



**EQIC**

EASTERN US QUALITY  
IMPROVEMENT COLLABORATIVE

# EQIC Data Portal Hospital User Guide

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The EQIC Data Portal is a space where EQIC participating hospitals can submit, view and download their EQIC data to assess their quality performance. The charts and reports available in the portal are a result of data submitted by hospitals. The EQIC data analyst team then analyzes and populates these data into the charts and reports.

The Data Portal is available on the EQIC website, [qualityimprovementcollaborative.org](https://qualityimprovementcollaborative.org), under the “Data Portal” tab. The Data Portal is a secure part of the EQIC website that requires login permissions. If someone on your team should be authorized to access the Data Portal but does not have a login, please let your project manager know.

EQIC is collecting data on all of the quality measures included in the EQIC measurement grid, which can be found on the public Data Portal website page under “Data Submission.”

## Purpose of this guide

In this guide you will find:

1. how to upload data that are not being automatically submitted into the Data Portal;
2. how to view your data performance and compare it to your peers; and
3. how to download your data for external use.

## How to upload data that are not automatically submitted

There are four primary sources of EQIC data: 1) National Healthcare Safety Network (NHSN), 2) National Database of Quality Indicators® (NDNQI), 3) a hospital’s inpatient claims and 4) lab and pharmacy data directly from the hospital. Not all hospitals will have all of these data sources set up to automatically feed information into the EQIC site.

If your hospital is not able to automate one or more of these data sources, you will need to submit those data by manually entering them into the portal. You can review with your project manager which measures you will need to enter manually and how often.

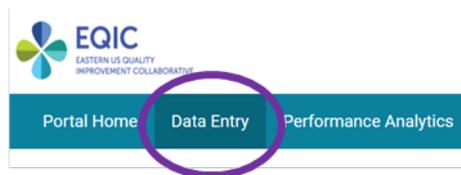
Please note that the EQIC Data Portal has been customized and configured to automatically lock data entry for measures that EQIC is receiving from another source on your behalf (such as NHSN, NDNQI, claims or lab and pharmacy). This means that you will only be able to enter data for those measures where EQIC is not receiving source data from your hospital, to avoid any duplication or corruption of the files.

**To manually enter data:**

1. Log into the Data Portal here: [qualityimprovementcollaborative.org/data](https://qualityimprovementcollaborative.org/data)



2. Click on the “Data Entry” tab.



3. Your hospital name will automatically populate. Select the relevant categories under “Year” and “Event Type.” Event Type will populate the initiative areas such as falls, pressure injuries, *C. difficile* infection, etc.

**Hospital Name:**

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**Year:**

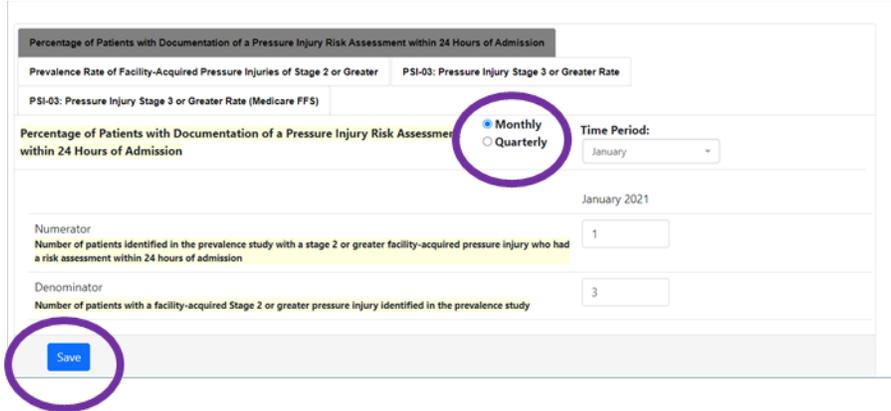
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**Event Type:**

4. Click through the event type tabs and select the measurement for which you are entering data. Enter the time period and the numerator and denominator. Click “save” to move onto the next measure.

