



Hospital Quality Institute
Leadership in quality and patient safety

Hospital Quality Improvement Platform

Starter & User Guide

Getting Started, Navigating Reports, Understanding Your Data, and Finding Help

115+

Reports & Dashboards

1,000+

Quality Measures

10+

Years of Historical Data

370+

California Hospitals

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Need a Demo or Guidance?

We're happy to set up a 30-minute Zoom demonstration for you or your team. Email HQIAalytics@HQInstitute.org.



Welcome to HQIP

A statewide benchmarking and analytics platform for California hospitals

1 | What HQIP Is



- Secure, web-based benchmarking and analytics platform
- Built from data hospitals already report to state and federal agencies
- Supports quality improvement, safety, efficiency, and health equity

2 | Questions HQIP Helps Answer



- How are we performing on key quality and safety measures?
- Are outcomes improving or declining over time?
- How do we compare with hospitals similar to ours?
- Which patient populations or service lines are driving results?
- Where should we focus improvement efforts?

3 | HQIP at a Glance



370+

Hospitals
Participating



1,100+

Active
Users



115+

Reports &
Dashboards



1,000+

Quality
Measures



10+

Years
Historical Data

 **HQIP Platform:** hqipanalytics.org

 **Support:** HQIAalytics@HQInstitute.org





Getting Started

Account activation, first login, and basic access guidance



1

Activate Your Account

- Watch for your HQIP invitation email
- Create your password or use "Forgot Password" if needed
- Check your spam or junk folder if you do not see the message



2

First Login

- Go to hqipanalytics.org
- Sign in using your email address and password
- Enter the 6-digit verification code sent to your email
- Click Sign In to enter HQIP



3

Basic Troubleshooting

- Check spam/junk for invitations or verification codes
- Wait a few minutes and try again if the code is delayed
- If your invitation expired or you still cannot access HQIP, email HQIAalytics@HQInstitute.org



Multi-factor authentication required



4

Access & Roles at a Glance

- Most users view their hospital's reports and dashboards
- Encounter-level access depends on permissions
- Designated staff may coordinate data uploads
- Request new accounts or access changes through HQI Analytics



HQIP Quick Start

Get oriented quickly and start using HQIP in just a few steps

1 Log In

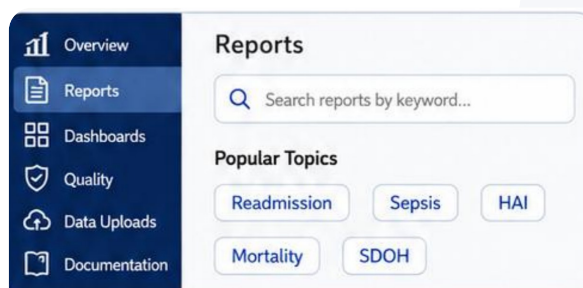
- Go to hqipanalytics.org
- Sign in with your email address
- Use “Forgot Password” if needed
- Enter the verification code sent to your email



Need help logging in?
Email HQIAalytics@HQInstitute.org

2 Find a Report

- Open the Reports section from the left navigation panel
- Use the search bar to find topics by keyword
- Helpful searches: Readmission, Sepsis, HAI, Mortality, SDOH



3 Try These First

- ✓ Review a recent trend
- ✓ Apply filters
- ✓ Try a stratification
- ✓ Compare to a benchmark group
- ✓ Open Encounters, if available
- ✓ Check Documentation for measure definitions

4 Keep These Links Handy

	HQIP Platform	hqipanalytics.org
	HQIP Overview	hqinstitute.org/the-hospital-quality-improvement-platform
	HQIP Resources	hqinstitute.org/hqip-resources
	Data Upload Instructions	hqinstitute.org/data-upload-instructions
	Support	HQIAalytics@HQInstitute.org





Finding Reports

How to find the right report and start from the question you need to answer

1 | Where Do I Find Reports?

