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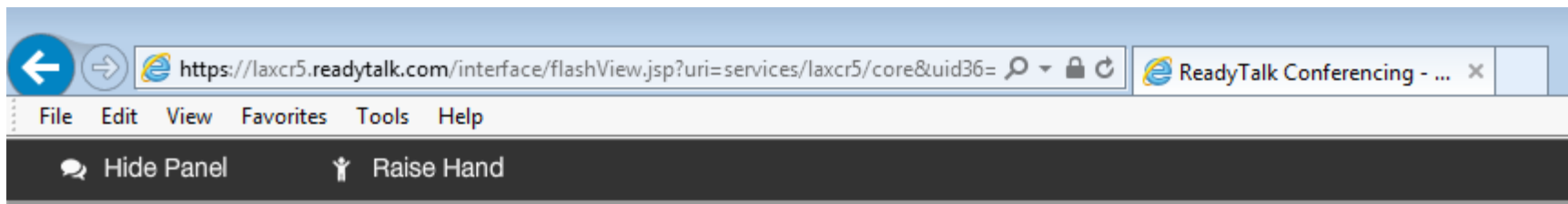
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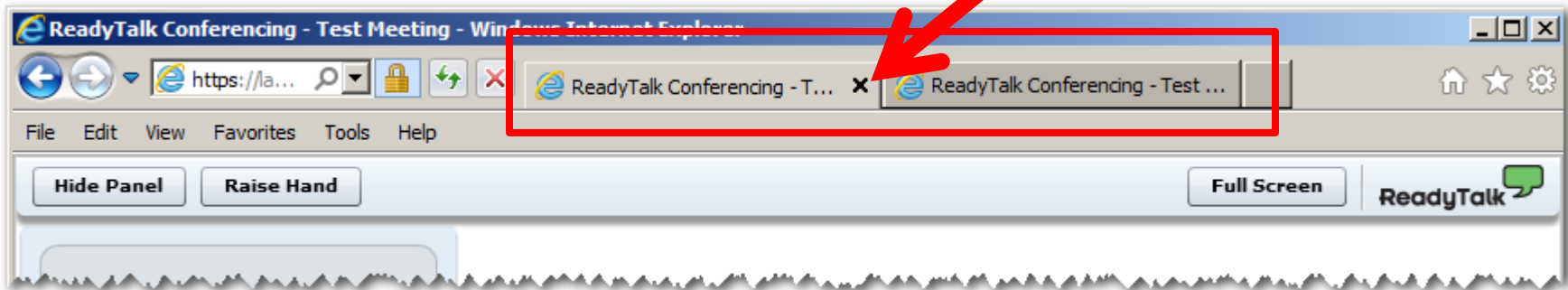


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PCHQR Program Updates and Lessons Learned

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Acronyms and Abbreviations

ACoS	American College of Surgeons	ICD	International Classification of Diseases
CAUTI	Catheter-Associated Urinary Tract Infections	IPF	Inpatient Psychiatric Facility
CCN	CMS Certification Number	IPPS	Inpatient Prospective Payment System
CDI	<i>Clostridium difficile</i> Infection	LabID	Laboratory-Identified
CE	Continuing Education	LTCH	Long-Term Care Hospital
CLABSI	Central Line-Associated Bloodstream Infection	MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
CMS	Centers for Medicare & Medicaid Services	N/A	Not Available
CPT	Current Procedural Terminology	NHSN	National Healthcare Safety Network
CST	Cancer-Specific Treatments	NQF	National Quality Forum
CSV File	Comma Separated Value File	OCM	Oncology Care Measure
DACA	Data Accuracy and Completeness Acknowledgement	OQR	Outpatient Quality Reporting
EBRT	External Beam Radiotherapy	PCH	PPS-Exempt Cancer Hospital
FY	Fiscal Year	PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
Fxns	Fractions	Q	Quarter
Gy	Gray	SBRT	Stereotactic body radiation therapy
HAI	Healthcare-Associated Infection	SC	Support Contractor
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems Survey	SCIP	Surgical Care Improvement Project
HCP	Healthcare Personnel	SRS	Stereotactic Radiosurgery
HQR	Hospital Quality Reporting	SSI	Surgical Site Infection
		VIQR	Value, Incentives, and Quality Reporting

Purpose

This presentation will:

- Inform regarding NQF #1822 updates
- Provide a review of new and updated resources on *QualityNet*
- Impart lessons learned in CST data submission
- Highlight upcoming submission periods/dates

Objectives

Upon completion of this presentation participants will be able to:

- Apply the updated information for NQF #1822 to make abstraction more efficient and consistent
- Locate and access key reference documents on the *QualityNet* website
- Apply the lessons learned in data submission for future submissions
- Identify upcoming events and milestones for the PCHQR Program

EBRT: NQF #1822

Update Rationale

- There are known challenges for some of the PCHs in accessing physician billing data for current CPT codes.
- NQF was added to the Hospital OQR.
- The measure steward is revising both the guideline and the measure for submission of an update to NQF.

