Annual Updates for Hospital Harm: Acute Kidney Injury (HH-AKI) (CMS832v3) eCQM for 2026 Reporting Year

Expert to Expert Webinar Series

Broadcast Webinar
May 7, 2026 Continuing Education (CE) Credit Available for Live Webinar Attendance only

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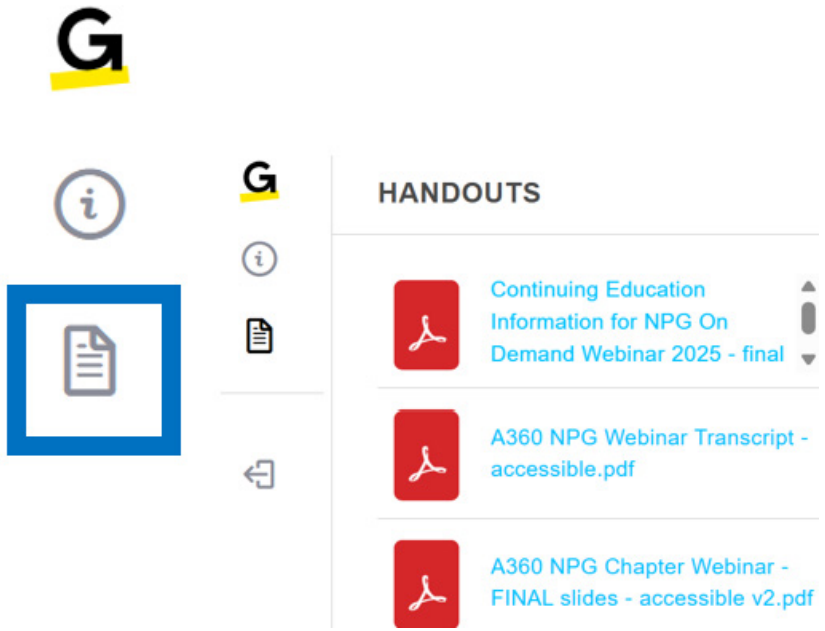

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Two weeks after this webinar, the slides will be accessible via the eCQI Resource Center and also on Joint Commission's website: www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos

Continuing Education Information

Relevant information about Continuing Education (CE) credit can be found in attachment provided:

- Entities providing credit
- Requirements to earn credit
- Survey/attestation and certificate

Credit is available for this webinar for live broadcast attendance only.

Joint Commission maintains a participant's privacy and confidentiality per organizational policy. Please visit Joint Commission's website for more information on continuing education policies.

Participant Learning Objectives

Locate eCQM resources on the eCQI Resource Center.

Facilitate your organization's implementation of the Hospital Harm: Acute Kidney Injury eCQM annual updates for the 2026 reporting year.

Utilize answers to common issues/questions regarding the Hospital Harm: Acute Kidney Injury eCQM to inform 2026 use/implementation.

Topics Not Covered in this Program

Basic eCQM concepts

Topics related to chart abstracted measures

Process improvement efforts related to this measure

eCQM validation

- ensure your data is validated before submitting
- ensure that extreme outlier results are verified

Disclosure Statement

All staff and subject matter experts have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of this webinar content.

Webinar Agenda

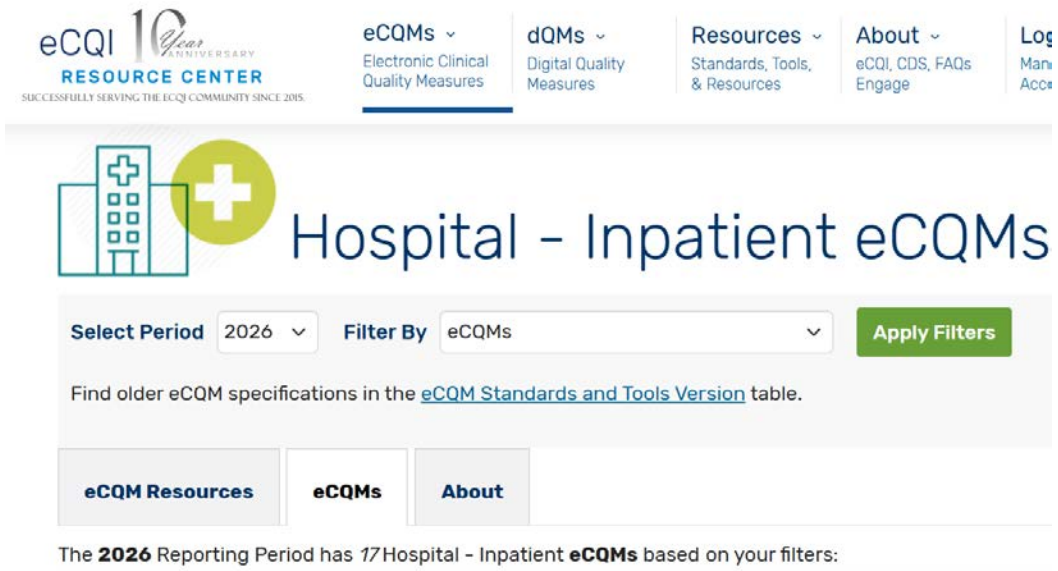
- Review the Hospital Harm: Acute Kidney Injury eCQM annual updates for Reporting Year 2026
- Overview of the measure flow/algorithm
- Frequently Asked Questions (FAQs)
- Live Q&A Segment

eCQM Specifications and Resources

A PDF handout includes directions to access the eCQM specifications, value sets, measure flow diagrams and technical release notes on the eCQI Resource Center.

Please see the landing page for 2026 resources.

Please see the landing page for 2026 specifications.



Measure Background

HH-AKI – Background

- CMS finalized the adoption of HH-AKI into the Hospital Inpatient Quality Program in the fiscal year (FY) 2024 Inpatient Prospective Payment System (IPPS) rule
- Hospitals began voluntary reporting of the eCQM for the calendar year (CY) 2025 reporting period/FY 2027 payment determination
- Public reporting on the Provider Data Catalog will begin in CY 2026

Hospital Harm – Acute Kidney Injury (HH-AKI) (CMS832v3)

HH-AKI – Measure Description

Measure Description: This measure assesses the number of inpatient hospitalizations for patients age 18 and older who have an acute kidney injury (AKI) stage 2 or greater that occurred during the encounter. AKI stage 2 or greater is defined as a substantial increase in serum creatinine value, or by the initiation of kidney dialysis (continuous renal replacement therapy (CRRT), hemodialysis, or peritoneal dialysis).

