Transcript – Expert to Expert Webinar: New Measure Review for Hospital Harm - Postoperative Respiratory Failure eCQM for RY 2026

Broadcast April 23, 2026

Slide 1 – 00:00:01

[Susan Funk] Hello, everyone. We're going to get started with today's broadcast. Welcome, and thank you for joining us for this Joint Commission Expert to Expert webinar to introduce this new eCQM for the 2026 reporting year: Hospital Harm - Postoperative Respiratory Failure. The Expert to Expert webinar series is offered in partnership with the Centers for Medicare & Medicaid Services and the eCQM Stewards. CE credit is available for this webinar for the live broadcast attendance only. I'm Susan Funk, Associate Project Director for Engagement on Quality Improvement Programs at Joint Commission, and today I'll be serving as this webinar's moderator. Next slide, please.

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Before we begin with the webinar content, we would like to offer just a few tips about the webinar platform functionality. Audio is by Voice over Internet Protocol only. Please use your computer speakers or your headphones to listen. There are no dial-in lines. Participants are connected in listen-only mode. Feedback or dropped audio are common for live streaming events. If you experience such streaming or audio issues, refresh your screen or leave and rejoin the session. We will not be recognizing the Raise a Hand or the Chat features. To ask a question, click on the question mark icon in the audience toolbar. A panel will open for you to type your question and submit. The slides are designed to follow the Americans with Disabilities Act rules. Next slide.

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Speaking of the slides, they are available now. There are many links that are provided throughout the webinar, but they are not clickable on screen. By downloading the slides, you'll be able to access the links and also take notes. To access the slides now, locate the participant navigation pane. Select the icon that represents a document. A new pop-up window will open, and you can select the name of the file. A new browser window will open, and from it you can download or print the PDF of the slides. The slides will also be available within two to three weeks on Joint Commission's website at the link provided at the bottom of this slide. The slides will also be available on the eCQI Resource Center. Next slide, please.

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I'm sure that many of you attending today's webinar will wish to receive continuing education credit or qualifying education hours. All relevant information about continuing education credit is available within a handout we've included in the webinar resources and has also been communicated on the webinar registration page. The attachment includes the list of entities that will provide credit, the requirements for participants to earn credit, and information about how to complete the survey and obtain a certificate. So, be sure to download that attachment to learn more. Credit is available for attendance during this live broadcast only. For more information on The Joint Commission's continuing education policies, visit the link provided at the bottom of this slide. Next slide, please.

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The participant learning objectives are: Locate eCQM resources on the eCQI Resource Center, Facilitate your organization's implementation of the Hospital Harm - Postoperative Respiratory Failure eCQM for the 2026 reporting year, and utilize answers to common issues and questions regarding the Postoperative Respiratory Failure eCQM to inform 2026 use and implementation. Next slide.

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This webinar does not cover these topics: basic eCQM concepts, topics related to chart-abstracted measures, and process improvement efforts related to these measures. While we will not address how to validate eCQM data during this webinar, before submitting your data to CMS, please ensure your data is validated. Specifically, please ensure that extreme outlier results are verified. For example, extreme outliers can include reporting 0% or 100%. Please note that while CMS is accepting data for this eCQM for the 2026 reporting year, Joint Commission is not accepting data for this eCQM for this reporting year. Next slide.

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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 today's webinar content. Next slide.

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The agenda for this 75-minute webinar follows: we will provide an overview of the new Hospital Harm - Postoperative Respiratory Failure eCQM, including the background and rationale, as well as details regarding the specifications, including the Initial Patient Population, Denominator, Exclusions, Numerator, data elements, and logic. We'll then explain the measure flow into algorithm. And finally, we'll address questions that the audience has asked throughout the webinar during a live Q&A segment. Next slide, please.

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Before we transition to the discussion about this new eCQM, we wanted to point you to a PDF handout that includes the directions to access the eCQM Specifications, Value Sets, Measure Flow Diagrams, and Technical Release Notes. The link to the eCQI Resource Center landing page is provided on this slide; however, be sure to download the PDF handout that has additional links and navigation guidance. You can locate that PDF within the resource section of the audience navigation pane, and we explained earlier in the presentation how to access documents within that resource pane. Next slide, please.

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I will now turn the webinar over to our speaker for today, Moriah Bauman from the Mathematica team. Moriah, when you're ready, please introduce yourself and then get started with your presentation. Thanks so much. Great. Thanks, Susan.

[Moriah Bauman] Good afternoon. My name is Moriah Bauman, and I'm a researcher at Mathematica, and I'm looking forward to reviewing the Hospital Harm - Postoperative Respiratory Failure eCQM on today's call. Next slide.

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So, for some background to begin, CMS finalized the Hospital Harm - Postoperative Respiratory Failure eCQM as one of the voluntary measures for selection in the IQR and PI programs, beginning with calendar year 2026 reporting. So, this is the first year that the measure is being reported. Next slide, please.

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This measure is an outcome measure that assesses the proportion of elective Inpatient hospitalizations for patients aged 18 years and older without an obstetrical condition who have a procedure resulting in

postoperative respiratory failure. This is an inverse measure in that the ideal rate is 0%. Postoperative respiratory failure is defined as an unplanned endotracheal reintubation, prolonged inability to wean from mechanical ventilation, or inadequate oxygenation and/or ventilation following a surgical procedure. It's a serious complication that can increase the risk of morbidity and mortality, with in-hospital mortality resulting from postoperative respiratory failure estimated at 25% to 40%. Compared to surgical procedures not complicated by postoperative respiratory failure, surgical procedures that are complicated by postoperative respiratory failure have higher adjusted odds of death, of 90-day readmission, and of an outpatient visit within 90 days of hospital discharge with one of 44 postoperative conditions, like a bacterial infection, fluid and electrolyte disorder, and abdominal hernia. Postoperative respiratory failure is associated with prolonged mechanical ventilation and the need for rehabilitation or skilled nursing facility placement upon hospital discharge. The incidence of postoperative respiratory failure varies by hospital, with higher reported rates of postoperative respiratory failure in non-teaching hospitals than in teaching hospitals. Additionally, one study found that the odds of developing postoperative respiratory failure increased by 6% for each level increase in hospital size from small to large, and this variation suggests that there remains room for improvement in hospitals reporting higher rates of postoperative respiratory failure. Next slide, please.

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Okay, so now we'll review the Narrative Descriptions of the measure's population criteria in the header of the measure. Next slide.

