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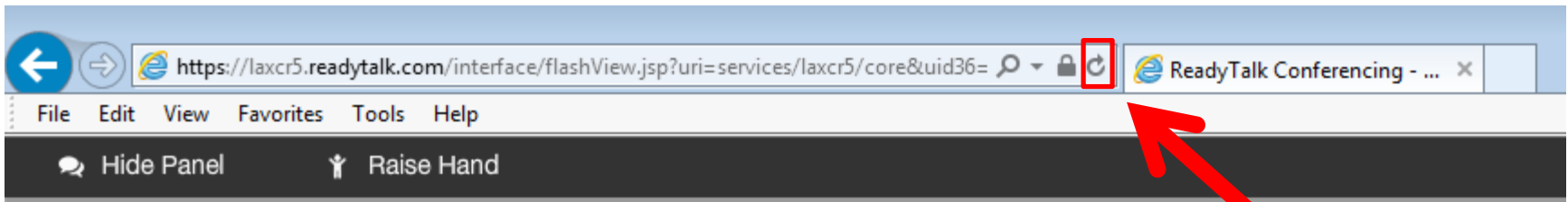
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F5 Key
Top Row of Keyboard

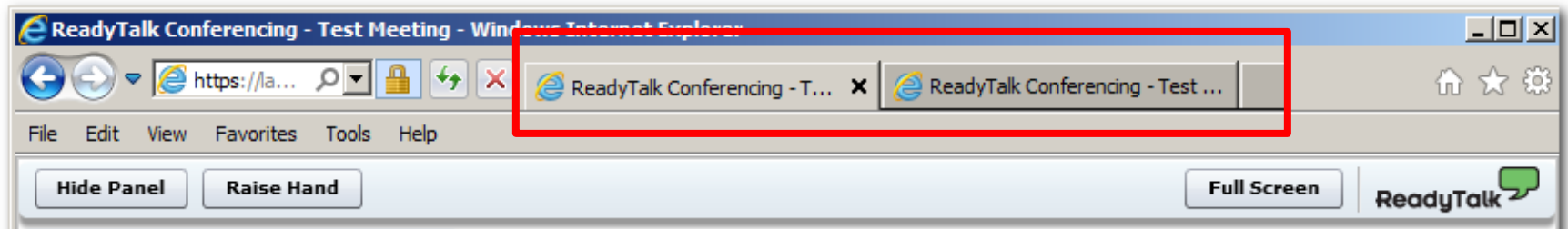


Location of Buttons

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Troubleshooting Echo

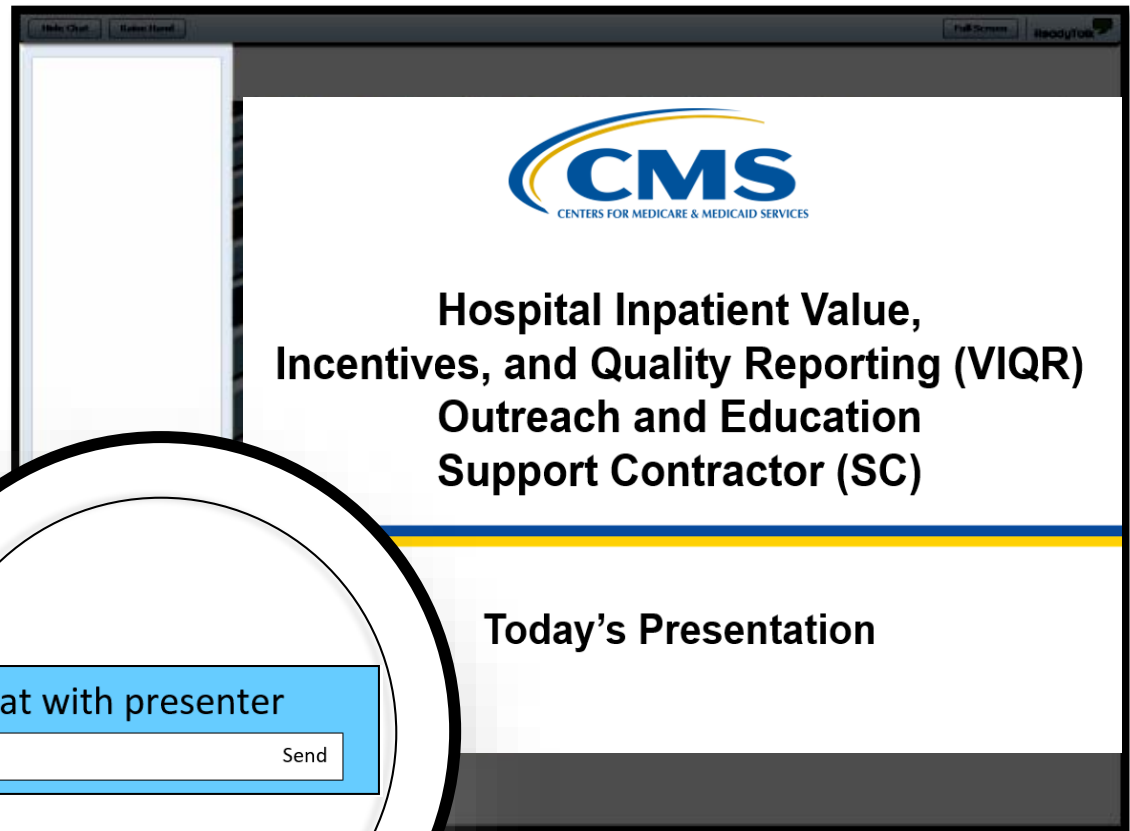
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SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: v5.3a Measure Updates

