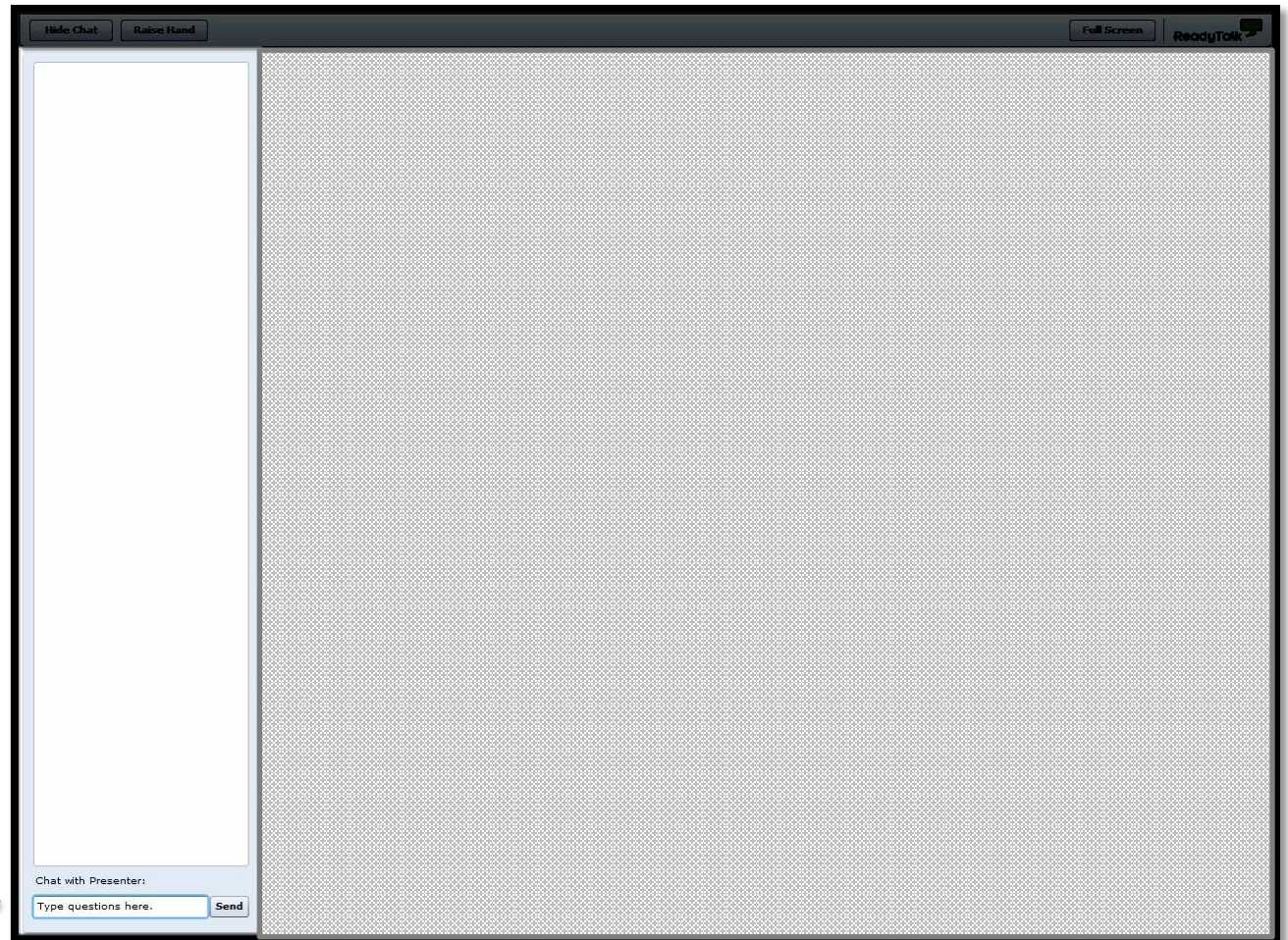


# Abstraction Tricks and Tips for the Hospital Outpatient Quality Reporting (OQR) Program

- Audio for this event is available via internet streaming.
- No telephone line is required.
- 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.



