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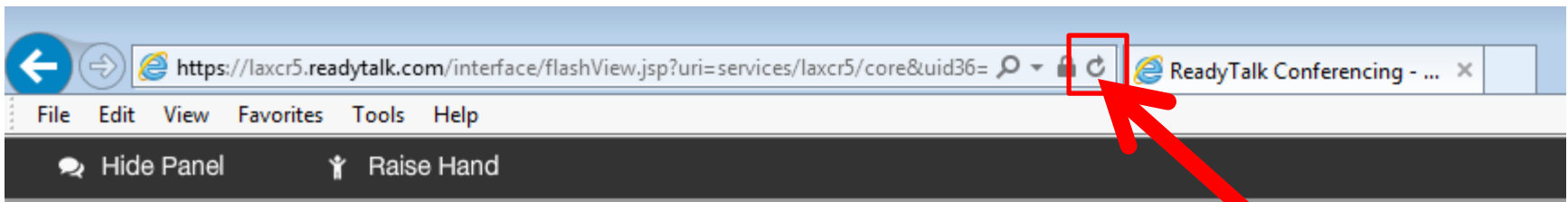
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Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stop?

- **Click Refresh icon–**
  or-
  Click F5
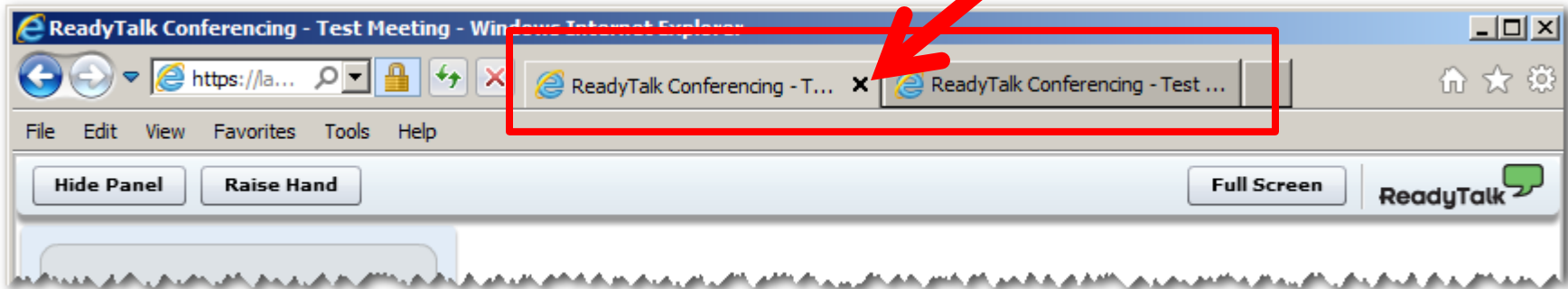

F5 Key
Top Row of Keyboard

Location of Buttons

Refresh

Troubleshooting Echo

- **Hear a bad echo on the call?**
- **Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.**
- **Close all but one browser/tab and the echo will clear.**

Example of Two Browsers/Tabs open in Same Event

Submitting Questions

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

Hospital IQR Program Fiscal Year (FY) 2019 Chart-Abstracted Validation Overview for Targeted Selected Hospitals

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June 1, 2017

Purpose

The purpose of this presentation is to educate and share information regarding the Centers for Medicare & Medicaid Services (CMS) Hospital Inpatient Quality Reporting (IQR) Program chart-abstracted data validation process for FY 2019.

Objectives

Participants will be able to:

- Understand the FY 2019 Hospital IQR Chart-Abstracted Data Validation Program process, as a whole

- Identify the deadlines and associated required activities relating to data validation for FY 2019

- Submit FY 2019 Healthcare-Associated Infection (HAI) Validation Templates through the *QualityNet Secure Portal* Secure File Transfer Application

- Submit medical records requested by the CMS Clinical Data Abstraction Center (CDAC)

- Receive and interpret validation results

Background

- CMS assesses the accuracy of chart-abstracted and HAI data submitted to the IQR Program through the validation process.

- CMS verifies on a quarterly basis that hospital-abstracted data submitted to the clinical warehouse and that data submitted to the National Healthcare Safety Network (NHSN) can be reproduced by a trained abstractor using a standardized protocol.