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February 27, 2018

Objectives

At the end of the presentation, participants will be able to better interpret the guidance in version 5.3a of the specifications manual to ensure successful reporting for the SEP-1 measure.

Acronyms and Abbreviations

AKI	acute kidney injury	IV	intravenous
APN	advanced practice nurse	kg	kilogram
aPTT	activated partial thromboplastin time	L	liter
BID	twice a day	MAP	mean arterial pressure
BiPAP	bilevel positive airway pressure	MAR	medication administration record
BMI	body mass index	mL	milliliter
CKD	chronic kidney disease	MD	medical doctor
COPD	chronic obstructive pulmonary disease	NS	normal saline
Cr	creatinine	OR	operating room
CY	calendar year	PA	physician assistant
ED	emergency department	PICC	peripherally inserted central catheter
EHR	electronic health record	PO	by mouth
ESRD	end stage renal disease	Q	quarter
g	gram	RN	registered nurse
hr	hour	R/O	rule out
IBW	ideal body weight	SBP	systolic blood pressure
ICU	intensive care unit	SEP	sepsis
IM	intramuscular	SIRS	systemic inflammatory response syndrome
INR	international normalized ratio	v	version
IO	intraosseous	WBC	white blood count



SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock:
v5.3a Measure Updates

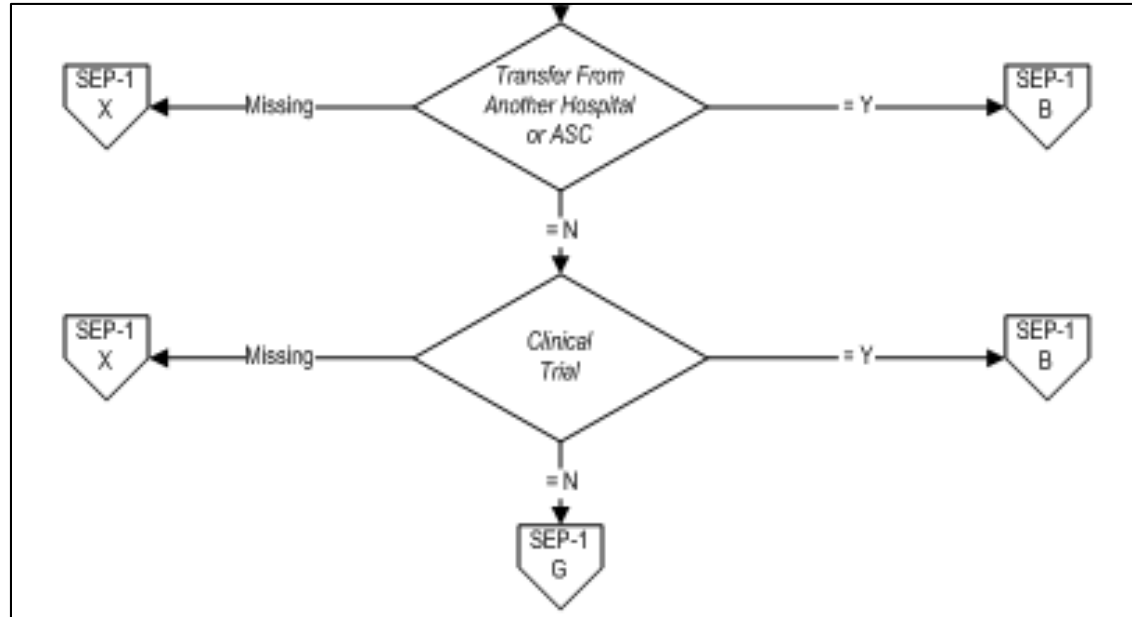
SEP-1 Updates for v5.3a

SEP-1 Public Reporting

- SEP-1 overall hospital performance will be publicly reported beginning with the July 2018 *Hospital Compare* release.
- The Preview Period for the hospitals is anticipated to be from May 4, 2018, through June 2, 2018, with the actual release on July 25, 2018.
- The quarters that will be publicly reported for this release will be 1Q 2017 through 3Q 2017.
- With each release, the most recent quarter is added and older quarters removed so a full rolling year's worth of performance data are included, similar to other chart abstracted measures.
- The first full year of data will be in the October 2018 release when the full CY 2017 will be reported.

