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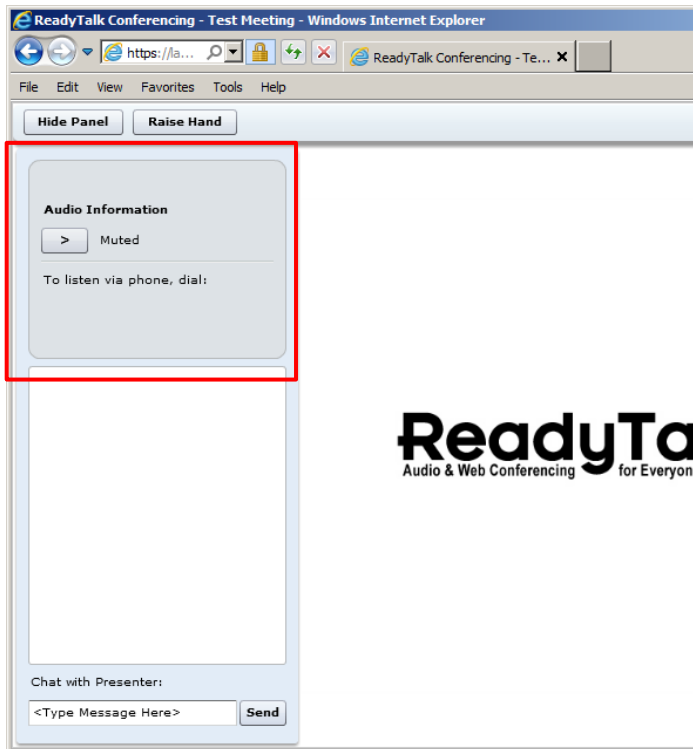
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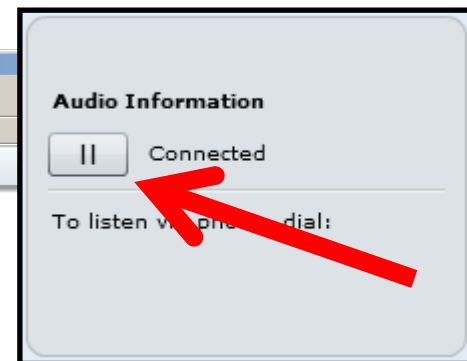
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls



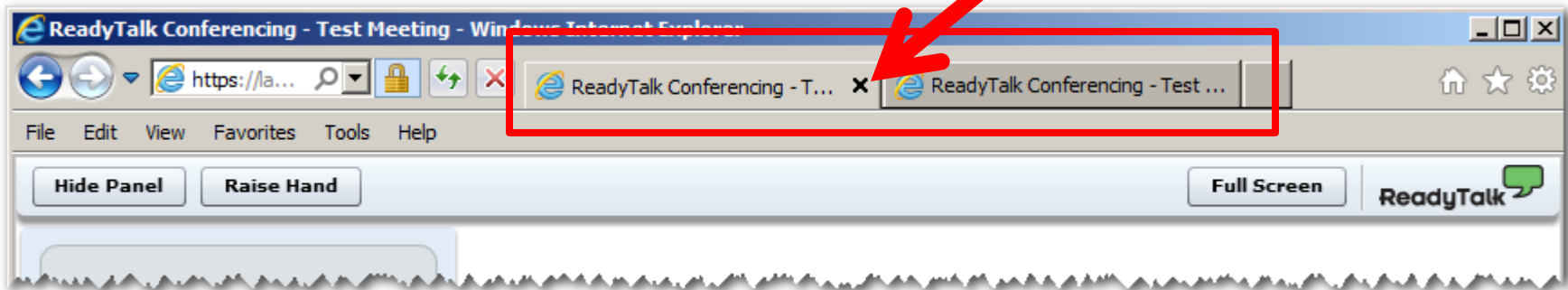
Step 1



Step 2

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 up.



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.