EBRT Denominator: Inclusion Criteria

- All patients, regardless of age

AND

- Patients with a diagnosis of painful bone metastasis
 - Bone metastases ICD code(s)
 - ICD-9 = 198.5
 - ICD-10 = C79.51 **OR** C79.52
 - While “painful” is in description, no code to identify; no documentation necessary; only use ICD-10 codes for bone metastases

AND

- Patients with no previous radiation to the same anatomic site

AND

- Patients who receive EBRT
 - Previously used therapeutic radiology treatment planning codes
 - CPT codes 77261 **OR** 77262 **OR** 77263
 - Now provide external beam radiation therapy delivery codes
 - CPT codes 77402 **OR** 77407 **OR** 77412

EBRT Denominator: Exclusion Criteria

- Patients treated with SRS or SBRT
 - SRS CPT codes 77371 **OR** 77372 **OR** 77432
 - SBRT CPT codes 77373 **OR** 77435

OR

- Patients who are part of a prospective clinical protocol or registry study that involves the use of radiation therapy

OR

- Patients who have femoral axis cortical involvement greater than three centimeters long

OR

- Patients who have undergone a surgical stabilization procedure

OR

- Patients who have spinal cord compression **OR** (ICD-10 G95.20 **OR** G95.29), cauda equina compression (G83.4), **OR** radicular pain (M54.10 – M54.18)

OR

- Documentation of patient reason(s) including:
 - Patient declines treatment **OR**
 - Economic, social or religious reasons

EBRT Numerator: Inclusion Criteria

All patients, regardless of age, with painful boney metastases and no previous radiation therapy who receive EBRT in any of the following recommended dosing schemes are included in the EBRT Numerator:

- 30 Gy/10fxns

OR

- 24Gy/6fxns

OR

- 20Gy/5fxns

OR

- 8Gy/1fxn

NOTES:

- Patient must have received at least one fraction, as indicated by CPT code 77402 **OR** 77407 **OR** 77412
- Dose and fractionation scheme are evaluated based upon what was ordered

EBRT: What's New?

The following changes have occurred with the EBRT measure since its introduction into the PCHQR Program.

- Conversion from radiation therapy treatment planning codes to external beam radiation therapy delivery codes ensures:
 - More hospitals will have access to this data
 - Patients will receive at least one dose of EBRT

NOTE: This should not change your denominator, if previous abstraction was done correctly
- Addition of denominator exclusions for:
 - SRS and SBRT
 - Patients who are part of a clinical protocol or registry study that involves the use of radiation therapy
- Provision of ICD-10 codes for spinal cord compression, cauda equina compression, and radicular pain exclusions to decrease data burden
- Definition and limitation of patient reason exclusions to:
 - Patient declines treatment
 - Economic, social, or religious reasons

EBRT:

Incorporating Changes

New data collection

- Select/use a starting treatment date to implement new criteria
 - Align with a data quarter (suggested)
 - Consider how the extent of previous abstraction and time to implement new codes may impact starting date

Previously collected data

- Retain, but refine, current findings by:
 - Eliminating patients receiving SRS or SBRT from denominator and numerator
 - Limiting patient reason exclusions to the following definitions:
 - Patient declines treatment, and/or
 - Economic, social, or religious reasons
- Adjust numerator and denominator as appropriate

EBRT:

Sampling Strategy

EBRT and OCM are “all-patient” data in order to:

- Ensure high quality care is delivered to Medicare beneficiaries in the PCH setting
- Provide CMS with the data needed to inform the public about the quality of care and outcomes in the PCH setting

Sampling methodology for EBRT and OCMs:

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

***QualityNet* Updates: Overview Page**

Final Rules

- Changes
 - Rules placed in declining year order (newest first)
- Additions
 - Expanded descriptions of each year's content
 - Inserted link for the 2016 Final Rule

