

## **Hospital Quality Improvement Platform User Guide**

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Welcome to the [Hospital Quality Improvement Platform \(HQIP\)](#). This guide introduces participating hospitals to the core features and navigation of the Hospital Quality Improvement Platform (HQIP). Use the table of contents below to jump to specific topics. If you have any questions, email us at [HQIAalytics@HQInstitute.org](mailto:HQIAalytics@HQInstitute.org).

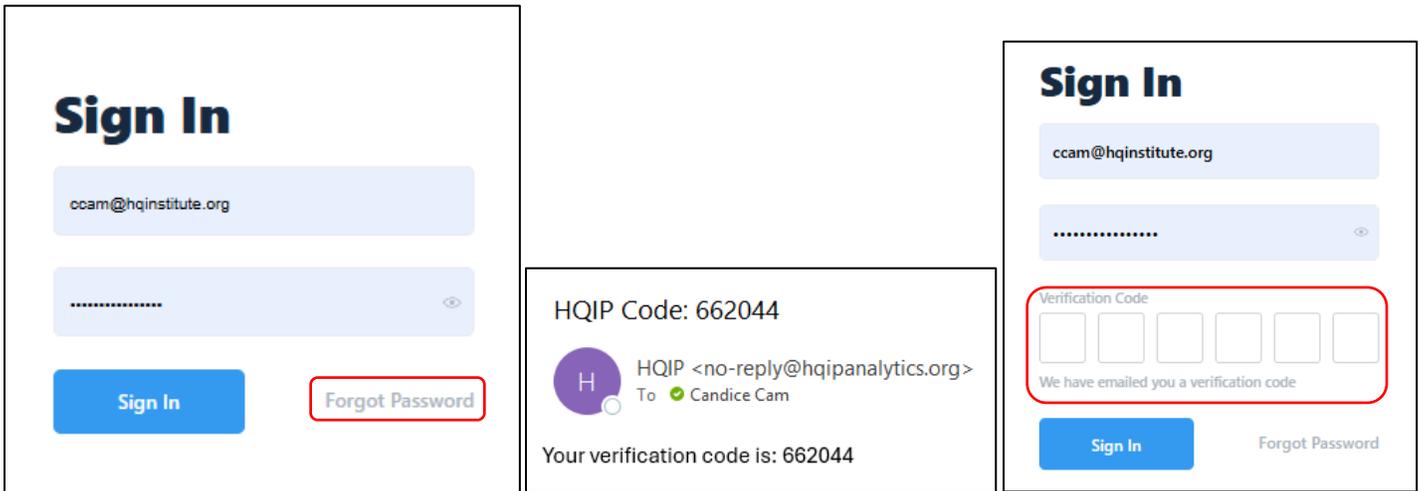
*Note: HQI has created a fake hospital named “HQIP Demo Hospital”. The data you see in this guide are fictional cases that we sampled and created.*

