



Appendix E: Hypertension Quality Indicators

Hypertension is a public health issue and an important CVD risk factor requiring continuous evaluation and quality improvement. Included here are quality indicators for key recommendations that can facilitate optimal team-based intervention for hypertension.

Quality indicators are evidence based and can provide comparable and actionable information across different geographic or organizational boundaries and/or can track progress over time. This list of quality indicators can be an initial discussion document for primary care teams, patient medical homes and/or patient medical networks to engage EMR vendors and stakeholders to initiate quality improvement initiatives.

No	Key Recommendation	Quality Indicator 
1.	Blood pressure should be measured accurately in adults, at all appropriate visits, by trained healthcare practitioners.	Percentage and/or number of people who had their BP recorded during their office visit
2.	When measuring blood pressure in the office, the use of an automated office blood pressure (AOBP) electronic device is recommended in patients with regular heart rate.	Physician office has access to automated office BP devices for BP measurements
3.	Hypertension is diagnosed in adults when automated office blood pressure reading is $\geq 135/85$ in the higher BP arm.	Percentage and/or number of patients with hypertension
4.	Consider 24-hour ambulatory blood pressure monitoring, or standardized home blood pressure monitoring, to confirm a hypertension diagnosis in all patients.	People with suspected hypertension are offered ambulatory blood pressure monitoring (ABPM) to confirm a diagnosis of hypertension
5.	Achieving an automated blood pressure reading of $\leq 135/85$ is associated with the greatest reduction of risk for adults, with no co-morbid conditions.	Proportion of patients with hypertension who have met their desired BP level
6.	Health behaviour change is recommended as a first step for those with average blood pressure 135-154/85-94 (AOBP), low-risk for cardiovascular disease and no co-morbidities.	Patients engaged in a discussion about the role of health behaviour change as a first step towards their desired BP level
7.	Initiate pharmaceutical management in context of the patient's overall cardiovascular risk and not solely on their blood pressure.	Patients with hypertension have CVD risk assessment performed and engaged in a discussion about risk scores