Inpatient Quality Reporting (IQR) Program

CMS QRDA Implementation Guide Changes for CY 2017 Hospital Quality Reporting

Presentation Transcript

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March 28, 2017
2 p.m. ET

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Artrina Sturges:	Well thank you very much Matt and good afternoon everyone. My name is Artrina Sturges, and I'm your host for today's event. We'll start with just a few announcements. First, the presentation is being recorded, and the transcript of the presentation along with the questions and answers will be posted to the Inpatient website, QualityReportingCenter.com, as well as QualityNet in the coming weeks. Those who registered for the event received a reminder email on Monday, which included a link to download the slides. If you did not receive the email, the slides are available for download on our Inpatient website, again QualityReportingCenter.com. Doctor Yan Heras has joined us today, but she's going to co-host this event and she's the Principal Informaticist for Enterprise Science and Computing. Next slide, please.
	Well, just quickly, the purpose of today's webinar is to highlight the CMS 2017 Quality Reporting Document Architecture (QRDA) Implementation Guide and review the changes between calendar year 2016 and the 2017 version. This presentation will also provide a high-level overview of the updates to the Health Level Seven, or as you've heard it called HL7, base standard QRDA Category I Implementation Guide. Next slide, please.
	Our objectives for today are to ensure that you're able to identify the changes and updates for the 2017 CMS QRDA Category I Implementation Guide, recognize the high level changes to the base HL7 QRDA Category I Implementation Guide, and more easily locate resources related to those implementation guides that we're discussing today. Next slide, please.
	So now, what I'd like to do is turn the webinar over to Yan, and she will begin reviewing the CMS QRDA Implementation Guide changes for calendar year 2017 Hospital Quality Reporting. Thank you.
Yan Heras:	Thank you Artrina, and good afternoon everyone. So, today I'll first walk you through the changes made to the 2017 CMS QRDA IG for HQR, then go over the high-level changes made to the base HL7 QRDA-I standard used for the 2017 IG.

So, the 2017 CMS QRDA Implementation Guide for HQR was published on July 8, 2016. There are two places that you could go to download the IG. The IG itself and the schematron and also the sample files are posted on the CMS eCQM Library website. You can find the links under the QRDA resources for eReporting for the 2017 reporting period. Another place to download is the eCQI Resource Centre. And, on the eCQI Resource Center website, just click on the topic area for QRDA. You will also find the links to the 2017 IG, the schematron, and the sample files, which will take you to download directly from the CMS eCQM library site. Next slide, please.

So, this table on the slide shows the high-level changes from the 2016 to 2017 side-by-side. The most significant change made to the 2017 IG is a change to the base standard. The base standard used for the 2017 IG is not the HL7 QRDA I, Release 3.1 that was published in April 2016. Your goal for changes to the base standard in the latest slides, the HL7 QRDA I, Release 3.1 standard can be downloaded from the HL7 website. You do not have to be a member to access, but an HL7 login is required to download. The 2017 QRDA I IG for HQR must be used for the 2017 reporting period, and to be used with the eCQM specifications for eligible hospitals, April 2016. The eCQM specifications are available on both eCQI Resource Center and the CMS eCQM library site. Next slide, please.

So, this slide shows the high-level changes to the organization of the IG. The HQR IG for 2016 is contained as a part of the 2016 QRDA IG, and this Part A contains the QRDA I implementation guidance for both HQR and the eligible professional programs. For the 2017, however, the CMS HQR IG is published as a standalone document. It contains QRDA I Implementation Guide for HQR only. The content is presented in a similar layout in the 2017 IG. It has a different section to cover QRDA I requirements in general and the validations for document-level, section-level templates, and also additional HQR validations. There is also a list of appendices, which includes some detailed change logs. Next slide, please.

So, from this slide on, we'll walk through changes made in details. So, starting from the document-level template, the QRDA I CMS template has a new version, which is dated 2016-03-01, and this correct template version must be used for the 2017 reporting. Next slide.

