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Inpatient Psychiatric Facility Quality Reporting Program

IPFQR Program Public Reporting and Fiscal Year 2017 Data Review

Presentation Transcript

Moderator/Speaker:

Evette Robinson, MPH
Project Lead
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Value,
Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

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Evette Robinson:	Hello, everyone, and welcome to today's IPFQR Program webinar. My name is Evette Robinson, and I am the project lead with the VIQR support contractor for the Inpatient Psychiatric Facility Quality Reporting Program. Today, I will be presenting our topic, "IPFQR Program Public Reporting and Fiscal Year 2017 Data Review." The slides for today's presentation were posted through the Quality Reporting Center website, www.qualityreportingcenter.com, prior to the event. If you did not receive the slides beforehand, you can download them from the Quality Reporting Center website. On the right side of the homepage you will see a list of upcoming events. Click on the link for this event, scroll down to the bottom of the page, and there you will find a link to the presentation slides available for download. As previously mentioned, this session is being recorded, and the slides, transcript, webinar recording, and questions and answers from this presentation will be posted on the *QualityNet*, and Quality Reporting Center websites at a later date. Next slide, please.
	The purpose of this presentation is to summarize the steps needed to access and review the December 2016 *Hospital Compare* Preview reports,

and provides a review of the Fiscal Year 2017 IPFQR Program measure and non-measure results. Next slide, please.

By the end of today's presentation, attendees will be able to access and interpret data displayed in the Public Reporting Preview Report, as well as understand the Fiscal Year 2017 measure and the non-measure results for the IPFQR Program. Next slide, please.

Here is a list of acronyms that will be referenced during today's presentation. The first part of today's webinar will cover the Public Reporting review process.

This slide describes the history of Public Reporting. The requirement is listed in Section 1886(s)(4)(E) of the Social Security Act. However, it was in the August 19, 2013, IPPS Final Rule that a Public Reporting requirement were finalized for the Fiscal Year 2014 payment determination year and beyond for the IPFQR Program. In general, the data that is submitted to CMS under the IPFQR Program must be made available for review by IPFs prior to being publicly displayed. In other words, this is the time period in which IPFs can review the data that will be publicly displayed on the *Hospital Compare* website in December of 2016. This is not a time for IPFs to change their data, as the date of submission deadline for the Fiscal Year 2017 payment determination have already passed. Next slide, please.

The *Hospital Compare* preview period started on Saturday, October 8, 2016, and is scheduled to end on Sunday, November 6, 2016. The preview period – or, I'm sorry – the Preview Report will include IPFQR Program measure data that was reported from January 1, 2015, through March 31, 2016. For instructions on how to access the reports, as well as a brief summary of its contents, you can look at the IPFQR *Hospital Compare* Preview Report Quick Reference Guide. A more in-depth description of the Preview Report and its contents, however, can be found in the new *Hospital Compare* Preview Report Help Guide for the IPFQR Program. You can access both of these documents on the *QualityNet* website by going to the homepage, www.qualitynet.org, and clicking on

the latest news article titled *CMS to Release December 2016 Hospital Compare Preview Reports*. From that article, you can download the IPFQR Help Guide and Quick Reference Guide under the sub-header, "Help Guides and Quick Reference Guides for the Preview Period." Please note, the files are not currently posted in the IPF Public Reporting of Data page referenced on this slide on the *QualityNet* website. However, as stated, the news article is accessible from the *QualityNet* homepage and there – from there, you can download these two items. In addition, these files are available for download from the IPFQR Program Resources and Tools page of the [Quality Reporting Center](#) website, which you can access directly from the second link listed on this slide. Next slide, please.

This slide displays an image of the *IPFQR Program Hospital Compare Preview Report Quick Reference Guide* for the December 2016 release that was referenced in the previous slide. The guide provides step-by-step instructions on how to access and view the reports. It lists the Preview Report content and includes and explanation of footnotes that may be used in the report, as well as contact information for the IPFQR Program support contractor, in case you have any questions that are not already addressed in the Quick Reference Guide. Next slide, please.