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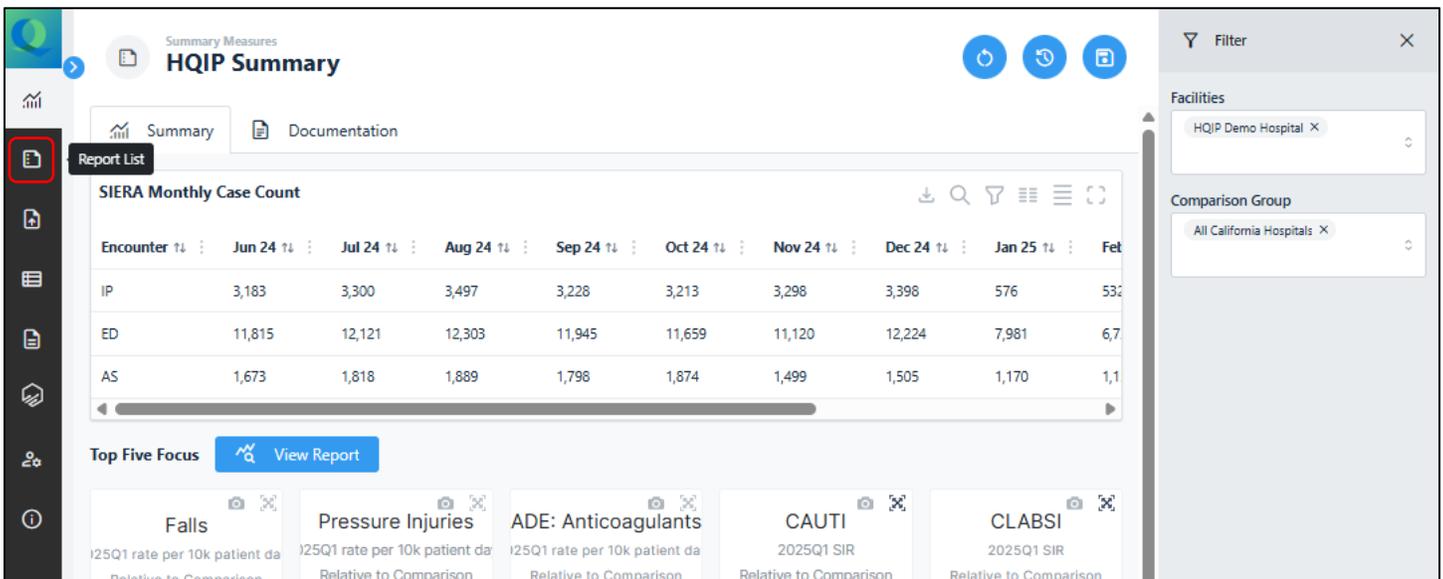
## Logging into HQIP

1. Visit <https://hqipanalytics.org>
2. Enter your username (email) and password. If it's your first time logging into HQIP, click "Forgot Password" to create a new password.
3. Check your email (including spam/junk) for the 6-digit code from [no-reply@hqipanalytics.org](mailto:no-reply@hqipanalytics.org).
4. Enter the code into the "Verification Code" box and click "Sign In".