QualityNet Updates: Overview Page



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

- [FY 2016 IPPS/LTCH PPS Final Rule](#) (80 FR 49325)
 - Two new outcome measures, Methicillin-resistant *Staphylococcus aureus* (MRSA), and *Clostridium difficile* infection (CDI) and one process measure, Healthcare Personnel Vaccination (HCP), were finalized for the FY 2018 program and subsequent years.
 - Surgical Care Improvement Project (SCIP) measures will be removed as of October 1, 2016.
- [FY 2015 IPPS/LTCH PPS final rule](#) (79 FR 50277)
 - One new clinical effectiveness measure (EBRT) was finalized for the FY 2017 program and subsequent years.
 - No previously finalized measures were removed or replaced for the FY 2017 program and subsequent years.
- [FY 2014 IPPS/LTCH PPS final rule](#) (78 FR 50838 through 50846)
 - One new HAI quality measure (surgical site infection) was finalized for the FY 2015 program and subsequent years.
 - 12 new quality measures (including five clinical process oncology care measures, six SCIP measures, and HCAHPS) for the FY 2016 program and subsequent years were finalized.
 - No previously finalized measures were removed or replaced for the FY 2015 and FY 2016 program and subsequent years.
- [FY 2013 IPPS/LTCH Final Rule](#) (77 FR 53555 through 53561)
 - Five quality measures (two hospital-acquired infection (HAI), and three cancer-specific treatment measures) were finalized for the FY 2014 program and subsequent years.

***QualityNet* Updates:**

Measures Page

All Tables

- Added PCH Numbers
- Made “Measure Name” identical to NQF title

Table 1(Safety and HAI Measures)

- Added NHSN measures
 - MRSA
 - CDI
 - HCP Influenza Vaccination

Table 3 (SCIP Measures)

- Changed FY 2018 to N/A

Table 4 (OCMs)

- Enhanced measure name/descriptions

QualityNet Updates: Measures Page


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Measures
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Joint CDC-CMS
Reminder on NHSN

Table 1: Safety and Healthcare-Associated Infection (HAI) Measures

Y = Applicable for stated program year; N/A = Not Applicable for stated program year

NQF #	PCH #	Measure Name	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
0138	PCH-5	CDC NHSN Catheter-Associated Urinary Tract Infections (CAUTI) Outcome Measure	Y	Y	Y	Y	Y
0139	PCH-4	CDC NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure	Y	Y	Y	Y	Y
0431	PCH-28	CDC NHSN Influenza Vaccination Coverage Among Healthcare Personnel (HCP)	N/A	N/A	N/A	N/A	Y
1716	PCH-27	CDC NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure	N/A	N/A	N/A	N/A	Y
1717	PCH-26	CDC NHSN Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure	N/A	N/A	N/A	N/A	Y
0753	PCH-6 and PCH-7	Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	N/A	Y	Y	Y	Y

***QualityNet* Updates:**

Data Collection Page

New additions to tables:

- PCH numbers added to all tables
- Table 1: Safety and HAI Measures updated
 - Added CDI, MRSA, and HCP Influenza Vaccination
 - New links to specifications and data collection tools
- Table 3: SCIP Measures
 - Changed wording to be consistent with NQF titles
 - NQF #0390 abstraction tool will be replaced in near future

Updated information in tables about data collection tools and acceptable methods of transmission using Secure File Transfer via the *QualityNet Secure Portal*

- Table 2 (CST)
- Table 3 (SCIP)
- Table 4 (OCM)
- Table 5 (EBRT)
- Table 6 (HCAHPS)

QualityNet Updates: Data Collection Page



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Data Collection

Data Collection

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

The PCHQR program comprises multiple types of measures endorsed by the National Quality Forum (NQF) that are collected by participating PPS-Exempt Cancer Hospitals using a variety of tested data collection instruments. These measures have different sampling requirements, reporting methods, and [data submission deadlines](#).

A facility can request an extension or waiver of various Quality Reporting Program requirements due to extraordinary circumstances beyond the control of the facility. To request an extension or waiver, complete and submit the [Extraordinary Circumstances Extension or Waiver form](#) within 30 days of the disaster or extraordinary circumstance.

A facility, due to no/low procedure volumes may submit a Measure Exception Request Form. Please refer to [2016-01-PCH](#) for specifics.

