

Thank you for your interest in participating in this doctoral dissertation study. The research aims to learn more about the barriers ED providers face that affect the reassessment/referral of patients with elevated BP in the ED.

Participation in this study is voluntary. You may refuse to participate or withdraw at any time without penalty. While completing the questionnaire, you have the right to skip or not answer any questions you prefer not to answer. Only the principal investigator and co-investigators will have access to the data.

****Before you begin, please write the CODE listed on the bottom right hand corner of your envelope the letter and survey arrived in printed in RED _____****

Please read the instructions, before filling in the questionnaire:

- Read each question, including the answering options, and circle the best answer
 - Choose the answer that is most applicable to yourself and your situation
 - Choose only one answer, unless stated differently
1. **Normal blood pressure (BP) for adults 18 years and older is defined as what?**
 - a. 120-139/80-89 mmHg
 - b. 160-169/90-99 mmHg
 - c. 140/90-159/99 mmHg
 - d. $\leq 120/80$ mmHg
 - e. $\geq 160/100$ mmHg
 - f. I do not know
 2. **Stage I Hypertension for adults 18 years and older is defined as what?**
 - a. 120-139/80-89 mmHg
 - b. 160-169/90-99 mmHg
 - c. 140/90-159/99 mmHg
 - d. $\leq 120/80$ mmHg
 - e. $\geq 160/100$ mmHg
 - f. I do not know
 3. **Pre-Hypertension for adults 18 years and older is defined as what?**

6. **For patients who have a repeated BP reading of 172/82 mmHg and asymptomatic, what action, if any, would you take?**
 - a. Do nothing because the BP is normal
 - b. Recommend or order anti-hypertensive treatment in the ED before discharge
 - c. Recheck the BP at another time point during the ED visit
 - d. Recommend or order an outpatient referral to have BP re-evaluated
 - e. I do not know

7. **For patients who have a repeated BP reading of 138/94 mmHg and asymptomatic, what action, if any, would you take?**
 - a. Do nothing because the BP is normal
 - b. Recommend or order anti-hypertensive treatment in the ED before discharge
 - c. Recheck the BP at another time point during the ED visit
 - d. Recommend or order an outpatient referral to have BP re-evaluated
 - e. I do not know

8. **For patients who have an initial BP reading of 144/72, what action, if any, would you take?**
 - a. Do nothing because the BP is normal
 - b. Recommend or order anti-hypertensive treatment in the ED before discharge
 - c. Recheck the BP at another time point during the ED visit
 - d. Recommend or order an outpatient referral to have BP re-evaluated
 - e. I do not know

9. **For patients who have an initial BP reading of 138/98, what action, if any, would you take?**
 - a. Do nothing because the BP is normal
 - b. Recommend or order anti-hypertensive treatment in the ED before discharge
 - c. Recheck the BP at another time point during the ED visit
 - d. Recommend or order an outpatient referral to have BP re-evaluated
 - e. I do not know

10. **Have you ever heard of the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of Blood Pressure (JNC 7)?**
- Yes
 - *No (continue to question 12)
 - *I do not know (continue to question 12)
11. **To what extent are you familiar with JNC 7 (Joint National Committee on Prevention, Detection, Evaluation, and Treatment of Blood Pressure)?**
- Not at all familiar
 - Somewhat familiar
 - Neutral
 - Familiar
 - Very familiar
12. **Have you ever heard of the American College of Emergency Physicians Clinical Policy for Treating Patients in the Emergency Department with Asymptomatic Hypertension (ACEP)?**
- Yes
 - *No (continue to question 14)
 - *I do not know (continue to question 14)
13. **To what extent are you familiar with the ACEP clinical policy (American College of Emergency Physicians Clinical Policy for Treating Patients in the Emergency Department with Asymptomatic Hypertension)?**
- Not at all familiar
 - Somewhat familiar
 - Neutral
 - Familiar
 - Very familiar
14. **What is the lowest initial systolic and diastolic BP measurement in the ED that would prompt you or another health care provider caring for your patient to obtain a repeat measurement?**

Systolic BP (mmHg)

- a. <120
- b. 120-139
- c. 140-149
- d. 150-159
- e. 160-169
- f. 170-179
- g. 180+
- h. No specific number

Diastolic BP (mmHg)