"recordTarget" in the document header contains information about the patient. The patient identifier number is required for HQR, and this requirement is still the same in the 2017 IG. The constraints in the IG are updated to make it clear that the extension field is required. So, you must provide a patient identification number. And also, a note was added to provide guidance that the root OID for patient identifier number has to be a null value different than the OID used for the Medicare HIC number. Next slide, please.

So, for patient's birth time, a constraint is added in the 2017 IG to clarify that the birth time may be precise to the minute, for example, for newborns. In the 2016 submissions, you can still use birth time precise to the minute, but this was not clearly stated in the 2016 IG. So, in the 2017 IG, this is more clarified. Next slide, please.

The CMS certification number, CCN, is required for HQR. In the 2016 HQR IG, conformance numbers CMS_0034 indicates nullFlavor is not allowed. You will notice that this particular constraint is removed from the 2017 IG. The CCN is still a required field; both the root and the extension attributes must be present, with the extension containing the actual value of the CCN. Next slide.

In the document header, there is a new requirement that is added to the 2017 IG. For the 2017 HQR reporting, the CMS Certification Identification Number is now required. This requirement and the conformance statements are specified in a section, 5.1.5 in the IG. This new data element is represented as a participant element in the QRDA I document header. So, if you would like to learn more about the Certified Health IT Product List, the CHPL, and the CMS EHR Certification Identification Number, the URL to the CHPL website is provided on this slide. Next slide, please.

In the 2016 IG, if the National Provider ID is not applicable to your submission, you still have to fill out the fields for NPI with a null value, but this is changed in the 2017 IG. The constraint for the NPI is relaxed from a SHALL to a SHOULD, which means the entire field for NPI can be omitted if it is not applicable. Next.

Okay, so a similar change is also made to the Tax Identification Number. In the 2017 IG, the constraint for the TIN is relaxed from a SHALL to a SHOULD as well. So, if you would no longer have to provide a nullFlavor for the TIN and the entire field for the TIN can be omitted, if this is not applicable to your submission. Next slide, please.

We just finished reviewing changes to the document header, so now let's look at changes made to the section-level templates. Both the Reporting Parameters Section – CMS template and the Reporting Parameters Act – CMS template have a new version date that is 2016-03-01. In addition to that, a dot one is added to the original template OID root, as shown in red. For example, template ID route for Reporting Parameters Act – CMS now ends with 3.8.1, so it is a unique template ID that differs from its parent template, and this is a change from the 2016. Next slide, please.

Similar changes are also made to the Patient Data Section QDM – CMS template. The template identifier has a new version date and a different root as highlighted in red. The Patient Data Section template in the CMS IG also conforms to a newer version of a Patient Data Section QDM template from the base HL7 QRDA I Release 3.1 standard. Next slide.

Additional HQR validations were published in the 2016 IG and also in the 2016 CMS QRDA IG Appendix. For the 2017 IG, these are all listed in the section 5.3 – HQR Validations. The CMS_0072 is still the same rule as performed for the 2016 reporting period, but with a more explicit error message. So, the error message tells you that if you receive a CMS_0072 error, this is because your QRDA I file does not pass the XML schema validation. And the schema used for validation is CDA_SDTC.xsd. Two new error messages are added to the 2017 HQR IG, so CMS_0079 and 0080. If you receive CMS_0079 error, it means reporting period effective

date range does not match one of the programs calendar year discharge quarters. Next slide, please.

To help improve the error messages received during testing and submissions, specific conformance numbers are also assigned to the validation rules performed on NPI and TIN validations. These are the same rules for the 2016 reporting period. The only difference is that this is now clearly spelled out in the 2017 IG with the CMS conformance numbers assigned. Next slide, please.

