Implementing an RN Protocol for Uncomplicated Hypertension

- Protocol Requirements – Joyce Cheung, RN; Orange County

- Implementation – Karen Stielbeck, RN; South Bay

- Experience & Learnings – Noshin Afrookhteh, RN; Orange County
Protocol Requirements
Joyce Cheung, RN – KP, Orange County

- Standardized Procedure and Protocol
- Scope of Practice
- Training Requirements

- Governs Standardized Procedure requirements for Registered Nurses

http://www.rn.ca.gov
**Required Elements**

1. Be in writing, dated and signed by the organized healthcare system personnel authorized to approve it.
2. Specify which standardized procedure functions registered nurses may perform and under what circumstances.
3. State any specific requirements that are to be followed by the registered nurses in performing particular standardized procedure functions.
4. Specify any experience, training and/or education requirements for performance of standardized procedure functions.
5. Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

**Required Elements**

6. Provide a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
7. Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.
8. Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient’s physician concerning the patient’s condition.
9. State the limitations on settings, if any, in which standardized procedure functions may be performed.
10. Specify patient record keeping requirements.
RN Medication Protocol Specific Requirements

- Medication management limited to patient specific, medication specific order and standardized procedure
- CAN administer
- CAN adjust drug therapy
- CAN transmit order to pharmacy
- CAN discontinue medication
- NOT able to initiate prescription (e.g. decide what to order and prescribe under own name)
- NOT able to dispense
- NOT able to authorize refill of prescription

Training Requirements

A Standardized Procedure needs to specify training and/or education requirements.

Experience in Orange County

- 3 hours didactic training with RN & Physician Mentor on:
  - Hypertension
  - Medications used to treat hypertension
  - Blood pressure measurement
  - Using the Standardized Procedure
- 1 hour meeting with Physician Mentor & RN on MOB workflows and how to complete 6 cases for competency validation.
- 6 cases scheduled and reviewed by RN & Physician mentor.
A step-wise approach to implementing an RN Hypertension Protocol in Primary Care: The South Bay experience.

Gaining Buy-In

- Primary Care Chiefs, Performance Champions, and front-line physicians.
- Ambulatory Care Practice Leader
- Administrative Leaders (DA’s and Supervisors).
- Staff Development Department & Health Education
- KPHC Long-term Support
- Registered Nurses
- Members
Operational Planning

• Involve the RN’s, back office staff and physicians in the design and development of the workflows.

• Decisions to be made regarding referral source(s):
  - Referrals from primary care areas
  - Outreach to members who meet criteria
  - Mixture of both

• Decide who will review charts and find patients who are appropriate for the protocol.

• Find space or incorporate the process into existing centers or clinics. Set up visit types, MOB pools, staffing model, etc.

Implementation Advice From RN Staff

• It is important for the RN’s to meet to discuss plans for start up. Some staff will feel comfortable with protocols and others will not.
• Staff need to attend meetings and training sessions and have the opportunity to ask questions.
• Have a separate space for the patients with hypertension to be seen.
• Have educational pamphlets available with information related to diet and a schedule of classes.
• Patients need to be reminded of their appointments so have a reminder system set up to call patients a couple of days before their appointment.
• Ask the PCP to order initial labs and let the member know that they will be referred to the RN HTN Clinic.
Sample Workflow
Inreach

→ MD visit results in a referral → MD pulls in and completes the Patient Specific, Medication Specific Authorization → MA/LVN books an appointment in the RN HTN Clinic then routes the chart to RN pool → RN retrieves chart.

Sample Workflow
Outreach

CVD RN / Pharm D. reviews charts of patients with uncomplicated hypertension and on the appropriate medications → routes chart to MD → MD reviews, pulls in and completes the patient specific authorization → routes chart to the RN pool → RN retrieves chart and calls patient to schedule the visit.
Patient Specific Medication Specific Authorization

I am enrolling this patient, XXX in the Registered Nurse Management of Hypertension protocol and am authorizing the qualified registered nurse to adjust the below medication(s) per the established Hypertension Protocol for Registered Nurses. The RN will advance the following medications per protocol as tolerated until the target blood pressure is reached.