- CMS performs a random and targeted selection of Inpatient Prospective Payment Systems (IPPS) hospitals on an annual basis. Currently, 400 random hospitals are selected in the fall, and up to 200 additional targeted hospitals are selected in the spring.

Validation Quarters for FY 2019

Validation Quarters for FY 2019
Third quarter 2016 (3Q16)
Fourth quarter 2016 (4Q16)
First quarter 2017 (1Q17)
Second quarter 2017 (2Q17)

Clinical Process of Care Measures for FY 2019

CMS will validate up to eight cases for clinical process of care measures per quarter, per hospital. Cases are randomly selected from data submitted to the clinical warehouse by the hospital. The measures available for the validation fiscal year are: Stroke (STK), Emergency Department (ED), Immunization (IMM), Venous Thromboembolism (VTE), and Sepsis (SEP). Below is a list of the clinical process of care measures available to be validated in each quarter of FY 2019.

Clinical Process of Care Measures Validated in Each Quarter of FY 2019
3Q16 – STK, ED, IMM, VTE, SEP
4Q16 – STK, ED, IMM, VTE, SEP
1Q17 – ED, IMM, VTE, SEP
2Q17 – ED, IMM, VTE, SEP

HAI Validation Measures for FY 2019

Healthcare-Associated Infection (HAI) Measures for FY 2019
Central Line-Associated Bloodstream Infection (CLABSI)
Catheter-Associated Urinary Tract Infection (CAUTI)
Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Laboratory Identified (LabID) Events
Clostridium difficile Infection (CDI) LabID Events
Surgical Site Infection (SSI)

- Hospitals will be randomly assigned to submit **quarterly** either:
  - CLABSI and CAUTI Validation Templates
    OR
  - MRSA and CDI Validation Templates
- All hospitals selected for FY 2019 IQR validation will be validated for SSI. SSI cases are not submitted using Validation Templates, but are selected from Medicare claims-based data submitted to CMS.

Provider Selection

- Random provider selection

  400 hospitals were selected in November 2016.

- Targeted provider selection
  o 200 additional hospitals were selected in May of 2017.

  o The targeted hospital selection is identified after the confidence interval is calculated for the previous fiscal year. The criteria for targeting hospitals is outlined in the IPPS/Long-Term Care Hospital (LTCH) Final Rule (78 FR 50833 – 50834).

Selected Provider List

The list of selected providers is posted on *QualityNet,* on the Hospitals – Inpatient > Data Validation page. The list is located on the upper-right side of the screen within the "Hospitals Selected for Inpatient Data Validation" box.

Notification of Selection

Annual notification of selection occurs for both the random and targeted providers:

- A news article, along with the list of selected providers, is posted on *QualityNet*.

- A ListServe is released to notify the community that the selection has occurred.

- An email communication from the VSC is sent directly to the hospitals selected.

Notification of Selection

- Hospitals selected for IQR validation are notified by email communication. This communication is sent to the following hospital contact types listed within the official CMS contact database:
  - o Chief Executive Officer (CEO)
  - o Hospital IQR
  - o Infection Control
  - o Medical Records
  - o Quality Improvement
- The VSC monitors email communications sent to assure that all hospitals are notified of selection. Any bounce-backs are researched, and hospitals are asked to update to assure that future notifications are received.

Updating and Keeping Contacts Up-to-Date

- Keeping hospital contacts up-to-date is necessary to ensure validation-related communications and submission deadline email reminders reach the appropriate staff at your hospital.

- Hospitals may check who is listed and make updates to their contacts by sending an email with their six-digit CMS Certification Number (CCN)/Provider ID number to the Hospital Inpatient Support Contractor at QRSupport@hcqis.org.

General Overview
of Validation Process (1 of 4)

Hospitals fill out HAI Validation Templates and submit the templates to the VSC via *QualityNet Secure Portal* Secure File Transfer quarterly.

- Hospitals must submit templates **before** they receive a medical records request packet.

- The individual submitting the templates must be registered as a *QualityNet* Security Administrator. It is strongly recommended that each hospital have at least two active Security Administrators at all times.

  o If you are unable to log in to the *QualityNet Secure Portal*, contact your hospital *QualityNet* Security Administrator.

  o If your Security Administrator is unable to reestablish your access, contact the *QualityNet* Help Desk at (866) 288-8912.

