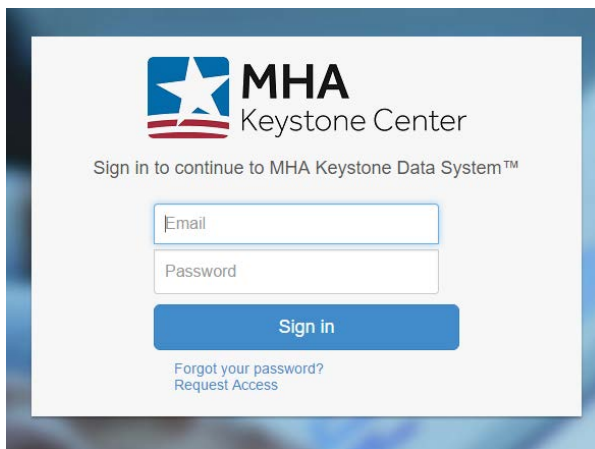


MHA Keystone Data System (KDS) - User Guide

Logging in

Visit <https://mhakeystonedatasystem.org> or <https://mhakds.org> and enter your email and password.

- If this is the first time you are logging into KDS, you will be taken to a screen that will ask for a verification code (this code will be emailed to you and will only be valid for about ten minutes). If you do not see the email containing the code, be sure to check your spam or junk mail. If you use the same computer frequently, check the “remember this browser” box and you won’t have to enter in the verification code for 90 days. If left unchecked, then you will be prompted to enter in the validation code every time you log into the KDS.
- Be sure to save the URL to your favorites
- Works best when viewed in Chrome or Firefox (using Internet Explorer may result in compatibility issues)



Basic Navigation

Survey Name	Description	Collaborative	Collection Level	Collection Period	Entry Level	
ADE - Anticoagulation & Glucose	Adverse Drug Events measures for HIIN - entered manually	HIIN - Manual Entry Measures	Facility	Monthly	Organization	Submissions Import Export
ADE - Opioid-related	Adverse Drug Events (ADE) related to Opioids: Patients receiving naloxone after treatment with opioids (any route). Excludes: ED, OB, and independent surgery centers	HIIN - Manual Entry Measures	Facility	Monthly	Organization	Submissions Import Export

Upon entering KDS, you will see a screen that looks like the one above, although you may see different collaboratives listed, depending on which ones your hospital is enrolled in. This is known as the “home screen”.

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Manually Entering Data

Adverse Drug Event (ADE), Falls, and Patient and Family Engagement (PFE) Measures

On the home page, in the Collaborative section, select **“HIIN-Manual Entry Measures”**. These are the designated manual entry measures for the HIIN project.

To manually enter data for a select measure, select **“submissions”** in the row corresponding to the desired survey; this will bring you to the “Submissions” page, as seen below. **Select “Edit Data”** for the month for which you are entering data, then enter the values in the fields required and **select “Save.”**

- Year/Period – reporting timeframe
- “Status” identifies if data has been entered or not
- “Validity” column updates automatically from “invalid” to “valid” when error-free data is entered in each month. It defaults to “invalid” when no data has been entered or it is future data entry date.

⚠ Data is filtered based on user's rights. ✕

Organization Year Status Page Size

Organization Name	Year/Period	Status	Validity	Test		
Keystone Center for Patient Safety and Quality Test 12345	2015/Jan	Complete	Valid	2	Edit Status	Edit Data
Keystone Center for Patient Safety and Quality Test 12345	2015/Feb	Complete	Valid	5	Edit Status	Edit Data
Keystone Center for Patient Safety and Quality Test 12345	2015/Mar	Complete	Valid	6	Edit Status	Edit Data
Keystone Center for Patient Safety and Quality Test 12345	2015/Apr	Complete	Valid	4	Edit Status	Edit Data
Keystone Center for Patient Safety and Quality Test 12345	2015/May	Not Started	Invalid		Edit Status	Edit Data

SSI Hips and Knees Measures

On the home page, in the Collaborative section, select **“HIIN – NHSN Measures”**. Locate the survey named **“SSI”**, select **“submissions”** in the row corresponding to the desired survey; this will bring you to the “Submissions” page, as seen below.