Top Questions About the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Caitlin Cromer, MA
CMS/CCSQ/QMVIG/DVIQR
Program Lead: PCHQR Program

Tom Ross, MS
PCHQR Program Lead, Hospital Inpatient VIQR Outreach and Education SC

Henrietta Hight, BA, BSN, RN
Project Coordinator, Hospital Inpatient VIQR Outreach and Education SC

December 16, 2015

Acronyms

ACoS	American College of Surgeons	HQR	Hospital Quality Reporting
ADCC	Alliance of Dedicated Cancer Centers	ICD	International Classification of Diseases
APU	Annual Payment Update	IPF	Inpatient Psychiatric Facility
CAUTI	Catheter-Associated Urinary Tract Infections	IQR	Inpatient Quality Reporting
CCSQ	Center for Clinical Standards and Quality	LabID	Laboratory Identification
CDC	Centers for Disease Control and Prevention	MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
CDI	<i>Clostridium difficile</i> Infection	MUC	Measures Under Consideration
CLABSI	Central Line-Associated Bloodstream Infection	NHSN	National Healthcare Safety Network
CMS	Centers for Medicare & Medicaid Services	NQF	National Quality Forum
CPT	Current Procedural Terminology	OCM	Oncology Care Measure
CST	Cancer-Specific Treatments	POD	Post-operative Day
CSV File	Comma Separated Value File	PCH	PPS-Exempt Cancer Hospital
CY	Calendar Year	PCHQR	PPS-Exempt Cancer Hospitals Quality Reporting
DVIQR	Division of Value, Incentives, and Quality Reporting	PR	Public Reporting
EBRT	External Beam Radiotherapy	PY	Program Year
FacWideIN	Facility-wide Inpatient	Q	Quarter
FR	Federal Register	Q&As	Questions and Answers
FY	Fiscal Year	QMVIG	Quality Measures and Value Incentives Group
HAI	Healthcare-Associated Infection	RQRS	Rapid Quality Reporting System
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	SC	Support Contractor
HCP	Healthcare Personnel	SCIP	Surgical Care Improvement Project
		SSI	Surgical Site Infection
		VIQR	Value, Incentives, and Quality Reporting

Purpose

This presentation will provide a look back at the first three years of the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program, focusing on the accomplishments attained in 2015 and looking forward to the 2016 PCHQR Program activities.

Objectives

Upon completion of this program participants will be able to:

- Summarize the development of the PCHQR Program to its current state
- Apply the lessons learned from the Support Contractor and other participants in the PCHQR Program
- Address specific questions about the current and future state of the PCHQR Program

2015 Was a Good Year

Questions and Lessons Learned:

- Back to basics
- Resources
 - *Quality Reporting Center*
 - *QualityNet* website – PCHQR tab
- Data Submission process changes

2015 – Back to Basics

Lesson Learned: *Have more than one Security Administrator!*

Security Administrator Role and Responsibilities:

- Facilitates registration process for other *QualityNet* users at the PCH
- Creates, approves, edits, and/or terminates *QualityNet* Basic User accounts, not other Security Administrators within the PCH
- Monitors *QualityNet* usage at your PCH to maintain proper security and confidentiality measures
- Serves as the point of contact at the PCH for information regarding *QualityNet*

2015 – Back to Basics

Lesson Learned: *“Why can’t I log into the QualityNet Secure Portal?”*

- Accounts need to be kept active.
- Accounts are deactivated after 120 days of inactivity.

HINT: Create a reminder or an appointment in Outlook.

2015 – Back to Basics

Lesson Learned: *“Why can I still not log into the QualityNet Secure Portal?”*

You are required to change your password every 60 days.

HINT : Create a reminder or an appointment in Outlook.

2015 – Resources

Question: *“I was hired into this role recently, nothing quite prepared me for all of the information I needed to know. Where do I go for resources?”*

Available Resources:

- www.qualityreportingcenter.com
- www.qualitynet.org

Quality Reporting Center



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HOSPITAL IQR PROGRAM

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PCHQR PROGRAM

Upcoming Events

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Resources and Tools

IPFQR PROGRAM

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Resources and Tools

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eCQM Archived Events

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Upcoming Events

December 9, 2015
[ASC: CY 2016 OPPS/ASC Final Rule Webinar - 1 C.E.](#)

December 14, 2015
[Hospital Value-Based Purchasing \(VBP\) Program Patient Safety Series: SSI Colon Surgery and SSI Abdominal Hysterectomy - 1.5 C.E.](#)

December 16, 2015
[OQR: The Lifecycle of Healthcare Quality Measures - 1 C.E.](#)

December 16, 2015
[ASC: The Lifecycle of](#)

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

[Home](#) » [Inpatient Quality Reporting Programs](#) » PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Overview

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program was developed as mandated by Section 3005 of the Affordable Care Act.

