



Compass HQIC

Data Portal User Manual

Version 1 March 2023

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I. Version History

Table 1

Date	Version Number	Update History
March 2023	V1.0	+ Initial release

II. Program + Portal Background

IHC was selected by the Centers for Medicare and Medicaid Services to participate as a Hospital Quality Improvement Contractor (HQIC) in September 2020. The purpose of HQIC is to work on high-priority areas of healthcare that will provide the greatest benefit to beneficiaries with regard to increased quality, safety and reduced healthcare expenditures. Compass HQIC is working toward measurable improvement in three goals:

- + Goal 1: Improve Behavioral Health Outcomes with a focus on decreased opioid misuse.
- + Goal 2: Increase Patient Safety with a focus on reduction of harm.
- + Goal 3: Increase the Quality of Care Transitions with a focus on high utilizers in an effort to improve overall utilization.

The Compass Data Portal is designed to support Kansas HQIC hospitals in their reporting and performance monitoring. Participating hospitals will be granted access to the secure Portal as a tool to drive improvement efforts across the three program goals described above.

III. How to Use this Guide

This guide will help participating hospitals effectively navigate the tools, functions and workflows of the Compass Data Portal. All participating hospitals need to complete the following steps in this order to utilize the Portal. The guide will assist in navigating each step, troubleshooting and training new users through the program period.

A. New Facility Users – Steps at a Glance

Instructions to complete each step are offered throughout this guide.

- + Hospital leadership and/or Quality Manager/Director must select two Facility Administrative Users and email their names, titles and email addresses with the facility name to compass@ihconline.org (e-mail)
- + Administrative Users should register for Facility Administrative User access on the Compass Portal.
- + Following Compass verification, the Facility Administrative Users will receive an email confirmation, reset their password, and then be able to log in to the Portal.
- + The Facility Administrative Users should add additional Users, who will receive an email confirmation after being added to reset their password, and then be able to log in to the Portal.
- + The hospital shall complete its annual Quality Improvement Work Plan (QIWP).
- + Beginning June 2023 hospitals will complete the Health Equity Organizational Assessment (HEOA) and Patient and Family Engagement (PFE) survey in the Portal.

IV. Portal User Roles

There are different levels of access that a user may be assigned in the Compass Data Portal. Each level of access gives users different views and editing capabilities within the Portal. Hospital users will be granted access after being added by a Facility Administrator. The two main roles for hospital users will be “Report and View” and “View Only”. The User Role *Table 2* below describes all Compass Data Portal role types.

Table 2

User Role	Role Description
Health System Advisor	Health System Advisors can perform many of the same functions as Administrators, but they do not have backend editing capabilities.
Facility Administrator	Facility Administrators can manage hospital account permissions, create separate baselines, enter data, manage facility report, view users and generate reports.
Report and View	Report and View access allows users to report data and generate reports.
View Only	View Only access allows users to only generate reports. These users cannot enter or edit data.

*Note: Sections in this User Manual will not be relevant for some users based on their level of access.

A. Identify Facility Administrator

Each hospital will identify two Facility Administrators for the Compass Portal registration. The Facility Administrators have the ability to add, remove or change user facility access, enter data and generate reports. Although only two Facility Administrators are permitted per hospital, there is no limit to the number of additional users the Facility Administrator can add, this process is detailed in Section C: Managing Facility Users.

B. Request Facility Administrator Access

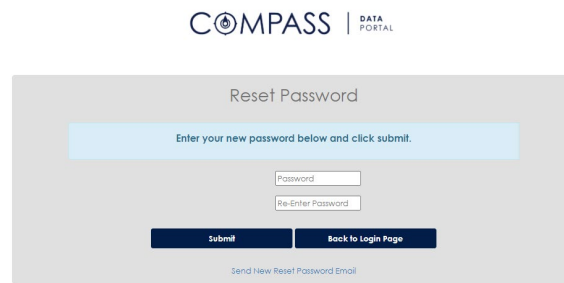
- + Click on the following link to access the Compass Data Portal: <https://compassdataportal.ihonline.org> (Link)
- + Click “Register Here” on the login page. Users will then begin the registration process. Users must enter a full email address and first and last name. See *Image 1* below of the Facility Administrative User Registration page.

