


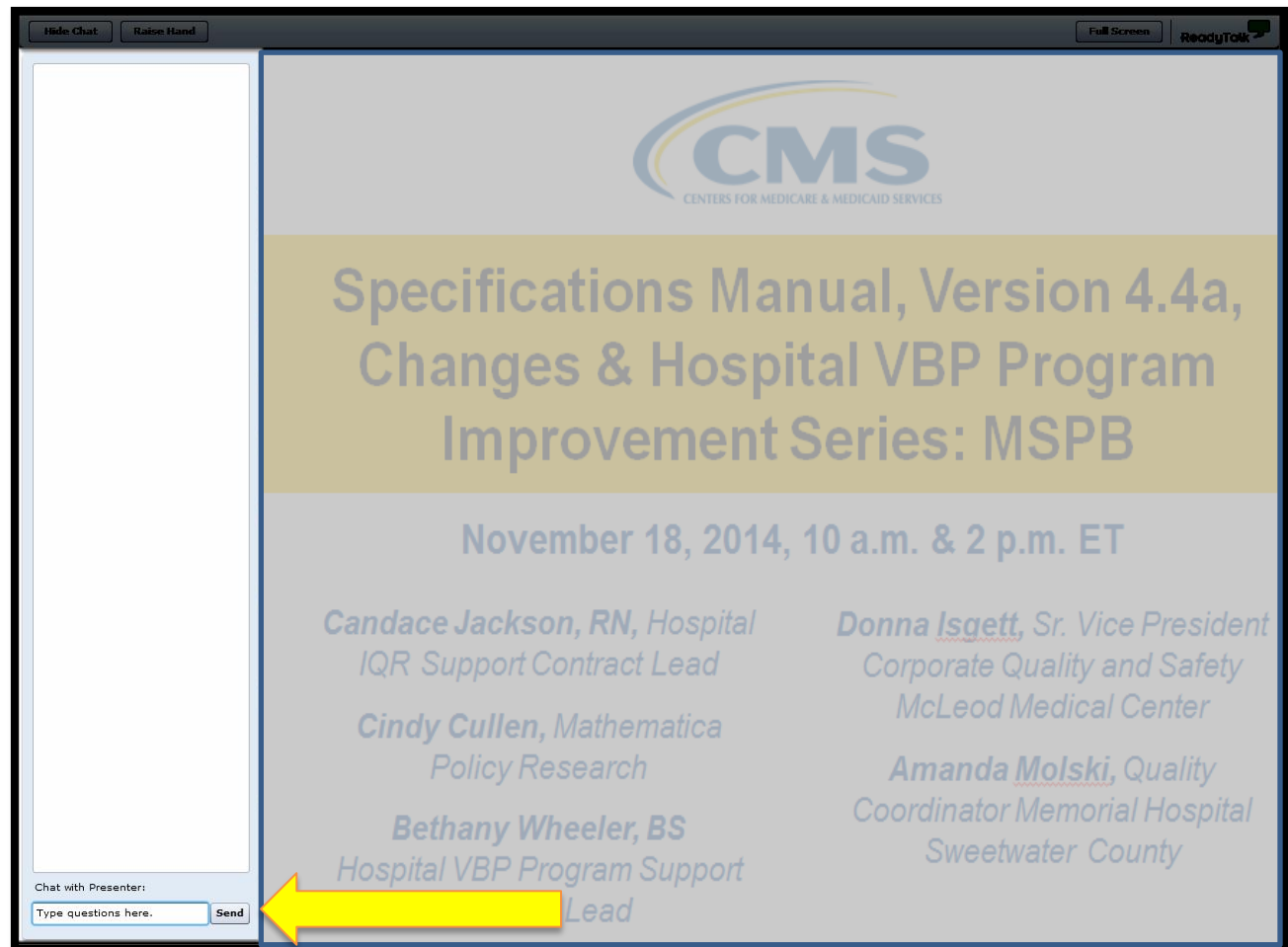
# Navigating IQR Reports: Tips to Access, Run, and Review

- ***Audio for this event is available via INTERNET STREAMING.***
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- ***Computer speakers or headphones are necessary to listen to streaming audio.***



# Submitting Questions

- Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



The screenshot shows a presentation slide from the CMS (Centers for Medicare & Medicaid Services) website. The slide content includes the CMS logo, the title "Specifications Manual, Version 4.4a, Changes & Hospital VBP Program Improvement Series: MSPB", the date "November 18, 2014, 10 a.m. & 2 p.m. ET", and a list of speakers: Candace Jackson, RN, Hospital IQR Support Contract Lead; Donna Isgett, Sr. Vice President Corporate Quality and Safety, McLeod Medical Center; Cindy Cullen, Mathematica Policy Research; Amanda Molski, Quality Coordinator Memorial Hospital Sweetwater County; and Bethany Wheeler, BS, Hospital VBP Program Support Lead. A yellow arrow points to the "Send" button in the "Chat with Presenter" window at the bottom left of the slide.