<http://www.qualityreportingcenter.com/inpatient/pchqr> 111-1481.

Talk to us

Quality Reporting Center

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PCHQR: Using NHSN for MRSA and C. difficile LabID Event Reporting - 1.5 C.E.

Date: November 18, 2015

This event will assist attendees to recognize the importance of surveillance for Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia and Clostridium difficile (C. difficile) infections and how to report these Laboratory-Identified (LabID) Event data correctly.

Speakers:

Denise Leaptrot, MSA, SM/MT(ASCP), CIC
Epidemiologist/Infection Prevention Consultant, National Healthcare Safety Network (NHSN),
Centers for Disease Control & Prevention (CDC)

Henrietta Hight, BA, BSN, RN
Project Coordinator, Hospital Inpatient VIQR Outreach and Education Support Contractor

Event Resources

- [Presentation slides](#)
- [Recording](#)
- [Presentation Q&As](#)
- [Presentation Transcript](#)

Quality Reporting Center

Resources and Tools

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Resources and Tools

[Home](#) » [Inpatient Quality Reporting Programs](#) » [PPS-Exempt Cancer Hospital Quality Reporting \(PCHQR\) Program](#) » Resources and Tools

Hospital Contact Correction Form

- [Hospital Contact Correction Form](#)

PCHQR Program Resources

- [September 2015 Preview/December 2015 Release Inpatient Hospital Compare Preview Report Quick Reference Guide](#)
- [September 2015 Preview/December 2015 Release Inpatient Hospital Compare Preview Report Help Guide](#)

Additional Resources

The following websites provide additional information the PCHQR Program measure specifications and sampling methodology:

- [National Quality Forum measure endorsements and performance standards \(NQF\)](#)
- [Clinical Process/Cancer-Specific Treatments measure specifications, PDF \(The American College of Surgeons\)](#)
- [Healthcare-Associated Infections \(HAI\) measure specifications \(Center for Disease Control \[CDC\]\)](#)
- [Surgical Care Improvement Project \(SCIP\) measure specifications](#)
- [HCAHPS measure specifications \(HCAHPS Online\)](#)
- [Oncology Care Measures – CMS Physician Quality Reporting System measure specifications \(CMS\)](#)

Submission Deadlines

PPS-Exempt Cancer Hospitals participating in Centers for Medicare & Medicaid Services' (CMS') quality improvement initiatives must submit specified data. Data must be submitted by the transmission deadlines established by CMS.

- [CY 2015 PCHQR Timeline](#)
- [PCHQR Program Submission Deadlines](#)

Measure Exception Form


Some hospitals may not have locations that meet the National Healthcare Safety Network (NHSN) criteria for CLABSI or CAUTI reporting and some hospitals may perform so few procedures requiring surveillance under the SSI measure that the data may not be meaningful for *Hospital Compare* or sufficiently reliable to be utilized for quality reporting purposes in a program year.

Reporting will not be required for these measures if the PPS-Exempt Cancer Hospital (PCH) performed less than a combined total of 10 colon and abdominal hysterectomy procedures in the calendar year prior to the reporting year. To indicate a measure is not being reported, a Measure Exception Form should be completed and submitted prior to the First Quarter data submission deadline for the applicable program year.

- [Measure Exception Form](#)

QualityNet

Main Landing Page


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[Ambulatory Surgical Centers](#)
[PPS-Exempt Cancer Hospitals](#)
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[Quality Improvement](#)

QualityNet Registration

- Hospitals - Inpatient
- Hospitals - Outpatient
- Physician Offices
- ASCs
- Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities
- QIOs

Getting Started with QualityNet

- System Requirements
- Registration
- Sign-In Instructions
- Security Statement
- Password Rules

Join ListServes
 Sign up for Notifications and Discussions.