Clinical Trial v5.3a

- New data element
- Provides an exclusion for patients currently enrolled in a clinical trial which is studying **treatment or interventions of sepsis, severe sepsis, or septic shock**

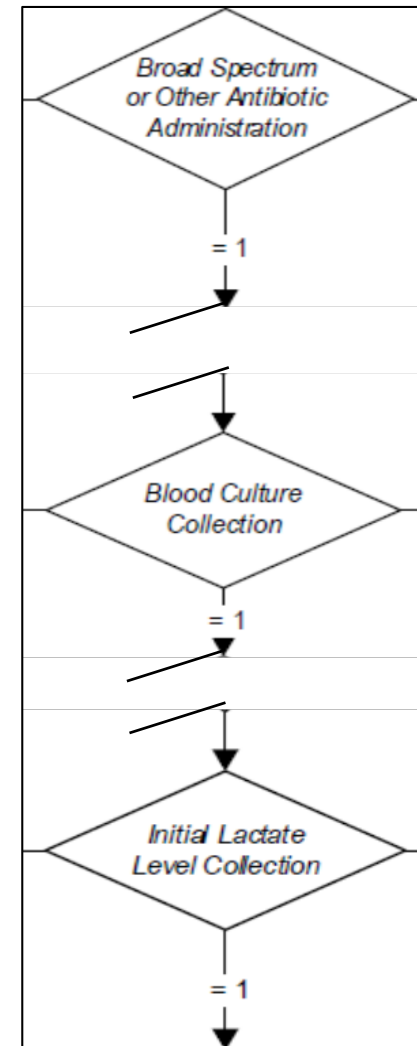


Algorithm Update v5.3a

Updated algorithm flow:

1. Broad Spectrum or Other Antibiotics
2. Blood Culture Collection
3. Initial Lactate Level Collection

Note: This change allows for exclusion of cases based on timing of antibiotics. It does **NOT** reflect that antibiotics should be given prior to obtaining a blood culture.



Administrative Contraindication to Care, Severe Sepsis and Septic Shock v5.3a

Examples of “Authorized Patient Advocate”

- Previously designated health care proxy or power of attorney
- Reasonable authorized patient advocate (e.g., spouse, family member)

Broad Spectrum or Other Antibiotic Administration v5.3a

- Only IV antibiotic administered in the 24 hours prior to 3 hours after severe sepsis presentation is acceptable.

Exception:

If there is documentation indicating IV access could not be established, antibiotics administered via intramuscular (IM) or intraosseous (IO) started in the 24 hours prior to or 3 hours after the severe sepsis presentation is acceptable to select value “1.”

- The IM or IO antibiotic would be used to determine the Broad Spectrum or Other Antibiotic Date and Time.

Broad Spectrum or Other Antibiotic Administration v5.3a

Example:

- Severe sepsis presentation time: 1/5/2018 1600
- ED nursing note: “Failed IV attempts x2, awaiting PICC placement.”
- Physician Order: Ceftriaxone 1g IM x1 now
- MAR: Ceftriaxone 1g IM
Administered: 1/5/2018 1615

Broad Spectrum or Other Antibiotic Administration Selection v5.3a

Only IV antibiotic administered 3 hours after severe sepsis presentation is acceptable.

Exception:

If there is documentation indicating IV access could not be established, antibiotics administered via intramuscular (IM) or intraosseous (IO) started 3 hours after the severe sepsis presentation is acceptable to select value “1.”

Note: This data element specifically applies to cases where the ONLY antibiotics were administered after severe sepsis present date and time.

Crystalloid Fluid Administration v5.3a

New Option for selecting Allowable Value “4”

Physician/APN/PA or nursing documentation indicating patient or authorized patient advocate has refused IV fluid administration prior to or within 6 hours following presentation of septic shock can be used to select value “4.”

Patient refused IV fluids: ✓ Value 4

Crystalloid Fluid Administration v5.3a

Example:

- Severe sepsis presentation time: 1/5/2018 1200
- Initial hypotension: 1/5/2018 1645
 - Order: 30 mL/kg NS 0.9% bolus over 3 hours
 - 30 mL/kg NS 0.9% bolus start time: 1/5/2018 1700
- Physician documents septic shock: 1/5/2018 1700
- 1/5/2018 1830 Physician Note: Fluid administration stopped, patient states they “do not want more IV fluids.”

