ASaP in Practice – Tips for Teams

Blood Pressure (BP)

For the average, healthy patient, blood pressure screening can be performed by **any member of the healthcare team with appropriate training**. Interpretation of results and follow-up care is provided by the family physician or nurse practitioner.

TEAM TIPS:

To get an accurate manual BP result*:

- Ensure the patient's arm is extended (i.e., upper arm above the heart) and supported. (Many providers tuck the patient's forearm under their own upper arm to provide stable support).
- The patient should be seated in a chair with their feet flat on the floor (legs and ankles not crossed).
- The cuff should be positioned with at least 2 finger-widths of room between the crook of the arm (antecubital fossa) and the lower edge of the cuff.
- Ask the patient not to speak, chew gum, or use their cell phone (for talk or text) during the test.
- Ensure use of the correct cuff size to fit the patient's arm (cuff should overlap by about 20%).
- Acute exposure to cold can increase the BP reading (+11/+8), so delay if the patient is feeling very chilled on arrival.

If possible, use a validated automated BP device (versus manual):

- Ensure correct cuff size, patient and equipment positioning, as above.
- Briefly explain what the machine will do, if the patient is unfamiliar with the test.
- Allow the patient to sit quietly alone in the room during the test.
- Turn the monitor away from the patient so they can't watch the numbers.
- For the most accurate results, if the automated device allows, use a multiple measurement program (e.g., three to six measurements spaced one minute apart over four to seven minutes; the machine then drops the lowest and highest readings and averages the rest).

*CHEP Guidelines 2015, http://guidelines.hypertension.ca/diagnosis-assessment/measuring-blood-pressure/

EMR TIPS:

- Each EMR has an approach to enter number-based data such as blood pressure (e.g., box or category). Using your EMR's selected process for every blood pressure entry allows searches, 'point of care' reminders and graphing functions to work reliably.
- Some EMRs have features (e.g., template) that enable a very smooth workflow between team and providers for entry of data. Team members can enter information (e.g., blood pressure) into a template with other vitals (e.g., weight, height) where it will then be visible to the provider without impact to the provider's choice of template.

Height

Height measurement can be performed by **any member of the healthcare team**. Interpretation of results and follow-up care is provided by the family physician or nurse practitioner.

TEAM TIPS:

- Height in adults typically doesn't change, so one charted measurement is acceptable (unless the provider advises otherwise).
- In adults over 50 years of age, height can change due to such factors as disc space narrowing. The risk of osteoporosis and fine bone fracture also increases with age, so consider measuring height annually for screening*.

*Osteoporosis Canada, http://www.osteoporosis.ca/health-care-professionals/guidelines/

EMR TIPS:

- Each EMR has an approach to enter number-based data such as height (e.g., box or category). Using your EMR's selected process for every height entry allows searches, point of care reminders and graphing functions to work reliably.
- Some EMRs have features (e.g., template) that enable a very smooth workflow between team members and providers for entry of data. Team members can enter information such as height into a template with other vitals (e.g., weight, blood pressure, etc.) where it will then be visible to the provider without impact to the provider's choice of template.
- Some EMRs have a system wide setting for information to be recorded in either metric (e.g., kilograms) or imperial units (e.g., pounds), while other EMRs allow for both. Where it can be entered in either metric or imperial, be sure that all team members know the clinic standard and that it is recorded that way consistently.

Weight

Weight measurement can be performed by **any member of the healthcare team**. Interpretation of results and follow-up care is provided by the family physician or nurse practitioner.

TEAM TIPS:

- Weight typically doesn't change rapidly for most adults, so one charted measurement every 3 years is typically acceptable (unless the provider advises otherwise).
- Reliably enter the value. If it is not entered in the designated field, in most cases it will not be searchable.

EMR TIPS:

- Each EMR has an approach to enter number-based data such as height (e.g., box or category). Using your EMR's selected process for every weight entry allows searches, point of care reminders and graphing functions to work reliably.
- Some EMRs have features (e.g., template) that enable a very smooth workflow between team members and providers for entry of data. Team members can enter information such as height into a template with other vitals (e.g., height, blood pressure, etc.) where it will then be visible to the provider without impact to the provider's choice of template.
- Some EMRs have a system-wide setting for information to be recorded in either metric (e.g., kilograms) or imperial units (e.g., pounds), while other EMRs allow for both. Where it can be entered in either metric or imperial, be sure that all team members know the clinic standard and that it is recorded that way consistently.

Exercise & Tobacco Use Assessment

Exercise and tobacco use assessments can be performed by **any member of the healthcare team OR by using a form the patient completes**. Interpretation of results and follow-up care is provided by the family physician or nurse practitioner.

