Keeping you “in the know” in the ASC industry

CMS Quality Reporting for ASCs

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Learning Objectives

• Participants will:
  – Define the quality reporting that is required by Centers for Medicare and Medicaid Services (CMS) for ambulatory surgery centers (ASCs)
  – Identify the different reports and look-up tools available for participants to utilize
  – Discuss future implications in the ambulatory surgery center quality reporting (ASCQR) program

CMS Ambulatory Surgical Center Quality Reporting Program

• CMS ASC Quality Reporting Program Quality Measures Specifications Manual
  • Verify you have the latest versions
    – 8.0a 1Q19-4Q19 (released 12/18)
    – 7.0a 1Q18-4Q18 (released 4/12/18)

• Located @ www.qualitynet.org under ASC tab
• Included in this manual:
  • Measure specifications
  • Data collection and submission
  • Quality Data Codes (QDCs)
2019 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ASC Payment Final Rule

- Released on November 2, 2018
- ASC Quality Reporting Program begins on page 937: Section XIV. Requirements for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

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**2019 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ASC Payment Final Rule**

- Removed a total of two measures and suspended four measures across CY 2020 and CY 2021 payment determinations:
  - CY 2020 Payment Determination (Data Collection 2018)
    - ASC-8: Influenza Vaccination Coverage Among Healthcare Personnel
  - CY 2021 Payment Determination (Data Collection 2019)
    - ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use
2019 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ASC Payment Final Rule

- Removed a total of two measures and suspended four measures across CY 2020 and CY 2021 payment determinations:
  - CY 2021 Payment Determination (Data Collection 2019)
    - ASC-1: Patient Burn
    - ASC-2: Patient Fall
    - ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
    - ASC-4: All-Cause Hospital Transfer/Admission
  (ASC 1- ASC 4: suspended data collection starting January 1, 2019 until further rulemaking)

- ASC-11: Cataracts- Improvement in Patient’s Visual Function within 90 days Following Cataract Surgery remains voluntary

- Continued delayed implementation of (ASC 15a-e): OAS CAHPS Survey measures

- Change the reporting period for ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy from 1 year to 3 years. For example, for CY 2020 payment determination claims data from January 1, 2016 through December 31, 2018 would be utilized.
ASC Quality Reporting Program Measures

- ASC-1: Patient Burn
- ASC-2: Patient Fall
- ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- ASC-4: Hospital Transfer/Admission
- ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing
  (no reporting in 2018)

**Final:** Beginning January 1, 2019 and subsequent years, for ASC-1, ASC-2, ASC-3 and ASC-4, quality data codes will be suspended and **NOT** be reported for Medicare Part B Fee for Service Patients until further rulemaking.

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ASC Quality Reporting Program Measures

- ASC-6: Safe Surgery Checklist Use (no reporting in 2018)
- ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures
  (no reporting in 2018)
- ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use

Web Based Reporting via QualityNet Secure Portal (www.qualitynet.org)

- Data **collection:** January 1 through December 31, 2018
- Data **reporting:** January 1 through May 15, 2019

**Final:** Beginning January 1, 2019 and subsequent years, data for ASC-10, will **NOT** be collected January 1 through December 2019 and **NOT** reported January 1 through May 15, 2020.
ASC Quality Reporting Program Measures

ASC-8: Influenza Vaccination Coverage among Healthcare Personnel

Web Based Reporting Via Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) (www.cdc.gov/nhsn/index.html)

- Data collection begins with immunizations for the flu season October 1, 2018 through March 31, 2019.

Final: No data collection in 2018 and subsequent years and no data reporting in 2019 and subsequent years.

ASC Quality Reporting Program Measure Removal Factors (final)

- Factor 1: Measure performance among ASCs is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made (“topped-out” measures).
- Factor 2: Availability of alternative measures with a stronger relationship to patient outcomes. delete this factor
- Factor 2: Performance or improvement on a measure does not result in better patient outcomes. add this factor
- Factor 3: A measure does not align with current clinical guidelines or practice.
- Factor 4: The availability of a more broadly applicable (across settings, populations, or conditions) measure for the topic.
- Factor 5: The availability of a measure that is more proximal in time to desired patient outcomes for the particular topic.
- Factor 6: The availability of a measure that is more strongly associated with desired patient outcomes for the particular topic.
- Factor 7: Collection or public reporting of a measure leads to negative unintended consequences other than patient harm.
- Factor 8: The costs associated with a measure outweigh the benefit of its continued use in the program. add this factor
ASC Quality Reporting Program- Reason for the Measure Removal

CY 2020 Payment Determination (Data Collection 2018)
- ASC-8: Influenza Vaccination Coverage Among Healthcare Personnel
  - Reason for Removal: Factor 8: The costs associated with a measure outweigh the benefit of its continued use in the program.

