

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

Facilitator Notes

4

Service delivery and patient monitoring

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 session

Participants will apply what they learned about the monitoring of hypertension by undertaking exercises that involve assessing service delivery and filling in case details on patient treatment cards.



EXERCISE 1: PATIENT FLOW AND SERVICE DELIVERY

Instructions

- A total of **40** minutes is recommended for this activity.
- Read out the activity outline to the participants.
- Ask participants to outline the patient flow pathway in their clinic, including key activities that may occur at each step (see slide 21 of session 1 PowerPoint for an example). Give them about **10** minutes to create the flow pathway.
- Once the flow pathway is complete, ask participants to identify the main assets (strengths) and barriers (challenges) to incorporating hypertension screening and management into their current service-delivery model. Allow participants to reflect for about **5** minutes.
- Ask participants to share with the group some of the assets and barriers. Prompt participants to identify ways their service-delivery model could be strengthened to allow for integration of hypertension screening and management. Allow about **15–20** minutes for discussion.
- Summarize the main points identified, and give some suggestions on how best to incorporate solutions in the service delivery model.



EXERCISE 2: COMPLETING A PATIENT TREATMENT CARD

Instructions

- A total of **20** minutes is recommended for this exercise.
- Give participants **10** minutes to review the patient details provided in the Participant Guide for Exercise 2 and to complete the treatment card accordingly. While there is a blank Patient Treatment Card in the Participant Guide, the facilitator should make additional copies in case they are needed.
- Spend **10** minutes reviewing the answers with the group. (The completed treatment card is provided on pages **4 and 5**.)

E. Initial and follow-up visit													
SL n°		At Rx start	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit
1	Date attended	6.1.18	4.2.18	5.3.18	5.4.18	4.5.18	5.6.18	3.7.18					
2	Blood pressure – systolic	150	150	130	124	120	125	130					
3	Blood pressure – diastolic	96	85	80	80	80	76	80					
4	Blood sugar fasting												
5	amlodipine	N 5 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg					
	telmisartan												
	enalapril												
	chlorthalidone												
	aspirin												
	statin												
	beta blocker												
	metformin												
F	Referred to specialist												
G	Date of next visit	4.2.18	5.3.18	5.4.18	4.5.18	5.6.18	3.7.18						
H	Signature of doctor												

Treatment dose and code. Indicate dosage. Note when starting (N for new), and stopping (D for discontinued).

I. Additional investigations if available				J. New complications				K. Additional information					
Visit date				Visit date									
1. Serum potassium				1. Stroke									
2. Serum creatinine				2. Hypertension									
3. Total cholesterol				3. CVD									
4. Urine protein				4. Renal failure									
5. Fundus examination				5. Lower limb amputation									
6. Foot examination				6. Others									



EXERCISE 3: SPOT THE MISTAKES

Instructions

- A total of **15** minutes is recommended for this exercise.
- Provide participants with the completed treatment card (Exercise 3 handout).
- Give participants **10** minutes to review the patient details in the Participant Guide and the provided, completed treatment card, and identify at least **three** errors on the card.
- Spend **5** minutes reviewing the answers.

Answers

- Name & age of patient incorrect
- Date of registration incorrect- on page 1 and page 2
- Was already on treatment when registered
- Doctor had not signed
- Lab investigations not entered
- Amlodipine is not a new drug. Should not be marked as “N”
- BP values not entered in 4th and 5th visit
- Date of next visit not mentioned in last 3 visits



EXERCISE 4: COMPLETING A PATIENT TREATMENT CARD WITH FOLLOW-UP VISITS

Instructions

- A total of **25** minutes is recommended for this exercise.
- Give participants **15** minutes to correct and update patient treatment card, based on continuation of case study provided in the Participant Guide.
 - Participants should request a separate continuation sheet to fill in 2019 visits. However, have them continue filling in information from the follow-up visits on the same card for the purpose of the exercise.
- Ask participants if they had any specific questions about filling out this sheet.
 - Point out that a separate continuation sheet should have been used for 2019 visits.
- Spend **10** minutes discussing the continuation sheet. (The completed continuation sheet is provided on page **8**.)

