



## **Improving Adherence to Blood Pressure Parameters**

Branson Nephrology

### **Contact Information**

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Dialysis & Practice Administrator

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<b>Category:</b>	Adherence to procedures; medication errors or omissions
<b>Type of Facility:</b>	Outpatient
<b>Number of Patients:</b>	47 in-center patients
<b>Number of Nephrologists:</b>	2; 1 PA

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### **Background**

Dialysis units have specific blood pressure (BP) parameters and when patients fall out of the parameters, staff complete detailed incident reports. The incident reports detail what the patient was doing, what actions the staff took to remedy the problem, and the clinical impression of the charge nurse about the event. After reviewing these in several monthly QAPI meetings, the Medical Director, John Martinez, MD, decided the BP incident reports should be included in a file pocket in the progress section of the chart. Now when physicians perform hypertension rounds, they can see all situations where the patients' blood pressures were not meeting goal. This allows for better decision-making and removes the guess work about these hyper or hypotensive episodes.

In November 2013, Branson had 62 UPOs (unusual patient occurrences) related to blood pressures. While analyzing the reports, they found many of the incidents were the same patients with repeated issues, but they were not getting addressed when the physicians made rounds because the blood pressures were only recorded for the prior 3 treatments.

### **Policies and activities implemented**

Branson Nephrology purchased file pockets and started putting all blood pressure related UPOs in the progress notes along with their hypertension rounding form so the physicians had access to all of the blood pressure data since their prior rounds.

During the summer of 2013, they specifically identified that the staff had become complacent in reporting the blood pressure incidences and made it a key focus for all staff. They reviewed the parameters and posted them on the dialysis machines for easy review by the staff. The Facility Manager worked closely with the Charge Nurses to make sure the staff were communicating the blood pressure problems to them as well as completing the UPO forms, which are reviewed with the entire disciplinary team. They also met surveyors to learn their expectations of how to



handle the patients who were “always” out of parameter, such as the patients with bad orthostatic hypertension.

They educated the physicians on writing very specific blood pressure “standing orders” for these patients to identify their “normal.” Standing orders reflect the expected blood pressure parameters and the Facility Manager had an in-service with the staff on expectations of tracking and reporting the blood pressures.

The Facility Manager reviews progress with staff during monthly staff meetings to keep them engaged in the process. Ms. Williams believes the biggest “win” was to educate the staff on the importance of talking with the patient during these episodes and letting them know they are working on their problem -- especially letting them know when it was corrected. It is important to make the patient aware of their identification, actions and resolution to their blood pressure problem. Branson will make this an ongoing area of focus and education.

One of the key things they learned was that the blood pressure issues were due to the patients forgetting to take their medications; being in nursing homes that were not giving them their medications prior to early morning treatments; or other things that they would previously classify as “patient compliance”. By focusing on their blood pressure issue, it helped them identify ways to try to correct their specific problem, learn to listen “more closely” to patients, and avoid assuming what the patient’s obstacles were, or that they were just not taking it seriously.

### **Policies and activities implemented**

As part of the quality improvement, Branson Nephrology implemented the following:

- Posted BP parameters on dialysis machines.
- Educated physicians on “standing orders” for high risk patients.
- Educated staff about talking to patients regarding their BP problems.

### **Outcomes**

In December, the UPOs declined to 40, down from 62 in November. They believe it would have decreased further, but the forms were pulled for QAPI review immediately prior to the physician’s doing hypertension rounds. The QAPI meeting was held earlier than usual due to the holidays.

They plan to review the entire process at the end of 6 months and provide safety tips to the patients.

### **Recommendations**

Ms. Williams noted, “After 30 years in dialysis I think sometimes it can be a very simple thing that you can identify to try to impact change. With all the push towards electronic records and staff being asked to do a lot more with technology, sometimes just caring enough to take the time to listen is all you need to make a patient feel better.”