General Overview
of Validation Process (2 of 4)

- After the cases for validation have been selected for the quarter (based on information submitted on the templates), the hospital receives a medical records request packet from the CDAC. The CDAC will mail a medical records request packet to the attention of "Medical Records Director," which contains detailed instructions and case listings.
  - It typically takes ten or more days after the quarter's submission deadline for this sample of cases to be selected and sent out.
  - The list of cases selected that hospitals receive from the CDAC will contain requests for clinical process of care measures and HAI measures, including SSI, to be validated.
- The hospital has until the date listed on the quarter's request to send their records to the CDAC.
- The hospital delivers requested medical records to the CDAC quarterly, then CDAC reabstracts and adjudicates the selected cases.

General Overview
of Validation Process (3 of 4)

- It typically takes approximately four months after the quarter's submission deadline for hospitals to receive their validation results for the quarter.

- Hospital may submit an educational review request within 30 days of receiving quarterly results. The educational review process and educational review forms can be found on the Hospitals – Inpatient > Data Validation – Educational Reviews page of *QualityNet*.

General Overview of Validation Process

At the end of each fiscal year, annual payment update (APU) results are expected to be released in late April or early May (for fiscal year 2019, this is anticipated to be April or May 2018), at which point hospitals will be notified of their validation pass-fail status.

- The determination of a pass or fail status involves CMS calculating a total score reflecting a weighted average of two individual scores for the reliability of the clinical process of care and HAI measure sets. Hospitals may run their end-of-year Confidence Interval Report, which determines validation pass or fail status.

- If the upper bound of the confidence interval is 75 percent or higher, the hospital will pass the Hospital IQR Program validation requirement. A detailed FY 2019 confidence interval document is posted on the Hospitals – Inpatient > Data Validation > Resources page of *QualityNet*.

FY 2019 Validation Template Submission Deadlines

- Validation Templates are due no later than 11:59 p.m. Pacific Standard Time (PST) on each associated deadline date. Validation Templates may be submitted immediately following the last day of each quarter period.

- For the entire validation fiscal year, hospitals **selected randomly** in November 2016 should follow the deadlines associated with the random hospitals only.

| Targeted Selected Hospital HAI Validation Template Due Dates	
Discharge Quarters	**HAI Validation Template Deadline**
3Q16 (July 1 – September 30)	07/08/2017
4Q16 (October 1 – December 31)	07/28/2017
1Q17 (January 1 – March 31)	08/17/2017
2Q17 (April 1 – June 30)	11/01/2017

Validation Template Version and Location

- Use the current template version for each fiscal year only.
  - Templates from previous years will be rejected.
  - Do not save Validation Templates with a password and do not lock them.

- Current/correct Validation Template versions for the fiscal year being validated are available on *QualityNet*:
  - Select **Data Validation** from the **Hospitals - Inpatient** tab drop-down.
  - Select **Resources** from the left-side navigation pane. Validation Templates are located in the center of the Resources web page (https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076).

Data Validation

Educational Reviews

CDAC Information

Resources

• Previous Resources

Validation Template Tabs

- There are four tabs on each Validation Template:
  - Definitions
  - Template
  - NHSN Location (for CLABSI and CAUTI NHSN ICU location)
  - FY19 Submission Instructions

- **Do not** alter or change the original format of the Validation Templates.

- Do **not** delete, rename, or change the order of the tabs.
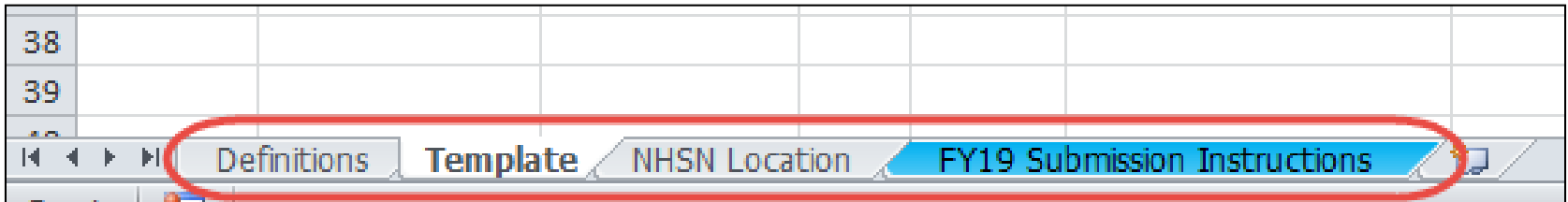
Tips for Avoiding Validation Template Submission Errors

