Nursing Care Plan for Hypertension

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Hypertension: Implementing a Plan of Care to Improve Outcomes

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Background
Providers routinely document a plan of care for hypertension, but the patient must be seen again by the provider to implement it, sometimes waiting 6 months.

Purpose
Nurses can implement a provider’s plan of care for HTN in conjunction with a nursing plan of care and contribute to better blood pressure control, increased access and decreased cost of care.

Methods
• 1 RN | 2 dedicated hours/wk 6 months | 27 patients
• Provider Buy-in
  - Collaborate on pt population
  - SmartPhrase referral created
  - Pilot – share outcomes
• RN Workflow
  - Perform RN visits for HTN independently, following the provider-led plan of care, and adding RN interventions.
  - Made medication adjustments according to the provider’s documented plan
• Care Team Culture Shift
  - Communication = Adoption

Decreased Cost of Care
99211 (RN Visit) = $29
99213 (Avg. Provider Visit) = $236
Across 6 months, RN saw 27 patients for $783, rather than provider’s potential cost of $6372.

Results
• The RN was able to improve patients’ HTN without delay, following a plan of care.
  • This intervention resulted in a 6.4% increase in HTN control metrics for the clinic across 7 months.
  • Theoretically decreased risk for MI, stroke, and other health threats.
• Patients were more highly engaged in self-management.
• Provider access increased by 27 visits, potentially for more medically complex patients who required higher levels of care.
• Cost of care to the system was decreased by $5589, and theoretically increased revenue.

Discussion/Implications
• By having patients return sooner for RN visit to implement plan of care, patients achieve improved blood pressure control in a shorter amount of time.
• Secondary benefits include lower cost of care, improved access for providers, and patient engagement.
• Longitudinal study across multiple clinics would be beneficial to determine reproducibility on a larger scale.

References