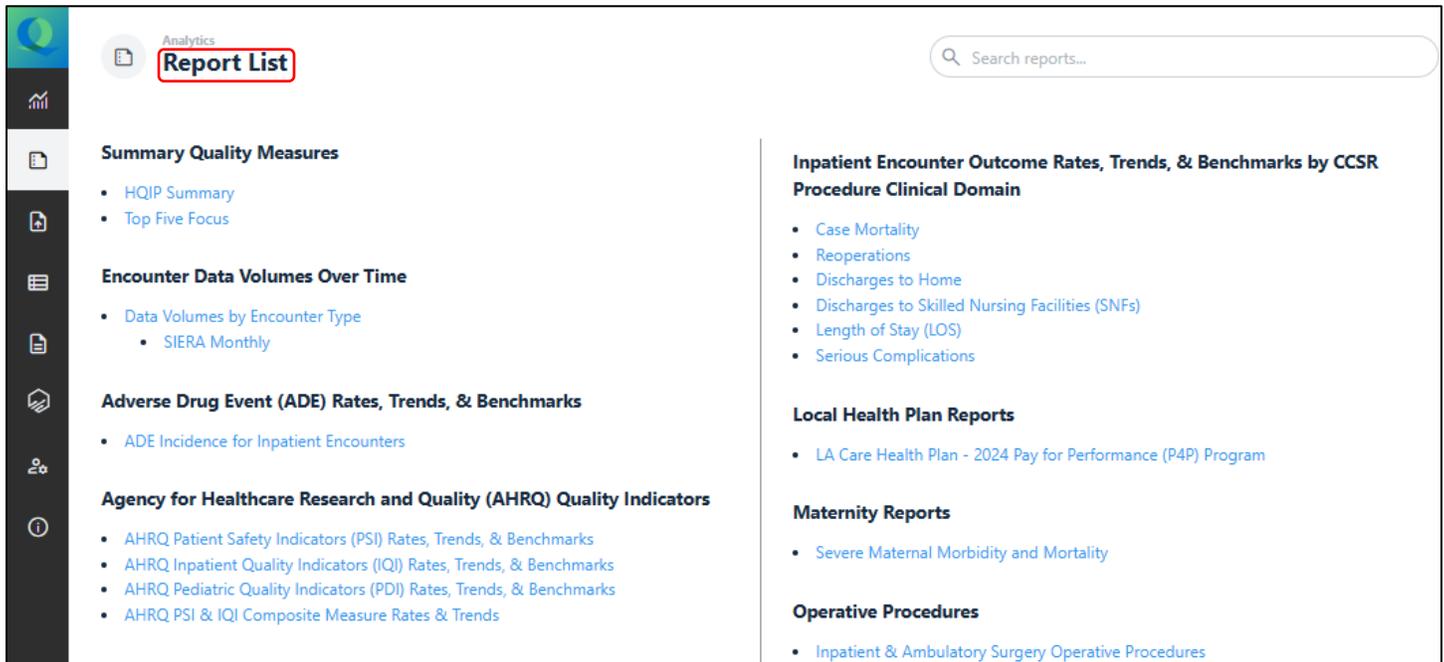


## Where Do I Find Reports?

On the left-hand navigation panel, click the second icon to open the Report List (red box).

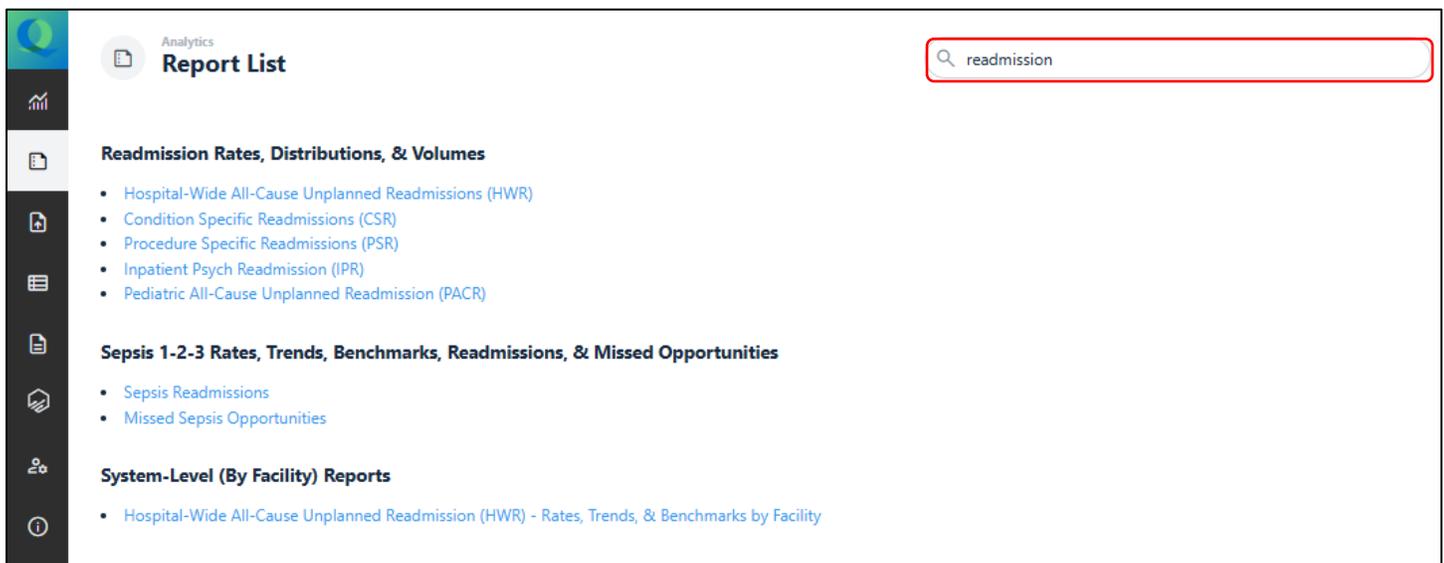


HQI has a variety of reports for your hospital to view, mostly using patient-level administrative discharge data and some using CMS, NHSN and CMQCC data. HQI is always looking for new reports and metrics that hospitals are interested in. If you have an idea for a report that you think should be added, please reach out to us at [HQIAnalytics@HQInstitute.org](mailto:HQIAnalytics@HQInstitute.org).



## Report Search Bar

Referencing the screenshot above. Use the search bar (red box) in the top-right corner of the Reports page to filter reports by keyword. For example, typing ‘Readmission’ will return all reports related to that topic, including specialized ones like ‘Sepsis Readmission’ and ‘Missed Sepsis Opportunities’.