Image 1

The screenshot shows the registration page for Hospital Quality Improvement Contractors (HQIC) in the Compass Data Portal. At the top, the logo for COMPASS DATA PORTAL is displayed. Below the logo, the text reads "Hospital Quality Improvement Contractors (HQIC) Registration". The form is divided into two sections: "Administrator" and "Facility". The "Administrator" section contains three input fields: "Email", "First Name", and "Last Name". The "Facility" section contains a dropdown menu labeled "- Select Facility -". At the bottom of the form is a "Save" button.

- + Select the correct facility from the drop-down menu titled “Select Facility.” If your facility is not listed contact compass@ihconline.org (e-mail) for support.
- + Click “Save” when all required information has been entered.
- + The Compass HQIC team will be notified of the Facility Administrator registration submission and the request will be reviewed for approval. This approval process takes approximately 24 - 48 business hours. Do not resubmit a registration request during this time.
- + Approved users will receive an e-mail from compass@ihconline.org (e-mail) once approved. The confirmation email will contain a link for the facility administrative user to reset their password.
 - o Password criteria is as follows: contain at least 10 characters and characters from at least three of the following five categories: uppercase letters (A-Z); lowercase letters (a-z); numeric digits (0-9); non-alphanumeric characters (e.g., !, \$, #, %); unicode characters (e.g., €, Γ, f, λ). See screenshot below (*Image 2*) of the Password Reset page.

Image 2



- + Once a password has been set the Facility Administrative User will be redirected to the Main Login page, located at <https://compassdataportal.ihconline.org> (Link). After clicking the link from the email to reset password, enter new password and click Submit. Users will then be re-directed to the Login page. Enter in username/email and new password.

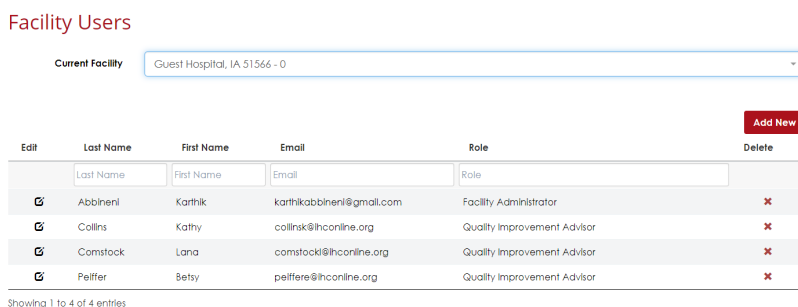
C. Managing Facility Users

Hospital Administrative Users are responsible for adding and managing the access of additional facility users from their organization. Only Facility Administrative Users complete the registration process described above. This section describes how Facility Administrative Users can add and manage facility users.

Adding Facility Users

After Facility Administrators have registered and been approved, they will be able to add and/or remove additional facility users. To add users for a facility, click on “Users” under the “Facility” tab to manage facility users. If additional facility users are needed, click the red “Add New” button on the right to add a new user as seen in the screen shot below (*Image 3*). Note by adding a user, the Facility Administrative User is automatically approving their account access.

Image 3



Only Facility Administrators can add additional users from their facility to their Compass Data Portal account. To create new user accounts, the Facility Administrator will need to complete all field indicated in *Image 4* below.

Image 4



When adding a new user, the Facility Administrator will indicate the user's authorized role. User roles available are described in the User Role *Table 3* below.

Table 3

User Role	Role Description
Report and View	Allows users to report and edit data and generate reports on behalf of the facility.
View Only	Allows users to generate reports only. These users cannot enter or edit data on behalf of the facility.

Changing a Facility User to a Facility Administrative User

If a facility user needs to be changed to one of a facility's two permitted Facility Administrative User access levels use this procedure below to submit a change request.

- + The current Facility Administrative User should contact **compass@ihconline.org** (e-mail) requesting this permission for change. Provide username, current user level, facility name, title, email and phone number.
- + A Compass HQIC team member will respond once their access level has been changed with next steps.

