

MEASURE NAME	SCREENER	CPC+	MIPS	HMSA	eMEASURE ID	DATA SUBMISSION METHOD
GROUP 1: OUTCOME MEASURES						
Depression Remission at Twelve Months	PHQ9	X	X	PT	CMS159v5	Claims,Web Intfce,EHR,Regty
Controlling High Blood Pressure		X	X	PT	CMS165v5	Claims,Web Intfce,EHR,Regty
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)		X	X	PT	CMS122v5	Claims,Web Intfce,EHR,Regty
GROUP 2: COMPLEX CARE MEASURES						
Use of High-Risk Medications in the Elderly		X	X	AA	CMS156v5	EHR,Registry
Dementia: Cognitive Assessment	MINI-COG	X	X	AA	CMS149v5	EHR
Falls: Screening for Future Fall Risk	TIMED GET UP & GO	X	X		CMS139v5	CMS Web Interface,EHR
Initiation & Engagement of Drug Dependence Treatment	SBIRT	X	X		CMS137v5	EHR
GROUP 3: OTHER MEASURES						
Closing the Referral Loop: Receipt of Specialist Report		X	X		CMS50v5	EHR
Cervical Cancer Screening	CERVICAL CYTO	X	X	PT	CMS124v5	EHR
Colorectal Cancer Screening	FOBT, SCOPE	X	X	PT	CMS130v5	Claims,Web Intfce,EHR,Regty
Diabetes: Eye Exam	DRE	X	X	PT	CMS131v5	Claims,Web Intfce,EHR,Regty
Tobacco Use: Screening and Cessation Intervention	SBIRT	X	X	PT	CMS138v5	Claims,Web Intfce,EHR,Regty
Use of Imaging Studies for Low Back Pain		X	X		CMS166v6	EHR
Breast Cancer Screening	MAMMOGRAM	X	X	PT	CMS125v5	Claims,Web Intfce,EHR,Regty

<https://qpp.cms.gov/measures/quality>

SUSTAINING IMPROVEMENT WORKSHOP #2

QI ACTIVITY: DEFINING ROLES & RESPONSIBILITIES

TASK	WHO'S ROLE IS IT NOW?	WHO MIGHT BE ABLE TO DO IT?	TRAINING OR TEMPLATES NEEDED?	NEXT STEPS FOR ROLE TRANSITION?
INTAKE				
FORMS: HMSA, CPC+				
FORMS: INTAKE				
DOCUMENTATION: HPI				
DOCUMENTATION: ROS				
DOCUMENTATION: MED REC				
VITALS				
SCREENINGS				
FALL RISK				
DEPRESSION/ANXIETY				
COGNITION				
TOBACCO & ALCOHOL				
LONGITUDINAL CARE MANAGEMENT				
DOCUMENT CARE PLAN				
SMART GOALS				
SELF-MANAGEMENT				
PATIENT EDUCATION				

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, “Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now.” If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.¹⁻³ For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: “Next, I want you to draw a clock for me. First, put in all of the numbers where they go.” When that is completed, say: “Now, set the hands to 10 past 11.”

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

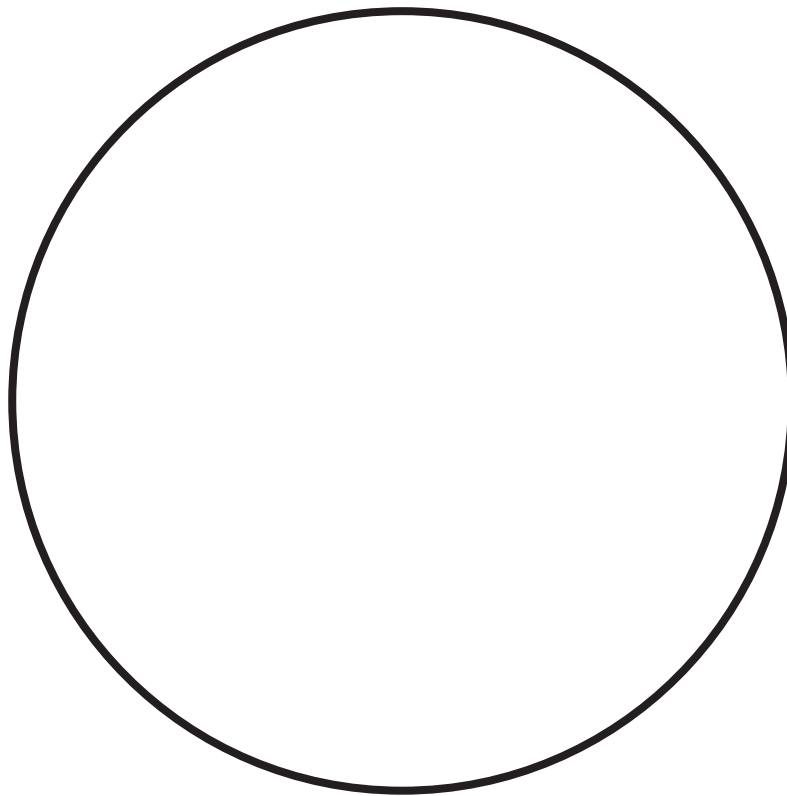
Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: “What were the three words I asked you to remember?” Record the word list version number and the person’s answers below.