The time zone guidance is updated in the 2017 IG. This guidance is to stress that, whether or not UTC offset is used in the QRDA I document, it needs to be applied consistently across the same QRDA I document. For example, if UTC offset is not used in the QRDA I, all time fields should not include offsets. So, you should not have some data fields for time that include offsets and some do not. Or, if UTC time offset is needed, for example hospitals that reside in different time zones, the time offset must be specified everywhere a time field is provided in a QRDA I file. Schematron rules for CMS_0121 will enforce that UTC offsets be consistently used when not used throughout the file. And, the time elements are affected by this rule are listed in the guidance. The exceptions to this time zone validation rule are also listed. Next slide, please.

So, now we covered all the changes to the 2017 CMS IG itself. For some detailed changes to the IG, you could always go to the change logs in the Appendix for details. In the next few slides, we'll go through some high level changes made to the base HL7 QRDA I standard. Next, please.

So, in general, the HL7 QRDA I Release 3.1 includes updates made based on three different resources. So, one of the major updates made in the Release 3.1 is to align with Quality Data Model Specification Version 4.2 changes. You probably are already familiar with some of the QDM changes by reviewing the April 2016 eCQM specifications. So to highlight a few, QDM 4.2 re-specified the diagnosis, family history and symptom datatypes. It enhanced support for encounter diagnosis and

principal diagnosis. The negation rationale attribute was removed from datatypes that are deemed not appropriate for. And, because the QDM 4.2 specification made significant update from its previous version, many QRDA patient data entry templates have some kind of updates as a result of this. And, changes are also made to align with the C-CDA Release 2.1 updates and also to address approved STU comments.   Next slide, please.

You might recall that for the 2016 submission, a guidance was issued several months ago to address reporting of device order "not done" for three routine measures, and this issue was entered as an STU comment to the QRDA I standard, so updates were made in the Release 3.1 to solve this problem. As a resolution to this, several new templates were created. For example, a Device Order Act template was created to wrap around the original device order template, to allow the use of negation indicator to report "not done." So, for the 2017 reporting period, device order must be contained within the Device Order Act template. The same is true for the list of templates shown on this slide, such as the Encounter Performed Act template. So, when you use encounter performed to report data for encounter performed, the original Encounter Performed template must be wrapped around using the Encounter Performed Act. Next slide, please.

Since we are not able to go through every single change made to the Release 3.1 in this presentation; so, to learn more about the detailed changes, you can review the Appendix B – High Level Change Log involving one of the Release 3.1 standards. And, for example, the Table 7, the High Level Change Log and summary of the changes made to each template are made available. So, you can see, for example, the Act Intolerance or Adverse Event Observation template and the reason for the list of changes made to this template are listed on the right. In Chapter 10 of the Volume 2 of the base HL7 standard, also provides a more detailed change log as well that you could reference. Next slide, please.

And this one, it's a Table 8 that is in the Volume 1 of the base standard. And, this table shows all the new templates that are created for this IG and the reason for creation. So, for example the diagnosis, because QDM Version 4.2 has consolidated diagnosis active and resolved and also retired

diagnosis inactive template. So, there's a new diagnosis template, and also there's a Diagnosis Concern Act that wraps around diagnosis. And for encounter order as we mentioned earlier, there's new Encounter Order Act, Encounter Performed Act, that is created to support the QDM attribute negation rationale. Next slide, please.

So, these are the retired templates. Diagnosis Active, Diagnosis Inactive, and also Diagnosis Resolved are no longer in the QRDA I base standard. Next slide, please.

So, by now we have gone over the changes to the 2017 CMS QRDA IG for HQR and also the changes to the base HL7 QRDA IG standard, which is Release 3.1. And, this slide contains some useful references. And, we mentioned eCQI Resource Center earlier. The eCQI Resource Center provides a one-stop shop for the most current resources to support electronic clinical quality improvement. You can visit the QRDA topic area to find more information about QRDA. And, for any questions regarding submitting test and production files, please reach out to the *QualityNet* Help Desk. And, for eCQM General Program information, IQR Policy and Program, the support numbers are provided on the screen. You can go to this website to look up hospital inpatient questions and answers for information that might help you. For QRDA related questions, tickets could be submitted through the ONC JIRA Issue Tracker Project. You need to setup a free account to submit issues and to post comments to existing issues. So, Artrina, I'll pass it back to you. Thank you everyone.