TEAM TIPS:

- These topics can be difficult to broach with patients, so working with your team to devise a point-form script can be helpful.
- If using a script, practice your delivery before talking with patients.

TOBACCO USE

- Ask, "Have you used tobacco in the last 12 months?" to capture use of all forms of tobacco (i.e., cigarettes, chewing tobacco, snuff, etc.) - as well as to identify those who are currently trying to quit.
- Typically, only ~18% of patients will be tobacco users, so most often the answer will be 'no.'
- If the answer is 'yes,' ensure the physician or nurse practitioner is informed so he/she can advise and assess the patient further.

EXERCISE

- The physician or nurse practitioner will want to know how often the patient exercises, for how long and whether the exercise is light, moderate or vigorous.
- He/she may also want to know the type of exercise the patient does (e.g., walking, yoga, gardening, golf, etc.).

EMR TIPS:

- Most EMRs have areas where tobacco use and exercise frequency and intensity information is recorded. While it can be an extra few clicks to enter the information the first time, all clinic team members caring for the patient can easily find the information, so that the patient does not need to be asked again.
- Limits exist in some EMRs for recording this information over time. For example, if a smoker quits and their status is changed to non-smoker, the smoking history is lost.

Influenza Vaccination

Any member of the healthcare team can ASK and RECORD IN THE CHART if the patient has had an influenza vaccination. If the patient has NOT, the team member could recommend on behalf of the family physician or nurse practitioner.

TEAM TIPS:

- A point-form script can be helpful (e.g., "Dr. Smith strongly recommends that all of her patients over six months of age get a flu shot every year to prevent serious complications that can sometimes happen with the flu.").
- Many clinics don't provide the vaccination, so it may be helpful to give an information sheet on where the patient can go to get one.
- Although flu season is typically October - March, many clinics advise patients of the importance of flu shots during any periodic health exam, regardless of the time of year.

EMR TIPS:

- EMRs are capable of storing the full sets of data for those vaccines that are given in the clinic.
- Many EMRs can record a minimum set of data related to vaccinations that happen outside the clinic. It is recommended to explore the minimum data set for these situations.

Mammography

Patients can be alerted that they're due for a mammogram and provided a requisition by **any member of the healthcare team.** If the patient has clinical questions or concerns, these should be addressed by the family physician or nurse practitioner.

TEAM TIPS:

- If a patient has had a mammogram in the past, ask if she would always like to go to that diagnostic imaging site, and note in the chart.
- A quick huddle around the EMR in the morning can allow for planning. The requisition can be provided to the patient by a team member when rooming, or
- Patients flagged as being due for mammography can have the requisition printed and in the exam room if the provider would prefer to address it with the patient.
- For **outreach screening** offers, the requisition can be faxed to the diagnostic imaging centre of the patient's choice.
- Diagnostic imaging centres' will often phone the patient directly to book an appointment upon receipt of the requisition.*
- Many centres will hold the requisition for up to one year.*

* *Confirm policies and procedures with diagnostic imaging centres in your region*

EMR TIPS:

- Depending on the location in Alberta, mammography results are received as a fax, an e-fax and/or an electronic result.
- When a mammography result is received as a fax or e-fax document, it gets labelled/named and linked to a record in the EMR. These results must be labelled/named in the same way every time for the EMR search engine and/or point of care reminder to reliably search the value. All EMRs have a customizable label word list that exists as a drop down menu.
- Mammogram results may arrive at the clinic with another test result (such as DEXA or breast ultrasound) also attached to the same report; these should be labelled so that the type of result is clear to a provider and can be searched.
- When mammograms are received electronically like a lab result, they are automatically linked and these are found in the investigations area of the patient chart.

Colorectal Cancer Screen

Patients can be alerted that they're due for a FIT (fecal immunochemical test) and provided a requisition by **any member of the healthcare team.** If the patient has clinical questions or concerns, or needs a colonoscopy, the family physician or nurse practitioner should address.

TEAM TIPS:

- A quick huddle around the EMR in the morning can allow for planning. The FIT requisition can be provided to the patient by a team member when rooming, or
- Patients flagged as being due for a FIT can have the requisition printed and in the room if the provider would prefer to address it with the patient.
- Team members should be able to clearly explain the process required to complete a FIT to ensure that patients don't 'avoid' the test due to lack of understanding.
- Scripting can be helpful so that patients have a full knowledge and understanding of what the test entails and will be more likely to follow through (e.g., no diet change required/ only one sample needed/ very simple and easy to do/ important for detecting problems early).
- For **outreach screening** offers, the FIT requisition can be faxed to the patient's choice of lab for the patient to pick up.
- Labs will typically hold requisitions for 1 month*.