- To enter data, select the reporting year from the dropdown option in the Year field and find the reporting month you wish to enter in the Hip and Knee data for
- **Select “Edit Data”** for the month for which you are entering data, then enter the values in the (hip replacement SSI, number of total hip replacements (HPRO)); knee replacement SSI, number of total knee replacements (KPRO)) fields required and **select “Save.”**

Organization Year Status Page Size

Organization Name	Year/Period	Status	Validity	Colon SSI	Number of colon surgeries (COLO)	Abdominal hysterectomy SSI	Number of abdominal hysterectomies (HYST)	Hip replacement SSI	Number of total hip replacements (HPRO)	Knee replacement SSI	Number of total knee replacements (KPRO)	COLO SSI Rate	HYST SSI Rate	HPRO SSI Rate	KPRO SSI Rate
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Manual Entry Measures - Survey Names

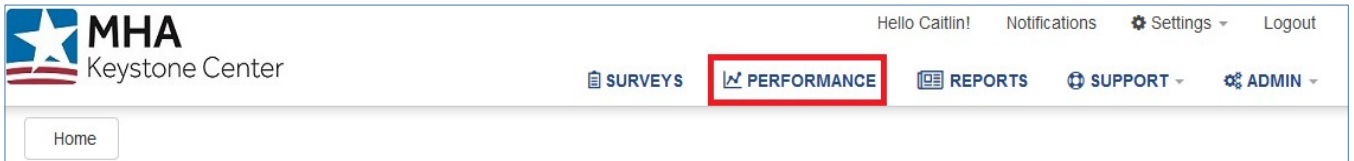
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- ADE – Anticoagulation & Glucose → Entry for ADE Anticoagulation and Glucose measures (KDS-HIIN-ADE-2: Excessive Anticoagulation with Warfarin – Inpatients & KDS-HIIN-ADE-3: Hypoglycemia in Inpatients Receiving Insulin)
- ADE – Opioid-related → Entry for ADE Opioid measure (KDS-HIIN-ADE-4: ADEs due to Opioids)
- Falls Data Collection → Entry for Falls with Injury measure (KDS-HIIN-Falls-1)
- Person and Family Engagement (PFE) → Entry for Person and Family Engagement data (entered every semi-annually)
- SSI → Entry for Hip (KDS-HIIN-SSI-2d) and Knee (KDS-HIIN-SSI-2c) manual entry data

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Creating a Performance Report

1. In the toolbar at the top of the home page, **select “Performance.”** This will open a new tab in your browser.



2. **Use the dropdowns** on the subsequent screen to make your desired selections. Please note that each dropdown may take some time to load.
3. **Select “Display.”**

Navigating a Performance Report

Please note that all data shown below is demo data

The **Snapshot Table** provides a quick view of your facility’s data *for the most recent period* selected on the performance report. For example, the sample performance report used below was created for Falls with Injury data for January through December 2015, so you can see the data for December 2015 in the snapshot table for the peer group(s) included in the performance report (“Falls”), as well as for your facility (“Test 12345”). The table also contains baseline data for both the peer group and your facility listed next to the performance data. Your facility’s baseline data can be easily edited by us to align with your organization’s preferences.

Snapshot Table

The snapshot table shows the performance of this organization and each peer group relative to the measure baseline during the most recent period in the selected performance window.