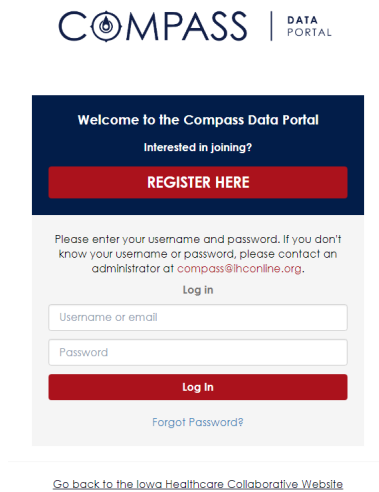
V. Registered Users Login

A. Steps to Log In

Registered users of any type can log in to the Compass Data Portal using these steps:

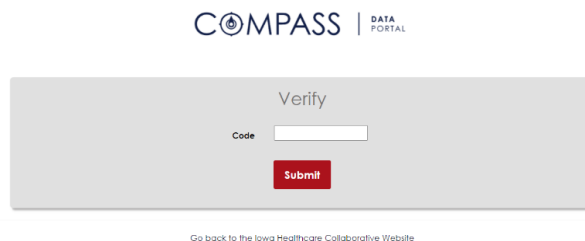
- + Go to compassdataportal.ihconline.org (Link)
- + Registered users will enter email address and password on the portal login screen then click the red “Log In” button as visualized in *Image 5* below.

Image 5



- + Users will be asked to verify their account via the multi-factor authentication technology. A “Verify” screen will display, shown below in *Image 6*. The user should check their inbox for the six-digit verification code and enter it into the white text box, then click the red “Submit” button. Users will receive a new code with every log in attempt.

Image 6



Helpful Tips: If the user does not receive the verification code in their inbox, consider the following troubleshooting tips.

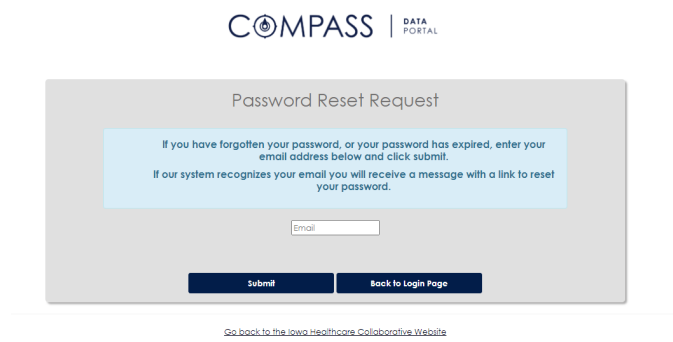
- + Check junk and/or spam folders.
- + Ensure emails from compass@ihconline.org (e-mail) are marked as safe by facility IT department.
- + Ensure that user is checking the email account that is linked to their Compass Data portal account.
- + Refresh email inbox.
- + Still having trouble? Contact support at compass@ihconline.org (e-mail) for assistance.

B. Forgot Password

- + Click on the “Forgot Password?” link on the bottom of the login page.
- + Enter user email address and click “Submit.”
- + A link to reset user password will automatically be emailed to the address submitted if the Compass Data Portal recognizes the email as a registered user.

See *Image 7* below of the Forgot Password page.

Image 7



The screenshot shows the Compass Data Portal logo at the top. Below it is a grey box titled "Password Reset Request". Inside this box is a light blue instruction box that reads: "If you have forgotten your password, or your password has expired, enter your email address below and click submit. If our system recognizes your email you will receive a message with a link to reset your password." Below the instructions is an "Email" input field. At the bottom of the grey box are two buttons: "Submit" and "Back to Login Page". Below the grey box is a small link: "Go back to the Iowa Healthcare Collaborative Website".

VI. Home Screen

Upon logging in to the Compass Data Portal, users will be taken to the home page. A user can navigate back to the home page at any time during their session by clicking the Compass Data Portal logo icon on the top left screen, as depicted in *Image 8*. Users will be able to view a snapshot of completeness of data entry, completed program milestones and improvement by measure for the most recent three open reporting months. Kansas users have access to the workplan, PFE Survey and HEOA assessment and be able to view on the home page data that has been uploaded from Qhi as well as HQIC specific claims-based measures.