Word List Version: _____ Person’s Answers: _____

Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.



References

1. Borson S, Scanlan JM, Chen PJ et al. The Mini-Cog as a screen for dementia: Validation in a population-based sample. *J Am Geriatr Soc* 2003;51:1451-1454.
2. Borson S, Scanlan JM, Watanabe J et al. Improving identification of cognitive impairment in primary care. *Int J Geriatr Psychiatry* 2006;21: 349-355.
3. Lessig M, Scanlan J et al. Time that tells: Critical clock-drawing errors for dementia screening. *Int Psychogeriatr*. 2008 June; 20(3): 459-470.
4. Tsoi K, Chan J et al. Cognitive tests to detect dementia: A systematic review and meta-analysis. *JAMA Intern Med*. 2015; E1-E9.
5. McCarten J, Anderson P et al. Screening for cognitive impairment in an elderly veteran population: Acceptability and results using different versions of the Mini-Cog. *J Am Geriatr Soc* 2011; 59: 309-213.
6. McCarten J, Anderson P et al. Finding dementia in primary care: The results of a clinical demonstration project. *J Am Geriatr Soc* 2012; 60: 210-217.
7. Scanlan J & Borson S. The Mini-Cog: Receiver operating characteristics with the expert and naive raters. *Int J Geriatr Psychiatry* 2001; 16: 216-222.

Patient: _____ Date: _____ Time: _____ AM/PM

The Timed Up and Go (TUG) Test

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

Instructions to the patient:

When I say **"Go,"** I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word **"Go"** begin timing.

Stop timing after patient has sat back down and record.

Time: _____ **seconds**

An older adult who takes ≥ 12 seconds to complete the TUG is at high risk for falling.

Observe the patient's postural stability, gait, stride length, and sway.

Circle all that apply: Slow tentative pace Loss of balance
Short strides Little or no arm swing Steadying self on walls
Shuffling En bloc turning Not using assistive device properly

Notes:

For relevant articles, go to: www.cdc.gov/injury/STEADI



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

STEADI Stopping Elderly
Accidents, Deaths & Injuries

Comprehensive Condition Management Care Plan

Patient: _____ DOB: _____ Contact ph#: _____

RN Care Manager: _____ PCP: _____

Needs:

PROBLEM	ACTIVITY/INTERVENTION	WHO WILL DO	BY WHEN	EXPEXED OUTCOME	FOLLOW - UP

DATE PLAN PREPARED: _____

IMPROVED OUTCOMES:

PLAN UPDATES: _____

NOTES: _____

Better Choices, Better Health

Diabetes Self-Management Program 4 Day Lay Leader Training

DATES: Tuesday May 9, Wednesday May 10, Tuesday May 16, Wednesday May 17

TIME: 9am – 4pm

LOCATION: ADRC Office – 1055 Kino'ole St., Hilo HI 96720

Lay Leader training is sponsored by the Hawaii County Office on Aging, and provided to enrolled participants free of charge. Certification is based on the Stanford School of Medicine Diabetes Self-Management curriculum. Attendance to all sessions required.

Lay Leaders are trained to introduce topics and tools to encourage patients in managing their health, and building confidence in their ability to maintain active, and fulfilling lives.

Space is limited. Please register by April 14, 2017.

For more information, or to register for upcoming session, contact:

Kahea Wakinekona, RN Phone: 808-895-9068 Email: Kahealani@kidneyhi.org

This program is funded in part by the County of Hawai'i and Title III of the Older American Act through the State of Hawai'i Executive Office on Aging.

SUSTAINING IMPROVEMENT WORKSHOP

EVALUATION FORM

This evaluation form will be used to assess and improve this workshop series. Please enter a response for each question and add any suggestions you consider useful.

CRITERIA	STRONGLY AGREE	AGREE	DISAGREE	COMMENTS
CONTENT				
Information presented was relevant to my needs				
Information was clear, easy to understand				
Content was useful				
PRESENTER				
Was knowledgeable in subject				
Covered material clearly				
Was able to answer my questions				
VENUE/TIME				
Locations and set up met my needs				
Length of workshop was appropriate for content and my schedule				

Based on the material covered today, I would like the following to be provided in a break out session to support me with the "how":

DATE

NAME

PRACTICE



KUPU CARE

A Program of Hospice of Hilo

You are invited to a **FREE** community presentation for those affected by Advanced Stage **Congestive Heart Failure** or **Cancer**.



Presenting:

"Kupu Care's 10 Tips to Avoid Caregiver Burnout"

- Get relief from pain and symptoms for patient
- Help with Coordination of Care for patient
- Avoid hospitalizations
- Receive emotional support for patient and caregiver

Facilitated by:

Lani Weigert from Kupu Care
– A Community Based Palliative Care program where services are provided at your home.



Presentation Date:

Wednesday, April 12, 2017

5:00 pm – 6:00pm

Hospice of Hilo

Community Room

1011 Waiuanuenue Ave.

Please RSVP by April 11 to Lani Weigert at (808) 934-2913 or email laniw@kupucare.org

