



Updated Accreditation Manual: Human Resources and Leadership Chapters

Accreditation 360
Hospitals and Critical Access Hospitals

On Demand Webinar
September 2025 release
CE Credit Available for 6 weeks
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On Demand Webinar Platform – Functionality

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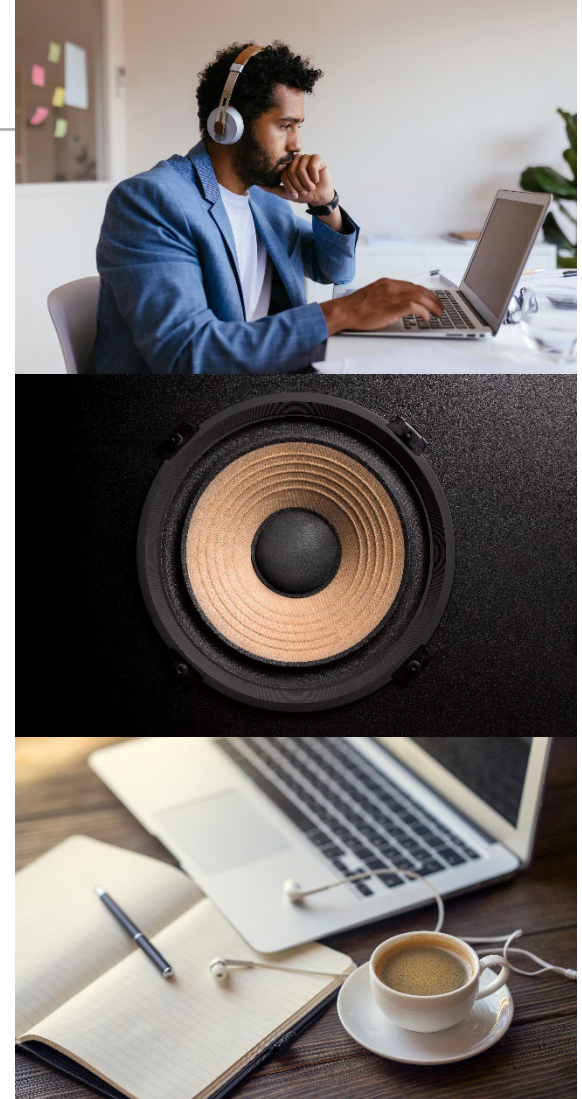
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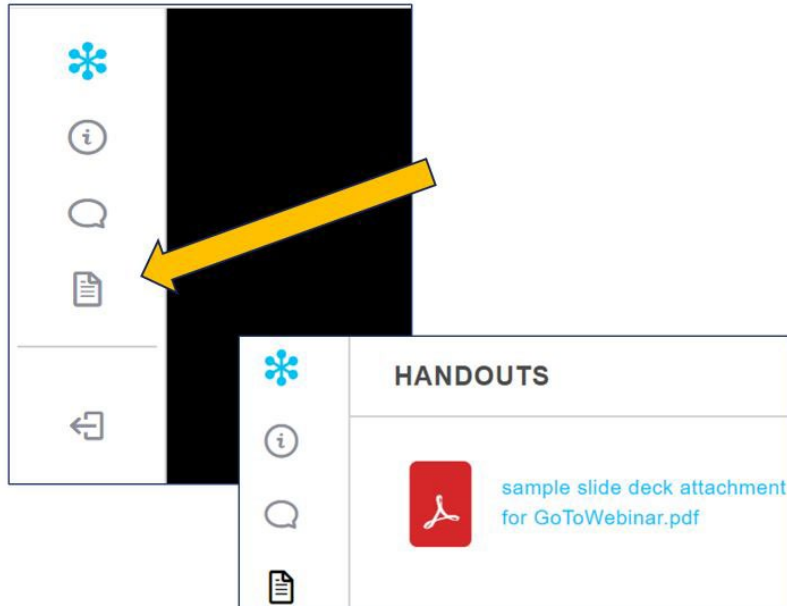
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www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos

Continuing Education Information

All relevant information about Continuing Education Credit can be found in attachment provided:

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



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<https://www.jointcommission.org/en-us/products-and-services/continuing-education/continuing-education-credit-information>

Participant Learning Objectives



Discuss the rationale for the Human Resources and Leadership standards rewrite/reorganization

Define the structure, organization, and requirements of the new Human Resources and Leadership chapters

Apply guidance and resources to inform implementation

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.