HH-AKI – Rationale and Intent

Rationale and Intent:

- Incidence of AKI in general hospitalized patients is 10 – 20%, and among critically ill patients, 45 – 50%; in cardiac surgery patients it ranges from 30 – 50%
- AKI may result in the need for dialysis and is associated with an increased risk of mortality
- A proportion of AKI cases are preventable and treatable, through careful management of hemodynamic status, fluids, and vasoactive medications

HH-AKI – Risk Adjustment

- Risk adjustment promotes fair and accurate comparison of health care outcomes across measured entities (e.g., hospitals)
- Risk adjustment controls for patient-level characteristics within the population of interest and outside of the hospital's control
- Patient-level characteristics may be:
  - Clinical (e.g., types, number, or severity of conditions)
  - Demographic (e.g., age, gender)
  - Functional (e.g., ability to walk)
  - Social (e.g., income, education, geography)

Hospital Harm – Acute Kidney Injury (HH-AKI) (CMS832v3) Measure Header

2025 vs 2026 Reporting Period (1)

Measure Components	2025 Reporting Year	2026 Reporting Year
Initial Population	Inpatient hospitalizations that end during the measurement period for patients 18 years of age or older without an obstetrical or pregnancy related condition, with a length of stay of 48 hours or longer, and who had at least one serum creatinine value after 48 hours from the start of the hospitalization	No change
Denominator	Equals Initial Population	No change

2025 vs 2026 Reporting Period (2)

Measure Components	2025 Reporting Year	2026 Reporting Year
Denominator Exclusions	Inpatient hospitalizations for patients with an increase in serum creatinine value of at least 0.3 mg/dL between the index serum creatinine and a subsequent serum creatinine taken within 48 hours of the encounter start. Inpatient hospitalizations for patients with the index eGFR value of <60 mL/min within 48 hours of the encounter start. Inpatient hospitalizations for patients who have less than two serum creatinine results within the first 48 hours of the encounter start. Inpatient hospitalizations for patients who have kidney dialysis (CRRT, hemodialysis or peritoneal dialysis) initiated 48 hours or less after the encounter start, and who do not have evidence of a 2 times increase in serum creatinine.	Inpatient hospitalizations for patients with an increase in serum creatinine value of at least 0.3 mg/dL between the index serum creatinine and a subsequent serum creatinine taken within 48 hours of the encounter start. Inpatient hospitalizations for patients with the index eGFR value of <60 mL/min within 48 hours of the encounter start. Inpatient hospitalizations for patients who have less than two serum creatinine results within the first 48 hours of the encounter start. Inpatient hospitalizations for patients who have kidney dialysis (CRRT, hemodialysis[2] or peritoneal dialysis) initiated 48 hours or less after the encounter start, and who do not have evidence of a 2 times increase in serum creatinine.

Notes:
[1] Indicates text that contains strikethrough
[2] Indicates underlined text

2025 vs 2026 Reporting Period (3)

Measure Components	2025 Reporting Year	2026 Reporting Year
Denominator Exclusions *(cont.)*	Inpatient hospitalizations for patients with at least one specified diagnosis present on admission during the encounter that puts them at extremely high risk for AKI: - Hemolytic Uremic Syndrome (HUS) - Large Body Surface Area (BSA) Burns - Traumatic Avulsion of Kidney - Rapidly Progressive Nephritic Syndrome - Thrombotic Thrombocytopenic Purpura - Out of Hospital Cardiac Arrest (OHCA) Inpatient hospitalizations for patients who have at least one specified procedure that starts during the encounter that puts them at extremely high risk for AKI: - Extracorporeal membrane oxygenation (ECMO) - Intra-Aortic Balloon Pump - Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) - Nephrectomy	No change

2025 vs 2026 Reporting Period (4)

Measure Components	2025 Reporting Year	2026 Reporting Year
Numerator	Inpatient hospitalizations for patients who develop AKI (stage 2 or greater) during the encounter, as evidenced by: A subsequent increase in serum creatinine value at least 2 times higher than the lowest serum creatinine value, and the increased value is greater than the highest sex-specific normal value for serum creatinine. Or: Kidney dialysis (CRRT, hemodialysis or peritoneal dialysis) initiated more than 48 hours after the start of the encounter. Evidence of a 2 times increase in serum creatinine is not required. Only one harm is counted per encounter.	Inpatient hospitalizations for patients who develop AKI ~~(~~[1] stage 2 or greater~~)~~[1] during the encounter, as evidenced by: A subsequent increase in serum creatinine value at least 2 times higher than the lowest serum creatinine value, and the increased value is greater than the highest sex-specific normal value for serum creatinine. Or: Kidney dialysis (CRRT, hemodialysis[2], or peritoneal dialysis) initiated more than 48 hours after the start of the encounter. Evidence of a 2 times increase in serum creatinine is not required. Only one harm is counted per encounter.

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2025 vs 2026 Reporting Period (5)

Measure Components	2025 Reporting Year	2026 Reporting Year
Risk Adjustment	Sex and Age. First vital signs since the encounter start: - Heart Rate - Respiratory Rate - Systolic Blood Pressure - Temperature The estimated glomerular filtration rate (eGFR) which is calculated using the index serum creatinine, patient sex, and age-based formula. Patient sex collected for risk adjustment and to calculate the eGFR is determined by the AdministrativeGender codes 'F' (female) and 'M' (male). These codes make up the "ONC Administrative Sex" value set and are also used to derive the supplemental data element of patient sex for the measure.	Sex and Age~~.~~[1] First vital signs since the encounter start: - Heart Rate: {Beats}/min[2] - Respiratory Rate: {Breaths}/min[2] - Systolic Blood Pressure: mm[Hg][2] - Temperature: Cel [degF][2] The estimated glomerular filtration rate (eGFR) ~~which~~[1] is calculated using the index serum creatinine, patient sex, and age-based formula. Patient sex collected for risk adjustment and to calculate the eGFR is determined by the ~~AdministrativeGender codes 'F' (female) and 'M' (male). These codes make up the "ONC Administrative~~[1] "Federal"[2] Administrative Sex" value set ~~and are~~[1], which is[2] also used to derive the supplemental data element of patient sex for the measure.

Notes:
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2025 vs 2026 Reporting Period (6)

Measure Components	2025 Reporting Year	2026 Reporting Year
Risk Adjustment *(cont.)*	All encounter diagnoses along with their present on admission (POA) indicators are being collected for the development of baseline risk adjustment model with initial focus on any encounter diagnoses captured for: - Cancer (leukemia, lymphoma, or metastatic cancer) - Diabetes - Heart failure - Hypertension - Obesity Encounter length of stay. Please see the Hospital Harm - Acute Kidney Injury Risk Adjustment Methodology Report on the eCQM-specific page on the eCQI Resource Center website: https://ecqi.healthit.gov/	All encounter diagnoses along with their present on admission (POA) indicators are being collected for the development of baseline risk adjustment model with initial focus on any encounter diagnoses captured for: - Cancer (leukemia, lymphoma, or metastatic cancer) - Diabetes - Heart failure - Hypertension - Obesity Encounter length of stay[1] (days)[2] Please see the Hospital Harm - Acute Kidney Injury Risk Adjustment Methodology Report on the eCQM-specific page on the eCQI Resource Center website: https://ecqi.healthit.gov/

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HH-AKI – Present on Admission Indicators