Table 1: Safety and Healthcare-Associated Infection (HAI) Measures

NQF #	PCH #	Measure Name	Specifications Manual & Measure Information Forms	Data Collection Tool	Acceptable Method of Transmission
0139	PCH-4	NHSN Central line-associated bloodstream infection (CLABSI) outcome	CLABSI NHSN Resources	CLABSI data collection tool	National Healthcare Safety Network (NHSN)

QualityNet Updates: Data Collection Page

Table 2: Clinical Process/Cancer-Specific Treatment Measures

NQF #	PCH #	Measure Name	Specifications Manual & Measure Information Forms	Data Collection Tool	Acceptable Method of Transmission
0223	PCH-1	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer	Colon measure specifications	Data obtained from cancer registry	Secure file transfer via QualityNet Secure Portal

Table 5: Clinical Effectiveness Measure

NQF #	PCH #	Measure Name	Specifications Manual & Measure Information Forms	Data Collection Tool	Acceptable Method of Transmission
1822	PCH-25	External beam radiotherapy for bone metastases	<ul style="list-style-type: none"> • External beam radiotherapy for bone metastases specifications manual • Radiotherapy algorithm (clean version) • Radiotherapy algorithm (example version) 	Bone metastases paper abstraction tool	Secure file transfer via QualityNet Secure Portal

***QualityNet* Updates:**

Data Submission Page

Inserted information to clarify reference periods for data submission

- HAls refer to event date
 - Added MRSA and CDI
- CSTs refer to diagnosis date
- OCM and EBRT references added to treatment or visit date
- HCP Influenza Vaccination refer to annual flu season
- All other measures denote discharge date

Forms Information

- Edited wording for easier reference
- Included an important change regarding the form submission process

QualityNet Updates: Data Submission Page

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Data Submission

Data Submission

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

PPS-Exempt Cancer Hospitals (PCHs) participating in the PCHQR Program must submit required data via each measure's acceptable methods of transmission no later than 11:59 p.m. Pacific Time on the submission deadline date as established by the Centers for Medicare & Medicaid Services (CMS). Only data submitted according to the established submission methods and deadlines set by CMS qualify for inclusion in the PCHQR Program.

The [PCHQR Program Submission Deadlines by Due Date](#) document serves as a useful reference and provides specific data submission deadlines for the required PCHQR Program measures by data collection period due date. Reference periods are as follows:

- **Event Date**

- Healthcare-Associated Infections (HAIs), including:
 - Central Line-Associated Blood Stream Infection (CLABSI)
 - Catheter-Associated Urinary Tract Infection (CAUTI)
 - Surgical Site Infection (SSI)
 - Methicillin-resistant *Staphylococcus aureus* (MRSA)
 - *Clostridium difficile* (C. diff.)

- **Diagnosis Date**

- Cancer-Specific Treatment measures

- **Patient Treatment or Visit Date**

- Oncology Care Measures (OCMs) and External Beam Radiotherapy (EBRT)

- **Annual Flu Season** - as defined by the Centers for Disease Control and Prevention (CDC)

- Healthcare Personnel Vaccination (HCP)

- All other measures denote discharge dates.

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Resources Page

Web Resources Added or Removed

- Removed Cancer Hospital Workgroup
- Added
 - American College of Surgeons – Quality Programs - Cancer
 - Quality Reporting Center

Program-Specific Resources Added

- PCHQR Program Manual
- Relationship Matrix

Program-Specific Resources Removed

- Timeline
- SCIP Measure Crosswalk


Program-Specific Resources Updated

- Data Submission Deadlines
- Measure Crosswalk

Forms Removed

- DACA (to be replaced)
- Notice of Participation

QualityNet: Resources Page

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Resources

Resources

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Web Resources

The following sites provide additional information about the PCHQR Program's measure specifications and sampling methodology.