Crystalloid Fluid Administration v5.3a

- In order to select value “1,” there *must* also be documentation that the target ordered volume was completely infused. Complete infusion does NOT need to occur within the appropriate time frame.
- To determine if the target ordered volume was completely infused, **one of the following** must be documented (written in the order or documented by nursing):
 - An infusion rate
 - Infusion duration or time over which to infuse
 - Infusion end or completion time

Crystalloid Fluid Administration v5.3a

- If there is **physician/APN/PA documentation identifying the patient has obesity** (defined as a Body Mass Index >30), the clinician may choose to use Ideal Body Weight (IBW) to determine the 30ml/kg crystalloid fluid volume. If the clinician prefers to use IBW, **the clinician must state that IBW will be the weight used to determine the 30 mL/kg** as the target ordered volume.
 - There is not a specific formula upon which IBW must be based.
 - Other acceptable terms for IBW:
 - Predicted body weight
 - Dosing weight

Crystalloid Fluid Administration v5.3a

Acceptable documentation for using the IBW:

- The value for the IBW must be in the medical record.
(Abstractors should not calculate it.)
 - This does not need to be documented by the clinician if it is located elsewhere in the medical record (e.g., is a value automatically calculated by the EHR).
- The clinician must document the patient is obese or BMI > 30.
- The clinician must document they are using IBW to determine fluid volume.

Crystalloid Fluid Administration v5.3a

Acceptable IBW Examples:

- APN order: 30 mL/kg (2100 mL) NS 0.9% 1000 mL/hr, BMI 35 IBW 70 kg.
- PA note: Morbidly obese, ordering sepsis fluid volume per IBW.

Crystalloid Fluid Administration v5.3a

- Crystalloid fluid volumes **ordered** that are within 10% lower than the 30 mL/kg total volume calculated by weight are acceptable.

Example:

- Patient weight: 70 kg
 - $30 \text{ mL/kg} = 2100 \text{ mL}$
- Physician order: “NS 0.9% IV 2000 mL over 1 hr”

Crystalloid Fluid Administration v5.3a

The Crystalloid Fluid Administration 10% rule does **NOT** apply to the volume infused.

Example:

- Patient weight: 80 kg
 - $30 \text{ mL/kg} = 2400 \text{ mL}$
- Physician order: “NS 0.9% IV 2400 mL over 1 hr”

The complete target ordered volume, 2400 mL, must be infused.

A volume less than 2400 mL would not be acceptable.

Crystalloid Fluid Administration v5.3a

- ***Exception for Prior to Arrival:***

Documentation of crystalloid fluids administered prior to arrival to the hospital (e.g., ambulance, nursing home) that are part of the medical record are acceptable if the documentation of fluid administration contains the type, volume, start time, and either a rate, duration, or end time of the fluid infusion. *A physician/APN/PA order for fluids administered prior to arrival is not required.*

- **Requirements for crystalloid fluids administered prior to arrival:**

- Start time
- Type of fluid
- Volume of fluid
- Rate, duration, or end time

Crystalloid Fluid Administration v5.3a

- ***Exception for Operating Room (OR):***

Crystalloid fluids administered in the OR by a physician/APN/PA are acceptable without an order if a fluid type, an infusion start time, and an infusion rate or infusion end time is documented.

- **Requirements for crystalloid fluids administered in the OR:**

- Start time
- Type of fluid
- Volume of fluid
- Rate, duration, or end time

Crystalloid Fluid Administration v5.3a

New Guidance:

- **Isolyte** has been added to the Inclusion Guidelines as an acceptable Crystalloid Fluid.
- Guidance not allowing crystalloid fluids given to dilute medications has been removed. As a result, these crystalloid fluids can count towards target ordered volume.

Example:

Vancomycin 1g IV in 250 mL NS over 1 hour

- **Exclusion Guidelines for Abstraction** now only include crystalloid solutions that are given to flush other medications or IV lines.

Crystalloid Fluid Administration v5.3a

- For the presence of *Initial Hypotension*, only abstract crystalloid fluids that were started in the timeframe of **6 hours** prior through **3 hours after the initial hypotension**.
 - A **single order for the target ordered volume** initiated within 6 hours prior through 3 hours after initial hypotension is acceptable.
 - If crystalloid fluids are initiated via **multiple physician/APN/PA orders**, only abstract crystalloid fluids initiated within 6 hours prior through 3 hours after.
- Previous guidance from manual version 5.2a to abstract crystalloid fluids started within six hours prior to six hours after initial hypotension has been removed.

Crystalloid Fluid Administration v5.3a

Do not abstract crystalloid fluids started more than 6 hours prior to the presence of an *Initial Lactate Level Result* ≥ 4 mmol/L or physician/APN/PA *Documentation of Septic Shock*.

- Previous guidance from manual version 5.2a to abstract crystalloid fluids started within six hours prior to six hours after an *Initial Lactate Level Result* ≥ 4 mmol/L or physician/APN/PA *Documentation of Septic Shock* has been removed.
- Crystalloid fluids started more than three hours after an initial lactate level result ≥ 4 mmol/L or documentation of septic shock will NOT pass the measure algorithm.

