

High-Pressure Situation

ACCESS Family Care Uses Azara DRVS to Identify and Correct Elevated Hypertension Measures

CHALLENGE

Identify cause of decreased hypertension control scores

After a sustained period of solid hypertension control among its patient population, ACCESS Family Care noticed a substantial drop in its performance. The Missouri federally qualified health center (FQHC) had produced hypertension control rates between 64%-67%. But in June 2013 the number fell to 55%. ACCESS needed to know what caused the drop off, and whether the lower scores meant an actual spike in the center's hypertensive patients. If the readings were faulty, ACCESS needed to determine a cause and fix the problem.

ACCESS' investigation of its falling numbers also revealed that blood pressure rechecks were not recorded in the appropriate field within the center's EHR.



ACTION

Use DRVS to examine workflows; implement interventions

ACCESS turned to Azara DRVS as part of its thorough data analysis. The center discovered that the drop in hypertension control scores coincided with the introduction of automated vitals testing devices that include blood pressure checks. ACCESS had historically used manual cuffs to check blood pressure and began using the new automated machines to improve workflow efficiency.

Based on the data analysis, ACCESS tested whether a return to manual cuffs would affect hypertension measures. One of the center's four sites made the switch; three clinics continued to use the machines. Hypertension control improved at the site that returned to the manual cuffs while scores at the other sites continued to decline.

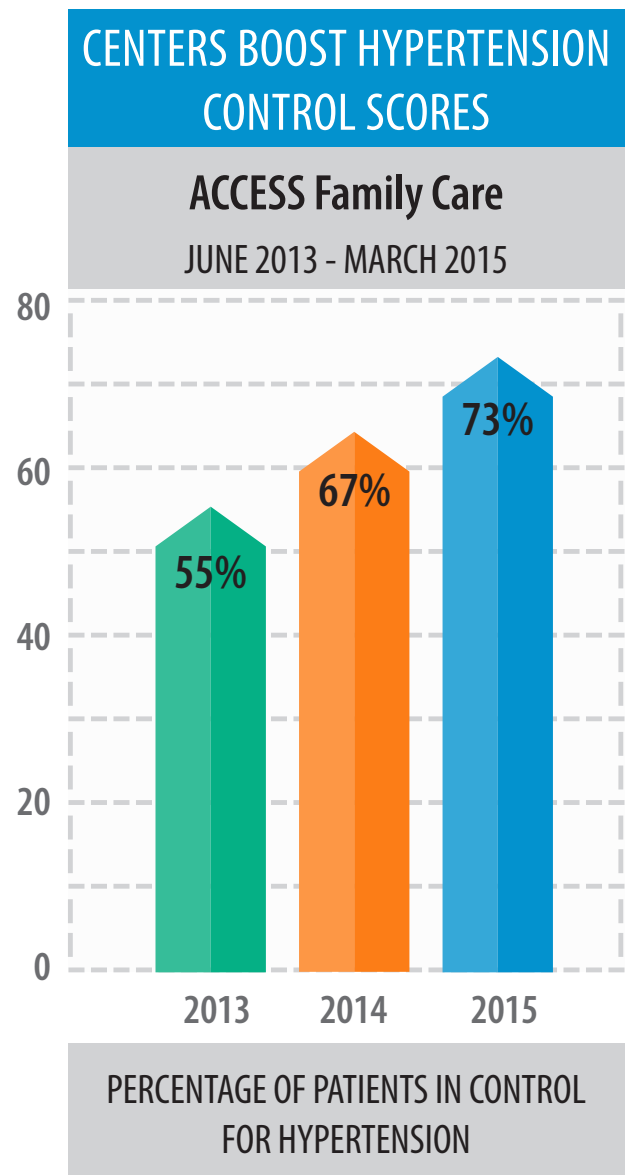
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ACCESS' investigation of its falling numbers also revealed that blood pressure rechecks – those that follow an initial high reading – were not recorded in the appropriate field within the center's EHR. ACCESS identified the issue by reviewing a series of patients that DRVS data evaluated as "not in control" – meaning their blood pressure fell outside of normal parameters. The center learned that the data in DRVS did not reflect the re-check readings that appeared in the EHR and the field was not properly set up for DRVS to retrieve and accurately report on the measure. Furthermore, the staff was not properly trained to record blood pressure in the EHR in the same field as the other readings taken during a patient encounter.

IMPACT

Incorrect procedures corrected;
hypertension control rebounds

Once staff began to enter re-checks into the correct field, the accuracy of the patients' blood pressure readings improved. The return to manual cuffs also paid dividends for ACCESS, as hypertension control numbers bounced back to 67% during the next few months and peaked at 73% in March 2015.



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