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As I mentioned earlier, this measure assesses the number of elective Inpatient hospitalizations for patients age 18 and older without an obstetrical condition who have a procedure resulting in postoperative respiratory failure. The measure's Initial Population includes elective Inpatient hospitalizations that end during the measurement period with no immediately preceding emergency department visit for patients age 18 and older without an obstetrical condition and with at least one surgical procedure that was performed within the first three days of the Encounter . And for this measure, the Denominator equals the Initial Population. And please note that the elective Inpatient hospitalization period assessed by this measure does include time in Outpatient Surgery service and/or in Observation Status when the transition between discharge from these Encounters and admission to the Inpatient Encounter is one hour or less. Next slide, please.

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So, before I jump into the description of the measure's Denominator Exclusions, I want to quickly discuss the concept of Present on Admission or POA indicators, which you'll hear me discuss on the next slide. This eCQM is somewhat unique in that it is one of only a few hospital eCQMs that uses POA indicators in its logic. Diagnoses that are present on admission are those conditions that are present at the time of Inpatient admission. Each coded patient diagnosis should be assigned a POA indicator, and these indicators are then used to differentiate conditions present at the time of Inpatient admission versus those that develop during the hospitalization. Per CMS and the Agency for Healthcare Research and Quality, or AHRQ, convention, POA indicators of Y or Yes and W or Clinically Undetermined are accepted indicators of a diagnosis Present on Admission. Conversely, POA indicators of N or no and U or Documentation Insufficient to Determine are accepted indicators of a diagnosis that is Not Present on Admission. As eCQMs rely on the accurate recording of codes and diagnoses in patients' EHRs for correct calculation, it's important for POA indicators to be assigned in the EHR to each patient diagnosis. This eCQM specifically relies on the accurate recording of POA indicators for its determination of the measure's Denominator Exclusions, Population, and Risk Adjustment Variables. Next slide, please.

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Now for the Denominator Exclusions, this measure aims to exclude hospitalizations from its Denominator for patients who are at high risk for postoperative respiratory failure, including patients who are admitted to the hospital with signs of current or imminent respiratory distress, patients with conditions that are consistent with lung weakness that could increase their risk for postoperative respiratory failure, and patients who experience respiratory distress prior to their first OR procedure. Excluding hospitalizations for these patients allows the eCQM to focus on capturing true hospital harm events. So specifically, the following Inpatient hospitalizations for patients are excluded from the measure's Denominator: those with a diagnosis for a degenerative neurological disorder; those with any selected head, neck, and thoracic surgery involving significant risk of airway compromise or requiring airway protection; those who have mechanical ventilation that starts more than one hour prior to the start of the first operating room or OR procedure; those with a diagnosis for a neuromuscular disorder; those with arterial partial pressure of carbon dioxide or PaCO2 greater than 50 millimeters of mercury combined with an arterial pH less than 7.30 pH within 48 hours or less prior to the start of the first OR procedure; those with arterial partial pressure of oxygen or PaO2 less than 50 millimeters of mercury within 48 hours or less prior to the start of the first OR procedure; those with a principal diagnosis for acute respiratory failure; those with a diagnosis for acute respiratory failure present on admission; those with any diagnosis present on admission for the existence of a tracheostomy; and those where a tracheostomy is performed on or before the same day as the first OR procedure. And as a reminder, per CMS and AHRQ convention, POA indicators of Y or Yes and W or Clinically Undetermined are accepted indicators of a diagnosis present on admission. So, you'll see here that the Denominator Exclusions look for diagnoses of acute respiratory failure and of the existence of a tracheostomy that are present on admission to the hospital, which would be indicated by POA indicators of Y or W. Next slide, please.

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So, moving on to the Numerator, before I jump in to reviewing the specific Numerator criteria, I want to note that this eCQM evaluates postoperative respiratory failure using documentation of mechanical ventilation or, when that's unavailable, intubation and extubation records as a proxy. So, you'll hear me describe Numerator criteria that assesses mechanical ventilation, intubation, and extubation in order to identify experiences of postoperative respiratory failure. So now I'll jump into the specifics of this measure's Numerator criteria. This measure's Numerator includes elective Inpatient hospitalizations for patients with postoperative respiratory failure as evidenced by conditions described under two criteria. If a patient experiences conditions under Criterion A or Criterion B, then the Inpatient hospitalization for that patient will meet the Numerator criteria. So, we'll review the Criterion A conditions first on this slide, and then we'll review the Criterion B conditions on the next slide.

For Criterion A, the measure's Numerator includes elective Inpatient hospitalizations for patients with mechanical ventilation initiated within 30 days after the first OR procedure as evidenced by either intubation that occurs outside of a procedural area and within 30 days after the end of the first OR procedure of the Encounter , or mechanical ventilation that occurs outside of a procedural area within 30 days after the end of the first OR procedure of the Encounter and is preceded by a period of non-invasive oxygen therapy, for example, a nasal cannula or room air, between the end of the OR procedure and the mechanical ventilation occurrence, and without a subsequent OR procedure between the non-invasive oxygen therapy and the mechanical ventilation occurrence. Next slide.

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For Criterion B, the measure's Numerator includes elective Inpatient hospitalizations for patients with mechanical ventilation with a duration of more than 48 hours after an OR procedure as evidenced by either

extubation that occurs outside of a procedural area more than 48 hours after the end of an OR procedure within 30 days after the end of the first OR procedure and is not preceded by a period of non-invasive oxygen therapy or a subsequent OR procedure between the end of the OR procedure and the extubation occurrence, or mechanical ventilation that occurs between 48 and 72 hours after the end of an OR procedure and within 30 days after the end of the first OR procedure and is not preceded by non-invasive oxygen therapy or a subsequent OR procedure between the end of the OR procedure and the mechanical ventilation occurrence. If a hospital meets any of the conditions under Criterion A or Criterion B, then the Inpatient hospitalization for that patient will be included in the measure's Numerator population. Next slide, please.

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So, this measure collects several variables as Risk Adjustment Variables, and these risk adjustment variables are listed across this slide and the next couple of slides. So, on this slide, you'll see the first resulted vital sign values during the Encounter that the measure collects as risk adjustment variables. Next slide, please.

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On this slide, you'll see the first resulted laboratory test values during the Encounter that the measure collects as risk adjustment variables. Next slide, please.