- **Refer** to the FY 2019 Validation Template User Guide and Submission instructions document posted on the Data Validation – Resources page of *QualityNet* (https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076).
- **Verify** that the correct fiscal year of Validation Template is being used.
- **Do not alter** the original format of the Validation Templates.
- **Review** the Definitions tab on each Validation Template for direction on filling out specific fields.
- **Fill in** all required fields denoted with an asterisk ("*").
- **Use** the drop-downs provided in the templates to select valid values.
- **Check** all dates for accuracy.
- **Submit only** via the *QualityNet Secure Portal* Secure File Transfer Application, as Validation Templates contain Protected Health Information (PHI) and **cannot** be sent via email.

Validation Template Processing

- Feedback regarding the status of Validation Templates is typically received within two business days of initial submission.

- If a processing confirmation is not received, email the VSC at validation@hcqis.org. (Include the hospital six-digit CCN/Provider ID).

- After Validation Templates are processed, the submitter of the template and the contact listed in the template's first row will receive a confirmation email receipt indicating one of two things:
  - Successful submission
    OR
  - Errors have occurred that require attention and resubmission

If Template Submission Contains Errors

A hospital submitting a Validation Template with processing errors will receive an email notification, which includes the errors to be corrected.

- Make the corrections specified in the email.
- Resubmit the file via the *QualityNet Secure Portal* Secure File Transfer Application by the submission deadline. Do **not** attach a template to the error email or this will be considered a breach of PHI.
- Validation Templates may only be resubmitted up until the quarterly deadline. If error emails are received, these errors must be corrected and the template must be resubmitted **prior to the submission deadline**. An error in the template does **not** extend the submission deadline.
- When resubmitting a revised Validation Template, include a note in the *QualityNet Secure Portal* Secure File Transfer message that a revised template is being submitted. Include the word *Revised* or *Resubmitted* in the file name (e.g., 012345_3QYY_FYXX_CAUTI_ ValidationTemplate_**Revised**.xlsx).

Validation Templates Not Received

- At predetermined points, up until the Validation Template deadline each quarter, the VSC will send emails and attempt to contact any hospitals that have not yet submitted.
- Validation Templates with errors are **not** considered as submitted.
- If a hospital does not submit the required quarterly Validation Templates to CMS by the deadline, they will be assigned placeholder cases.
  - o Up to ten placeholder cases can be assigned.
  - o All assigned placeholder cases are scored 0/1.
- If a hospital submits a Validation Template and receives an error-notification, but does not make corrections and resubmit by the template-submission deadline, placeholder cases will also be assigned and scored 0/1.

VSC Performs Some Courtesy Checks of Data Submitted

- The VSC performs some courtesy checks on the Validation Templates to assist hospitals with submitting accurate data.
- The Validation Templates are used to randomly select cases for validation. If the data are incorrect on the template, they could result in mismatches.
- If a hospital receives an email from the VSC asking for review of a Validation Template due to a possible discrepancy, reply indicating one of the following:
  - New Validation Template submitted
    OR
  - Data are accurate as submitted – no changes needed
- Some examples of discrepancy checks are as follows:
  - CAUTI/CLABSI culture dates not between the admit/discharge date
  - Differences in data listed on multiple rows of the template appear to be the same patient and same episode of care
  - Discrepancies between two assigned template types where a patient is listed on both templates, but the date of birth/admit date/discharge date differ from what appears to be the same episode of care

Validation Templates Used to Select HAI Cases for Validation

- Validation Templates are not validated; they are used to select HAI cases to be validated each quarter.

- CMS performs a random selection of cases submitted from each Validation Template type submitted per hospital being validated.

- Hospitals do not submit Validation Templates for SSI cases.