- a. <80
- b. 80-89
- c. 90-99
- d. 100-104
- e. 105-109
- f. 110-114
- g. 115+
- h. No specific number

15. **What is the lowest systolic and diastolic BP measurement in the ED that would prompt a recommendation for a referral for outpatient BP reassessment and management?**

Systolic BP (mmHg)

- a. <120
- b. 120-139
- c. 140-149
- d. 150-159
- e. 160-169
- f. 170-179
- g. 180+
- h. No specific number

Diastolic BP (mmHg)

- a. <80
- b. 80-89
- c. 90-99
- d. 100-104
- e. 105-109
- f. 110-114
- g. 115+
- h. No specific number

16. **In the past two weeks, how often did you refer an ED patient who had a systolic BP \geq 140 mm Hg or diastolic BP \geq 90 mmHg for outpatient BP reassessment and evaluation?**

- a. Never (0%)
- b. Rarely (10% -20% of the time)
- c. Sometimes (21%-50% of the time)
- d. Most of the time (51%-75% of the time)
- e. Almost always (>75% of the time)

Since 2006, The American College of Physicians (ACEP) recommends that patients in the emergency department who have an initial blood pressure (BP) $\geq 140/90$ mm Hg should have a repeated BP at a later point during their ED visit. If “BP measurements are persistently elevated with a systolic BP greater than 140 mmHg or diastolic BP greater than 90 mmHg, the patient should be referred for follow-up of possible HTN and BP management”. This recommendation is based on the hypertension definitions reported by The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7).

Following are a couple of statements about working according to the ACEP recommendations. I would like to know whether you agree with the statement or not and in what degree. If you do not have a strong opinion, please try to find out if it is more like ‘agree’ or more like ‘disagree’. If you really do not know, you can select the option ‘do not agree nor disagree’.

		Fully Disagree	Disagree	Do not agree nor disagree	Agree	Fully Agree
17.	*There is no formal reinforcement by management to integrate the referral of patients with elevated BP into our organizational policies					
18.	This ACEP guideline leaves enough room for me to make my own conclusions					
19.	I did not thoroughly read nor remember the ACEP guideline					
20.	*Referring patients with a systolic BP \geq 140 mmHg or diastolic BP \geq 90 mmHg for BP re-evaluation has not been thoroughly formalized through a decision-making process.					
21.	I wish to know more about the ACEP guideline before I decide to apply it					
22.	I have problems changing my old routines					
23.	I think parts of the ACEP guideline are incorrect					
24.	I have a general resistance to					

	working according to protocols					
25.	Fellow practitioners do not cooperate in applying the ACEP guideline					
26.	Other practitioners do not cooperate in applying the ACEP guideline					
27.	*By involving all the health care workers in the development of a policy for the referral of patients with elevated BP for BP re-evaluation will facilitate more referrals					
28.	*I have the skills needed to refer patients with elevated BP for BP re-evaluation					
29.	*I have the knowledge needed to refer patients with elevated BP for BP re-evaluation					
30.	Managers/directors do not cooperate in applying the ACEP guideline					
31.	*There is administrative support for the ED providers that would implement the referral of patients in the ED with elevated BP					

	for BP re-evaluation					
32.	*I have confidence I can implement the referral of patients with elevated BP for BP re-evaluation					
33.	*It is my job to refer patients with a BP \geq 140/90 mmHg for outpatient BP reassessment					
34.	Patients do not cooperate in applying the ACEP guideline					
35.	*Patients doubt my concern and competence when I refer them to have their BP re-evaluated					
35.	*Staff turnover effects the referral of patients with elevated BP for BP re-evaluation					
36.	Working to the ACEP guideline is too time consuming					
37.	*I suffer from work-related stress					
38.	The ACEP guideline does not fit into my ways of working at my practice					
39.	*Referring patients with elevated BP for BP re-evaluation increases the risk of					

	malpractice liability					
40.	Working according to this ACEP guideline requires financial compensation					
41.	*Referring patients with elevated BP for BP re-evaluation has added value for the patient					
42.	*Referring patients to have their BP re-evaluated affects the relationship with other departments or organization					
43.	*Referring patients to have their BP re-evaluated is task oriented					
44.	The lay-out of this ACEP guideline is handy for use					
45.	*I expect that patients will be satisfied with the referral for BP re-evaluation					
46.	**Patients are not aware of the health benefits of having their BP re-evaluated					
47.	*I am imposing a financial burden on the patient when I refer them to have					