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**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Specifications Manual, Version 4.4a,  
Changes & Hospital VBP Program  
Improvement Series: MSPB

November 18, 2014, 10 a.m. & 2 p.m. ET

*Candace Jackson, RN, Hospital IQR Support Contract Lead*

*Donna Isgett, Sr. Vice President Corporate Quality and Safety, McLeod Medical Center*

*Cindy Cullen, Mathematica Policy Research*

*Amanda Molski, Quality Coordinator Memorial Hospital Sweetwater County*

*Bethany Wheeler, BS Hospital VBP Program Support Lead*

Chat with Presenter:  
Type questions here.   Send



# **Navigating IQR Reports: Tips to Access, Run, and Review**

**April 27, 2015  
2 p.m. ET**

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**Candace Jackson, RN  
Inpatient Quality Reporting Support Contract Lead  
HSAG**

# Overview

This presentation will provide the participant with information regarding the Inpatient Quality Reporting (IQR) Reports on the *QualityNet Secure Portal*, including:

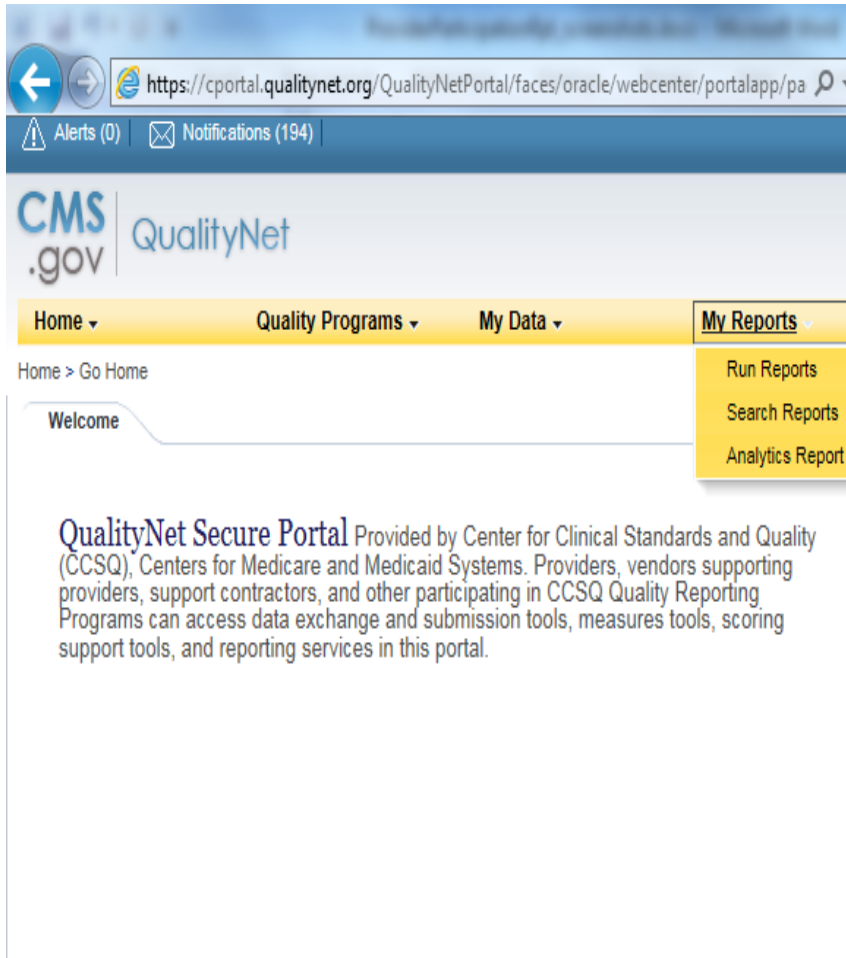
- What reports are available
- The purpose of each report
- How to access, run, and interpret data provided on the report

# Objectives

At the end of the presentation, the participant will be able to:

- Identify where reports are available, their purpose, and where to locate them on the *QualityNet Secure Portal*
- Demonstrate the steps in running a report on the *QualityNet Secure Portal*
- Select appropriate report, run it, and interpret the data provided

# Accessing Reports



1. Visit *QualityNet*, [www.qualitynet.org](http://www.qualitynet.org).
2. Sign-in to the secure portal by selecting the **[Login]** button.
3. On the secure portal Home page, select **[My Reports]**.
4. Select Run Reports, Search Reports, or Analytics Reports.