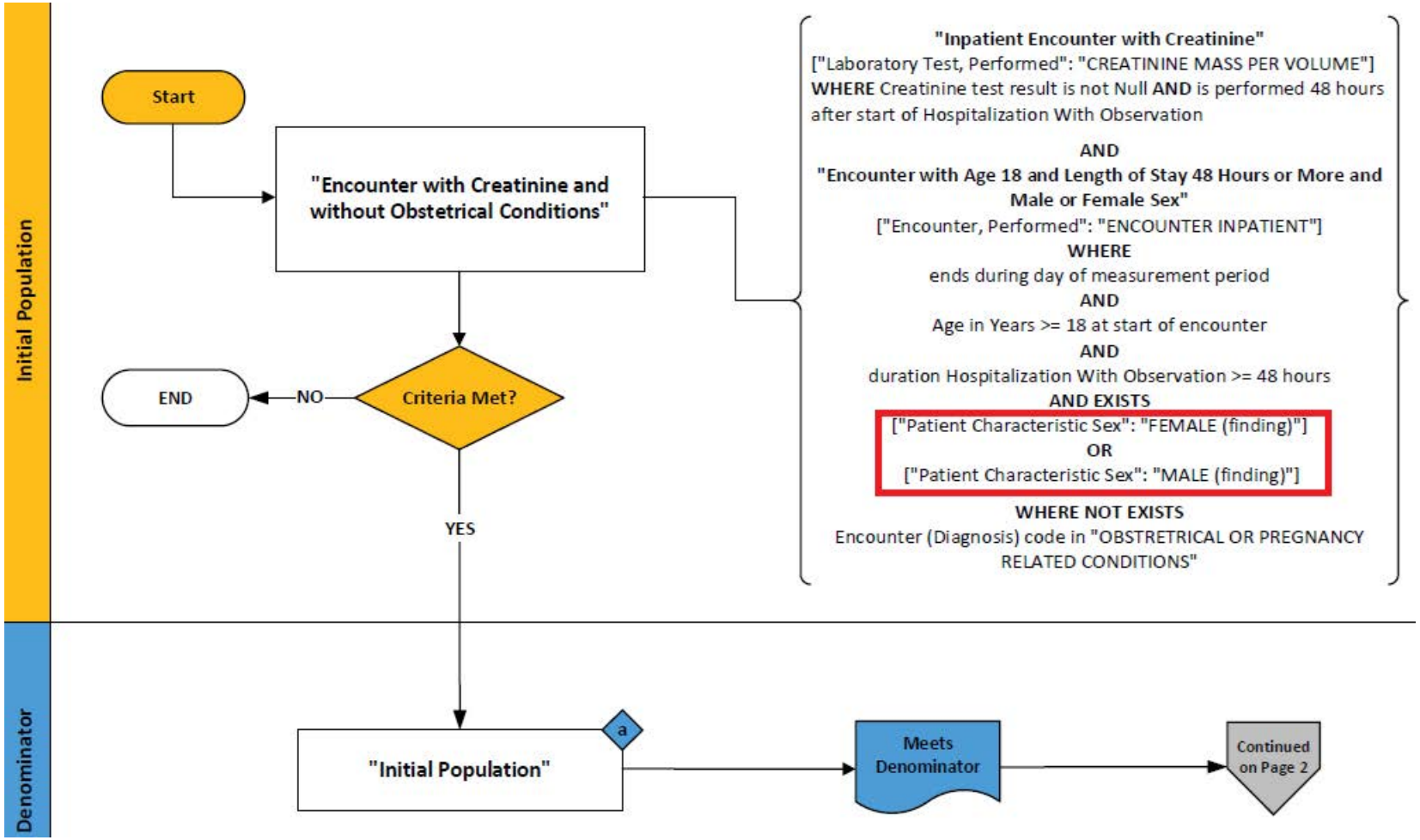
- Present on admission (POA) is defined as the conditions present at the time the order for inpatient admission occurs
- The POA indicator is intended to differentiate conditions present at the time of admission from those conditions that develop during the inpatient admission
- Per CMS and the Agency for Healthcare Research and Quality (AHRQ) convention, POA indicators of Y and W are accepted indicators of a diagnosis present on admission. POA indicators of N and U are accepted indicators of a diagnosis that is not present on admission
- eCQMs rely on the accurate recording of codes, including POA indicators, and diagnoses in patients' electronic health records (EHRs), which is essential for the correct calculation of this eCQM

HH-AKI – Resources

- CMS832v3 Measure Specification
  - https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS832-v3.2.000-QDM.html
- Technical Release Notes
  - https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS832-v3.2.000-TRN.xlsx
- Risk Adjustment Methodology Report
  - https://ecqi.healthit.gov/sites/default/files/AKI-Risk-Adjust-Method-Rpt-508.pdf

Hospital Harm – Acute Kidney Injury (HH-AKI) (CMS832v3)
Measure Flow & Logic

HH-AKI Initial Population/Denominator



HH-AKI Initial Population/Denominator-Logic Update

Encounter with Age 18 and Length of Stay 48 Hours or More and Male or Female Sex

["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter
where InpatientEncounter.relevantPeriod ends during day of "Measurement Period"
and AgeInYearsAt(date from start of InpatientEncounter.relevantPeriod) >=18
and duration in hours of Global."HospitalizationWithObservation" (InpatientEncounter) >= 48
and exists (
(["Patient Characteristic Sex": "Female"]1 (finding)”]2)
union (["Patient Characteristic Sex": "Male"]1 (finding)”])
)2