Crystalloid Fluid Administration v5.3a

- **Triggering Events**
 - Events that “trigger” the initiation of crystalloid fluids
 - Initial hypotension
 - Initial level lactate result greater than or equal to four
 - Documentation of septic shock
- **Multiple Triggering Events** (i.e., initial hypotension and initial lactate level result ≥ 4.0 mmol/L is present)
 - Suggested Recommendation: Use the **earliest** trigger in order to determine timeframe

Example:

- Initial hypotension at 1100
- Initial lactate level result ≥ 4 mmol/L at 1400

Use fluids started within six hours prior through three hours after initial hypotension time of 1100.

Initial Hypotension v5.3a

- Initial hypotension requires **TWO** hypotensive blood pressures.
- Criteria initial hypotension:
 - Two hypotensive blood pressures:
 - Within the timeframe of six hours prior to or within six hours following severe sepsis presentation
 - From different measurements – measurements from two different times. (e.g., MAP 60 at 0800 and SBP 85 at 0830)
 - Not the MAP and SBP from the same reading.
 - Does **not** require consecutive hypotensive blood pressures.

The second hypotensive blood pressure reading reflects the time of initial hypotension. All data elements that have timing based upon initial hypotension should use the time of the second hypotensive blood pressure reading.

Initial Lactate Level Result v5.3a

If there is physician/APN/PA documentation prior to or within 24 hours after the initial lactate level result that indicates the initial lactate value is due to a condition that is not an infection, or is due to a medication, select Value “1.”

Severe Sepsis Present v5.3a

- **Creatinine >2.0**
 - If there is **physician/APN/PA documentation** the patient has **end stage renal disease (ESRD)** AND is on **hemodialysis or peritoneal dialysis** all reported creatinine levels should be disregarded as signs of organ dysfunction. ESRD (on hemodialysis or peritoneal dialysis) and creatinine levels or reference to elevated creatinine levels do not need to be included in the same physician/APN/PA documentation.

The documentation of ESRD and hemodialysis or peritoneal dialysis are not required to be in the same documentation.

Severe Sepsis Present v5.3a

- **Creatinine >2.0**

- If there is **physician/APN/PA documentation of chronic renal disease** (e.g., CKD I, II, or III, or “chronic renal insufficiency”) and **the baseline creatinine is documented**, creatinine values elevated >0.5 above baseline **should be used** as organ dysfunction (e.g., baseline 2.30, creatinine now 2.81).

The documentation of CKD and the baseline creatinine is not required to be in the same documentation as the creatinine elevated greater than 0.5 above baseline.

A baseline creatinine value or range must be documented.

Severe Sepsis Present v5.3a

- Organ Dysfunction
 - **Hypotension**
 - Only one (1) hypotensive blood pressure reading is needed for evidence of organ dysfunction.
- Organ dysfunction requires only one hypotensive blood pressure.
- *Initial Hypotension* requires two hypotensive blood pressures.

Severe Sepsis Present v5.3a

If the suggested data source shows the patient was given an anticoagulant medication in Appendix C Table 5.3, an elevated INR or aPTT level should not be used as organ dysfunction. Physician/APN/PA documentation is not required.

Table 5.3: Anticoagulants

Generic Name	Brand Name
Heparin	Heparin
Edoxaban	Savaysa
Desirudin	Iprivask
Dabigatran etexilate	Pradaxa
Rivaroxaban	Xarelto
Apixaban	Eliquis
Argatroban	Argatroban
Bivalirudin	Angiomax
Fondaparinux	Arixtra
Warfarin	Coumadin

Severe Sepsis Present v5.3a

Examples:

- Hospital MAR: Warfarin 5 mg PO Q AM
Administered 1/15/2018 @ 0700 by RN
- Home Medication Record: Xarelto 15 mg PO BID

Severe Sepsis Present v5.3a

If there is physician/APN/PA documentation prior to or within 24 hours after *Severe Sepsis Presentation Time* indicating a SIRS criterion or sign of organ dysfunction is due to the following, the criteria value **should be used**:

- **Acute condition**
- **Acute on chronic condition**

If the acute condition or acute on chronic condition is not documented as due to an infectious source OR if documentation of the source is missing or unclear, SIRS criteria or sign of organ dysfunction should be used.

Severe Sepsis Present v5.3a

Examples:

1. Physician documents “elevated lactate secondary to seizure.”
 - Lactate should be used as organ dysfunction.
2. APN documents “acute kidney injury, Cr 2.9.”
 - Creatinine should be used as organ dysfunction.
3. PA documents “acute respiratory failure, placed on continuous BiPAP, medication versus acute COPD exacerbation.”
 - Mechanical ventilation (BiPAP) should be used as organ dysfunction.
4. Physician Note: “AKI, ESRD, Cr. 2.5”
 - Creatinine should be used as organ dysfunction.

Severe Sepsis Present v5.3a

- If there is physician/APN/PA documentation prior to or within 24 hours of *Severe Sepsis Presentation Time* indicating the acute condition is due to a non-infectious source/process, it should not be used (Refer to *Severe Sepsis Present* criteria “a” to determine if a condition is an infection).

Examples:

- Physician documents “elevated lactate secondary to seizure (acute condition) post brain injury (source).”
 - Lactate should not be used as a sign of organ dysfunction because BOTH acute condition and **source** are noted.

