Blood Pressure Measurement Toolkit

San Francisco Health Plan

San Francisco Health Plan is strategic in targeting health conditions and social determinants of health that may impact our members. We have compiled a practical, evidence-based toolkit to test one carve-out of the American Heart Association (AHA) and the American Medical Association (AMA) national initiative, Target: BP™. The AHA and AMA Initiative focuses on three critical areas— measuring blood pressure (BP) accurately; acting rapidly with a clear treatment plan; and partnering with patients to enable ongoing self-management— to help healthcare organizations address this prevalent heath care risk factor. We are prioritizing the accurate measurement of blood pressure because this is the foundation of both the diagnosis and management of hypertension. Hypertension is one of the most common chronic diseases of SFHP adult members and for which over 23% did not have adequate control in 2024.

Relying on the proven models developed by the AHA and AMA, SFHP is offering a Blood Pressure Measurement Toolkit focused on one of the critical areas, Accurate Blood Pressure Measurement. This Toolkit has been prepared to guide clinical practices with a simplified concept for improving blood pressure measurement with a 5-step toolkit, as follows:

STEP 1

Blood Pressure Measurement Training
Checklist for Medical Assistants

STEP 2

Protocol for Validating
Blood Pressure Measurement Devices and/or Regular Calibrating

STEP 3

Protocol for Choosing
Appropriately Sized Cuffs

STEP 4

Protocol for Accuracy
Adult Blood Pressure (Technique and Conditions)

STEP 5

Protocol for Documentation
Blood Pressure Measurement

The Blood Pressure Measurement Toolkit is accessible at **sfhp.org/bptoolkit.** The Toolkit includes resources for the Target: BP™ Initiative and Blood Pressure Measurement tools created by SFHP to help you implement a performance improvement program at your practice.

Please find with this introduction letter, a one-page project improvement template using this Blood Pressure Measurement Toolkit. In partnership and support, we look forward to helping you implement these procedures.

If you have questions about implementing components of this toolkit, please contact:

The Facility Site Review Team

Quality Improvement, Quality and Population Health Management **fsr@sfhp.org**

STEP 1

Checklist for Medical Assistants

OBJECTIVE

The trainee will successfully demonstrate without error the performance aspects of measuring Blood Pressure by the manual method.

Note: AMA Blood Pressure Toolkit Initiative focuses on skills to perform manual blood pressure reading, which continues to be a best practice if an automated blood pressure device provides a reading requiring verification.

DATE	TRAINEE NAME	TRAINER NAME
MM/DD/YYYY		

Check Satisfactory or Unsatisfactory for each one:

Each step/action must be numbered sequentially throughout the document and be followed by outcome.

1			
◯ Satisfactory	◯ Unsatisfactory	Greet patient and/or family member Explain procedure/treatment/task to patient and/or family member Ensure the patient is positioned correctly	
2			
◯ Satisfactory	◯ Unsatisfactory	Select appropriate size cuff Inspect cuff for serviceability	
3			
◯ Satisfactory	◯ Unsatisfactory	Palpate artery before applying cuff Attach cuff to appropriate body location with arrow pointing towards artery	
4			
◯ Satisfactory	◯ Unsatisfactory	Place stethoscope ear piece in ears and bell directly over artery Ensure blood pressure cuff valve stem is in closed position Inflate cuff until beats cannot be heard Open valve stem slowly to release pressure from cuff	
5			
◯ Satisfactory	◯ Unsatisfactory	Listen for systolic beat (the first pulse sound heard) Listen until diastolic beat heard (the last rhythmic sound stops) Open wide blood pressure cuff valve stem to release air pressure from cuff	
6			
◯ Satisfactory	◯ Unsatisfactory	Repeat blood pressure measurement, if unable to ascertain systolic/diastolic beats Ensure cuff has been completely deflated and there has been at least a 10-second delay before redoing above steps	
7			
◯ Satisfactory	◯ Unsatisfactory	Remove blood pressure cuff from patient	
8			
◯ Satisfactory	◯ Unsatisfactory	Document appropriate forms or medical records	
9			
◯ Satisfactory	◯ Unsatisfactory	Inform nurse/patient care provider, if blood pressure is abnormal	

Protocol for Validating

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STEP 2

Blood Pressure Measurement Devices and/or Regular Calibrating

OBJECTIVE

Ensure each staff member is trained and competent in proper maintenance and calibration of equipment.

The following protocol was developed for the Mayo Clinic in conjunction with the Division of Hypertension and in accordance with the standards published by the Association for Advancement of Medical Instrumentation.