Notes:
[1] Indicates text that contains strikethrough
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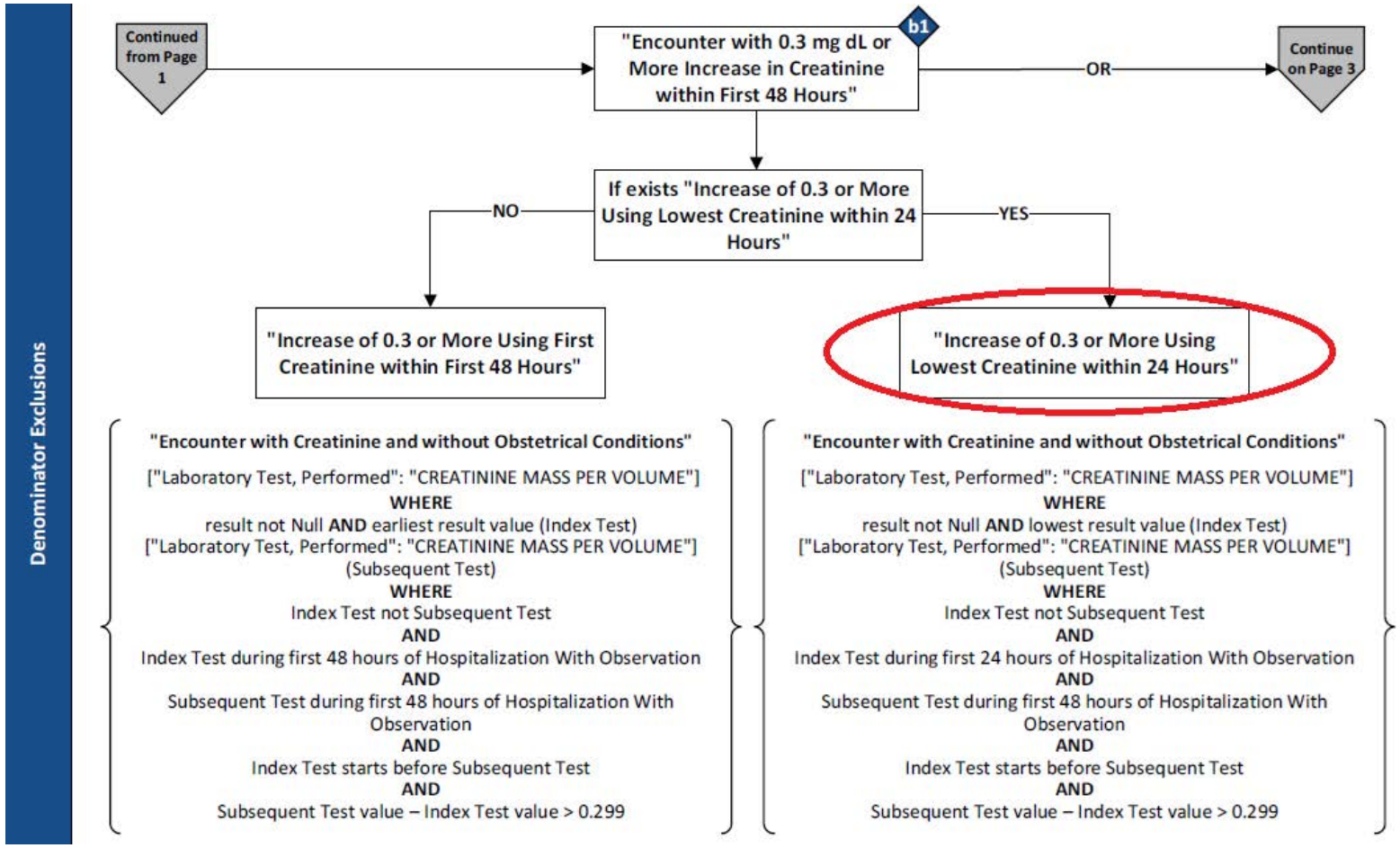
HH-AKI Denominator Exclusions (1)



HH-AKI Denominator Exclusions-Logic Updates

Denominator Exclusions: "Encounter with 0.3 mg dL or More Increase in Creatinine within First 48 Hours"

Increase of 0.3 or More Using Lowest Creatinine within 24 Hours

```
from
  "Encounter with Creatinine and without Obstetrical Conditions" QualifyingEncounter,
  ["Laboratory Test, Performed": "Creatinine Mass Per Volume"] IndexCreatinineLabResult,
  ["Laboratory Test, Performed": "Creatinine Mass Per Volume"] SubsequentCreatinineLabResult
  let IndexCreatinineLabResultTime: Global."EarliestOf" ( IndexCreatinineLabResult.relevantDatetime,
IndexCreatinineLabResult.relevantPeriod ),
  SubsequentCreatinineLabResultTime: Global."EarliestOf" ( SubsequentCreatinineLabResult.relevantDatetime,
SubsequentCreatinineLabResult.relevantPeriod ),
  HospitalWithObservation: Global."HospitalizationWithObservation" ( QualifyingEncounter )
  where ( SubsequentCreatinineLabResult.result.value ) - ( IndexCreatinineLabResult.result.value ) > 0.299
    and IndexCreatinineLabResult.result.value = "LowestSerumCreatinine"(QualifyingEncounter)
    and IndexCreatinineLabResultTime during Interval[start of HospitalWithObservation,[2] SubsequentCreatinineLabResultTime - 48 hours,
SubsequentCreatinineLabResultTime][1]
    and IndexCreatinineLabResultTime during HospitalWithObservation
    and IndexCreatinineLabResultTime during Interval[start of HospitalWithObservation, start of HospitalWithObservation + 24 hours]
    and SubsequentCreatinineLabResultTime during HospitalWithObservation
    and SubsequentCreatinineLabResultTime during Interval[start of HospitalWithObservation, start of HospitalWithObservation + 48 hours]
    and IndexCreatinineLabResult.id != SubsequentCreatinineLabResult.id
  return QualifyingEncounter
```