- After a template-submission deadline has passed, data submitted on Validation Templates cannot be changed.
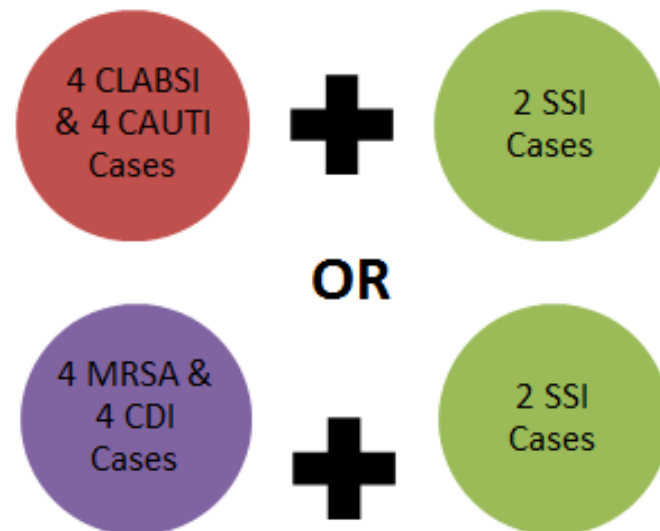
HAI Sample Selection

- The HAI validation sample selection includes **up to ten** cases per quarter.
  - **Up to four CLABSI and up to four CAUTI** cases from data on Validation Templates **AND Up to two SSI** cases from claims data for patients with colon surgeries or abdominal hysterectomies

    OR

  - **Up to four MRSA and up to four CDI** cases from data on Validation Templates **AND Up to two SSI** cases from claims data for patients with colon surgeries or abdominal hysterectomies

- When there are not enough candidate cases for any one specific infection to meet the targeted number of cases, CMS will select the candidate cases from other infection types to meet sample size targets.

- Requests identified from Medicare claims data may include a request for an index admission and readmission record. When both types are requested, both records should be submitted.

Medical Record Request (1 of 4)

TIME SENSITIVE
Clinical Data Abstraction Center (CDAC) Medical Record Request for Validation

- CDAC will send hospitals a written request to "Medical Records Director," using FedEx, to submit a patient medical record for each case and candidate case that CMS selected for validation.

- It is important that the packet be routed to the correct individual(s) responsible for fulfilling the request as soon as possible.

IMPORTANT NOTE: The medical records request will be delivered to the address listed under the MEDICAL RECORDS contact type in the official CMS database. Hospitals may check the address and make updates to the address by sending an email with their six-digit CCN/Provider ID to the Hospital Inpatient Support Contractor at QRSupport@hcqis.org.

Medical Record Request

A hospital's list of cases selected for validation each quarter, including all available patient identifiers, can be accessed via the *QualityNet Secure Portal* by a registered user with the appropriate reports role. Please note that this report can take several business days after original request date to become available. To access the report:

1. Log in to the ***QualityNet Secure Portal.***

2. Select **My Reports** followed by **Run Reports.**

3. Select **IQR Program: Hospital Reporting – Data Validation Reports.**

4. Select **Hospital Data Validation – Case Selection Report.**

Medical Record Request

- Hospitals are not allowed to send records or additional documentation after the record has been received by the CDAC; this applies even if the wrong record is sent, or if pages are missing, or illegible, etc. The CDAC will abstract every case with the applicable documentation that the hospital **originally** sent.

- It is critical that hospitals have a process for reviewing each of their records after they have been copied and prior to being sent to the CDAC.

- All records should be carefully reviewed prior to mailing them to the CDAC.
  - o Consider having an abstractor review your records prior to mailing as they are most familiar with the location of the information needed for abstraction.
  - o **This is especially important if printing records from an Electronic Health Record (EHR) and in order to ensure that all necessary information is present.**

Medical Record Request (4 of 4)

- Hospitals have until the date listed on the request to send their records to the CDAC. IQR records must be received within 30 days of the request date.

- Hospitals may submit medical records on paper copy, removable media (CD/DVD/flash drive), or via the *QualityNet Secure Portal* Secure File Transfer Application. Detailed instructions on how to submit medical records via any of those three methods are provided within the packet delivered by CDAC.

- Additional information about the request for medical records can be found on *QualityNet*:
    - o Select **Data Validation** from the **Hospitals – Inpatient** tab's drop-down menu.
    - o Select **CDAC Information** from the left-side navigation pane (https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772188990).

