

## Wilson, Brenda

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**From:** Harden-dews, Ericka  
**Sent:** Tuesday, November 1, 2022 5:11 PM  
**To:** Wilson, Brenda  
**Cc:** Parker, Jennifer  
**Subject:** FW: [EXT] CE & Assessment Contact form submission  
**Attachments:** HSC-Health-blood-pressure-readings-out-of-range.docx

Brenda,

Listed below is the submission from Vicki on the SAME topic that I referenced in my previous email. Please let me know the program manager questionnaire is completed.



**Ericka Harden-Dews, J.D., CHCP | Director**  
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**Department of Continuing Education and Assessment**

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(she/her)

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**From:** CE & Assessment @ HSC <register@unthsc.edu>  
**Sent:** Tuesday, November 1, 2022 4:57 PM  
**To:** HSC Register with Continuing Education Department <register@unthsc.edu>  
**Subject:** [EXT] CE & Assessment Contact form submission

<b>Name</b>
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<b>Organization/Sponsoring Department</b>
UNT Health Science Center
<b>Program Director for Activity</b>

Vicki Cannon

**Activity Name:**

Hypertension, The Silent Killer

**Activity Purpose:**

The purpose of this activity is to educate clinical staff/clinicians on the importance of rechecking an out of range blood pressure reading. Studies show that recapturing an out of range BP reading 20% of the time normalizes and thus the patient is not diagnosed with hypertension or unnecessarily treated. Rechecking an out of range blood pressure is best practice and aligns with quality care of the patient.

**Proposed date of activity:**

November 2022

**Type of Activity:**

Online Module

**What situation/problem is occurring that you hope to address with this educational activity?**

We hope to improve our recapture rate overall improving our quality measure. Currently, we are recapturing out of range blood pressure readings approximately 65% of the time across the practice. Our goal is to improve compliance and ensure that out of range blood pressure readings are repeated 95% of the time in all clinics.

**What is causing this situation/problem? (Need for knowledge, skills, strategy or application of knowledge/skills)**

Metrics indicate there may be multiple factors related to why the recapture rate is so low. To name a few, the need for knowledge ranks the most common reason. Skills ranks second. Understanding why and how an abnormal blood pressure affects patient's health (e.g. risk for renal failure with prolonged hypertension, heart attack, stroke, blindness, etc.).

**What evidence do you have that supports this need?**

- Literature

**Please attach evidence here.**

- [HSC-Health-blood-pressure-readings-out-of-range.docx](#)

**What does the ideal change look like in practice?**

All patients with blood pressure readings out of range will receive a second or third reading.

**What are the main activity objectives? (These may be revised as the activity develops.)**

Identify an out of range blood pressure  
Retake an out of range blood pressure 95% of the time  
Understanding why and how an abnormal blood pressure affects patient's health (e.g. risk for renal failure with prolonged hypertension, heart attack, stroke, blindness, etc.)  
How recapturing out of range blood pressure readings affects quality measures

**What would prevent learners from gaining new knowledge, applying new knowledge, adopting new skills or strategy or changing behavior?**

Staff not remembering to go back to recheck  
Staff not recognizing an abnormal blood pressure reading  
Provider not following up or requesting staff to repeat the blood pressure  
Provider not educating staff

**How will you know the activity is successful? (check all that apply)**

- Chart reviews
- Pre/post knowledge test
- Post knowledge test

**Which professions would benefit MOST from this activity?**

- Other (please list below)

**Other - Additional profession types**

Medical Assistants, Health Coaches

**Who will be on the planning committee for this activity?**

Name	Degree	Profession	Email
Vicki Cannon	BSN	RN	<a href="mailto:vicki.cannon@unthsc.edu">vicki.cannon@unthsc.edu</a>

**Are there any partner organizations working together for this activity?**

Unsure

**Do you plan to seek financial or in-kind support from any organization or commercial supporters to fund the activity?**

No

**Will a registration fee be implemented for the activity?**

No

**Do you plan to market this activity? (i.e. flyer, brochure, email, etc.)**

Yes

**Has any marketing already been distributed?**

No