Image 8



A. Percentage of Data Entry Complete

The pie chart to the right (*Image 9*) shows the percentage of completed months. Completeness is calculated as number of completed months over the number of open months (months currently available for data entry). Three status levels are figured, and include:

- + Pending: Facility has not completed the HEOA or PFE survey or data has not been updated from Qhi or claims.
- + Started: Data is currently being updated.
- + Completed: Facility has completed data entry.

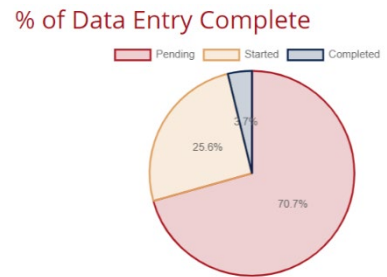
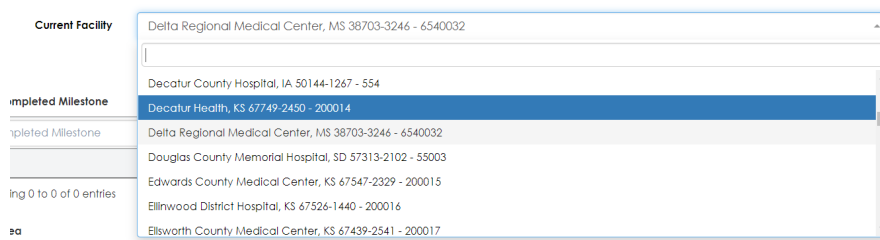


Image 9

B. Current Facility Drop-Down Menu

Toward the middle of the home screen there is a "Current Facility" window with a drop-down option. For users that only have access to one hospital, the hospital they have access to will always display and there will not be drop-down options. Users with access to multiple facilities, such as system users, will use the drop-down arrow to select which facility's data they would like to view. An example of this is depicted in *Image 10*.

Image 10



C. Completed Milestone Log

As the Compass HQIC Program progresses, the Compass HQIC team will identify milestones that demonstrate hospitals have met key program goals or activities that facilitate their program's success. As milestones are achieved the hospital will be able to see the Completed Milestone in the Milestone Log window from the main screen as depicted in *Image 11*. Only members of the Compass HQIC team can add completed milestones to this log. Hospitals are encouraged to work with their designated Compass clinical improvement consultant or Advisor to better understand their hospital's performance on milestones.

Image 11

Completed Milestone	Completed Date
Completed Milestone	Completed Date
Compass Hospital Readiness Assessment (CHRA) Complete	January 4, 2021
Compass HQIC Enrollment Complete	January 4, 2021

D. 3-Month Measure Performance Monitoring Dashboard

At the bottom of the home screen there is a 3-Month Measure Performance Monitoring Dashboard. This view provides a quick reference of measures, data sources, baseline rate, current 3-month monitoring rate and monitors the completeness of data entry for the most current available three months of open reporting. If a facility is missing data for any of the three months displayed, a highlighted 'N' will appear. If data has been entered and is complete for any of the three displayed months, a 'Y' will be present. See *Image 12* below.

Image 12

Area	Measure	Data Source	Baseline Rate	Monitoring Months			Current 3 Month Rate
				OCT	NOV	DEC	
Adverse Drug Events	Adverse Drug Event Rate	Self-Reported	0.48	Y	Y	Y	0.91 ↓
Adverse Drug Events	INRs Greater Than 5	Self-Reported	1.73	Y	Y	Y	-
Adverse Drug Events	Stat Naloxone Administration – Inpatient	Self-Reported	0.00	Y	Y	Y	-
Adverse Drug Events	Blood Glucose Less Than 50	Self-Reported	0.05	Y	Y	Y	0.22 ↓
Adverse Drug Events	Stat Naloxone Administration – Emergency Department	Self-Reported	0.11	Y	Y	Y	0.09 →
Antibiotic Stewardship	Antimicrobial Days of Therapy (DOT)	Self-Reported	569.35	Y	Y	Y	420.69 ↑
Catheter-Associated Urinary Tract Infection	Unnecessary Urinary Catheters	Self-Reported	1.67	Y	Y	Y	3.45 ↓
Clostridium Difficile	Hand Hygiene Compliance	Self-Reported	100.00	Y	Y	Y	99.02 ↓
Falls	Fall Risk Assessment on Admission	Self-Reported	100.00	Y	Y	Y	100.00 →
Falls	Falls with Injury	Self-Reported	-	N	Y	Y	-

If more than one page of measures is available, the user may toggle to the next page using the previous or next buttons in the bottom right-hand corner.

