**APPENDIX 1: Establishment of systems and processes**

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| --- | --- | --- |
|  | **Responsibility** | **Completed** |
|  | Health Improvement Scotland | Local team |  |
| Organise a meeting [Microsoft Teams] with each group to identify routine practice and to discuss and agree implementation steps | X |  |  |
| Agree and set up systems and processes for equipment storage and management | X | X |  |
| Agree and set up telephone / Near me (depending on resource available) Day Assessment process (typically a Senior Midwife-led service, 2 times per week).  |  | X |  |
| Agree and set up system for capturing home-recorded data (BadgerNet, Florence, Hampton) |  | X |  |
| Set up training schedule |  | X |  |
| Ensure all training materials are available and accessible by staff |  | X |  |
| Commence training |  | X |  |
| Ensure all patient leaflets and videos are available and accessible – including generic patient advice leaflet and any local information regarding recording results. |  | X |  |
| Agree roll out schedule and any phasing of roll out required. |  | X |  |
| Agree any reporting required locally (e.g. on uptake, stock levels etc) |  | X |  |

Phase 1 completed: Signature:

Lead Obstetrician or Midwife: Date:

**APPENDIX 2: HOME BLOOD PRESSURE MONITORS STOCK CONTROL SHEET**

**Name of Hospital: …………………………………………………….**

**Date: ………………………………………………………………………**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Serial No.  | Device asset number  | Patient Hospital number  | Telephone number  | Indication of use  | Expected date of delivery  | Recipient | Date of issue  | Is recipientCovid-19Shielded? | Issued by | Date of return | Returned to stock by |
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Lead Obstetrician or Midwife (signature and date): …………………………………………………………………………………………

Contact for Stock/Equipment faults: …………………………………………………………………………………………………….