CQIC Urinary Incontinence Management Learning Log A: Learning from practice performance assessment (Category 1 CME Credits = 5)

General Instruction: This Urinary Incontinence Management Learning Log A form has been prepared by Clinical Content Consultants and Memorial Hermann Office of Continuing Medical Education as part of the CQIC Urinary Incontinence Management Project. The purpose of this form is to help you to learn and make changes in your practice, and to satisfy the requirements for CME credit.

Please submit a copy of the completed Urinary Incontinence Management Learning Log A to:
Gayla Bruner, RN, BSN, CCMEP
Office of Continuing Medical Education
9301 SW Freeway, Suite 470
Houston, Texas 77074
Office 713-448-5101
Fax 713-448-4542

Provider Name: _____ **Date of Learning Log Entry: _____**

Organization:_____ **e-mail: _____**

Part 1: Please review your baseline performance data, enter results below, and set your Performance Improvement Goals. Performance measures are based on current evidence-based Urinary Incontinence management guidelines from American Urologic Association, European Association of Urology, Finnish Medical Society, and PQRI.

For PI CME, the measures highlighted in *pink* should be run on all women who have delivered in the last 12 months with the following values documented; are for OB/Gyn or Family Medicine Providers doing OB. Items highlighted in *light blue* are for women > 65 years and currently qualify for PQRI reporting.

Performance Measure Women with	Best Practice	Baseline		Performance Improvement Goals	
		Group	Provider	Group	Provider
1. Hx of Assisted Vaginal Delivery	NA				
2. Hx of 3rd/4th Degree Laceration	NA				
3. Hx of LGA > 4000 GM	NA				
1-3 above and documented PFMT program	NA				
1-3 above and specialist referral	NA				
UI Screen at 6 wks PP Visit documented	NA				
Negative UI Screen at 6 wks PP	NA				
Positive UI Screen at 6 wks PP	NA				
Positive UI Screen at 6 wks & documented UroGyn Screening Questions	NA				
Positive UI Screen at 6 wks & documented specialist referral	NA				
All women with ICD-788.3 (UI) or ICD-625.66	NA				
% UUI All women with ICD-788.31 (UUI) / All women with ICD-788.3 (UI) or ICD-625.66	NA				
% SUI All women with ICD-625.66 (SUI) / All women with ICD-788.3 (UI) or ICD-625.66	NA				
% MUI All women with ICD-788.33 (MUI) / All women with ICD-788.3 (UI) or ICD-625.66	NA				
% unspecified UI (NSUI) All women with ICD-788.30 or ICD-783.39 (NSUI) / All women with ICD-788.3 (UI) or ICD-625.66	NA				
All Women screened for UI 'with Involuntary leakage of urine' by Hx - URINARY INCO contains 'yes'	NA				
All Women with NO Documentation of Screening for UI 'Involuntary leakage of urine' by Hx - URINARY INCO is blank	NA				
All Women with Classification of UI:	Close to				

ICD-788.31, 783.33, or 625.66 / URINARY INCO contains 'yes'	**100%**				
All Women with UI NOT Classified: NO ICD-788.31, 783.33, or 625.66 / URINARY INCO contains 'yes'	**Close to 0%**				
≥ 65 Yrs Women *with Involuntary leakage of urine by Hx - URINARY INCO* contains 'yes'	**NA**				
≥ 65 Yrs Women with NO Documentation of Screening for UI 'Involuntary leakage of urine' by Hx - URINARY INCO is blank	**Close to 0%**				
≥ 65 Yrs Women with Classification of UI: ICD-788.31, 783.33, or 625.66 / URINARY INCO contains 'yes'	**Close to 100%**				
≥ 65 Yrs Women with UI NOT Classified: NO ICD-788.31, 783.33, or 625.66 / URINARY INCO contains 'yes'	**Close to 0%**				
URINARY INCO contains 'yes' or ICD-788.3 or 625.66 and UroGyn Questionnaire	**NA**				
URINARY INCO contains 'yes' or ICD-788.3 or 625.66 and Urodynamics = PVR, PVRBLADSCAN, or UGURODYNCM	**NA**				
URINARY INCO contains 'yes' or ICD-788.3 or 625.66 and Plan of Care = UITRTMEDS, UITRTSURG, or UIPLANOFCARE	**NA**				
≥ 65 Yrs Women with URINARY INCO contains 'yes' or ICD- 788.3 or 625.66 and UroGyn Questionnaire	**NA**				
≥ 65 Yrs Women with URINARY INCO contains 'yes' or ICD- 788.3 or 625.66 and Urodynamics = PVR, PVRBLADSCAN, or UGURODYNCM	**NA**				
≥ 65 Yrs Women with URINARY INCO contains 'yes' or ICD- 788.3 or 625.66 and Plan of Care = UITRTMEDS, UITRTSURG, or UIPLANOFCARE	**NA**				