Content Outline

Human Resources (HR) & Leadership (LD) Updates

- New Numbering
- New Chapter Locations

Survey Process

- Orientation to Survey Process Guide (SPG)
- SPG Modules
- Compliance Evaluation Tools

Resources to Navigate Revisions

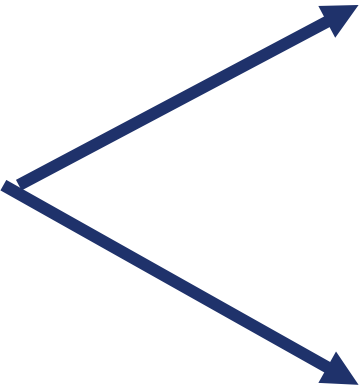
- Disposition Report
- Crosswalk Compare Report

Commonly Identified Opportunities for Improvement

Part 1 - Human Resources (HR) Updates

Numbering and Location Changes

Current Standard Numbering
HR.01.01.01
HR.01.02.01
HR.01.02.05
HR.01.02.07
HR.01.04.01
HR.01.05.03
HR.01.06.01
HR.01.07.01



Future Standard Numbering
HR.11.01.01
HR.11.01.03
HR.11.02.01
HR.11.03.01
HR.11.04.01

Future Standard Numbering
NPG.02.04.01
NPG.12.01.01
NPG.12.04.01
NPG.12.05.01
NPG.13.01.01

Concepts Remaining in the HR Chapter

Dietetic Staff

HR.11.01.01

**Verification of
Credentials**

HR.11.01.03

**Staff
Qualifications**
HR.11.02.01

**Training, and
Education**
HR.11.03.01

**Competence
Evaluation**
HR.11.04.01

HR Concepts in the NPG Chapter

**Workplace
Violence
Training**
NPG.02.04.01

**Pharmacist &
Dietician**
NPG.12.01.01

**Criminal
Background
Checks**
NPG.12.04.01

**Health
Screenings**
NPG.12.04.01

**Scope of
Practice**
NPG.12.04.01

**Hospital
Orientation**
NPG.12.05.01

Staff Evaluations
NPG.12.05.01

**Imaging Services
CT/MRI Staff**
NPG.13.01.01

HR Chapter Standard Example

**Competence and
Evaluation of
Performance**
HR.11.04.01

Standard, EP and HR chapter example

HR.11.04.01, EP 1

Staff competence is initially assessed and documented as part of orientation and once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.

NPG Chapter Standard Example

**Workplace
Violence
Training**
NPG.02.04.01

Standard, EP and NPG chapter example

NPG.02.04.01, EP 2

As part of its workplace violence prevention program, the hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leaders, staff, and licensed practitioners...etc.

Notable Changes in the HR Requirements

Deleted

- **HR.01.02.01, EP 1**

The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital is approved by the governing body.

Deleted

- **HR.01.02.01, EP 2**

The equivalent process for credentialing and privileging physician assistants and advanced practice registered nurses who practice within the hospital...etc.

Part 2 - Leadership (LD) Chapter Updates

Numbering and Location Changes

Current Standard Numbering	
LD.01.01.01	LD.03.02.01
LD.01.02.01	LD.03.03.01
LD.01.03.01	LD.03.04.01
LD.01.04.01	LD.03.05.01
LD.01.05.01	LD.03.06.01
LD.02.01.01	LD.03.07.01
LD.02.02.01	LD.03.08.01
LD.02.04.01	LD.03.09.01
LD.03.01.01	LD.03.10.01

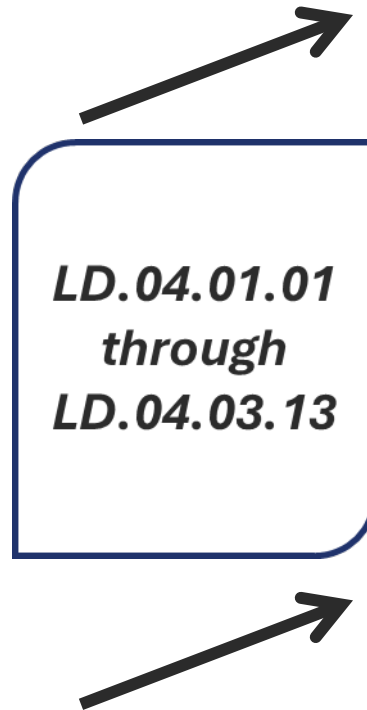


*LD.04.01.01
through
LD.04.03.13*

Future STD Numbering - LD
LD.11.01.01
LD.11.01.03 (CAH ONLY)
LD.11.02.01
LD.12.01.01
LD.13.01.01
LD.13.01.03
LD.13.01.05
LD.13.01.07
LD.13.01.09
LD.13.02.01
LD.13.03.01
LD.13.03.03