Aneroid devices should be visually inspected for damage to the instrument case, wall mount, bracket, and extension hose.

Any aneroid sphygmomanometer that appears physically damaged, does not read zero prior to inflation, or whose reading differed from that of the reference device by greater than 4 mmHg should be replaced with a new, properly functioning device.

The sphygmomanometer needle should be at zero prior to inflation.

A digital pressure vacuum meter (i.e., Digimano, Netech Corp, Hicksville, New York) can be used as the reference standard. This device should be checked for accuracy against a mercury sphygmomanometer twice yearly by a biomedical equipment maintenance technician, and also checked by the manufacturer once yearly.

Evaluate Equipment and Exam Rooms

Blood pressure cuffs, monitors, and other related equipment must be maintained per specified manufacturer's guidelines for the equipment with documented evidence that standard operating procedures have been followed for routine inspection/maintenance, calibration, repair of failure or malfunction, and testing and cleaning, as indicated.

Purchase equipment and make room adjustments as needed

Equipment validation: Before purchasing a monitor, check for documentation of equipment validations by an independent institution to ensure accurate measurement over a wide range of blood pressures, ages, and clinical conditions.

Sphygmomanometers

Recommended	Because	Not Recommended for Practice Use
Aneroid sphygmomanometers	They can be used for a wider range of patients.	⊘ Electronic automatic digital Monitors (oscillometric technique)
Wall-mounted aneroid sphygmomanometers	They will stay in better calibration because they cannot be dropped.	⊘ Hand-held sphygmomanometers
Brachial cuff	They are more accurate.	⊘ Wrist monitor
Soft cuff	They are more accurate.	⊘ Comfit (rigid cuffs that one slips arm into)

Three organizations validate monitors to these standards:

Association for the Advancement of Medical Instrumentation (AAMI)
- Grading according to the AAMI; Overall pass or fail

The European Society of Hypertension's International Protocol (ESH-IP)
- Grading according to the ESH; Overall pass or fail

British Hypertension Society
- Grading according to the BHS; Individual A, B, C, D grades for both SBP and DBP

Lists of approved monitors can be found at Dabl Educational Trust: **http://dableducational.org/sphygmomanometers.html**

- Improving the Screening, Prevention, and Management of Hypertension; An Implementation Tool for Clinic Practice Teams, page 5. **https://healthit.gov/sites/default/files/13_bptoolkit_e13l.pdf**
- Canzanello V., et al. Are Aneroid Sphygmomanometers Accurate in Hospital and Clinic Settings? Arch Intern Med. 2001; 161(5): 729-731.
- DHCS, Site Review Survey Policy Letter 14-004 Site Review Survey Tool, Access and Safety, Section (I.E.)

STEP 3

Appropriately Sized Cuffs

OBJECTIVE

The trainee will successfully demonstrate without error the skills necessary to determine the correct cuff size for pediatric and adult patients.

Measuring Arm Circumference

One half the distance between the acromion and the olecranon processes determines the midpoint of the arm.

Mark spine extending from the shoulder (acromion process).

Correct tape placement for upper arm length.

Incorrect tape placement for upper arm length.

Mark upper arm length midpoint.

Measure Your Patient's Arm

The arm circumference should be printed on the inside of each cuff to eliminate confusion created by size variance among manufacturers.

ADULT

Wrap a tape measure around the patient's bicep, at mid-arm to determine the arm circumference (typically measured in cm).

PEDIATRIC

For children in whom the appropriate cuff size is difficult to determine, the mid-arm circumference (measured as the midpoint between the acromion of the scapula and olecranon of the elbow, with the shoulder in a neutral position and the elbow flexed to 90°86,95,96) should be obtained for an accurate determination of the correct cuff size.

SEE NEXT PAGE

Protocol for Choosing

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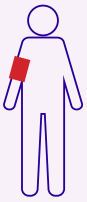
STEP 3

Appropriately Sized Cuffs

Cuff Size

INFANT	CHILD	SMALL ADULT	ADULT	LARGE ADULT	ADULT THIGH
					
12 cm – 18 cm 4.7 in – 7.1 in	18 cm - 22 cm 7.0 in – 8.7 in	22 cm – 26 cm 8.6 in – 10.2 in	27 cm – 34 cm 10.6 in – 13.4 in	34 cm – 44 cm 13.4 in – 17.3 in	45 cm – 52 cm 17.7 in – 20.5 in

Select a Cuff Size Based on Arm Circumference

ADULT

The ideal cuff bladder length is ≥ 80 percent of the patient's arm circumference. The ideal cuff bladder width is ≥ 40 percent of the patient's arm circumference (ex., 6" wide cuff for a 15" arm, 12" length).

