

<b>PDSA worksheet</b> <b>plan - do - study - act</b>	Team	Ryan Sanford, MD (PGY-1)
	Change	HTN alert sticker
	Cycle #	2
	Title	SDC HTN – sticker intervention
	Date range	January 2008

**BACKGROUND:** (What led you to start this project? Is this cycle a continuation of another cycle? Why is this topic relevant?)

Previous Quality Improvement projects have identified that opportunities to address hypertension, particularly at the Same Day Clinic, are missed. Approximately one-half of patients presenting to the SDC with uncontrolled hypertension were not treated with medications. While barriers such as finances and adherence partially explain why not all had medications changed, over one-quarter of presenting patients did not even have their uncontrolled hypertension addressed by a provider. This demographic, those who do not have their hypertension addressed, represent an appropriate initial target for improving treatment of hypertension in the SDC. While not all will merit changes in medication, evaluating financial and adherence barriers alone within this group could lead to better BP control.

**PLAN: Objective** for this cycle (What you hope to learn)

Specific questions to address:

1. Why do providers not mention HTN in 25% of those not treated?
2. What can be done to increase awareness of elevated BPs to providers at the time of a visit?
3. How can we reduce the number of patients in the SDC with unaddressed uncontrolled HTN?

**Predictions/Hypotheses** (What do you think will happen when test is done?)

With improved provider awareness/notification of uncontrolled HTN in the SDC, fewer patients will leave the visit without having their BP addressed.

Plan for change or test: who, what, when, how and where

-Who: SDC resident physicians

-What: We will begin targeting them with a brightly colored label on the vitals sheet for those patients with a BP >160/>95. The vitals sheet will be placed on the front of the door packet.

-When: beginning 1/14/08

-How: Those patients with BPs above the designated cutoffs will have the label placed on the vitals sheet by the nurse performing the initial evaluation. They will then place the vitals sheet on the front of the door packet

-Where: SDC

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Plan for data collection: who, what, when, how and how long.

The initial plan for data collection to start with 10 days of SDC being open, or to a goal of 50 patients presenting with potentially uncontrolled HTN.

Who: Ryan Sanford

What: Collect the daily BP log, and saved labeled vitals sheet for a 10 day period or until 50 cases have been identified. From this initial data set, evaluate for potential changes in provider behavior towards uncontrolled HTN in the SDC.

When: from 01/14/08 until 01/28/08, or until 50 patients are evaluated.

**DO:** Carry out the change/test. Collect data.

Note when completed, observations, problems encountered, and special circumstances:

At the conclusion of my elective, the data was continuing to be collected. Problems encountered include that several residents use the vitals sheet to document the transcription confirmation code. They then will not place the sheet in the box until their transcription is online. This is likely to worsen the percentage of labels returned. A potential solution is to place the label not on the vitals sheet but on a new piece of paper.

**STUDY:** Analyze data (quantitative and qualitative).

Summarize data: At this time, the data remains incomplete. Initial evaluation suggests that the rate of non-addressed uncontrolled hypertension is decreased, but will need further following. Also, at the time of this worksheet only 50% of labels were completed.

**ACT:** Document what was learned. Are you confident that you should expand size/scope of test or implement?

This remains unclear and pending on further data. Krista Fajman MD, the next continuity elective intern, will take over for the next cycle.

What changes are needed for the next cycle? Unable to determine at this time.