Numbering and Location Changes (2)

Current Standard Numbering	
LD.01.01.01	LD.03.02.01
LD.01.02.01	LD.03.03.01
LD.01.03.01	LD.03.04.01
LD.01.04.01	LD.03.05.01
LD.01.05.01	LD.03.06.01
LD.02.01.01	LD.03.07.01
LD.02.02.01	LD.03.08.01
LD.02.04.01	LD.03.09.01
LD.03.01.01	LD.03.10.01



Future STD Numbering – NPG	
NPG.02.01.01	NPG.12.01.01
NPG.02.02.01	NPG.12.03.01
NPG.02.03.01	NPG.12.06.01 (HAP only)
NPG.02.04.01	NPG.13.02.01
NPG.06.01.01	

Future STD Numbering - Other	
HR.11.02.01 (CAH)	PI.11.01.01 (CAH)
PC.14.02.01 (CAH)	RC.11.01.01 CAH)

Concepts in the LD Chapter

LD.11.01.01
Accountability

LD.11.01.03
(CAH only)
Responsibility

LD.11.02.01
Medical Staff

LD.12.01.01
**Performance
Improvement**

LD.13.01.01
Law & Regulation

LD.13.01.03
Medical Necessity

Concepts in the LD Chapter (2)

LD.13.01.05
**Fiduciary
Responsibilities**

LD.13.01.07
Management

LD.13.01.09
Policy & Procedures

LD.13.02.01
Ethical Principles

LD.13.03.01
**Meeting Patient
Needs**

LD.13.03.03
**Contractual
Agreements**

LD Concepts in the NPG Chapter

**Mission, Vision,
Goals**
NPG.02.01.01

**Conflicts of
Interest & Ethics**
NPG.02.02.01

**Work Process
Design**
NPG.02.03.01

**Workplace
Violence
Prevention**
NPG.02.04.01

Opioid Safety
NPG.06.01.01

Staffing
NPG.12.01.01
NPG.12.03.01

Staffing & PI
NPG.12.06.01

Imaging Staff
NPG.13.02.01

Survey Process

Survey Process Guide (SPG) – Overview

- Replaces Survey Activity Guide (SAG)
- Closely follows CMS's interpretive guidelines and survey procedures
- Same version shared between surveyors and accredited organizations



Hospital Accreditation

Survey Process Guide

Survey Process Guide (SPG) – Overview (2)

- Organized into modules based on the CMS CoP structure
- Contains separate module for NPG Chapter
- Includes updated Compliance Evaluation Tools



Hospital Accreditation

Survey Process Guide

Survey Process Remains the Same

Surveyors will continue to conduct activities for:

- Competence Assessment
- Leadership (Organization Governance, Administration, and Management)



Hospital Accreditation

Survey Process Guide

Survey Process Guidance - Modules

Hospital Nursing Services Evaluation Module (482.23)		
Joint Commission Standards / EPs	Hospital CoP	Hospital Survey Process
<p>HR.11.01.03, EP 3: All staff who provide patient care, treatment, and services are qualified and possess a current license, certification, or registration, in accordance with law and regulation. The hospital develops and implements a procedure to verify and document the following:</p> <ul style="list-style-type: none">- Credentials of staff using the primary source when licensure, certification, or registration <u>is</u> required by federal, state, or local law and regulation. This is done at the time of hire and at the time credentials are renewed.- Credentials of staff (primary source not required) when licensure, certification, or registration is not required by law and regulation. This is done at the time of hire and at the time credentials are renewed.	<p>482.23(b)(2) The nursing service must have a procedure to ensure that hospital nursing personnel for whom licensure is required have valid and current licensure.</p>	<p>Document Review</p> <p>General</p> <ul style="list-style-type: none"><input type="checkbox"/> Review the nursing service licensure verification policies and procedures. Is licensure verified for each individual nursing services staff person for whom licensure is required? <p>Personnel/Credential File</p> <ul style="list-style-type: none"><input type="checkbox"/> Review hospital personnel records or records kept by the nursing service to determine that RNs, licensed practical nurses (LPNs), and other nursing personnel for whom licensure is required have current valid licenses.

