

Quality Improvement Project to improve diagnosis and management of postural hypotension in elderly patients above 65 year old during acute admission

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Postural hypotension, also called orthostatic hypotension, is an abnormal drop in blood pressure on standing. It impairs quality of life and increases risk of falls, cardiovascular diseases, depression, dementia, and death. Early detection in patients with symptoms or certain risk factors may prevent some of these complications [1].

Introduction

NICE Guidelines regarding assessment of fall risk in patients aged 65 and over recommend a multifactorial risk assessment including the measurement of LSBP [2, 3]. According to a departmental audit (August 2021), LSBP was performed in only 35.6% of elderly patients admitted to ED and/or AMU. Additionally, during clinical practice, it was noted a poor awareness of the correct method of measuring and documenting LSBP based on Royal College of Physician Guidelines, 2013 [4].

Objectives

- 1 Increase the number of elderly patients who receive a correct LSBP during an acute admission
- 2 Improve the quality of LSBP documentation on clinical noting
- 3 To raise awareness of postural hypotension in elderly patients
- 4 Optimise the use of medical interventions of postural hypotension

Methodology

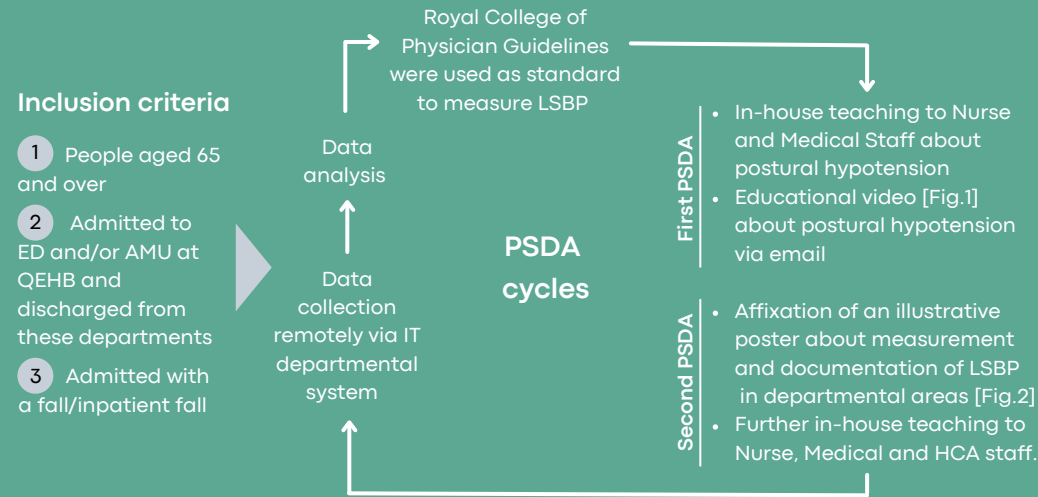
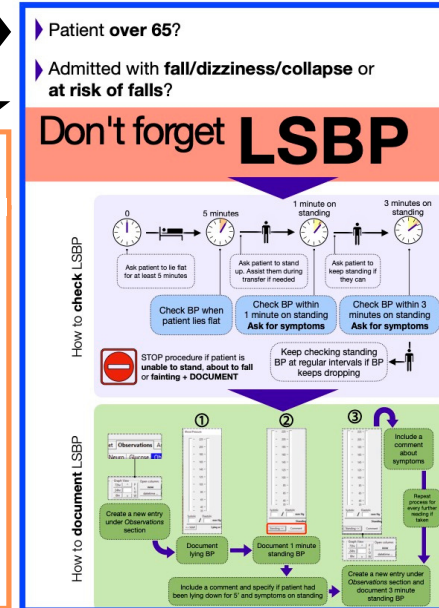
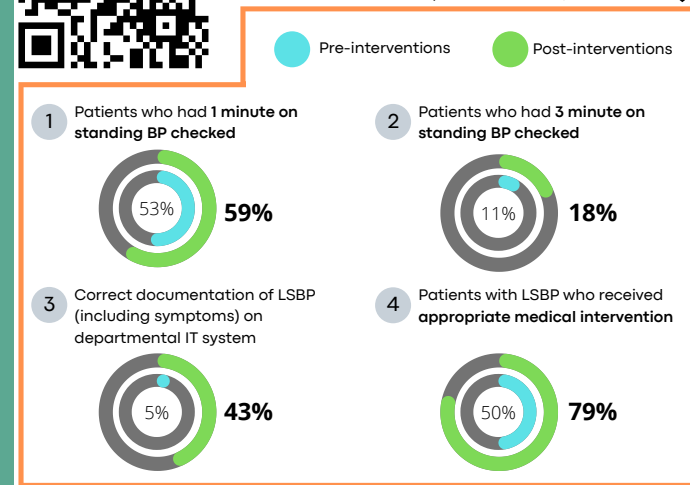


Fig.1 - QR code to education video about Postural Hypotension

Fig.2 - Poster about correct measurement and documentation of LSBP

Fig.3 - Graphical representation of QIP results



Results

- Increase awareness about importance and correct measurement of LSBP. While initially 53% of patients had their LSBP measured correctly at 1 minute on standing, this improved to 59% after intervention. At 3 minute on standing the initial percentage improved from 11% to 18%.
- Improvement in quality of documentation about LSBP on PICS (from 5% to 43%).
- Increased percentage of patients with postural hypotension who received a medical intervention (50% to 79%)
- Good overall response to education intervention

Conclusion

Postural hypotension is an important cause of falls in elderly patients, and its accurate measurement and management is imperative in preventing further falls. This Quality Improvement Project shows that adequate education and PSDA interventions does help in improving awareness and management of postural hypotension.

Further improvement could be achieved by providing aide memories such as flashcards to nursing and medical staff which will remind them regarding the steps of accurate measurement of LSBP and the management of postural hypotension

References

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