The *Hospital Compare Preview Report Help Guide* is a new publication associated with the *Hospital Compare* preview period for the IPFQR Program. Some of the highlights of the help guide include an overview of the *Hospital Compare* Preview Report, steps to access the Preview Report, details of the Preview Report by measure, as well as helpful resources. Next slide, please.

Over the next several slides, I'll review step-by-step instructions on how to access, view, and download the *Hospital Compare* Preview Reports in the *QualityNet Secure Portal*. From the *QualityNet* website, click on the Login hyperlink on the right side of the screen below the words, "Log in to *QualityNet Secure Portal*," Next slide, please.

On the next screen that appears, under, "Choose Your QualityNet Destination", you will want to select "Inpatient Psychiatric Quality Reporting Program". Next slide.

Next, you must enter a *QualityNet* user ID, password, and security code from the VIP access Symantec validation, and ID protection program that, as a current user or security administrator, you should already have installed on your computer. Once you have submitted the user ID, password, and security code, you will be asked to read the terms and conditions statement; and then, select "I Accept" to proceed to the next screen. Next slide, please.

On the next screen, you will see menu items at the top of the page. You will select "Run Reports" from the "My Reports" drop-down, and then, click on "Run Report" on the next screen. Next slide, please.

In order to run the Preview Report, select "IPFQR" from the report program drop-down menu. Next to this menu is the report category drop-down. From there, you will select "Public Reporting – Preview Reports." And then, click on the button for "View Reports". In the section below where you see "Report Name and Report Description," you should then see a report titled, "Public Reporting Preview Report" in that section. We're not able to show it in this screenshot because it was not available at the time that this presentation was created. However, if you go into the system today, you should be able to see that report appear under "Report Name." If you find that you do not have access to that report, then, if you are a user, then, you should – a *QualityNet* user, then, you should contact your *QualityNet* security administrator to request access to be able to view reports related to the IPFQR Program. If you are a *QualityNet* security administrator and you are unable to access these reports, then you will need to contact the *QualityNet* help desk, and you can do that either by email or by phone. But, you will need to contact them to request to have your access level updated to include IPFQR reports. Next slide, please.

After the report request is submitted, select the "Search Reports" button that is near the bottom of the page, the blue button; or, you can select the

"Search Reports" tab, which is located at the top of the page. Both selections will bring you to the next that you will see on the next slide.

Here you'll see the report status, date requested, the downloaded – I'm sorry – date requested, report name, last downloaded date, size of the report, as well as action option. The left-most column on this page is the status column. And, when a green checkmark appears, this indicates that the report is complete and ready to be viewed or downloaded. Once the report is complete, the action column, which is on the far right of the page will display the icons that you see on the screenshot. And, you will see that you can either view the report by clicking on the magnifying glass, or you can actually download the report as a PDF file by clicking on the green down arrow. Next slide, please.

This slide is an example of what you can expect to see on the very first page of the Preview Report. Please note that this is an example and not reflective of actual measure data. Later in the presentation, I will review the IPFQR Program measure results for the various measures that were reported for FY 2017 and prior years, but, at this time, we'll just focus on screenshots that pertain specifically to the Preview Report for data that was submitted in relation to Fiscal Year 2017. And, these screenshots are provided as a reference for what providers can expect to see when they access the Preview Reports during the current preview period. I would like to take a moment to just explain the layout of the Preview Report. Every page of the Preview Report includes a header, as indicated at the top of this image, as well as a footer, which is – in the footer, you will find the footnote legend. The header will include the name of the report, the program name, and the reporting period for the IPFQR measures reflected on that particular page. The table below the header is unique to the first page of the Preview Report where it lists the CCN and the name of the facility in the navy blue bar. And in the white – the row of white text below the navy blue bar, you will find the facility's location information, including address, state, city, and zip, phone number, and county name. In the footnote legend, which again, is displayed on every page of the report, you will find that it describes the footnotes that may be found throughout