# Running Reports



## To Run a Report:

1. On the Start Reports screen, in the I'd Like To... section, select the Run Report(s) link.
2. On the [Run Report(s)] tab, select IQR from the drop-down menu under Report Program.
3. Select the Report Category from the drop-down menu.
4. Select the [View Reports] button to proceed.

# Running Reports (cont.)

**Select Program, Category and Report**

The available reports are grouped by program and category combination. If you have access to a single program, your p will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. S

Report Program: IOR

Hospital Reporting - Annual Payment Update Report

VIEW REPORTS

Search Report

REPORT NAME	REPORT DESCRIPTION
Hospital Reporting - Claims Detail Report	The Claims Detail Report
Hospital Reporting - Confidence Interval Report	This report displays cum lower bound for the Inp
Hospital Reporting - Provider Participation Report	The Provider Participatio Program.

- Once you select View Reports, the applicable reports under the Report Category will display under the Report Name.
- Select the applicable report.



# Viewing Reports

My Reports > Run Reports

The screenshot displays the 'Run Reports' interface. At the top, there are four tabs: 'Start', 'Run Report(s)', 'Search Report(s)', and 'Favorites'. The 'Search Report(s)' tab is highlighted with a red circle. Below the tabs, there is a progress bar with three steps: 'Select Program, Category and Report', 'Report Parameters', and 'Confirmation'. The 'Report Submitted' section contains the following text:

**Report Submitted**

Thank you. Your report request has been submitted for processing.  
Processing time may vary due to the number of current requested reports.  
To run the same report with different parameters, click RUN SAME REPORT.  
To run a new report, click RUN NEW REPORT.  
To search and view submitted reports, click SEARCH REPORTS.  
To make this report a Favorite, click SEARCH REPORTS.  
To manage your Favorites, click the Favorites tab.

At the bottom of the interface, there are four buttons: 'CANCEL', 'RUN SAME REPORT', 'RUN NEW REPORT', and 'SEARCH REPORTS'. The 'SEARCH REPORTS' button is highlighted with a red circle.

# Viewing Reports (cont.)

- On the Search Reports screen, wait for the system to process the request (STATUS column with green check mark) and select the View Report icon (magnifying glass).

Reports > Search Reports






Start Run Report(s) Search Report(s) Favorites

### Search Reports

Search for reports you have run.  Search Saved Reports

Search Report Name Requested Date Show Reports

09/14/2014 03/13/2015 ALL [RESET] [SEARCH] [REFRESH REPORT STATUS]

STATUS	DATE REQUESTED	REPORT NAME	LAST DOWNLOADED	SIZE (MB)	ACTION
	03/13/2015 18:10:13	Hospital Reporting - Provider Participation Report		0.1374	   

# APU and Feedback Reports

Annual Payment Update Reports	Feedback Reports
Claims Detail	Case Status Summary
Provider Participation Report	Facility, State and National
	Measure Designation
	Measure Status By Case
	Population and Sampling Summary
	Potential Duplicate
	Submission Detail

# Claims Detail: Parameters

The screenshot shows a web application interface for configuring a report. At the top, there are tabs for 'Start', 'Run Report(s)', 'Search Report(s)', and 'Favorites'. Below these is a progress bar with three steps: 'Select Program, Category and Report', 'Report Parameters' (the current step), and 'Confirmation'. The main heading is 'Report Parameters' with a sub-instruction: 'Select the parameters that define the report you will run, then click RUN REPORT. \* Indicates required fields.' The report title is 'Hospital Reporting - Claims Detail Report - IQR'. The form contains the following fields:

- 1** \* State: A dropdown menu.
- 2** \* Provider: A dropdown menu.
- 3** \* Discharge Quarter: A dropdown menu with the text 'Please select'.
- 4** \* Report Format: A dropdown menu with 'PDF' selected.
- 5** A large blue button labeled 'RUN REPORT' at the bottom right.

At the bottom of the form are three buttons: 'CANCEL', 'RESET', and 'RUN REPORT'.