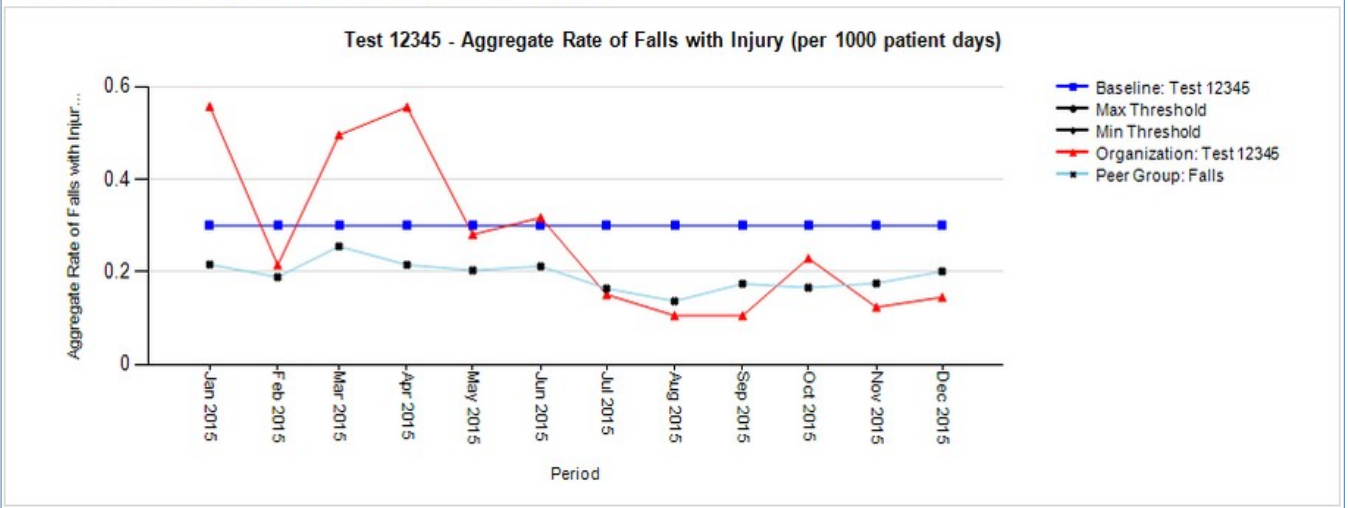
Measure	Description	Period	Peer Group		Facility	
			Baseline	Current	Baseline	Current
Aggregate Rate of Falls with Injury (per 1000 patient days)		Dec - 2015	0.3	0.2	0.3	0.1

Trend Charts display your facility’s data for the specified performance window (i.e. the range of months in the performance report). The chart also displays minimum and maximum thresholds, baselines, and peer group data. The legend for discerning between these values can be found on the right. The title appears in the format “Organization Name - Measure Name.”

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Trend Charts

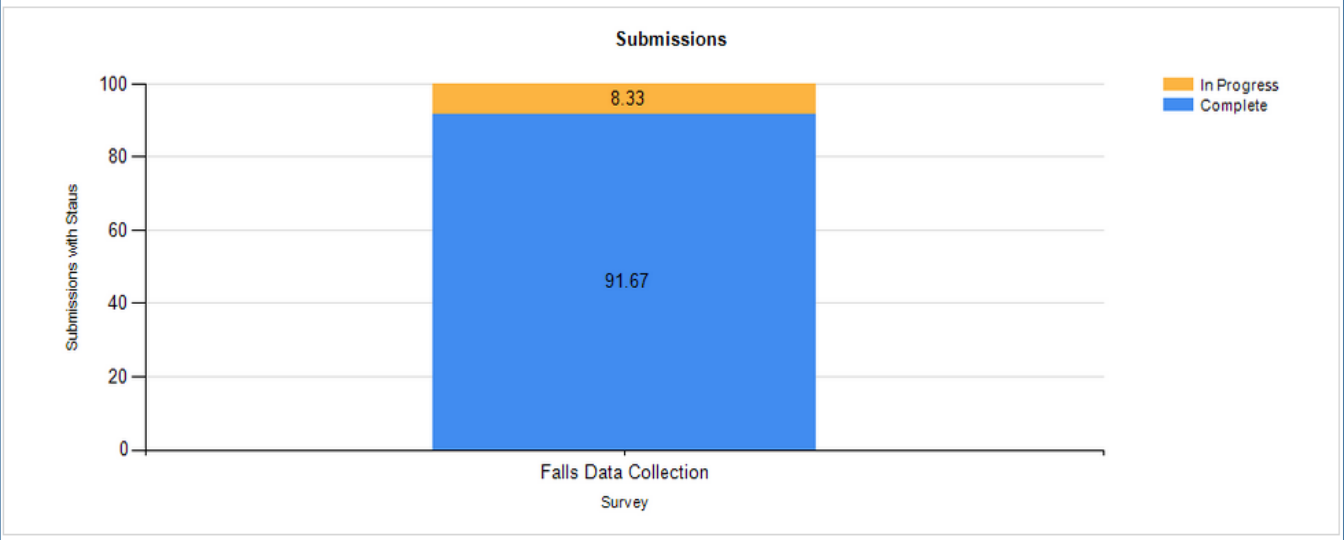
There is one trend chart for each measure. Each trend chart shows the performance of this organization and each peer group relative to the measure baseline over each of the periods in the selected performance window.