the report. There are times when footnotes are necessary to further explain the data that's displayed in the report. The footnotes are applied in the report specifically for the facility based on their data. So, not every footnote may be used. When you access the Preview Report for your facility, you may find that none, some, or all of the footnotes referenced here are applied to your facility. A complete list of footnotes and footnote details can be found on the *Hospital Compare* website at www.medicare.gov/hospitalcompare/data/footnotes.html. Note that the data displayed on the slide and the subsequent Preview Report content slides are sample screenshots; and again, they do not contain actual data. However, on page one of the *Hospital Compare* Preview Report, you will note that the numerator, denominator, and rate for 1,000 patient hours are displayed at the facility, state, and national levels for the event measures, specifically HBIPS-2 and HBIPS-3. The first page also displays the percentage values at the facility, state, and national levels for the HBIPS-5, HBIPS-6, and HBIPS-7 measures. Next slide, please.

On page two of the *Hospital Compare* Preview Report, the numerator, denominator, and percentage values are displayed at the facility, state, and national levels for the SUB-1, TOB-1, and TOB-2, and its subset TOB-2a measures. Also, on page two are the structural measures, which are displayed slightly differently from the previously described measures. The first structural measure listed is the Assessment of Patient Experience of Care. This measure data is displayed at the facility level as a yes or no answer, followed by the state and national level facility counts and percentages based on the yes and no responses submitted by the IPF in the respective states, as well as nationwide. For the second structural measure, Use of Electronic Health Record, data is reported, again, at the facility level. And, depending on the response that was provided by the facility at the time of the data submission period, that is what will be displayed in the facility column. The state and national level data will show the facility counts and percentages based on the different options for responses. You may notice that the very bottom row, what appears to be a bottom row, at the bottom of the table for the Use of Electronic Health Records measures, is a little – is not perfectly aligned, and that is because,

at this time, based on the way that the report is designed, this latter part of the second question for the EHR measure does carry over into the following page. Next slide, please.

This slide displays the Follow-Up After Hospitalization for Mental Illness measure denominator, numerator, and percentage data for 30-day and 7-day follow-ups at the facility, state, and national levels. This measure was calculated based on fee-for-service claims from the third quarter of 2014 through the second quarter of 2015. You will note here in this example that there is a footnote five displayed in the numerator, denominator, and percentage cells for the facility level data. And, this is indicative of measure values not being available. So, with respect to the FUH measure, this would be an example of when a provider did not have claims pertinent to this measure during the aforementioned reporting period. The flu season measure, specifically the Influenza Immunization, of IMM-2, and the Influenza Vaccination Coverage Among Healthcare Personnel measures were calculated based on data collected from the fourth quarter of 2015 through the first quarter of 2016. And, as with several of the other measures, the values reported for these two flu season measures are at the facility, state, and national levels and include the numerator, denominator, and percentages. Next slide, please.

Now that we have covered the general format and content of the *Hospital Compare Preview Report* for the IPFQR Program, let's review the Fiscal Year 2017 measure and non-measure results. One thing I would like to point out is you may have noticed that the non-measure data were not described as part of the *Hospital Compare Preview Report* review, and that is because the non-measure data will not be publicly reported. I will discuss that in a bit more detail later on in the presentation. Next slide, please.

As many of you know, the Hospital-Based Inpatient Psychiatric Services, or HBIPs score measure set, is a specific set of measures developed and maintained by The Joint Commission for the inpatient psychiatric population, and some of which we clearly use for the IPFQR Program. The HBIPS-2 and HBIPS-3 measures are event measures that are

calculated as a rate per 1,000 patient hours, and lower values for these measures are indicative of better performance. The HBIPS-2 measure evaluates the total number of hours that IPF patients are maintained in physical restraints, while the HBIPS-3 measure assesses hours of seclusion use for IPF patients; again, at a rate per 1,000 patient hours. And, as you can see from the graph on this slide, this is showing the mean or average rate per 1,000 patient hours starting with Fiscal Year 2015 through the most recently submitted data for Fiscal Year 2017. The average Fiscal Year 2017 results for both measures have increased in comparison to Fiscal Year 2016. And, as you can see, we – of course, the measure results that are on this slide for Fiscal Year 2017 reflects the data that will be reported on the *Hospital Compare* Preview Reports, as well as publicly reported on the *Hospital Compare* website in December of this year. However, we do recognize that it is possible that some facilities may have misunderstand how to calculate and report these measures, which results in the reporting of high values that thereby pull up the national average rate. Every year, we do our best to provide guidance on how to calculate and report these two measures accurately, however, high values continue to be reported. And for this reason, we do think it would be useful to also look at the median for these two measures, which we will see on the next slide.