E. Initial and follow-up visit														
SL n°	2018 (new sheet for each year)	At Rx start	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit
1	Date attended	8.1.18	4.2.18	2.3.18	2.4.18	12.5.18	19.8.18	15.9.18	2.11.18	3.12.18	5.1.19	6.2.19	3.3.19	
2	Blood pressure – systolic	131	129	117	120	124	138	111	132	134	130	127	128	
3	Blood pressure – diastolic	99	81	73	72	76	85	84	93	85	80	79	78	
4	Blood sugar fasting													
5	amlodipine	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg	10 mg
	telmisartan	N 40 mg	40 mg	40 mg	40 mg	40 mg	40 mg	40 mg	40 mg	40 mg	40 mg	40 mg	40 mg	40 mg
	enalapril													
	chlorthalidone													
	aspirin													
	statin													
	beta blocker													
	metformin													
F	Referred to specialist													
G	Date of next visit	4.2.18	2.3.18	2.4.18	12.5.18	4.6.18	15.9.18	2.10.18	3.12.18	5.1.19	6.2.19	3.3.19		
H	Signature of doctor													
Treatment dose and code. Indicate dosage. Note when starting (N for new), and stopping (D for discontinued).														
I. Additional investigations if available					J. New complications					K. Additional information				
Visit date	4.2.18				Visit date									
1. Serum potassium					1. Stroke									
2. Serum creatinine	1.7 mg				2. Hypertension									
3. Total cholesterol	226 mg/dl				3. CVD									
4. Urine protein	Nil				4. Renal failure									
5. Fundus examination					5. Lower limb amputation									
6. Foot examination					6. Others									
Random blood sugar	140 mg/dl													

SESSION 4 – HANDOUT – BLANK PATIENT TREATMENT CARD

CVD PATIENT TREATMENT CARD	
Name of Health Facility:	Name of District/ State/Province:
Date of registration:	Unique patient treatment number:
A. Patient identification information	B. Diagnosis
Patient ID number: Name: Father's/husband's name: Sex: Age: Address: Phone number: Alternative phone number:	1. Hypertension: <input type="checkbox"/> Yes, treatment initiated <input type="checkbox"/> Yes, was already on treatment when registered Other co-morbidity 2. Prior heart attack: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. If yes, h/o heart attack in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Prior stroke: <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Chronic kidney disease: <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No 7. H/o smoking: <input type="checkbox"/> Yes <input type="checkbox"/> No
C. Hypertension treatment at registration	D. Diabetes treatment at registration
1. Medication dose 2. Medication dose 3. Medication dose 4. Medication dose	1. Medication dose 2. Medication dose 3. Medication dose 4. Medication dose
Additional notes	
Life-style modification (LSM) <input type="checkbox"/> Life-style modification alone <input type="checkbox"/> Both lifestyle modification & medication Any other advice : 	

CVD PATIENT TREATMENT CARD	
Name of Health Facility: SA NAGAR PHC Date of registration: 6.1.18	Name of District/ State/Province: Unique Identification n° 00002
A. Patient identification information	B. Diagnosis
Patient ID number: 1000034568 Name: RADHA Father's/husband's name: Sex: Female Age: 46 Address: 6, CLC WORKS LANE, THAMBARAM, KANCHEEPURAM DISTRICT 600044 Phone number: Alternative phone number: 98976***** (SPOUSE)	1. Hypertension: <input checked="" type="checkbox"/> Yes, treatment initiated <input type="checkbox"/> Yes, was already on treatment when registered Other co-morbidity 2. Prior heart attack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. If yes, h/o heart attack in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Prior stroke: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Chronic kidney disease: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6. Diabetes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. H/o smoking: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C. Hypertension treatment at registration	D. Diabetes treatment at registration
1. Medication AMLODIPINE dose 10 MG 2. Medication TELMISARTAN dose 40 MG 3. Medication dose 4. Medication dose	1. Medication dose 2. Medication dose 3. Medication dose 4. Medication dose
Additional notes	
Life-style modification (LSM) <input type="checkbox"/> Life-style modification alone <input type="checkbox"/> Both lifestyle modification & medication Any other advice : 	

SESSION 4 – EXERCISE 3 “SPOT THE MISTAKES” HANDOUT

E. Initial and follow-up visit														
SL n°		At Rx start	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit	Visit
1	Date attended	6.1.18	4.2.18	2.3.18	2.4.18	12.5.18								
2	Blood pressure – systolic	131	129	117	OK	OK								
3	Blood pressure – diastolic	99	81	73	OK	OK								
4	Blood sugar fasting													
5	amlodipine	N 10mg	✓	✓	✓	✓								
	telmisartan	N 40mg	✓	✓	✓	✓								
	enalapril													
	chlorthalidone													
	aspirin													
	statin													
	beta blocker													
	metformin													
F	Referred to specialist													
G	Date of next visit	4.2.18	2.3.18											
H	Signature of doctor													
Treatment dose and code. Indicate dosage. Note when starting (N for new), and stopping (D for discontinued).														
I. Additional investigations if available					J. New complications					K. Additional information				
Visit date					Visit date									
1. Serum potassium					1. Stroke									
2. Serum creatinine					2. Hypertension									
3. Total cholesterol					3. CVD									
4. Urine protein					4. Renal failure									
5. Fundus examination					5. Lower limb amputation									
6. Foot examination					6. Others									