

# Back-Office Staff Blood Pressure Measurement Survey

Alan R. Ertle, MD, MPH, MBA

May 2015

# Survey Description

---

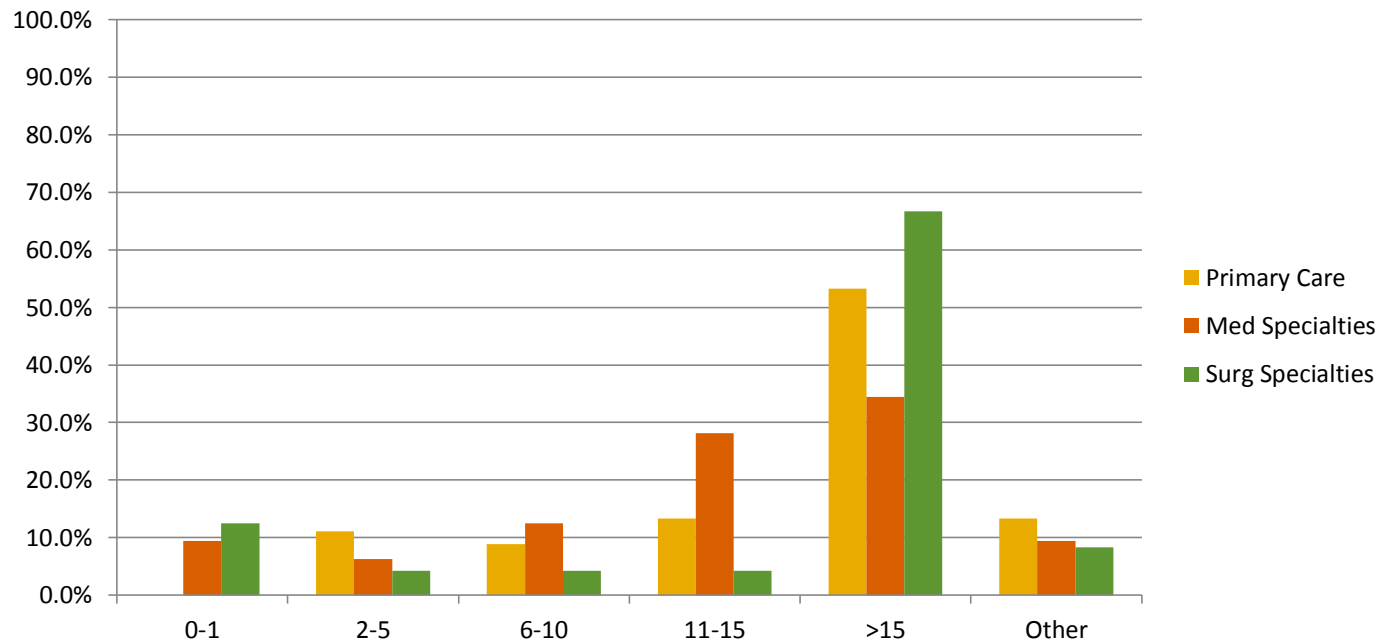
- Based on the Measure Up/Pressure Down recommendations for accuracy in blood pressure measurements
- Twenty-one (21) questions
- Three subgroups
  - Primary care MAs
  - Medical specialties MAs
  - Surgical specialties MAs

# Responses

---

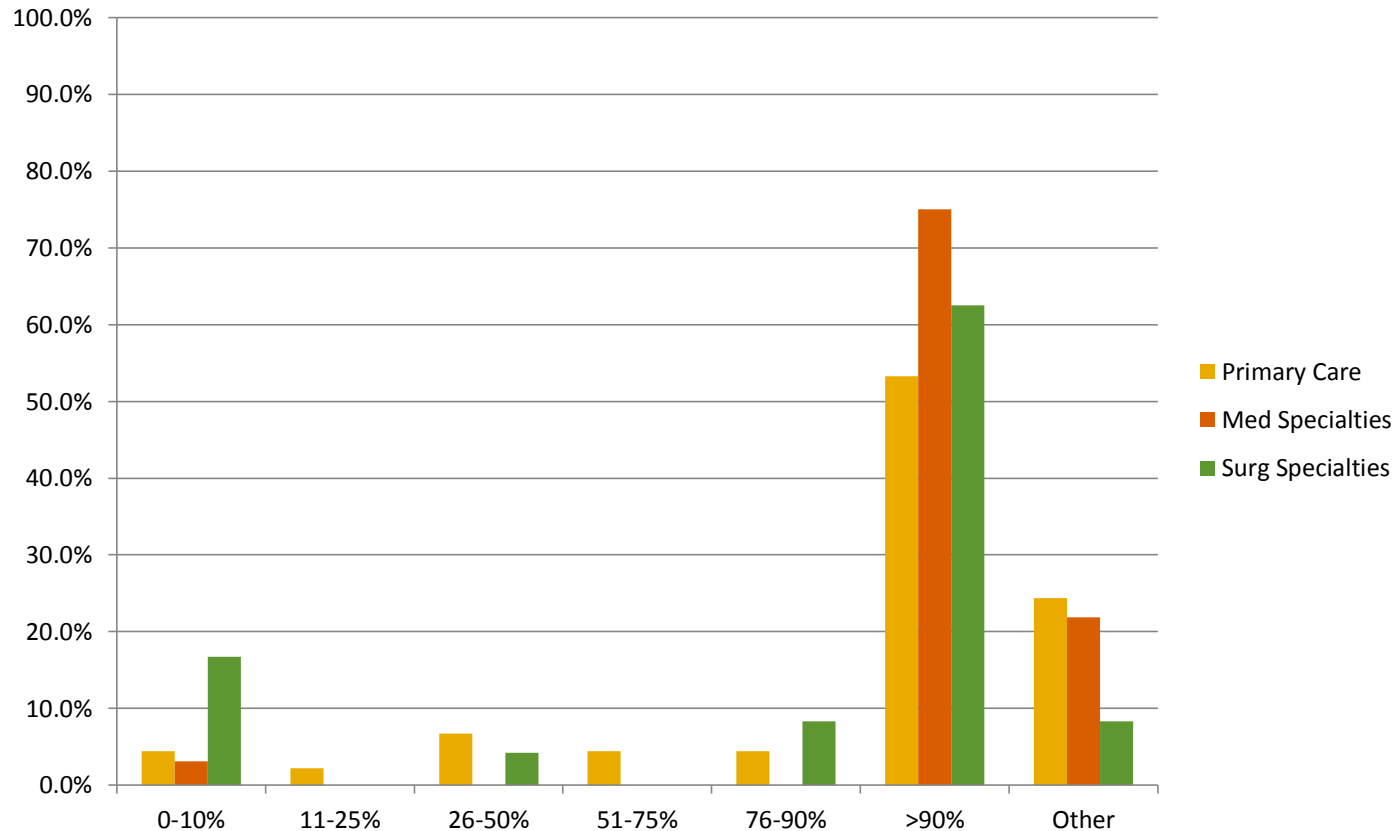
- Primary care 45
  - Medical specialties 32
  - Surgical specialties 24
- Total 101 responses (just under 40%)

# 1. On a regular work day in the clinic, about how many times a day do you take a patient's blood pressure?



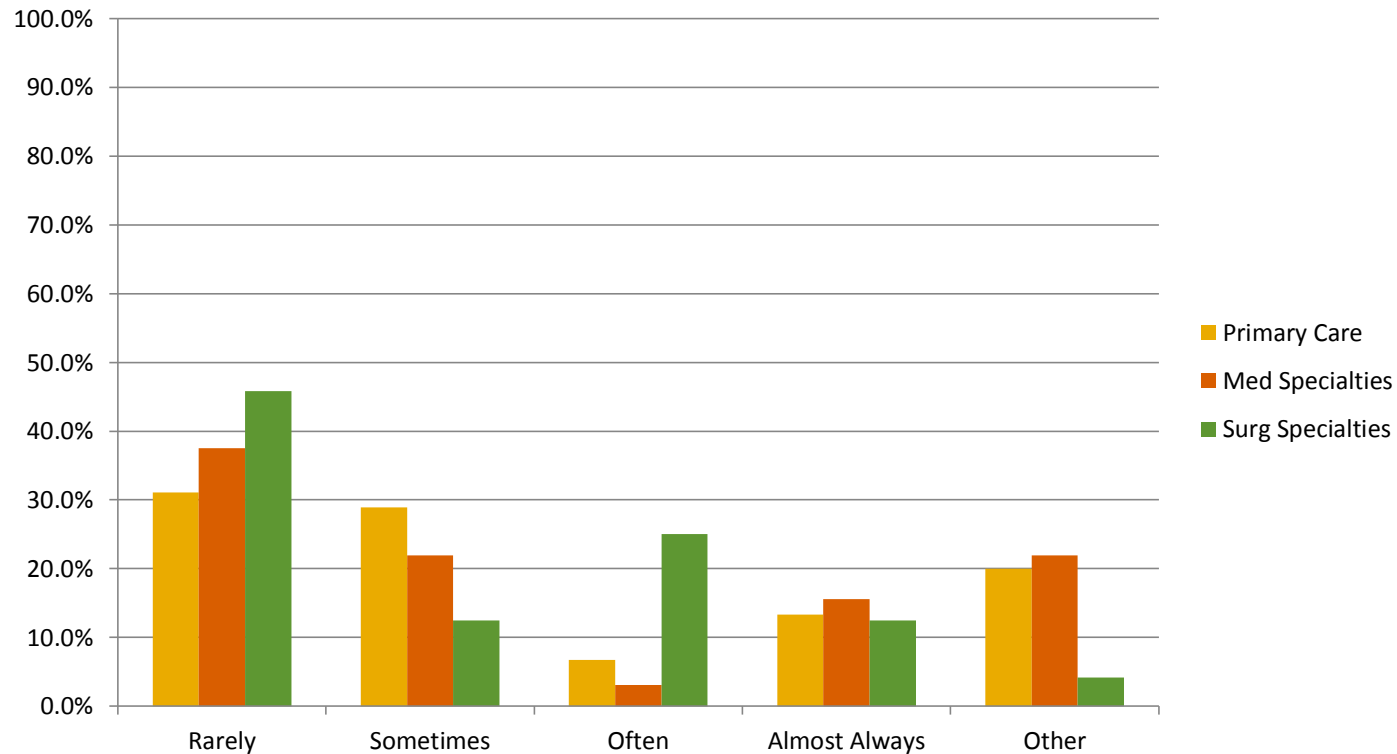
“Other” responses were more than 15 (e.g., 15-25 or 30)