# Stroke

This is a corrected slide to the original presentation (slide 48), which aligns with Specification Manual 8.0

- Evaluate the documentation for last known well.
  - If the time last known well is documented as a specific time and entered as Time Last Known Well on a “Code Stroke” form or stroke-specific template, enter that time as the Time Last Known well, regardless of other times documented elsewhere in the medical record.
  - If there are multiple times of last known well documented in the absence of the Time Last Known Well explicitly documented on a “Code Stroke” form, use physician documentation first before other sources, e.g., nursing, EMS
  - If there are multiple times Last Known Well are documented by different physicians or the same provider, use the earliest time documented in the medical record.
- Abstract according to the inclusion and exclusion guidelines in the manual



# **Abstraction Tricks and Tips for the Hospital Outpatient Quality Reporting (OQR) Program**

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*June 17, 2015*

*Karen VanBourgondien, RN  
Education Coordinator*

# Announcements

- August 1, 2015, is the next deadline for Clinical Data and Population and Sampling submissions from Q1 2015 (January 1–March 31, 2015).
- July 1–November 1, 2015, is the data submission period for the web-based measures.

# Save the Date

Upcoming Hospital OQR Program educational webinars:

- July 14, 2015: Dry Run Results for OP-32, presented by Yale
- July 15, 2015: CY 2016 OPPS/ASC Proposed Rule, presented by CMS
- Notification of additional educational webinars will be sent via ListServ.

# Learning Objectives

At the conclusion of the program, attendees will be able to:

- Understand the program requirements for the OQR Program.
- Identify the measures included in the OQR Program.
- Describe available resources for the program and where to locate them.



# Abstraction Tricks and Tips



## *Guidance for the New Abstractor*

*Karen VanBourgondien,  
RN  
Education Coordinator,  
HSAG*



# OQR Program Overview (1 of 3)

- Outpatient Prospective Payment System (OPPS)
- Initiated with the CY 2008 Final Rule
- Implementation and reporting of the OQR Program
- Reporting required for hospitals to receive the full OPPS Annual Payment Update (APU)

# OQR Program Overview (2 of 3)

- Proposed Rule
  - Proposed Rule with comment period
  - Facility comments and involvement
  - Comment period open for 60 days
- Final Rule
  - Displays in the *Federal Register* in early November

# OQR Program Overview (3 of 3)

- Data for the OQR Program are submitted to the warehouse
- Data submitted are publicly reported on Hospital Compare
  - Clinical measures are updated quarterly
  - Claims-based and web-based measures are updated annually

# Program Requirements

- Maintain at least one active Security Administrator (SA)
- Complete the online Hospital OQR Notice of Participation (Pledge)
- Submit complete and accurate data
  - CMS Abstraction and Reporting Tool (CART)
  - Third party vendor

# Measures for the OQR Program

---

# Acute Myocardial Infarction (AMI) and Chest Pain (CP)

- OP-1: Median Time to Fibrinolysis
- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention
- OP-4: Aspirin at Arrival
- OP-5: Median Time to ECG

# Population for AMI and CP

Emergency Department (ED) patients must have:

- Discharge/Transfer Code
- Evaluation & Management (E/M) Code
  - E/M Codes for all AMI or CP cases
  - Used for billing the appropriate level of care in the ED
  - E/M Codes determining the Outpatient population are listed in the Specifications Manual
- Appropriate Diagnosis

# ED-Throughput

- OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients
  - OP-18a: Overall Rate
  - OP-18b: Reporting Measure
  - OP-18c: Psychiatric/Mental Health Patients
  - OP-18d: Transfer Patients
- OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional



# Pain Management and Stroke

- OP-21: Median Time to Pain Management for Long Bone Fracture
- OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival

# Imaging Efficiency Measures

- OP-8: MRI Lumbar Spine for Low Back Pain
- OP-9: Mammography Follow-up Rates
- OP-10: Abdomen CT–Use of Contrast Material
- OP-11: Thorax CT–Use of Contrast Material
- OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non Cardiac Low Risk Surgery
- OP-14: Simultaneous Use of Brain CT and Sinus CT
- OP-15: Use of Brain CT in the Emergency Department for Atraumatic Headache

# Web-Based Measures (1 of 2)

- OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data
- OP-17: Tracking Clinical Results between Visits
- OP-22: Left Without Being Seen
- OP-25: Safe Surgery Checklist Use
- OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures

# Web-Based Measures (2 of 2)

- OP-27: Influenza Vaccination Coverage among Healthcare Personnel
- OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- OP-30: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use
- OP-31: Cataracts—Improvement in Patient’s Visual Function within 90 days Following Cataract Surgery

# Five or Fewer Rule

- Submission of data is voluntary for five or fewer cases per measure topic.
- For any measure set for Medicare and non-Medicare patients:
  - If the total of AMI and CP cases combined is five or fewer, providers are **not** required to submit data.
  - If the total of AMI and CP cases combined is greater than five, providers need to abstract and submit data for both populations.