CY 2021 Payment Determination (Data Collection 2019)
- ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use
  - Reason for Removal: Factor 8: The costs associated with a measure outweigh the benefit of its continued use in the program.

(Beginning January 1, 2019 and subsequent years, data for ASC-10, will NOT be collected January 1 through December 2019 and NOT reported January 1 through May 15, 2020.)
ASC Quality Reporting Program Measures

ASC-12: Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

• Data is pulled by CMS from the Medicare Fee for Service administrative claims that were billed by the center starting January 1-December 31, 2016 and subsequent years.
• **No data submission** or reporting required from the ASC
• Colonoscopy Claims Detail Reports (CDR) will be periodically uploaded to the QualityNet secure portal throughout the year.

Finalized to change the reporting period for ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy from 1 year to 3 years. For example, for CY 2020 payment determination claims data from January 1, 2016 through December 31, 2018 would be utilized.
ASC Quality Reporting Program Measures

- **ASC 13 Normothermia Outcome**
  Data submitted for *a Sampling* that meet the denominator criteria.

- **ASC 14 Unplanned Anterior Vitrectomy**
  Data submitted for *All Patients* that meet the denominator criteria.

**Web Based Reporting via QualityNet Secure Portal**
(www.qualitynet.org)

- Data **collection**: January 1 through December 31, 2018
- Data **reporting**: January 1 through May 15, 2019

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**ASC 13: Normothermia Outcome**

**Numerator**: Surgery patients with a body temperature equal to or greater than 96.8 Fahrenheit/36 Celsius recorded within fifteen minutes of Arrival in PACU

**Denominator**: All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration
ASC 13: Normothermia Outcome

Definitions:

**Arrival in PACU**: Time of patient arrival in PACU

**Intentional hypothermia**: A deliberate, documented effort to lower the patient's body temperature in the perioperative period

**Neuraxial anesthesia**: Epidural or spinal anesthesia

**Temperature**: A measure in either Fahrenheit or Celsius of the warmth of a patient’s body. Axillary, bladder, core, esophageal, oral, rectal, skin surface, temporal artery, or tympanic temperature measurements may be used.

Examples of Sample Size

**ASC-9, ASC-10, and ASC-13**

**Population Per Year 0-900**
Yearly Sample Size 63

**Population Per Year ≥901**
Yearly Sample Size 96

For each measure use the denominator/population to calculate the sample size.

Beginning January 1, 2019 and subsequent years, data for ASC 10, will NOT be collected January 1 through December 2019 and NOT reported January 1 through May 15, 2020.
ASC 14: Unplanned Anterior Vitrectomy

**Numerator**: All cataract surgery patients who had an unplanned anterior vitrectomy

**Denominator**: All cataract surgery patients

**Numerator Exclusions**: None

**Denominator Exclusions**: None

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**Definitions**:

**Admission**: completion of registration upon entry into the facility

**Cataract surgery**: for purposes of this measure, CPT code 66982 (Cataract surgery, complex), CPT code 66983 (Cataract surgery w/IOL, 1 stage) and CPT code 66984 (Cataract surgery w/IOL, 1 stage)

**Unplanned anterior vitrectomy**: an anterior vitrectomy that was not scheduled at the time of the patient's admission to the ASC
The five survey-based measures (ASC-15a-e) are collected via one survey: OAS CAHPS:

- ASC-15a: About Facilities and Staff;
- ASC-15b: Communication About Procedure;
- ASC-15c: Preparation for Discharge and Recovery;
- ASC-15d: Overall Rating of Facility; and
- ASC-15e: Recommendation of Facility

Data collection of these measures has been delayed.

ASC 15: OAS CAHPS Survey Website

- Official OAS CAHPS website [https://oascahps.org/](https://oascahps.org/)
  (This is the official website for news, training and information about the OAS CAHPS survey.)