Artrina Sturges: Thank you very much, Yan. What we'd like to do is we – it looks like we have some additional time this afternoon, which is great – is that we want to answer as many questions for you as we can. So, what we'd like to do is start with the questions that are available – that have been put into the chat box, and if you have additional questions regarding 2017 reporting in general – in terms of policy or program questions – please feel free to submit those as well. And so, we want to make sure we give you as much time as we can. So, at this time, I'm going to turn the call over to Kendra

	Hanley, and she's going to begin to review the questions that are entered into the Chat box.
Kendra Hanley:	Thank you, Artrina. So, the first question is: when will *QualityNet* be able to accept 2017 test files of QRDA I?
Jennifer Seeman:	This is Jen Seeman. So, the *QualityNet* system will be updated in the HQR 11.1.1 Release, which is scheduled to go to production the end of April. And, there will be a formal notification when that release is sent out.
Kendra Hanley:	Thank you Jen. The next question: is CMS going to publicly report calendar year 2017 performance rate of eCQMs?
Artrina Sturges:	Okay, in terms of 2017, publication of that information for hospital reporting – no, that information will not be published on *Hospital Compare*. So, that's not an issue. When CMS makes a decision in terms of that, or they want to signal that that could potentially be coming, it'll be initially introduced in a Proposed Rule and then clarified in a Final Rule.
Kendra Hanley:	Great, thank you. How often will you accept QRDA files, quarterly, monthly? Or, are you just going to open up the submission at the end of the year?
Jennifer Seeman:	So, beginning with the [inaudible interjection] – go ahead Artrina – sorry.
Artrina Sturges:	That's okay. All I was going to say was that it's really up to the – it's the decision of the facility how regular they want to report. So, once the system becomes open as Jen mentioned, then facilities have the choice if they want to report quarterly or wait until the submission period deadline, which is February 28, 2018. It's either quarterly, bi-annually, or annually. It's up to you in terms of when you want to report.
Kendra Hanley:	Great, thank you. I see you have added IMM – meaning immunization. Are we able to utilize the immunization as one of our eCQMs?
	I can take this one. The IMM refers to the immunization, added to the quality data model as a data category, but you can refer to the list of

available eCQMs for 2017 reporting on QualityReportingCenter.com. And, as of right now, the immunization measure is not one of the allowable measures to be reported through – as an eCQM.

Next question: is there an estimated date that we will be able to test our new 2017 submittals via the QNet portal?

Jennifer Seeman: I'm sorry. Could you repeat the question?

Kendra Hanley: Sure, is there an estimated date that we will be able to test our new 2017 submittals via the QNet Portal?

Jennifer Seeman: Yes. So, that date is actually the end of April. I don't have the final date, but end of April is the deployment scheduled for that update in the system.

Kendra Hanley: Next question: have the changes that are described in this presentation been incorporated in the 2017 schematron that was released?

Yan Heras: Yes, this is Yan. I can take that one. Yes, the changes are included in the schematron that are released.

Kendra Hanley: Great, thank you. If we are submitting as an authorized vendor, must sites register us as their vendor for EHR and IQR programs? ... So, I think what that means is that it sounds like it's a hospital who's using a vendor to submit on their behalf.

Artrina Sturges: So, I'm not sure we could speak to that. I think that that's something that they would need to reach out specifically to their vendors for and confirm.

Kendra Hanley: Okay. Is there a list of all the CMS message codes and their definitions? I think this is likely referring to the conformance statements, perhaps.