Known Issues - Hospital Reporting

- Inpatient
 - EHR Incentive Program
- Hospital Value-Based Purchasing
- Outpatient
- ASCs
- PPS-Exempt Cancer Hospitals
- Inpatient Psychiatric Facilities
- Secure File Transfer

System Maintenance

Maintenance downtime scheduled for December 11-14
 The QualityNet Secure Portal will be unavailable from 7 p.m. CST on Friday, December 11, through 5 a.m. CST on Monday, December 14, to allow for scheduled maintenance. This may affect submissions to the data warehouses and use of QualityNet applications.

QualityNet News
[More News >](#)

Providers selected for Hospital OQR Program validation for CY 2017
 The Centers for Medicare & Medicaid Services (CMS) Hospital Outpatient Quality Reporting (OQR) Program selected up to 500 hospitals for validation of chart-abstracted measures for the calendar year (CY) 2017 annual payment update (APU) determination.
[Full Article >](#)

Headlines

- [Hospitals randomly selected for FY 2018 inpatient data validation](#)
- [Recalculated CY 2013 MSPB results prompt HSR distribution, Hospital Compare correction, updated FY 2017 Baseline Measures Report](#)
- [Hospital Compare updates reflect Hospital Readmissions Reduction Program measure results](#)
- [Recalculated HSRs, subsequent Review and Corrections information released for HAC Reduction Program](#)
- [CMS releases December 2015 Hospital Compare Preview Reports](#)

About QualityNet
 Established by the Centers for Medicare & Medicaid Services (CMS), QualityNet provides healthcare quality improvement news, resources and data reporting tools and applications used by healthcare providers and others.
 QualityNet is the only CMS-approved website for secure communications and healthcare quality data exchange between: quality improvement organizations (QIOs), hospitals, physician offices, nursing homes, end stage renal disease (ESRD) networks and facilities, and data vendors.
[More >](#)

Log in to QualityNet Secure Portal
[Log in](#)

- Download Symantec ID (**required** for login)
- Portal Resources

Know the Security Policy
 Before transmitting or receiving healthcare information or data, read the QualityNet System Security Policy, PDF

Questions & Answers

- Hospitals - Inpatient
- Hospitals - Outpatient
- Ambulatory Surgical Centers
- Inpatient Psychiatric Facilities
- PPS-Exempt Cancer Hospitals

Note: First-time registration required

Downloads


- CART - Inpatient
- CART - Outpatient
- CART Module Designer

Training

- QualityNet Training
- QualityNet Event Center

QualityNet

PCHQR Tab


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[ESRD Facilities](#)
[Inpatient Psychiatric Facilities](#)
[Quality Improvement](#)

Maintenance downtime scheduled

The QualityNet Secure Portal will be unavailable through 5 a.m. CST on Monday, December 11, 2015. This may affect submissions to the data warehouse.

PPS-Exempt Cancer Hospitals

[CMS releases December 2015 Hospital Compare](#)

The Centers for Medicare & Medicaid Services (CMS) has released the December 2015 Hospital Compare preview reports available on QualityNet for Quality Reporting (OQR), and PPS-Exempt Cancer Hospitals (PCHQR) hospitals, as well as Inpatient Psychiatric Facility Quality Reporting (IPFQR) hospitals. The preview reports are available from **September 15** through **October 15**, 2015.

[Full Article »](#)

Headlines

- [Hospital Compare updated December 18](#)
- [CMS names inpatient VIQR national support contractor](#)
- [CMS proposes EBRT clinical effectiveness measure for FY 2017 PCHQR Program](#)

PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program Overview

The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program was developed as mandated by Section 3005 of the Affordable Care Act (Public Law 111-148).

The PCHQR program is intended to equip consumers with quality-of-care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to Medicare beneficiaries by ensuring that providers are aware of and reporting on best practices for their respective facilities and type of care.

To meet the PCHQR Program requirements, PPS- Exempt Cancer Hospitals (PCHs) are required to submit specific quality measures related to the PCHQR Program to the Centers for Medicare & Medicaid Services (CMS), beginning with the Fiscal Year (FY) 2014 payment determination year. Participating facilities must comply with the program requirements set forth, including public reporting of the measure rates on *Hospital Compare*.