- The survey has three administration methods:
  - mail-only;
  - telephone-only; and
  - mixed mode (mail with telephone follow-up of non-respondents)

- Toll-free number: 1-866-590-7468 for questions
ASC 15: OAS CAHPS Survey Website

- The survey instrument became available for voluntary use in January 2016 and can be located at [https://oascahps.org/Survey-Materials](https://oascahps.org/Survey-Materials)
- Pages 12-14 of the guide “Ambulatory Surgery Centers’ Responsibilities”

ASC 17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures

- Data is pulled by CMS from the Medicare Fee for Service administrative claims billed by the center.
- **No data submission** or reporting required from the ASC
- Data collection period for the CY 2022 payment determination would be CY 2019 to 2020 (two calendar years).
- The measure outcome is all-cause, unplanned hospital visits (Emergency Department Visit, Observation Stays, Unplanned Inpatient Admission) within seven days of an orthopedic procedure performed at an ASC.
- **Claims Detail Reports (CDR)** will be uploaded to QualityNet secure portal for facility review.
ASC 18: Hospital Visits after Urology Ambulatory Surgical Center Procedures

• Data is *pulled by CMS* from the Medicare Fee for Service *administrative* claims billed by the center.

• **No data submission** or reporting required from the ASC

• Data collection period for the CY 2022 payment determination would be CY 2019 to 2020 (two calendar years).

• The measure outcome is all-cause, unplanned hospital visits (Emergency Department Visit, Observation Stays, Unplanned Inpatient Admission) within seven days of an urology procedure performed at an ASC.

• **Claims Detail Reports (CDR)** will be uploaded to QualityNet secure portal for facility review.

ASC 17 and ASC 18

• Reports will be uploaded to QualityNet secure portal for ASCs to review and will include:
  – patient-level data for each hospital visit
  – the type of visit (emergency department visit, observation stay, or unplanned inpatient admission),
  – the admitting facility, and
  – the principal discharge diagnosis.

• These reports enable ASCs to see their facility specific data.

• General information about the confidential facility-specific reports will be available at: [http://www.qualitynet.org](http://www.qualitynet.org)

• Again, because CMS uses paid, final action Medicare claims, ASCs would **not need** to submit any additional data
Key Points To Remember

• ASC 6, 7, 9 & 10:
  – Active Security Administrator to access QualityNet Secure Portal
  – Recommended to have two security administrators if possible
  – Sign in to QualityNet secure portal frequently (every 60 days) to keep the account active

Beginning January 1, 2019 and subsequent years, data for ASC-10, will NOT be collected January 1 through December 2019 and NOT reported January 1 through May 15, 2020.

Key Points To Remember

• ASC 9 and 10 (colonoscopy measures):
  – The sample size for each measure is determined by the number of cases that meet the denominator criteria.
  – If you do not perform endoscopy procedures you STILL need to log into www.qualitynet.org secure portal and enter zero for the numerator and denominators in both measures.
Key Points To Remember

• ASC-12: (facility seven-day risk-standardized hospital visit rate after outpatient colonoscopy)
  – no data submission or reporting required from ASCs
  – for ASCs performing colonoscopy, confidential reports include patient level data and will be uploaded to the QualityNet Secure Portal
    • patient (medical record number), date of birth, date of service
    • type of hospital visit (ED, observation, hospital)
    • admitting facility
    • diagnosis code of hospital visit and hospital ID

Key Points To Remember

• ASC 13 and 14 (Normothermia and Unplanned Anterior Vitrectomy)
  – Normothermia Outcome- data submitted for a Sampling that meet the denominator criteria.
  – Unplanned Anterior Vitrectomy- data submitted for All Patients that meet the denominator criteria.
  – If you do not perform these procedures you STILL need to log into www.qualitynet.org secure portal and enter zero for the numerator and denominator in both measures.
Key Points To Remember

- Each facility should have at least two people signed up for the QualityNet email notifications
  - Go to www.qualitynet.org; click on ambulatory surgery center and click on email notification
  - Click on listserv registration (right sides of page)
  - Only check ambulatory surgical centers