PEDIATRIC

A cuff that fits properly will have an inflatable bladder width that is at least 40 percent of the arm circumference at a point midway between the acromion and the olecranon, and a bladder length that is 80 to 100 percent of the arm circumference (covers approximately 2/3 upper arm).

Common Causes of Error in Clinical Practice

The cuff is too small	The cuff is too large	Cuff too loose or uneven, inflated or deflated too slowly, overinflated
Systolic Effect: +10-40 mmHg	**Systolic Effect:** -5-25 mmHg	**Systolic Effect:** Other False High Effects

- AMA, Measure Up Pressure Down, Provider Toolkit, page 23, **http://measureuppressuredown.com/HCProf/toolkit.pdf**
- Recommended Dimensions for Blood Pressure Cuff Bladders; **https://downloads.aap.org/DOCCSA/New%20folder/BP_Attachments/Attach10_BladderCuffSize.pdf https://aap.org/en-us/professional-resources/quality-improvement/Project-RedDE/Pages/Blood-Pressure.aspx**
- AMA, Measure Up Pressure Down, Provider Toolkit, page 13, **http://measureuppressuredown.com/HCProf/toolkit.pdf https://targetbp.org/blood-pressure-improvement-program/patient-measured-bp/implementing/smbp-selecting-the-right-cuff-size/**
- Arafat, M., & Mattoo, T. K. (1999). Measurement of blood pressure in children: recommendations and perceptions on cuff selection. Pediatrics, 104(3), e30.
- Flynn JT, Kaelber DC, Baker-Smith CM, et al; Subcommittee on Screening and Management of High Blood Pressure in Children. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904 - September 01, 2018 **https://pediatrics.aappublications.org/content/140/3/e20171904 https://downloads.aap.org/DOCCSA/New%20folder/BP_Attachments/Attach10_BladderCuffSize.pdf**

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Protocol for Accuracy

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STEP 4

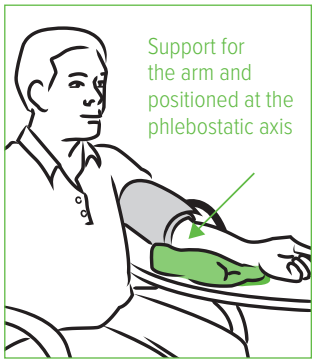
Adult Blood Pressure (Technique and Conditions)

OBJECTIVE

The trainee will successfully demonstrate without error the performance aspects of measuring Blood Pressure by the manual method.

Techniques

1. Perform hand hygiene.
2. Identify patient using at least two unique identifiers.
3. Introduce yourself and explain the procedure for blood pressure measurement.
4. Identify any special needs, medical conditions, or situations that would require additional consideration.
5. Use a properly calibrated and validated sphygmomanometer or automated blood pressure device.
6. Have the patient sit quietly for 5 minutes in a chair with feet on the floor and arm supported at heart level.
7. Use an appropriate-sized cuff with the cuff bladder encircling at least 80% of the arm and and long enough to be fastened securely.
8. Place the cuff on a bare arm, approximately 2 cm above the elbow crease with midline of the bladder directly over the brachial artery; fit should be snug but still allow two fingers under the cuff.
9. Support the patient's selected arm and positioned at the phlebostatic axis If the arm is not supported properly the muscle contraction can result in inaccurately high DBP measurement
   - If the arm is elevated above the heart level the blood pressure reading could be inaccurately low
   - If the arm is below the heart level the blood pressure reading could be inaccurately high



10. Patient's with irregular heart rhythm's should have a manual blood pressure reading. (If automated blood pressure device, skip #11)
11. Place the bell or the diaphragm of the stethoscope over the brachial artery, using sufficient pressure to provide good sound transmission without over-compressing the artery.
    - Systolic blood pressure is the point at which the first of two or more sounds is heard
    - Diastolic blood pressure is the point before the disappearance of sounds
12. Take at least two measurements using same arm allowing time between measurements (one minute apart).