# Using a Vendor

- Vendors must be authorized by providers to submit data on their behalf.
  - Vendors cannot transmit data until the facility completes the vendor authorization process.
- Vendors do not need to be approved by CMS.
  - If you are submitting data to The Joint Commission (TJC), either by requirement or voluntarily, your vendor must be approved by TJC.

# Validation

- CMS requests medical records from 500 hospitals.
  - 450 randomly selected
  - 50 targeted
- Up to 12 records are requested per hospital per quarter.
- Medical records must be submitted within 45 calendar days from the date of the request.

# Reports

- **Provider Participation Report:** Displays a summary of data entered for participation in the Hospital OQR Program
- **Submission Summary:** Provides a summary of information of selected uploaded data
- **Case Selection Report**



# Abstraction Tools

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# Abstractor Tools

Resources on [www.qualitynet.org](http://www.qualitynet.org):

- Specifications Manual
- ICD-9 to ICD-10 Crosswalks
- CMS Abstraction and Reporting Tool (CART)
- Questions & Answers (Q&A) Tool
- Training Modules
- ListServe notifications

# Specifications Manual (1 of 3)

The screenshot shows the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a login link for the 'QualityNet Secure Portal (formerly MyQualityNet)', and a search box. Below the navigation bar are tabs for 'Home', 'My QualityNet', and 'Help'. A main menu contains several categories: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The 'Hospitals - Outpatient' dropdown menu is open, listing various options: 'Hospital Outpatient Quality Reporting Program', 'E-mail Notifications', 'Registration', 'Specifications Manual' (highlighted with a red box), 'Benchmarks of Care', 'Imaging Efficiency Measures', 'Data Collection (& CART)', 'Data Submission', 'Data Validation', 'Webinars', and 'Support Contact'. The main content area features a 'News' section with a link to 'More News >' and a headline about '30-day Risk-Standardized Mortality, AHRO PSI-90 measures HSRs'. Below this is an 'About QualityNet' section with a paragraph describing the website's purpose and a 'More >' link. On the right side, there are several utility boxes: 'Log in to QualityNet Secure Portal' with a login link and download links for Symantec ID and Portal Resources; 'Know the Security Policy' with a PDF link; 'Questions & Answers' with links for Inpatient, Outpatient, and PPS-Exempt Cancer Hospitals; 'Downloads' with links for CART - Inpatient, CART - Outpatient, and CART Module Designer; and 'Training' with links for QualityNet Training, QualityNet Event Center, Secure Portal Enrollment Training, WMV, and Question and Answer.

# Specifications Manual (2 of 3)

## Specifications Manual

Timelines

Fact Sheets

Version 8.0a

Version 8.1

Version 7.0b

Version 6.0b

Version 5.1a

Version 5.0a

Version 4.1

Version 4.0a

Version 3.1

Version 3.0a

Version 2.1b

Version 2.0c

Version 1.1

Version 1.0a

## Hospital Outpatient Quality Reporting Specifications Manual

The *Hospital Outpatient Quality Reporting Specifications Manual* was developed by the Centers for Medicare & Medicaid Services (CMS) to provide a uniform set of quality measures to be implemented in hospital outpatient settings. The primary purpose of these measures is to promote high quality care for patients receiving services in hospital outpatient settings.