- Click the Reports icon in the left navigation panel
- Browse the Report List
- Use the search bar at the top-right of the Reports page

Report Name	Category	Description	Last Updated
Readmissions Overview	Utilization	All-cause 30-day readmissions overview	May 12, 2026 >
Sepsis Outcomes	Clinical Outcomes	Sepsis mortality and complication metrics	May 10, 2026 >
HAI Summary	Patient Safety	Hospital-acquired infections summary	May 8, 2026 >
Mortality Overview	Clinical Outcomes	Inpatient mortality and risk-adjusted rates	May 7, 2026 >
SDOH Screening Rates	Population Health	Screening and needs assessment rates	May 6, 2026 >

2 | Start with a Question

- Try thinking in terms of a problem, not a report name
- Example: “Why did our readmissions increase?”
- Example: “How do our sepsis outcomes compare with peers?”
- Example: “Are there disparities by race/ethnicity or payer?”

3 | Helpful Keywords

Readmission

Sepsis

HAI

Mortality

SDOH

Length of Stay

Behavioral Health

Maternal

Equity

Tip: the same report topic may appear in several specialized reports.

Hospital Quality Institute

hqinstitute.org | hqipanalytics.org
HQIAalytics@HQInstitute.org





How to Navigate and Understand Reports

Part 1 — Filters, Stratification, and Options

1



Filters

- Narrow the data by time period, age, sex, race/ethnicity, payer, or other criteria
- After changing filters, click **Apply**
- Use filters to focus on the population you want to analyze

2



Stratification

- Break results into groups such as age, sex, race/ethnicity, language, or payer
- Select the row or measure first, then open **Stratification**
- Use stratification to look for differences across patient groups

3



Options

- Change the time view by month, quarter, or year
- Quarterly views may display the first month of the quarter
- Use options to match the trend view to your question

WORKFLOW: FOUR SIMPLE STEPS



1 Select report



2 Apply filter



3 Stratify results



4 Change time view





How to Navigate and Understand Reports

Part 2 — Benchmark, Encounters, and Documentation



1 Benchmark

- Compare your hospital with statewide results or meaningful peer groups
- Use benchmarks to put your results into context
- Peer groups may be more useful than one statewide average



2 Encounters

- Review the patient-level cases behind a measure
- Show or hide columns to customize your view
- If your hospital submits ARNs, you may use them to cross-reference internal records



3 Documentation

- See methodology, inclusion and exclusion criteria, code sets, and data sources
- Use documentation when validating a measure or explaining results
- This is the best place to start if a result differs from an internal analysis



Typical Questions HQIP Can Answer

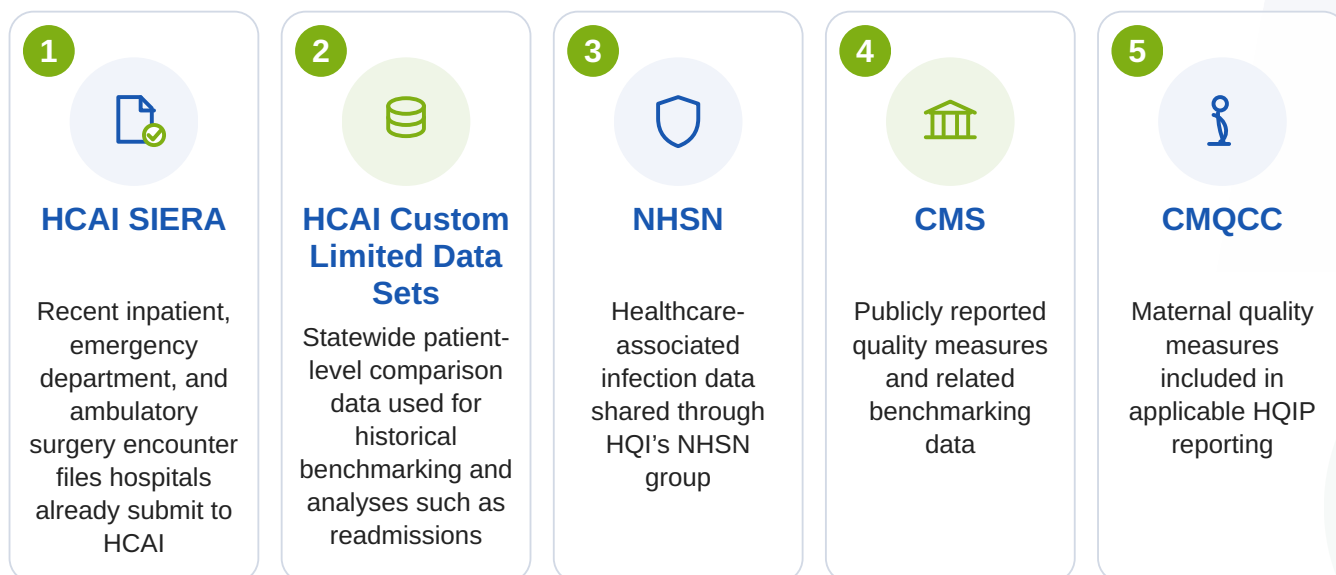
- How are we performing on key quality and safety measures?
- Are outcomes improving or worsening over time?
- How do we compare with hospitals like ours?
- Which patient groups or service lines are driving results?
- Where should we focus improvement efforts?