[More »](#)

PPS-Exempt Cancer Hospital Quality Reporting Program

E-mail Notifications

Registration

Measures

Data Collection

Data Submission

Webinars

Support Contact

Resources

Training

[More News »](#)

2015 Hospital Compare reporting (IQR), Outpatient PCHQR) hospitals, as participants. The preview

PCHQR ListServe

The PCHQR ListServe is the best source for reminders, deadlines, and important changes delivered to you!

Who subscribes?

- 837 active subscribers
- 44 definite PCH subscribers
 - Range from two to eight per PCH
- 5 subscribers from uhc.edu domain

QualityNet

Q&A Tool



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Hospital Inpatient Questions and Answers

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Find the answer to your question

Find an Answer



Contact Us



[Ask a Question](#)

Submit a question to our support team.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Select an Answer Category

[Cancer Measures](#)

[DACA](#)

[Extraordinary Circumstances Exemption](#)

[Healthcare-Associated Infection Measures](#)

[HAI Measure Waiver](#)

[PCHQR Program Requirements](#)

Most Popular Answers

[See all popular answers](#)

ORACLE®

2015 – Resources

Question: *“The QualityNet website does not have the most up-to-date webinar recordings. Where do I go to find the webinar recordings without going through my emails?”*

For the earliest available webinar recordings, transcripts, and Q&As, go to the Quality Reporting Center at <http://www.qualityreportingcenter.com/inpatient/pch/>.

HINT: Create a shortcut on your desktop.

2015 – Resources

Question: *“The QualityNet website does not have the most up-to-date documents. When are they going to be updated?”*

- All documents under the PCHQR tab are reviewed to ensure they are accurate, complete, and current.
- All updated documents are currently in the process of being posted to the website.
- Let us know if you identify a document that needs reviewing or changing.

2015 – Reporting Program Changes

Question: *“When there is a major update or change to the reporting program (e.g., the dissolution of the ACoS contract with CMS) how can we be made aware of changes and options well in advance of a submission?”*

CMS and the Support Contractor communicate these changes as soon as possible via PCHQR ListServes, webinars, and direct feedback to individual PCHs as appropriate.

2015 – Resources

Question: *“Could an Excel-like schedule be added to the resources that shows the CMS Program Year by measure reporting period, submission deadline, and date to be posted on Hospital Compare?”*

- A document has been developed and will be posted after it is reviewed and updated.
- An updated PCHQR Timeline for 2016 is being posted.
- Participants are asked to refer, in the meantime, to the PCHQR webinar from October 22, 2015, entitled, *PCHQR Reporting: Focus on Cancer-Specific Treatment Measures*.

2015 – Measure Interpretation & Abstraction

Questions related to NQF #0383 and #0384:

Q: *“For #0384, does the clinician documenting the pain have to be a physician or mid-level practitioner?”*

A: No. The standard does not specify who has to assess the pain.

Q: *“For #0383, does the plan of care to address pain have to be documented by the physician?”*

A: No. The standard does not specify that the physician must do this. In fact, some of the allowable interventions (education, relaxation, repositioning, heat or cold...) may not even require an order.

Q: *“Can standing orders that are part of the initial order set meet the criteria for having a plan to address pain?”*

A: It would depend upon the specificity and indication of the order.

2015 – Measure Interpretation & Abstraction

Question: *“Is NQF #1822 an inpatient or an outpatient metric?”*

The measure is not specific as to the setting of care.

The denominator is defined as:

- ICD-10 = C79.51 **OR** C79.52
- **AND**
- CPT = 77261 **OR** 77262 **OR** 77263

2015 – Measure Interpretation & Abstraction

Question: *“How do you standardize metrics across PCHs? As an example, in NQF #0382 – Radiation Dose Limits to Normal Tissues, 3D conformal radiation can be interpreted differently and can encompass a wide range of modalities.”*

Question: *“How do other PCHs handle patients on a clinical trial or those who chose to delay therapy for the Cancer-Specific Treatment measures?”*

The issue of standardizing interpretation across PCHs and for diverse cases is complex. We recommend the following:

- Abstract by the specifications and codes
- Limit interpretation
- Be consistent
- Leverage the learnings of your peers

2016 - NHSN Rates and Transmission

Q: *“How does the NHSN calculate rates and SIR/ARM for CLABSI, CAUTI, SSI, MRSA, and CDI?”*

A: Great question! We will investigate more and possibly schedule a future webinar on this.