Data Collection Time Period	Specifications Manual
10/01/15 - 12/31/15	<a href="#">Version 8.1</a>
01/01/15 - 09/30/15	<a href="#">Version 8.0a</a>
01/01/14 - 12/31/14	<a href="#">Version 7.0b</a>
01/01/13 - 12/31/13	<a href="#">Version 6.0b</a>
07/01/12 - 12/31/12	<a href="#">Version 5.1a</a>
01/01/12 - 06/30/12	<a href="#">Version 5.0a</a>
07/01/11 - 12/31/11	<a href="#">Version 4.1</a>
01/01/11 - 06/30/11	<a href="#">Version 4.0a</a>
07/01/10 - 12/31/10	<a href="#">Version 3.1</a>
01/01/10 - 06/30/10	<a href="#">Version 3.0a</a>
07/01/09 - 12/31/09	<a href="#">Version 2.1b</a>
01/01/09 - 06/30/09	<a href="#">Version 2.0c</a>
10/01/08 - 12/31/08	<a href="#">Version 1.1</a>
04/01/08 - 09/30/08	<a href="#">Version 1.0a</a>

[Timelines – Specifications and Release Notes](#)

# Specifications Manual (3 of 3)

<b>Home</b> <b>My QualityNet</b> <b>Help</b>							
<b>Hospitals - Inpatient</b> ▾	<b>Hospitals - Outpatient</b> ▾	<b>Physician Offices</b> ▾	<b>Ambulatory Surgical Centers</b> ▾	<b>PPS-Exempt Cancer Hospitals</b> ▾	<b>ESRD Facilities</b> ▾	<b>Inpatient Psychiatric Facilities</b> ▾	<b>Quality Improvement</b> ▾

<b>Specifications Manual</b>	<b>Hospital Outpatient Quality Reporting Specifications Manual, v8.0a</b>
Timelines	For use in submitting data for encounters from <b>01/01/15 through 09/30/15</b> .
Fact Sheets	View and/or download individual sections of the Specifications Manual, (PDF documents, unless noted), listed below.
Version 8.0a	▶ <b>Release Notes</b>
Version 8.1	▶ <b>Introductory Materials</b>
Version 7.0b	▶ <b>Section 1 -- Measure Information</b>
Version 6.0b	▶ <b>Section 2 -- Data Dictionary</b>
Version 5.1a	▶ <b>Section 3 -- Missing and Invalid Data</b>
Version 5.0a	▶ <b>Section 4 - Population and Sampling Specifications</b>
Version 4.1	▶ <b>Section 5 -- Hospital Outpatient Department Quality Measure Data Transmission</b>
Version 4.0a	▶ <b>Appendices</b>
Version 3.1	▶ <b>Download Entire Manual</b>
Version 3.0a	
Version 2.1b	
Version 2.0c	
Version 1.1	
Version 1.0a	

# Q&A Tool

**Home** **My QualityNet** **Help**

Hospitals - Inpatient | Hospitals - Outpatient | Physician Offices | Ambulatory Surgical Centers | PPS-Exempt Cancer Hospitals | ESRD Facilities | Inpatient Psychiatric Facilities | 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

**Maintenance downtime scheduled for May 15-18**

QualityNet will be unavailable from 7 p.m. CDT on Friday, May 15, through 5 a.m. CDT on Monday, May 18, to allow for scheduled maintenance. This may affect submissions to the data warehouses and use of QualityNet applications.

**QualityNet News** [More News »](#)

**Targeted sample of inpatient hospitals for FY 2017 validation selected**

The Centers for Medicare & Medicaid Services (CMS) has selected the Hospital IQR Program targeted sample of 200 hospitals for validation of Chart-Abstracted and Healthcare-Associated Infection (HAI) measures for the Fiscal Year (FY) 2017 annual payment update (APU).

[Full Article »](#)

**Headlines**

- [Hospital VBP Program 30-day Risk-Standardized Mortality, AHRQ PSI-90 measures HSRs released](#)
- [Hospital Compare Preview Reports now available](#)
- [Hospital VBP FY 2017 Baseline Measures Report now available](#)
- [Technical update issued for AHRQ PSI-90 performance standards calculated for the FY 2017 Hospital VBP Program](#)
- [Inpatient hospitals for FY 2017 validation selected](#)
- [Hospital Compare updated December 18](#)
- [Providers selected for Hospital OQR Program validation for CY 2016](#)

**Log in to QualityNet Secure Portal**

[Login](#)