## Purpose:

Provides users with the ability to monitor claims submitted in final action status

## Report Parameters:

1. State/Provider
2. Discharge Quarter
3. Measure Set
4. Format
5. [RUN REPORT]

# Claims Detail Report

**Displays Medicare Fee-for-Service (Part A) finalized claims only, including:**

1. Date of most recent claims data
2. Number linked to the beneficiary's claim
3. Claim start and end dates
4. Corresponding measure set

Report Run Date:

Page 1 of 2

Hospital Reporting - Claims Detail Report - Inpatient

Provider:

Discharge Quarter: 01/01/2013 - 03/31/2013

Measure Set: All

Data As Of<sup>1</sup>: mm/dd/yyyy

1

123456 My Hospital Name - City, State

Beneficiary Claim Number <sup>2</sup>	Claim Start Date	Claim End Date	Measure Set	Last Name	First Name	Birth Date	Gender
2	01/15/2013	01/26/2013	3 4 IQR-AMI			05/14/1921	F
	12/31/2012	01/07/2013	IQR-HF			02/19/1939	M
	01/02/2013	01/06/2013	IQR-HF			12/28/1926	M
	01/06/2013	01/09/2013	IQR-HF			09/15/1923	F

# Provider Participation Report: Parameters

Start **Run Report(s)** Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

### Report Parameters

Select the parameters that define the report you will run, then click RUN REPORT.  
\* Indicates required fields.

Hospital Reporting - Provider Participation Report - IQR

\* State:

\* Provider:

\* Calendar Year:

Discharge Quarter:

\* Report Format:

CANCEL RESET RUN REPORT

## Purpose:

Summarizes the provider's data submission; however, does not guarantee provider will receive full APU

## Report Parameters:

1. State/Provider
2. Calendar Year
3. Discharge Quarter
4. Report Format
5. [RUN REPORT]

# Provider Participation Report: Clinical Measures

Clinical Measures Display:

1. Total Patient Population
2. Total Medicare Claims
3. Total Cases Accepted
4. Sampling Frequency

✓ *Updated nightly with data successfully submitted/processed from the previous day*

Measure Sets <sup>1</sup>	Total Cases Accepted <sup>2</sup>	Total Medicare Claims <sup>3</sup>	Total Patient Population <sup>4</sup>	Total Sample Size <sup>4</sup>	Discharge Quarter Sample Frequency <sup>4</sup>
IQR-AMI	0	0	0	0	Not Sampled
IQR-HF	4	1	4	4	Not Sampled
IQR-PN	21	9	21	21	Not Sampled
IQR-SCIP - Strata 1 (CABG)	0	0	0	0	Not Sampled
IQR-SCIP - Strata 2 (Other Cardiac Surgery)	0	0	0	0	Not Sampled
IQR-SCIP - Strata 3 (Hip Arthroplasty)	0	0	0	0	Not Sampled
IQR-SCIP - Strata 4 (Knee Arthroplasty)	1	1	1	1	Not Sampled
IQR-SCIP - Strata 5 (Colon Surgery)	2	0	2	2	Not Sampled
IQR-SCIP - Strata 6 (Hysterectomy)	1	0	1	1	Not Sampled
IQR-SCIP - Strata 7 (Vascular Surgery)	0	0	0	0	Not Sampled

# Provider Participation Report: PC-01 and HAI

## PC (PC-01 Elective Delivery)

1. Total Numerator
2. Total Denominator
3. Total Population
4. Total Exclusions

## IQR-HAI Quality Measure Data

5. IQR-HAI Data Submitted
6. Last NHSN File Update to CMS

Clinical Web-Based Measures						
Measure Set: PC	1 Total Numerator <sup>11</sup>	2 Total Denominator <sup>11</sup>	3 Total Patient Population	Total Sample Discharge Size	Quarter Sample Frequency	4 Total Exclusions <sup>11</sup>
PC-01 Elective Delivery	0	2	25	25	Not Sampled	23
						Exclusion Count
						ICD-9-CM Principal or Other Diagnosis Code for elective delivery <sup>11</sup> 6
						Enrolled in a Clinical Trial <sup>11</sup> 0
						Gestational age patients < 37 or >= 39 weeks gestation <sup>11</sup> 17
IQR-HAI Quality Measure Data <sup>7</sup>		5 IQR-HAI Data Submitted		6 Last NHSN File Update to CMS <sup>8</sup>		
	C.difficile		Yes			02/27/2015
	CAUTI		Yes			02/27/2015
	CLABSI		Yes			02/27/2015
	Healthcare Personnel Influenza Vaccination		N/A			
	MRSA Bacteremia		Yes			02/27/2015
	SSI - Abdominal Hysterectomy		No			
	SSI - Colon Surgery		Yes			02/27/2015



# Case Status Report: Parameters

## Report Parameters

Select the parameters that define the report you will run, then click RUN REPORT.

\* Indicates required fields.