Conditions

Blood pressure measurement should be postponed if the patient has:

- Engaged in recent physical activity or alcohol consumption
- Used tobacco within the past 30 minutes
- Ingested caffeine within the past 30 minutes
- Eaten within the past 30 minutes

Situations in which blood pressure should be assessed in opposite arm:

- Arm affected by a stroke
- Presence of arterial-venous shunt (dialysis shunt)
- Arm on same side as a mastectomy
- Any deformity or surgical history that interferes, e.g. mastectomy

Pre-existing conditions that can interfere with the accuracy or interpretation of readings:

- Aortic coarctation
- Arterial-venous malformation
- Occlusive arterial disease
- Presence of antecubital bruit

- Boonyasai, R. T., Carson, K. A., Marsteller, J. A., Dietz, K. B., Noronha, G. J., Hsu, Y. J., ... & Cooper, L. A. (2018). A bundled quality improvement program to standardize clinical blood pressure measurement in primary care. The Journal of Clinical Hypertension, 20(2), 324-333
- Canzanello V., et al. Are Aneroid Sphygmomanometers Accurate in Hospital and Clinic Settings? Arch Intern Med. 2001; 161(5): 729-731.
- DHCS, Site Review Survey Policy Letter 14-004 Site Review Survey Tool, Access and Safety, Section (I.E.) Provider Toolkit, pages 17-19
- Improving the Screening, Prevention, and Management of Hypertension; An Implementation Tool for Clinic Practice Teams, page 5. **https://healthit.gov/sites/default/files/13_bptoolkit_e13l.pdf**
- Vidt, D. G., Lang, R. S., Seballos, R. J., Misra-Hebert, A., Campbell, J., & Bena, J. F. (2010). Taking blood pressure: too important to trust to humans. Cleve Clin J Med, 77(10), 683-688.

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Protocol for Documentation

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STEP 5

Blood Pressure Measurement

OBJECTIVE

Blood Pressure measurement information must be documented so that it can be used to:

1. Assess the patient's condition
2. Inform the care which is appropriate for that patient. Documentation must be complete, accurate, concise, legible and free from bias.

Knowledge Check

Blood Pressure Measurement = Two Pressures

SYSTOLIC BLOOD PRESSURE

SBP Pressure in the arteries while heart is pumping

Systolic blood pressure (SBP) is heard first = the heart contracts

DIASTOLIC BLOOD PRESSURE

DBP Pressure in the arteries while heart is resting between beats

Diastolic blood pressure (DBP) is heard second at which the sounds disappear = the heart rests.
In some patients the diastolic pressure never completely disappears and may be noted as a muffled sound.

Remember it is the Korotkoff sounds that indicate SBP and DBP. Read the pressure on the manometer at the point these sounds occur not the needle bumps on the sphygmomanometer.

Blood pressure is measured in millimeters of mercury (abbreviated mmHg)

- Do not round up the blood pressure reading to a digit, such as 5 or zero
- Record the numbers precisely to what is auscultated

Document Factors That Can Influence Accuracy of Blood Pressure

CONDITION (EXAMPLES)

- ☐ 5 minute rest period before blood pressure check
- ☐ Any medical reason procedure cannot be done on either arm
- ☐ Any observation or patient report of having had food, alcohol, coffee, nicotine within 30 minutes of blood pressure check
- ☐ Any parameters to report in an urgent fashion? If so, reported to whom?

POSITION

☐ Sitting ☐ Lying ☐ Standing

METHOD

- ☐ Manual Blood Pressure Measurement
- ☐ Automated Blood Pressure Measurement

LOCATION

☐ Left Arm ☐ Right Arm ☐ Thigh

REPEAT

- ☐ Number of blood pressure attempts; reason for multiple attempts, e.g. high, low, missed reading

CUFF SIZE

☐ Infant ☐ Child ☐ Small Adult
☐ Adult ☐ Large Adult ☐ Adult Thigh

- Best Practice Intervention Package (2018)., Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization supporting the Home Health Quality Improvement National Campaign, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Retrieved from **http://homehealthquality.org/CMSPages/GetFile.aspx?guid=e3bd68af-3da8-4896-a384-3f99513ca18c**
- Must be registered to see this: Whelton, et. al, 2017; Liu, Griffiths, Murray, & Zheng, 2016; Williams, Brown, & Conlin, 2009; & Chobanian, et al., 2003
- Williams, J. S., Brown, S. M., & Conlin, P. R. (2009). Blood-pressure measurement. N Engl J Med, 360(5), e6.
- Read and watch the New England Journal of Medicine free article and video: **https://nejm.org/doi/full/10.1056/NEJMvcm0800157**
- How to measure blood pressure accurately **https://youtube.com/watch?v=gUHALsLeeoM**

PDSA WORKSHEET

Blood Pressure Measurement Improvement Project

San Francisco Health Plan

TEAM NAME	DATE OF TEST	TEST COMPLETION DATE
	MM/DD/YYYY	MM/DD/YYYY

OVERALL TEAM/PROJECT AIM Standardize blood pressure management protocol using best practices.