Quarterly Validation Reports

Case Selection Report

Displays the patient-identifying information pertaining to the cases selected for validation. The cases on this report are the same cases as outlined within the medical records request packet sent by CDAC.

Validation Summary

Provides a high-level summary of the validation-reliability rate for each abstracted case. Becomes available after hospital receives results for the quarter.

Validation Case Detail

Provides a list of all elements abstracted compared to the CDAC reabstraction on each case. Becomes available after hospital receives results for the quarter.

Case Selection Report

- Lists hospital's cases selected for validation each quarter, including all available patient identifiers
- Displays the **Medical Record Request Date**, the **Due to CDAC Date**, and the **Record Received Date** (after CDAC has received hospital's records)

NOTE: It could take up to 24 hours for the Record Received Date to populate. To verify receipt of records, contact the CDAC directly via email at CDACHelpDesk@hcqis.org, or by phone at (717) 718-1230, ext. 201.

Hospital Reporting - Data Validation: Case Selection Report – Inpatient
Provider: ████
Discharge Quarter: 07/01/2015 - 09/30/2015

Clinical Process of Care Selections

Patient Identifier	Patient Name[1]	DOB	Admit Date	Discharge Date	Measure Set[2]	Abstraction Control Number	Medical Record Request Date	Due to CDAC Date[3]	Record Received Date
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016
							08/05/2016	09/06/2016	08/25/2016

HAI Case Selections

Patient HIC Number	Patient Identifier	Patient Name[1]	DOB	Admit Date	Discharge Date	Measure Set[2]	Abstraction Control Number	Medical Record Request Date	Due to CDAC Date[3]	Record Received Date
								08/05/2016	09/06/2016	08/25/2016
								08/05/2016	09/06/2016	08/25/2016
								08/05/2016	09/06/2016	08/25/2016

Validation Summary Report

Lists each validated case with its score, organized by measure set

Hospital Data Validation: Validation Summary Report - Inpatient
Provider: ██████
Discharge Quarter: 07/01/2015 – 09/30/2015

Other Clinical Process of Care Reliability 13 / 22

Measure Set	Abstraction Control Number	Patient Identifier	Admit Date	Discharge Date	Case Reliability
					0/2
					0/2
					0/2
					1/1
					1/1
					3/4
					5/5
					3/5

Healthcare-Associated Infection Reliability 9 / 10

Measure Set	Abstraction Control Number	Patient Identifier	Admit Date	Discharge Date	Case Reliability
					1/1
					1/1
					1/1

Case Detail Report

- Lists all abstracted elements compared to the CDAC reabstraction on each case
- Mismatches and the associated educational comments from CDAC displayed in red font
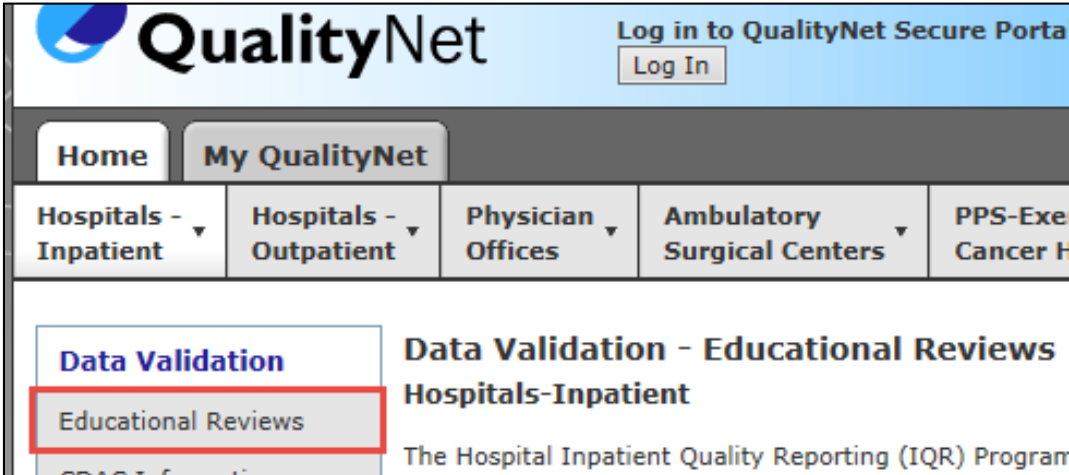
Hospital Reporting - Data Validation: Case Detail Report - Inpatient
Validation Rate: Original
Provider: █████████
Discharge Quarter: 07/01/2015 - 09/30/2015