Severe Sepsis Present v5.3a

Example:

- APN documented at 1300: “acute kidney injury, Cr 2.9.”
- Physician documented at 1500: “AKI due to dehydration (source).”

Creatinine should not be used as a sign of organ dysfunction.

Severe Sepsis Present v5.3a

Determine if the source of the acute condition or acute on chronic condition is an infection or caused by an infection:

- If the medical resource indicates the source of the condition is an infection or is caused by an infection, the SIRS criteria or sign of organ dysfunction should be used.
- If the medical resource indicates the source of the condition is NOT an infection and NOT caused by an infection, the SIRS criteria or sign of organ dysfunction should not be used.
- If the medical resource indicates the source of the condition may be or may not be an infection, OR may be caused by an infection or may be caused by something other than an infection, there must be additional documentation in the medical record supporting the source is an infection (e.g., antibiotic ordered for the source).

Severe Sepsis Present v5.3a

Supportive Documentation

Additional documentation in the medical record supporting the source is an infection:

Examples:

- APN documented: “WBC elevated at 19, with diarrhea”
- PA documented: “Diverticulitis with diarrhea for past 24 hours”
- Antibiotic order indication: Diverticulitis

With the antibiotic order supporting the fact that the acute condition was due to an infectious source (diverticulitis), the elevated WBCs would be used.

Severe Sepsis Present v5.3a

- If Severe Sepsis is met by physician/APN/PA **documentation only**, and is **documented as due to a viral, fungal, or parasitic infection**, the documentation of Severe Sepsis should not be used.

Example:

Physician documentation – “Severe sepsis related to influenza”

Severe Sepsis Present v5.3a

- If there is documentation of **clinical criteria being met** or **physician/APN/PA documentation of Severe Sepsis** and within 6 hours after there is additional physician/APN/PA documentation indicating the patient is **not septic, does not have Sepsis, Severe Sepsis, or Severe Sepsis is due to a viral, fungal, or parasitic infection**, choose Value “2.”

Examples:

- 1500 – PA documented “Severe Sepsis”
- 1730 – Physician documented “patient not septic”
Select allowable value “2” (No) for Severe Sepsis Present
- 0800 – Severe Sepsis clinical criteria met
- 0845 – Physician documented “severe sepsis due to influenza”
Select allowable value “2” (No) for Severe Sepsis Present

Severe Sepsis Present v5.3a

New Bullet Points:

- Vital signs documented in the operating room (OR) should not be used.
 - Vital signs documented in other procedural areas or units may be used.
- SIRS criteria or a sign of organ dysfunction due to artificial interventions (e.g., respiratory rate is 24, vent rate set at 24) should not be used.
 - If the ventilator rate is 24 and the respiratory rate is 28, the respiratory rate of 28 **should be used**.

Severe Sepsis

Presentation Time v5.3a

If the physician/APN/PA note states severe sepsis was present on admission, use the earliest documented hospital observation/inpatient admission time.

- Documented time patient arrives to floor or unit for admission.

Example:

- Clinical criteria not met in ED. Severe sepsis not mentioned in ED physician notes.
- ED MD note “acute respiratory failure, admit to ICU” – 0855
- Order for Admission to ICU – 0900
- Status changed to inpatient – 0920
- Arrived to ICU bed 4 – 0945
- ICU MD note “severe sepsis present on admission” – 1030

Severe Sepsis Presentation Time abstracted – **0945**

Severe Sepsis Present and Septic Shock Present v5.3a

- For documentation of an infection, severe sepsis, or septic shock accompanied by a qualifier, the table below should be used.
- Documentation containing a **positive qualifier should be used** to meet criteria, documentation containing a **negative qualifier should not be used** to meet criteria.

Positive Qualifiers	Negative Qualifiers
Possible	Impending
Rule out (r/o)	Unlikely
Suspected	Doubt
Likely	Risk for
Probable	Ruled out
Differential Diagnosis	Evolving
Suspicious for	Questionable
Concern for	

*Table is **NOT** all-inclusive.

Severe Sepsis Present and Septic Shock Present v5.3a

Physician/APN/PA documentation of severe sepsis or septic shock using a qualifier will impact how the documentation is abstracted.

Examples:

- “During exam in ED patient found to have severe sepsis”
 - There is no qualifier statement.
 - Severe Sepsis is abstracted as present.
- “During exam in ED severe sepsis suspected”
 - Qualifier statement for severe sepsis is “suspected.”
 - Severe Sepsis is abstracted as present.
- “During exam in ED severe sepsis unlikely”
 - Qualifier statement for severe sepsis is “unlikely.”
 - Severe Sepsis is NOT abstracted as present.

Severe Sepsis Present and Septic Shock Present v5.3a

The title or heading of an order set, protocol, checklist, alert, screening tool, etc. reflecting an infection, SIRS, Sepsis, Severe Sepsis, or Septic Shock should **not** be used to meet criteria.