As you can see, the median values, the national median values for both the HBIPS-2 and HBIPS-3 measures are much lower than the mean or average national weights each year and have been every year since the program began collecting these measures. They have – the median has essentially remained unchanged over the last four years of the program. Again, these median values will not be publicly reported, but we wanted to share this information to provide a better understanding of the results reported for these two measures. Next slide, please.

Unlike the HBIPS-2 and HBIPS-3 measures, the HBIPS-5, 6, and 7 measures are calculated as percentages. The HBIPS-5 measure assesses the percentage of patients that were discharged on multiple antipsychotic medications with appropriate justification. As you can see, the rate for

this measure has steadily increased between Fiscal Year 2015 and Fiscal Year 2017. Higher rates are indicative of improvement for this measure, as well as HBIPS-6 and HBIPS-7. HBIPS-6 and HBIPS-7 are also showing steady improvement although at smaller margins. The HBIPS-6 measure, which assesses the creation of a Post Discharge Continuing Care Plan for IPF patients remain steady at nearly 85 percent for Fiscal Year 2017, which is more than a 10 percent increase from the initial year of measurement in Fiscal Year 2014. An even greater increase occurred for HBIPS-7 in which the Post Discharge Continuing Care Plan was transmitted to the next level of care provider. This measure rate increased from 62.7 percent in Fiscal Year 2014 to 78.8 percent in Fiscal Year 2017. And, again, with all three of these measures, higher percentage is indicative of better performance. Next slide, please.

The alcohol use screening measure, known as SUB-1 is also measured as a percentage. And, as you can see, the number of patients that were screened for alcohol use within the first two days of admission has improved between what was reported last year for Fiscal Year 2016, compared to this year, for Fiscal Year 2017. This is the first year that IPFs have reported the Tobacco Use Screening, or TOB-1; Tobacco Use Treatment Provided or Offered, TOB-2; and its subset, Tobacco Use Treatment (received), TOB-2a. Therefore, of course, we don't have any year-by-year comparison to provide here; but, once again, as with the HBIPS-5, HBIPS-6, and HBIPS-7 measures, a higher percentage for the SUB and TOB measures indicates better performance. Overall, IPFs appear to be reporting very strong TOB-1 results. And there is – there does appear to be an opportunity for some improvement with respect to the TOB-2 and TOB-2a measures. Next slide, please.

This slide displays data for the two measures pertaining to immunization during the flu season. Again, this is also the first time that IPFs have reported this data, so we do not have any comparative analysis to provide at this time. But, the Influenza Vaccination Coverage Among Healthcare Personnel, 78.9 percent, and the Influenza Vaccination Status, or IMM-2 measure, pertaining to patients at 70.8 percent are very strong starts. And,

we are only looking for those numbers to continue to increase as the years progress for the program. Next slide, please.

This bar graph represents the overall national average percentage of follow-ups that occurred 7 and 30 days following an index discharge from an IPF, respectively. This is also the first time that the FUH measure data or the follow-up after hospitalization for mental illness measure has been reported. This, of course, is a claims-based measure that CMS calculated. And, one can infer from this graph that just over half of the claims submitted during the July 1, 2014, through June 30, 2015, time period indicate that a follow-up visit occurred within 30 days of discharge after hospitalization for mental illness, compared to almost 31 percent of claims at the seven-day mark. In the next table, we will review, or show you information …

… about the range of this information. And, here you can see in this table the performance rate statistics calculated for the Fiscal Year 2017 FUH measure. As you can see, the national seven-day follow-up rate was, again, nearly 31 percent, while the 30-day rate was nearly 54 percent. These figures were displayed in the graph on the previous slide and represent the overall national rates, which were calculated from the total of all numerator values divided by all denominator values. Quartile data are provided as additional information to show the range of the IPF data. The median seven-day rate was 28.6 percent compared to 54.2 percent for the 30-day FUH measure rates. Next slide, please.