Understanding HQIP Data

Where the information comes from and why update schedules can differ

Where HQIP Data Comes From

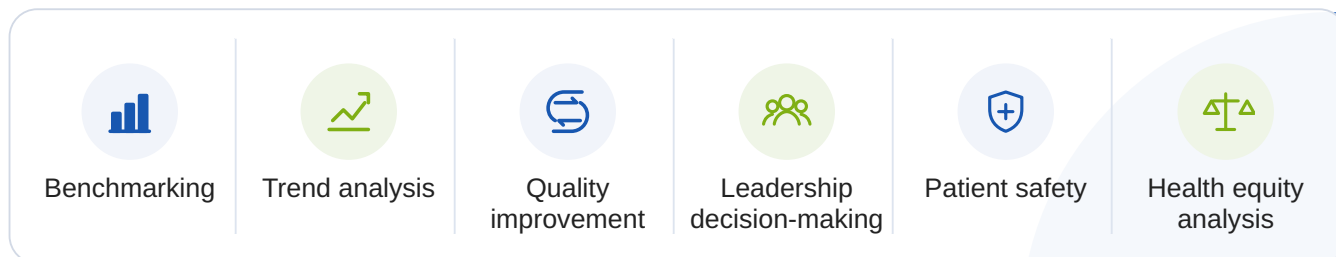


Different reports may update on different schedules because source data arrive at different times.



HQIP does not require a direct EHR interface.

What HQIP Uses the Data For





Keeping Your Hospital's Data Current

A short overview of the three main data activities for HQIP

1



Join the HQI NHSN Group

- One-time setup
- Usually completed by infection prevention staff
- Allows HQIP to retrieve updated HAI data automatically

2



Provide Recent HCAI SIERA Data

- Share copies of the inpatient, emergency department, and ambulatory surgery files already submitted to HCAI
- Usually handled by IT staff, an analyst, or HCAI reporting staff
- Supports more current reporting in HQIP

3



Request HCAI Custom Limited Data Sets

- At enrollment, request the three most recent available years
- After that, request one additional year annually
- These files support historical benchmarking and statewide comparisons



Keep it simple

- Use the current Data Upload Instructions page for detailed step-by-step guidance
- Routine submissions are easier after initial setup
- Contact HQI Analytics if you are unsure whether your data are current



Files are transferred securely through HQI's designated upload process.



Health Equity, Resources & Support

AB 1204 guidance, key next steps, and where to get help

1 Health Equity Reporting

- AB 1204 functionality is accessed through HQIP
- HQIP calculates required core measures
- Applies stratifications when data are available
- Identifies the Top 10 Disparities
- Provides an interactive Equity Dashboard
- Generates an HCAI-formatted CSV report
- Hospitals remain responsible for final review, submission to HCAI, and required website posting

Annual Hospital
Equity Reports
are
due to HCAI by
**September
30.**

2 Resources & Where to Go Next

I want to...	Go to...
Understand a measure	HQIP Measure Data Dictionary
See how a filter is coded	Filter Coding Spreadsheet
Understand my comparison group	Comparison Group Peers Spreadsheet
Upload data	Data Upload Instructions
Complete equity reporting	AB 1204 Support
Explore HQIP guides and methods	HQIP Resources page

3 Getting Help



• HQIAalytics@HQInstitute.org



- Account assistance
- Data completeness or upload questions
- Measure methodology questions
- Individual or team Zoom demonstrations
- Technical support



Thank you!

We are happy to help your
team get started with HQIP.