## How Do I Navigate and Understand Reports?

Our reports may be overwhelming upon initial viewing. However, we will look at the *Sepsis Incidence for Inpatient Encounters* report and demonstrate how to navigate and understand the report.

### Filters

You can filter the data using various criteria such as time period, sex, age, and race (red box). After selecting or deselecting filters, be sure to click Apply at the top to save your selections—this will automatically update the charts and graphs. Additionally, several control options (blue box) are available at the top of the report, displayed from left to right in order.

[Fully Reset Filters/Options | Undo Last Filter/Option Change | Save Filter].

**Sepsis Incidence for Inpatient Encounters**

Facilities: HQIP Demo Hospital

Comparison Group: All California Hospitals

From Discharge Date: 01/01/2020

To Discharge Date: 03/31/2025

Route of Admission Group:
 

- Newborn Admits
- Elective Admits
- ED Admits
- Direct Admits
- Unknown/Blank/Invalid

Sex Group:
 

- Male
- Female
- Unknown/Missing/Invalid

Age Group:
 

- 0
- 1 to 9
- 10 to 19
- 20 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 to 79
- 80+
- Unknown/Missing/Invalid

Age CMS Group:
 

- < 18
- 18 to 64
- 65+
- Unknown/Missing/Invalid

Race Group:
 

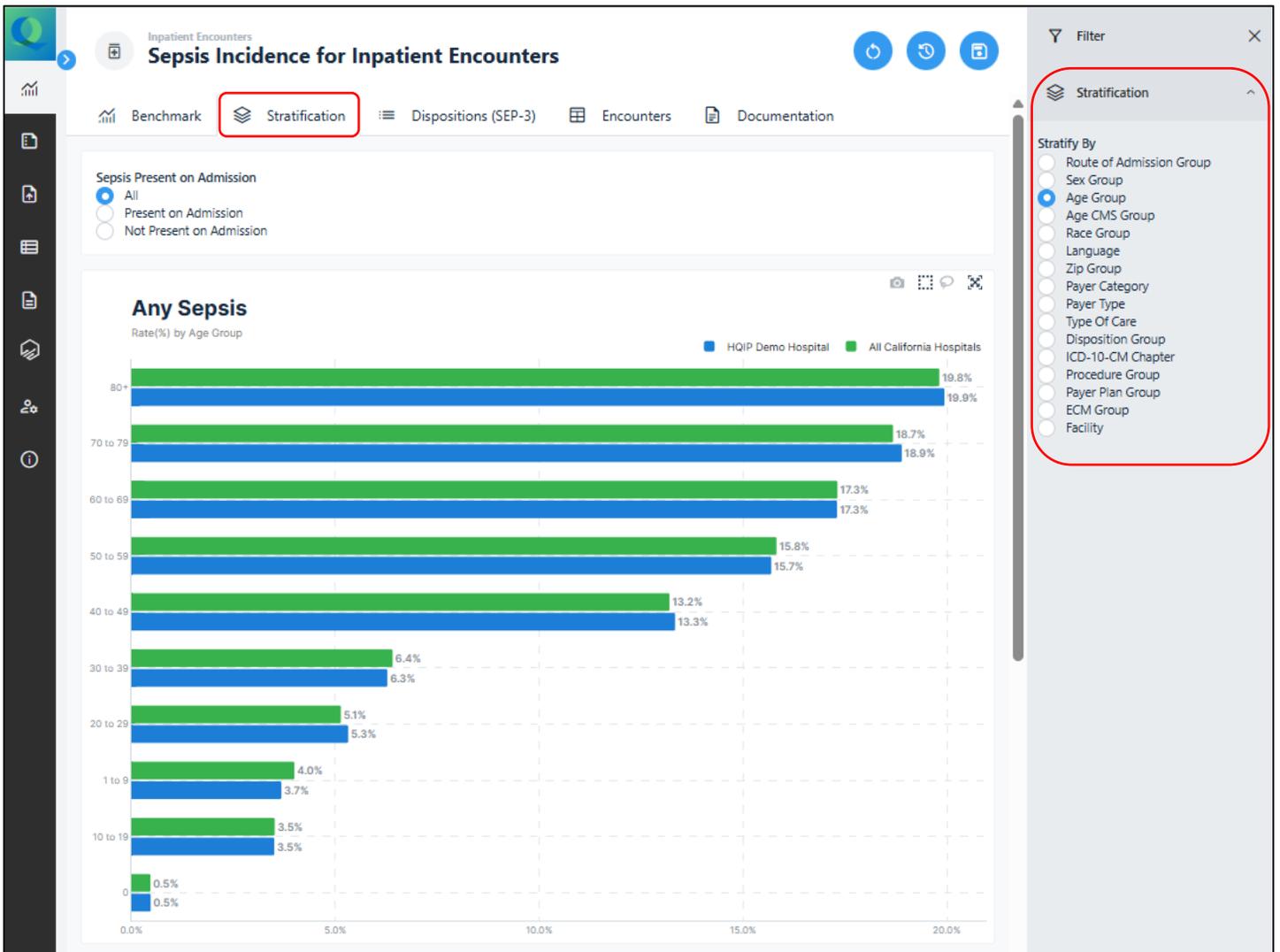
- American Indian or Alaska Native
- Asian
- Black

