




## 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                       |