Part 2: Please complete the CQIC Urinary Incontinence Management/PI CME Pre-test below (circle the best answer)

1. Risk factors for urinary incontinence include:
   a.) Assisted Vaginal Delivery
   b.) 3rd and 4th Degree Lacerations
   c.) Large Birth Weight (>4000 gms)
   d.) Age > 65 years
   e.) a, b, & c above

2. Any of the following should prompt referral to specialist for evaluation of urinary incontinence:
   a.) BMI > 25 kg/m2
   b.) pain or hematuria
   c.) all adult patients over age 65 years
   d.) prior pelvic surgery, pelvic radiation, or significant pelvic prolapse
   e.) b, & d above

3. Initial assessment of female urinary incontinence should include classification and treatment based on the following categories:
   a.) stress incontinence (SUI)
   b.) urge incontinence (UUI)
   c.) mixed incontinence (MUI)
   d.) non-specific incontinence (NSUI)
   e.) a, b, and c above

4. Screening for female urinary incontinence should be performed:
   a.) as part of every annual wellness visit at any age
   b.) as part of every annual wellness visit starting at age 65 years
   c.) more frequently in women with a history of risk factors for UI
   d.) all the above
   e.) a & c above

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5. Initial treatment of female urinary incontinence may include:
   a.) lifestyle interventions
   b.) pelvic floor muscle training (PFMT)
   c.) medications
   d.) surgical intervention
   e.) a, b, & c above

6. The current evidence on lifestyle interventions shows Grade A or B evidence for the following:
   a.) weight loss for morbidly and moderately obese women
   b.) crossing the legs and bending forward
   c.) caffeine intake reduction
   d.) decrease in fluid intake
   e.) all the above
   f.) a & c above

7. The current evidence on the use of pelvic floor muscle training (PFMT) for the treatment of UI includes:
   a.) first-line conservative therapy for women with stress, urgency, or mixed UI
   b.) supervised PFMT programs are more effective than self-directed
   c.) may benefit women expecting their first baby; intensive strengthening ante-partum PFMT
   d.) PFMT is better than oxybutynin as first-line therapy in UUI or MUI
   e.) all of the above

8. Post-partum women with persistent urinary incontinence three (3) months after delivery:
   a.) should be offered PFMT as first-line conservative therapy
   b.) PFMT should include 'Intensive' program, i.e., highly supervised and high amount of exercise
   c.) should be administered a urogynecologic questionnaire (PFDI, MESA, etc.)
   d.) should receive a trial of medication
   e.) a, b, & c

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9. The following are true statements regarding PQRI (Physician Quality Reporting Initiative) for UI
   a.) measure 48 looks for screening for urinary incontinence
   b.) measure 49 looks for characterization of urinary incontinence
   c.) measure 50 looks for a plan of care for urinary incontinence
   d.) is simply a reporting measure for Medicare patients and does not truly reflect quality of care
   e.) all of the above

10. For 'complicated' UI or failure with initial management, the following should occur:
    a.) referral to specialist
    b.) additional testing to rule out any underlying pathology
    c.) Urodynamic Testing to confirm type of UI
    d.) Pelvic Organ Prolapse Quantification
    e.) all the above
    f.) a & c above

Part 3: Please review and confirm the quality improvement processes below you plan to implement (initial each process and enter an anticipated completion date).