Other Clinical Process of Care
Reliability Rate: (18 / 19)

Abstraction Control Number: ██████████	**Case Status:** Complete
Patient ID:[2] ████████	**Comments:**
Measure Set: IQR-ED	
Admit Date: ████████	
Discharge Date: ███████	

Individual Case Reliability Rate: (1 / 2)

Measure:	Original Outcome*	Validated Outcome*	Result
ED-1a	D /332 Min	D /332 Min	Match
ED-2a	D /108 Min	D /77 Min	**Mismatch**

# of Measures Matched: 1
# of Measures Validated: 2

Educational Reviews

- Within 30 days of validation results being posted on the My Reports section of the *QualityNet Secure Portal*, if a hospital has a question or needs further clarification on a particular outcome, the hospital may request an educational review.

  NOTE: Quarterly validation results will not be changed as a result of this review; however, CMS suggests hospitals will use the opportunity to receive education and guidance for future submissions.

- The information needed to request a review can be found on *QualityNet*:
  - Select **Data Validation** from the **Hospitals – Inpatient** tab drop-down.
  - Select **Educational Reviews** from the left-side navigation pane (https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775419006).

Confidence Interval Report

- After all quarterly results of the fiscal year have been completed, a confidence interval is calculated based on the cumulative results.

- To pass validation, a hospital must receive equal to, or greater than, a 75 percent upper bound confidence interval score. If a hospital does not meet the overall validation requirement, the hospital will not receive full APU.

- A detailed FY 2019 confidence interval document is posted on the Hospitals – Inpatient > Data Validation Resources page of *QualityNet*.

Hospital Reporting - Confidence Interval Report - Inpatient

State: ▮
Provider: ▮
Fiscal Year: ▮

▮

Confidence Interval Fiscal Year: ▮
**Final Confidence Interval for Fiscal Year ▮ **
*Estimated Reliability[1] 98%
*Confidence Interval Upper Bound:[2] 99%
*Confidence Interval Lower Bound:[3] 98%
Quarterly Confidence Interval for Fiscal Year: ▮

Quarter(s)	Calculation Date	Estimated Reliability
3Q 2014	04/26/2016	97%
4Q 2014	04/26/2016	94%
1Q 2015	04/26/2016	100%
2Q 2015	04/26/2016	99%

Reconsiderations

- If a hospital does not meet the overall validation requirement during APU, the hospital receives a letter in late spring indicating that they have failed APU. At that time, a hospital may request a reconsideration (appeal) of their validation results. The hospital would then provide information on why they are asking CMS to reconsider their results.

- Additional information about reconsiderations can be found on *QualityNet*:
    - Select **Hospital Inpatient Quality Reporting Program** from the **Hospitals – Inpatient** tab drop-down.
    - Select **APU Reconsideration** from the left-side navigation pane (https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1184627418989).

Resources

Validation resources are available on *QualityNet*, including:
- Validation fact sheet document
- Most current Validation Templates
- Validation Template User Guide and Submission instructions document
- Confidence interval documents
- HAI abstraction manuals
- Tool display documents

To access these resources:
- Select the **Data Validation** link from the **Hospitals – Inpatient** tab drop-down menu.
- Select the **Resources** link from the left side navigation pane (https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076).

For assistance with *QualityNet*, including logging in, contact the *QualityNet* Help Desk:
- By telephone, 7 a.m. – 7 p.m. CT, Monday – Friday at (866) 288-8912
- By email at qnetsupport@hcqis.org

Questions

CMS Hospital Inpatient Questions and Answers tool

https://cms-ip.custhelp.com

Validation Support Contractor email

validation@hcqis.org

When submitting a question, include the hospital six-digit CCN/Provider ID

Expedites a reply with information specific to your hospital

Hospital IQR Program Fiscal Year (FY) 2019
Chart-Abstracted Validation Overview
for Targeted Selected Hospitals

Questions?

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Dietetics and Nutrition Practice Council
- Florida Board of Pharmacy
- California Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.

- After completion of the survey, click "Done" at the bottom of the screen.