- 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

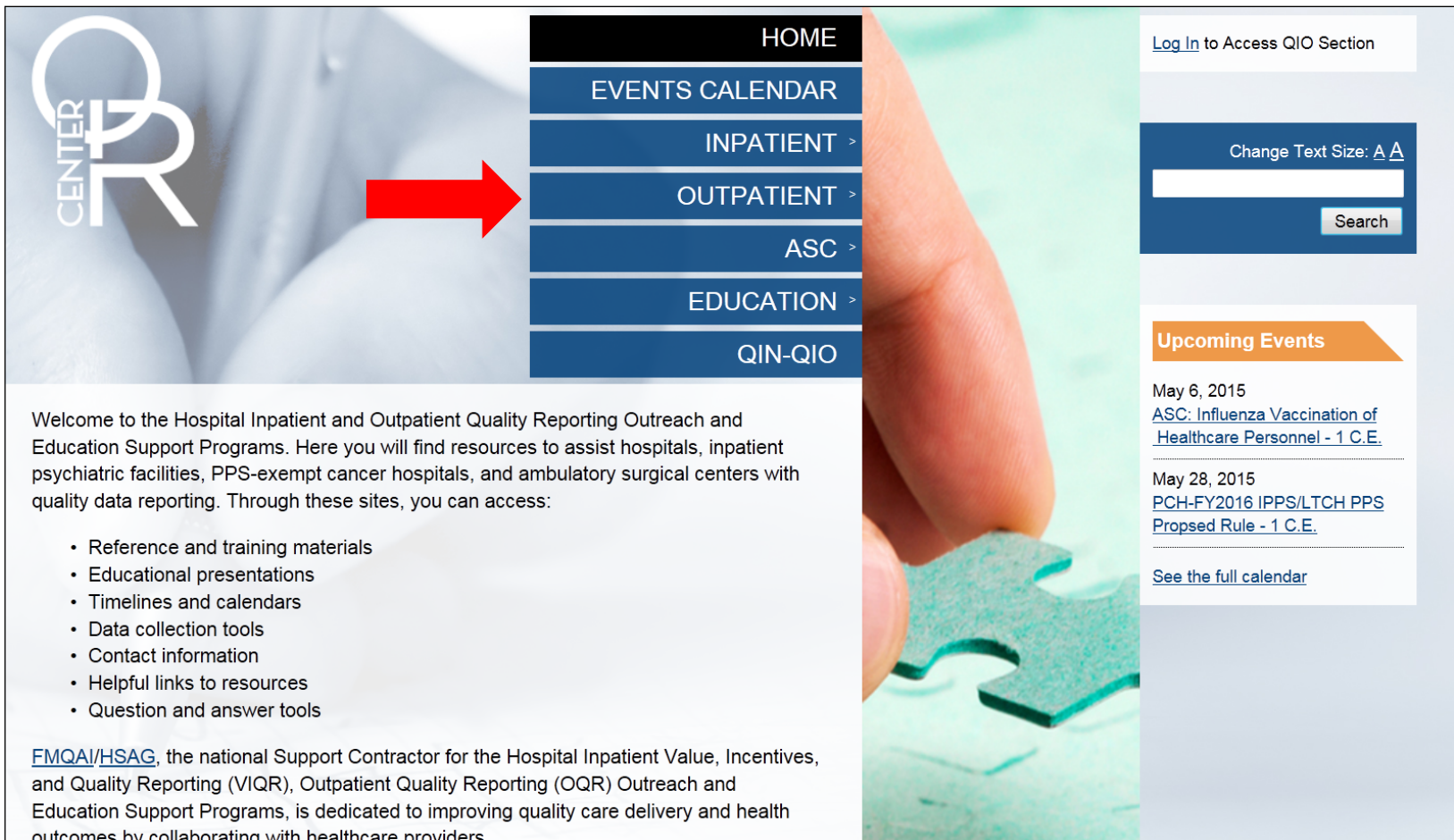
**About QualityNet**

# More Abstractor Tools

Resources on [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com):

- Educational Webinars
  - Upcoming events
  - Archived events
  - Newsletters
- Abstraction guidance
  - Measure Guidelines
  - Measure Tools
  - Fact Sheets
- Submission Deadlines
- Program Information

# Our Website (1 of 2)



The screenshot shows the homepage of the Center for Quality Reporting. On the left is the logo, which consists of the word 'CENTER' vertically and a large stylized 'R' that forms a circle. A red arrow points from the logo towards the navigation menu. The navigation menu is a vertical list of blue buttons with white text: HOME, EVENTS CALENDAR, INPATIENT >, OUTPATIENT >, ASC >, EDUCATION >, and QIN-QIO. To the right of the navigation menu is a 'Log In to Access QIO Section' link. Below that is a 'Change Text Size: A A' control with a search bar and a 'Search' button. Further down is an 'Upcoming Events' section with two event listings: 'May 6, 2015 ASC: Influenza Vaccination of Healthcare Personnel - 1 C.E.' and 'May 28, 2015 PCH-FY2016 IPPS/LTCH PPS Proposed Rule - 1 C.E.', each with a 'See the full calendar' link. The main content area on the left contains a welcome message and a bulleted list of resources.