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And finally, on this slide, you'll see the additional information that the measure collects as risk adjustment variables. And please note that one of these variables is Encounter diagnoses with their POA indicators. So, as I mentioned earlier, POA indicators of Y or Yes and W or Clinically Undetermined are accepted indicators of a diagnosis present on admission, while POA indicators of N or No and U or Documentation Insufficient to Determine are accepted indicators of a diagnosis that is not present on admission. The full risk adjustment methodology report for this measure can be located on the measure page of the eCQI Resource Center. Next slide, please.

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And here we have included a link to the full measure specification for 2026 reporting, as well as a link for that Risk Adjustment Methodology Report. So next, we'll spend some time reviewing the measure flow and logic. Next slide, please.

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So, we'll start by reviewing the measure's flow diagram, which walks us through how the measure is calculated. Next slide, please.

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Before we begin a review of the flow, we know that the display on this screen can be quite small; however, if you download the PDF of the slides, you can zoom in to enlarge the display, and you can also download the measure flow file directly from the eCQI Resource Center. All right, so starting with the Initial Population, the high-level definition used to specify the Initial Population is Elective Inpatient Encounter with OR Procedure within 3 Days. So, this definition and its sub-definitions specify that the following conditions must be met for an Inpatient Encounter to qualify for the Initial Population. So it must be an Elective Inpatient Encounter that ends during the measurement period, and the Elective Inpatient Encounter class must be equivalent to the elective qualifier value code, and the patient must be 18 years or older at the start of the Elective Inpatient Encounter , and the Elective Inpatient Encounter must not be

preceded by an emergency department visit that ends one hour or less before the start of the Elective Inpatient Encounter, and the patient must not have a diagnosis code in the Obstetrical or Pregnancy-related Conditions Value Set, and the patient must undergo a surgery with anesthesia during the Elective Inpatient Encounter, and that surgery must take place three days or less after the start of the Elective Inpatient Encounter. So, if these criteria are met, then the Encounter is in the Initial Population, and if not, the Encounter is not in the Initial Population, and processing ends. Next slide, please.

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As a reminder, for this measure, the Denominator is equal to the Initial Population. So, if an Encounter is in the Initial Population, it also meets the Denominator criteria and is included in the Denominator. And as you'll note here, Encounters that meet the Denominator criteria are represented by the letter 'a', which we'll plug into the sample calculation that we'll present later on. Next slide, please.

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Moving on to the Denominator Exclusions. So, there are 11 conditions considered for the Denominator Exclusions criteria as outlined by 10 high-level logic definitions. You'll see the first three of those high-level logic definitions here on the slide, and then we'll use the next three slides to review the seven other high-level logic definitions. An Encounter will meet the Denominator Exclusions criteria and be excluded from the measure's Denominator if it meets at least one of the conditions specified by any of the 10 definitions. And as a reminder, this measure aims to exclude Encounters for patients who are at high risk for postoperative respiratory failure, which allows the eCQM to focus on capturing true hospital harm events. Before we review the three definitions on this slide, I want to start with a reminder that the Elective Inpatient Encounter with OR procedure within three days definition cited at the beginning of each of the Denominator Exclusions definitions represents those elective Inpatient hospitalizations that meet the measure's Denominator criteria. And these hospitalizations are represented by the Encounter with Surgery alias that we see here, and we'll see throughout the rest of the flow. So for the purposes of this flow, the Encounter with Surgery alias is synonymous with an Elective Inpatient Hospitalization in the Denominator, which we defined earlier as including time that the patient spends in the Inpatient Encounter and time in preceding outpatient surgery service and/or in observation status when the transition between discharge from these Encounters and admission to the Inpatient Encounter is one hour or less. Okay, so let's review these three definitions on the slide. So first, the Encounter with Degenerative Neurological Disorder definition identifies Encounters in the Denominator for patients with a diagnosis code in the degenerative neurological disorder value set. Then next, the Encounter with High Risk to Airway, Head, Neck, and Thoracic Surgery definition identifies Encounters in the Denominator for patients with a procedure code in the Head, Neck, and Thoracic Surgeries with High Risk Airway Compromise Value Set, and that procedure starts during the Encounter with Surgery. Next, the Encounter with Mechanical Ventilation that Starts More than One Hour Prior to Start of First OR Procedure definition identifies Encounters in the Denominator with a procedure code in the Mechanical Ventilation Value Set where that mechanical ventilation procedure starts more than one hour before the start of the patient's first OR procedure and starts during the Encounter with Surgery. If an Encounter meets the conditions outlined by any of these three definitions, then the Encounter for this patient is excluded from the measure's Denominator. And as you'll note here, the Encounters that meet these Denominator Exclusions criteria are represented by the alphanumericals b1, b2, and b3, which we'll plug into the sample calculation that we present later on. Next slide, please.

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Okay, so we'll move on to review the next three high-level definitions used to specify the measure's Denominator Exclusions criteria. So first, the Encounter with Neuromuscular Disorder Definition identifies Encounters in the Denominator for patients with a diagnosis code in the Neuromuscular Disorder Value

Set. Then next, the Encounter with PaCO2 Greater Than 50 and Arterial pH Less Than 7.30 within 48 hours Prior to Start of First OR Procedure, that definition identifies Encounters in the Denominator for patients with a lab test for PaCO2 and an arterial blood pH lab test that start 48 hours or less before the start of the patient's first OR procedure of the Encounter , with a PaCO2 lab test result of greater than 50 millimeters of mercury and an arterial blood pH lab test result of less than 7.30 pH. And then for the next definition, Encounter with PaO2 Less Than 50 within 48 hours Prior to Start of First OR Procedure. That definition identifies Encounters in the Denominator for patients with a PaO2 lab test that starts 48 hours or less before the start of the patient's first OR procedure of the Encounter with a result of less than 50 millimeters of mercury. And again, if an Encounter meets the conditions outlined by any of these three definitions, then the Encounter for this patient is excluded from the measure's Denominator. And as you'll note here, Encounters that meet these Denominator Exclusions criteria are represented by the alphanumericals b4, b5, and b6, which we can plug into the sample calculation that we'll present later on. Next slide, please.