ASCQR Program Measures Summary 2019

<table>
<thead>
<tr>
<th>Number</th>
<th>Measure Title</th>
<th>Type of Measure</th>
<th>Data Collection Dates</th>
<th>Data Reporting Dates</th>
<th>Payment Determination Year</th>
<th>Measure Applies To</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-1</td>
<td>Patient Burn</td>
<td>Claims-Based</td>
<td>No data collection (QDCs) starting January 1, 2019</td>
<td>No reporting starting January 1, 2019</td>
<td>Measures suspended for CY 2021</td>
<td>Medicare Part B fee for service patients</td>
</tr>
<tr>
<td>ASC-2</td>
<td>Patient Fall</td>
<td>Claims-Based</td>
<td>No data collection (QDCs) starting January 1, 2019</td>
<td>No reporting starting January 1, 2019</td>
<td>Measures suspended for CY 2021</td>
<td>Medicare Part B fee for service patients</td>
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<td>ASC-3</td>
<td>Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant</td>
<td>Claims-Based</td>
<td>No data collection (QDCs) starting January 1, 2019</td>
<td>No reporting starting January 1, 2019</td>
<td>Measures suspended for CY 2021</td>
<td>Medicare Part B fee for service patients</td>
</tr>
<tr>
<td>ASC-4</td>
<td>Hospital Transfer/ Admission</td>
<td>Claims-Based</td>
<td>No data collection (QDCs) starting January 1, 2019</td>
<td>No reporting starting January 1, 2019</td>
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<tr>
<td>ASC-10</td>
<td>Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</td>
<td>Web-Based via QualityNet secure portal</td>
<td>Measure has been removed starting January 1, 2019</td>
<td>No reporting in 2020</td>
<td>Sampling</td>
<td></td>
</tr>
<tr>
<td>ASC-11</td>
<td>Voluntary Cataracts: Improvement in Patient’s Visual Function within 90 days following Cataract Surgery</td>
<td>Web-Based via QualityNet secure portal</td>
<td>January 1 - December 31, 2019</td>
<td>January 1 - May 15, 2020</td>
<td>CY 2021</td>
<td>Sampling</td>
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<td>ASC-12</td>
<td>Facility Seven-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy</td>
<td>Administrative Claims-Based</td>
<td>Paid Medicare Fee for Service Claims January 1, 2016 - December 31, 2018 and subsequent years</td>
<td>Paid Medicare Fee for Service Claims</td>
<td>CY 2020</td>
<td>Paid Medicare Fee for Service Claims</td>
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<tr>
<td>ASC-14</td>
<td>Unplanned Anterior Vitrectomy</td>
<td>Web-Based via QualityNet secure portal</td>
<td>January 1 - December 31, 2019</td>
<td>January 1 - May 15, 2020</td>
<td>CY 2021</td>
<td>All Patients Meeting Criteria</td>
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<td>ASC-17</td>
<td>Hospital Visit After Orthopedic Ambulatory Surgery Procedures</td>
<td>Administrative Claims Based</td>
<td>Paid Medicare Fee for Service Claims January 1, 2019 - December 31, 2020</td>
<td>Paid Medicare Fee for Service Administrative Claims</td>
<td>CY 2022</td>
<td>Paid Medicare Fee for Service Claims</td>
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<tr>
<td>ASC-18</td>
<td>Hospital Visit After Urology Ambulatory Surgery Procedures</td>
<td>Administrative Claims Based</td>
<td>Paid Medicare Fee for Service Claims January 1, 2019 - December 31, 2020</td>
<td>Paid Medicare Fee for Service Administrative Claims</td>
<td>CY 2022</td>
<td>Paid Medicare Fee for Service Claims</td>
</tr>
</tbody>
</table>

### Status Listing Look Up Tools


- **CCN Lookup Tool**
  In order to find your facility’s CMS Certification Number (CCN) enter your facility’s National Provider Identifier (NPI)

- **Web-Based Status Listing**
  For information on your facility’s web-based measures data submission for ASC 6, 7, 9 and 10.
  - *For example:*
    - ASC-6 Submitted: yes (or no)
    - ASC-7 Submitted: yes (or no)
    - ASC-9 Submitted: yes (or no)
    - ASC-10 Submitted: yes (or no)
ASC Quality Reporting Program Tools and Resources

http://www.qualityreportingcenter.com/asc/resources/

ASCQR Program: Public Reporting of Facility Specific Data

• Currently ASC 1-12 Facility Specific Data submitted for calendar year 2016 was publicly reported in December 2017.