From the main tool bar on the right-hand side of the Home Screen, users will utilize the tabs on the left side of the screen to navigate to portal tools used for completing work plans, updating the HEOA, and uploading documents.


VII. Facility Tab

From the main tool bar on the right-hand side of the home screen use the drop-down arrow to navigate the different facility level portal functions.

A. Work Plan

Work Plan Entry Instructions

Click the Facility tab and choose Work Plan.

- + Click the pencil icon  in the "Plan" column to complete an annual facility quality improvement work plan.
- + Each section is contained in a navy-blue row, to expand the section for completion click on the row.

- + The nineteen (19) sections (one facility section and eighteen (18) focus areas) will have an “**Incomplete**” status next to the column header until the criteria for that section has been entered and submitted, at which time the status of the work plan column header will turn to “**Complete**”.
- + The facility I will select two (2) to Six (6) focus areas annually to identify hospital work plan focus After adding information to a tab, always hit the blue “Submit” button at the bottom of each focus area to save the responses.
- + To collapse a tab, click on the tab name.

Criteria for Work Plan Completion

- + All hospitals must complete the “Facility Information” tab in its entirety.
- + All hospitals must select a between two (2) to six (6) organizational priority focus areas for the current plan year. **Compass HQIC highly encourages all hospitals to select at least one Patient Safety/Harm Reduction** focus area as a priority.
 - o Those priority designations should be checked in field one: Priority of those areas.
 - o For top priority areas, the system will require that the facility completes all fields of that work plan tab, click “Submit” to save entries. The only exceptions are the fields for:
 - Plan/Update Shared with Leadership/Board
 - Here the facility is encouraged to log dates throughout the year when this focus area work plan, performance or status was shared with hospital leadership or the board.
 - Dates should be logged throughout the year, but an entry is not required for initial submission of the plan.
 - Progress Notes
 - This open text entry field does not have a character limit. In this field both the Compass HQIC team and the hospital will update progress on the plan throughout the year.
 - Do not delete charted progress notes, they serve as a historical timeline.
 - Please use the following charting convention when adding a progress note:
 - Date MM-DD-YY, organization abbreviation, initials. Example: “02-01-21, IHC, KC: Progress on the SMART goal was reviewed by the Quality Committee, progress is on track for completion, no challenges identified.”
- + For work plan tabs that are not a top strategic priority for the facility for the current plan year, you are allowed to make one of the following priority selections:
 - o Not a priority=this is not a focus area our organization has integrated into our strategic plan or will dedicate resources to in the plan year.
 - o Currently in progress but not a priority=although this is not a top priority this year, the hospital is still working on it in some capacity.
 - Note: when either of these alternate priority levels are selected the hospital can click submit at the bottom of the tab and it will move to a complete status. The hospital can elect to enter in additional information in the tab at their discretion, but it is not a requirement.
- + The work plan is designed to allow hospitals flexibility to choose their top two – six strategic priorities within the program categories for the year and build out work plans to support improvement goals in those areas. For focus areas that are not a top priority the facility does not have to complete the work plan section entirely, however if you do not select that it is not a priority or currently in progress but not a priority the tab will remain as incomplete.
- + Work plans can be printed by selecting the print icon on the work plan home screen. Then select the focus areas your hospital has identified:

Image 13

Print Work Plan

Print Work Plan

Facility Name: Guest Hospital

Plan Name: 2023 Hospital Work Plan

Focus Areas: None selected

- Select all
- Adverse Drug Events
- Antimicrobial Stewardship
- Behavioral Health
- Care Transitions and Readmission Reduction
- Catheter-Associated Urinary Tract Infection
- Central Line Associated Blood Stream Infection

- + After selecting your focus areas click the print work plan icon and a PDF of your work plan will be available for downloading and saving.

Image 14 displays a collapsed work plan with all focus areas completed and the “Monthly Data” entry button illuminated.

