Performance Measure for Optimal Blood Pressure Control at Completion of Cardiac Rehabilitation

MEASURE DESCRIPTION:

Percent of patients participating in the cardiac rehabilitation (CR) program who have optimal blood pressure (BP) control at program discharge, as defined by the most recent multi-society guidelines convened by the American College of Cardiology and American Heart Association.

DEFINITIONS:

The 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults\(^1\) states that “For adults with confirmed hypertension and known CVD or 10-year ASCVD event risk of 10% or higher a BP target of less than 130/80 mm Hg is recommended” (Level of Recommendation I).

Therefore, optimal blood pressure control for this measure is defined as systolic blood pressure less than 130 AND diastolic blood pressure less than 80.

Blood pressure measurement should be standardized and follow evidence-based guidelines\(^1\) for proper measurement and determination of cuff size.

NUMERATOR:

Number of patients with documented optimal blood pressure at discharge from cardiac rehabilitation

DENOMINATOR:

Number of patients who completed CR during the measurement period. A patient is defined as having completed CR when he/she has undergone a final, formal discharge assessment session and updated treatment plan.

Denominator Exclusions
- Patients with a Left Ventricular Assist Device
- Patients with a medical or surgical contraindication to blood pressure measurement

PERIOD OF ASSESSMENT:

Up to twelve months

ATTRIBUTION:

CR program staff

SOURCES OF DATA:
Medical record or other database (e.g., administrative, clinical, registry)

**RATIONALE:**
Optimal blood pressure control is important to prevent secondary organ system damage and has been associated with decreased incidence of adverse cardiovascular outcomes, including stroke, heart failure, and myocardial infarction. Optimal blood pressure control is recommended for patients with coronary artery disease, hypertension, heart failure, and structural heart disease.\(^2,3\)

In addition, optimal blood pressure is recommended for primary prevention of heart disease.\(^1,4\)

There is some variation among guidelines about the exact level for optimal blood pressure control, particularly for elderly patients\(^4\), resulting in controversy among experts. In order to standardize measurement, the most recent ACC/AHA guidelines\(^1\) have been used to define optimal blood pressure control for this measure.

CR programs promote adherence to medications and lifestyle modifications\(^5\) which are critical for optimal control of blood pressure. In addition, CR staff report abnormal blood pressure and/or signs related to poor BP control to referring practitioners, who can modify medication management based on data.

**REFERENCES:**