Examples:

- Order-Set Title: Sepsis Protocol
- Alert Heading: Severe Sepsis

Severe Sepsis Present and Septic Shock Present v5.3a

- Documentation of an infection, Sepsis, Severe Sepsis, or Septic Shock ***within an*** order set, protocol, checklist, alert, screening tool, etc., may be used if the following is true:
 - The documentation or value and recorded date and time is present and is the earliest date and time recorded for the criteria.

Septic Shock Present v5.3a

- If there is documentation of **clinical criteria being met** OR there is **physician/APN/PA documentation of Septic Shock** and within 6 hours after this documentation there is additional physician/APN/PA documentation indicating the patient is **not septic, does not have Sepsis, Severe Sepsis, Septic Shock, or Septic Shock is due to a viral, fungal or parasitic infection** choose Value “2.”

Examples:

- 1500 – PA documented “Septic Shock”
- 1730 – Physician documented “patient not septic”
Select allowable value “2” (No) for Septic Shock Present
- 0800 – Septic Shock clinical criteria met
- 0845 – Physician documented “septic shock due to influenza”
Select allowable value “2” (No) for Septic Shock Present

Septic Shock Present v5.3a

Septic Shock Present, Allowable Value “1” (Yes)

- Physician/APN/PA documentation of septic shock

OR

- Severe sepsis present AND initial lactate level \geq four

OR

- Severe sepsis present AND persistent hypotension

Persistent Hypotension v5.3a

- Determining persistent hypotension in the operating room (OR)
 - If the hour after the target ordered volume occurs while the patient is in the OR, value “2” may be selected for Persistent Hypotension.
- Timeframe for the Hour to Assess for Persistent Hypotension
 - Persistent Hypotension should be assessed in the hour following the completion of crystalloid fluids, regardless of when crystalloid fluids are completely infused.

SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock:
v5.3a Measure Updates

Questions

Continuing Education Approval

This program has been pre-approved for 1.5 continuing education (CE) unit for the following professional boards:

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

Note: To verify CE approval for any other state, license or certification, please check with your licensing or certification board.

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- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
 - 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 was sent.
- 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.

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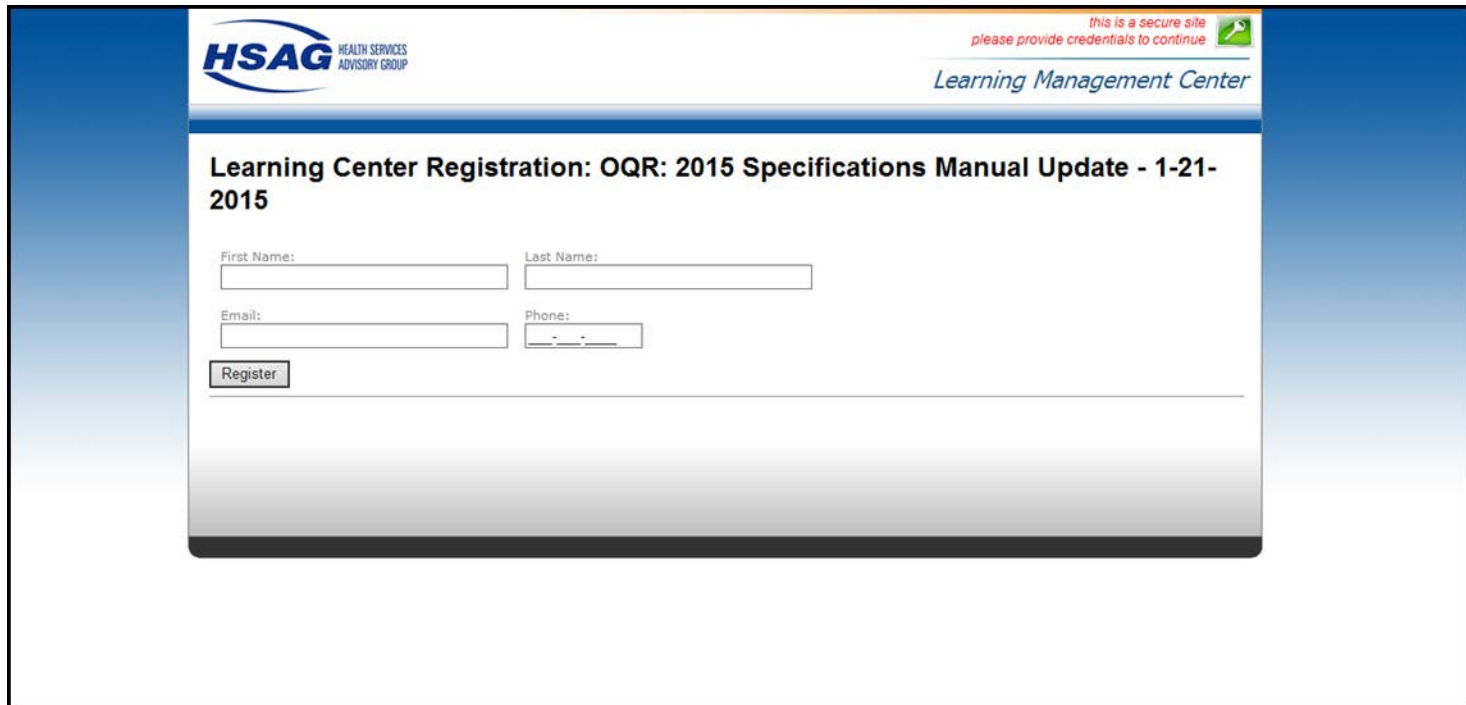
New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