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Okay, so we'll move on now to review the next three high-level definitions used to specify the measure's Denominator Exclusions. So, the Encounter with Principal Diagnosis of Acute Respiratory Failure definition identifies Encounters in the Denominator with a diagnosis code in the Acute Respiratory Failure Value Set and where the diagnosis rank is equal to one, which would signal that the patient entered the Inpatient hospitalization already experiencing respiratory distress. Next, the Encounter with Diagnosis of Acute Respiratory Failure Present on Admission definition identifies Encounters in the Denominator where the patient has a diagnosis code in the Acute Respiratory Failure Value Set, and the diagnosis code has a POA indicator of Y or W in the Present on Admission or Clinically Undetermined Value Set. And then next, the Encounter with Tracheostomy Present on Admission definition identifies Encounters in the Denominator where the patient has a diagnosis code in the Tracheostomy Diagnoses Value Set, and the diagnosis code has a POA indicator of Y or W in the Present on Admission or Clinically Undetermined Value Set. And again, as a reminder, per CMS and AHRQ convention, POA indicators of Y or Yes and W or Clinically Undetermined are accepted indicators of a diagnosis present on admission. And again, if an Encounter meets the conditions outlined by any of these three definitions, the Encounter for this patient is excluded from the measure's Denominator. And you'll note here that Encounters that meet these Denominator Exclusions criteria are represented by the alphanumericals b7, b8, and b9, which we can plug into the sample calculation that we'll present later on. Next slide, please.

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And finally, we'll review the last remaining high-level definition used to specify the Denominator Exclusions. So, the Encounter with Tracheostomy Prior to or on the Same Day of First OR Procedure definition contains two more narrow definitions. So those definitions are Encounter with Tracheostomy Before Day of First OR Procedure and then Encounter with Tracheostomy Same Day of First OR Procedure. Encounters that meet the conditions outlined by either of these two more narrow definitions will also meet the Denominator Exclusions criteria. So that first more narrow definition, Encounter with Tracheostomy Before Day of First OR Procedure, that definition identifies Encounters in the Denominator for patients with a tracheostomy procedure that starts during the Encounter with surgery and before the day of the first OR procedure of the Encounter. And then the second more narrow definition, the Encounter with tracheostomy Same Day of First OR Procedure, that definition identifies Encounters in the Denominator for patients with a tracheostomy procedure that starts during the Encounter with Surgery and during the day of the first OR procedure of the Encounter. If an Encounter meets the conditions outlined by either of those two more narrow definitions, then the Encounter for this patient is excluded from the measure's Denominator. And as you'll note here, Encounters that meet these Denominator Exclusions

criteria are represented by the alphanumericals b10 and b11, which we'll plug into the sample calculation that we present later on. Next slide, please.

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All right, so moving on to the Numerator. As discussed earlier, this measure's Numerator includes Elective Inpatient Hospitalizations for patients who experience postoperative respiratory failure as evidenced by conditions described under Criterion A or Criterion B. If a patient experiences a condition under Criterion A or Criterion B, then the Inpatient hospitalization for that patient will meet the Numerator criteria. Before I jump into the specifics of the Numerator flow, I just want to explain that the measure's Numerator logic uses the administration of general neuraxial and regional anesthesia and conscious sedation that require monitored anesthesia care as a proxy for an OR procedure. So, these anesthesia concepts are included in the General and Neuraxial Anesthesia and Anesthesia Requiring Monitored Care Value Sets. So, when I reference definitions or data elements for general or neuraxial anesthesia or anesthesia requiring monitored care here, I'll just use the term 'anesthesia' moving forward just for the sake of brevity. Okay. So, this slide shows the two high-level definitions used to specify the two conditions that fall under Criterion A, which includes Elective Inpatient Hospitalizations for Patients with Mechanical Ventilation Initiated within 30 Days After First OR Procedure. And these two high-level definitions are used to specify the following conditions. So first, the Encounter with Intubation Outside of Procedural Area within 30 Days of End of First OR Procedure. That definition identifies Encounters in the Denominator where an intubation procedure is performed and the intubation meets the following criteria. So, the intubation must start 30 days or less after the end of the patient's first OR procedure. And the intubation starts during the Encounter with Surgery, and the intubation starts after the end of the administration of anesthesia. And the intubation does not start in an OR procedural area represented by a location code in the Procedural Hospital Locations Value Set. And the intubation does not start during the administration of anesthesia. So, by looking to confirm that the intubation does not start during the administration of anesthesia, the definition is confirming that the intubation did not start during the patient's first OR procedure. Okay, so next we have the Encounter with Mechanical Ventilation Outside of Procedural Area within 30 Days of End of First OR Procedure and Preceded by Non-Invasive Oxygen Therapy definition. And that definition identifies Encounters in the Denominator where a mechanical ventilation procedure is performed and the mechanical ventilation meets the following criteria. So, the mechanical ventilation starts 30 days or less after the end of the patient's first OR procedure. And the mechanical ventilation starts during the Encounter with Surgery, and the mechanical ventilation starts after the end of the administration of anesthesia. And the patient is receiving non-invasive oxygen therapy in the period between the end of the anesthesia administration and the start of the mechanical ventilation - signaling that the mechanical ventilation is unplanned, and the mechanical ventilation does not start in an OR procedural area. Again, confirming that the mechanical ventilation did not start during a patient's OR procedure. So, if an Encounter meets the criteria outlined by either of those two high-level definitions, then the Encounter for this patient is included in the measure's Numerator. And as you'll note here, Encounters that meet these Numerator criteria are represented by the alphanumericals c1 and c2, which we'll plug into that sample calculation that we present later on. Next slide, please.

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Okay. So next, this slide shows the two high-level definitions used to specify the two conditions that fall under Numerator Criterion B, which includes Elective Inpatient Hospitalizations for patients with mechanical ventilation with a duration of more than 48 hours after the patient's OR procedure. And there are two high-level definitions used to specify these conditions. So first we have Encounter with Extubation Outside of Procedural Area Within 30 Days of End of First OR Procedure More Than 48 Hours After End of Anesthesia Definition. And this definition identifies Encounters in the Denominator for patients with an