## 2. On what percentage of patients that you check in and room do you take their blood pressure?



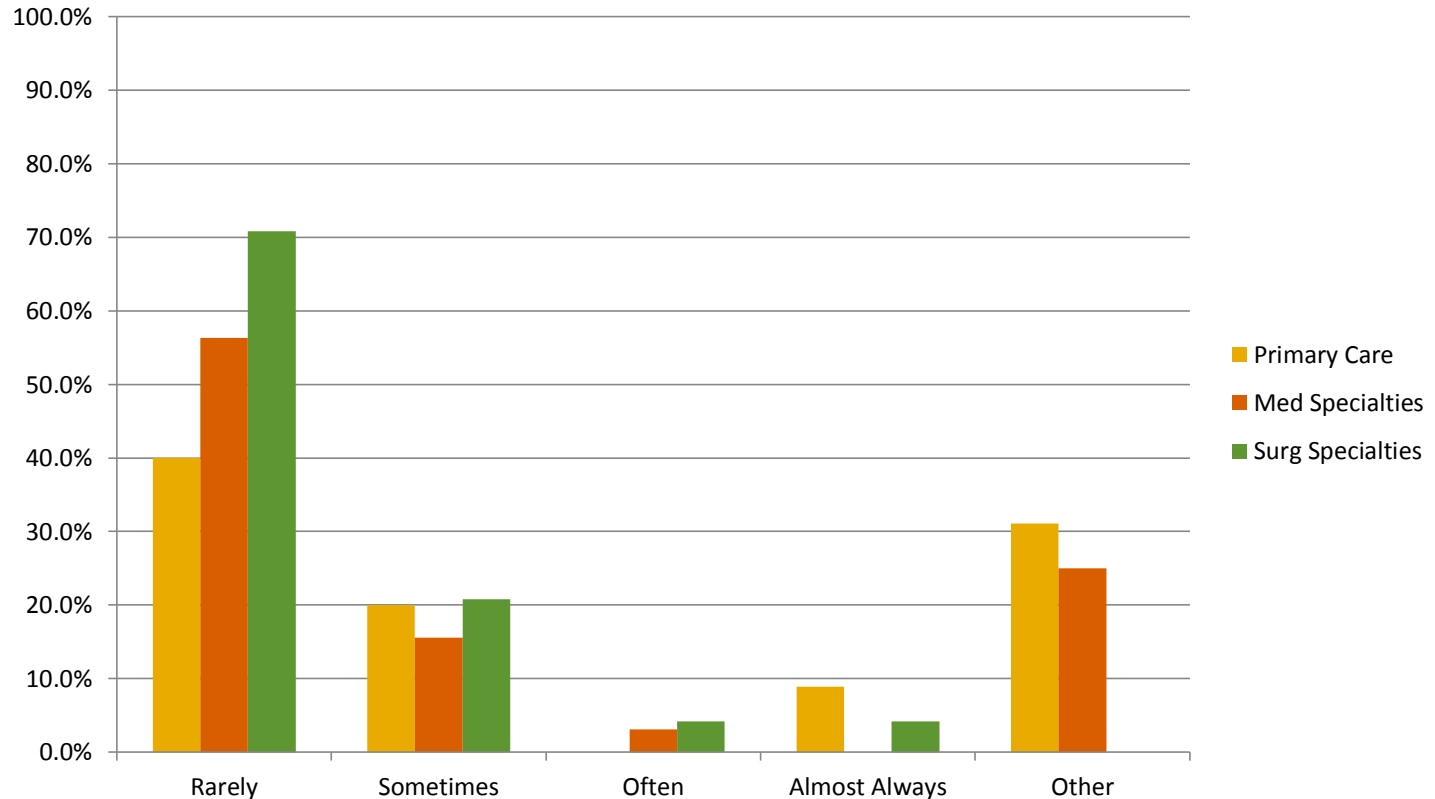
“Other” responses were all “100%”

### 3. When you are taking a patient's blood pressure, do you ask them about consuming caffeinated beverages or smoking prior to taking their blood pressure?



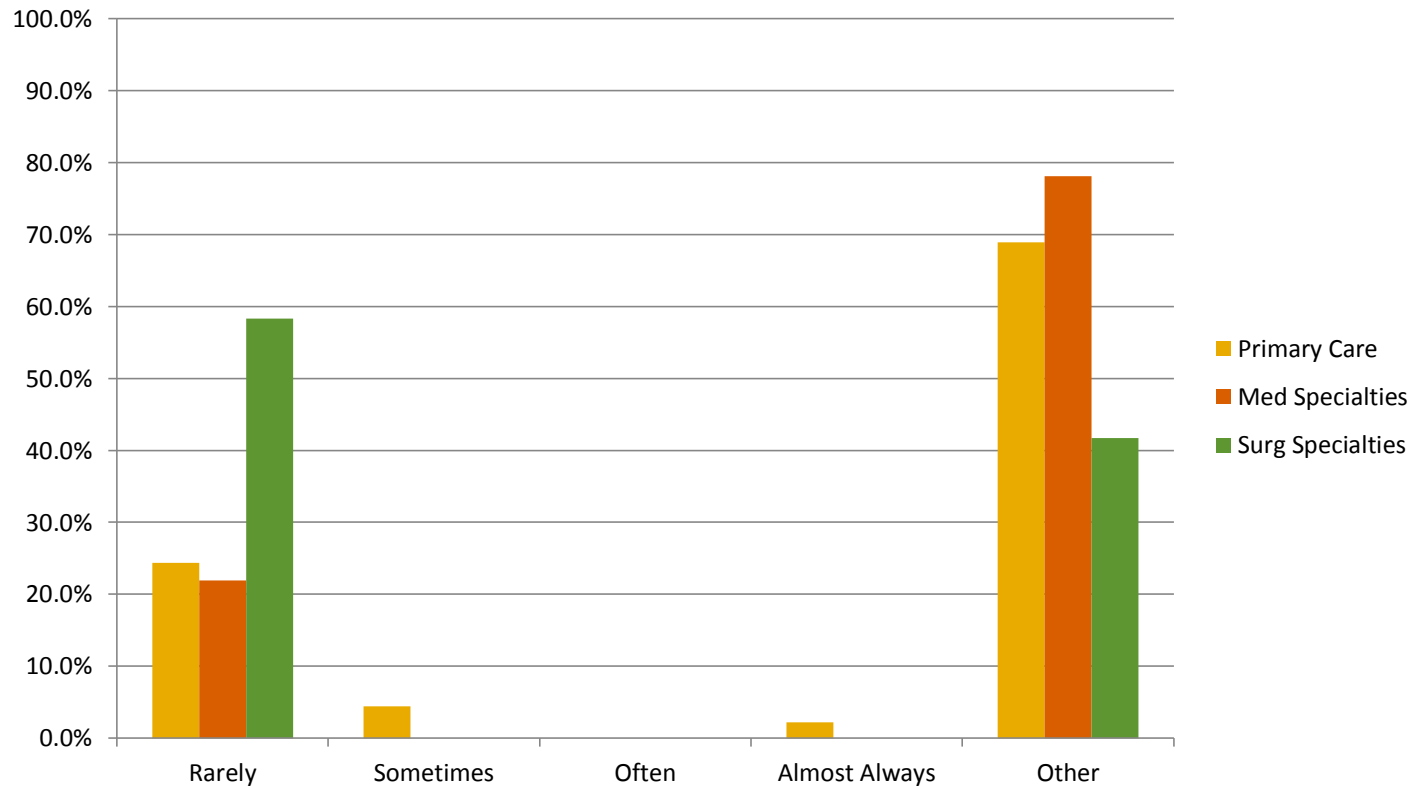
“Other” responses primarily “never” or “when it is high”