OBJECTIVE Ensure accurate measurement of blood pressure because it is the foundation of both the diagnosis and management of hypertension.

PLAN

Briefly describe the test:

Improve Blood Pressure Measurement through training and re-training staff, validating and calibrating blood pressure devices, using appropriately sized blood pressure cuffs, standardizing blood pressure measurement practice habits – every patient, every time, and standardizing protocol for documentation of blood pressure procedure. Place poster on how to measure blood pressure appropriately in area(s) used by staff. This Blood Pressure Measurement Toolkit is available at **sfhp.org/bptoolkit**

How will you know that the change is an improvement? EXAMPLE: Test staff with training checklist before and after toolkit implementation to measure observable improvement.

What driver does the change impact?

What do you predict will happen?

LIST THE TASKS NECESSARY TO COMPLETE THIS TEST (WHAT)	PERSON RESPONSIBLE	WHEN	WHERE
PCP/Trainer(s) Review Cover Letter			
PCP/Trainer(s) Review SFHP Medical Director Video			
Blood Pressure Measurement Poster			
STEP 1 Medical Assistant Training Checklist			
STEP 2 Protocol for Validating Medical Devices and Calibration			
STEP 3 Protocol for Choosing Appropriately Sized Blood Pressure Cuffs			
STEP 4 Protocol for Describing Measurement (Technique and Conditions)			
STEP 5 Protocol for Documentation of Blood Pressure Measurement			

What do you predict will happen?

DO

Test the changes

Was the cycle carried out as planned? ◯ Yes ◯ No
Record data and observations.

What did you observe that was not part of our plan?

STUDY

Did the results match your predictions? ◯ Yes ◯ No
Compare the result of your test to your previous performance:

What did you learn?

ACT

Decide to Adopt, Adapt, or Abandon

☐ Adapt — Improve the change and continue testing plan. Plans/changes for next test:

☐ Adopt — Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

☐ Abandon — Discard this change idea and try a different one

The Plan-Do-Study-Act (PDSA) Worksheet is a useful tool for documenting a test of change. Used in the Institute for Healthcare Improvement's "Methods and Tools fro Breakthrough Improvement" course, the PDSA Worksheet has been used by hundreds of health care organizations. **http://ihi.org/resources/pages/tools/plandostudyactworksheet.aspx**

FAQ

What PCPs Should Know

San Francisco Health Plan™

Ambulatory Blood Pressure Monitors (ABPM) & Home Blood Pressure Monitors (HBPM)

What is the difference between ABPM and HBPM?

AMBULATORY BLOOD PRESSURE MONITORS (ABPM)

Ambulatory blood pressure monitoring allows many blood pressure (BP) readings to be automatically recorded over a 24-hour period, whether the patient is awake or asleep.

HOME BLOOD PRESSURE MONITORS (HBPM)

HBPM are durable automated devices used by patients to self-assess blood pressure. They provide a single reading at any given time during the day or night and are reusable over a period of years. HBPM devices should be used while the patient is seated and resting.

Who is covered?

AMBULATORY BLOOD PRESSURE MONITORS (ABPM)

SFHP covers ABPM through the medical benefit. This service will be ordered by your health care provider if you need it.

HOME BLOOD PRESSURE MONITORS (HBPM)

Medi-Cal Rx covers select HBPM devices through the pharmacy benefit for all SFHP Medi-Cal and Medicare/Medi-Cal (dual eligible) members, up to a quantity of 1 device per 5 years. Refer to Medi-Cal Rx Covered Product List for Blood Pressure Monitoring Devices and Blood Pressure Cuffs.

What are the indications for a blood pressure monitoring device?

AMBULATORY BLOOD PRESSURE MONITORS (ABPM)

1. Suspected "white coat" hypertension
2. Suspected episodic hypertension
3. Hypertension resistant to increasing medications
4. Hypotensive symptoms while taking antihypertensive medications
5. Autonomic dysfunction

US Preventive Services Task Force (USPSTF) recommends it should also be used to confirm new diagnosis of hypertension in outpatients who have elevated office blood pressure

HOME BLOOD PRESSURE MONITORS (HBPM)

HBPM may be appropriate for any patient with hypertension, including those newly starting therapy or undergoing treatment adjustment. In particular, HBPM may help to identify "white coat" hypertension in patients with persistent high readings in the office setting.