### Hospital Reporting - Case Status Summary Report - IQR

\* State:

1

\* Provider:

2

\* Discharge Quarter:

10/01/2014-12/31/2014

3

Submitter:

(To select Submitter you must select a Provider and a Discharge Quarter)

Measure Set:

All

4

\* Report Format:

PDF

5

CANCEL

RESET

RUN REPORT

6

## Purpose:

Provides a total of unique cases submitted to the Clinical Warehouse by measure set for the specified discharge period

## Report Parameters:

1. State/Provider
2. Discharge Quarter
3. Submitter
4. Measure Set
5. Report Format
6. [RUN REPORT]

# Case Status Report

Displays:

1. Measure Set
2. Total number of unique cases submitted
3. Total number of cases accepted
4. Total number of cases rejected

- ✓ *Duplicate submissions of the same case are counted only once.*
- ✓ *Deleted cases and test cases are removed from all case counts.*

	1	2	3	4
	Measure Set	Unique Cases Submitted <sup>1</sup>	Cases Accepted <sup>2</sup>	Cases Rejected <sup>3</sup>
IQR-ED		45	45	0
IQR-IMM		46	46	0
IQR-PN		11	11	0
IQR-VTE		36	36	0

# Facility, State and National Report: Parameters

## Hospital Reporting - Facility, State and National Report - IQR

\* State:

Please select ▾

1

\* Provider:

▾

\* Discharge Quarter:

04/01/2015 - 06/30/2015 ▾

2

(State and National columns will display blank until approximately 30 days after the submission deadline for the quarter)

\* Measure Set:

All ▾

3

\* Report Format:

PDF ▾

4

5

CANCEL

RESET

RUN REPORT

## Purpose:

Summarizes and compares by quarter data for measure(s) at facility, state, and national levels

## Report Parameters:

1. State/Provider
2. Discharge Quarter
3. Measure Set
4. Report Format
5. [RUN REPORT]

# Facility, State and National Report: Clinical Measures

Report data includes:

1. Number of hospital records abstracted for a provider
2. Number of cases that met the intent for the measure (Numerator)
3. Number of cases in the measure population successfully accepted (Denominator)
4. Percentage included in the denominator that is included in the numerator

- ✓ *All data and calculations are obtained from cases that have been successfully accepted into the Clinical Warehouse.*
- ✓ *State and National columns will display blank until approximately 30 days after the submission deadline for the quarter.*

		Facility			State <sup>1</sup>			National <sup>1</sup>		
IQR-STK Data		1			0			0		
Medical Records Abstracted:		53								
Measure Set: IQR-STK		Numerator	Denominator	% of Total	Numerator	Denominator	% of Total	Numerator	Denominator	% of Total
STK-1:	Venous Thromboembolism (VTE) Prophylaxis	35	35	100%						
STK-2:	Discharged on Antithrombotic Therapy	33	34	97%						
STK-3:	Anticoagulation Therapy for Atrial Fibrillation/Flutter	3	3	100%						
STK-4:	Thrombolytic Therapy	1	2	50%						
STK-5:	Antithrombotic Therapy By End of Hospital Day 2	33	33	100%						
STK-6:	Discharged on Statin Medication	23	23	100%						
STK-8:	Stroke Education	20	20	100%						
STK-10:	Assessed for Rehabilitation	34	34	100%						

# Facility, State and National Report: PC-01 and HAI

		Facility				State <sup>1</sup>				National <sup>1</sup>			
IQR-PC Data													
Measure Set: IQR-PC													
Measure	Exclusion	Numerator	Denominator	% of Total	Exclusions Count	Numerator	Denominator	% of Total	Exclusions Count	Numerator	Denominator	% of Total	Exclusions Count
PC-01 Elective Delivery		0	7	0		33	460	7		3,649	57,363	6	
	ICD-9-CM Principal or Other Diagnosis Code for Elective Delivery				61				1,524				193,230
	Enrolled in a Clinical Trial				0				1				393
	Prior Uterine Surgery				17				208				20,860
	Gestational age patients <37 or >= 39 weeks gestation				20				1,293				169,609
	TOTAL EXCLUSION COUNTS				98				3,026				384,092

		Facility					State <sup>1</sup>			National <sup>1</sup>		
IQR-HAI Data												
	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	ICU Locations/Procedures <sup>3</sup>	Device Days/Patient Days/Procedures <sup>2</sup>	Last NHSN File Update to CMS <sup>4</sup>	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)
Measure Set: IQR-HAI												
C. difficile	5	6.975	.717	Not Applicable	11639	09/16/2013						
CAUTI	2	1.164	1.718	Yes	582	09/16/2013						
CLABSI	0	1.087	.000	Yes	572	09/16/2013						
MRSA Bacteremia	3	.587		Not Applicable	12099	09/16/2013						
SSI - Abdominal Hysterectomy	0	.342		No	34	09/16/2013						
SSI - Colon Surgery	1	.542		No	19	09/16/2013						