## 4. When taking the patient's blood pressure, do you or the patient talk to each other?



“Other” responses were never or no

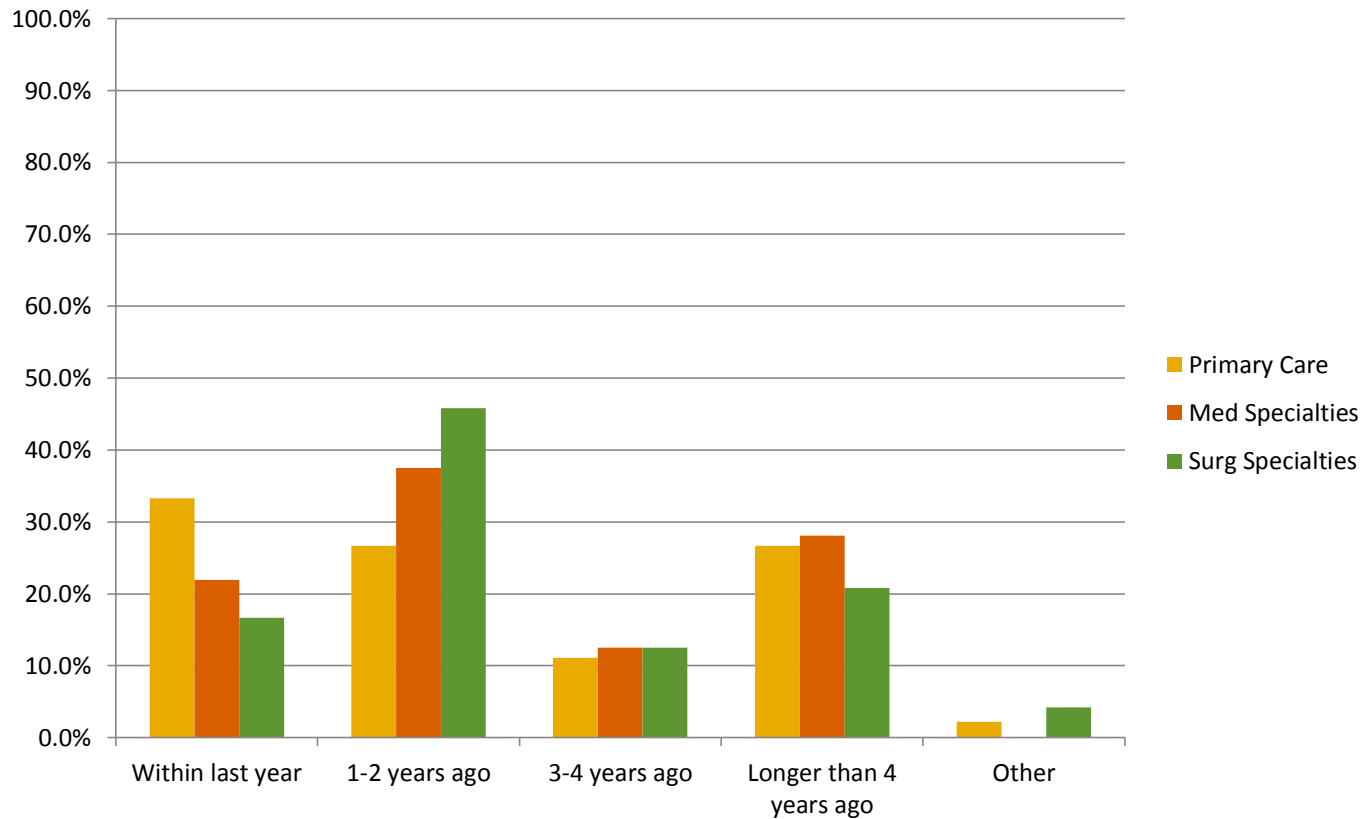
## 5. Do you round the systolic and diastolic blood pressures to the nearest 10? (e.g., round 144 to 140 or round 78 to 80)



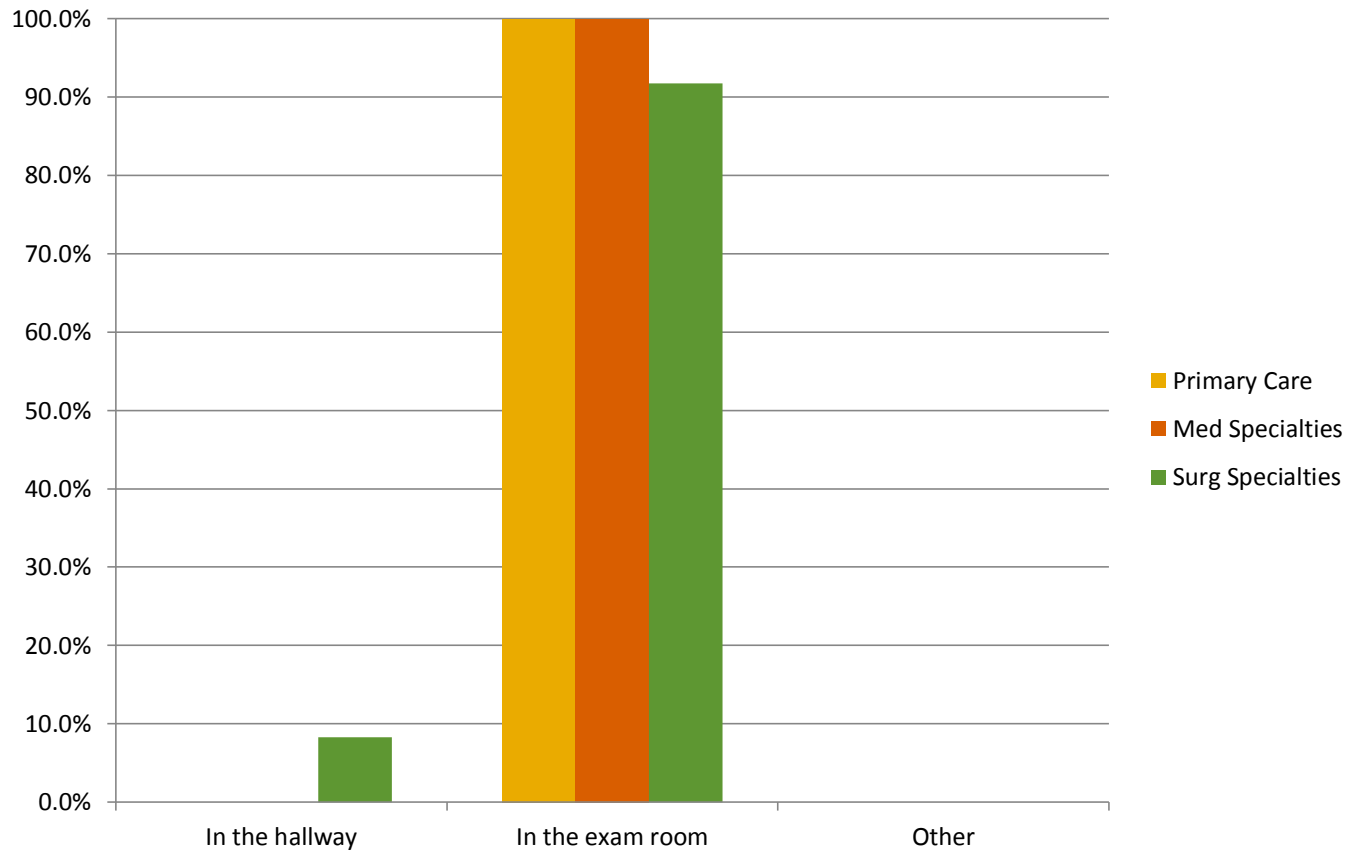
“Other” responses were never or no



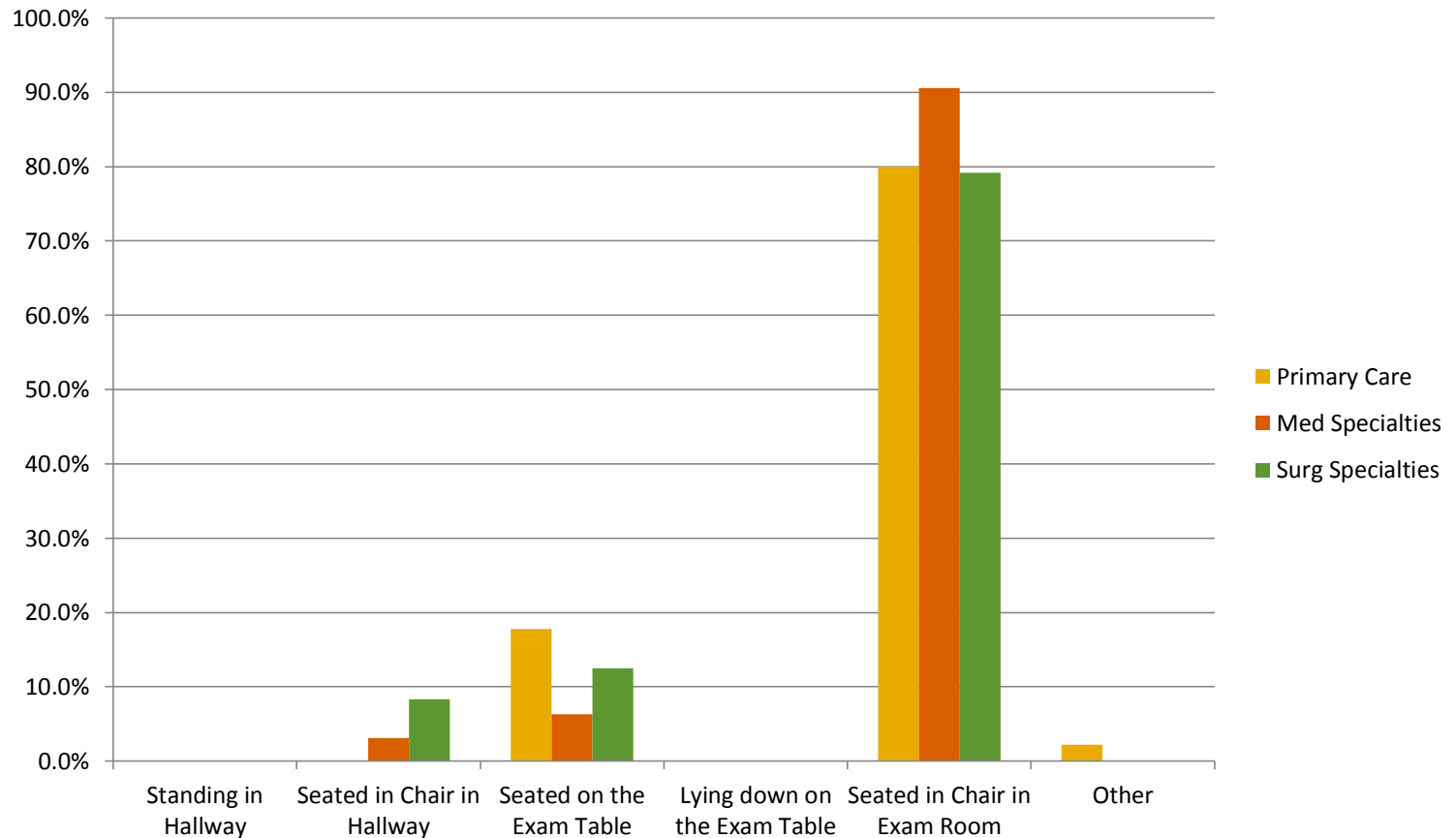
## 6. When was the last time you received formal training on measuring blood pressure?