You can toggle between event types to add additional information for other measures.

Please note that for the pressure injury data, you will have the option to select whether you submit the data monthly or quarterly to follow NDNQI guidelines.



Percentage of Patients with Documentation of a Pressure Injury Risk Assessment within 24 Hours of Admission

Prevalence Rate of Facility-Acquired Pressure Injuries of Stage 2 or Greater    PSI-03: Pressure Injury Stage 3 or Greater Rate

PSI-03: Pressure Injury Stage 3 or Greater Rate (Medicare FFS)

Percentage of Patients with Documentation of a Pressure Injury Risk Assessment within 24 Hours of Admission

Monthly  
 Quarterly

Time Period: January

January 2021

Numerator  
Number of patients identified in the prevalence study with a stage 2 or greater facility-acquired pressure injury who had a risk assessment within 24 hours of admission    1

Denominator  
Number of patients with a facility-acquired Stage 2 or greater pressure injury identified in the prevalence study    3

Save

## How to view run charts, reports and comparative data

There will be two report sections on the Data Portal website.

1. For routine monthly data, click on the “Performance Analytics” tab. This is where you will see a standard run chart with the related table. Any of the charts in the Performance Analytics tab can be downloaded to an Excel or CSV file.



To populate a chart, select the relevant information on the left-hand side of the page. Hospital name will automatically populate. Choose “Event Type,” “From Year,” “To Year” and “Measure Type.” A chart with your relevant data will automatically populate.

**Hospital Name:**  
Please Select

**Event Type:**

**From Year**

**To Year**

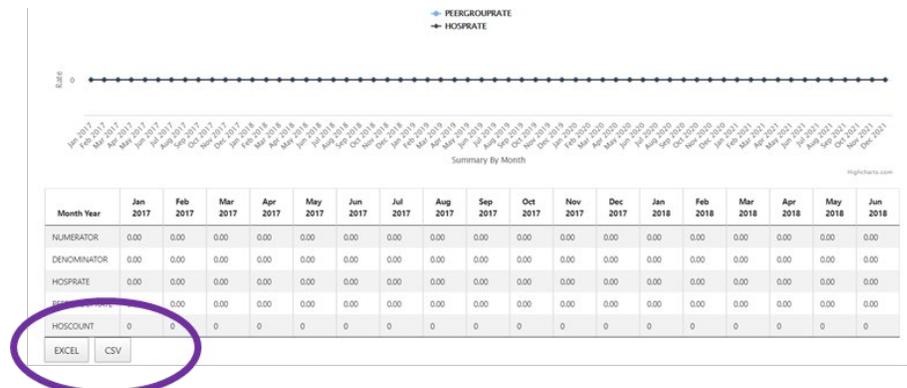
**Measure Type:**

## 2. Future functionality

- Anticipated in early fall 2021, there will be an icon in the upper right-hand corner of the performance analytics page that will give you the option to switch the run chart to a statistical process control chart or a distribution chart. These options also will be downloadable.
- Also coming in late fall 2021 are comparison charts, such as:
  - EQIC, state, and peer groups (e.g., bed size, geographic local, Critical Access Hospital or rural status).
- For special, ad-hoc reports: This area will feature one-of-a-kind or intermittent (annual) reports. Some examples:
  - AHRQ Surveys on Patient Safety Culture;
  - special diagnosis readmissions reports (disease based, equity based, etc.); and
  - some process measures such as person and family engagement.

## How to download data for external use

Data from the portal can be exported to Excel or CSV files. Under the chart, select the format you prefer and the data will download.



## Contact Information

- For questions about the portal, please contact your project manager or email [EQIC@hanys.org](mailto:EQIC@hanys.org).
- For technical support or questions about account access, please email [EQIC\\_ITHelp@hanys.org](mailto:EQIC_ITHelp@hanys.org).