New Standard/EP

CoP

Survey Process Guidance
(Interview, Document Review, Observation)

Survey Process Guidance - Modules (2)

Hospital Respiratory Care Services Evaluation Module (482.57)

HR.11.02.01, EP 1 The hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification	§482.57(b)(1) Personnel qualified to perform specific procedures and the amount of supervision required for personnel to carry out specific procedures must be designated in writing.	Document Review <input type="checkbox"/> Review treatment logs, job descriptions of respiratory care staff, and policies and procedures to determine the following: <ul style="list-style-type: none"><input type="checkbox"/> Duties and responsibilities of staff<input type="checkbox"/> Qualifications and education required, including licensure, consistent with state law
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Hospital Accreditation Survey Process Guide


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Hospital Emergency Services Evaluation Module (482.55)

Joint Commission Standards / EPs	Hospital CoP	Hospital Survey Process
LD.13.03.01, EP 1 : The hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s)	§482.55 Condition of Participation: Emergency Services The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice.	Interview General <input type="checkbox"/> Ask staff how the hospital meets the emergency needs of its patients in accordance with acceptable standards of practice and as per applicable law and regulation

Compliance Evaluation Tools

- Compliance Evaluation Tools:
 - CMS A-Tag Summary Review Sheet
 - Infection Prevention & Control Program Assessment Tool
 - Kitchen Tracer Survey Tool
 - Performance Improvement Evaluation Tool



Infection Prevention and Control Program Assessment Tool

Required Documents and Data

- Assessment of infection risks
- Results of infection control surveillance

Note: Performed at least annually, the format is determined by the hospital's infection control program.

Note: Infection control surveillance includes surveillance of the National Nosocomial Infection Survey (NNIS) for Centers for Medicare & Medicaid (CMS) have impacted the hospital during the preceding 12 months.

- Infection prevention and control policies and procedures
- Documentation of completed job-specific staff
- Program documents demonstrating that the program is in collaboration with the hospital's quality assessment, executive, and administrative leaders).

Note: The format of this documentation is determined by the hospital's reports, planning documents.

- Documentation demonstrating the governing body's oversight

CMS A-Tag Summary Review Sheet – Deemed Hospital Medical Record Review

Introduction to Medical Record Reviews

- Review a **sample of active and closed** medical records for completeness and accuracy in accordance with Federal and State laws and regulations and hospital policy.
- The sample should be 10 percent of the average daily census and be no less than 30 records.
- Within the sample, select at **least one patient from each nursing unit** (e.g., med/surg, ICU, OB, pediatrics, specialty units, etc.). In addition to the inpatient sample, **select a sample of outpatients** in order to determine compliance in outpatient departments, services, and locations. The **sample size may be expanded as needed to assess the hospital's compliance with the CoPs**.
- Request patient care policies** and other supporting documents **prior** to reviewing medical records.

Reference	Admission – Registration – Patient Rights
482.13(a)(1)	➤ Records of Medicare beneficiaries contain a signed and dated standardized notice, "An Important Message from Medicare" (IM) provided to inpatients within 2 days of the admission. For patients whose discharge occurred more than 2 days after the initial IM notice was issued, determine whether the hospital provided another copy of the IM to the patient prior to discharge in a timely manner.
482.13(b)(3)	➤ Advanced directives – record contains documentation that notice of the hospital's advance directives policy was provided at the time of admission or registration; document in a prominent part of the patient's medical record whether or not the patient has executed an advance directive; if yes, a copy of the patient's advance directive is in the medical record.
482.13(b)(4)	➤ Patient asked (unless incapacitated) about notifying family and physician about inpatient admission; if the patient was incapacitated at the time of admission record documents what steps were taken to identify a family member or representative and the patient's physician.
482.13(h)(1)	➤ Patient informed of visitation rights ; records contain documentation that the required notice was provided
482.24(c)(4)(v)	Informed Consent: ➤ Properly executed informed consent forms for procedures and treatments specified by the medical staff, or by Federal or State law if applicable, to require written patient consent. (The medical record must contain a document recording the patient's informed consent for those procedures and treatments that have been specified as requiring informed consent). A properly executed informed consent form contains the following minimum elements: Name of the hospital..., Name of the specific procedure..., Name of the responsible practitioner..., Statement that the procedure or treatment, including the anticipated benefits, material risks, and alternative therapies, was explained to the patient..., Signature of the patient..., Date and time the informed consent form is signed by the patient...

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Resources

Pre-Publication Webpage Resources

<https://www.jointcommission.org/en-us/standards/prepublication-standards/critical-access-hospital-and-hospital-requirements-streamlined-to-reduce-burden>

Accreditation Requirements

These documents contain all requirements for the accreditation programs, along with the regulations displayed below the EP.

- [Accreditation Requirements for Critical Access Hospitals](#)
- [Accreditation Requirements for Hospitals](#)

Crosswalks

These documents display the CoPs for each deemed program and the equivalent Joint Commission EPs.