# Measure Designation Summary: Parameters

Hospital Reporting - Measure Designation Summary Report - IQR

\* State:  1

\* Provider:

\* Discharge Quarter:  2

Measure Set:  3

Designation Status:  4

\* Report Format:  5

6

## Purpose:

Allows a user to view a summary of measures and their data submission designation status

## Report Parameters:

1. State/Provider
2. Discharge Quarter
3. Measure Set
4. Designation Status
5. Report Format
6. [RUN REPORT]

# Measure Designation Summary

Report displays:

1. Designation status
2. Most recent designation date and time
3. User responsible for the most recent designation

✓ *Measures required for the IQR Program cannot be deselected.*

	1	2	3
Measures	Designation Status	Designation Date and Time	User
Provider:			
Measure Set: IQR-AMI			
AMI-1	Deselected	07/25/2014 10:03	LOAD_CART_MEAS_DESGNTN
AMI-2	Deselected	07/25/2014 10:03	LOAD_CART_MEAS_DESGNTN
AMI-3	Deselected	07/25/2014 10:03	LOAD_CART_MEAS_DESGNTN
AMI-5	Deselected	07/25/2014 10:03	LOAD_CART_MEAS_DESGNTN
AMI-7	Selected	07/25/2014 10:03	LOAD_CART_MEAS_DESGNTN
AMI-7a	Selected	07/25/2014 10:03	LOAD_CART_MEAS_DESGNTN
AMI-8	Selected	07/25/2014 10:03	LOAD_CART_MEAS_DESGNTN
AMI-8a	Selected	07/25/2014 10:03	LOAD_CART_MEAS_DESGNTN
AMI-10	Deselected	07/25/2014 10:03	LOAD_CART_MEAS_DESGNTN
Measure Set: IQR-ED			
ED-1	Selected	07/25/2014 10:03	LOAD_CART_MEAS_DESGNTN
ED-2	Selected	07/25/2014 10:03	LOAD_CART_MEAS_DESGNTN

# Measure Status by Case: Parameters

## Hospital Reporting - Measure Status by Case Report - IQR

\* State:  1

\* Provider:  2

\* Discharge Quarter:  3

Submitter:  4  
(To select Submitter you must select a Provider and a Discharge Quarter)

Measure Set:  5  
Measure Set. Use the arrow keys and space bar to select one or more values from the dropdown list.

\* Report Format:  6

## Purpose:

Displays detailed information of individual cases, which includes measure inclusion status and reason for exclusion

## Report Parameters:

1. State/Provider
2. Discharge Quarter
3. Submitter
4. Measure Set
5. Report Format
6. [RUN REPORT]

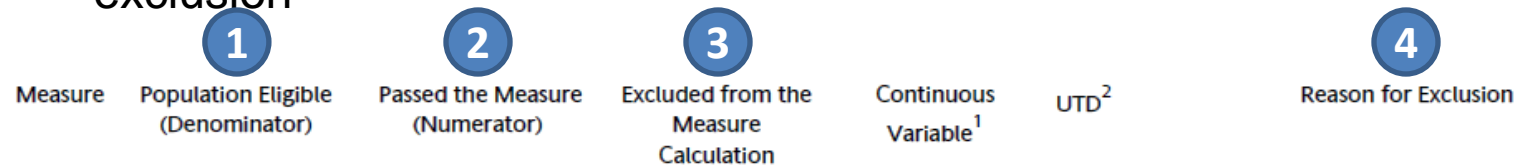


# Measure Status by Case

Displays

1. Population Eligibility
2. Whether case was included in the numerator
3. If the case was excluded from the measure
4. If excluded, the reason for the exclusion

✓ *Rejected cases are not included in this report.*



Provider ID:		Provider Name:	
Measure Set: IQR-VTE- Strata 1 (Coronary Artery Bypass Graft)			
Patient ID		Admit Date: 06/03/2014 Discharge Date: 06/06/2014	
VTE-1		Y	VTE-1: Excluded (B) - Principal procedure is an excluded surgery
VTE-2		Y	VTE-2: Excluded (B) - The patient was not admitted or transferred to the ICU
VTE-3		Y	VTE-3: Excluded (B) - Principal or other diagnosis is not VTE or obstetrics-VTE
VTE-4		Y	VTE-4: Excluded (B) - Principal or other diagnosis is not VTE or obstetrics-VTE
VTE-5		Y	VTE-5: Excluded (B) - Principal or other diagnosis is not VTE or obstetrics-VTE
VTE-6		Y	VTE-6: Excluded (B) - Other diagnosis is not VTE or obstetrics-VTE

