

Waiting room monitors

Andrew Webb explains what to consider when purchasing.

Waiting room blood pressure monitors are a relatively recent introduction in primary care but their use and popularity has grown significantly in recent years.

The idea of allowing patients to measure their own blood pressure was initially greeted with scepticism by some clinicians, but practice managers were quick to see the advantages.

The introduction of the Quality and Outcomes framework points in 2004 for the first time, meant the importance of blood pressure measurement and control was rewarded financially with hypertension being identified as a key clinical area.

Practices have developed their own hypertension protocols, with many using the monitors to provide a drop-in service for patients worried about their blood pressure.

Practices were encouraged to actively screen patients and seek out hidden hypertensives. To the average practice this could mean hundreds of extra appointments for a simple blood pressure measurement. They would need help.

The introduction of easy to use, clinically validated, waiting room blood pressure monitors like the A&D TM-2655P provided the solution.

Ideally located in a quiet corner of the waiting room, this type of monitor is designed for professional high volume use

and automatically prints a reading, with the date and time, on a small slip of paper.

The patient usually shows this reading to the doctor or nurse at the beginning of the appointment and if the readings are too high or low they can then remeasure. In some practices patients hand results to a member of the reception team, who record it electronically for later review.

Practices have developed their own hypertension protocols, with many using the monitors to provide a drop-in service for patients worried about their blood pressure, or those requiring a six month check-up.

For clinicians, waiting room monitors like the A&D TM-2655P offer speed, accuracy and time savings with some practices reporting they 'save' up to 100 appointments per month on average.

For practice managers, they offer good management and effective use of resources freeing clinical staff for other roles where they may be better utilised.

For patients the feedback is positive and the monitors promote understanding and compliance.

Choice

When choosing a machine look for one that has been designed for waiting room use where it can expect high volume, heavy duty use and which has a dedicated stand.

Some models have additional useful features such as an irregular heartbeat indicator and can be used with weighing scales increasing their usefulness.

To get the best results, you will need a height adjustable chair as it is important for the patient to have their arm at heart level when measuring to get the most accurate reading.

The British Hypertension Society recommends upper arm devices over wrist devices as errors can occur if patients don't keep their wrist at heart level when using the latter.



● The A&D TM-2655P offers speed, accuracy and it is time saving.

An independent clinical validation to either the British Hypertension Society protocol or International Protocol is essential, as is routine calibration, as waiting room monitors frequently take thousands of readings a year.

A list of validated monitors is maintained at **www.bhsoc.org**

For many surgeries measurement by patients of their own blood pressure using a waiting room blood pressure monitor has had several benefits. They have identified new undiagnosed hypertensives with elevated blood pressure and helped manage existing hypertensive patients promoting medication compliance.

They have also helped towards achieving target blood pressures and freed up valuable clinical time, a positive outcome for everyone. ■

For more information call 01628 773 233 or visit **www.pmsinstruments.co.uk**



Andrew Webb
is managing director of PMS
Instruments.