- [American College of Surgeons \(ACoS\) - Cancer](#)
- [American Medical Association Physician Consortium for Performance Improvement \(AMA-PCPI\)](#)
- [American Society for Radiation Oncology \(ASTRO\)](#)
- [American Urological Association \(AUA\)](#)
- [National Healthcare Safety Network \(NHSN\)](#)
- [Medicare PPS-Excluded Cancer Hospitals](#)
- [Federal Register](#)
- [Hospital Compare](#)
- [Hospital Survey Hospital Consumer Assessment of Healthcare Providers and Systems \(HCAHPS\)](#)
- [National Quality Forum Measure Endorsements and Performance Standards \(NQF\)](#)
- [Quality Reporting Center](#)
- [Regulations.gov](#)

Program-Specific Resources

- [2015 PPS-Exempt Cancer Hospitals Quality Reporting Program Manual](#), PDF-5 MB (02/18/16)
- [Data Submission Deadlines](#), PDF-227 KB (Updated 02/18/16)
- [Measure Crosswalk](#), PDF-127 KB (Updated 02/18/16)
- [PCHQR Measure to Public Reporting Period Relationship Matrix](#), PDF-426 KB (02/18/16)

Forms

- [Extraordinary Circumstances Extension/Exemptions Request Form](#), PDF-71 KB (03/12/15)
- [Measure Exception Form](#), PDF-43 KB (01/16/15)

Resources Highlight: Measure Submission Deadlines

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measure Submission Deadlines by Due Date

Data must be submitted no later than 11:59 p.m. PT on the submission deadline. Only data submitted according to the established deadlines of the Centers for Medicare & Medicaid Services (CMS) qualify for inclusion in the PCHQR Program. The reference periods noted for Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infections (SSI), Methicillin-Resistant *Staphylococcus aureus* (MRSA), and *Clostridium difficile* Infection (CDI) refer to event dates; the reference periods for the other measures denote designated measure periods (patient visit, discharge date, etc.). For complete measure titles and National Quality Forum designations, please visit the [QualityNet PCHQR Measures](#) page.

Due Date	Colon Cancer/ Breast Cancer*	Adjuvant Hormonal Therapy*	CLABSI/ CAUTI/SSI**	MRSA/CDI**	HCP Flu Vacc**	SCIP††	HCAHPS	OCM††	EBRT††	DACA
01/06/2016	N/A	N/A	N/A	N/A	N/A	N/A	Q3 2015 (7/1–9/30)	N/A	N/A	N/A
02/15/2016	Q2 2015 (4/1–6/30)	Q4 2014 (10/1–12/31)	Q3 2015 (7/1–9/30)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
04/06/2016	N/A	N/A	N/A	N/A	N/A	N/A	Q4 2015 (10/1–12/31)	N/A	N/A	N/A
05/15/2016	Q3 2015 (7/1–9/30)	Q1 2015 (1/1–3/31)	Q4 2015 (10/1–12/31)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
07/06/2016	N/A	N/A	N/A	N/A	N/A	N/A	Q1 2016 (1/1–3/31)	N/A	N/A	N/A
08/15/2016	Q4 2015 (10/1–12/31)	Q2 2015 (4/1–6/30)	Q1 2016 (1/1–3/31)	Q1 2016 (1/1–3/31)	N/A	Q2–Q3 2015 (4/1–9/30)	N/A	Q2–Q4 2015 (4/1–12/31)	CY 2015 (1/1–12/31)	N/A
08/31/2016	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	For FY 2017
10/05/2016	N/A	N/A	N/A	N/A	N/A	N/A	Q2 2016 (4/1–6/30)	N/A	N/A	N/A
11/15/2016	Q1 2016 (1/1–3/31)	Q3 2015 (7/1–9/30)	Q2 2016 (4/1–6/30)	Q2 2016 (4/1–6/30)	N/A	N/A	N/A	N/A	N/A	N/A
01/04/2017	N/A	N/A	N/A	N/A	N/A	N/A	Q3 2016 (7/1–9/30)	N/A	N/A	N/A
02/15/2017	Q2 2016 (4/1–6/30)	Q4 2015 (10/1–12/31)	Q3 2016 (7/1–9/30)	Q3 2016 (7/1–9/30)	N/A	N/A	N/A	N/A	N/A	N/A
04/05/2017	N/A	N/A	N/A	N/A	N/A	N/A	Q4 2016 (10/1–12/31)	N/A	N/A	N/A
05/15/2017	Q3 2016 (7/1–9/30)	Q1 2016 (1/1–3/31)	Q4 2016 (10/1–12/31)	Q4 2016 (10/1–12/31)	Q4 2016–Q1 2017 (10/1/16–3/31/17)	N/A	N/A	N/A	N/A	N/A

*Data entered into American College of Surgeons Rapid Quality Reporting System, extracted and then submitted to CMS via the [QualityNet Secure Portal](#) at [www.qualitynet.org](#)