- Another page will open that asks you to register in the HSAG Learning Management Center.

  - o This is a separate registration from ReadyTalk®.
  - o Please use your **personal** email so you can receive your certificate.
  - o Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems?

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.

- Please go back to the **New User** link and register your personal email account.
  - o Personal emails do not have firewalls.

CE Credit Process: Survey

○ No
Please provide any additional comments

[text box]

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

[text box]

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

[text box]

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.

[text box]

[Done]

Powered by **SurveyMonkey**
Check out our sample surveys and create your own now!

CE Credit Process: Certificate

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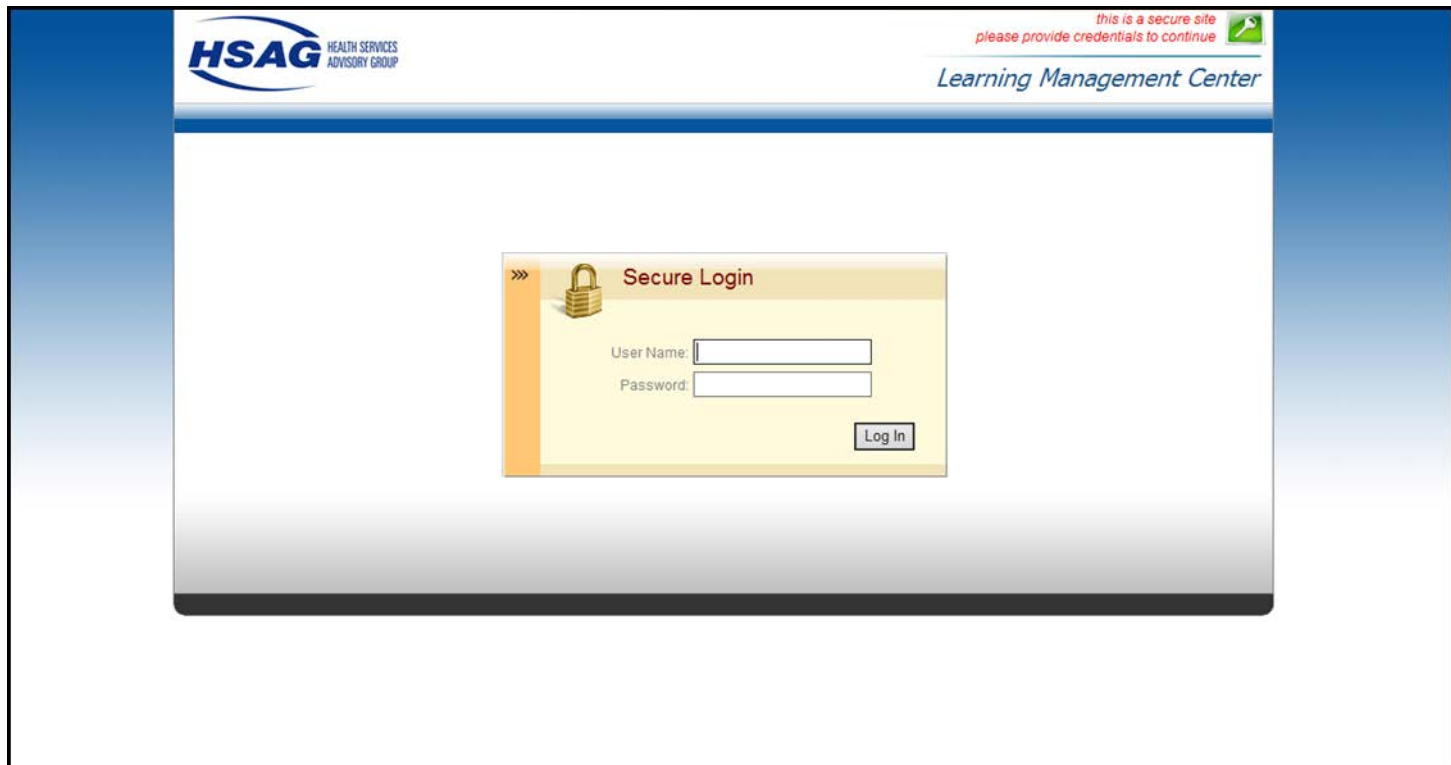
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

CE Credit Process: Existing User

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