

# Improvements in

Blood Pressure Control with

# Self-Measured BP Monitoring Years 1-4



## PARTICIPANTS:



**13**

Cardiac Rehabilitation (CR) Programs

**4** DPP

**3** CR/DPP

**2** \*DSMES/DPP

\*Associated with a clinic



**3**

Labor and Delivery (L&D)

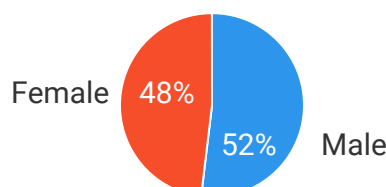
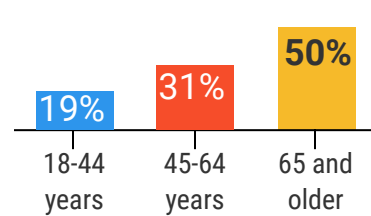


**265**

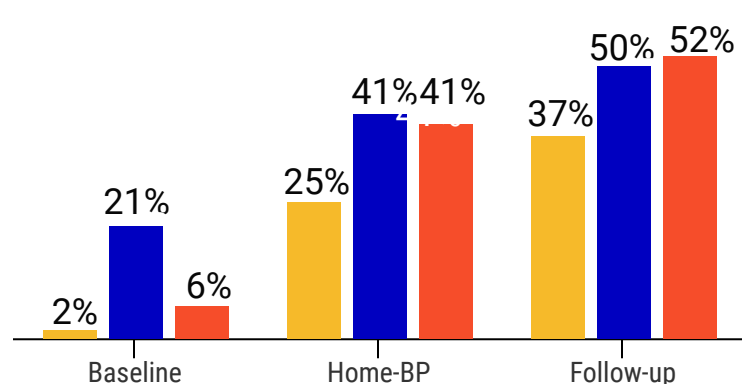
Total number of participating patients

**70%**

Completed all BP measurements



Participants with BP at Target (<130/80 mmHg or for L&D <140/90 mmHg)



● Year 1 & 2 (N=119) ● Year 3\* (N=34) ● Year 4 (N=33)

\*Year 3 and 4 includes L&D sites with BP target <140/90 mmHg

Over the 4-year period, BP control increased among participants



DPP-Diabetes Prevention Program, DSMES-Diabetes Self Management & Education Support

## KEY COMPONENTS TO IMPLEMENT A SMBP PROJECT IN YOUR FACILITY:

**#1**  
**Champion:**  
Identify a leader who fosters and reinforces changes for the quality improvement activity

**#2**  
**Funding Source:**  
Identify and secure funding. Ideally, show return on investment for the funding.

**#3**  
**Loaner Cuff Protocol:**  
Set roles and train staff  
Educate patients on cuff use  
Share BP measurements with provider

**#4**  
**Recruit and Track:**  
Recruit patients who would benefit from an SMBP program. Track baseline and follow-up BP control values

**#5**  
**Expand to Other Patients:**  
Continue enrolling patients with uncontrolled hypertension