endotracheal tube removal procedure performed - signaling extubation where the extubation meets the following criteria. So, the extubation starts during the Encounter with Surgery, and the extubation starts 30 days or less after the patient's first OR procedure. And the extubation starts more than 48 hours after the end of the administration of anesthesia. And the extubation is not preceded by a period of non-invasive oxygen therapy or a subsequent OR procedure between the end of the OR procedure and the extubation occurrence in order to confirm that the extubation is related to mechanical ventilation that was continued without interruption from a procedural area. And finally, the extubation does not start in an OR procedural area. And then next we have the Encounter with Mechanical Ventilation within 30 Days of End of First OR Procedure and Between 48 and 72 hours After End of OR Procedure and Not Preceded by Non-Invasive Oxygen Therapy or Anesthesia Definition. And this definition identifies Encounters in the Denominator with a mechanical ventilation procedure performed where that mechanical ventilation procedure meets the following criteria. So, the mechanical ventilation starts between 48 and 72 hours after the end of the administration of anesthesia. And the mechanical ventilation starts 30 days or less after the patient's first OR procedure. And the mechanical ventilation starts during the Encounter with Surgery. And the mechanical ventilation is not preceded by a non-invasive oxygen therapy or subsequent OR procedure between the end of the OR procedure and the mechanical ventilation occurrence. And the mechanical ventilation does not start in an OR procedural area. So, if an Encounter meets the criteria outlined by either of these two high-level definitions, then the Encounter for this patient is included in the measure's Numerator. And as you'll note here, Encounters that meet these Numerator criteria are represented by the alphanumericals c3 and c4, which we can plug into the sample calculation that we'll present on the next slide. So next slide, please.

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Okay. So now that the Denominator, Denominator Exclusions, and Numerator criteria are defined, we can plug in the quantities to the calculation formula. The performance rate aggregates the populations into a single performance rate for the measurement period for reporting purposes. And as a reminder, the c, the a, and the b here refer to Encounters in the Numerator, Denominator, and Denominator Exclusions populations identified by these letters earlier in the flow diagram. So, in this example, the total number of Encounters in the Numerator is divided by the sum of the Encounters that meet the Denominator Exclusions criteria subtracted from the total number of Encounters in the Denominator to equal a 50% performance rate. And remember that for this measure, a decreased score indicates improvement in hospital performance. Next slide, please.

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All right, so now that we have finished our review of the measure flow, we'll provide a brief overview of the measure logic. So next slide, please.

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So, at the top of this slide, you'll see that the measure's Initial Population is defined by one high-level logic definition, and that's Elective Inpatient Encounter with OR Procedure within 3 Days. And that high-level definition includes multiple nested definitions, which together are used to specify the Initial Population. So, the bolded headers that you see here are the definition names. And beneath each of the bolded headers is the logic expression used to define that definition. So, using this waterfall layout with the arrows allows us to show how these definitions are nested within one another. So we'll begin with that high-level definition: Elective Inpatient Encounter with OR Procedure within 3 Days. So, this definition identifies Elective Inpatient Encounters with a procedure of anesthesia or an OR procedure performed three days or less after the start of the hospitalization. And just as a note, that Global."HospitalizationWithObservationAndOutpatientSurgeryService" function that we see in this

definition, that's the Length of Stay function that determines the hospitalization period assessed by the measure, returning the total interval from the start of any immediately prior outpatient surgery visit or observation Encounter through the discharge from the given Inpatient Encounter . And then as you can see, the Elective Inpatient Encounter with OR Procedure within 3 Days definition calls in another definition, Elective Inpatient Encounter with Age and without Obstetrical Condition, which helps further define the characteristics of the Inpatient Encounters to be included in the Initial Population. So, the Elective Inpatient Encounter with Age and Without Obstetrical Condition definition identifies Elective Inpatient Encounters where a diagnosis of an obstetrical condition does not exist. So effectively, this definition is looking for Elective Inpatient Encounters for patients who do not have an obstetrical or pregnancy-related condition. And then in the Elective Inpatient Encounter with Age and without Obstetrical Condition definition, we see that this definition calls in yet another definition, Elective Inpatient Encounter with Age 18 and Older without ED Visit. And this also helps to further define the characteristics of the Inpatient Encounters to be included in the Initial Population. So, we'll take a closer look at this definition on the next slide. Next slide, please.

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So, on this slide, we see how the Elective Inpatient Encounter with Age 18 and Older without ED Visit definition at the bottom of the slide fits into the Elective Inpatient Encounter with Age and without Obstetrical Condition definition at the top of the slide, which we just reviewed on the previous slide. So, the Elective Inpatient Encounter with Age 18 and Older without ED Visit definition identifies Encounters with a code in the Elective Inpatient Encounter Value Set, which contains codes only for Elective Inpatient admissions that end during a day of the measurement period and that have an Encounter class that is equivalent to the Elective Qualifier Value code. And then the definition also looks to identify those Elective Inpatient Encounters where the patient is 18 years or older at the start of the Encounter and that are not preceded by an emergency department Encounter that ends one hour or less before the start of the Elective Inpatient Encounter, again with the goal of identifying Elective Inpatient Encounters. So together, those three definitions that we reviewed that are nested within one another define Encounters that meet the Initial Population criteria, that is, Elective Inpatient Encounters that end during a day of the measurement period that are not immediately preceded by an ED Encounter and that have an OR procedure within the first three days of the Encounter for patients age 18 and older at the start of the Encounter who do not have a diagnosis of an obstetrical or pregnancy-related condition. Next slide, please.

Slide 36 – 00:47:51

And as we've discussed, for this measure, the Denominator equals the Initial Population. So here the Denominator is simply defined by the Initial Population definition, which we just reviewed. So, we won't go into that again. Next slide, please.

Slide 37 – 00:48:10

So next, we'll move on to the logic used to specify the Denominator Exclusions criteria. And as a reminder, this measure aims to exclude Encounters for patients who are at high risk for postoperative respiratory failure, which allows the eCQM to focus on capturing true hospital harm events. As you'll remember from our review of the measure narrative and the measure flow, there are 11 main category conditions in the Denominator Exclusions as specified by 10 high-level logic definitions, which you see here on the slide. And that 'union' operator that we see joining all 10 of those definitions means that an Encounter will meet, excuse me, that an Encounter that meets the conditions specified under any one of these 10 definitions will meet the Denominator Exclusions criteria. So, we'll use the next 11 slides to review those conditions

that qualify an Encounter for the measure's Denominator Exclusions. And we'll describe each condition and its corresponding logic definition on a separate slide for clarity. So next slide, please.

Slide 38 – 00:49:25

So, the first high-level definition of the Denominator Exclusions is Encounter with Degenerative Neurological Disorder, which identifies Encounters in the Denominator where the patient has a diagnosis of a degenerative neurological disorder. And these Encounters are excluded from the Denominator and the measure calculation. Next slide, please.