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 displays the registration interface for a new user. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice states "this is a secure site please provide credentials to continue" next to a lock icon, and the text "Learning Management Center" is displayed. The main heading is "Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015". Below this, there are four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field includes a small icon for a telephone. A "Register" button is located below the "Email:" field. The entire form is set against a blue gradient background.

HSAG HEALTH SERVICES ADVISORY GROUP

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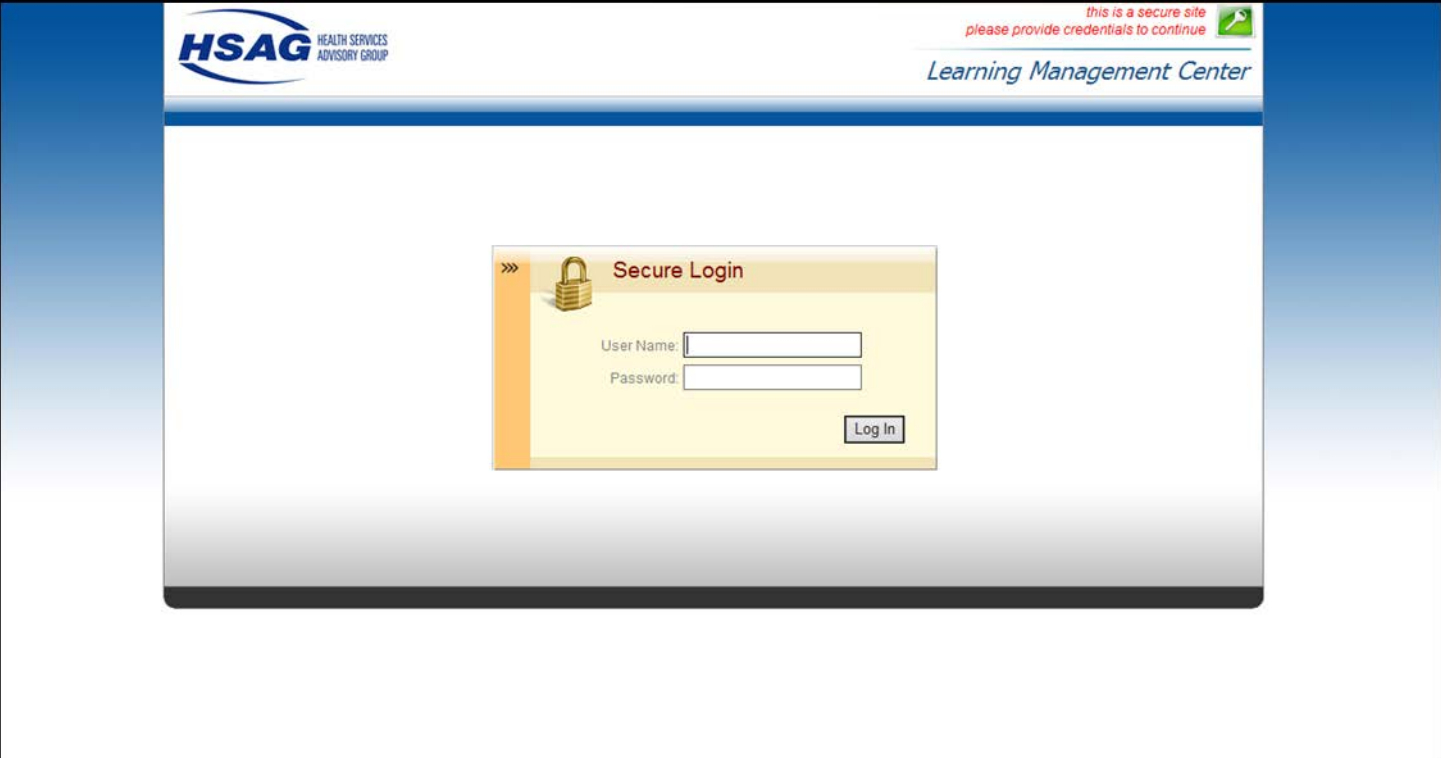
Learning Management Center

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 login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning states "this is a secure site please provide credentials to continue" next to a small green icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and an orange border. Inside this box, there is 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.

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