**CHRONIC HEMODIALYSIS STANDING ORDERS**

**last updated 4/18/2013**

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

1. On admission obtain patient information /consents / releases / labs, for Hemodialysis treatments.

2. **Dialysis Treatment Prescription:**

**Bath:** 2K 2.5 Ca is standard. \_\_\_ 1k \_\_\_ 3K      DFR:\_\_\_\_\_ Dialyzer: F160 or \_\_\_\_\_

**Dry WT** \_\_\_kg    **Duration:** \_\_\_ Hr \_\_\_ Min    **BFR:** 200- \_\_\_\_\_ ml/min    **Frequency:**3x/wk or \_\_\_

**Primary Access:** Catheter\_\_\_\_\_ Graft\_\_\_\_\_ Fistula\_\_\_\_\_ Other\_\_\_\_\_

**Secondary Access:** Catheter\_\_\_\_\_ Graft\_\_\_\_\_ Fistula\_\_\_\_\_ Other\_\_\_\_\_

**Needles:** Arterial \_\_\_\_\_ Venous \_\_\_\_\_ Lidocaine 1% Intradermal PRN for needle placement.

**Heparin:** Heparin Bolus \_\_\_\_\_ units IV, 3-5 min pre-dialysis. Follow Protocol for further dosing.

3. **Dialysis Treatment Assessment / Monitoring:**

Weights: Pre / Post    Fluid control education for IDWG > 5% of target weight.

Blood Pressure: Pre / Post sitting and standing (if ambulatory); every 45 minutes during treatment; and PRN as needed for symptomatic episodes.

Systolic BP > 180 during treatment should be reported to the charge nurse for intervention.

**Charge nurse will notify the physician if interventions are unsuccessful and SBP > 180 persists.**

Apical Pulse: Pre and PRN; **Notify Physician if < 50 or > 120.** Pulse Q45 min during treatment.

Temperature: Pre / Post; PRN as needed for symptomatic episodes.

**Notify Physician if > 100° F or increases >2° during treatment.**

Physical and access evaluation / intervention Pre / Post by licenses personnel, and PRN as indicated.

4. **Dialysis Orders / Protocols:**

**Notify MD if any ordered medications are not given.**

Anaphylaxis protocol for allergic reactions.

Anemia management / Epogen / Ferrlecit, per protocol.

Labs / Medication review with patient monthly.

Central line catheter site care / flushes / heparin locks per policy.

Except for catheter care.

Target weight adjustment per protocol.

Dialysis complication management per policy.

Blood flow rates 200 – 550 ml/min **Notify MD if unable to maintain BFR >200 ml/min.**

Oxygen 2-4 L/min per NC PRN per policy.

Vaccinations, per policy.

5. **Dialysis Laboratory Orders:**

Admission / routine labs per annual prescription.

Hepatitis panel with first treatment if status is unknown.