The bar chart on this slide displays data from the structural measure known as the Assessment of Patient Experience of Care measure. The results here indicate the percentage of IPFs that routinely assess patient experience of care using a standardized collection protocol, and a structured instrument. The Fiscal Year 2016 results indicate that about 72 percent of IPFs selected yes; and, that increased by a little – almost 4 percent to 76.2 percent in Fiscal Year 2017. Of course, the result for the bar graph represents activity at IPFs as of December 31, 2015, and 2016, respectively. Next slide, please.

The second structural measure pertains to the use of electronic health record by type, as well as in conjunction with a Health Information Services Provider, or HISP. So, the first bar chart on the left assesses the percentage of facilities that use paper versus those that use certified EHR compared to those that use a non-certified EHR or electronic health record for managing patient records. As you can see in this chart, compared to last year's data, it appears that fewer IPFs are reporting the use of paper by almost 5 percent. There's been a decrease there. There has been an increase in the percentage of IPFs that are using a certified EHR. And also, the percentage of those using a non-certified EHR has decreased slightly, 5.3 percent. In the second graph here, we see the second part of the question pertaining to EHR addressed in this – in this table, or in this graph. It's showing that when asked whether an IPF has the EHR capabilities that include the exchange of interoperable health information with a HISP, it appears that an increasing number of IPFs do have this functionality. And, a health information services provider manages security and transport for health information exchange among healthcare entities or individuals using the direct standard for transport. And, HISP functions can be performed by existing organizations, such as EHR vendors, or hospitals, or HIE organizations, or by standalone organizations specializing in security and transport of health information. So, again, as with the assessment of patient experience of care measure, the results that are reflected in this – in the charts on this slide are representative of activity at IPFs as of December 31 in 2015 for the Fiscal Year 2016 data, and December 31 of 2016 for the Fiscal Year 2017 data. Next slide, please.

Now, in the next several slides, I will review graphs and tables of the non-measure data that IPFs collected in calendar year 2015, and reported for the very first time during the most recent data submission period. Please note that, again, these data are not going to be – they will not appear in the *Hospital Compare* Preview Report, nor will they be publicly reported. This data is being presented for informational purposes only, and CMS will use this information to assess measure submissions for accuracy and to contribute to the development of new measures. Next slide, please.

This slide shows the distribution of all discharges from IPFs reported for calendar year 2015. One thousand six hundred forty-one IPF provided information regarding their calendar year 2015 discharges. The median number of discharges during that timeframe was 763, while the average number of discharges was just over 1,269. Now, the majority of IPFs, which equates to about 60.1 percent, or 986 IPFs, had 1,000 or more discharges in 2015; while a small number of IPFs had discharges in excess of 10,000. Four hundred eighty-four, or 29.5 percent of IPFs had between 1,000 and 3,000 discharges in calendar year 2015, while 171, or just over 10 percent of IPFs had more than 3,000 in that same timeframe. In the next few slides I will describe the breakdown of those total discharges in calendar year 2015 by the three different categories that we ask the IPFs to report during the date of submission period, specifically, by age group, by diagnostic group, and by pair. Next slide, please.

So, this slide displays the total discharges that were reported for calendar year 2015 by age group. As you can see, nearly three quarters of discharges were for adult patients between the ages of 18 and 64, while the smallest volume of discharges was for children between the ages of one and twelve. The percentage of patients discharged in calendar year 2015 that fell into the 13, the 17 years, and the 65 years and over age groups were relatively similar at just around 11 percent each. Next slide, please.

This graph displays the calendar year 2015 total discharges by diagnostic group. This data demonstrate that the highest percentage of discharges had a primary diagnosis of mood disorder, which is more than 30 percent greater than the second largest diagnostic discharge group, which was schizophrenia and other psychotic disorders. Next slide, please.

And, finally, this slide shows the discharges by pair which, of course, demonstrates that nearly three quarters of IPF discharges were billed to non-Medicare payers. Next slide, please.

