ontario stroke network
Advancing the Ontario Stroke System

ONTARIO STROKE NETWORK HYPERTENSION MANAGEMENT PROGRAM

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NURSE PRACTITIONER

Lakelands
Family Health Team

DISCLOSURE FOR POTENTIAL CONFLICT OF INTEREST

FINANCIAL DISCLOSURE:

From pooled funds of the Southeast Local Health Integration Network (LHIN).

Other:

None.

PRESENTATION OUTLINE

OBJECTIVES:

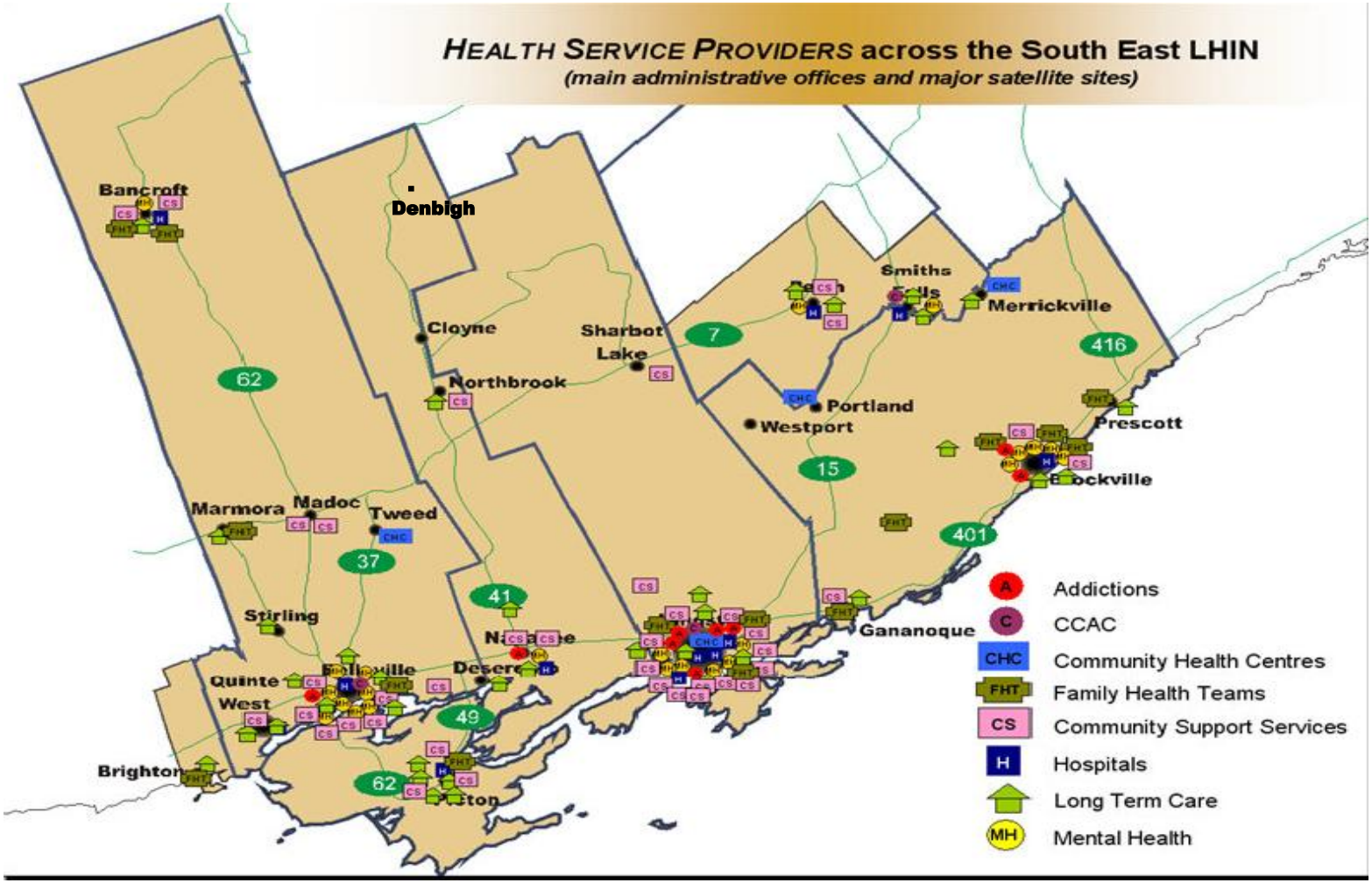
- Describe the HMP at Lakelands Family Health Team
- Success Story
- Lessons Learned towards Program Improvement
- Next Steps in Program Development