Slide 39 – 00:50:46

The second high-level definition of the Denominator Exclusions is Encounter with High Risk to Airway Head, Neck, and Thoracic Surgery. which identifies Encounters in the Denominator with a head, neck, or thoracic surgery with high risk airway compromise that's performed during the hospitalization period. So, these Encounters are also excluded from the Denominator and measure calculation. And as a reminder, the hospitalization period assessed by this measure does include time in outpatient surgery service and/or in observation status that immediately precedes the Inpatient Encounter . So, if a patient has a head, neck, or thoracic surgery with high risk airway compromise performed in Outpatient Surgery Service that immediately precedes the Inpatient Encounter, then the Encounter for this patient would be excluded from the measure's Denominator. Next slide, please.

Slide 40 – 00:49:51

The third high-level definition of the Denominator Exclusions is Encounter with Mechanical Ventilation that Starts More than One Hour Prior to Start of First OR Procedure, which identifies Encounters in the Denominator with a mechanical ventilation procedure performed more than one hour prior to the patient's first OR procedure and during the hospitalization period assessed by the measure. And these Encounters are also excluded from the Denominator and measure calculation. Next slide, please.

Slide 41 – 00:51:24

The fourth high-level definition of the Denominator Exclusions is Encounter with Neuromuscular Disorder which identifies Encounters in the Denominator where the patient has a diagnosis of a neuromuscular disorder. And these Encounters are also excluded from the Denominator and measure calculation. Next slide, please.

Slide 42 – 00:51:45

The fifth high-level definition of the Denominator Exclusions is Encounter with PaCO2 Greater than 50 and Arterial pH Less than 7.30 within 48 Hours Prior to Start of First OR Procedure. And this definition identifies Encounters in the Denominator where the patient has a P, excuse me, has a CO2 partial pressure in arterial blood lab test performed within 48 hours before the patient's first OR procedure during the hospitalization. And the lab test has a result of greater than 50 millimeters of mercury. And the patient also has an arterial blood pH lab test performed that starts within 48 hours before the patient's first OR procedure during the hospitalization. And that lab test has a result of less than 7.30 pH. And these Encounters are also excluded from the Denominator and measure calculation. Next slide, please.

Slide 43 – 00:52:51

The sixth high-level definition of the Denominator Exclusions is Encounter with PaO2 less than 50 within 48 hours prior to start of first OR procedure. And this definition identifies Encounters in the Denominator where the patient has an oxygen partial pressure in arterial blood lab test performed within 48 hours before the patient's first OR procedure during the hospitalization. And that lab test has a result of less than

50 millimeters of mercury. And these Encounters are also excluded from the Denominator and the measure calculation. Next slide, please.

Slide 44 – 00:53:33

The seventh high-level definition of the Denominator Exclusions is Encounter with Principal Diagnosis of Acute Respiratory Failure, which identifies Encounters in the Denominator where the patient has a principal diagnosis of Acute Respiratory Failure. And these Encounters are also excluded from the Denominator and the measure calculation. Next slide, please.

Slide 45 – 00:54:01

The eighth high-level definition of the Denominator Exclusions is Encounter with Diagnosis of Acute Respiratory Failure Present on Admission. And this definition identifies Encounters in the Denominator where the patient has a diagnosis of Acute Respiratory Failure that is present on admission to the hospital as documented via POA indicators. And these Encounters also meet the Denominator Exclusions criteria and are excluded from the Denominator and measure calculation. Next slide, please.

Slide 46 – 00:54:34

The ninth high-level definition of the Denominator Exclusions is Encounter with Tracheostomy Present on Admission. And this definition identifies Encounters in the Denominator where the patient has a tracheostomy diagnosis present on admission to the hospital, again, as documented via POA indicators. And these Encounters are also excluded from the Denominator and measure calculation. Next slide, please.

Slide 47 – 00:55:02

So, the 10th and final high-level definition of the Denominator Exclusions is the Encounter with Tracheostomy Prior to or on the Same Day of the First OR Procedure. As you can see, this high-level definition contains two more narrow definitions: Encounter with Tracheostomy Before Day of First OR Procedure and Encounter with Tracheostomy Same Day of First OR Procedure. Encounters for patients that meet the conditions specified under either of those two more narrow definitions will meet the Denominator Exclusions criteria and will be excluded from the measure's Denominator and measure calculation. So, we'll start by reviewing the first more narrow definition, the Encounter with Tracheostomy Before Day of First OR Procedure, which is seen on this slide. And this definition identifies Encounters in the Denominator where the patient has a tracheostomy procedure performed during the hospitalization and that starts before the day of the patient's first OR procedure of the hospitalization. These Encounters are excluded from the Denominator and measure calculation. Next slide, please.

Slide 48 – 00:56:09

And then we'll move on to the second more narrow definition: Encounter with Tracheostomy Same Day of First OR Procedure, seen on this slide. And this definition identifies Encounters in the Denominator where the patient has a tracheostomy procedure performed during the hospitalization and that starts during the day of the patient's first OR procedure of the hospitalization. And these Encounters are also excluded from the Denominator and the measure calculation. Next slide, please.

Slide 49 – 00:56:18

All right, moving on to the last piece of the logic we'll review, which is the measure's Numerator. And as we've discussed earlier, this measure's Numerator includes Elective Inpatient hospitalizations for patients with postoperative respiratory failure as evidenced by conditions described under Criterion A and Criterion B. And if a patient experiences a condition categorized under Criterion A or Criterion B, then the Inpatient

hospitalization for that patient will meet the Numerator criteria. So, the first two definitions on this slide, Encounter with Intubation Outside of Procedural Area within 30 Days of End of First OR Procedure and Encounter with Mechanical Ventilation Outside of Procedural Area within 30 Days of End of First OR Procedure and Preceded by Non-invasive Oxygen Therapy. Those two definitions fall under Criterion A. And then the second two definitions we see here, Encounter with Extubation Outside of Procedural Area within 30 Days of End of First OR Procedure More than 48 Hours After End of Anesthesia and Encounter With Mechanical Ventilation within 30 Days of End of First OR Procedure and Between 48 and 72 Hours After End of OR Procedure and not Preceded by Non-Invasive Oxygen Therapy or Anesthesia. Those two definitions fall under Criterion B. And again, that 'union' operator that we see here joining all four of those definitions means that an Encounter that meets the conditions specified under any one of those four definitions will meet the Numerator criteria. Next slide, please.