Notes:
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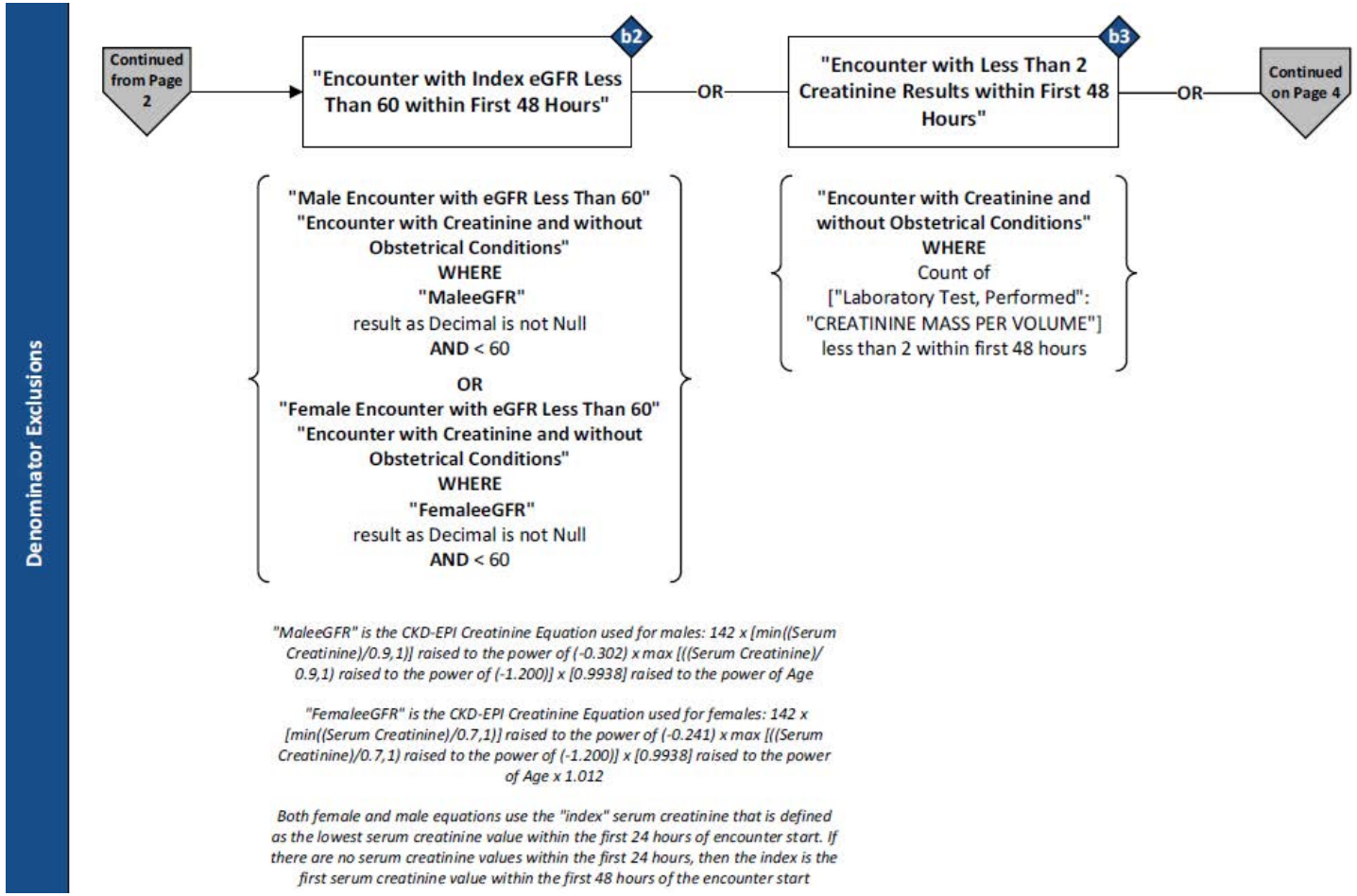
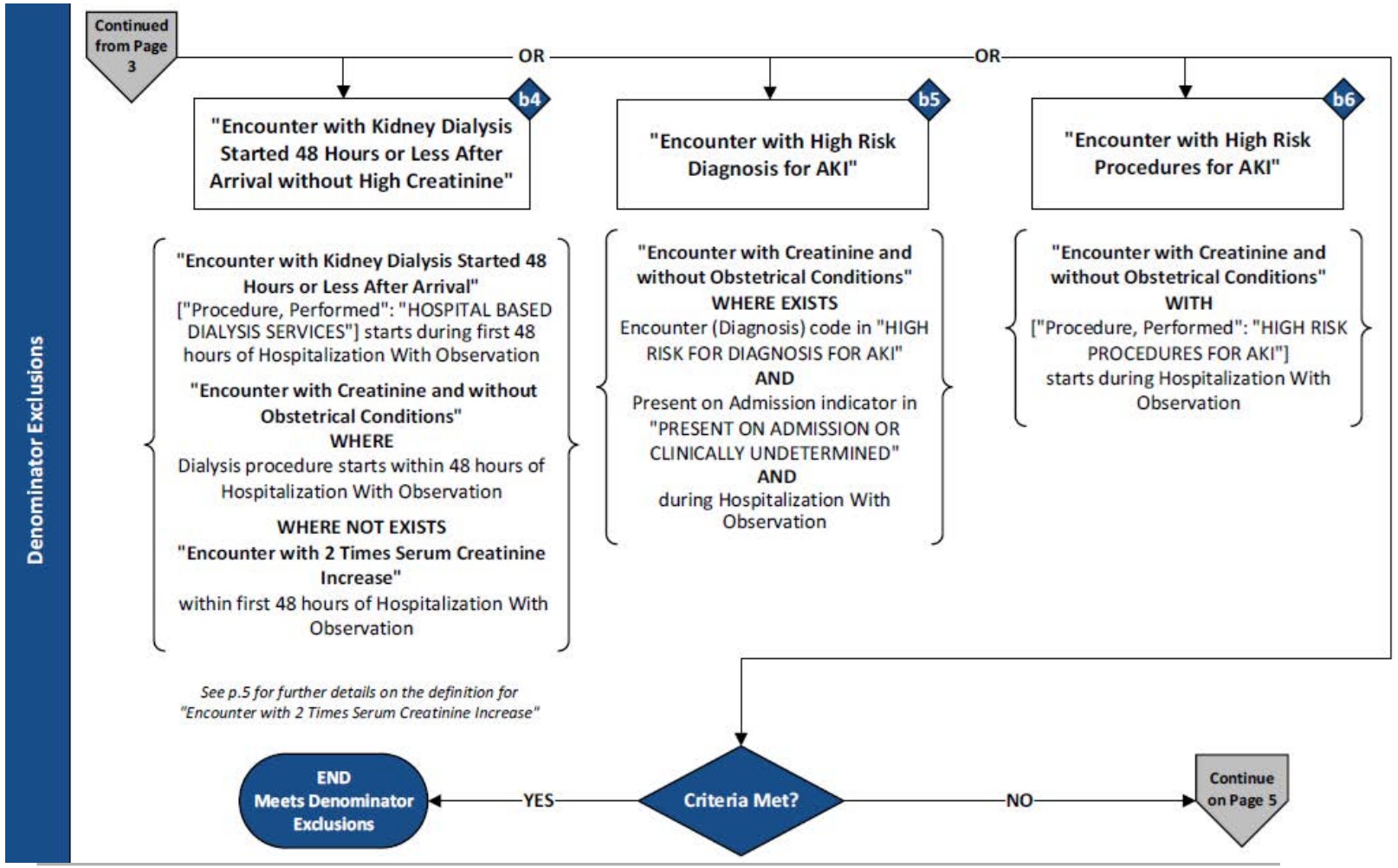
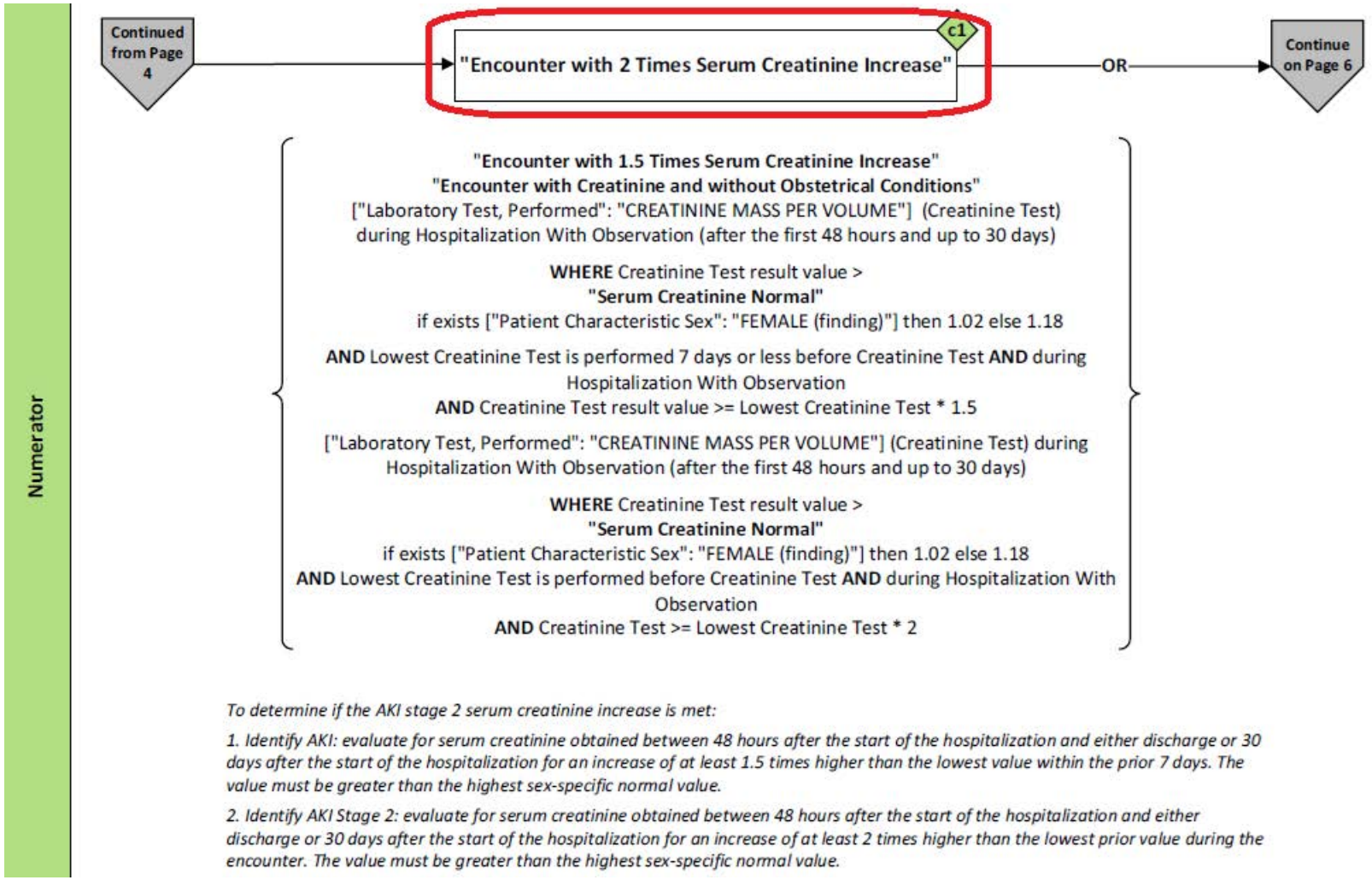
HH-AKI Denominator Exclusions (2)



