacies
- Better compliance rates with shorter commitment?
- More likely to return devices?
- Less likely to damage equipment?





### SMBP Data Requirements

- Recommend 7 consecutive days of SMBP
- □ 2x/day: 1 in morning, 1 at night
- Minimum of 3 consecutive days (6 total measurements) needed for SMBP average to be documented in progress note





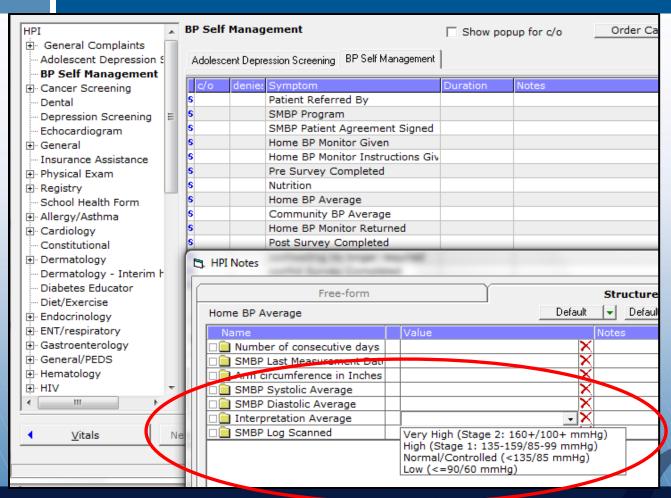
#### **SMBP Data Collection**

- Average SMBP measurement calculated by SMBP coach and documented in progress note
- Average SMBP measurement and interpretation sent to provider in message (scripted)
- Log sheet scanned to patient chart and addressed to primary care provider





# SMBP Program Documentation



- Structured data
- Doubles as visit checklist
- Interpretation drawn from SMBP average
- "Dummy" billing codes created to track productivity, visit times, noshow rate, and other reports





## SMBP Program Overview

- Patient referred to the wellness center (electronic, warm hand-off, referral from friend) by primary care providers, patient advocates, dietitians, or other healthcare team members
- Patient coached by wellness staff for proper SMBP technique, record-keeping, safety protocol. Staff reinforces positive behavior change and medication adherence
- Self-measured values are computed as an average that is reported back to the provider and documented in EMR
- Provider dictates next steps (change appointment, medication, continue SMBP, etc.)
- Referral to additional programs to support continued behavior change





#### Initial SMBP Visit

- □ 45-60 minutes
- SMBP coach meets with patient to complete program enrollment
  - Review and complete loaner agreement
  - Provide/explain program materials (log sheets, education materials)
- Schedule follow-up visit and explain reason for visit
  - Patient to receive feedback from provider (change medication, change in BP visit schedule)
  - Create/document self-initiated wellness goals
- AmeriCorps members complete remainder of visit:
  - Patient fitted for cuff
  - Discuss factors that affect blood pressure measurements
  - Demonstration of proper technique
  - Discuss proper care for device
  - Distribute pre-program survey





# Program Support

- SMBP coach follows up with patient by phone 3-4 days after initial visit
  - Check in to see how patient is doing, offer support and encouragement
  - If patient did not complete SMBP as agreed, make adjustments and schedule change as needed
  - Remind patient to bring monitor to follow-up visit, confirm date of next appointment
  - Collect all readings via phone and calculate average if possible
    - Send SMBP average to provider electronically in EMR





## Follow-Up Visit

- 30 minutes
- 1 week after initial visit
- Collect BP log and device
- Communicate program completion to provider
- Goal-setting (documented in patient chart)
  - Referral to another Open Door wellness program
  - Referral to YMCA BPSM Program for additional SMBP support/purchase low-cost monitor
  - Referral to local pharmacy to purchase monitor
- Patient completes post-program survey





### Wellness at Open Door

- Clinical nutrition
- Group exercise program
- Prevention and intervention programs
  - National Diabetes Prevention Program
  - CDSMP/Tomando Control de su Salud
  - Diabetes Self Management Program
  - Cooking Matters Grocery Store Tours
  - Support Groups (Diabetes, Prenatal, HIV, Cancer)
  - Nutrition workshops and cooking classes





# Partner Organizations

- Local pharmacies offer discounted monitors to Open Door patients
- Local YMCA Blood Pressure Self-Monitoring Program made available in community-based settings near Open Door SMBP sites
- Local Department of Health facilitating communication with potential community partners for space and scheduling for SMBP/BPSM program support