Q: *“How can we verify that our data is sent and received? And is there an opportunity to preview the data?”*

A: We have provided information on how to run your NHSN CMS reports prior to a data submission deadline. This was provided via email communication on October 28th, 2015.

- For Hospital Quality Reporting, you can run your PPS-Exempt Cancer Hospital Report after the submission deadline to confirm transmission and accuracy
- For Public Reporting, there is a 30 day preview report available prior to each update of *Hospital Compare*

2015 Measures Under Consideration (MUC) List for PCHQR

There were five measures included on the MUC list for December 1, 2015:

- MUC15-532 (MRSA – NQF #1716)
- MUC15-533 (CDI- NQF #1717)
- MUC15 -534 (SSI – NQF #0753)
- MUC15-946 (Rad Onc Dose Limits - NQF #0382)
- MUC15-951 (Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy)

Influenza Vaccination Among Healthcare Personnel (HCP – NQF #0431)

Question: *“In many PCHs there are staff that may work in our facility and others. It is difficult to ascertain whom to include in our denominator and how to assess their compliance with the requirements, as they can be vaccinated in other locations. Advice?”*

This is an excellent question. We have scheduled a PCHQR webinar to be presented by the CDC NHSN in June.

PCHs on *Hospital Compare*

Español | [A](#) [A](#) | [Print](#) About Us | Glossary | CMS.gov | Medicare.gov | [MyMedicare.gov Login](#)

Medicare.gov | **Hospital Compare**
The Official U.S. Government Site for Medicare

[Hospital Compare Home](#) [About Hospital Compare](#) [About the data](#) [Resources](#) [Help](#)

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Find a hospital

A field with an asterisk (*) is required.

* **Location**
Example: 45802 or Lima, OH or Ohio

Hospital name (optional)

[Search](#)



Spotlight

- ◆ We've reorganized the data categories. [Learn more.](#)
- ◆ Compare hospital star ratings on the Survey of Patients' Experiences Tab. [Learn more.](#)
- ◆ Get PPS-exempt cancer hospital data.
- ◆ [Review hospital survey reports.](#)
- ◆ Check inpatient discharge data.
- ◆ View American College of Surgeons (ACS) surgical outcomes measures – voluntary reporting by hospitals in the ACS National Surgical Quality Improvement Program [database](#)

Additional information

- ◆ **Hospital Compare data last updated:** October 8, 2015. [Go to updates.](#)
- ◆ [Download the Hospital Compare database](#)
- ◆ [Get Hospital Compare data archives.](#)
- ◆ [Linking quality to payment:](#)
 - ◆ [Hospital Value-Based Purchasing Program \(Hospital Value-Based Purchasing Program\)](#)
- ◆ [Fiscal Year 2015 data and scoring](#)
Data updated Dec. 2014
- ◆ [Fiscal Year 2013 incentive payment adjustments](#)
Data updated Oct. 2014

Tools and Tips

- ◆ Learn how Medicare covers inpatient and outpatient hospital services.
- ◆ Use [The Guide to Choosing a Hospital](#) when comparing hospitals.
- ◆ Get tips for printing hospital information
- ◆ Compare other providers and plans
 - ◆ Visit [Physician Compare](#) to learn what hospitals your physicians and other healthcare professionals are affiliated with.
 - ◆ [Nursing Home Compare](#)
 - ◆ [Home Health Compare](#)
 - ◆ [Dialysis Facility Compare](#)
 - ◆ [Medicare Plan Finder](#)

[View hospital survey reports - Opens in a new window](#)

[ationandCompliance/Hospitals.html#d:](#)

2016 – Public Reporting of PCH Data on Hospital Compare

Question: *“What is the future of PCH data displayed on Hospital Compare?”*

- The IQR data that was voluntarily being submitted by some PCHs was removed, as were all the PCHs from the geographic search function in the October refresh.
- Possibilities of integrating PCH, IPF, IQR and others are being explored.
- Input from the PCHs will be solicited in this process.
- No firm dates have yet been set for Public Reporting of HCAHPS and OCM data as specified in the Final Rule.