	their BP re-evaluated					
48.	*Patients start to feel uncomfortable (physical or emotional) if I refer them to have their BP re-evaluated					
49.	*There is not enough staff to assist with the referral of patient with elevated BP for BP re-evaluation					
50.	*Referral of patients with elevated BP for BP re-evaluation is influenced by the opinion of the medical director					
51.	*There is not enough expertise in the ED that can assist with the referral of patients with elevated BP for BP re-evaluation.					
52.	*There are too many logistical problems when a patient needs a referral for BP-re-evaluation.					
53.	There are no financial resources in the ED to assist with the referral of patients with elevated BP for BP re-evaluation					

Following are a couple of questions about implementation of preventive care. Please rate how much you agree or disagree with the following statements.

	It is difficult to give preventive care...	Fully disagree	Disagree	Do not agree nor disagree	Agree	Fully agree
54.	...if there is not enough supportive staff					
55.	...if instruments needed are not available					
56.	...because the timing of the preventative care is awkward					
57.	...if physical space is lacking					
58.	...because I am not trained in giving preventive care					
59.	...because I have not been involved in setting up the preventive care					
60.	...to patients with a different cultural background					

	...to patients who seem healthy					
61.	...to patients with a low socio-economic status					
62.	...to older patients (60+)					
63.	...to patients rarely visiting the ED					

64. What is your title?

- a. Emergency department *staff nurse* (RN)
- b. Emergency department *Attending physician*
- c. Emergency department *Nurse Practitioner* (NP)
- d. Emergency department *Physician Assistant* (PA)
- e. Emergency department *Resident*

Please list year – (i.e. PGY 1,2,3,4,5) _____

65. Please write the name, city and state of the hospital where you are currently employed in the space provided. If you are employed at more than one hospital, please write the name of the hospital where you work the most. (i.e. St. Francis Hospital in Roslyn, New York)

66. How long have you worked in the ED? Please list the total ED work experience you have.

- a. less than 1 year
- b. greater than 1 year, but less than 5 years
- c. greater than 5 years, but less than 10 years

- d. Greater than 10 years

67. What is your sex?

- a. Male
- b. Female

68. What is your race/ethnicity?

- a. Non-Hispanic White
- b. Non-Hispanic Black
- c. Hispanic White
- d. Hispanic Black
- e. Asian
- f. Pacific Islander/Native American/Alaskan
- g. Multi-Racial
- h. Other (please specify)_____

69. In the past two weeks, how many ED attending(s) physicians worked during your scheduled shift?

- a. 1-2
- b. 3-5
- c. >5
- d. I do not know

70. In the past two weeks, how many ED nurse practitioners (NPs) worked during your scheduled shift?

- a. 0
- b. 1-2
- c. 3-5
- d. >5
- e. I do not know
- f. I do not work with NPs

71. In the past two weeks, how many ED staff nurses (RNs) worked during your scheduled shift?

- a. 1-5
- b. 5-10
- c. >10
- d. I do not know

72. In the past two weeks, how many ED physician assistants (PAs) worked during your scheduled shift?

- a. 0
- b. 1-2
- c. 3-5
- d. >5
- e. I do not know
- f. I do not work with PAs

73. In the past two weeks, what shift did you work the most?

(Pick all that apply)

- a. Day shift
- b. Evening shift
- c. Night shift
- d. Rotating Shifts
- e. I do not remember

74. Does the ED you are currently practicing in have electronic medical records for progress note documentation?

- a. Yes
- b. No
- c. I do not know

75. Does the ED you are currently working in have electronic medical records for MD/NP/PA order entry?

- a. Yes
- b. No
- c. I do not know

76. In your current position, are you considered full-time or part-time by your employer? If you have more than one employer tell us about the employer where you work the most.

- a. Full-time
- b. Part-Time

c. Per-Diem

77. Does the ED you are currently practicing in have a policy in effect to address patients with asymptomatic hypertension?

- a. Yes
- b. No
- c. I do not know

78. Is there anything else that you would like to tell us regarding elevated BP in the ED or reassessment and referral? Please do so in the space provided below.