• CMS reports ASC data on Hospital Compare, the CMS website for Medicare beneficiaries and the general public at https://www.medicare.gov/hospitalcompare/asc-ambulatory-surgical-measures.html

• Facility, state, and national data is displayed.

• ASC 1-12 Facility Specific Data submitted for calendar year 2017 will be publicly reported February 2019
ASC Quality Reporting Program- ASC Facility Compare

- [https://www.qualityreportingcenter.com/asc/data/compare/](https://www.qualityreportingcenter.com/asc/data/compare/)

ASC Facility Compare allows the research and comparison of ASCQR Program quality measure information for the past payment year.

- Allows searches by city and state or ZIP code to compare data for all facilities.

- Additionally, comparisons of up to three individually selected facilities, regardless of city, state, or ZIP code, can be made by entering a facility’s National Provider Identifier (NPI).

- Data uploaded to the ASC Facility Compare page are taken directly from the *Hospital Compare* website.

Websites with Additional Information

- ASC Quality Collaboration website (measure summary and implementation guide) [http://ascquality.org/qualitymeasures.cfm](http://ascquality.org/qualitymeasures.cfm)

- Ambulatory Surgery Center Association (ASCA) website [http://www.ascassociation.org](http://www.ascassociation.org)

- QualityNet website (CMS Specifications Manual & Email Notifications) [http://qualitynet.org](http://qualitynet.org)

- Quality Reporting Center HSAG (CMS national support contractor) [http://www.qualityreportingcenter.com/](http://www.qualityreportingcenter.com/)
Questions?

➢ For ASC Quality Reporting Program Questions: 
   Contact Health Services Advisory Group (HSAG) 
   (formerly FMQAI) at https://cms-ocsq.custhelp.com/
   or via phone (866) 800-8756 Monday through Friday, 
   7 a.m. to 6 p.m. Eastern Time

References

➢ Federal Register / Vol. 78, No. 237 / Tuesday, December 10, 2013/ Rules and Regulations. Available at 
➢ Federal register/ Vol. 80, No. 219 / Friday, November 13, 2015/ Rules and Regulations. Available at 
➢ Federal register/ Vol. 81, No. 219/ Monday, November 14, 2016/ Rules and Regulations. Available at 
➢ ASC Quality Collaboration Implementation Guide, Version 5.0, December 2017. Available at 
➢ CMS ASC Quality Reporting Program Quality Measures Specifications Manuals, Versions 7.0a, 8.0 
   Available at www.qualitynet.org
➢ QualityNet at www.qualitynet.org
➢ QualityReportingCenter at www.qualityreportingcenter.com
➢ National Healthcare Safety Network www.cdc.gov/nhsn/
Contact Information

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Available on eSupport

• Compliance/Quality Reporting/Overview

QUALITY REPORTING OVERVIEW
A quality reporting program for ASCs was finalized by the Centers for Medicare and Medicaid Services (CMS) in the Calendar Year (CY) 2012 OPPS/ASC Final Rule with Comment Period (CMS-1526-FC). To meet Ambulatory Surgical Center Quality Reporting (ASCQR) Program requirements, ASCs must meet administrative, data collection, and data submission requirements. ASCs submit data for quality measures by:

- Reporting quality data codes (QDCs) for claims-based measures on the Form CMS-1500 or associated electronic data set.
- Answering Web-based (structural) measure questions.

ASCs that do not meet program requirements for ASC Quality Reporting will receive a 2% reduction in their ASC annual payment update.

Click here to see the published quality data code-based data. These are for services provided in CY 2013 and CY 2014. If an ASC chose to suppress data for CY 2013, CY 2014, or both years, a footnote (FN 5) will display. There were 301 requests to suppress these data for one or both years.
Available on eSupport

- Compliance/Quality Reporting/Data Reporting

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Terre Thomas

June 28, 2019
DEVELOPING THE LEADER WITHIN: PART II
Laura Baldwin, RN
Vanessa Sindell, MSN, BSN, RN

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Phenelle Segal, RN, CIC

October 25, 2019
DOCUMENTATION BEST PRACTICES
Crissy Benze, MSB, BSN, RN

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Will Miller

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Vanessa Sindell, MSN, BSN, RN

May 20, 2019
CULTURE OF SAFETY
Crissy Benze, MSN, BSN, RN

July 29, 2019
CULTURAL SENSITIVITY
Debra Stinchcomb, MBA, BSN, RN, CASC

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