CMS would like to acknowledge the top performing and most improved IPFs in the nation with respect to the Fiscal Year 2017 measure and non-

measure data that's been reported. However, this analysis is still in progress and will be presented in a future webinar. Next slide, please.

In the next few slides, we will review several helpful resources, followed by a review of the continuing education credit process. Listed on this slide are several links that you can access pertaining to the – of course, the current Final Rule, but also the various measures that were described during today's presentation. Next slide, please.

CMS recommends that IPFs refer to the most recent IPFQR Program manual for information pertaining to the IPFQR Program. The manual is located on the *QualityNet* and Quality Reporting websites. It contains information about program requirements, measures, non-measure data. It also includes links to optional, but helpful paper tools, including measure abstraction, as well as measure and non-measure data collection tools. It also includes – I saw that a question came through the chat regarding the link to information about footnotes. There is a section pertaining to Public Reporting in which we include a link to the footnotes portion of the *Hospital Compare*, so you can also access that type of information in the manual. Another iteration of the IPFQR Program manual is in progress to reflect IPFQR Program changes that were recently approved in the Fiscal Year 2017 IPPS Final Rule. We anticipate publication of this manual before the end of the current year. Next slide, please.

And, this slide includes active links that you can click on to send us your questions about the IPFQR Program, or provide us with any additional information regarding changes at your facility. We encourage you to use the Q&A tool, in particular, when submitting questions because it does provide the best means by which we can track questions and answers, and also, delivers our responses directly to your email inbox. This is also a great way for you to let us know about types of questions and topics that you would like for us to address in future webinars. We also recommend that you sign up for the IPFQR Program ListServe, if you have not already done so, so that you can receive communications that we send out to the IPFQR community pertaining to webinar announcements, program updates or changes, and just any other announcements pertaining to the

IPFQR Program. You can sign up to the added to the ListServe on the *QualityNet* ListServe registration page. Next slide, please.

Here are a few of the upcoming IPFQR Program educational webinar topics that we currently have planned for the next few months. At this time, we plan to review the SUB-3 and 3a measure, as well as the 30-day All-Cause and planned – Unplanned Readmission After Discharge from an IPF measure in greater detail during the month of November in a webinar titled, *Fiscal Year 2019 New Measures Review*. In December, this time we plan to also discuss the topic of Measures Under Consideration, and the Measure Applications Partnership, or MAP, processes. Then, coming up in the new year, we will – we plan to discuss the steps necessary to ensure that your NHSN enrollment is complete and that the influenza vaccination coverage among health care personnel measure data is collected and reported in a timely fashion, prior to the upcoming deadline, which will be in the spring of 2017. Of course, these are always subject to change, so we ask that you monitor the events calendar, which can be accessed from the Quality Reporting Center website homepage under "Upcoming Events." And, of course, we, again, encourage you to sign up for the IPFQR Program ListServe so that you can receive notifications of upcoming events and program-related topics.

As mentioned at the beginning of this event, all questions received via the chat tool during this webinar will be reviewed and a Q&A transcript made available at a later date. I will take a few minutes to just review some of the questions that have come through the chat tool, before turning it over to Deb Price, who will discuss the CE credit process for this webinar. So, let me first go through a couple of the questions that we have received so far today, and then, I'll turn it over to Deb.

So, as I mentioned earlier, as I'm scrolling through, I know that there was a question regarding how to access details about the footnotes. Again, if you go into the IPFQR Program manual, you will find that there is information pertaining to that in the manual in the Public Reporting section.

There are several questions here regarding when the new, or updated, IPFQR Program manual will be released. Of course, we will announce that via the IPFQR Program ListServe as soon as it is available for download. But, at this time, we do know that we mean to have that published before the end of this calendar year.