1. What do you plan to do to reach the goals that you set up?

Process	Providers Initials	Anticipated Date
View the CQIC_61_Urinary_Incontinence_PI_CME_Roadmap.pptx and/or Video		
Receive training on the CQIC Urinary Incontinence Entry Templates, workflows, and potential CDSS prompts		
Implement the CQIC Urinary Incontinence Entry Templates and workflows		
Review the available CQIC Urinary Incontinence CDSS Prompts and Implement selected prompts		

2. What will you change or do differently in your clinical practice?

Process	Providers Initials	Anticipated Date
Use the CQIC Urinary Incontinence in Women Entry template for all visits for patients with urinary incontinence		
Provide a Urinary Incontinence Management Summary to all female patients with urinary incontinence		
Screen all women for urinary incontinence at each annual wellness visit and more frequently if risk factors for UI and provide appropriate evaluation and management.		

Congratulations! You have completed Stage A of the Urinary Incontinence Management Performance Improvement.

Be sure and self-report Category 1 CME: 5 Hours to the AMA or AAFP

Please keep a copy for your records.

CQIC Urinary Incontinence Management Learning Log B: Learning from the application of PI to patient care (Category 1 CME Credits = 5)

General Instruction: This Urinary Incontinence Management Learning Log B form has been prepared by Clinical Content Consultants and Memorial Hermann Office of Continuing Medical Education as part of the CQIC Urinary Incontinence Management Project. The purpose of this form is to help you to learn and make changes in your practice, and to satisfy the requirements for CME credit.

Please submit a copy of the completed Urinary Incontinence Management Learning Log A to:
Gayla Bruner, RN, BSN, CCMEP
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9301 SW Freeway, Suite 470
Houston, Texas 77074
Office 713-448-5101
Fax 713-448-4542

Provider Name: _____ **Date of Learning Log Entry: _____**

Organization:_____ **e-mail: _____**

Part 1: Please document the dates of completion of each step of the CQI Urinary Incontinence Management Process below:

Process	Providers Initials	Date Completed
Viewed the CQIC_61_Urinary_Incontinence_PI_CME_Roadmap.pptx and/or Video		
Trained on the CQIC Urinary Incontinence Entry Templates, workflows, and potential CDSS prompts		
Implemented the CQIC Urinary Incontinence Entry Templates and workflows		
Reviewed the available CQIC Urinary Incontinence CDSS Prompts and Implement selected prompts		

Part 2: Enter the percent of time you feel you do the following CQI processes using the Urinary Incontinence Entry template and workflows and document reasons why or times when not performed

Process	Percent of Time Utilized	Reasons Not Used / Times Not Performed
Use the CQIC Urinary Incontinence in Women Entry template for all visits for patients with urinary incontinence		
Provide a Urinary Incontinence Management Summary to all female patients with urinary incontinence		
Screen all women for urinary incontinence at each annual wellness visit and more frequently if risk factors for UI and provide appropriate evaluation and management.		

Part 3: Please complete the CQIC Urinary Incontinence Management/PI CME Post-test below (circle the best answer)

1. Risk factors for urinary incontinence include:
   a.) Assisted Vaginal Delivery
   b.) 3rd and 4th Degree Lacerations
   c.) Large Birth Weight (>4000 gms)
   d.) Age > 65 years
   e.) a, b, & c above

2. Any of the following should prompt referral to specialist for evaluation of urinary incontinence:
   a.) BMI > 25 kg/m2
   b.) pain or hematuria
   c.) all adult patients over age 65 years
   d.) prior pelvic surgery, pelvic radiation, or significant pelvic prolapse
   e.) b, & d above

3. Initial assessment of female urinary incontinence should include classification and treatment based on the following categories:
   a.) stress incontinence (SUI)
   b.) urge incontinence (UUI)
   c.) mixed incontinence (MUI)
   d.) non-specific incontinence (NSUI)
   e.) a, b, and c above

4. Screening for female urinary incontinence should be performed:
   a.) as part of every annual wellness visit at any age
   b.) as part of every annual wellness visit starting at age 65 years
   c.) more frequently in women with a history of risk factors for UI
   d.) all the above
   e.) a & c above

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5. Initial treatment of female urinary incontinence may include:
   a.) lifestyle interventions
   b.) pelvic floor muscle training (PFMT)
   c.) medications
   d.) surgical intervention
   e.) a, b, & c above

