



## Service Priorities and Programmes Electronic Presentations

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### **Can We Improve the Management of Hypertension in a General Out-Patient Clinic?**

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#### **Introduction**

Hypertension is increasingly prevalent in Hong Kong. It is one of the commonest reasons of encounter in General Out-Patient Clinics (GOPCs). It is also a major risk factor of cardiovascular and cerebrovascular diseases leading to significant morbidity and mortality. Evidence shown that proper management of hypertension has been associated with significant reduction in complications

#### **Objectives**

1. To evaluate the processes and outcomes of care for hypertension patients in a GOPC.
2. To identify areas for enhancement in the management of hypertension.
3. To implement changes in clinical practice in order to improve the quality of patient care in hypertension.

#### **Methodology**

In August 2013, the medical records of a random sample of 337 patients with hypertension were reviewed and assessed for quality of management based on 23 audit criteria. The criteria were modified from the audit protocol for “management of hypertension” published by Eli Lilly National clinical audit centre and adopted from updated local and international clinical guidelines. Areas for improvement were identified and changes including holding educational meetings, setting consultation template, reviewing regularly with clinic staff were commenced since September 2013. Another random sample of 346 patients with hypertension was then reviewed in September 2014 for any improvement shown in preceding 1 year.

#### **Result**

After the implementation of changes, there was significant improvement in most of the criteria. 19 out of 23 criteria reached the standard including the outcome criterion. The 19 criteria including blood pressure recorded every visit, correct diagnosis, assessment on risk factors- smoking/ blood glucose / lipid/ alcohol intake/ physical inactivity / JBS (cardiovascular risk), assessment on hypertension related complications- angina/ stroke/ heart failure/ peripheral vascular disease /

hypertensive renal disease/ electrocardiogram, regular review, assessment on compliance and side effects of anti-hypertensive medications, advice on life style modification and the most significant outcome criterion- achieving target blood pressure. Also, most of the criteria showed statistically significant improvement with p-value <0.05. Conclusion: Significant improvement of the management of patients with hypertension could be achieved by going through an audit cycle. Further audit cycles could be performed in future to ensure continuing improvements.