**Submitted to the Centers for Disease Control and Prevention via the National Healthcare Safety Network

†Submitted to CMS via the [QualityNet Secure Portal](#) located at [www.qualitynet.org](#)

‡Annual submission, stratified by quarter

Resources Highlight: New Relationship Matrix

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Relationship Matrix of Program Measures by Years and Quarters

This reference document for PCHQR Program participants shows how each of the measures in the Program relates to the following:

- Specific measures with their NQF and PCH number
- Program (Fiscal) Year to which the measure applies
- Reporting Periods that apply to each respective Program Year
- Quarterly Data Submission Deadlines for each Reporting Period
- Timeframes displayed when each metric will be displayed for Public Reporting on the *Hospital Compare* website

Cancer-Specific Treatments:	Program (Fiscal) Years	Reporting Periods - Calendar Year Quarters	Quarterly Data Submission Deadlines	Hospital Compare Release April 2015	Hospital Compare Release July 2015	Hospital Compare Release October 2015	Hospital Compare Release December 2015	Hospital Compare Release April 2016	Hospital Compare Release July 2016	Hospital Compare Release October 2016	Hospital Compare Release December 2016
Colon Chemo NQF #0223 (PCH-1)	2014	1Q 2013	PRIOR	1Q2013-4Q2013	2Q2013-1Q2014	3Q2013-2Q2014	4Q2013-3Q2014	1Q2014-4Q2014	2Q2014-1Q2015	3Q2014-2Q2015	4Q2014-3Q2015
		2Q 2013	PRIOR								
		3Q 2013	PRIOR								
		4Q 2013	PRIOR								
Breast Chemo NQF #0559 (PCH-2)	2015	1Q 2014	PRIOR								
		2Q 2014	PRIOR								
		3Q 2014	PRIOR								
		4Q 2014	PRIOR								
	2016	1Q 2015	PRIOR								
		2Q 2015	02/15/2016								
		3Q 2015	05/15/2016								
		4Q 2015	08/15/2016								
	2017	1Q 2016	11/15/2016								
		2Q 2016	02/15/2017								
		3Q 2016	05/15/2017								
		4Q 2016	08/15/2017								

Lesson Learned from 2/15/16 CST Data Submission: “Provider” CCN

Trap: Provider CCN not entered for each measure/row

Trick: Enter actual CCN for Provider column for each measure/row

Remember, if you are in California, you must also ensure that the leading zero is present

Lesson Learned from 2/15/16 CST Data Submission: Leading Zeroes – Start and End Dates

Trap:

- Missing leading zeroes
- Failure to include leading zeroes in reporting period start and end dates
- Not done or saved in Excel, resulting in leading zeroes lost

Trick:

Leading zeroes need to be placed in both the “**RPTG_PRD_START_DT**” and the “**RPTG_PRD_END_DT**” columns when necessary

- Enter **01012015** and **03312015** values, for the May 15 Hormone Measure submission, in Notepad view
- Enter **07012015** and **09302015** values, for the May 15 Chemo Measure submission, in Notepad view
- Do not save in Excel

Lesson Learned from 2/15/16 CST Data Submission: Leading Zeroes – File Naming

Trap: File nomenclature errors

Incorrect Example:

pch_acos_chemo_HQR_2015Q2_2_8_2016.csv

Trick: For Month 2 digits; Date 2 digits; Year 4 digits

Correct Example:

pch_acos_chemo_HQR_2015Q2_02_08_2016.csv

Notes:

- File name includes actual date of submission
- Save files with the date of submission in the name – if you have to resubmit a file on a different day, remember to change the date
- Inclusion of quarter data being submitted (varies between PCH 1-2 and PCH 3)
- You can check yourself. The hormone file should be 2 quarters **prior** to the chemo file (e.g., in May 2016, you will submit 2015Q3 for chemo and 2015Q1 for hormone)

Lesson Learned from 2/15/16 CST Data Submission: Calculation of Rate

Trap: Rounding incorrectly to the tenth place

Trick: Use 100th place to round tenth place

Rounding Rule:

We are rounding to the tenth place for the CSTs.

Use the value in the hundredths place to determine whether we round up or down for the tenth.