Select	Sepsis Incidence	Cases	Denominator	HQIP Demo Hospital Rate(%)	All California Hospitals Rate(%)	Number of Comparison Facilities
<input checked="" type="radio"/> Any Sepsis	12.2%	39,615	324,971	12.19%	12.14%	457
<input type="radio"/> Septic Shock	2.58%	8,376	324,971	2.58%	2.58%	457
<input type="radio"/> SEP-1/2 Sepsis	10.96%	35,834	324,971	11.03%	10.96%	457
<input type="radio"/> SEP-3 Sepsis	8.88%	28,909	324,971	8.90%	8.88%	457
<input type="radio"/> DRG 870-872 Sepsis	12.11%	39,532	324,971	12.16%	12.11%	457

## Stratification

Instead of viewing cases combined across categories of variables like sex, age group, or race, you can use the **Stratification** tab to break down data across the subcategories. Stratification applies to the row you select—e.g., if “Any Sepsis” is selected, the stratified view reflects that category. Be sure to select your desired row before opening the Stratification tab on the right panel.

For example, selecting “**Age Group**” shows how sepsis cases are distributed by age at your hospital, compared to all California hospitals. Blue bars represent your hospital, while comparison data is shown alongside. Further down, charts use **red (worse)** and **green (better)** to indicate performance against the state average, followed by a detailed table view at the bottom.



## Options

The **Options** view lets you display data by month, quarter, or year. For quarterly data, the date shown corresponds to the first month of that quarter—for example, **October 2023** represents **Q4 2023**. Annual views are labeled with **January** of the reporting year (e.g., **January 2023** for the 2023 annual rate).

**Sepsis Incidence for Inpatient Encounters**

Filter | Stratification | **Options** | Time Granularity: Monthly, Quarterly, Annually

Sepsis Present on Admission:  All,  Present on Admission,  Not Present on Admission

**Sepsis Incidence Rate (%)**

Category	HQIP Demo Hospital	All California Hospitals
Any Sepsis	12.2%	12.1%

**Sepsis Incidence Rate (%) Trend**

Oct 2023: HQIP Demo Hospital: 0.1 (Numerator 2,289 / Denominator 18,480); All California Hospitals: 0.1 (Numerator 116,479 / Denominator 930,361)

**Sepsis Incidence Rate (%) Benchmark**

All California Hospitals Average: 12.1%

Select	Sepsis Incidence	Cases	Denominator	HQIP Demo Hospital Rate(%)	All California Hospitals Rate(%)	Number of Comparison Facilities
<input checked="" type="radio"/>	Any Sepsis	39,615	324,971	12.19%	12.14%	457
<input type="radio"/>	Septic Shock	8,376	324,971	2.58%	2.58%	457
<input type="radio"/>	SEP-1/2 Sepsis	35,834	324,971	11.03%	10.96%	457
<input type="radio"/>	SEP-3 Sepsis	28,909	324,971	8.90%	8.88%	457
<input type="radio"/>	DRG 870-872 Sepsis	39,532	324,971	12.16%	12.11%	457

## Encounters

The **Encounters** tab (red box) displays patient-level data. If your hospital submits **Abstract Record Numbers (ARNs)**, you can cross-reference them with your EHR. For privacy, HQIP hashes all SSNs upon upload, and any ARN resembling an SSN is also hashed. To customize your view, click the **“Show/Hide Columns”** button (blue box) to toggle variables on or off or rearrange them as needed.