# Population and Sampling Summary: Parameters

## Hospital Reporting - Population and Sampling Summary Report - IQR

\* State:

\* Provider: **1**

\* Discharge Quarter: **2**

\* Population Type: **3**

\* Report Format: **4**

**5**

## Purpose:

Provides population and sampling data for Medicare and Non-Medicare patients by discharge quarter, by month, for each measure set

## Report Parameters:

1. State/Provider
2. Discharge Quarter
3. Population Type
4. Report Format
5. [RUN REPORT]

# Population and Sampling Summary

Displays the Measure Set:

1. Sampling Frequency
2. Total Population Size for Medicare and Non-Medicare
3. Total Sample Size for Medicare and Non-Medicare

- ✓ *Data may be submitted per XML file or the Population and Sampling application in the QualityNet Secure Portal.*
- ✓ *“N/A” indicates Population and Sample Size data have not been submitted.*

IQR-Global Population: IQR-GLOBAL						
Sampling Frequency: Not Sampled						
	Population - Medicare	Population - Non-Medicare	Total Population Size	Sample - Size - Medicare	Sample - Size - Non-Medicare	Total Sample Size
Apr - 14	7	22	29	7	22	29
May - 14	6	16	22	6	16	22
Jun - 14	8	19	27	8	19	27
<b>Total</b>	<b>21</b>	<b>57</b>	<b>78</b>	<b>21</b>	<b>57</b>	<b>78</b>

# Potential Duplicate Report: Parameters

Hospital Reporting - Potential Duplicate Records Report - IQR

\* State:

1

\* Provider:

\* Discharge Quarter:

2

\* Report Format:

3

4

CANCEL

RESET

RUN REPORT

## Purpose:

Identifies potential duplicate records submitted to the Clinical Warehouse

## Report Parameters:

1. State/Provider
2. Discharge Quarter
3. Report Format
4. [RUN REPORT]

# Potential Duplicate Report

Displays patient information, including:

1. Admit/Discharge Date
2. Patient ID
3. First/Last Name
4. Birth Date

- ✓ *Multiple records submitted for the same patient stay are considered duplicates.*
- ✓ *Duplicate records should be deleted prior to the submission deadline.*



Admit Date	Discharge Date	Measure Set	Patient ID	Last Name	First Name	Sex	Birth Date	Postal Code	Upload Date	File Name	Upload User Name	Upload Batch ID	Import Provider ID	Matching ID
Provider ID: 181304 - Trigg County Hospital														
12/01/2014	12/06/2014	IQR-VTE	346278	STUBBLEFIELD	JAMES	M	07/07/1934	42211	03/06/2015	181304_6278_20141201VTE_25185.xml	Scott, Brenda	1938893	181304	25625

# Submission Detail Report: Parameters

## Hospital Reporting - Submission Detail Report - IQR

\* State:

1

\* Provider:

\* Discharge Quarter:

Please select

2

Submitter:

3

(To select Submitter you must select a Provider and a Discharge Quarter)

File Status:

4

Measure Set:

5

Action Code:

6

Message Type:

7

## Purpose:

Provides detailed file information for each case submitted, grouped by measure set

## Report Parameters:

1. State/Provider
2. Discharge Quarter
3. Submitter
4. File Status
5. Measure Set
6. Action Code
7. Message Type

# Submission Detail Report

The Submission Detail Report displays:

1. Admit/Discharge Date
2. Date uploaded to the warehouse
3. Action Code: Added/Deleted
4. File Status: Accepted/Rejected
5. Message: Measure/Message with details

✓ *The report includes all submissions for a particular case rather than just the most recent submission.*

Batch ID	Admit Date	1 Discharge Date	2 Upload Date	3 Action Code	File Name	4 File Status
<b>Provider ID:</b>						
Measure Set: IQR-ED						
<b>Patient ID:</b>						
1894025	05/20/2014	05/23/2014	10/10/2014	Add	670008_1121_20140520E D_34413.xml	Accepted
<b>5</b> Message: 60820 ED-1a: EXCLUDED - Overall Rate: ED Patient [EDPATIENT] indicates there is no documentation the patient was an ED patient, OR unable to determine from medical record documentation.						

# Contact Us



## Q & A Tool

<https://cms-ip.custhelp.com>



## Email Support

[InpatientSupport@virg1.HCQIS.org](mailto:InpatientSupport@virg1.HCQIS.org)



## Phone Support

844.472.4477 or  
866.800.8765



## Inpatient Live Chat

[www.qualityreportingcenter.com/inpatient](http://www.qualityreportingcenter.com/inpatient)



## Monthly Web Conferences

[www.QualityReportingCenter.com](http://www.QualityReportingCenter.com)



## Secure Fax

877.789.4443



## ListServes

Sign up on  
[www.QualityNet.org](http://www.QualityNet.org)



## Website

[www.QualityReportingCenter.com](http://www.QualityReportingCenter.com)



# Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 by the following professional boards:
  - Florida Board of Nursing
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.