Yan Heras: Yes. So, all the CMS conformance numbers are in the QRDA IG itself. So, some of the constraints started with CMS underscore, those are specified in the templates conformance statements inside of the template specification. There are also additional rules that are listed in the body of the QRDA IG, so like the HQR validation section and also in the Appendix. So, there isn't – if you're looking for, maybe a centralized

location with all these listed – no. But, all of those are contained in the QRDA IG.

Kendra Hanley: Okay. And, if – this one relates similarly – if we're working with a vendor, then they will address these changes described here in the webinar, correct?

Artrina Sturges: Again, I would reach out to your specific vendor to confirm what their plans are to update the system.

Kendra Hanley: Okay. When can we start uploading to PSVA for 2017?

Jennifer Seeman: The PSVA version will actually be in production prior to the CMS system opens. That deployment is actually scheduled for later this week. So, as early as next week, you should be able to start testing files using PSVA. However, submissions will not be open until the HQR system is updated later in April.

Artrina Sturges: Thank you Jen. One piece to add to that: we're also going to be sending out a ListServe to let you know that the PSVA tool is available for use. So, that will also be coming out shortly.

Kendra Hanley: Okay. And similarly, can we upload the data monthly to PSVA?

Jennifer Seeman: So, the HQR system hasn't changed in regards to the way files will be accepted in regards to it. We'll still be expecting one file per patient per quarter. So, if you submit monthly, you need to ensure that those files are created in a way that kind of accumulates all of the encounters and measures that are submitted, meaning it would kind of add to each of those files, so you're at the end of the quarter, you're only submitting one file per patient per quarter.

Kendra Hanley: Okay, this next question has to do with certification. We're currently certified for the 2014 edition. We're making changes to the specifications as they are updated. When do we need to recertify? It seems we will need to recertify for calendar year 2018 submissions. Is that correct?

Artrina Sturges: Well, this is Artrina. I may be able to help with this one. At this time, there is some discussion in terms of whether it will continue to be permissible to utilize 2014 or to use 2015. So, again as CMS comes up with final recommendations for that, it'll be addressed in the Proposed Rule, and then of course, clarified in the Final Rule. So, just please stay tuned as those changes come about. Thank you.

Kendra Hanley: Thanks, Artrina. In CMS' eCQM library for eligible hospitals, there are documents for calendar year 2017 reporting period from April, and there is an Addendum published in January. Are we correct to assume that the Addendum contains the complete specifications for calendar year 2017 reporting? … I think we might need to double check on that question, and we can include an answer to that on our responses. If you do go to the eCQI Resource Center, which should be included in our References tab, you will find all the materials required for 2017 reporting. And, I believe they've been grouped such that everything that you need to use is listed under that January 2017 Addendum.

Is it certain that the HQR reporting requirements for 2017 will hold at 12 months of reporting? Why isn't there alignment with the EHR Program, which requires 90-day reporting?

Artrina Sturges: This is Artrina. One piece of that that I can speak to in terms of 2017: there was an EHR blog that was distributed January 17, if folks remember, that indicated that CMS intends to propose modifications to the reporting requirements for calendar year 2017. So, the initial place where those may be viewed is in the proposed rule that should be out next month – later next month. So, any information regarding any changes to that should be captured there. That will also allow the public to be able to speak to that and give their recommendations or comments as to whether or not what's being proposed is acceptable and what other suggestions they might have. In terms of the alignment, there was a question about – you know, why isn't there a 90-day period? Please keep in mind that IQR is a different program than the EHR Incentive Program. We're able to align in some areas, and we've come closer with a number of things. But, just keep in mind, we are aligned in some areas, but we're not exactly the same

program. So, we may not have the same reporting periods. What I would say is: when that Proposed Rule comes out, if you have concerns about that, that you would like to express, please feel free to submit that information as feedback when you review the Proposed Rule. Thank you.

