|  |  |
| --- | --- |
| Facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region/District name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Facility supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| New HTN patients registered in prior month (N):\_\_\_\_ Avg daily HTN patients seen (N):\_\_\_Total HTN patients registered (N) to date:\_\_\_\_ Total Catchment population (N):\_\_\_ |
| Is the HTN treatment protocol displayed for staff to reference? □ Yes □ NoIs the BP measurement protocol displayed on the wall/desk? □ Yes □ No |

**Hypertension Health Care Facility Checklist (follow-up visits)**

|  |  |
| --- | --- |
| **1** |  **BP measurement** |
| 1.1 | Number of functional BP devices in the facility (N)  | Digital: \_\_ Aneroid: \_\_ Mercury: \_\_ |
| 1.2 | Observe 3 patient BP measurements (refer to BP checklist below): | Circle # out of 3 meeting criteria: |
| 1.2.a | BP measured with patient at rest (sitting quietly) |  0 1 2 3  |
| 1.2.b | Proper positioning (back support, arm at heart level, feet on ground) |  0 1 2 3  |
| 1.2.c | Correct cuff size used |  0 1 2 3  |
| 1.2.d | Exact BP recorded, not rounded (i.e., 142/92 not 140/90) |  0 1 2 3  |
| 1.2.e | If patient’s initial BP is >140/90, repeat BP measured after 3-5min |  0 1 2 3 N/A (N): \_\_\_ |
| 1.2.f | If patient’s repeat BP is >140/90, refer to medical officer |  0 1 2 3 N/A (N): \_\_\_ |
| **2** | **Treatment (based on review of 5 patient records)** Circle # out of 5 meeting criteria: |
| 2.1 | Blood pressure measurement is documented  |  0 1 2 3 4 5 |
| 2.2 | Medication (names/doses) are documented  |  0 1 2 3 4 5 |
| 2.3 | If BP>140/90, HTN medication is prescribed/intensified per protocol |  0 1 2 3 4 5 N/A (N): \_\_\_ |
| 2.4 | If HTN medication is prescribed, prescription length is ≥30 days |  0 1 2 3 4 5 N/A (N): \_\_\_ |
| 2.5 | Follow up visit scheduled for the patient |  0 1 2 3 4 5 |
| **3** | **Medication Availability**  |
|  Drug name\* \*Modify names per hypertension protocol | Current stock(number of tablets) | Any stock outs in last 3 months? (Y/N) | Monthly consumption (number of tablets) | Is stock sufficient for next quarter, i.e., current stock > monthly consumption x 3 months? (Y/N) | Info not available(X) |
| Amlodipine  |  |  |  |  |  |
| HCTZ |  |  |  |  |  |
| Lisinopril  |  |  |  |  |  |
| Others (specify)\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ |  |  |  |  |  |
| **4** | **Service delivery (interview 3 patients who were prescribed meds)** Circle # out of 3 meeting criteria: |
| 4.1 |  Did the patient receive all prescribed medications at this visit? |  0 1 2 3  |
| 4.2 |  Does the patient understand how to take his/her medicines? |  0 1 2 3  |
| **5** |  **Patient Follow up (consult register or ask staff)**  | Check here if:  |
| 5.1 | Total number of overdue\* hypertension patients at the facility (N)\_\_\_ | Unable to assess \_\_ No system in place \_\_\_ |
| 5.2 | Number of overdue\* patients who received outreach phone call (N)\_\_\_ | Unable to assess \_\_ No system in place \_\_\_ |
| \*As per local definition of “overdue”, e.g., no visit in the past 1 month, no visit in the past 3 months, etc. |

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**Summary of visit**

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| --- | --- | --- |
| **Indicators** | **Observations**  | **Recommendations** |
| BP measurement |  |  |
| Treatment |  |  |
| Medication Availability  |  |  |
| Service delivery  |  |  |
| Patient follow up |  |  |
| Other  |  |  |