**CENTER**

**HOME**

**EVENTS CALENDAR**

**INPATIENT >**

**OUTPATIENT >**

**ASC >**

**EDUCATION >**

**QIN-QIO**

[Log In to Access QIO Section](#)

Change Text Size: A A

Search

**Upcoming Events**

May 6, 2015  
[ASC: Influenza Vaccination of Healthcare Personnel - 1 C.E.](#)

May 28, 2015  
[PCH-FY2016 IPPS/LTCH PPS Proposed Rule - 1 C.E.](#)

[See the full calendar](#)

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

- Reference and training materials
- Educational presentations
- Timelines and calendars
- Data collection tools
- Contact information
- Helpful links to resources
- Question and answer tools

[FMQAI/HSAG](#), the national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR), Outpatient Quality Reporting (OQR) Outreach and Education Support Programs, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.



# Our Website (2 of 2)

The screenshot shows the Quality Reporting Center website. The navigation menu on the left includes: HOME, EVENTS CALENDAR, INPATIENT, OUTPATIENT, ASC, EDUCATION, and QIN-QIO. A secondary menu on the right includes: PROGRAM INFORMATION, ARCHIVED EVENTS, DATA COLLECTION AND CART, DATA SUBMISSION, DATA VALIDATION (circled in red), and RESOURCES AND TOOLS. Below the navigation, there is a welcome message and a list of resources: Reference and training materials, Educational presentations, Timelines and calendars, Data collection tools, Contact information, Helpful links to resources, and Question and answer tools. The footer contains the text: Privacy Policy | Contact, © 2015 FMQAI/HSAG, All Rights Reserved, 3000 Bayport Drive Suite 300 • Tampa, Florida 33607, and a link to information about the availability of auxiliary aids and services.

# Resources and Tools

## Measure Resources

Explanatory information and guidance for use in abstracting or answering program measures

- [HOQR Web-Based Measures Guidelines](#)
- [Surgical Procedure Codes for OP-26](#)
- [Door to Evaluation Time Guidelines](#)
- [Arrival Time Guideline](#)
- [Departure Time Guidelines](#)
- [Reason for Delay in Fibrinolytic Therapy Guidelines](#)
- Prophylactic Antibiotic Regimen for Surgery – Antibiotic guidelines for OP-6 and OP-7
  - [01-01-2014 Hospital OQR Program Antibiotic Table](#)

## Cataract and Endoscopy Measure Tools

- Cataract Tools
  - [Data Collection Tool \(Instructions\)](#)
- Endoscopy Tools
  - [Endoscopy Tool OP-29 and OP-30](#)
  - [Endoscopy Tool OP-29 Flowchart](#)
  - [Denominator Codes for OP-29](#)
  - [Fact Sheet for OP-29](#)
  - [Endoscopy Tool OP-30 Flowchart](#)
  - [Denominator Codes for OP-30](#)
  - [Fact Sheet for OP-30](#)
- [Eligible Denominator Populations for Cataract and Endoscopy Measures](#)



# Endoscopy Tool

## Template for Collecting OP-29 and OP-30 Endoscopy and Polyp Surveillance Data

Answer the questions in the tables below to determine whether colonoscopy patients fall into the measures indicated, keeping in mind that OP-29 looks forward to recommendations for future care, and OP-30 looks backward to previous care.