# CE Credit Process

- Complete the ReadyTalk survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
  - A one-time registration process is required.

# CE Credit Process: Survey

No

Please provide any additional comments

**10. What is your overall level of satisfaction with this presentation?**

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

**11. What topics would be of interest to you for future presentations?**

**12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.**

Done

Powered by [SurveyMonkey](#)  
Check out our [sample surveys](#) and create your own now!

# CE Credit Process: Certificate Access

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

**New User Link:**  
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Existing User Link:**  
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the page title is "Learning Management Center" and the main heading is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue border.

**HSAG** HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

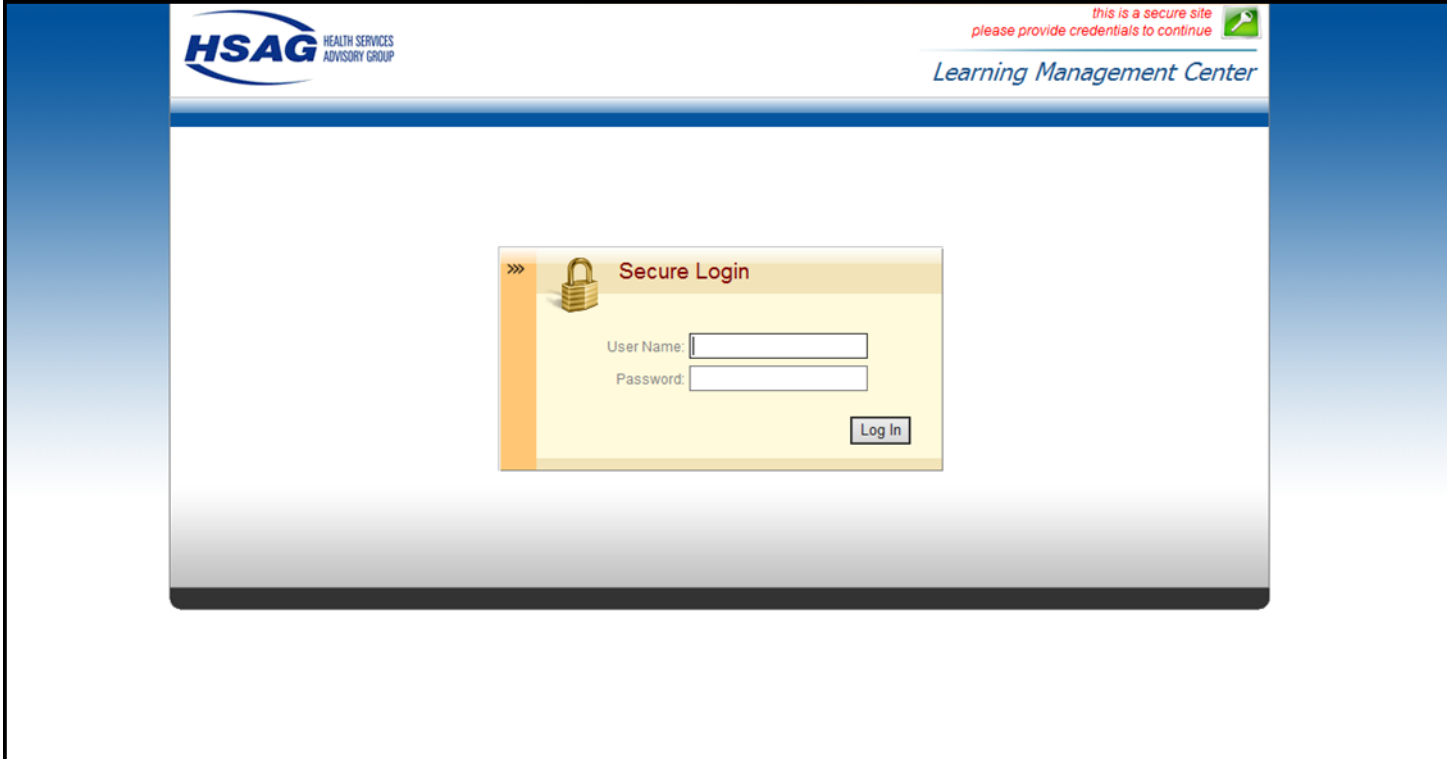
Learning Management Center

**Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015**

First Name:  Last Name:

Email:  Phone:

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

# QUESTIONS?

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