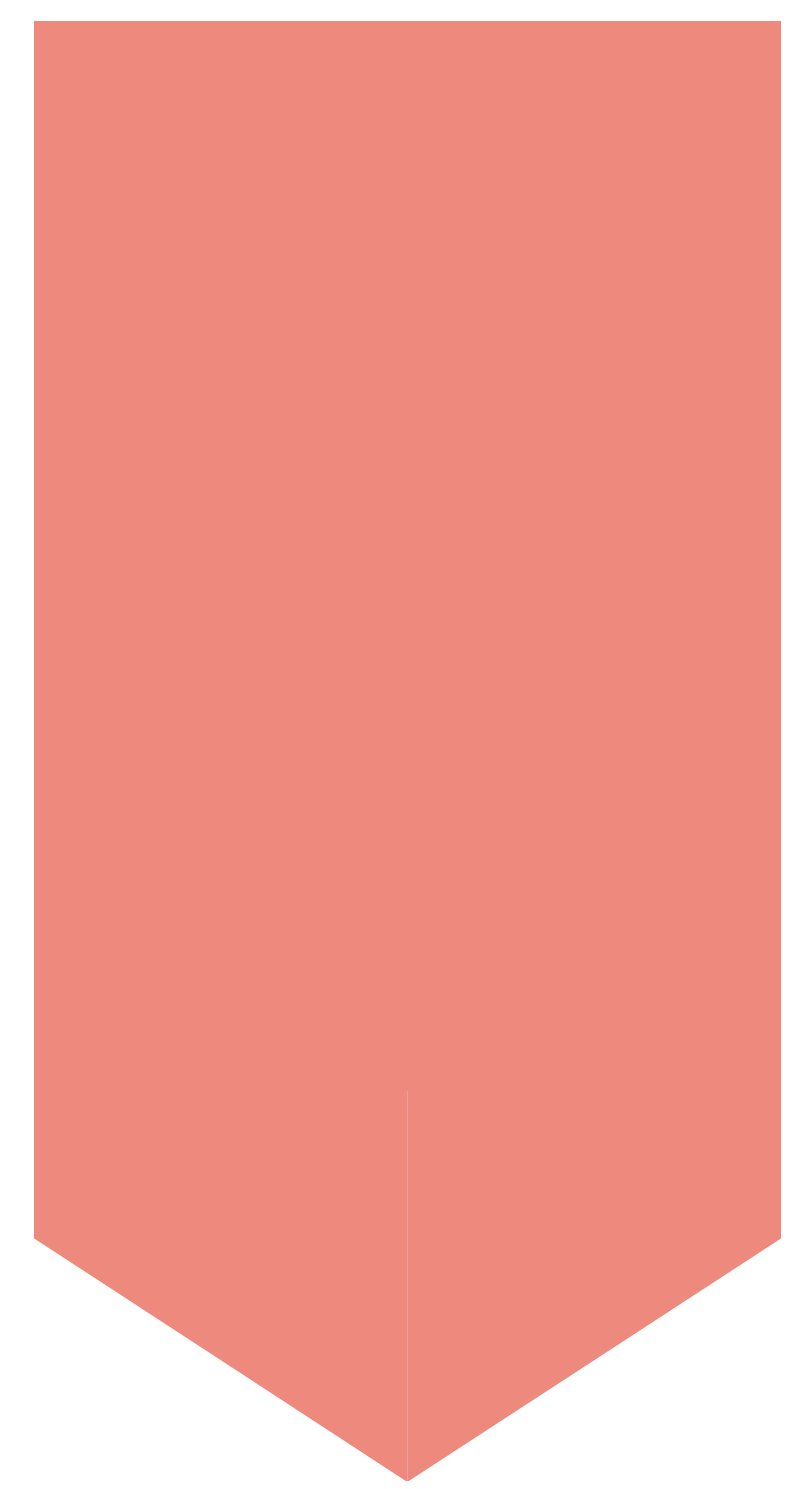


LYING/STANDING BP ADHERENCE TO RCP GUIDELINES

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BACKGROUND AND OBJECTIVES

Orthostatic Hypotension is a significant cause of falls leading to injury and morbidity in elderly population. There is significant variation in the understanding of how doctors and nurses perform lying and standing BP. This could have adverse effects on detection rates and accuracy of the procedure resulting in misdiagnosis. As a result, RCP has released guidance on L/S BP in view of standardising practice and improving accuracy. The purpose of this QIP is to improve how L/S BP is measured and documented, by introducing poster on wards and re-audit the improvement in the correct method of measuring L/S BP.

METHODOLOGY

Ward staff are audited to find out whether L/S BP is measured as per RCP guidelines. Afterwards a poster of RCP recommended method of measuring LS BP are placed on ward and given to participants. The procedure of L/S BP measurement is re-audited after the intervention to find out changes in performing L/S BP (as per RCP guidelines).

RESULTS

Criteria	Standard	Source	Actual % in Cycle 1	Actual % in Cycle 2	% Variance from standard
1. L/S BP must be measured as per RCP recommended method	100%	RCP	20	65	35%
2. L/S BP measurements must be documented correctly (i.e including symptoms)	100%	RCP	25	85	15%
3. All staff should have received training on L/S BP Procedure	100%	RCP	15	0	85-100%
4. All staff performing L/S BP must know the criteria for a positive result	100%		10	60	40%

INTERPRETATION

- 20% staff were aware of RCP guidelines on L/S BP procedure (90% after).
- 0-15% staff had formal training on how to measure L/S BP.
- Over three times improvement in the method of procedure after intervention (20% to 65%).
- 25% staff were documenting symptoms (improved to 85% in Cycle 2).
- 10% of staff knew how to interpret a positive result, improved to 60%.

RECOMMENDATIONS

Include posters of step-by-step RCP method of measuring L/S BP on the wards.
Trust-wide standard guidance on symptom documentation (medical notes, digital etc).
Explore implementing formal training with management, (e.g. Integrate this into a staff training if not already done).

AUDIT STANDARD

we have chosen to align our assessment with the standards set forth by Royal College of Physicians:
<https://www.rcp.ac.uk/improving-care/resources/procedure-for-measuring-lying-and-standing-blood-pressure>