Endoscopy and Polyp Surveillance		
<b>SECTION A</b>		
<b>OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average-Risk Patients</b>	Circle One	Denominator Population/ Numerator Determination
1. Patient had a screening colonoscopy, without biopsy or polypectomy, and is 50 years or older on date of encounter	Yes →  No →	Include in the <i>denominator</i> population, continue to 1a  Exclude from the <i>denominator</i> population
a) Documentation of medical reason(s) for not recommending at least a 10-year follow-up interval (e.g., above average risk patient or inadequate prep)	Yes →  No →	Exclude from the <i>denominator</i> population  Continue to question 2
2. Recommended follow-up interval of at least 10 years for repeat colonoscopy is documented in the colonoscopy report	Yes →  No →	Include in the <i>numerator</i> population  Exclude from the <i>numerator</i> population
<b>SECTION B</b>		
<b>OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</b>	Circle One	Denominator Population/ Numerator Determination
1. Patient had a prior colonic polyp in a previous surveillance/diagnostic colonoscopy and is 18 years or older on date of encounter	Yes →  No →	Proceed to 1a to determine if eligible for the measure  Exclude from the measure
a) Documentation of < 3 year interval since the patient's last colonoscopy due to medical reasons (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, or last colonoscopy found > 10 adenomas)	Yes →  No →	Exclude from the <i>denominator</i> population  Include in the <i>denominator</i> population, continue to question 2
b) Documentation of < 3 years since the patient's last colonoscopy due to system reason (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)	Yes →  No →	Exclude from the <i>denominator</i> population  Continue to question 2
2. Documentation that patient had an interval of ≥ 3 years since last colonoscopy	Yes →  No →	Include in the <i>numerator</i> population  Exclude from the <i>numerator</i> population

# Abstraction Tips

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# Preliminary Steps

- Identify internal data sources
  - Is the hospital selecting the records?
  - Is a vendor selecting the records?
- Identify your patient population
  - Check all ICD-9/10 CPT codes

# Abstract at Face Value

- What you see is what you get.
- Do ***not*** use clinical judgement when abstracting.
- The chart you read and abstract may be requested for validation.
- The medical record has to be legible.

# Demographics

What to abstract on all records:

- Name
- Sex
- Date of Birth (DOB)
- Race
- Hispanic or Latino
- ZIP
- Your hospital identifier

# Various Codes

- ICD-9/10 Codes
- E/M Code
- Face Sheet
  - Patient's name, address, DOB, insurance (Medicare A/B with Health Insurance Claim [HIC] number)



# Payment Source

- A HIC number is not mandatory, but if used, it must be correct.
- If Medicare is listed as the primary, secondary, or tertiary payer, or appears even lower on the payer list, select “1.”
- For non-Medicare payment sources select “2.”

# AMI and CP

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# ECG Interpretation

- Initial ECG interpretation
- Evaluate the inclusion and exclusion list in the Specifications Manual.
  - Words or phrases such as “borderline,” “cannot exclude,” “could be,” etc. are exclusion terms.

# Arrival Time

- Ambulance ECG time: The time on the ambulance ECG can be used if done within 60 minutes prior to arrival.
- Hospital ECG time: The time on the hospital ECG can be used if done prior to triage.

# Timing

- Median time to ECG
  - Timing measure
- ED arrival time
  - Abstract the earliest documented time the patient arrived to the ED.
  - Do not use the ambulance run sheet for the ED arrival time; use acceptable sources.
  - If the time is an obvious error, do not abstract that time.

# Other Measures and Elements

---

# Departure Time

- Abstract the time the patient physically left the ED.
- Abstraction can be from any document that is a permanent part of the medical record.
- Use the time of the observation order as the departure time.
- Follow the inclusion and exclusion guidelines for abstraction.

# Transfer to Another Facility

## OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention

- 3a: Overall Rate
- 3b: Reporting Measure
- 3c: Quality Improvement Measure



# Stroke

- Evaluate the documentation for last known well.
- If there are multiple dates and times for last known well, follow the hierarchy:
  - Neurology→admitting physician→ED physician→ED nursing notes→EMS
- Abstract according to the inclusion and exclusion guidelines in the manual.

# Pain Management

- Excluded population:
  - Patients less than two years of age
  - Expired patients
  - Patients that leave against medical advice
- If a pain medication is listed as “PRN,” do not assume it was taken within 24 hours.
- Transdermal pain medications are excluded.

# Endoscopy Measures

- Use the ICD-9/10 codes for measure eligibility.
- The sample size will meet the denominator criteria.
- Once you have the denominator, then assess the numerator criteria.

# Questions?

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# Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for 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<sup>®</sup> 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

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.