**Sepsis Incidence for Inpatient Encounters**

Encounters

Hospital Name	HCAI ID	Admission Date	Discharge Date	Route Of Admission
--	--	2025-03-25	2025-03-31	Your ED
--	--	2025-03-24	2025-03-31	Your ED
--	--	2025-03-24	2025-03-31	Your ED
--	--	2025-03-18	2025-03-30	Your ED
--	--	2025-03-26	2025-03-29	Your ED
--	--	2025-03-27	2025-03-29	Your ED
--	--	2025-03-26	2025-03-29	Your ED
--	--	2025-03-28	2025-03-29	Your ED
--	--	2025-03-06	2025-03-28	Your ED
--	--	2025-03-24	2025-03-27	Your ED
--	--	2025-02-21	2025-03-27	Your ED
--	--	2025-03-26	2025-03-27	Your ED
--	--	2025-03-16	2025-03-27	Not admitted fr
--	--	2025-03-26	2025-03-26	Your ED
--	--	2025-02-22	2025-03-24	Your ED
--	--	2025-02-22	2025-03-24	Your ED
--	--	2025-03-20	2025-03-22	Your ED
--	--	2025-03-19	2025-03-22	Your ED
--	--	2025-03-13	2025-03-22	Your ED
--	--	2025-03-17	2025-03-21	Your ED
--	--	2025-03-15	2025-03-21	Your ED
--	--	2025-03-03	2025-03-21	Your ED
--	--	2025-03-17	2025-03-21	Your ED
--	--	2025-03-17	2025-03-20	Your ED

1-50 of 39,615

## Documentation

Most reports include a **Documentation** tab that outlines the methodology and code sets used in the report. To ensure transparency and accuracy, HQI staff regularly review and update these code sets. The tab also includes links and attachments to relevant data, along with details on the data sources used in the calculations.

The screenshot displays the 'Sepsis Incidence for Inpatient Encounters' report page. The 'Documentation' tab is highlighted with a red box in the top navigation bar. The main content area features a title: 'Sepsis & Septic Shock In-Hospital Case Mortality Rates, Incidence Rates, and Mean Lengths of Stay among Acute Care Inpatient Discharges', updated in July 2024. Below the title is a 'Descriptions' section with a paragraph and a bulleted list of definitions for 'Any Sepsis', 'Septic Shock', and 'SEP-3 Sepsis'. On the right side, there is a 'Filter' panel with various options: Facilities (HQIP Demo Hospital), Comparison Group (All California Hospitals), From Discharge Date (01/01/2020), To Discharge Date (03/31/2025), Route of Admission Group (Newborn Admits, Elective Admits, ED Admits, Direct Admits, Unknown/Blank/Invalid), Sex Group (Male, Female, Unknown/Missing/Invalid), and Age Group (0, 1 to 9, 10 to 19).

## Benchmark

The **Benchmark** view provides a summary of each report, including key rates, trends, and benchmarks. Most reports use HQI’s standard **Measure Explorer** format. When applicable, reports may include expandable categories—for example, the **SDOH Prevalence** report groups codes by their first three characters (e.g., Z55, Z56). Clicking the dropdown (red box) reveals all specific codes within that group, allowing for more detailed analysis.

Select	SDoH	Cases	Denominator	HQIP Demo Hospital Rate per 1,000	All California Hospitals Rate per 1,000	Number of Comparison Facilities
▼	Z55. Problems Related to Education and Literacy	1,632	1,605,687	1.02	0.96	493
▼	Z56. Problems related to employment and unemployment	5,323	1,605,687	3.32	3.41	493

^	●	Z55. Problems Related to Education and Literacy	1,632	1,605,687	1.02	0.96	493
>	○	Z550. Illiteracy and low-level literacy	95	1,605,687	0.06	0.05	493
>	○	Z551. Schooling unavailable and unattainable	0	1,605,687	0.00	0.00	493
>	○	Z552. Failed school examinations	4	1,605,687	0.00	0.00	493

## Uploading Data

Please refer to our other instructional guide for [uploading data](#).