The following medications are to be ordered per protocol:
Prinzide 20/25 mg ½ tab daily up to 2 tabs daily
Amlodipine 2.5 mg up to 10 mg daily
Atenolol 25 mg up to 50 mg daily
KCL 10 meq per protocol

The medication started/adjusted today is ***, dose ***mg, SIG *** Daily

Blood Pressure at time of enrollment:
08/10/2010 : 125/78

Labs included in this protocol are baseline and future Creatinine, K, and Na.

As of this date the most recent values for lab results related to this protocol:
No results found for this basename: GFR
No results found for this basename: K
No results found for this basename: NA

After each medication adjustment, recheck blood pressure in two weeks and check labs per the protocol. I have explained to the patient that they have hypertension and the importance of keeping their future appointment with both the RN and the lab as it is of utmost importance that we achieve optimal blood pressure control.

Electronically signed by:
KAREN MARIE SIELBECK RN

Communication

Ensure that all of the stakeholders are aware of the implementation timeframe:
- Physicians
- Back office staff
- Training teams
- RN’s performing the hypertension work
- Staff who may be involved in outreach or list preparation.
Prepare the Member

The physician will play a major role in ensuring that the member is comfortable with an RN adjusting their blood pressure medication.

You may want to say:

“Your blood pressure is high. I am going to refer you to the RN Blood Pressure Clinic. I have sent over orders so that the RN can take your blood pressure and adjust your medicines every two weeks until your blood pressure is < 139/79. Please do as they ask since they are following my orders for your care.”

Getting Ready for the Visit – Advice To The RN From the South Bay RN HTN Team

Maria Boiles and Hortensia Rodríguez

• Review the patients chart before the visit.
  • Labs
  • Medications taking
  • Last PCP visit note and BP history

• Review the protocol for the next medication to be given if the BP is not at target. As you become more familiar with the protocol medications you will be able to skip this step.

• When the patient arrives introduce yourself and review with them why they are there and what you will do for them.
Start Up

Start Slow
- Implement with one or two physicians and RN’s until the workflow is established and working well.
- Audit the process with each referral until there are no glitches. Follow a few patients through the entire process.
- Physicians are more comfortable when they know that the process has been tried and is working well.

Evaluate

- Ask physicians and RN’s for feedback early on and then at prescribed intervals.
  No News Is NOT good news! No News is usually bad news.
- It is a good idea to survey the patients about their experience. Ask for their feedback.
Implementation Barriers

• Physicians forget to refer the patients.
• Physicians add in mediations to the authorization or ask for follow up that is not a part of the protocol.
• Time and space
• Training – different skill levels of the RN staff; ED and critical care RN’s very comfortable, others may not be as comfortable.
• Staffing – sick calls and vacation
• Finding a consistent physician mentor.

Advice From the RN’s – Items to Address

• Misconceptions about medications. Many patients think that taking medication is “bad”.

• Patients think that they are doing fine now so will stop their medications.

• Ask adherence questions – “how many times in the last week have you taken your medication the way that it is prescribed?” You will be surprised!
Additional Items to Address

• Reinforce the need to take their medication at the same time every day.

• Patients forget to get their labs drawn – they may need reminders.

• Time spent rebooking appointments is an issue. Try to set up a reminder system.

Ongoing Support

• Mentors

• Annual Competency

• Review and revision of the protocol
  
  **Committee approvals**
  - Pharmacy and Therapeutics
  - Interdisciplinary Practice Committee
  - Medical Executive Committee
Mentors

• It is typical for each MOB has a different mentoring process with varying levels of enthusiasm toward mentoring for the RN Protocol.

• OC mentor model – HTN Champion in each MOB trains with the RN’s and mentors the clinic.

• “I think having a particular physician mentor consistently is important. But encouraging ALL the PCPs to be open to their questions and non-threatening in their responses is VERY IMPORTANT.”

