# **Coaching Session 3**

# Laying the Foundation for Severe Hypertension Recognition and Response



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## **Objectives**

- By the end of this session the Implementation Team will
  - Consider how implicit bias may impact the way we take BP
  - Review baseline blood pressure measurement results
  - Outline a draft protocol for Blood Pressure Measurement.



### Roles for today's session



#### FACILITATOR- ACHIEVE NURSE COORDINATOR

TIMEKEEPER-

**RECORDER-**



# Today's Agenda

- During our time together today we will:
  - Recap last session
  - Develop or Refine Blood Pressure Measurement Policy
    - Review major takeaways from BP Observations
    - Dissect a sample policy
    - Consider where respect fits
    - Outline a draft policy
    - Plan next steps
  - Revisit Objectives



# Recap from last session- (5 min)



Developed a shared understanding of respectful care



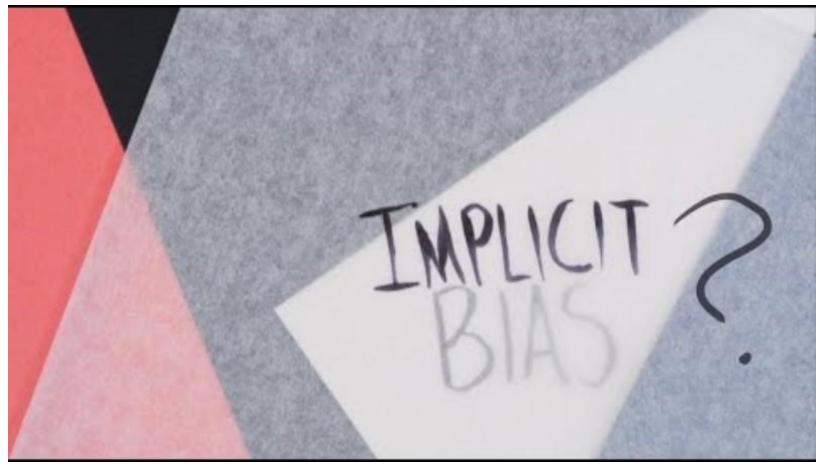
Identified where potential gaps may exist around respectful car



Discussed possible barriers and facilitators to implementation in your clinic



### Why it matters.





# Why it matters.



How does bias impact the way we take blood pressures?

#### What does respect look like to you when you get your BP taken?



# Blood Pressure Measurement Baseline Data

15 mins in this section



- Three data collection timepoints:
  - October 2023, January 2024, April 2024
- Table (for this clinic):
  - Number of observations
    completed overall for this clinic
  - How many of the observations were repeating (same participant with different timepoint)

Number of	
Observations	How many observations
completed	were repeated?
17	5

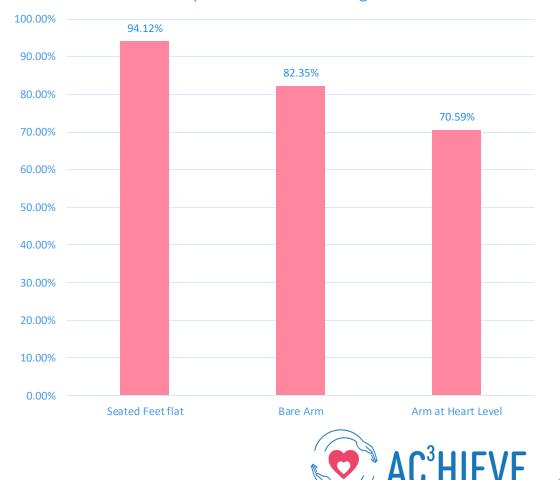


 All clinics – bar chart showing three best performing items and percentages performed correctly vs. Incorrectly





 Specific clinic – bar chart showing three best performing items and percentages performed correctly vs. incorrectly

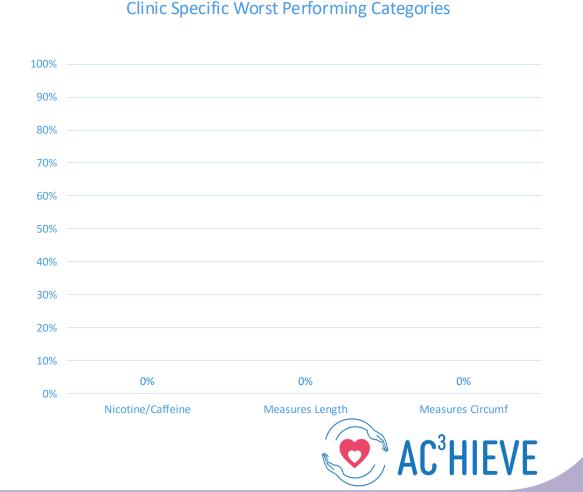


**Clinic Specific Best Performing Items** 

 All clinics – bar chart showing three worst performing items and percentages performed correctly vs. incorrectly



 Specific clinic – bar chart showing three worst performing items and percentages performed correctly vs. incorrectly



# Blood Pressure Measurement Policy

30 mins in this section



# Make it Your Own (15 min)

#### Key Behaviors

#### • Prepare Patient

- Ask patient to empty bladder
- Ask patient about nicotine and/or caffeine consumption within the last 30 minutes
- Have patient sit quietly for at least 5 minutes
- Proper BP Cuff Fit
- Use tape measure to measure the length of arm from shoulder bone to elbow bone in centimeters
- Mark half-length point and measures circumference in centimeters
- Reference circumference measurements on cuff to choose correct cuff
- Patient Positioning
- Patient is seated or semi-reclined with both feet flat on the floor and not crossed
- Bare arm no clothing
- Arm supported at heart level
- No gap between the cuff and the arm
- Asks patient not to move their arm or talk during measurement

- What in this sample policy works for your clinic?
- What doesn't?
- What needs to be added?
- What needs to be taken out?



### **Plan for Next Steps**

- What needs to happen next to move this policy into practice?
- Who needs to be a part of doing that?
- How will they do it?
- By when?
- What do we need to check-in on/prioritize next meeting?



# **Revisiting our Objective**

• By the end of this session the Implementation Team will

- Evaluate fit and capacity for implementing the ACHIEVE Bundle
- Understand current barriers and facilitators to quality improvement at this clinic.
- Consider how implicit bias may impact the way we take BP
- Outline a draft protocol for Blood Pressure Measurement.
- Did we hit our objective?
- What went well today?
- What would help improve the next meeting?



#### **THANK YOU!**