Please Select and Complete Two to Six (2-6) Focus Areas for your 2023 Hospital Work Plan.






Focus Area	Status
Facility Information	Incomplete
Adverse Drug Events	Incomplete
Antimicrobial Stewardship	Incomplete
Behavioral Health	Incomplete
Care Transitions and Readmission Reduction	Incomplete
Catheter-Associated Urinary Tract Infection	Incomplete
Central Line Associated Blood Stream Infection	Incomplete
Clostridium Difficile	Incomplete
Community Collaboration/Integration	Incomplete
Culture of Safety	Incomplete
Falls Complete	Incomplete
Health Equity	Incomplete
Methicillin-resistant Staphylococcus aureus	Incomplete
Patient and Family Engagement	Incomplete
Pressure Ulcers	Incomplete
Severe Sepsis and Septic Shock	Incomplete
Surgical Site Infection	Incomplete
Telehealth	Incomplete
Venous Thromboembolism	Incomplete

Image 14

B. Patient and Family Engagement/PFE

PFE data will be entered twice a year in June and December. From the main tool bar on the left-hand side click on “Facility” and then chose “Monthly Data.” This will take you directly to the months that are open. Select the corresponding month (December or June) and click on the pencil icon under the “Report Data” section.

Monthly Data Submission Status

Month	Report Data
Dec - 2022	 
Jan - 2023	 
Feb - 2023	 

Showing 1 to 3 of 3 entries

Enter your data for each question.

Enter Data for Dec 2022

Check Data Save Save and Home

Patient and Family Engagement

HOSPITAL HAS A PHYSICAL PLANNING CHECKLIST THAT IS DISCUSSED WITH EVERY PATIENT WHO HAS A SCHEDULED ADMISSION. -

Description
Hospital has a physical planning checklist that is discussed with every patient who has a scheduled admission.

Response
 Yes No
 //

Intervention This Month

Note This Month

Once you have answered all five questions, click on the "Check Data" at the top of the page. Make any necessary changes if an error is received and then hit either "Save" or "Save and Home".

C. Health Equity Organization Assessment/HEOA

Health equity has been defined as the attainment of the highest level of health for all people. Health equity is not the same as health equality, where everyone gets the same opportunities for health. Health equity requires a concerted effort to increase opportunities for everyone to be healthier, including those for whom obstacles are the greatest. This means that efforts must encompass individuals facing poverty, discrimination, or its consequences and those who lack access to healthcare. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to good health based on their race, ethnicity, religion, socioeconomic status, gender, age, mental health, disability, sexual orientation or gender identity, or other characteristics historically linked to discrimination or exclusion. As a result, progress toward health equity can be made by identifying and addressing health disparities. The following HEOA provides the different ways in which health quality can be assessed within an organization and resources to support progress:

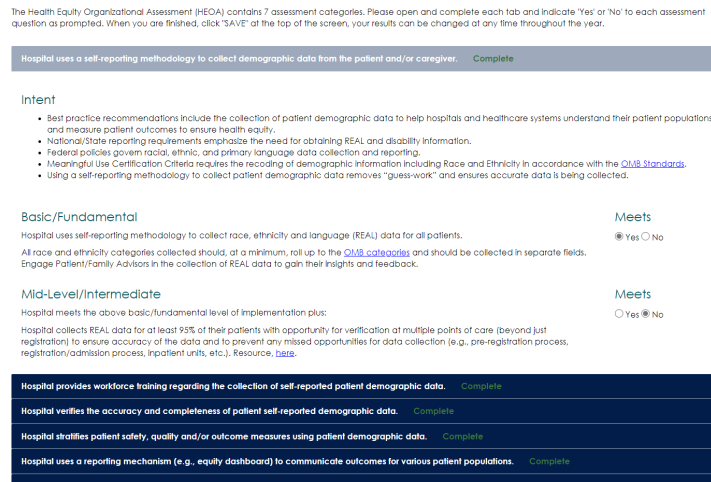
Instructions on HEOA Completion

- + Click on HEOA under the Facility tab. The HEOA contains seven assessment categories.
- + Facilities need to open and complete each tab and indicate 'Yes' or 'No' to each assessment question as prompted.
- + To save responses first select the option one of the following "status" options: Reviewed – No Changes OR Reviewed and Updated then hit the blue "Save" button at the top of the HEOA assessment tool. If user does not hit "Save", responses will not be recorded. Users do not need to complete the HEOA

in one sitting, if entries in each sitting are saved users can come back to the assessment tool to complete at any time.