- [Critical Access Hospital Crosswalk](#)
- [Critical Access Hospital DPU Crosswalk](#)
- [Hospital Crosswalk](#)
- [Psychiatric Hospital Crosswalk](#)

Survey Process Guides (SPGs)

These guides replace the Survey Activity Guides previously used. This guide will be used by both organizations and surveyors. The SPGs closely follow CMS's interpretive guidelines and survey procedures, providing a direct correlation between the survey process and the associated EPs and CoPs.

- [SPG for Critical Access Hospitals](#)
- [SPG for Hospitals](#)

Disposition Reports

These documents contain information regarding where concepts have moved from their previous EP location to their revised EP location with a Disposition column to describe the type of change that occurred (such as

Crosswalk Compare Reports

These documents display the CoPs for each deemed program, the previous equivalent Joint Commission EPs, and the revised equivalent Joint Commission EPs.

- [Critical Access Hospital Crosswalk Compare](#)
- [Critical Access Hospital DPU Crosswalk Compare](#)
- [Hospital Crosswalk Compare](#)

Tracking Revisions: Disposition Report

Standard/EP	EP Text	Disposition	New Standard/EP	New EP Text
HR.01.01.01, EP 1	<p>The hospital defines staff qualifications specific to their job responsibilities.</p> <p>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</p> <p>Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986&mc=true&node=sp42.5.493.m&rgn=div6.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are</p>	Moved and Revised	HR.11.02.01, EP 1	<p>The hospital defines staff qualifications specific to their job responsibilities.</p> <p>Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).</p> <p>Note 2: Qualifications for laboratory personnel are described in the Clinical Laboratory Improvement Amendments (CLIA), under Subpart M: "Personnel for Nonwaived Testing" §493.1351-§493.1495. A complete description of the requirement is located at https://www.ecfr.gov/cgi-bin/text-idx?SID=0854acca5427c69e771e5beb52b0b986&mc=true&node=sp42.5.493.m&rgn=div6.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are</p>

Current Standard/EP

Examples of Disposition:

- Moved/Revised
- Split or Consolidated
- Deleted EP/Replaced w/more Direct EP/ Moved to Guidance within SPG

New Standard/EP


Current State to Future State Organized by CoP

Crosswalk Compare Reports

These documents display the CoPs for each deemed program, the previous equivalent Joint Commission EPs, and the revised equivalent Joint Commission EPs.

- [Critical Access Hospital Crosswalk Compare](#)
- [Critical Access Hospital DPU Crosswalk Compare](#)
- [Hospital Crosswalk Compare](#)
- [Psychiatric Hospital Crosswalk Compare](#)

Prepublication standards: effective January 1, 2026

	Resources Joint Commission	About Us Newsletters	Need Help? Support Cen
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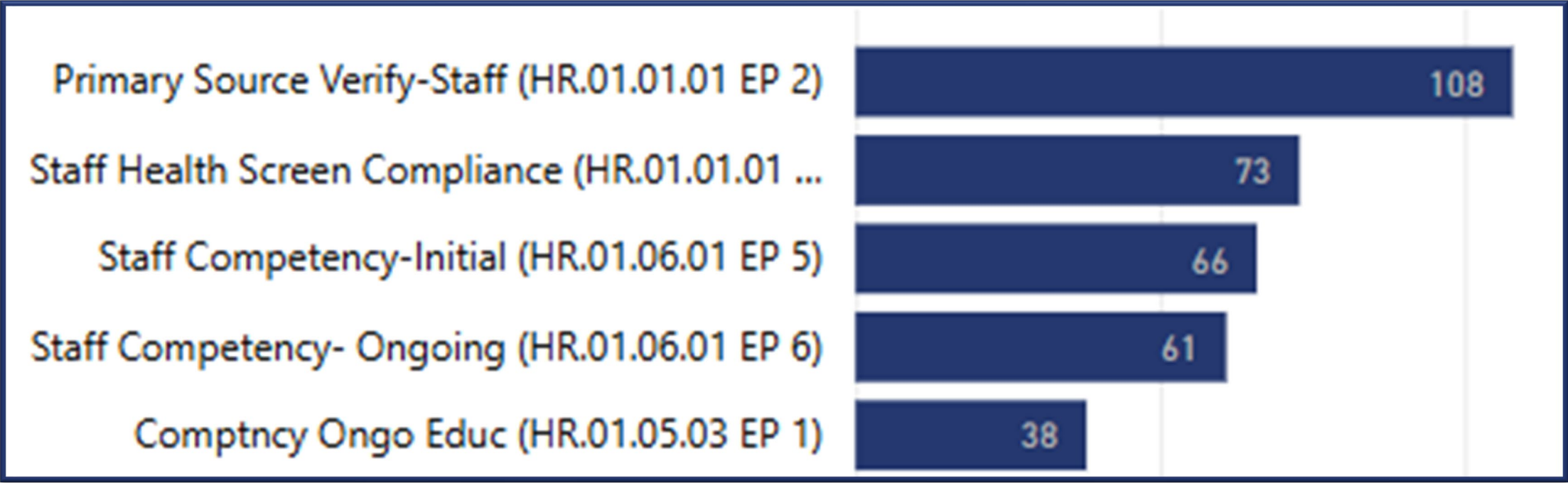
Current State Compared to Future State