6. The current evidence on lifestyle interventions shows Grade A or B evidence for the following:
   a.) weight loss for morbidly and moderately obese women
   b.) crossing the legs and bending forward
   c.) caffeine intake reduction
   d.) decrease in fluid intake
   e.) all the above
   f.) a & c above

7. The current evidence on the use of pelvic floor muscle training (PFMT) for the treatment of UI includes:
   a.) first-line conservative therapy for women with stress, urgency, or mixed UI
   b.) supervised PFMT programs are more effective than self-directed
   c.) may benefit women expecting their first baby; intensive strengthening ante-partum PFMT
   d.) PFMT is better than oxybutynin as first-line therapy in UUI or MUI
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8. Post-partum women with persistent urinary incontinence three (3) months after delivery:
   a.) should be offered PFMT as first-line conservative therapy
   b.) PFMT should include 'Intensive' program, i.e., highly supervised and high amount of exercise
   c.) should be administered a urogynecologic questionnaire (PFDI, MESA, etc.)
   d.) should receive a trial of medication
   e.) a, b, & c

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9. The following are true statements regarding PQRI (Physician Quality Reporting Initiative) for UI
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   d.) is simply a reporting measure for Medicare patients and does not truly reflect quality of care
   e.) all of the above

10. For 'complicated' UI or failure with initial management, the following should occur:
    a.) referral to specialist
    b.) additional testing to rule out any underlying pathology
    c.) Urodynamic Testing to confirm type of UI
    d.) Pelvic Organ Prolapse Quantification
    e.) all the above
    f.) a & c above

Congratulations! You have completed Stage B of the Urinary Incontinence Management Performance Improvement.

Be sure and self-report Category 1 CME: 5 Hours to the AMA or AAFP

Please keep a copy for your records.

CQIC Urinary Incontinence Management Learning Log C: Learning from the evaluation of the PI effort (Category 1 CME Credits = 5)

General Instruction: This Urinary Incontinence Management Learning Log C form has been prepared by Clinical Content Consultants and Memorial Hermann Office of Continuing Medical Education as part of the CQIC Urinary Incontinence Management Project. The purpose of this form is to help you to learn and make changes in your practice, and to satisfy the requirements for CME credit.

Please submit a copy of the completed Urinary Incontinence Management Learning Log A to:
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9301 SW Freeway, Suite 470
Houston, Texas 77074
Office 713-448-5101
Fax 713-448-4542

Provider Name: _____ **Date of Learning Log Entry: _____**

Organization:_____ **e-mail: _____**

Part 1: Please review your post-Urinary Incontinence Management CQIC/PI CME quality performance data, enter results below, and document if your Performance Improvement Goals were "Met" or "Not Met".

Performance measures are based on current evidence-based Urinary Incontinence management guidelines from American Urologic Association, European Association of Urology, Finnish Medical Society, and PQRI.

For PI CME, the measures highlighted in *pink* should be run on all women who have delivered in the last 12 months with the following values documented; are for OB/Gyn or Family Medicine Providers doing OB. Items highlighted in *light blue* are for women > 65 years and currently qualify for PQRI reporting.

Performance Measure Women with	Best Practice	Baseline		Performance Improvement Goals	
		Group	Provider	Group	Provider
1. Hx of Assisted Vaginal Delivery	NA				
2. Hx of 3rd/4th Degree Laceration	NA				
3. Hx of LGA > 4000 GM	NA				
1-3 above and documented PFMT program	NA				
1-3 above and specialist referral	NA				
UI Screen at 6 wks PP Visit documented	NA				
Negative UI Screen at 6 wks PP	NA				
Positive UI Screen at 6 wks PP	NA				
Positive UI Screen at 6 wks & documented UroGyn Screening Questions	NA				
Positive UI Screen at 6 wks & documented specialist referral	NA				
All women with ICD-788.3 (UI) or ICD-625.66	NA				
% UUI All women with ICD-788.31 (UUI) / All women with ICD-788.3 (UI) or ICD-625.66	NA				
% SUI All women with ICD-625.66 (SUI) / All women with ICD-788.3 (UI) or ICD-625.66	NA				
% MUI All women with ICD-788.33 (MUI) / All women with ICD-788.3 (UI) or ICD-625.66	NA				
% unspecified UI (NSUI) All women with ICD-788.30 or ICD-783.39 (NSUI) / All women with ICD-788.3 (UI) or ICD-625.66	NA				
All Women screened for UI 'with Involuntary leakage of urine' by Hx - URINARY INCO contains 'yes'	NA				
All Women with NO Documentation of Screening for UI 'Involuntary leakage of urine' by Hx - URINARY INCO is blank	NA				
All Women with Classification of UI:	Close to				