HH-AKI Denominator Exclusions (3)



HH-AKI Numerator (1)



HH-AKI Numerator-Logic Updates (1)

"Encounter with 2 Times Serum Creatinine Increase"

from
"Encounter with 1.5 Times Serum Creatinine Increase" EncounterWithHighCreatinine,
["Laboratory Test, Performed": "Creatinine Mass Per Volume"] ~~HighCreatinineTest,~~[1]CreatinineTest[2]
~~["Laboratory Test, Performed": "Creatinine Mass Per Volume"] LowCreatinineTest~~[1]
let ~~LowCreatinineTestTimeLowest~~[1]LowestCreatinineTestPrior: "LowestSerumCreatininePrior“ (EncounterwithHighCreatinine, CreatinineTest) , CreatinineTestTime:[2] Global."EarliestOf" (~~Low~~[1]CreatinineTest.relevantDatetime, ~~Low~~[1]CreatinineTest.relevantPeriod),
~~HighCreatinineTestTime: Global."EarliestOf" (HighCreatinineTest.relevantDatetime, HighCreatinineTest.relevantPeriod),~~ [1]
HospitalWithObservation: Global."HospitalizationWithObservation" (EncounterWithHighCreatinine)
where (~~HighCreatinineTest~~[1]CreatinineTest.result.value >= LowestCreatinineTestPrior * 2.0 and CreatinineTest[2].result.value > "Serum Creatinine Normal"~~)~~ [1]
~~and HighCreatinineTest.result.value = "HighestSerumCreatinine"(EncounterWithHighCreatinine)~~
~~and LowCreatinineTest.result.value = "LowestSerumCreatinine"(EncounterWithHighCreatinine)~~
~~and "2.0IncreaseInCreatinine"(EncounterWithHighCreatinine) >= LowCreatinineTest.result.value~~
~~and LowCreatinineTestTime before HighCreatinineTestTime~~
~~and LowCreatinineTestTime during HospitalWithObservation~~
~~and HighCreatinineTestTime~~[1] and CreatinineTestTime[2] during Interval[start of HospitalWithObservation + 48 hours, start of HospitalWithObservation + 30 days]
~~and HighCreatinineTestTime during HospitalWithObservation~~[1]
return EncounterWithHighCreatinine

Notes:
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HH-AKI Numerator-Logic Updates (2)

"Encounter with 1.5 Times Serum Creatinine Increase"

from
"Encounter with Creatinine and without Obstetrical Conditions" QualifyingEncounter,
["Laboratory Test, Performed": "Creatinine Mass Per Volume"] ~~HighCreatinineTest,~~ [1]CreatinineTest[2]
~~["Laboratory Test, Performed": "Creatinine Mass Per Volume"] LowCreatinineTest~~[1]
let ~~LowCreatinineTestTime~~[1] LowestCreatinineTestWithin7DaysPrior:[2]
"LowestSerumCreatinineWithin7DaysPrior: "LowestSerumCreatinineWithin7DaysPrior" (QualifyingEncounter , CreatinineTest),
CreatinineTestTime[2]: Global."EarliestOf" (~~LowCreatinineTest~~[1]CreatinineTest[2].relevantDatetime,
~~LowCreatinineTest~~[1]CreatinineTest[2].relevantPeriod),
~~HighCreatinineTestTime: Global."EarliestOf" (HighCreatinineTest.relevantDatetime, HighCreatinineTest.relevantPeriod),~~ [1]
HospitalWithObservation: Global."HospitalizationWithObservation" (QualifyingEncounter)
where ~~(HighCreatinineTest~~[1]CreatinineTest.result.value >= LowestCreatinineTestWithin7DaysPrior * 1.5
and CreatininTest[2].result.value > "Serum Creatinine Normal"~~)~~
~~and HighCreatinineTest.result.value = "HighestSerumCreatinine"(QualifyingEncounter)~~
~~and LowCreatinineTest.result.value = "LowestSerumCreatinine"(QualifyingEncounter)~~
~~and "1.5IncreaseInCreatinine"(QualifyingEncounter) >= LowCreatinineTest.result.value~~
~~and LowCreatinineTestTime 7 days or less before HighCreatinineTestTime~~
~~and LowCreatinineTestTime during HospitalWithObservation~~
~~and HighCreatinineTestTime and~~[1] CreatinineTestTime[2] during Interval[start of HospitalWithObservation + 48 hours, start of HospitalWithObservation + 30 days]
~~and HighCreatinineTestTime during HospitalWithObservation~~[1]
return QualifyingEncounter