Lakelands

Family Health Team

- As of January 2013, we have 2,800+ rostered patients
- 4 MDs/2 NPs / Executive Director
- 1 RN(Program Manager) /2 RPNs
- 1 Dietician (0.4 FTE)/1 Social Worker/Counsellor (0.4 FTE)
- Chiropodist (0.2 FTE)
- 5 clerical staff (FT)
- Electronic Medical Records: Bell EMR
- 378 patients with a diagnosis of HTN
- 450 patients with a diagnosis of DM
- HMP currently has 61 registered patients.

LAKELANDS FAMILY HEALTH TEAM: NORTHBROOK AND DENBIGH



RURAL PRIMARY CARE

MODIFIABLE AND NON MODIFIABLE RISK FACTORS FOR STROKE AS IDENTIFIED IN HMP

Modifiable Risk Factors:

- High Blood Pressure *
- High Cholesterol
- Diabetes Mellitus
- Obesity/BMI
- Stress
- Physical Inactivity
- Smoking
- Alcohol Abuse

Non Modifiable Risk Factors:

- Age
- Ethnicity
- Family History
- Gender
- Previous History of Stroke or TIA

RNAO Best Practice Guidelines for Stroke (2012)

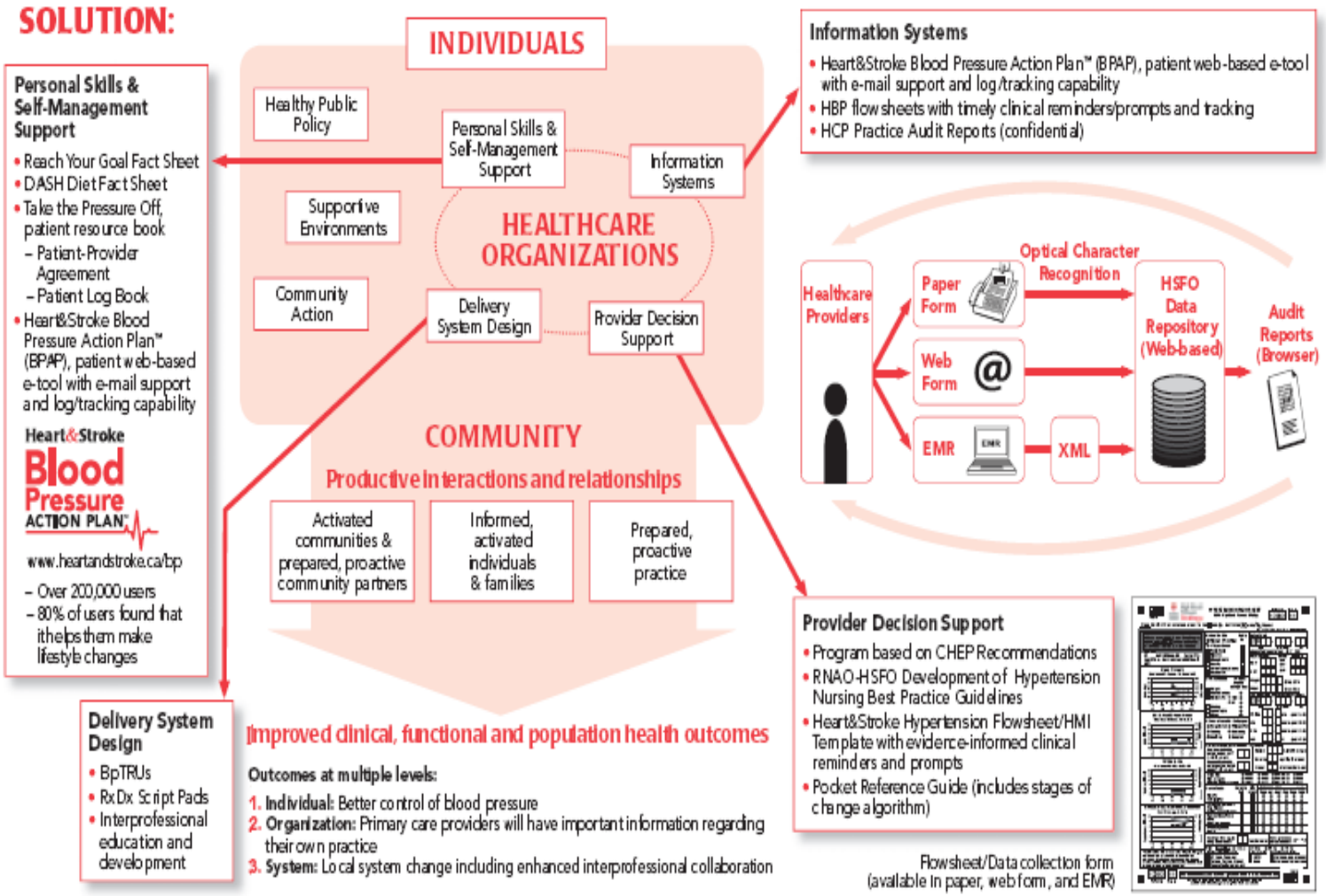
HMP GOALS

- **Optimal Blood Pressure Control and Healthier life style through:**
  - Evidence Based patient-centred management by HCP
  - Improved effectiveness of systems and processes for the management of hypertension
  - Enhanced communication and collaboration among HCP
  - Improved Patient Self-Management.

ELIGIBILITY CRITERIA FOR HMP

INCLUSION CRITERIA	EXCLUSION CRITERIA
Adults, aged 18 yrs +	Secondary HTN
HTN diagnosis or hx of elevated readings	Major mental health illness or cognitive impairment
Understands and signs the consent	Language barrier
	Lives in LTC