What are the benefits of the blood pressure monitoring device?

AMBULATORY BLOOD PRESSURE MONITORS (ABPM)

Ability to take blood pressure readings continuously throughout the day and night.

HOME BLOOD PRESSURE MONITORS (HBPM)

1. Improved assessment of blood pressure control through increased frequency of readings and use in the normal home environment
2. Ability to distinguish "white coat" hypertension
3. Direct patient and family participation in their own care

What guidelines support the medical necessity for patient blood pressure monitoring devices?

AMBULATORY BLOOD PRESSURE MONITORS (ABPM)

US Preventive Services Task Force (USPSTF)
2017 American College of Cardiology (ACC)
American Heart Association (AHA) Hypertension Guidelines

HOME BLOOD PRESSURE MONITORS (HBPM)

2017 American College of Cardiology (ACC)
American Heart Association (AHA) Hypertension Guidelines

How is a blood pressure monitoring device ordered?

AMBULATORY BLOOD PRESSURE MONITORS (ABPM)

The device is supplied by the prescribing office. It is used by the patient for the prescribed period (24-48 hours typically) and returned to the provider office by the patient.

HOME BLOOD PRESSURE MONITORS (HBPM)

Provider to submit an electronic prescription for a blood pressure monitor to be filled at a network pharmacy. Refer to Medi-Cal Rx Covered Product List for Blood Pressure Monitoring Devices and Blood Pressure Cuffs.

SEE NEXT PAGE

FAQ What PCPs Should Know

San Francisco Health Plan™

Ambulatory Blood Pressure Monitors (ABPM) & Home Blood Pressure Monitors (HBPM)

Does the patient own the blood pressure monitor?

AMBULATORY BLOOD PRESSURE MONITORS (ABPM)

No, the blood pressure monitor equipment is provided to the patient by the prescribing provider and returned to the supplier (provider or vendor) after the monitoring period.

HOME BLOOD PRESSURE MONITORS (HBPM)

Yes, through insurance, the blood pressure monitor is owned by the patient.

What are the barriers to implementation?

AMBULATORY BLOOD PRESSURE MONITORS (ABPM)

1. Not all clinics have this service capability due to equipment and price.
2. Currently this service is not a Medi-Cal covered benefit; however, SFHP is advocating to the state to include this service in the Medi-Cal benefit package. Review for case by case coverage based on medical necessity can be requested from SFHP through the prior authorization process.

HOME BLOOD PRESSURE MONITORS (HBPM)

1. Reimbursement
2. Validation of devices
3. Variance in education provided to patients regarding HBPM device use
4. Provider and patient acceptance of home blood pressure monitoring as a part of the treatment plan

What, if any, are prior authorization criteria recommendations?

AMBULATORY BLOOD PRESSURE MONITORS (ABPM)

No prior authorization is needed when ABPM is provided through a member's medical group. Authorization will be approved for this service outside a member's medical group if it is not available through providers in their medical group.

HOME BLOOD PRESSURE MONITORS (HBPM)

For a non-preferred HBPM device not listed above, prior authorization request is required documenting trial and failure or inability to use a formulary monitor (e.g., member requires HBPM device with extra-large cuff due to upper arm circumference > 17").

I have more questions, who do I contact?

AMBULATORY BLOOD PRESSURE MONITORS (ABPM)

For authorization information please contact SFHP Utilization Management Department at **1(415) 615-7818 x7080**

HOME BLOOD PRESSURE MONITORS (HBPM)

For questions regarding the HBPM benefit or Medi-Cal Rx Contract Drug List (CDL), please contact Medi-Cal Rx Customer Service Center at **1(800) 977-2273.**

5 STEPS To Accurate Blood Pressure Measurement

San Francisco Health Plan℠

PREPARE • POSITION • MEASURE • DOCUMENT

STEP 1

Master your training and retraining checklists

STEP 2

Follow manufacturer's instructions for validated blood pressure devices that are periodically checked for proper functioning

STEP 3

Choose appropriately sized cuffs

STEP 4

Practice habits for every patient, every time:

- No talking, texting, watching phone
- Back/feet supported
- Arm supported at heart level
- Legs are uncrossed
- Bladder is empty
- Cuff on bare arm
- Separate repeated measurements by at least one to two minutes

STEP 5

Follow protocol for documentation of the procedure:

- Systolic/Diastolic
- Cuff size
- Other factors
- Arm used
- Position