Notes:
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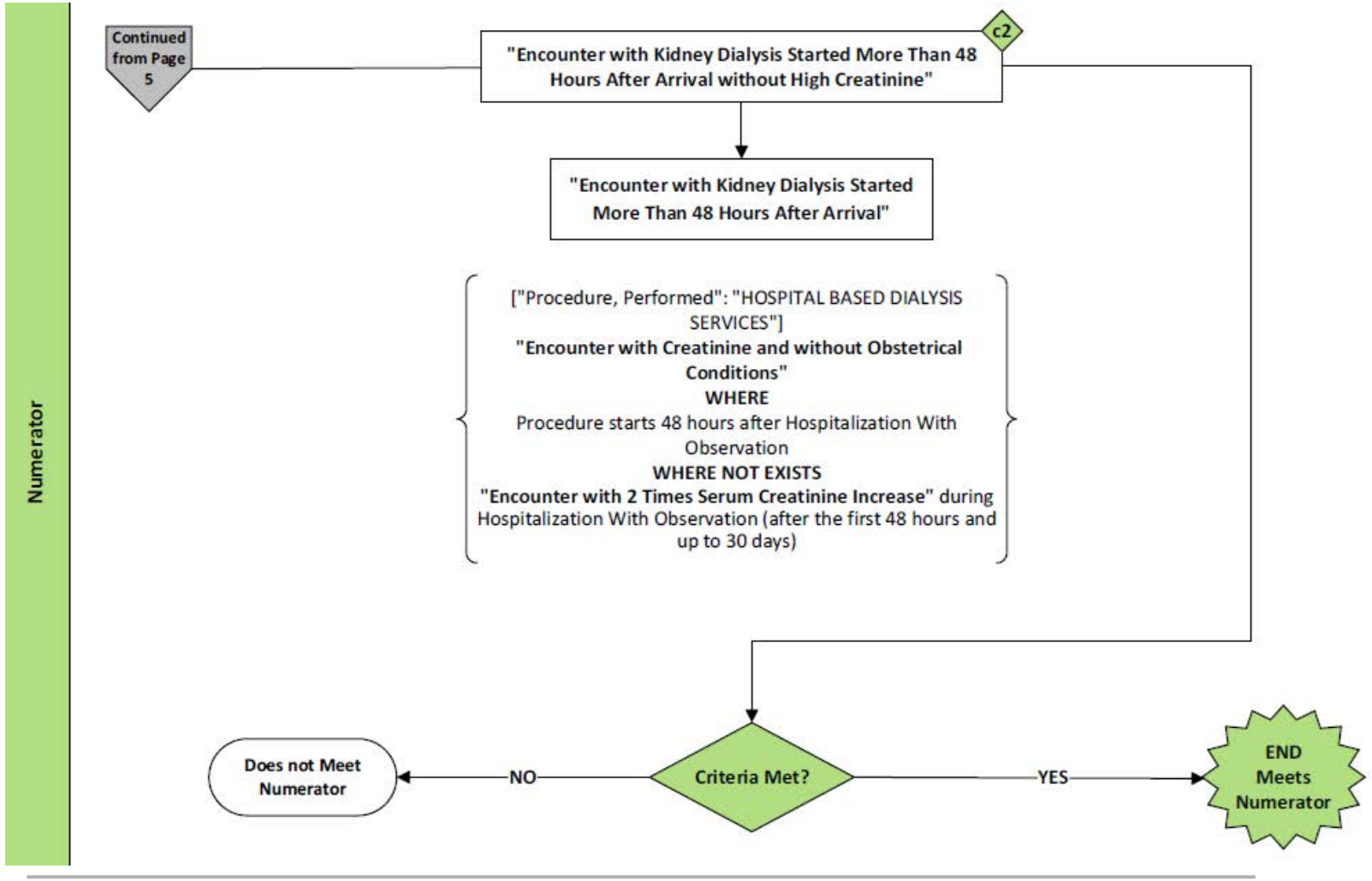
HH-AKI Numerator (2)



Sample Calculation

Sample Calculation
$\text{Performance Rate} = \frac{\text{Numerator (c1 + c2 = 20)}}{\text{Denominator (a = 100) – Denominator Exclusions (b1 + b2 + b3 + b4 + b5 + b6 = 20)}} = 25\%$

HH-AKI Risk Adjustment-Logic Updates (1)

Risk Variable First Heart Rate in Encounter

// Qualifying Encounter: Report heart rate a {Beats}/min[2]

```
"Encounter with Creatinine and without Obstetrical Conditions" QualifyingEncounter
 return Tuple {
  encounterId: QualifyingEncounter.id,
  firstHeartRate: "FirstHeartRate"(QualifyingEncounter)
 }
```

Risk Variable First Respiratory Rate in Encounter

// Qualifying Encounter: Report heart rate a {Breaths}/min[2]

```
"Encounter with Creatinine and without Obstetrical Conditions" QualifyingEncounter
 return Tuple {
  encounterId: QualifyingEncounter.id,
  firstRespiratoryRate: "FirstRespiratoryRate"(QualifyingEncounter)
 }
```

Notes:
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HH-AKI Risk Adjustment-Logic Updates (2)

Risk Variable First Systolic Blood Pressure in Encounter

// Qualifying Encounter: Report systolic blood pressure as mm[Hg] [2]

```
"Encounter with Creatinine and without Obstetrical Conditions" QualifyingEncounter
 return Tuple {
  encounterId: QualifyingEncounter.id,
  firstSystolicBP: "FirstSystolicBloodPressure"(QualifyingEncounter)
 }
```

Risk Variable First Temperature in Encounter

// Qualifying Encounter: Report temperature as Cel or [deg F] [2]

```
"Encounter with Creatinine and without Obstetrical Conditions" QualifyingEncounter
 return Tuple {
  encounterId: QualifyingEncounter.id,
  firstTemperature: "FirstBodyTemperature"(QualifyingEncounter)
 }
```

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HH-AKI Frequently Asked Questions (FAQs)

Question:
For the denominator exclusion of patients with an index eGFR value of <60 mL/min within 48 hours of the encounter start, if a patient has multiple eGFR values resulted within 48 hours from the encounter start, does the measure look at the initial eGFR value?

Answer:
For the denominator exclusion definition 'Encounter with Index eGFR Less Than 60 within First 48 Hour', the logic evaluates the index serum creatinine value. The index is defined as the lowest serum creatinine value within the first 24 hours of the encounter start. If there is no serum creatinine value within the first 24 hours, then the index is the first serum creatinine value within the first 48 hours of the encounter start.

HH-AKI Frequently Asked Questions (FAQs) (2)

Question:
Could you please clarify the difference between the serum creatinine values used identify the index serum creatinine and those used to evaluate numerator compliance for identifying and staging an AKI?

Answer:
The index serum creatinine value is used to calculate an eGFR value for risk adjustment and to identify denominator exclusions. This value must be resulted within 48 hours of the encounter start.

Serum creatinine values evaluated for the numerator are obtained between 48 hours after the start of the encounter and either 30 days after the encounter or discharge, whichever comes first.