PROGRAM RESOURCES ALIGNED TO OCDPM FRAMEWORK



HYPERTENSION FLOWSHEET: EMR TEMPLATE

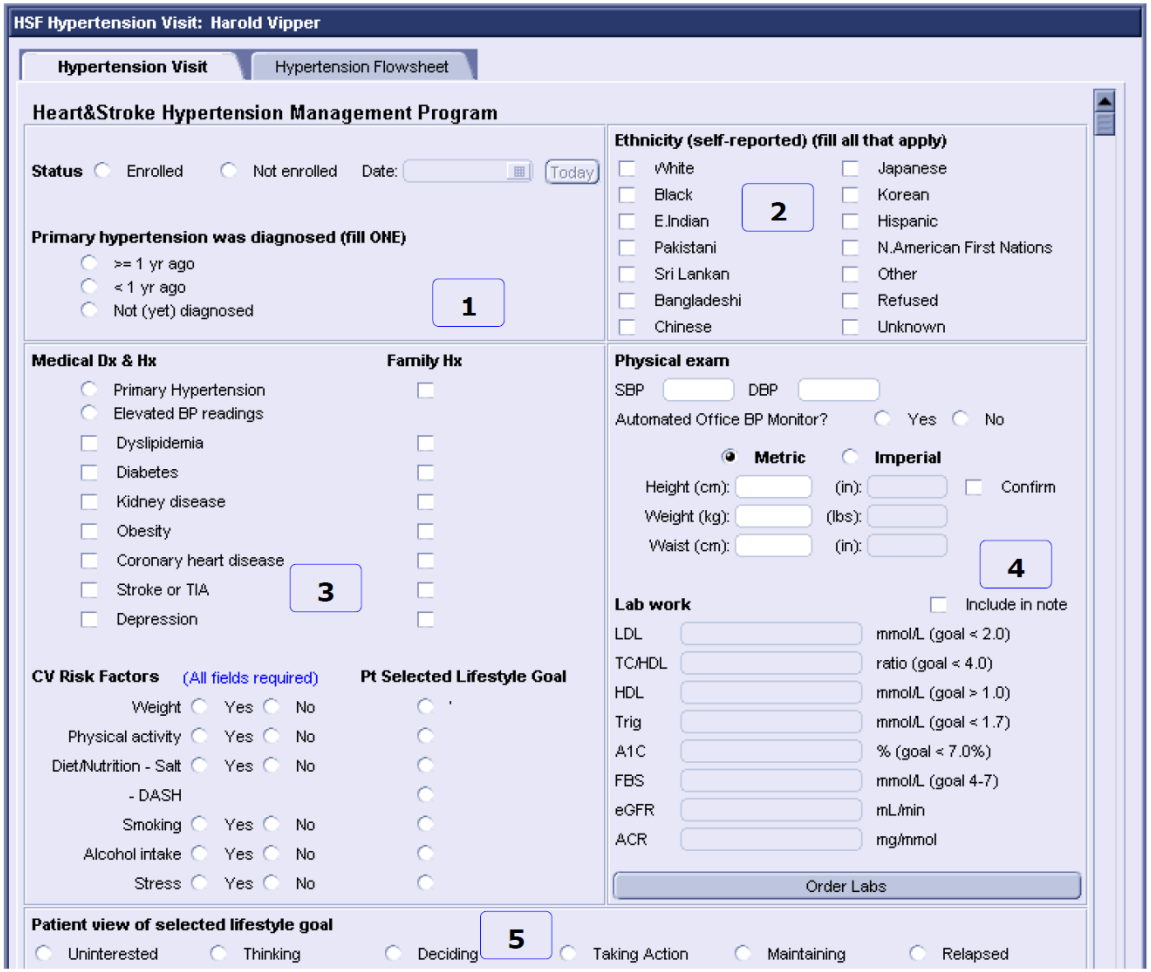


Figure 6: Hypertension Visit (Part 1)

Custom Form (Flow sheet) is available in the selected EMRs

CV RISK FACTORS IDENTIFIED WITHIN OUR HMP

88.3 % Physical Activity

80.0 % Weight

76.7 % Diet (high use of salt)

60.0 % Stress

25.0 % Smoking

25.0 % Alcohol

0.0 % None of these

LIFESTYLE MODIFICATION

- Assessment for Readiness to Change.
- Patient chooses a Lifestyle Goal.
- BP, WC graphed as reinforcement to self-management.
- BP taken at each visit by AOBP.
- Referral to allied health professional as indicated to assist with BP action plan.

PROGRAM RESOURCES

- **AOBP Loan Program**
  - Flash Cards for Home Blood Pressure Monitoring
  - Personal Health Tracker Log Book

- **Heart and Stroke "Take the Pressure Off" Book or Audio Book**

- **Healthy Eating (DASH and Sodium) Fact Sheets**

- **Online Resources or Printed Resources:**
  - "My Heart and Stroke Blood Pressure Action Plan"
  - "My Heart and Stroke Healthy Weight Action Plan"

ALLIED HEALTH PROFESSIONAL REFERRAL

Dietician (Nutrition Counselling and Cooking Classes)

Social Worker/Counsellor