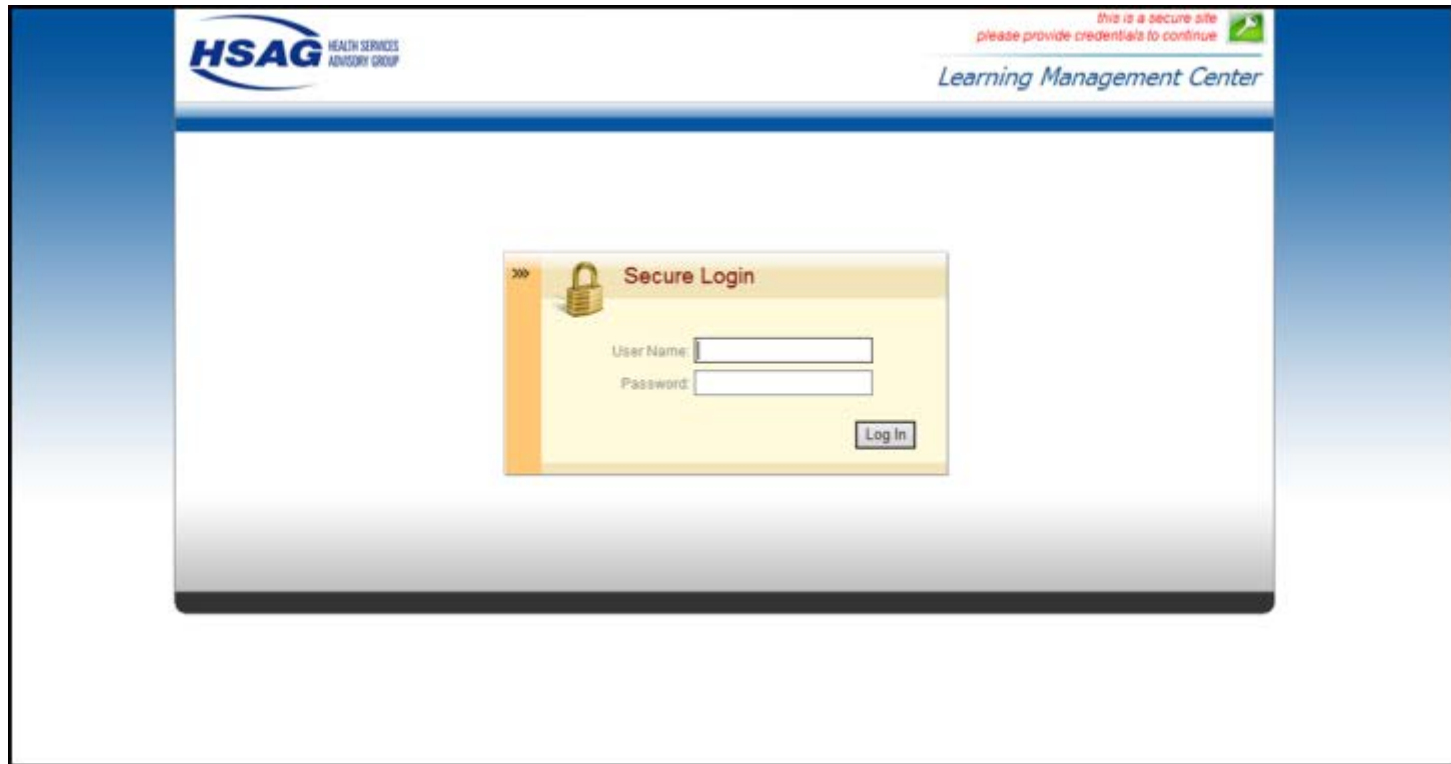
Done



# CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page features the HSAG logo (Health Services Advisory Group) in the top left corner. In the top right corner, there is a security warning: "this is a secure site please provide credentials to continue" with a green padlock icon. Below the logo, the text "Learning Management Center" is displayed. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small dropdown menu for country codes. A "Register" button is located below the input fields. The page has a blue header and a white main content area.

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left, the HSAG logo is accompanied by 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 green padlock icon. Below this, the text "Learning Management Center" is displayed. The central focus is a yellow "Secure Login" box containing a padlock icon, the title "Secure Login", and two input fields labeled "User Name" and "Password". A "Log In" button is positioned at the bottom right of the login box.

# Thank You for Participating!

Please contact the Hospital OQR Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at [www.qualitynet.org](http://www.qualitynet.org)

*Or*

- Call the Hospital OQR Support Contractor at 866.800.8756.