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Resources

eCQI Resource Center – CMS EH Measures -
https://ecqi.healthit.gov/eh-cah/ecqms

Get Started with eCQMs -
https://ecqi.healthit.gov/ecqms?qt-tabs_ecqm=education

Teach Me Clinical Quality Language (CQL) Video Series -
https://ecqi.healthit.gov/cql/education

Hospitalization with Observation -
https://www.youtube.com/watch?v=3yqwOU2XcZM&ab_channel=CMSHHSgov

What is a Value Set? -
https://register.gotowebinar.com/recording/4766956164118938369

Additional Resources

Value Set Authority Center (VSAC) Support - https://www.nlm.nih.gov/vsac/support/index.html

Expert to Expert Webinar Series - https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos

ASTP/ONC Issue Tracking System - https://oncprojectracking.healthit.gov/

Live Q&A Segment

- Please submit questions via the question pane
- Click the Question mark icon in the toolbar
- Type and submit your question
- Include slide reference number when possible
- All questions not answered verbally during the live event will be addressed in a written follow-up Q&A document
- The follow-up document will be posted to the Joint Commission website in several weeks after CMS approval

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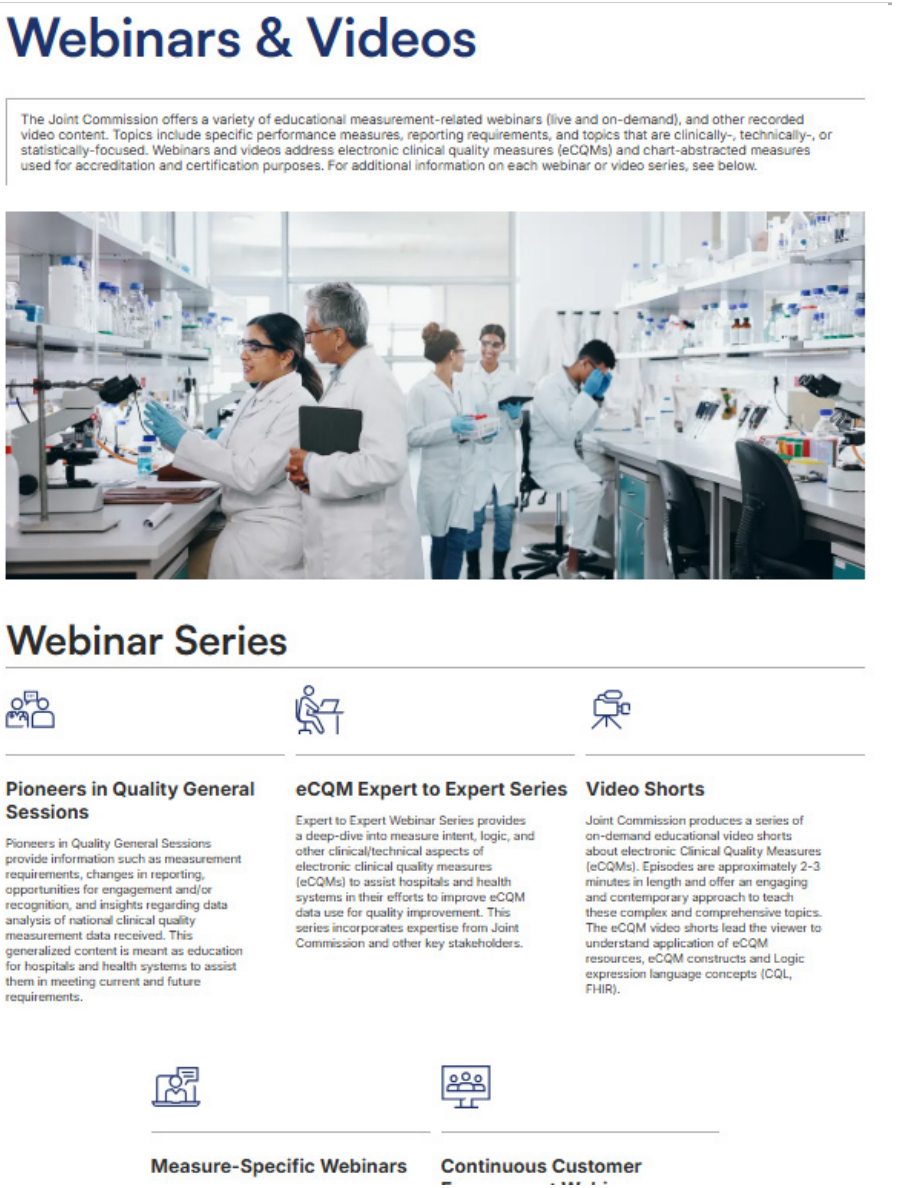
To access webinar recording links, slides, and transcripts, visit https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos) and scroll down.

Questions about webinar operations or obtaining Continuing Education credit: tjcwebinarnotifications@jointcommission.org



Webinars & Videos

The Joint Commission offers a variety of educational measurement-related webinars (live and on-demand), and other recorded video content. Topics include specific performance measures, reporting requirements, and topics that are clinically-, technically-, or statistically-focused. Webinars and videos address electronic clinical quality measures (eCQMs) and chart-abstracted measures used for accreditation and certification purposes. For additional information on each webinar or video series, see below.

Webinar Series

Pioneers in Quality General Sessions

Pioneers in Quality General Sessions provide information such as measurement requirements, changes in reporting, opportunities for engagement and/or recognition, and insights regarding data analysis of national clinical quality measurement data received. This generalized content is meant as education for hospitals and health systems to assist them in meeting current and future requirements.

eCQM Expert to Expert Series

Expert to Expert Webinar Series provides a deep-dive into measure intent, logic, and other clinical/technical aspects of electronic clinical quality measures (eCQMs) to assist hospitals and health systems in their efforts to improve eCQM data use for quality improvement. This series incorporates expertise from Joint Commission and other key stakeholders.

Video Shorts

Joint Commission produces a series of on-demand educational video shorts about electronic Clinical Quality Measures (eCQMs). Episodes are approximately 2-3 minutes in length and offer an engaging and contemporary approach to teach these complex and comprehensive topics. The eCQM video shorts lead the viewer to understand application of eCQM resources, eCQM constructs and Logic expression language concepts (CQL, FHIR).

Measure-Specific Webinars

Continuous Customer

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Continuing Education Survey and Certificate

Also see the separate handout detailing the CE requirements.

Access survey via QR code

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Access survey via link in email

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Survey open for 2 weeks

CEs are available for live broadcast participation only. Promptly complete the survey.

Obtain Certificate

After completing survey, print or download PDF CE Certificate. Certificate link also provided via email.

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Acronyms

Acronym	Definition
AKI	Acute Kidney Injury
CBE	Consensus-Based Entity
CY	Calendar Year
eCQM	Electronic Clinical Quality Measure
ED	Emergency Department
EHR	Electronic Health Record
FY	Fiscal Year
HH	Hospital Harm
HIQR	Hospital Inpatient Quality Reporting
IP	Initial Population
POA	Present on Admission
SNOMED CT	Systematized Nomenclature of Medicine - Clinical Terms