There is a question as to whether or not one needs to be a *QualityNet* administrator in order to run the *Hospital Compare* Preview Report. That's a great question. And, the general answer is no, you just need to have the appropriate access level to run the report. So, if you are a *QualityNet* security administrator, as I mentioned earlier, and if you are unable to see or download the report, you will need to contact the *QualityNet* help desk. And, if you are a user at a facility, you would need to contact your *QualityNet* security administrator for them to grant you that access. The *QualityNet* support, or QNETsupport@hcqis.org email address is how you can contact the *QualityNet* help desk. Again, that's QNETsupport@hcqis.org. You can contact them to request that you gain access to that report, and they will be able to help you with that. OK.

And, I'm seeing some questions also regarding the SUB-3/3a measure, and when IPFs are expected to begin collecting data for that measure. Data collection for SUB-3/3a will begin January 1, 2017, with – I'm sorry – with January 1, 2017, discharges. As with any newly adopted measure, we – like I mentioned, we will be presenting a more in-depth description of that measure. And, we are also working on developing or revising, updating our existing paper tools that relate to the SUB measures, so that you will have access to that information prior to January 1, 2017. OK.

There was also a question regarding what dates were used for calculating the FUH measure for Fiscal Year 2017. This was addressed in slide 30. It is based on claims that were submitted in July 1, 2014, through June 30, 2015. OK.

So, again, I do see several questions regarding the manual. And, just as a reminder, yes, we will be contacting you via the ListServe when that is available. So, again, please make sure that you are signed up for the

ListServe so that you can receive that notification. The aim is to have that published to the *QualityNet* and Quality Reporting Center websites before the end of 2016.

And, as far as the *Hospital Compare* Preview Report, there is a question here as to when the data will be publicly displayed on *Hospital Compare*. As previously mentioned, the *Hospital Compare* preview period will come to an end November 6, which is a Sunday. And then, the data will be published and publicly available on *Hospital Compare* – the *Hospital Compare* website – in December of this year.

OK. And, at this time, I will go ahead and turn the presentation over to Deb Price who will discuss the CE credit process for this webinar.

Deb Price: Well, thank you, Evette. Hello, everyone. Today's webinar has been approved for one continuing education credit by the boards listed on this slide. We are now a nationally accredited nursing provider and, as such, all nurses will report their credits to their own board using the provider number on the last bullet here, 16578.

We now have an online CE certificate process. You can receive your CE certificate in two different – at two different times, actually, for each event. The first time is, at the end of my slide, a survey will pop up, and at the end of the survey you will be allowed to go to the certificate. Now, if you have – you know, if you have to leave and you don't have time to do the survey, within 48 hours, we will also be sending another survey link out, and you'll have another chance to get your certificate that way. And, after completion of the – excuse me – after the completion of the survey, just click the "Done" button at the end of the screen where another page opens up and then you register on our learning management center.

It is a separate registration than the one you used to get into the actual webinar. Please use your personal email because we found a lot of hospitals have firewalls that are changing, so our last month's IPF event you might have gotten your CE certificate, and maybe today you can't get

in. And, that's because the hospitals will change their firewall from time to time.

After registering, you should immediately receive a response in your email. That's like within a minute and – so go to that email and, if you do not immediately receive a response, that means there is a firewall up there blocking the link that gets sent to you. So, then, what you do is you have to register as a new user using the new user link and your personal email.

This is what the survey looks like. It will pop up at the end of – let's see, about three, four more slides. Take the survey, click the "Done" button.

And then, this page opens up with two green links. One is the new user link; one is the existing user link.

This is what the new user link takes you to. You put in your first name, your last name, your personal email address, and your personal phone number, so our database can link your personal email to that phone number.

This is what the existing user page – or the existing user link takes you. It takes you here where you put in your username. And, if you have forgotten, the username is the complete email address, including what is after the @ sign. And, of course, you put in the password that you created. If you forgot the password, just click on that space where password is, and you'll be able to reset the password. OK. And, now, I'd like to thank everyone. We have, like, one minute left. So, I just like to thank everyone for spending time with us. We hope that you learned something from our event. If you – if your questions were not answered, they will be answered and posted to our Quality Reporting website, and it is actually http://www.qualityreportingcenter.com, and they will be posted at a later date. Once again, thank you for coming. We hope you enjoyed and learn something. Good bye.

<div align="center">END</div>