The **Submission Chart** displays the data submission status for your facility during the specified performance window. For example, the submission chart below shows that 91.67%, or 11 of 12 months, of data holds the “complete” designation, while 8.33%, or one of 12 months, of data is still “in progress” for the Falls Data Collection survey. These designations can be assigned manually while entering data or will automatically update when data becomes available in a survey.

Submission Chart

The submission chart shows the percentage of periods in each status over the selected performance window. Ideally 100% of the periods have a Completed status.

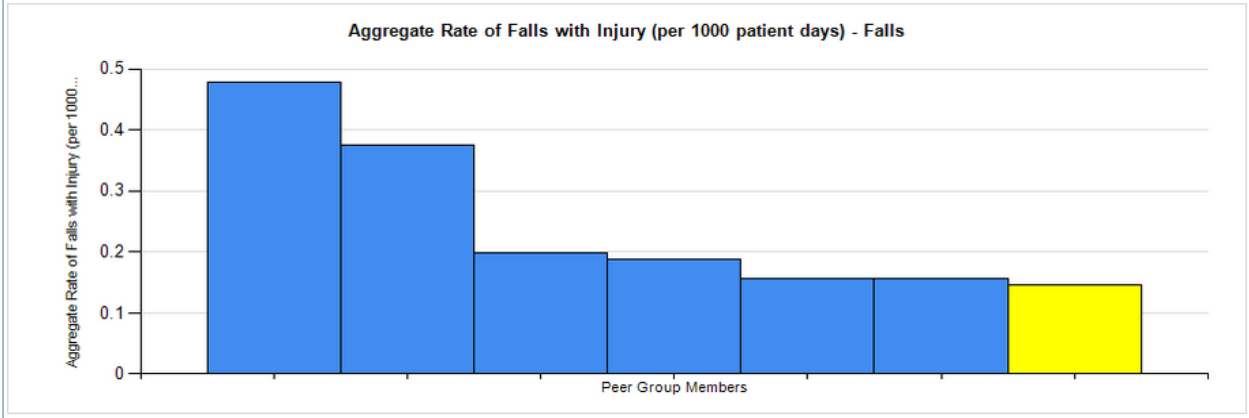


Distribution Charts compare your facility’s aggregate data to that of other peer group members. This aggregate rate represents all data in the specified performance window. You can hover your cursor over your facility’s bar (highlighted in yellow) to display the actual value.

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Distribution Charts

There is one distribution chart for each combination of measure and peer group. The chart shows how this organization (yellow bar) performed on the measure relative to the other organizations in the peer group (blue bars).



Exporting Performance Report Data

To export any of the HIIN performance reports to your computer, click on the export icon, and select the export format you want to save it as.

Performance Report: HIIN Comprehensive Performance Report
Organization: Keystone Center for Patient Safety and Quality | Wisconsin
Temporal Period Type: Monthly
Start Period: 1
End Period: 12
Start Year: 2014
End Year: 2016

1 of 1 Find | Next

MHA Keystone Center
HIIN Comprehensive Performance Report
Keystone Center for Patient Safety and Quality | Wisconsin

Helpful Tips

- You may not see recently entered data appear on the performance reports. This is due to the aggregation service that must run before data is included in a performance report, and this can take up to three hours.
- Hyperlinks within the KDS are available to allow direct access to additional measure resources for the project
- Additional users may request access to the KDS by selecting request access from the KDS landing page (<https://mhakeystonedatasystem.org>). Fill out the Access Request Form, click