Slide 50 – 00:58:41

So, we'll review the first definition here that falls under Criterion A, Encounter with Intubation Outside of Procedural Area within 30 Days of End of First OR Procedure. And this definition identifies Encounters in the Denominator where the patient has an intubation procedure that starts outside of a procedural area and within 30 days after the end of the first OR procedure of the Encounter. Encounters that meet these criteria are in the Numerator population. Next slide, please.

Slide 51 – 00:59:16

We will now review the second definition that falls under Criterion A, Encounter with Mechanical Ventilation Outside of Procedural area within 30 Days of End of First OR Procedure and Preceded by Non Invasive Oxygen Therapy. This definition identifies Encounters in the Denominator where the patient has a mechanical ventilation procedure performed that starts outside of a procedural area within 30 days after the end of the first OR procedure of the Encounter and is preceded by a period of non-invasive oxygen therapy between the end of the OR procedure and the mechanical ventilation occurrence, and without a subsequent OR procedure between the non-invasive oxygen therapy and the mechanical ventilation occurrence. Encounters that meet these criteria are also in the Numerator population. Next slide, please.

Slide 52 – 01:00:11

All right, so next we'll review the first definition that falls under Criterion B, Encounter with Extubation Outside of Procedural Area Within 30 Days of End of First OR Procedure More Than 48 Hours After End of Anesthesia. This definition identifies Encounters in the Denominator where the patient has a procedure performed to remove an endotracheal tube signaling extubation where the extubation starts outside of a procedural area more than 48 hours after the end of an OR procedure and within 30 days after the end of the first OR procedure and is not preceded by a period of non-invasive oxygen therapy or a subsequent OR procedure between the end of the OR procedure and the extubation occurrence. Encounters that meet these criteria are also in the Numerator population. Next slide, please.

Slide 53 – 01:01:05

And then finally, we will review the second definition that falls under Criterion B, Encounter with Mechanical Ventilation within 30 Days of End of First OR Procedure and Between 48 and 72 Hours After End of OR Procedure and not Preceded by Non Invasive Oxygen Therapy or Anesthesia. So, this definition identifies Encounters in the Denominator where the patient has mechanical ventilation that occurs between 48 and 72 hours after the end of an OR procedure and within 30 days after the end of the first OR procedure and is not preceded by non-invasive oxygen therapy or a subsequent OR procedure between

the end of the OR procedure and the mechanical ventilation occurrence. Encounters that meet these criteria are also in the Numerator population. Next slide, please.

Slide 54 – 01:02:00

Okay. So, we are not going to review the full logic for the measure's Risk Adjustment Variables in detail, but we have included all of the logic definition names for the measure's risk adjustment variables on this slide. So, for more information on the risk adjustment variables, as I mentioned earlier, you can reference the Hospital Harm - Postoperative Respiratory Failure Risk Adjustment Methodology Report, which is located on the eCQM-specific page of the eCQI Resource Center website. And that concludes our review of the Hospital Harm - Postoperative Respiratory Failure eCQM for the 2026 Reporting Period. So, thank you, everyone, and I'll pass it back to you now, Susan.

Slide 55 – 01:02:44

[Susan Funk] Wow, Moriah, thank you so much. You must need a sip of water or something. Take a break for a minute or so while I get through. I'll quickly try to get through the next couple slides so that we can get to the Q&A because we've got a lot of good questions in the Q&A right now. So right now, I'm going to just share these resource slides with you. On this slide, we have the links to the eCQI Resource Center, CMS Eligible Hospital measures page and the "Get Started with eCQMs" links. We've got a link to the "Teach Me Clinical Quality Language" video series, and specifically the video shorts on "Hospitalization with Observation" and "What is a Value Set?" Next slide.

Slide 56 – 01:03:22

So, continuing with the additional resources, we've got a link out, and this one will be very important. It comes up in a lot of the questions. The link is to the Value Set Authority Center or the VSAC support. And this is where you can find additional information about all of those value sets. We've also linked to the Expert to Expert webinar series on the Joint Commission website. And then this one is very important, and I'm going to take a second to explain this while Moriah gets ready to jump into the question queue. The ASTP/ONC issue tracking system is where questions about these eCQMs should be submitted following this webinar. And just to give a little context, the ASTP/ONC issue tracking system, or JIRA as many people know it, the same subject matter experts that are on today's webinar are also the same staff that respond to questions that are posed on that platform. So, the Q&A document that follows this webinar can take several weeks because it needs to be approved by CMS before we can distribute it. If you need a more immediate answer or we are unable to get to your question today during this live Q&A, please consider submitting that question via the issue tracker. While the team is working very diligently to try and respond to as many of the questions as possible, some of them are just a little bit more detailed and take some additional time and are better responded to in writing. So next slide, please.

Slide 57 – 01:05:07

With that said, we're going to start to move into our live Q&A segment. I will just re-provide the directions to ask questions. You need to click on the question mark icon in the audience toolbar; that will open a panel that you can use to type and submit your question. As I noted, the questions asked during this live event will be addressed in a written follow-up document that will later be posted to the Joint Commission website. As I noted, that can take several weeks because CMS needs to review and approve the responses. Our subject matter experts from Mathematica have been really busy providing a lot of these responses in writing. You can open that Q&A queue to read through them. Right now, Moriah is going to share some of the questions and answers that have been posted there. These will be some of the ones that will be of the most use to the greatest number of the people in the audience. So, Moriah, I will go on

mute and let you jump into the questions. We'll take about maybe nine, maybe eight minutes to do questions. Thanks.

[Moriah Bauman] Okay, great. Thank you. So, the first question I see is, "How were the Denominator Exclusions criteria determined?" And the response to this is the measure aims to exclude Encounters for patients who are at high risk for postoperative respiratory failure, including patients who are admitted to the hospital with signs of current or imminent respiratory distress, patients with conditions that are consistent with lung weakness that could increase their risk for postoperative respiratory failure, and patients who experience respiratory distress prior to their first OR procedure. Excluding Encounters for these patients allows the eCQM to focus on capturing true hospital harm events.

The next question I see is, "How does the measure determine what non-invasive oxygen therapy is?" And the response is this measure uses the assessment performed non-invasive oxygen therapy and procedure performed non-invasive oxygen therapy by nasal cannula or mask QDM Data Elements to identify patients' receipt of non-invasive oxygen therapy. The ICD-10-PCS and SNOMED CT codes that are contained in those two value sets can be reviewed on the Value Set Authority Center or the VSAC website.