**Hepatitis precautions if Hepatitis status unknown on admission.**





# Branson Dialysis , L.L.C.

## UNUSUAL INCIDENT REPORT

GIVE THIS REPORT TO FACILITY MANAGER – DO NOT FILE IN PATIENT’S CHART

<p>FACILITY: _____</p> <p>Date of Incident: ___/___/___ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p><b>TYPE:</b></p> <p>___-PATIENT ___-EMPLOYEE ___-VISITOR ___-EQUIPMENT ___-FACILITY</p> <p><b>OUTCOME:</b></p> <p>___-DEATH ___-HOSPITALIZATION ___-SEEN BY PHYSICIAN ___-FIRST AID ___-TREATMENT REFUSED ___-TREATMENT NOT INDICATED ___-FOLLOW UP W/PRIVATE DR.</p>	<p>PRINT PATIENTNAME AND ADDRESS:</p> <p>DATE OF BIRTH: _____ SEX: M F</p> <p><b>PERSON NOTIFIED OF EVENT:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">NAME</th> <th style="width: 10%;">DATE</th> <th style="width: 10%;">TIME</th> </tr> </thead> <tbody> <tr> <td>Attending Physician</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Immediate Supervisor</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Administrator</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Medical Director</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		NAME	DATE	TIME	Attending Physician	_____	_____	_____	Immediate Supervisor	_____	_____	_____	Administrator	_____	_____	_____	Medical Director	_____	_____	_____
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Medical Director	_____	_____	_____																		
<p><b>EVENT:</b></p> <p>___-CARDIAC ARREST ___-RESPIRATORY ARREST ___-LOSS OF CONCIOUSNESS ___-SEIZURE ___-BLOOD LOSS &gt; 100CC ___-POST WEIGHT VARIANCE &lt;20%&gt; ___-MEDICATON ERROR/OMISSION ___-INCORRECT DIALYZER USED ___-INCORRECT LINE USED ___-INCORRECT DIALYSATE “ ___-PROCEDURE VARIANCE ___-ALLERGIC REACTION ___-TRANSFUSION REACTION ___-ACCESS INFILTRATION ___-EQUIPMENT MALFUNCTION IDENTIFY EQUIP _____</p> <p>___-WATER SPILL IN UNIT ___-DAMAGE TO FACILITY ___-DAMAGE TO NEIGHBORING TENANT ___-FIRE ___-FLOOD ___-EXPLOSION ___-EARTHQUAKE ___-HURRICANE ___-VANDALISM ___-STOLEN PROPERTY ___-AUTO ACCIDENT ___-OTHER _____</p>	<p><b>TRAUMA:</b></p> <p>___-REPETITIVE MOTION ___-FALL ___-INSIDE UNIT ___-OUTSIDE BUILDING ___-NEEDLESTICK ___-CLEAN ___-CONTAMINATED ___-LACERATION ___-DERMATITIS ___-SPASH FROM: ___-BLEACH ___-BLOOD ___-INJURY FROM LIFTING: ___-PATIENT ___-SUPPLIES ___-EQUIPMENT</p> <p><b>BODY PART INVOLVED:</b></p> <p>___-FINGER ___-HAND ___-ARM ___-HEAD ___-NECK ___-FACE ___-EYE ___-LEG ___-FOOT ___-ANKLE ___-BACK ___UPPER ___LOWER</p>																				
<p><b>DESCRIPTION OF INCIDENT AND TREATMENT:</b></p> <p>_____</p> <p style="text-align: right;">Reported By: _____ Date: _____</p>																					
<p>COMMENTS OF IMMEDIATE SUPERVISOR OR ATTENDING PHYSICIAN:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>COMMENTS OF MEDICAL DIRECTOR:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																				
<p>SIGNATURE: _____</p> <p>DATE: _____</p>	<p>SIGNATURE: _____</p> <p>DATE: _____</p>																				

IF MORE SPACE IS REQUIRED, ATTACH SUPPLEMENTARY SHEET.

**Branson Dialysis**  
**\*\*Physician Progress Note**

Patient: XXXXXXXXXX

01/14/2014

**Labs**

Coll Date    NA  
 01/07/2014    142

**Hospitalization**

Hospitalizations in the past 60 days	Yes	No
ER visits in the past 60 days	Yes	No
Diagnosis / Prognosis		

**Blood Pressure**

*from last 3 Treatments*

Pre-Dialysis blood pressure:	_____	_____	_____
Post-dialysis blood pressure:	_____	_____	_____ ( Goal < 140/80 )
Last Treatment:	Highest BP : _____	Lowest BP : _____	
Home blood pressure meds:	_____	_____	_____
Control adequate?	Yes	No	
Interventions / Adjustments:			

**Target Weight**

Target Weight:	_____	_____	_____
Last 3 Post weights:	_____	_____	_____
Last 3 ID weight gains:	_____	_____	_____ ( Goal < 5% )
Is patient meeting goals?	Yes	No	
Intervention:	Increase TW: _____	Decrease TW: _____	

**Sodium**

Test	Result	Date	Goal	Notes
Sodium	142	01/07/2014	GOAL NOT MET	<input type="checkbox"/> Continue current order: <input type="checkbox"/> Increase DNa+ to: _____ <input type="checkbox"/> Sodium education completed: <input type="checkbox"/> Fluid education completed: <input type="checkbox"/> Other:
Current DNa+ _____			Goal: 136-141	

**Other Problems Discussed**


Physician: \_\_\_\_\_ Date: \_\_\_\_\_

\* Non-Ascend Clinical result