Effective Diagnosis, Treatment, and Monitoring of Hypertension in Primary Care

Facilitator Notes

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Reporting and Monitoring System

Content should be adapted with country-specific information prior to use. Red text denotes places where modification may be required. Guidance on how to adapt the training is provided in the Course Overview.

Facilitators should review all materials prior to the training workshop to ensure they have a full understanding of the session and to determine what hard copy print outs will be required to conduct the exercises.

Overview of this session

Participants will apply what they learn about the monitoring of hypertension by undertaking exercises that involve filling in recording and reporting tools.

EXERCISE 1: COMPLETING A HYPERTENSION TREATMENT REGISTER

Instructions

- A total of 40 minutes is recommended for this exercise.
- Ask participants to spend 35 minutes filling in the blank Facility Register for Hypertension handout for this exercise, based on the details of five patients – the two patients from Session 4 and three more from example patient treatment cards provided in the participant guide.
- The completed form is given on page 4.
- Spend 5 minutes reviewing the answers with the group.

Answers

			FACILITY R		ON					
Date of reg.	Unique patient treatment no.	Name	Address	Gender M/F	Age	Quarterly HTN outcome: BP controlled? Y/N (6– 9 months after reg.)	Annual HTN outcome: BP controlled: Y/N (Q1, year 2019)	Annual HTN outcome: BP controlled: Y/N (Q1, year 2020)	Annual HTN outcome: BP controlled: Y/N (Q1, year 2021)	
06-01-	00001	Rohan Sharma	121 Nethaji Colony	м	34	Y	Ν			
08-01-	00002	Radha Srinivasan	6 CLC Works Lane	F	56	Y	Y			
09-04-	00003	Prem Pal	12 Krishna Nagar	м	60	Y	Υ			
25-08-	00004	Priya Kishore	42 Kovil Street, Samanagar	F	42	Y	Y			
12-11-	00005	Sunitha Varma	72/77 Vivekananda Street	F	39	N	N			
Page sum	Page summary				BP control:					
Total nur	Total number registered:					Y = systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg duri quarter			mmHg during last	
Total number with documented control in Q1 6–9 months after registration				4	4 N = if blood pressure \geq 140/90 or patient did not visit for follow up, or blood pre			od pressure not		
Total number with documented control in Q1 of 2019				3		measured				
Total nur	Total number with documented control in Q1 of 2020									
Total nur	Total number with documented control in Q1 of 2021									

EXERCISE 2: DETERMINING THE QUARTER

Instructions

- A total of 10 minutes is recommended for this exercise.
- Ask participants to spend a few minutes completing the table as if they were planning their reports for the Quarterly Facility Report in Section A (Quarterly treatment enrolment and outcomes) of the Health Facility Report.
- Spend a few minutes reviewing the answers with the group.

Answers

Date of Reporting	Quarter in which patients were registered for hypertension treatment	Quarter in which 6-9 month BP was checked				
15 April 2018	1 July 2017 – 30 September 2017	Jan – Mar 2018				
15 April 2019	1 July 2018 – 30 September 2018	Jan – Mar 2019				
15 July 2018	1 October 2017 – 31 December 2017	April – June 2018				
15 January 2019	1 April 2018 – 31 June 2018	Oct – Dec 2018				
15 October 2018	1 Jan 2018 – 31 March 2018	July – Sept 2018				



EXERCISE 3: COMPLETING THE QUARTERLY AND ANNUAL REPORTS

Instructions

- A total of 20 minutes is recommended for this exercise.
- Present participants with the scenario that it is April 2019 and time to submit Quarterly and Annual reports. Ask them to spend 15 minutes, using the sample register in the Participant Guide, to prepare a Quarterly and Annual Facility Report (sections A & B) for 20 patients.
- While there is a blank Health Facility Report in the Participant Guide, the facilitator may want to make additional copies in case they are needed (see Exercise 3 Handout).
- Spend 5 minutes reviewing the answers with the group.

Answers

Section A: Quarterly treatment enrolment and outcomes	Number of patients	
A1. Number of patients registered two quarters earlier	7	
A2. Out of (A1), number of patients whose BP was documented to be <140/90 in the Reporting Quarter	3	
Section B: Annual treatment enrolment and outcomes (To be filled only once a year – with Quarter 1 report)	Number of patients	
B1. Number of patients whose BP documented as <140/90 during Quarter (<i>If the patient made more than 1 visit in the quarter, use most recent reading.</i>)	10	
B2. Estimated number of people with hypertension in the catchment population	Completed at district	
(only for district level)	level	



EXERCISE 4: CONDUCTING A SITE VISIT TO A HEALTH FACILITY (HALF-DAY FIELD WORK)

Health care workers and facility managers will visit a primary health facility to practise measuring blood pressure and providing care to patients, using the standard protocol and corresponding tools (e.g., patient identification cards, treatment cards, etc.). Facilitator may also want to encourage participants to observe patient flow and service delivery during health facility visit.

	FACILITY REGISTER FOR HYPERTENSION									
Date of reg.	Unique patient treatment no.	Name	Address	Gender M/F	Age	Quarterly HTN outcome: BP controlled? Y/N (6–9 months after registration)	Annual HTN outcome: BP controlled: Y/N (Q1, year 2019)	Annual HTN outcome: BP controlled: Y/N (Q1, year 2020)	Annual HTN outcome: BP controlled: Y/N (Q1, year 2021)	
Page sum	imary				BP control:					
Total num	Total number registered:					Y = systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg during la quarter				
Total num	Total number with documented control in Q1 6–9 months after registration				N = if blood pressure ≥140/90 or patient did not visit for follow up, or blood press			or blood pressure not		
Total num	nber with docun	nented control in Q1	of 2019			measured				
Total num	ber with docume	nted control in Q1 of 20	020							
Total num	Total number with documented control in Q1 of 2021									

SESSION 5 – HANDOUT

HEALTH FACILITY REPORT									
Sections A and B will be filled out by health facilities where HTN Facility Register is placed. Sections C and D will be filled out by all health facilities									
Name of health facility:									
Name of state: Date of reporting (day/month/year)									
Quarter for which you are making the report: Quarter: Year:									
This is the "Reporting Quarter". Usually this is the m recent quarter that has just finished.									
Section A: Quarterly treatment enrolment and	outcomes			Number of patients					
A1: Number of patients registered two quarters	earlier								
A2: Out of (A1), number of patients whose BP w <140/90 mmHg in the Reporting Quarter	vas documented t	o be							
	Section B: Annual treatment enrolment and outcomes (To be filled in only once a year, with Quarter 1 report) Number of patients								
B1: Number of patients whose BP is documented as <140/90 mmHg during Quarter 1. (If the patient made more than one visit in the quarter, use most recent reading.)									
B2: Estimated number of people with hypertension in the catchment population (only for district level).									
Section C: Drug consumption and availability									
Quarterly consumption of drugs (Give number of tablets)	health facility the			ntity of drugs requested for next quarter e number of tablets)					
calcium channel blocker									
angiotensin receptor blocker									
angiotensin converting enzyme inhibitor	angiotensin converting enzyme inhibitor								
thiazide/thiazide like diuretic									
statin									
aspirin									
beta blocker									
Section D: Quarterly supervision									
Was there a supervision visit to this health facility by district staff during the reporting quarter?	Yes	No							