

## Data Collection Tool

**Pull 25\* charts for children ages 4 years and older that have been in the practice's care for one year or more.**

- The child should have been seen at least two times (one of them being a well-child check).
- Try to select charts that represent children from different age groups (e.g. "X" number of charts of children between ages 4 and 7 and "X" number of charts of children between ages 7 and 10)

**Review all documentation related to assessment of the child's blood pressure and or care of hypertension within the last 18 months. This review is a retrospective look at the care provided.**

**Answer the questions based on actual documentation, not on memory or inference.**

### Document the Measurement of Blood Pressure

1. At the most recent *well-child visit*, was the child's blood pressure measurement documented in the medical record?

Yes       No

**IF NO: DATA COLLECTION ENDS HERE**

### Interpret Blood Pressure Measurement

2. What is the blood pressure classification at the most recent well-child visit (See 2017 Clinical Practice Guidelines, Tables 2 and 3)?

Normal       Abnormal ( $\geq$  90 percentile for height, age and gender)  
 Unable to classify due to missing height (patient less than 13 years of age)

**UNABLE TO CLASSIFY DUE TO MISSING HEIGHT: DATA COLLECTION ENDS HERE**

2a. If Abnormal, was the blood pressure measurement *repeated* (reaffirming correct cuff size, patient positioning, etc.) keeping in mind the standard for appropriate blood pressure measurement?

Yes       No       NA, due to reason for blood pressure to be high (e.g., pain, crying, etc).

### Discuss Lifestyle Behaviors

3. Were patient lifestyle behaviors aimed at maintaining a normal blood pressure (for example nutrition, physical activity, smoking and/or smoke exposure) discussed with the patient and/or guardian?

Yes       No

**NORMAL CHARTS: DATA COLLECTION ENDS HERE**

### Confirm the Diagnosis of Hypertension

4. Was the blood pressure *repeated* in the office (reaffirming correct cuff size, patient positioning, etc.), during 1 or more subsequent office visits?

Yes       No

4a. If yes, was blood pressure measured by auscultation?

Yes       No

5. Was Ambulatory Blood Pressure Monitoring (ex. 24-hour blood pressure monitoring) used in accordance with the 2017 Clinical Practice Guidelines (Table 7) to further assess blood pressure?

Yes       No       No ABPM available       NA ABPM not recommended

5a. If no, was the reason documented in the patient chart?

Yes       No



## EQIPP: Hypertension (Generalist)

6. Did the patient return within the recommended timeframe (See 2017 Clinical Practice Guidelines, Table 11)?

Yes       No

6a. If no, was a reminder made (i.e. mailed card or phone call) to the patient/family?

Yes       No       NA – Timeframe has not elapsed

**IF "No" TO QUESTION 6: DATA COLLECTION ENDS HERE**

7. After follow up BP measurements, was a diagnosis of hypertension or elevated blood pressure confirmed for this child?

Yes       No, the child's blood pressure is within a normal range

No, no blood pressure readings taken

**DATA COLLECTION CONTINUES ONLY if "Yes" is selected for 7**

### Evaluate for Identifiable Causes and Comorbidity Associated with Hypertension

8. In children and adolescents being evaluated for elevated blood pressure or hypertension, was a targeted patient and family history (includes but not limited to history of early cardiac events and familial hypertension) documented in the medical record?

Yes       No

9. If the child or adolescent was found to have elevated blood pressure or hypertension (Stage 1 or Stage 2), was a targeted physical examination performed looking for secondary causes (See 2017 Clinical Practice Guidelines, Table 12)?

Yes       No

10. Were upper and lower extremity blood pressure measurements performed?

Upper only     Lower only     Both upper and lower extremities

11. Was appropriate diagnostic testing obtained after confirmation of diagnosis of hypertension (See 2017 Clinical Practice Guidelines, Table 13, 14, 15)?

Yes       No       Some test(s) ordered, but not appropriate

### Develop a Treatment Plan

12. Was a written management plan (including non-pharmacologic and pharmacologic measures as appropriate) provided to the patient/family?

Yes       No

13. If Stage 2 – Hypertension, was the patient referred to a subspecialist?

Yes       No     NA, not Stage 2-HTN     NA, managing myself  
 NA, no subspecialist available

## Appendix – Definitions

### Recommended Timeframe

Within 6 months for elevated BP. Within 1-2 weeks for Stage 1 hypertension. Referral to a subspecialist within 1 week for Stage 2 hypertension.

### Appropriate Diagnostic Testing

Appropriate diagnostic testing includes focusing on determining possible causes and/or comorbidities associated with hypertension and includes detailed patient history, family history, physical examination, laboratory evaluation, and imaging.