2016 – Future Metrics

The following ideas were offered for consideration as future metrics in the PCHQR Program by the PCHs:

- Cancer-specific 30 day unplanned readmission rate
- Palliative/support care measures
- Cancer-specific outcomes, including patient reported outcomes

2016 – Sampling Methodology

Question: *“I’m uncertain about changing my sampling methodology. Specifically, if I started to report a sample, can I increase the size in the future submissions, or do I need to stay consistent with the first submission?”*

As shown in the table below, from the Final Rule, 25 is a **minimum sample size**. This was done to decrease the data burden to the PCHs. However, you are free to sample more patients or even all patients in the initial patient population. Samples must be random.

Average Quarterly Initial Patient Population Size “N”	Minimum Required Sample Size “N”
>125	25
51–125	20% of Initial Population
10–50	10
<10	No Sampling; 100% of the Initial Patient Population

2016 – Data Collection and Abstraction – Automation

Question: *“It would be useful to learn how other centers are abstracting their measure data. Has anyone learned to automate the abstraction or part of the data collection?”*

Certainly anything to reduce data burden and to free up scarce resources to work on improvement efforts is a great concept. We have two thoughts on this:

- If there are PCHs who feel they have a best practice in abstraction of data collection, please contact us and we can explore the possibility of this as a future webinar.
- This may be an excellent topic of discussion among the PCHs via the vehicle of the Alliance of Dedicated Cancer Centers.

2016 – Data Submission

Question: *“Last summer we submitted Quarter 1 data for the OCMs and SCIP. How will this data be submitted moving forward?”*

For the CST, OCMs, SCIP, and EBRT we will continue to use the external file (CSV format) as follows:

- Cancer-specific treatment measures
 - Two files each quarter: one for chemo measures, one for hormonal therapy
- OCMs, SCIP and EBRT (annual submission 7/1 – 8/15)
 - One file for OCMs, one file for SCIP, and one file for EBRT
 - The SCIP file will have 6 metrics with 2 measurement periods (Q2-Q3, 2015)
 - The OCM file will have 5 metrics with 3 measurement periods (Q2-Q4, 2015)
 - The EBRT file will have 1 metric with 4 measurement periods (Q1-Q4, 2015)
- We will provide training and templates prior to submission deadlines

Hospital Quality Reporting vs. Public Reporting

- Hospital Quality Reporting (HQR) is the reporting of the PCH data to *QualityNet*. This is the reporting of all the current PCHQR data that you have been doing.
- Public Reporting (PR) is the reporting of selected PCH data to *Hospital Compare* for public viewing.
 - HAI metrics are sent via NHSN
 - The CST metrics will be compiled using the HQR data that the PCHs have already submitted
 - No extra data burden for PCHs
 - Data is “frozen” at the time of submission to HQR
 - You will be notified via ListServe when PR data is available for preview prior to release on *Hospital Compare*

Data “Validation” and Data Review

Question: *“What type of validation is required for PCHQR data?”*

There is no formal data validation for the PCHQR Program as there is for some other hospital quality reporting programs.

However, there are important opportunities for you to review your data:

- NHSN CMS reports for HAI data
- HCAHPS Data Review and Correction Report (IQR report)
- PPS-exempt Cancer Hospital Report
- Public Reporting Preview Report
- Socrata tables, currently on *Hospital Compare*

2016 – Future Educational Topics

Future PCHQR educational topics include the following:

- How to use data, best practices, and optimization of data capture using EHRs
- Running reports on *QualityNet*
- Clarification on changes to HAI metrics, risk adjustment, and public reporting

Upcoming PCHQR Events

DATE	EVENT
January 28, 2016	<i>Overview of PCHQR Program Manual</i>
February 25, 2016	To Be Determined
March 24, 2016	To Be Determined
April 28, 2016	<i>PCH Analysis of LabID Event Reporting</i>
May 26, 2016	<i>FY 2017 PCHQR Proposed Rule</i>
June 23, 2016	<i>Using NHSN for Reporting Influenza Vaccination Among Healthcare Personnel</i>
July 28, 2016	To Be Determined
August 25, 2016	<i>FY 2017 Final Rule</i>

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 and Family Therapy and Mental Health Counseling
 - Florida Board of Nursing Home Administrators
 - Florida Council of Dietetics
 - Florida Board of Pharmacy
 - 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 HSAG’s Learning Management Center.
 - This is a separate registration from ReadyTalk
 - Please use your PERSONAL email so you can receive your certificate
 - 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 is sent out
- Please go back to the **New User** link and register your personal email account
 - Personal emails do not have firewalls