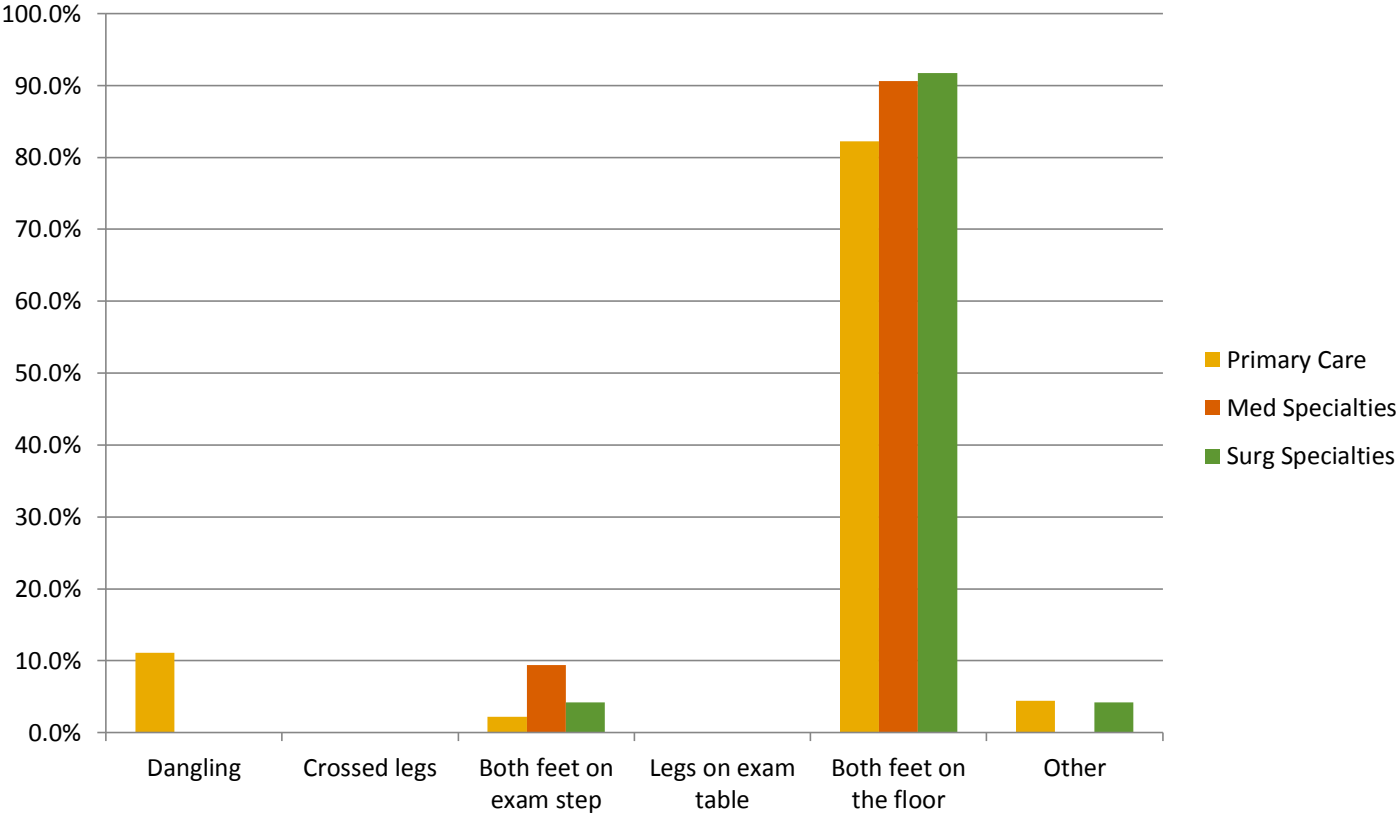
## 7. Where do you usually take the patient's blood pressure during the check-in process?



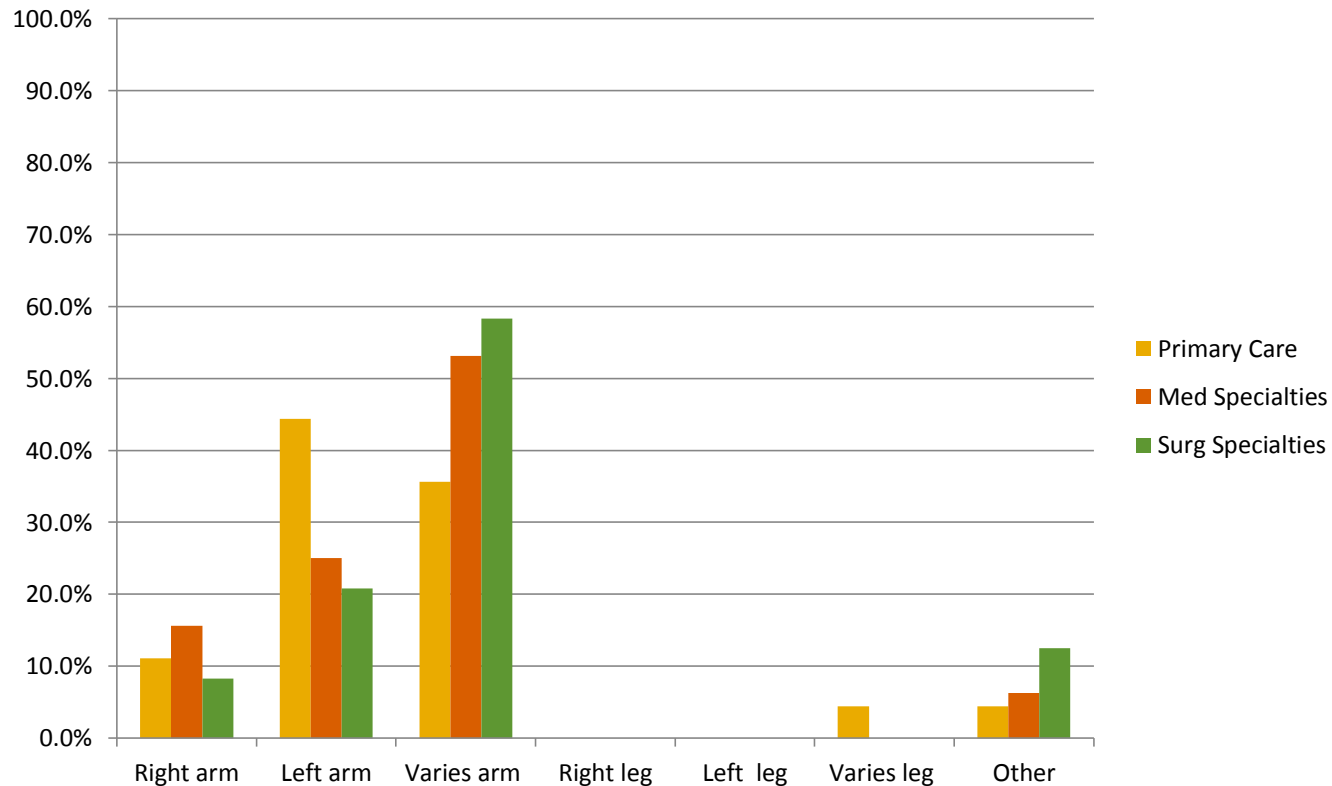
## 8. How is the patient normally positioned when their blood pressure is measured?