Kendra Hanley: Regarding submissions, the specifications say one file per patient per reporting period. How can we then submit except once since currently the time frame is for the full 2017 calendar year?

Jennifer Seeman: Let me review that and respond via the question and answer document.

Kendra Hanley: Okay, thanks Jen. We have a couple questions about PSVA tool – will the PSVA tool still be used in 2017? And also, is the PSVA tool still optional?

Jennifer Seeman: Yes, the PSVA tool will be available for 2017, and it is still optional.

Kendra Hanley: Okay. When submitting quarterly, how are we expected to handle patients that show up in each quarter? Are we to merge them and replace? It was my understanding that only one QRDA document per patient should be submitted? Or, will QNet handle that?

Jennifer Seeman: That's similar to the other one I'll follow up on (refer to question and answer transcript).

Kendra Hanley: Okay. This is a question for Yan: what is your source for QRDA I schema? Do you get it from HL7?

Yan Heras: Yes, so the source for the schema is: if you download the QRDA I Release 3.1 standard package, the schema is included in the standard itself. So, it is the same schema that is shared by the CDA, CCDA, and also QRDA.

Kendra Hanley: Okay. And then, here's a questions related to the certification number: does the CHPL certification number need to be the same one we use for our meaningful use attestations, since we mark within our attestation that we've successfully submitted our eCQMs?

Kendra Hanley:	I believe the answer would be that, you know, you need to submit the certification number for the certified EHR technology that you're using to, you know, calculate the measures from. So, assuming that is the same one, then yes, that would be the same certification number.
Kendra Hanley:	Let me see – how do we delete patients that were improperly submitted to CMS? These are patients that don't belong.
Jennifer Seeman:	So, the delete functionality is available for production files, and I would reference the help document on *QualityNet*. There is a section in there that explains that in more detail.
Kendra Hanley:	Okay, what is the best platform to address eCQM questions in terms of specifications and algorithm troubleshooting? All questions related to either intent of the eCQM specifications, or maybe, if you don't understand, you know, how a given denominator or numerator is made up – is combined with the different data elements – all of those questions should be submitted through the JIRA eCQM project. And, we should have that information on Slide 30 on the references tab. So, those questions all get submitted to the measured developer to answer.
Kendra Hanley:	Where do we find the updated templates or style sheets?
Artrina Sturges:	Yes, and is that a question?
Yan Heras:	Yes, could you repeat that question?
Kendra Hanley:	Sure, where do we find the updated templates or style sheets?
Yan Heras:	Okay, so I think if you're referring to the updated templates that you can – for the base standard for 2017 – on the slide that we showed the link for you to download the HL7 QRDA I Release 3.1 from HL7 website. So, you can go to the Volume 2 of the standard. That has all the templates. Then, for also – because for CMS submission, you also have a need to conform to the CMS QRDA I IG for HQR, so you get to the 2017 IG for HQR, which you can download from the eCQI Resource Center – also the

CMS eCQM Library site – where you can get the template – updated templates – for you know specific requirements for this HQR reporting.

Kendra Hanley: Okay. Are we required to validate the measures for 2017…?

Yan Heras: I'm sorry – just – yes, I think they were also asking for the style sheet. So the style sheet – yes, if it's for the style sheet to render the QRDA I file, that was contained in the standard HL7 QRDA I standard itself – also the schema.

Kendra Hanley: Okay, thank you Yan. Are we required to validate the measures for 2017 submission?

Jennifer Seeman: I'm not sure, I guess, what they mean by validate; but, I would suggest testing prior to production submissions to ensure they're getting the outcomes that they anticipate for their patients.

Kendra Hanley: Okay, thank you Jen. We had some surprises after our live submission. Can I find out what our submission status will be from submissions in test?