ICD-788.31, 783.33, or 625.66 / URINARY INCO contains 'yes'	**100%**				
All Women with UI NOT Classified: NO ICD-788.31, 783.33, or 625.66 / URINARY INCO contains 'yes'	**Close to 0%**				
≥ 65 Yrs Women *with Involuntary leakage of urine by Hx - URINARY INCO* contains 'yes'	**NA**				
≥ 65 Yrs Women with NO Documentation of Screening for UI 'Involuntary leakage of urine' by Hx - URINARY INCO is blank	**Close to 0%**				
≥ 65 Yrs Women with Classification of UI: ICD-788.31, 783.33, or 625.66 / URINARY INCO contains 'yes'	**Close to 100%**				
≥ 65 Yrs Women with UI NOT Classified: NO ICD-788.31, 783.33, or 625.66 / URINARY INCO contains 'yes'	**Close to 0%**				
URINARY INCO contains 'yes' or ICD-788.3 or 625.66 and UroGyn Questionnaire	**NA**				
URINARY INCO contains 'yes' or ICD-788.3 or 625.66 and Urodynamics = PVR, PVRBLADSCAN, or UGURODYNCM	**NA**				
URINARY INCO contains 'yes' or ICD-788.3 or 625.66 and Plan of Care = UITRTMEDS, UITRTSURG, or UIPLANOFCARE	**NA**				
≥ 65 Yrs Women with URINARY INCO contains 'yes' or ICD- 788.3 or 625.66 and UroGyn Questionnaire	**NA**				
≥ 65 Yrs Women with URINARY INCO contains 'yes' or ICD- 788.3 or 625.66 and Urodynamics = PVR, PVRBLADSCAN, or UGURODYNCM	**NA**				
≥ 65 Yrs Women with URINARY INCO contains 'yes' or ICD- 788.3 or 625.66 and Plan of Care = UITRTMEDS, UITRTSURG, or UIPLANOFCARE	**NA**				

Part 2: Please answer the questions, in detail, below:

1. Identify at least one area for future improvement in the current or future process of Urinary Incontinence Management CQI:

2. Identify at least one additional "gap" in patient care of patients with Urinary Incontinence Management for future improvement:

Part 3: Please complete the questions below:

1. After completing the Urinary Incontinence Management PI CME, the likelihood that you would participate in an additional CQIC PI CME (if available) is:
   a.) unlikely b.) somewhat likely c.) very likely d.) definitely

2. List other CQIC Performance Improvement CME programs that you are aware of :

3. List other CQIC Performance Improvement CME programs that you plan to participate in:

4. List other CQIC Performance Improvement CME programs that you would like to see:

Congratulations! You have completed Stage C of the Urinary Incontinence Management Performance Improvement.
Be sure and self-report Category 1 CME: 5 Hours to the AMA or AAFP
Please keep a copy for your records.

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Part 4: Please initial to confirm submission of Stages A, B, and C of the Urinary Incontinence Management Performance Improvement below to qualify for an additional 5 Category 1 CME Credits:

Stage	Category 1 CME Credits	Completed & Submitted
A: Learning from practice performance assessment	5	
B: Learning from the application of PI to patient care	5	
C: Learning from the evaluation of the PI effort	5	
Successfully completed Stages A, B, and C	5	
Total Category 1 CME Credits Earned:	20	

Congratulations! You have completed Stages A, B, & C of the Urinary Incontinence Management Performance Improvement.
Be sure and self-report additional Category 1 CME: 5 Hours to the AMA or AAFP
(Total = 20 Hours)
Please keep a copy for your records.