# 9. Where are the patient's feet/legs when you normally take their blood pressure?

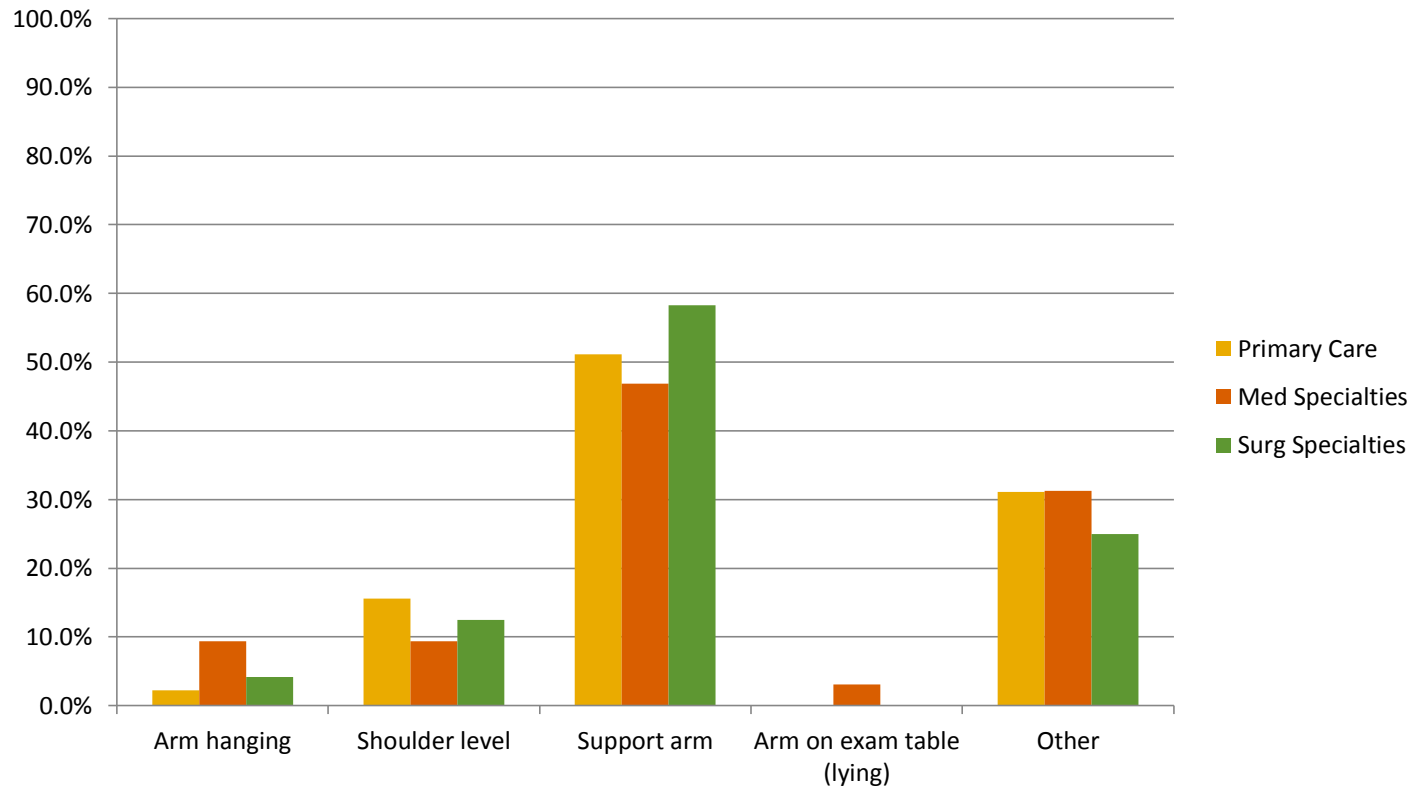


## 10. On which extremity do you normally take the patient's blood pressure?



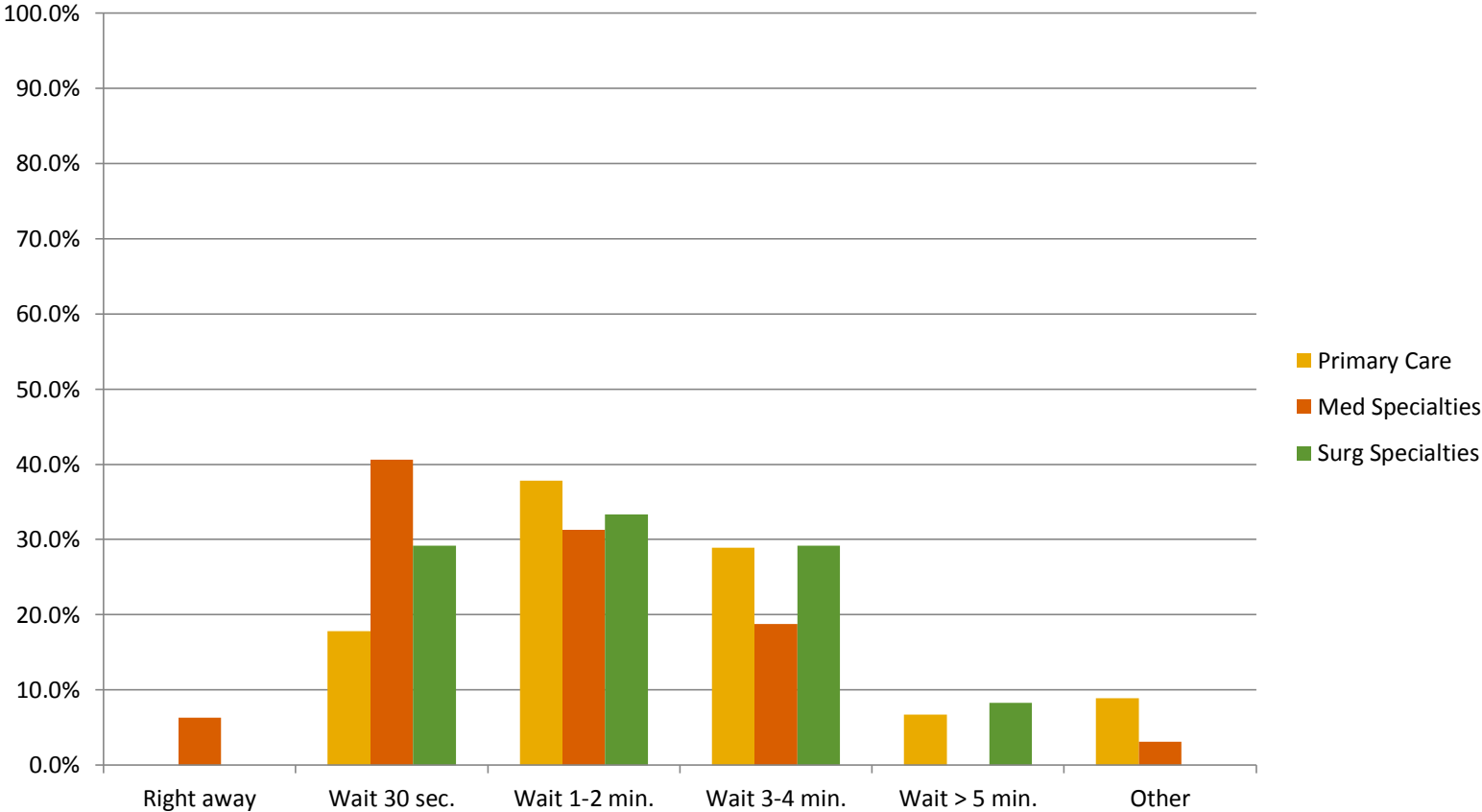
“Other” responses relate to patient’s condition at the time.

# 11. If you take the patient's blood pressure on their arm, what is your preference as far as the position of the patient's arm during the blood pressure reading?

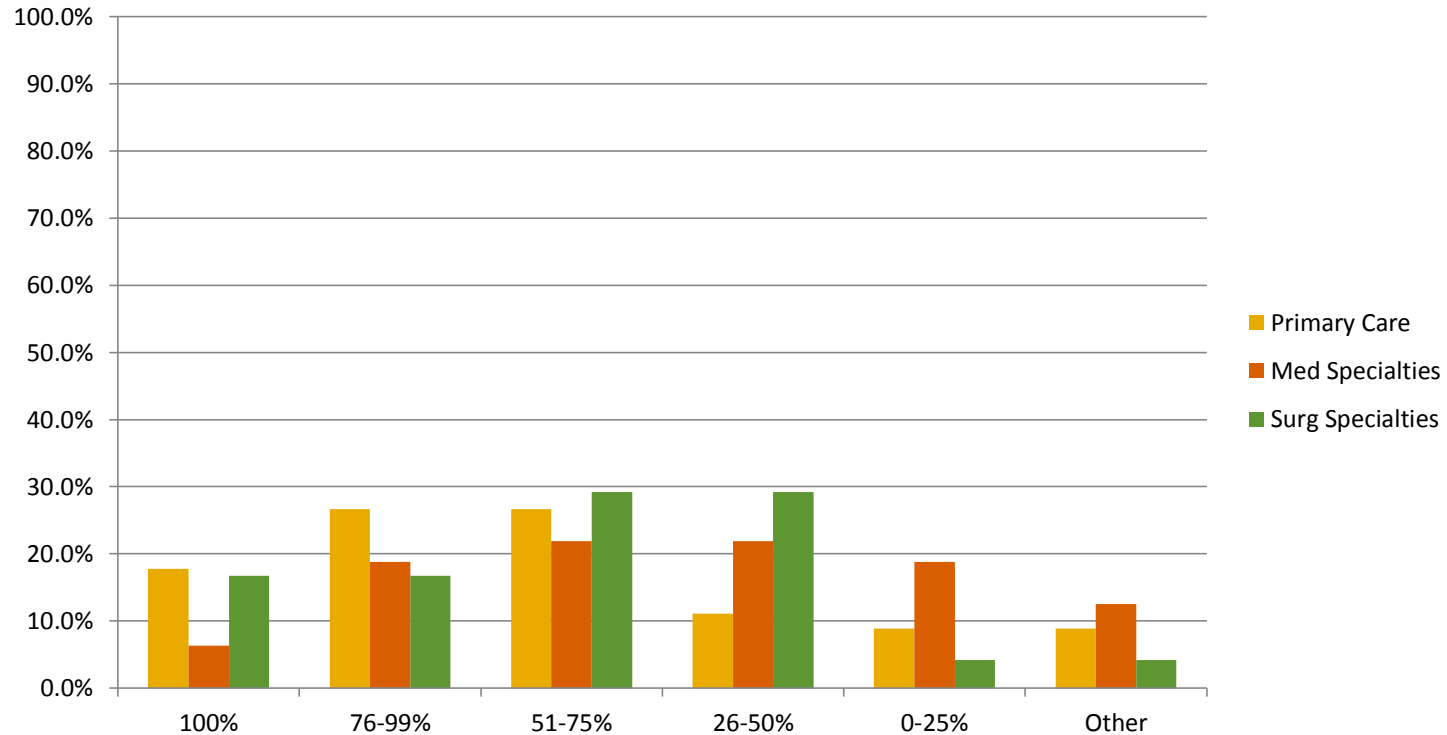


“Other” responses were “arm supported at heart level”

# 12. How long do you usually wait before the patient sits down before you take their blood pressure?



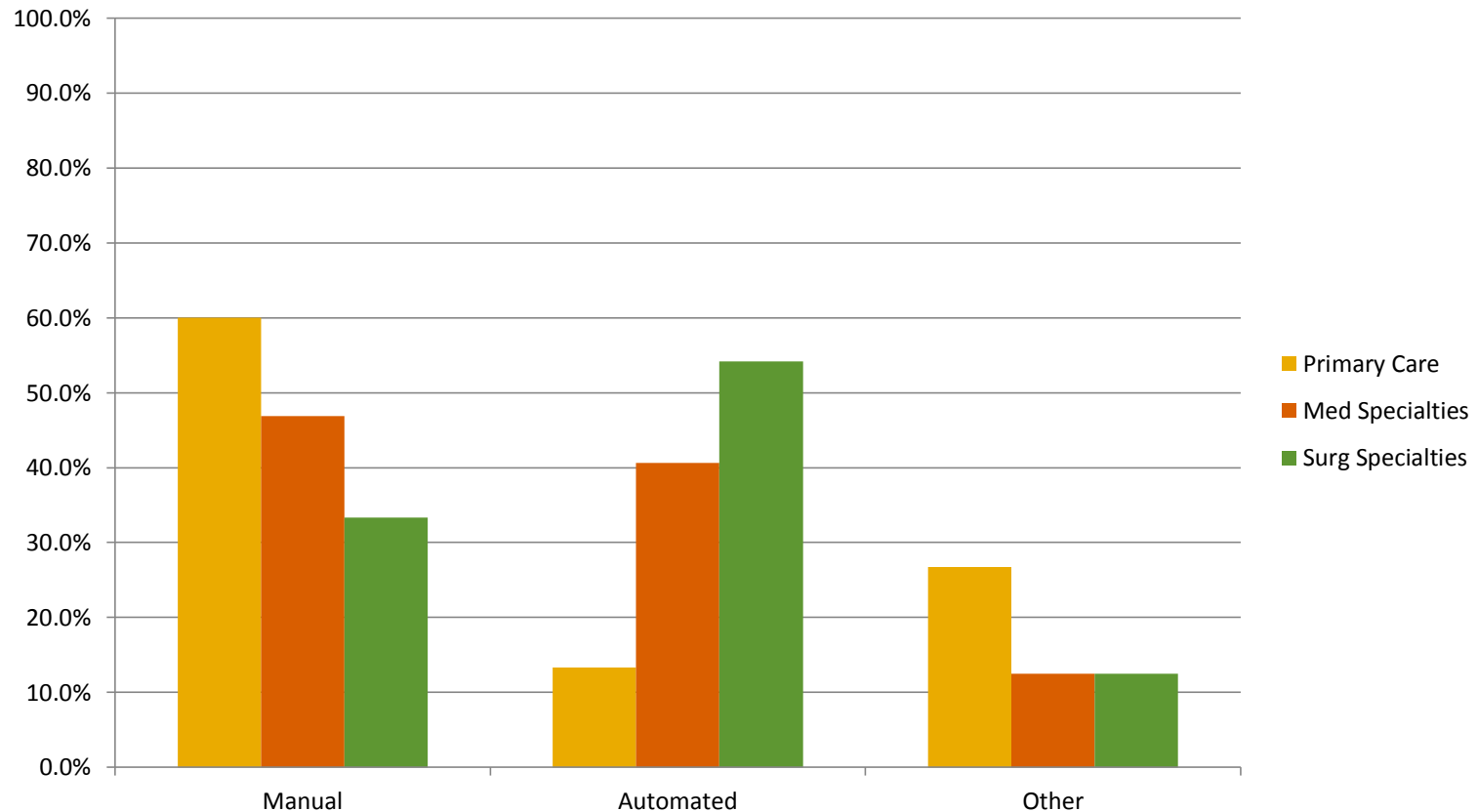
# 13. What percentage of the time does the patient roll up their sleeve to get their blood pressure measured, as opposed to having a bare arm?