Jennifer Seeman: So, you can confirm file structure, any validation errors in regards to the QRDA standards can be determined through reports on *QualityNet* on test files. You can also determine measure outcomes via reports on test files through *QualityNet*. As far as overall status, the status in regards to program, and if you've met the reporting requirements, that is based on production files only. But, you can evaluate file format and measure outcomes prior to that using test files.

Kendra Hanley: Okay. We have two hospitals, but one tax identification number. Each hospital has different software. Both vendors can create QRDA files and the patient identifiers do not conflict. The question is this: can we submit the QRDA files from both vendors, or do we need to have a third party extract the data from each system and build the unified set of QRDA files?

Jennifer Seeman: I think the missing piece there is if the facilities are reporting under the same CCN. If there are different CCNs, they shouldn't have any problems

with conflicting files. But, I think it's something we might need some more detail to determine specific situations.

Kendra Hanley: Okay. Can PSVA perform measure categorization calculations for 2017?

Jennifer Seeman: Not for 2017, no. It's still doing just validation – QRDA format.

Kendra Hanley: Okay. And, I think we probably have time for one more question. Is that certification number required in the QRDA just the CHPL certification number for a single product? Or, is it the code that is created for a customer's unique combination of certified products for meaningful use submission. Yan, I don't know if that's a question that you are able to answer, or we might need to follow-up offline.

Yan Heras: Yes, we can follow-up offline to confirm. But, from the definition, it is the auto-generated number. But, we could confirm from ONC and CMS just to make sure.

Kendra Hanley: Okay, thank you. So, I think at this time, we're going to provide everyone with information about our continuing education information, so I will turn it over to Deb Price to go over this information.

Deb Price: Thank you Kendra. Next slide, please.

Now I'd like to discuss the CEUs for just a few moments. Today's webinar has been approved for one continuing education credit by the Board's listed on this slide. You'll notice that the very last bullet is the Board of Registered Nursing. That is a nationally nursing provider number. You have to provide that number to your own Boards for credit, 16578. Next slide, please.

We now have an online CE certificate process, where you can receive your certificate two different ways. Either right now, if you stay until the end and the last slide closes out, a survey will pop up and you will take the survey, click done and then follow the directions that will lead you to your certificate. If, however, you're in a room with other people and there's only one computer there, we will be sending out an additional survey

within the next 48 hours. That survey will have – I mean – excuse me – that ListServe will have a survey in it, and you – if you've already taken the survey, please pass it to the other people in the room. That will be your second way to receive your certificate. Next slide, please.

If you do not immediately receive a response when you register for your certificate, that means that there is a firewall up and that firewall is stopping our link from entering your computer. So, what I suggest is that you will go and create a new user registration using your personal email and your personal phone number. It appears that a lot of hospitals have firewalls and that's due to their personal information that's in there. And if you use your personal email and personal phone number to register, you will not have that problem. Next slide, please.

This is what the survey will look like in the next minute. You notice in the bottom right hand corner is a grey – a little grey button called "Done." When you've finished the entire survey, please click the "Done." Next slide.

And, this page will pop up. There are two links on the page. The top one is the new user link – the top green one. And, the bottom one is the existing user link. If you have not had any problems so far with any of the surveys and any of the certificates, go ahead and use the existing user link. But, if you have had issues, or if you haven't had issues, but today you have an issue. You know, it could be that a firewall came up today. So, then go back and use this new user link. Next slide.

Okay, this is what will pop up when you hit the new user link. You put in your first name, your last name. Again, we're asking for a personal email address and a personal phone number, and then click the Register. Next slide, please.

And, if you clicked on the existing user link, then you would – this is the page that pops up. The user name is your entire email address including what is after the @ sign in your email address. The password is what you've set this account up with. But, if you've forgotten your password,

please click into that box – the password box – and you'll be directed to create a new password. Next slide.

And now, we'd like to thank everyone for attending our webinar. We hope you learned something. Remember all questions will be posted to our QualityReportingCenter.com website at a later date. Please enjoy the rest of your day. Goodbye.

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