Managing the Newly Diagnosed Patient with Hypertension

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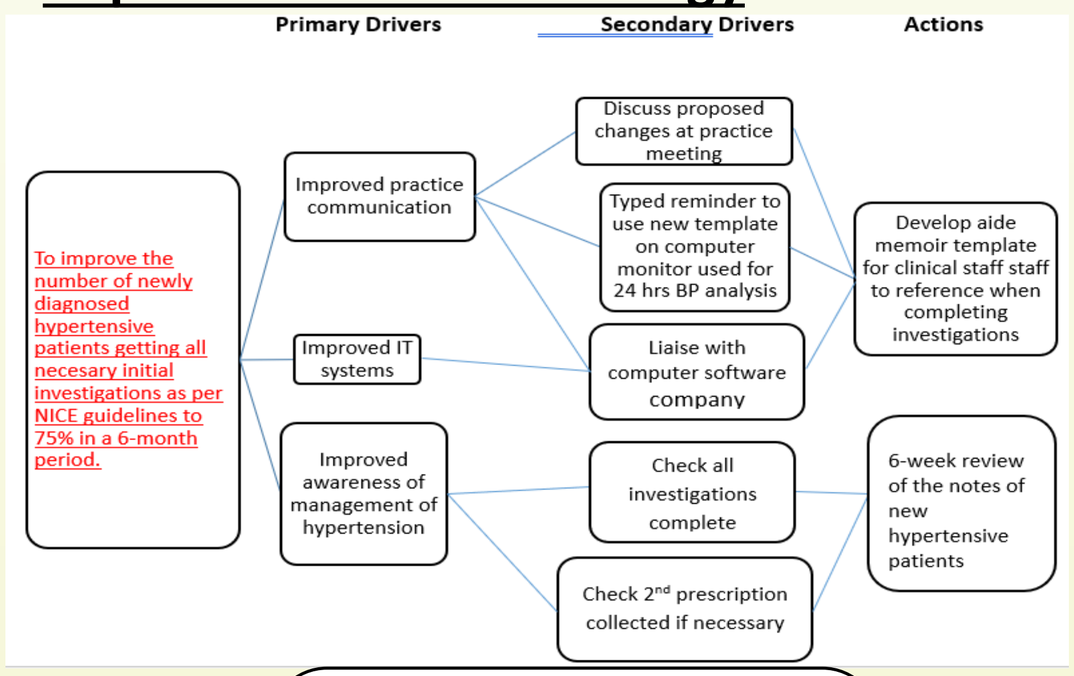
Background

- NICE recommends that newly diagnosed patient's with hypertension should have;
  - Bloods; U&E, lipids, glucose/HbA1c,
  - Urine; ACR, and dip
  - Other; ECG, fundoscopy and Q risk completed.
- Practice had no set system to ensure all of these were done
- In a 6 month period (May-October) there were 29 newly diagnosed hypertensives
  - 9 (33%) had all appropriate investigations completed and 20 (66%) had at least one of the above investigations missing
- Of these patients at least one was lost to follow up completely, having never collected the second prescription

Aim

- To set up a practice system where by all patients highlighted with a new diagnosis of hypertension have;
  - The appropriate initial investigations completed above as per NICE guidelines (improving to 75% in a 4 month period)
- Although this was the primary aim, we discussed how best to keep track of these patients in the first year; i.e. between diagnosis and annual review to ensure they were compliant and appropriate further investigations were completed

Improvement Methodology

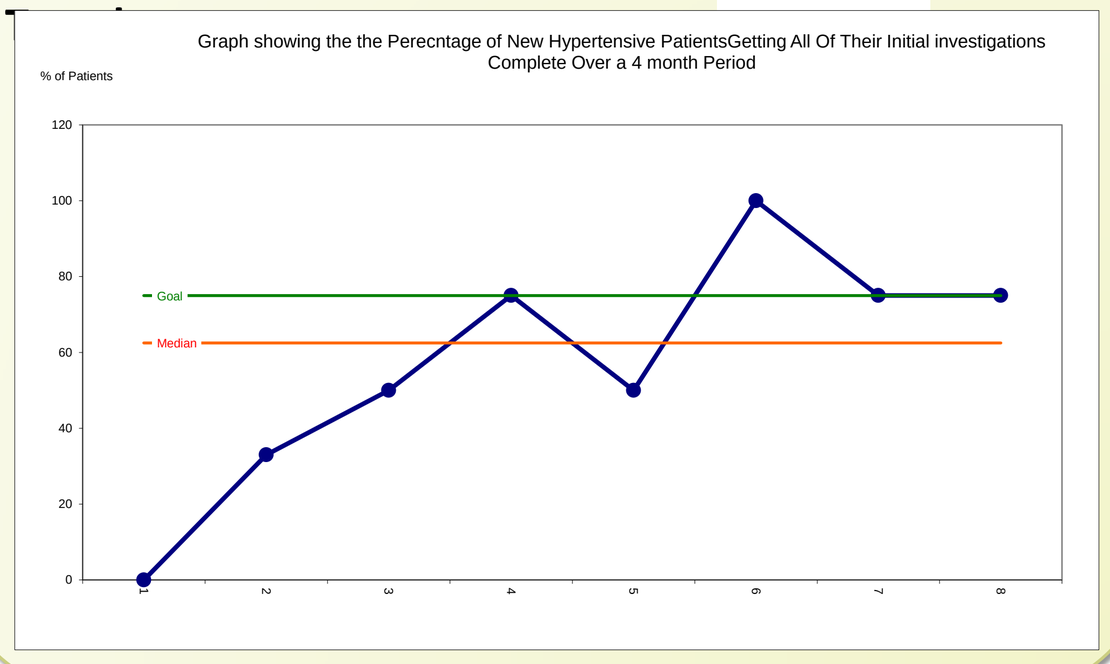


NEW Hypertension Aide Memoire

All those with hypertension should have initially;

- Bloods;
  - U&E
  - LFTs
  - HbA1c/glucose
  - Lipids
  - TFTs
- Urine;
  - Dip
  - ACR
- Height/weight/BMI
- Smoking status
- Family history of cardiovascular disease?
- ECG
- Advise patient to make optician review
- Lifestyle advice booklet

Results



Outcome Measures

- In the 4 month period I collected data every 2 weeks = 8 data points above
- Overall 66% of patients had ALL initial investigations completed- a 50% improvement
- Breaking the investigation areas down the results are;
  - Bloods 70%
  - ECG 70%
  - Urine 80%
  - Fundoscopy 75%
  - Q risk 40%

Outcome

- September 17- established problem with current system
- October 17- discussed with trainer about potential plans for change
- November 2017- discuss plans for project at practice meeting- built will
- December 17- designed aide memoir for computer system
- January 17- aide memoire finally functional and began to use
- Feb 2017- addressed medical and nursing staff about aide memoire and system for clinicians' to follow when new diagnosis has been made
- April 2017- note attached to the monitor used for processing 24 hour BP monitors to remind to simply sign post nurses to the aide memoire template when organising investigations
- May 2018- opted to add, "clinician reminder, "at the point of diagnosis for 6 weeks in advance to help ensure compliance is met.
- Decision to recommend fundoscopy/optician review given the better images the optician would achieve and share the workload.

Next Steps

- Aim for 100% of all initial investigations being completed at 1 year
- Formally investigate the number of patients who are started on a new agent and but do not collect their 2nd prescription
- Analyse how our change idea to add a reminder for each doctor to make a manual note on their diary for a 6 weeks for a brief notes review to ensure; 1) investigations complete, 2) 2nd prescription has been done
- Discuss possible further changes to streamline the process