- + Following initial assessment completion, hospitals are encouraged to update the intervention progress as interventions are deployed throughout the year. Simply update the response and hit “Save” at the top of the screen.
- + HEOA is captured every six months in June and December.
- + At the initial HEOA page you may print your facility current assessment by clicking the printer icon. Your hospital assessment will then be available in PDF for download and saving the HEOA functions similarly to the Work Plan. Assessment categories can be expanded and collapsed. Based on user’s response, additional assessment questions may appear. An image of the HEOA is provided in *Image 17*.

Image 17



D. Users

The “User” tab under “Facility” is available to all hospital administrative users. The page produces a table that depicts all individuals from the Compass HQIC team and hospital that have access to the hospital’s information within the Compass Data Portal.


The facility administrator can delete a user’s access, reassign roles at the user level and edit user information.

The facility administrator for each hospital is responsible for ensuring that facility users are up to date and reflect current facility staffing.

VIII. Manager Tab

The Facility Manager, found under the Manager tab, is used to view facilities associated with each user. This tab is made available only to Facility Administrators. From this page Facility Administrators can edit basic facility information.

A. Editing a Facility

- + Locate facility in the provided table.
 - o If it is not visible, use the search fields (first column of the table) to narrow results.
 - o Users can browse through the table by selecting the numbers at the bottom (only visible when results > 10).
 - o Users can also sort the table by selecting the column heading of choice. (Medically Underserved is sorted by the radio buttons A: All, Y: Yes, N: No)
- + Click the Edit icon 
- + Make changes as desired.
- + Click save at the bottom of the page.

IX. Documents

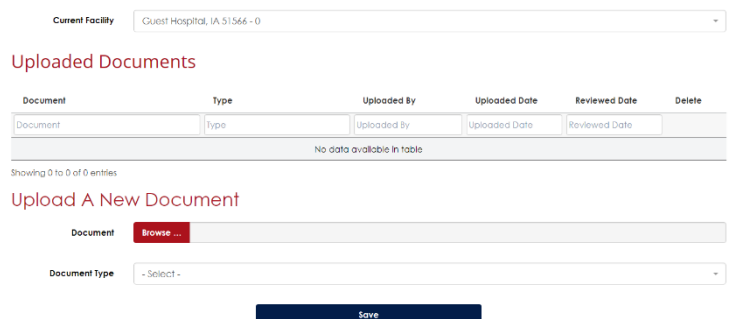
Transfer of documents within the Compass Data Portal provides a secure means of document transfer and review. Examples of documents that may be uploaded to the portal by either the Compass HQIC team or the hospital include: Compass Hospital Readiness Assessment (CHRA), REAL Reports, Previous Work Plans, business associate agreements, strategic plans, program performance reports.

Only Facility Administrators will have access to the uploaded documents; however after selecting the report you wish to view it will be available for download and saving in PDF format. This will allow sharing of reports within your hospital.

A. Upload Documents

Under the Upload Documents tab, there is the ability to upload a new document and view previously uploaded documents for each facility. After browsing for the document to upload, click the “Save” button at the bottom of the page. This document will then show up in the “Uploaded Documents” section of the “Upload Documents” table at the top of the page and displayed in *Image 20*.

Image 18



Document	Type	Uploaded By	Uploaded Date	Reviewed Date	Delete
Document	Type	Uploaded By	Uploaded Date	Reviewed Date	

Showing 0 to 0 of 0 entries

No data available in table

Upload A New Document

Document

Document Type

XII. Closing

The Compass Network has developed the Compass Data Portal as a tool for Iowa, Mississippi, and South Dakota HQIC participants to use for reporting quality and safety data and monitoring performance data.

The Compass Network has adjusted the Compass Data Portal as a tool for Kansas HQIC participants to use for meeting milestone performance.

Contact your Kansas Quality Improvement Advisor or a member of the Compass HQIC team for support or with questions.