The next question I see is, "What happens if we do not submit all of the data for the risk adjustment variables?" So, the response is this eCQM includes 15 risk variables, including Encounter diagnosis-based risk factors and vital sign-based risk factors, which contribute to estimating the patient's probability of experiencing postoperative respiratory failure and support fair comparisons across hospitals treating patients with varying levels of acuity. Submission of all data for the measure's risk variables improves the risk adjustment model's ability to account for patient severity. So, when data for risk variables are not submitted, patient severity may be underestimated, which can affect the accuracy of risk-adjusted outcomes. So, more information on the different variables included in the measure's risk adjustment model are going to be found in that risk adjustment methodology report that we've referenced a few times. And that's located on the eCQI Resource Center.

The next question I see is, "Are we supposed to risk adjust the measure scores, or does CMS handle that?" And the response is implementers do not need to risk adjust their own measure scores. Implementers should submit raw data, and then CMS will apply the risk adjustment methodology for measure scores. Okay.

01:09:24

And the next question I see is, "What is the difference between HH-RF, this eCQM and then the PSI 11 measure?" And the response is the CMS Patient Safety Indicator or PSI 11 measure is a claims-based measure. And the HH-RF eCQM is an electronic Clinical Quality Measure, which is intended to complement the CMS PSI 11 measure.

Let's see, the next question I see is, "How does the measure evaluate postoperative respiratory failure?" And the response is postoperative respiratory failure is evaluated using mechanical ventilation documentation or intubation and extubation documentation to allow for hospital documentation variances. Therefore, if mechanical ventilation documentation is not available, intubation and extubation can serve as a proxy for determining if mechanical ventilation occurred and its duration. All right.

So, the next question I see is, "Does this measure include only observation patients that convert to inpatient?" And the response is the hospitalization period for this measure includes time in outpatient surgery service or in observation status when the transition between discharge from these Encounters and admission to the Inpatient Encounter is one hour or less of each other. But if the patient did not spend time in outpatient surgery service or an observation before the Inpatient Encounter, then the Inpatient hospitalization period assessed by the measure starts at admission to the Inpatient Encounter. Okay.

Going down, here we go. The next question I see is, "How is Elective Inpatient Hospitalization determined?" And the response is elective is modeled by specifying an Elective Inpatient Admission Encounter Type. So, the Elective Inpatient Encounter Value Set contains codes only for Elective Inpatient Admissions. And you can see the specific codes that are included in that value set, again, on the Value Set Authority Center or the VSAC website. Okay.

The next question is, "If a patient is discharged from observation, does that not count towards the Denominator?" And the response is an Inpatient Encounter is required for inclusion in the Initial Population and the Denominator of this measure. So, if a patient is discharged from observation and is not admitted to Inpatient within one hour or less, then time spent in that observation Encounter is not included in the measure assessment. Oops, excuse me, I lost my spot.

The next question I see is, "For the risk adjustment variables, is the date/time of each variable the time at which the measurement was taken or the time at which the measurement was documented?" And the response is the date/time is the time that the measurement was taken. Okay. Just scrolling down to find one that covers a different topic.

Okay. The next question I see is, "Our hospital does not use Elective Inpatient for Inpatient Hospitalization Encounter Types. This will cause us to reclassify Inpatient Encounter types. Is an Elective Inpatient Encounter considered patients who come for scheduled surgery?" And the response is yes; an Elective Inpatient Encounter can include patients who enter the hospital for scheduled surgery. Okay.

01:13:43

[Susan Funk] Moriah I think we'll take one more. I know we're right at time, but let's take one more question, and then I will just speed through the rest of the slides.

[Moriah Bauman] Okay. Sorry, Susan, I'm just looking for one that is unique. Okay, I'll do one last question. So, the question is, "For the first listed lab value, does this include pre-op labs obtained prior to the Inpatient surgery?" And the response is first lab values include labs obtained during the Elective Inpatient Hospitalization Period, which can include time in outpatient surgery and observation, but it would not include lab values prior to the hospitalization period. And I'll pass it back to you, Susan.

[Susan Funk] Great, thanks so much, Moriah. So just to reiterate, a lot of the questions that were asked today were really detailed and specific to a hospital's, the way that they have coded or mapped. So, a lot of those are going to be deferred to the written document. Some of those take a little bit more time for the team to research. I will close out now, just to reiterate that all of the questions that were asked today will be responded to in a written Q&A document. CMS will review and approve that, and then it will be posted on Joint Commission's website and eventually on the eCQI Resource Center. So next slide, please.

Slide 58 – 01:14:32

So that's a great segue. All of our Expert to Expert webinar recording links, slides, and transcripts will be posted within a couple weeks, and then the Q&A document will follow when it's reviewed and approved. If you have any questions regarding the webinar operations or obtaining CE credit, you can submit them to the email address that we've included on this slide, and I'll read it off real quick. It's TJCwebinarnotifications@jointcommission.org Next slide, please.

Slide 59 – 01:15:48

Before this webinar concludes, just a few words about the webinar survey: we use your feedback to inform future content, determine education gaps, and assess the quality of these educational programs. A QR code will appear on the next slide, and you can use your mobile device to access the survey immediately. If you don't have your mobile device handy, the link to the CE survey will also come via an email that

arrives in your email box within an hour of the end of this webinar. So, it will be sent in one hour. So, if you don't have it immediately, it will appear soon. With that said, complete the survey, and when you get to the end of the survey, a blank certificate will appear on your screen. If you don't save the certificate, then you will also get an email that includes the link to your certificate. I will just make a note that the CE certificate will be blank. Joint Commission maintains registration records. That certificate is for your use. So, you complete that by filling in your own name and information. Next slide, please.

Slide 60 – 01:16:58

All right, we are at the end of the presentation. We'll leave this slide up for just a few seconds so that anyone that wants to can access the CE survey using the QR code. I will take this moment to just do some thank yous. Moriah, thank you so much for presenting the overview today. I know this is a brand new measure; it's one of the more complicated measures, so thank you so much for your detailed coverage of it and for getting to so many questions from the Q&A. And to the Mathematica team, thank you so much for responding to so many of those questions in writing. I'm sure everyone really appreciated getting the responses that we were able to get out. My appreciation also goes to our operations team that supported today's webinar. And finally, thanks to everyone that attended today. This concludes the presentation. As I mentioned, I'll just leave this slide up for a few more seconds for those that wish to access the QR code. Have a great day.