“Other” responses include “only if not in short sleeves” and “do it over the sleeve”

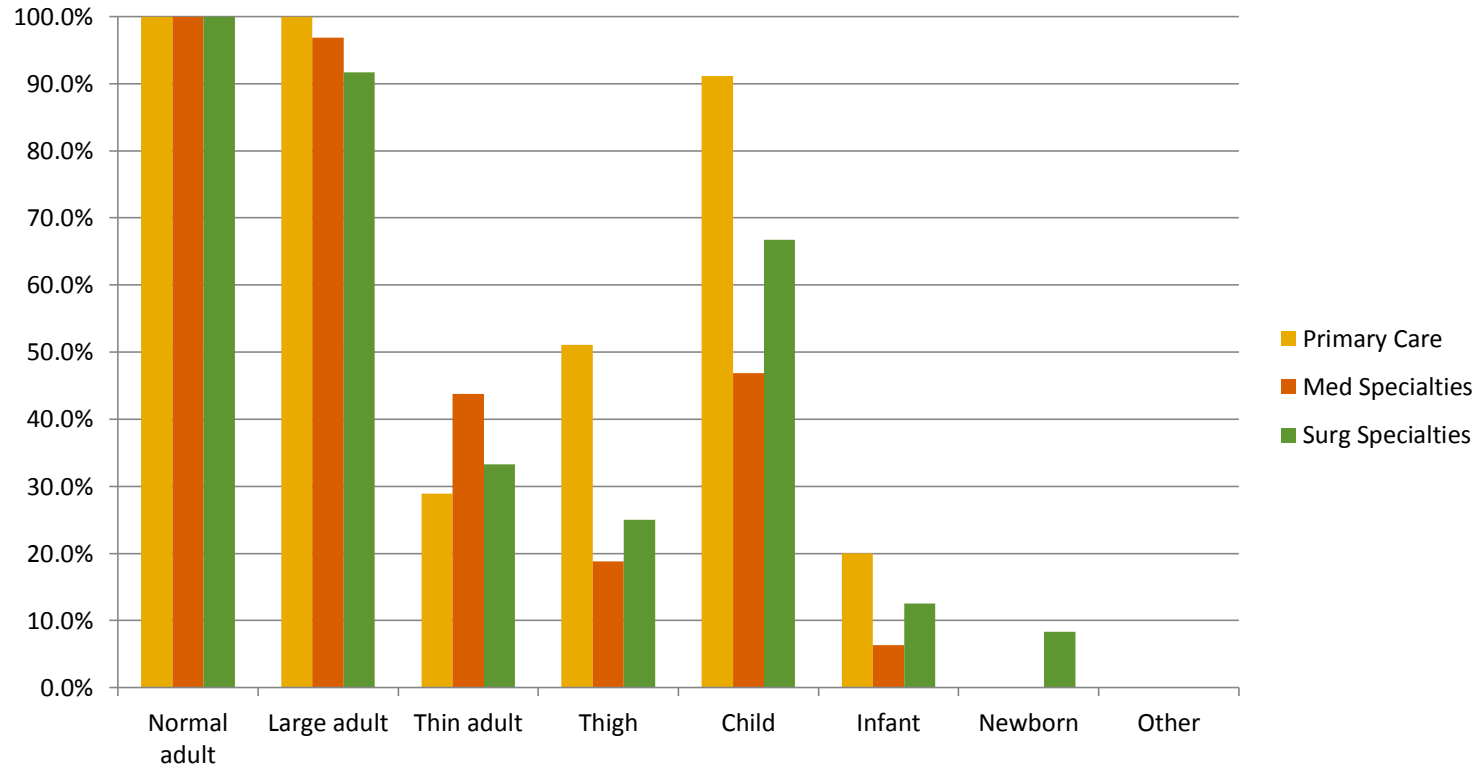


# 14. Do you use a manual (e.g., mercury manometer with stethoscope) or an automated blood pressure cuff when taking patient's blood pressure?

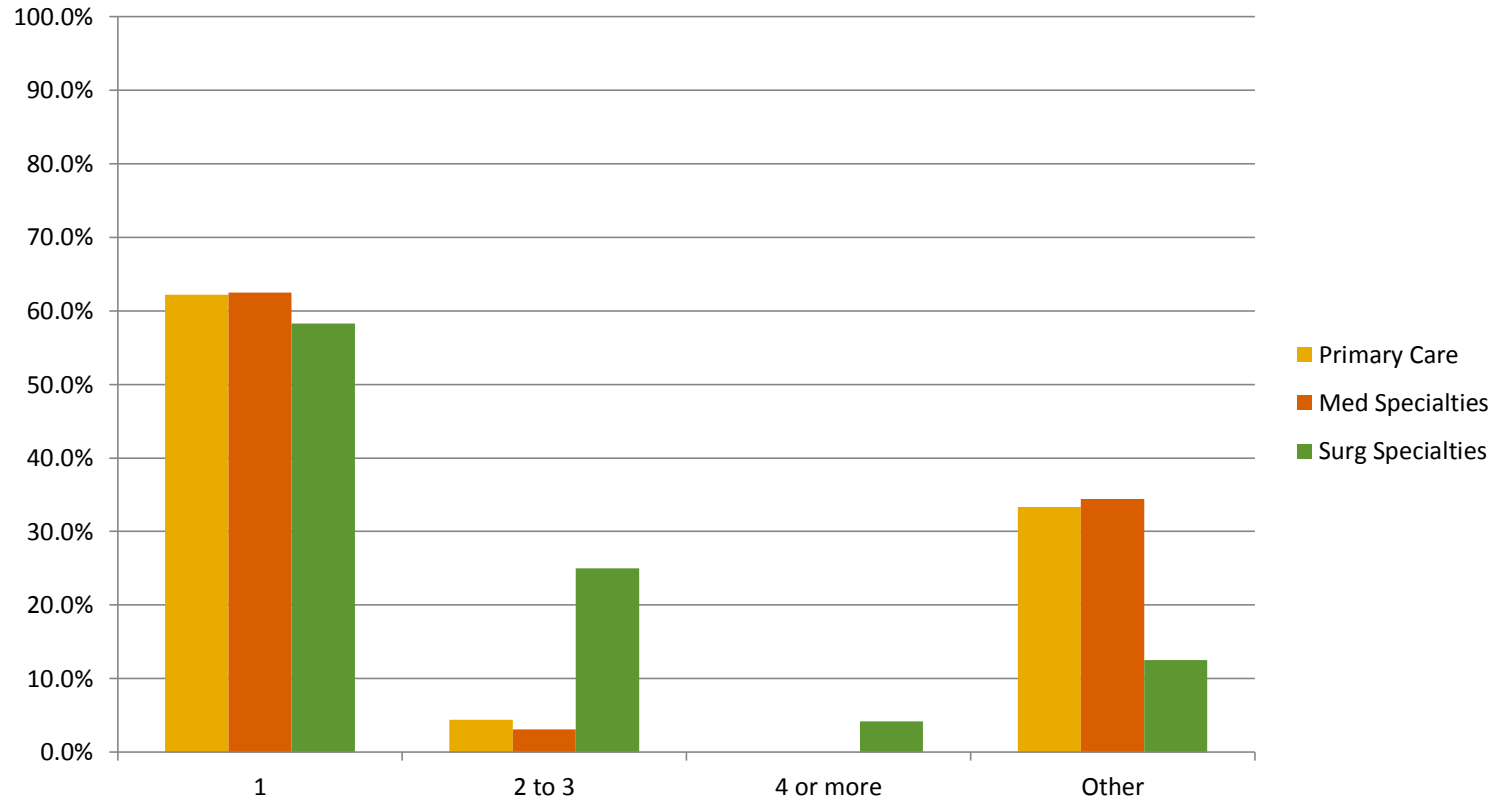


“Other” responses “50-50” or “depends” or “both”

# 15. How many different blood pressure cuff sizes do you have ready access to at your site or in your hallway? Check all that apply.