Smoking Cessation Program - Ottawa Heart Institute Model/STOP Program through CAMH for free NRT for patients.

Exercise Program (Theraband Class)

Stress and Relaxation Program (Yoga)

SUCCESS STORY

- **70 year old patient with Family History of DM and Stroke. No other documented comorbidities. Enrolled with BP 160/80 LDL-C 2.68. BMI 28.32 Wt. 74.8 kg. WC 99.0 cm.**
- **One medication only for control of BP (calcium channel blocker).**
- **Life style intervention chosen was sodium reduction. Four individual visits with RN for lifestyle counselling.**
- **Last visit 6 months later BP 136/72 BMI 27.64**

  Wt. 73.3 kg WC 96.5 cm
- **Lifestyle goal has now switched to increased Physical Activity.**

LESSONS LEARNED

Patient knowledge is power.

Gained acceptance through success.

Physician engagement is key.

NEXT STEPS

Ultimate HMP Recruitment Goal is 50 % of all patient with a diagnosis of HTN.

Engaging all health care providers for referrals.

Utilizing EMR search for “potentials”.

Advanced Directives for BW for RN.

Using the HMP Repository to the fullest potential to enhance call backs and “buy in”.

THANK YOU.

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Thank you to Colleen for linking us with Heart and Stroke.

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