* *Confirm policies and procedures with labs in your region*

EMR TIPS:

- FIT results are pushed into the EMR by the lab service.
- On occasion a lab will change their coding for incoming labs. In some EMRs you can manually manage the changes, while in others the EMR vendor must make the changes.
- Changes to lab codes are usually discovered when a search or point of care is no longer working correctly.
- Colonoscopy results are generally received as a fax or e-fax document, and are labelled/named and linked to a record in the EMR. These results must be labelled/named in the same way every time for the EMR search engine and/or point of care reminder to reliably search the value. All EMRs have a customizable label word list that exists as a drop down menu.

Pap Test

Patients can be alerted that they're due for a Pap test by **any member of the healthcare team.**

TEAM TIPS:

- Many women prefer to book a future appointment for a Pap test. Optimally, offer to book the appointment for her immediately – she may forget if she waits until later.
- If a patient is open to having a Pap test opportunistically at an appointment, the team can ensure that the patient is in a gown and the necessary equipment ready for the procedure when the provider arrives in the exam room.
- If the patient explains that she had a Pap test somewhere else, it's important to look up the result on Netcare and add the information to the patient record so that it may be re-offered at the appropriate time.
- The revised ASaP Screening Maneuvers Menu for Adults has been updated to reflect changes in strength of evidence, and aligns with Choosing Wisely Alberta recommendations for Pap tests. These include NOT doing the procedure for women aged 21 years and under, and optionally offering to women 21-24 years. Routine offers of screening would optimally start at age 25. Physicians or NPs may have specific practice preferences to guide the team.

EMR TIPS:

- Pap test results are pushed into the EMR by the lab service.
- On occasion a lab will change their coding for incoming labs. In some EMRs you can manually manage the changes, while in others the EMR vendor must make the changes.
- Changes to lab codes are usually discovered when a search or point of care is no longer working correctly.
- When adding Pap results found on Netcare to the EMR patient record, always do so in a standardized area as agreed upon by the team.
- These results must be added to patient record in the same place every time for the EMR search engine and/or point of care reminder to reliably search the value.

Plasma Lipid Profile – Non Fasting & Diabetes Screen (Lab Test)

Patients can be alerted that they're due for these routine bloodwork screenings and provided a requisition by **any member of the healthcare team.** If the patient has clinical questions or concerns, these should be addressed by the family physician or nurse practitioner.

TEAM TIPS:

- A quick huddle around the EMR in the morning can allow for planning. The requisition can be provided to the patient by a team member when rooming, or
- Patients flagged as being due for screening bloodwork can have the requisition printed and in the room, if the provider would prefer to address it with the patient.
- For **outreach screening** offers, the bloodwork requisition can be faxed to the patient's choice of lab.
- Most labs will hold the requisition for 1 month* – inform the patient to complete lab work within this time frame.
- Ensure that the patient is informed of necessary prep instructions for all tests on the requisition (e.g. fasting).
- If booking an appointment by phone, the lab may require the patient to know which tests are being completed* – ensure the patient knows how to answer.

* *Confirm policies and procedures with labs in your region*

EMR TIPS:

- Labs results are pushed into the EMR by the lab service.
- On occasion a lab will change their coding for incoming labs. In some EMRs you can manually manage the changes, while in others the vendor must make the changes.
- Changes to lab codes are usually discovered when a search or point of care is no longer working correctly.

Cardiovascular (CV) Risk &/or Diabetes Risk Calculation

The CV risk and/or diabetes risk calculation can be completed by **any member of the healthcare team** by inputting the patient's current information into the calculator. The results should be addressed with the patient by the family physician or nurse practitioner.

TEAM TIPS:

- Ask the provider which specific calculator they prefer.
- Recommended calculators can be found on page 2 of the Screening Maneuvers Menu for Adults.
- Note that if the patient is on a statin (a specific type of lipid-lowering medication), they do not need the CV risk calculation.

EMR TIPS:

- Some providers use a web-based calculator that is external to the EMR and requires providers to take the data from the patient's chart and enter it into the calculator. The result from the web-based calculator then needs to be entered into the specific place in the patient's chart.
- Most EMRs have a built-in CV risk calculator, some pull data from the patient's chart to the calculator.
- EMRs differ with which calculation formula they are using; how the calculator works; how reliable it is; and how and if the data and/or score is recorded. Each clinic needs to understand the limits of their calculators and preferences and put into use the tools and workflow to record the score appropriately.
- It is recommended that once a provider chooses their CV risk calculator and understands how it calculates that they always use the same calculator.