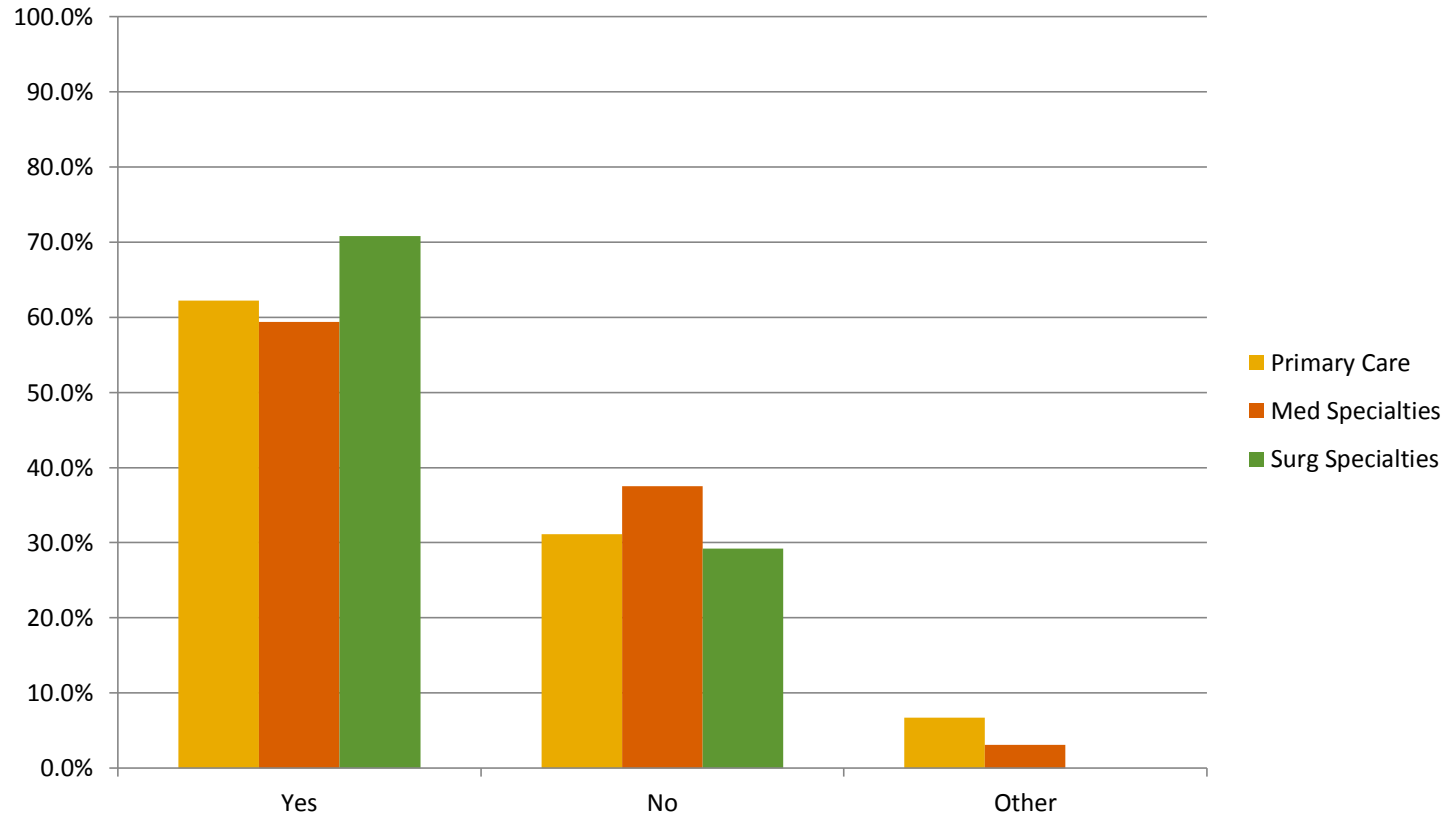


## 16. If you use automated devices to measure blood pressure, how many different makes and models do you use in an average day?

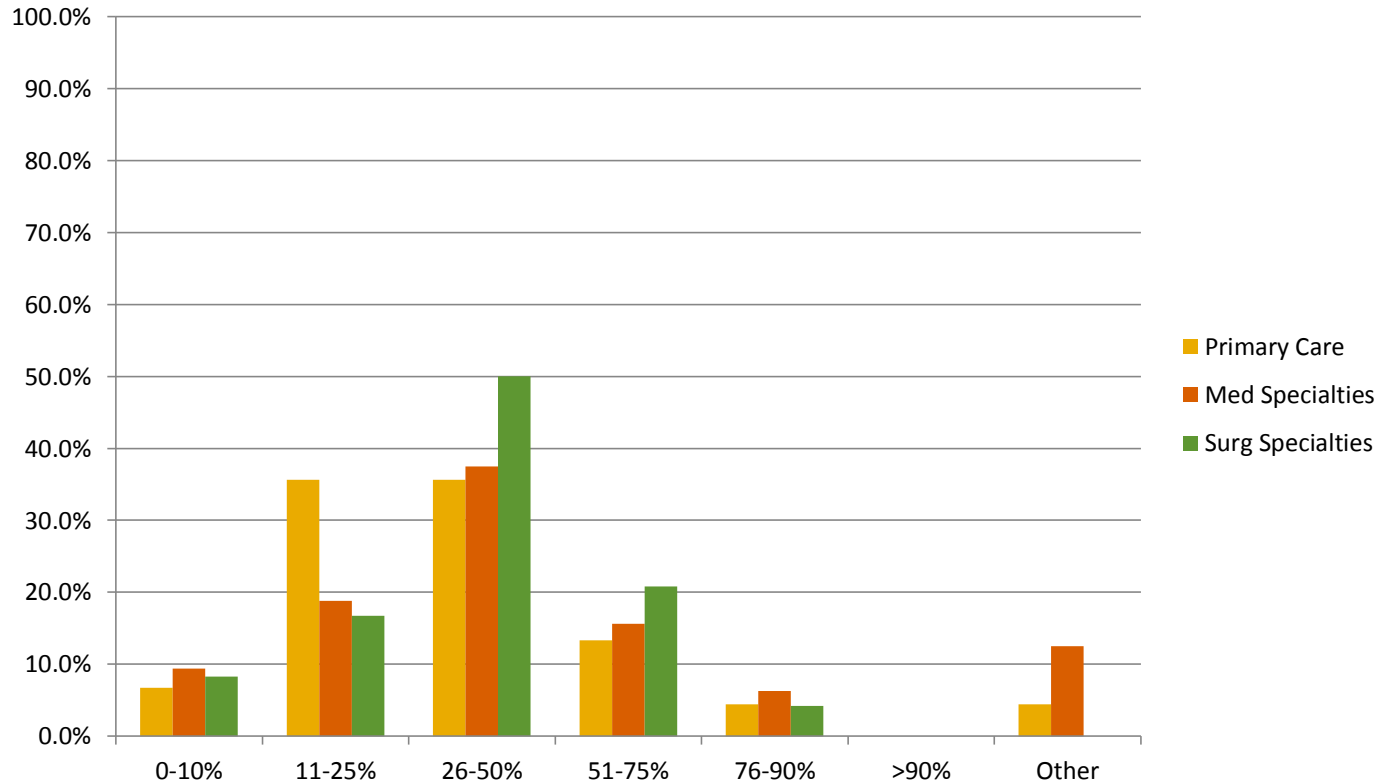


“Other” responses are all “don’t use automated”

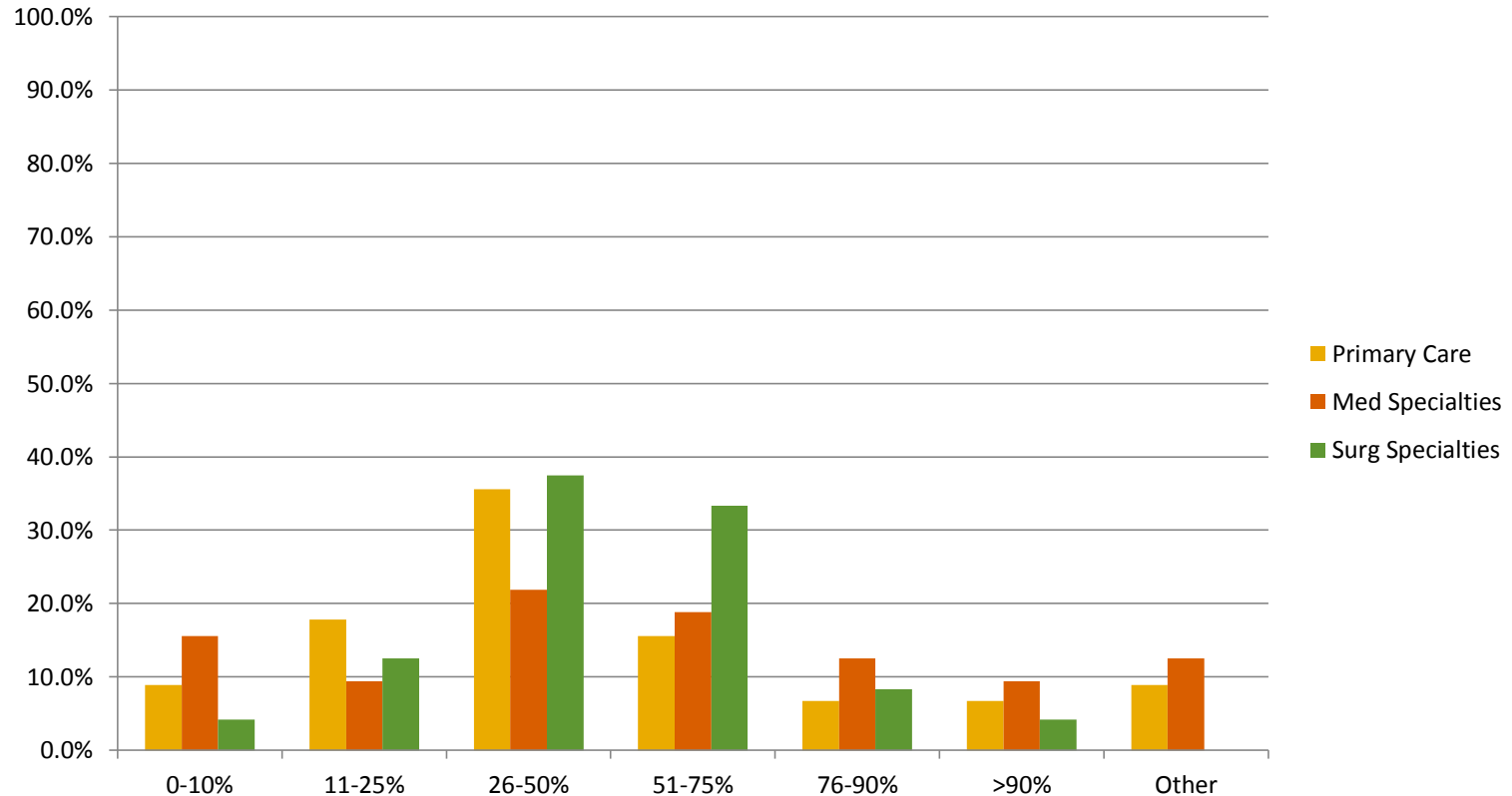
## 17. Are you aware of the last time that TriMedx calibrated your blood pressure devices to ensure their accuracy?