- If value is 0-4, leave tenth place digit as is
- If value is 5-9, round up the tenth place digit by one

Examples:

- 93.76 would round up to 93.8
- 84.12 would round to 84.1
- 91.95 would round up to 92.0

Important Upcoming Dates and Milestones

Data points

- April 6, 2016: 4Q 2015 HCAHPS
- April 21, 2016: April Hospital Compare Release
- April 22 – May 21, 2015: July Public Reporting Preview Period
- May 15, 2016: Data Submission
 - 1Q 15 Hormonal Measure
 - 3Q 15 Chemo Measures
 - 4Q 15 CLABSI, CAUTI, SSI Measures

Upcoming Webinars

- March 24, 2016: *Development and Selection of Quality Metrics for the PCHQR*
- April 28, 2016: *PCH Analysis of LabID Event Reporting*
- May 26, 2016: *Proposed FY 2017 PCHQR Rule*
- June 23, 2016: *Data Submission of OCMs and EBRT: Population and Sampling*

2017 Proposed IPPS/LTCH Rule Release

- Tentatively scheduled for April release

Continuing Education Approval

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

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

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is a separate registration from ReadyTalk®.
 - Please use your PERSONAL email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

☐ No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

☐ Very satisfied

☐ Somewhat satisfied

☐ Neutral

☐ Somewhat dissatisfied

☐ Very dissatisfied

If you answered "very dissatisfied", please explain

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

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

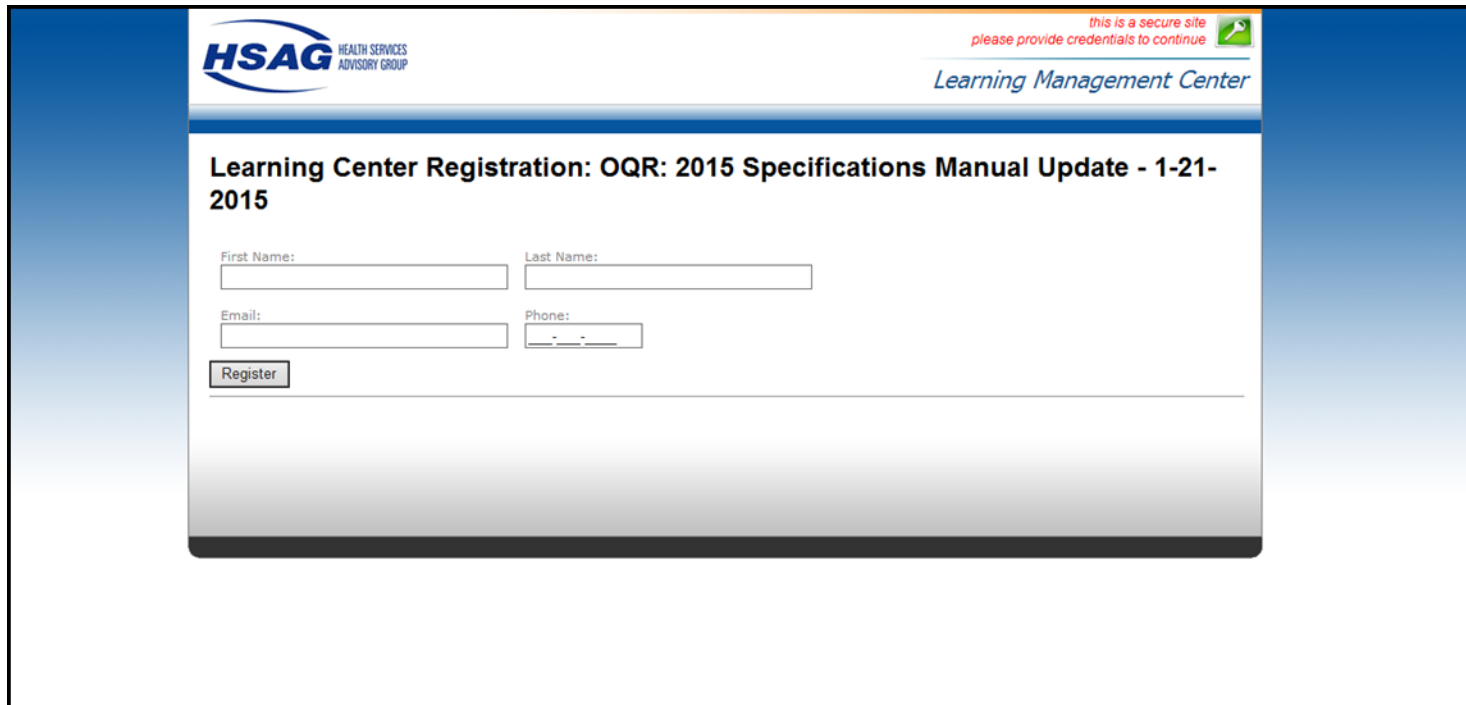
New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