  Barbara Tiedemann, RN DA Family Medicine.

RN Competency

• Must be assessed on an annual basis.

• Multiple methods:
  Chart audits
  Direct observation
  Interviews with staff and/or
  Any combination of the above.

• OC Model – The RN pulls six charts and shares the MRNs with the physician mentor. The mentor is given IW to review the charts and document that the RN is / is not working within the protocol.

  Documentation is important for scope of practice confirmation.

  Make friends with your Staff Development Department – you will need them.
Protocol Review and Revisions

- Protocols must be revised each time the evidence or processes change.

- Examples:
  - South Bay went from a 6 week BP check to a 4 week check and finally a 2 week check.
  - We updated the protocol when the Prinzide doses changed and when beta blockers went from being third-line to fourth line. AND
  - When the BP goals changed.

Protocol Review and Revisions continued...

- All changes must be reviewed and approved through the committees.

- KPHC Smart Phrases must be updated.

- The staff must be retrained to the changes.

- Documentation of training is important.

- Return to the audits to ensure that changes are occurring at the front-lines.
RN Satisfaction at South Bay

• Many positive benefits:
  • Develop relationships with patients.
  • The knowledge that is acquired from the protocol carries over to your other patients and other areas of your work.
  • Patients give positive feedback and feel well cared for.
  • You are not along – you have each other as a resource.
  • “You really need this knowledge”.

Maria Boiles, RN HTN Clinic

Summary

• RN’s who have been trained and who have supportive leadership can effectively manage medication adjustment for patients with uncomplicated hypertension.

• RN’s working under protocol require scope of practice and protocol training. Documentation of the training and competency processes is important for regulatory purposes.

• Strong physician, Staff Development and Leadership Support is necessary if an RN HTN process is to be successful.
Experience & Learnings
Noshin Afrookhteh, RN – KP, Orange County

Kaiser Permanente, Orange County,
Harbor MacArthur Medical Office

Titration Checklist

<table>
<thead>
<tr>
<th>Lab Review</th>
<th>Lab Value Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date _____</td>
<td>Potassium ______</td>
</tr>
<tr>
<td></td>
<td>Hypokalemia: 3.5-4.5: Add K or increase K. Repeat K in 2 weeks. If repeat K &lt; 3.7, notify MD</td>
</tr>
<tr>
<td></td>
<td>Hyperkalemia: 5.0-5.5: Discontinue all K supplementation, advise to eat low K diet, as if not on K decrease Lisinopril/HCTZ dose in half and repeat K in one week</td>
</tr>
<tr>
<td></td>
<td>If K remains 5.0-5.5 notify MD to determine how often to monitor K or dis Lisinopril</td>
</tr>
<tr>
<td></td>
<td>If K above 5.5, notify MD</td>
</tr>
<tr>
<td>Date _____</td>
<td>Sodium ______</td>
</tr>
<tr>
<td></td>
<td>Hypoalbuminemia: &lt; 3.4: Notify MD: DC HCTZ and decide to add or increase Lisinopril</td>
</tr>
<tr>
<td>Date _____</td>
<td>Serum Creatinine ______</td>
</tr>
<tr>
<td></td>
<td>GFR &gt; 1.3 see GFR and decide if pt. is eligible for program</td>
</tr>
<tr>
<td>Date _____</td>
<td>GFR ______</td>
</tr>
<tr>
<td></td>
<td>GFR &lt; 30 consider if the pt. is eligible for program</td>
</tr>
<tr>
<td>Date _____</td>
<td>Microalbumin ______</td>
</tr>
<tr>
<td></td>
<td>GFR &lt; 30 consider if the pt. is eligible for program</td>
</tr>
</tbody>
</table>
Questions

Call if you have questions about how to implement an RN HTN Protocol at your medical center.

Karen Sielbeck, South Bay – 310-517-3898 tie line 340.

Joyce Cheung, OC Tel: 714-748-6306 tie line 270.