Hospital Crosswalk – Current State Compared to Future State			
CoP Requirement	CoP Text	Current EP Mapping	Future EP Mapping
		written peer evaluation of physician- or other licensed practitioner-specific data collected from various sources for the purpose of validating current competence.	
§482.12	§482.12 Condition of Participation: Governing Body There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.	<p>LD.01.01.01, EP 1 The hospital identifies those responsible for governance.</p> <p>LD.01.01.01, EP 2 The governing body identifies those responsible for planning, management, and operational activities.</p> <p>LD.01.03.01, EP 1 The governing body defines in writing its responsibilities.</p> <p>LD.01.03.01, EP 2 The governing body provides for organization management and planning.</p> <p>LD.01.03.01, EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services.</p> <p>LD.01.03.01, EP 12 For hospitals that use Joint Commission accreditation</p>	<p>LD.11.01.01, EP 1 The hospital has a governing body that assumes full legal responsibility for the conduct of the hospital. If the hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital carry out the functions that pertain to the governing body.</p>

Commonly Identified Opportunities for Improvement

Human Resources (HR) and Leadership (LD)

Top 5 HR Opportunities – Hospital

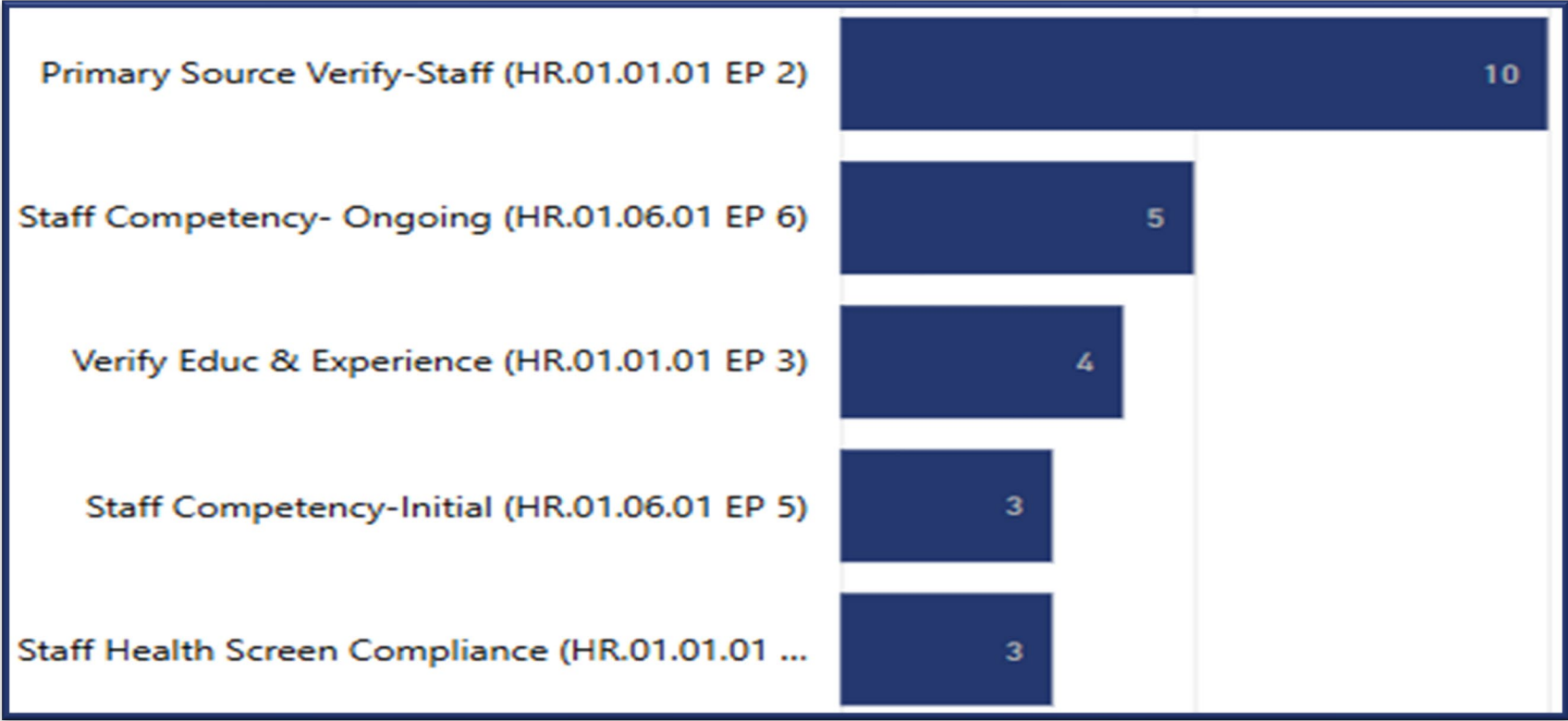


Data from 05/01/2024 – 05/31/2025

New Standard Location – Hospital

Current Standard/EP – 2025	New Standard/EP – January 1, 2026
Primary Source Verification – Staff HR.01.01.01, EP 2	Staff Qualifications HR.11.01.03, EP 3
Staff Health Screening Compliance HR.01.01.01, EP 5	Staff Health Screening Compliance NPG.12.04.01, EP 2
Staff Competency – Initial HR.01.06.01, EP 5	Staff Competency – Initial & Ongoing HR.11.04.01, EP 1
Staff Competency – Ongoing HR.01.06.01, EP 6	Staff Competency – Initial & Ongoing HR.11.04.01, EP 1
Competency Ongoing Education HR.01.05.03, EP 1	Competency Ongoing Education HR.11.03.01, EP 1