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

Done

CE Credit Process: New User



The screenshot displays the registration 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 notice reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The main heading for the registration is "Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015". The form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field includes a small icon for a phone number. A "Register" button is located below the "Email:" field. The entire form is set against a blue and white background with a gradient.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

Learning Management Center

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

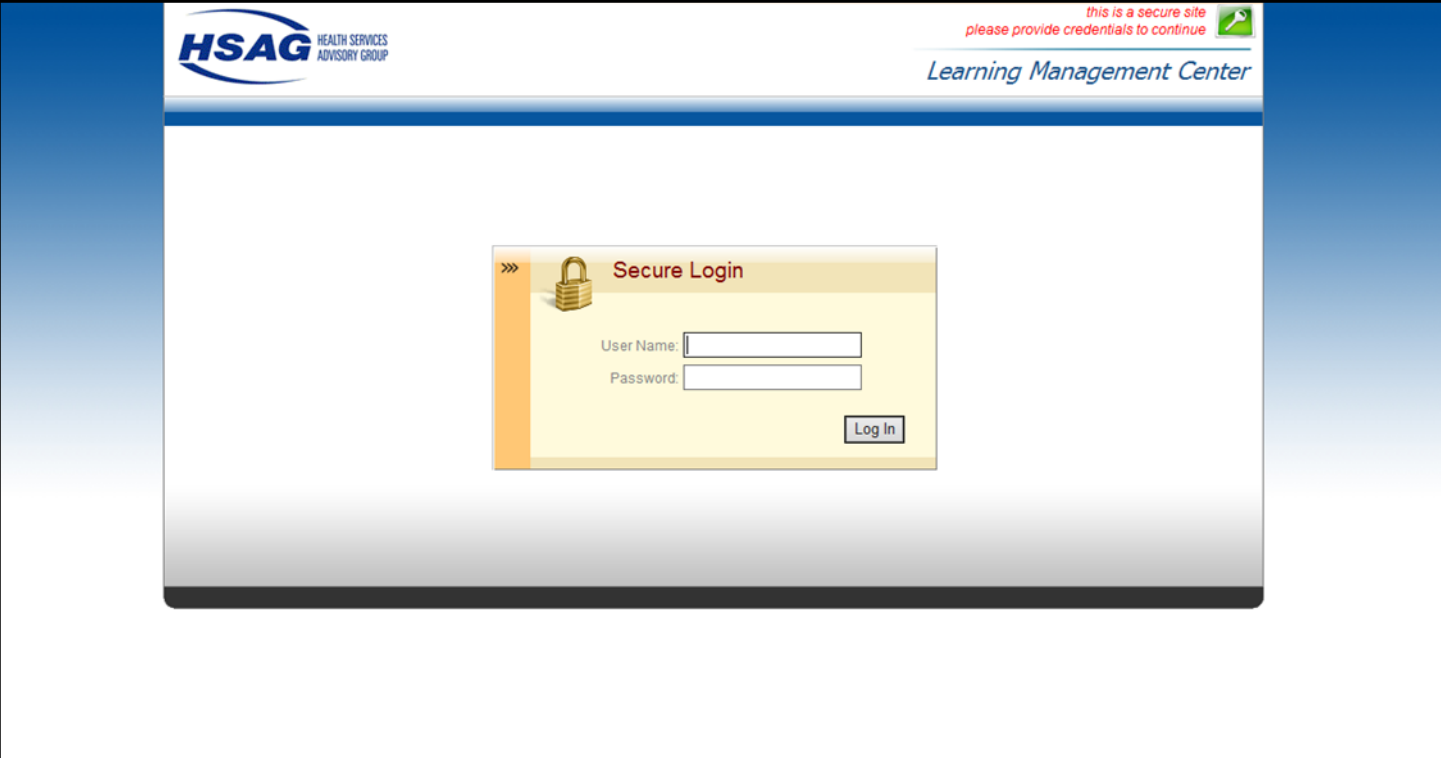
First Name:

Last Name:

Email:

Phone:

CE Credit Process: Existing User



The screenshot displays the 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 reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:", followed by a "Log In" button.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

Learning Management Center

Secure Login

User Name:

Password:

Log In

QUESTIONS?