## 18. What percentage of your patients do you think have a blood pressure cuff at home to monitor their own blood pressure?

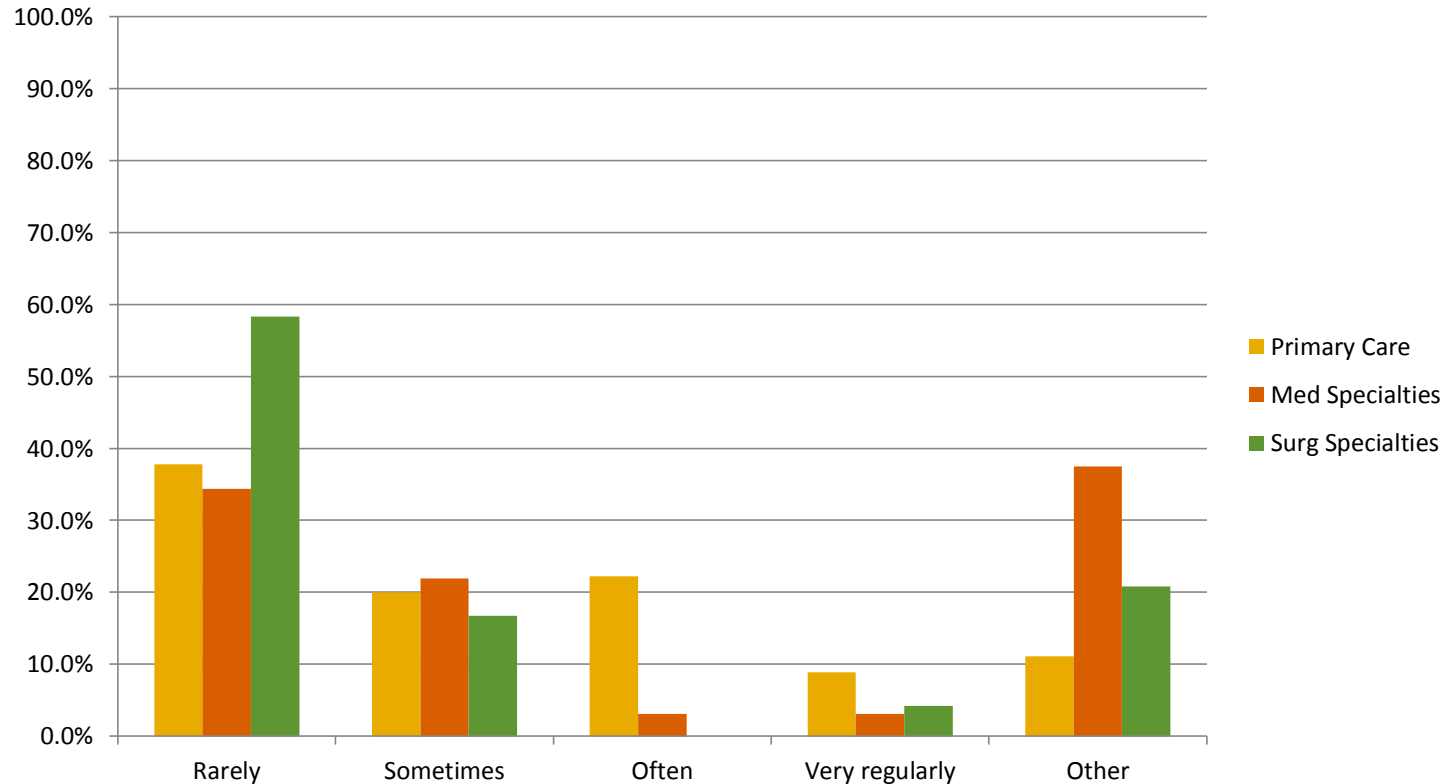


# 19. Of the patients who do have a blood pressure cuff at home, what percentage of those patients use it regularly to monitor their own blood pressure?



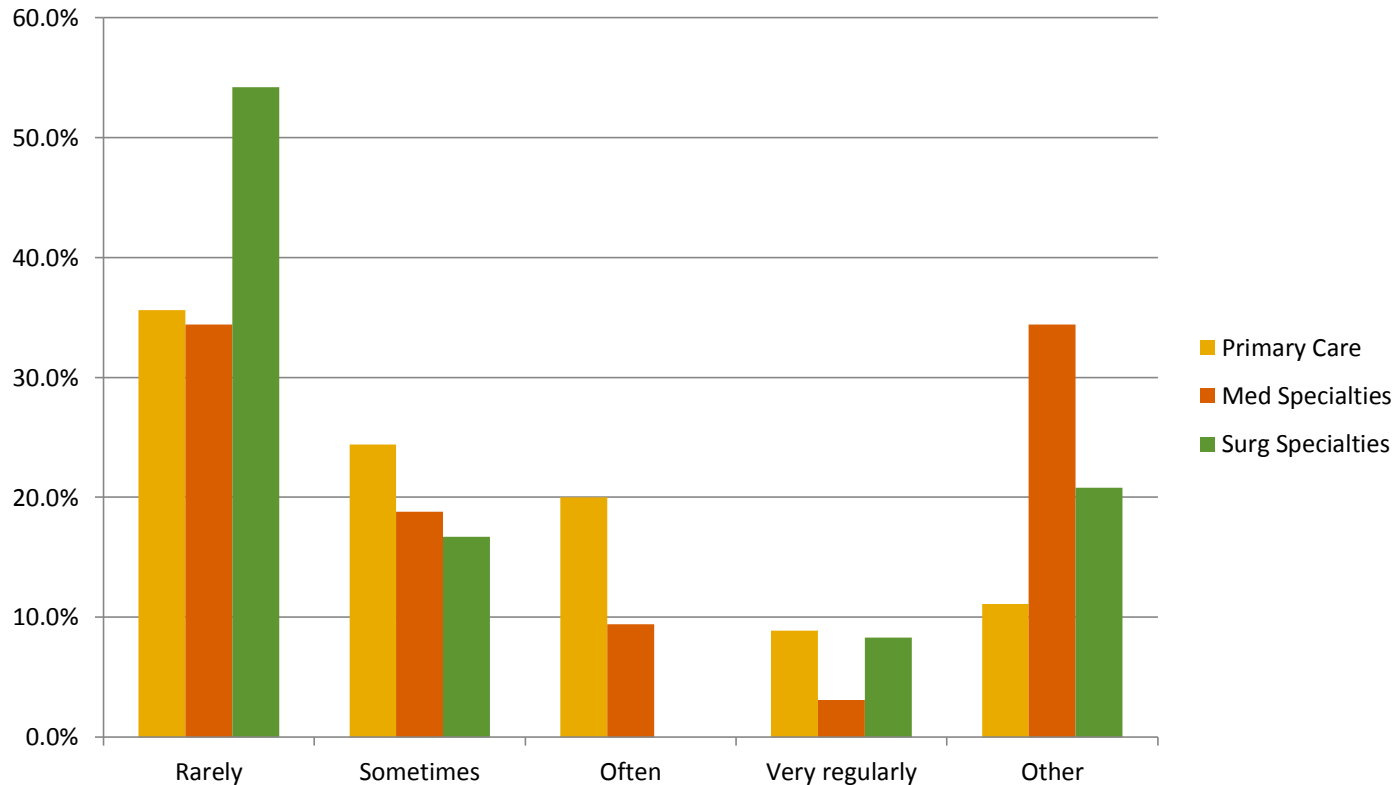
“Other” responses are “unsure” or “unknown”

## 20. How often do you ask patients with a home blood pressure monitoring device to bring them in to ensure that the patient is using the correct technique?



“Other” responses were “up to the doctor to do that” or “never”

## 21. How often do you ask patients with a home blood pressure monitoring device to bring them in to ensure that their device is accurate?



“Other” responses were “up to the doctor to do that” or “never”



# Tentative Observations

---

- Blood pressure is checked very often by the back office staff.
- We are not doing it on 100% of patient visits
- There are a number of knowledge gaps
  - Smoking and caffeine
  - Talking during measurement
  - Rounding measurements up or down
  - Seated in exam room with feet flat on the floor
  - Arm supported
  - Waiting five minutes
  - Rolling up sleeve (unless not constricted)

## Tentative Observations

---

- Multiple devices to contend with
- Unclear calibration on all devices
- Perhaps 40-50% of patients have home BP devices
  - Unclear if used regularly
  - Unclear if using good technique
  - Unclear if they are calibrated
- Training has been a long time ago for some

# Next Steps?

---

- Training video with all the elements of Plank 1:
  - Take BP on 100% of the patients
  - Ask about smoking and caffeine-if positive, wait until the end of the visit
  - Patient position seated in chair with feet flat on floor in exam room (not in the hall)
  - Wait five minutes (have patient mentally go to the beach)
  - Cuff selection
  - Cuff position
  - Bare arm!
  - Use of stethoscope (bell side)
  - No talking
  - Arm supported
  - Proper technique (two-step method particularly if new or annual)
  - No rounding of numbers