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

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

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

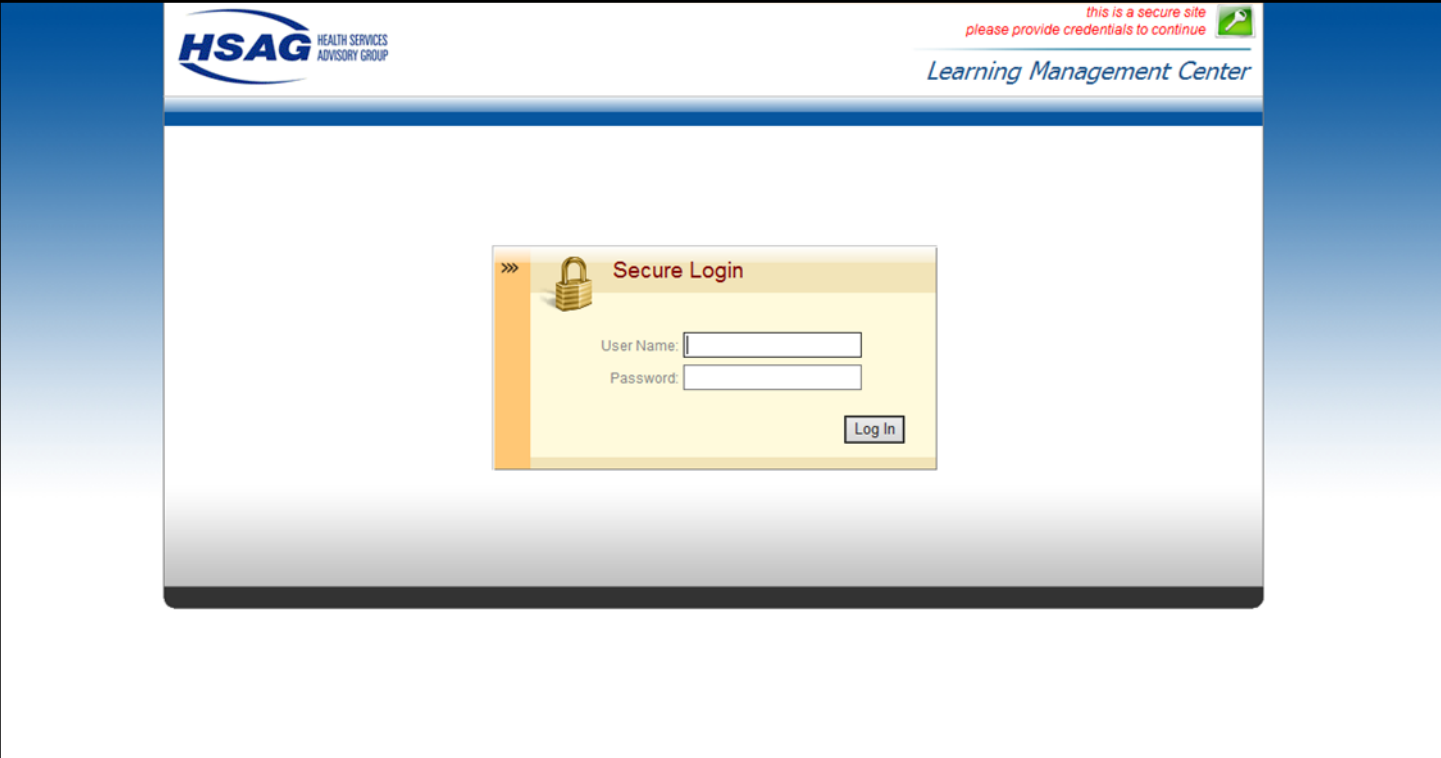
Learning Management Center

Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the HSAG Learning Management Center's secure login interface. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red warning message states "this is a secure site please provide credentials to continue" next to a small green padlock icon. Below this, the text "Learning Management Center" is displayed. The central focus is a yellow "Secure Login" box containing a gold padlock icon, the title "Secure Login", and two input fields for "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

QUESTIONS?