Top 5 HR Opportunities – Critical Access Hospital

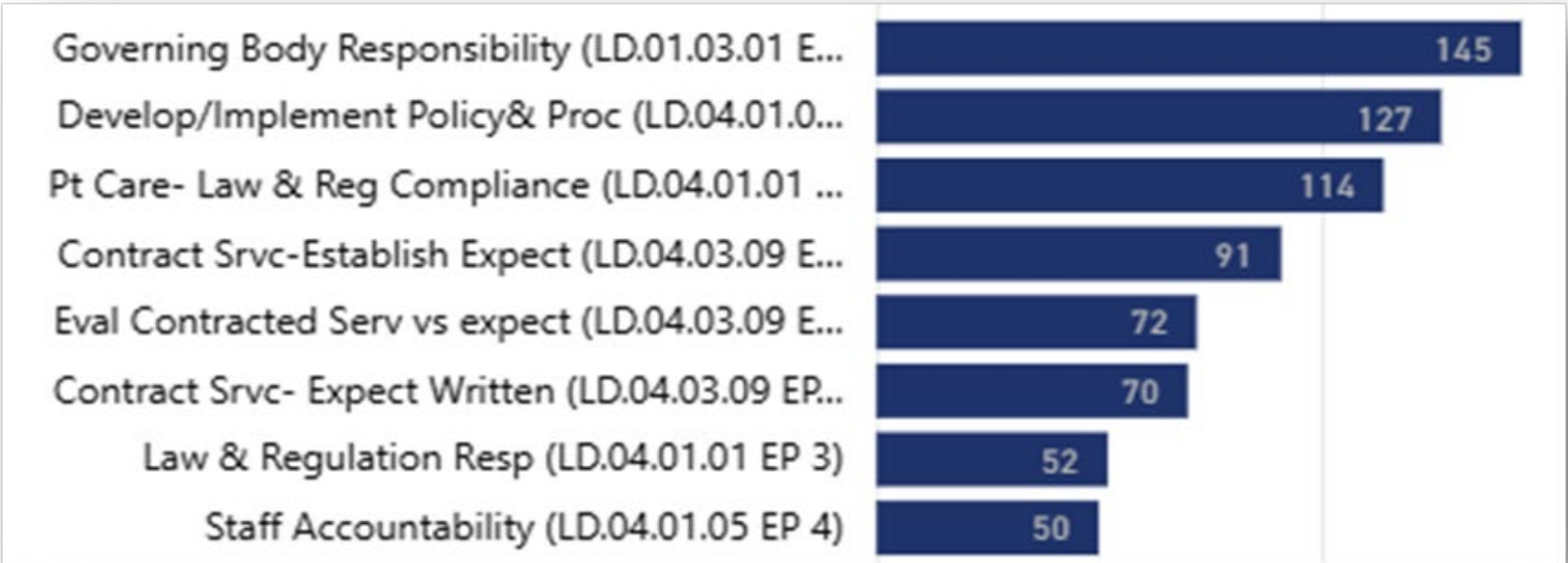


Data from 05/01/2024 – 05/31/2025

New Standard Location – Critical Access Hospital

Current Standards/EPs – 2025	New – Standards/EPs - January 1, 2026
Primary Source Verify – Staff HR.01.01.01, EP 2	Staff Qualifications HR.11.01.03, EP 3
Staff Competency – Ongoing HR.01.06.01, EP 6	Staff Competency – Initial & Ongoing HR.11.04.01, EP 1
Verify Education and Experience HR.01.01.01, EP 3	Staff Qualifications HR.11.01.03, EP 1
Staff Competency – Initial HR.01.06.01, EP 5	Staff Competency – Initial & Ongoing HR.11.04.01, EP 1
Staff Health Screening Compliance HR.01.01.01, EP 5	Staff Health Screening Compliance NPG.12.04.01, EP 2

Top Leadership Opportunities – Hospital



Data from 05/01/2024 – 05/31/2025

New Standard Location – Hospital

Current Standards/EPs – 2025	New Standards/EPs – January 1, 2026
LD.01.03.01 EP 2: <i>Governing Body Responsibility</i>	LD.11.01.01 EP1: <i>Governing Body Resp</i>
LD.04.01.07 EP 1: <i>Develop/Implement Policy & Proc</i>	
LD.04.01.01 EP 2: <i>Pt Care – Law & Reg Compliance</i>	LD.13.01.01 EP 2: <i>Pt Care – Law & Reg Compliance</i>
LD.04.03.09 EP 4: <i>Contract Srvc – Establish Expect</i>	LD.13.03.03 EP 2: <i>Governing Body Resp Contracted Serv</i>
LD.04.03.09 EP 6: <i>Eval Contract Serv vs Expect</i>	
LD.04.03.09 EP 5: <i>Contract Srv – Expect Written</i>	
LD.04.01.01 EP 3: <i>Law & Regulation Resp</i>	LD.11.01.01 EP1: <i>Governing Body Resp</i>
LD.04.01.05 EP 4: <i>Staff Accountability</i>	

Top LD Opportunities – Critical Access Hospital



- 1. LD.04.01.01 EP 2
- 2. LD.04.03.09 EP 4
- 3. LD.04.01.07 EP 1
- 4. LD.04.03.09 EP 6
- 5. LD.04.03.09 EP 5

Data from 05/01/2024 – 05/31/2025

New Standard Location – Critical Access Hospital

Current Standards/EPs – 2025	New Standards/EPs – January 1, 2026
LD.04.01.01 EP 2 <i>Pt Care – Law & Reg Compliance</i>	LD.13.01.01 EP 1 <i>Pt Care – Law & Reg Compliance</i>
LD.04.03.09 EP 4 <i>Contract Srvs – Establish Expect</i>	LD.13.03.03 EP 2 <i>Governing Body Resp Contracted Serv</i>
LD.04.01.07 EP 1 <i>Develop/Implement Policy & Proc</i>	LD.13.01.09 EP 1 <i>Develop/Implement Policy & Proc</i>
LD.04.03.09 EP 6 <i>Eval Contracted Serv vs Expect</i>	LD.13.03.03 EP 2 <i>Governing Body Resp Contracted Serv</i>
LD.04.03.09 EP 5 <i>Contract Srvs – Expect Written</i>	

Questions



If you have any questions associated with the HR or LD Chapter requirements, please submit your inquiry on our website:

<https://web.jointcommission.org/sigsubmission/sigquestionform.aspx>

Regarding On Demand webinar operations and Continuing Education inquiries:

tjcwebinarnotifications@jointcommission.org

Accreditation 360 Webinar Series

To access Accreditation 360 webinar recording links, slides, and transcripts, visit this landing page and scroll down:

www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos

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

Continuing Education Survey and Certificate

Also see the separate handout detailing the CE requirements.



Access survey via QR code

Use your mobile device to scan the QR code on the next slide. You can pause the presentation.



Access survey via link in email

An automated email sent after you finish the recording also directs you to the evaluation survey.



Survey open for 6 weeks

CEs are available for 6 weeks after webinar release. Promptly complete the survey.



Obtain Certificate

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



**Scan QR code
to access CE
Attestation and
Evaluation
Survey**

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