



*Important Note: This Guide addresses all options within the CDS and based upon your defined role, you may not have access to all options.*

## Adding Users

Each hospital has been assigned an “Initial Setup” account, a restricted access account for setup only that the Louisiana Hospital Association Research and Education Foundation (LHAREF) team maintains for each hospital and will serve as the administrator.

The LHAREF team has set up CDS users for each hospital. When you need to add or remove users, please contact your LHAREF Quality Improvement Specialist ([lbarrett@lhaonline.org](mailto:lbarrett@lhaonline.org) or [mfoley@lhaonline.org](mailto:mfoley@lhaonline.org)) or Quality Program Manager ([msmith@lhaonline.org](mailto:msmith@lhaonline.org)). Additional users can be added at any time.

## System Requirements

The AHA CDS is a secure, web-based resource management and data reporting system. Users must have a connection to the Internet and a browser which supports SSL (secure socket layer) encryption.

Currently, the CDS supports the use of Internet Explorer v8 or higher, FireFox v11.0 or higher, and Google Chrome. For optimal performance, your computer and/or browser must be configured as follows:

- The computer/browser must permit SSL connections;
- The computer/browser must allow pop-ups from <https://www.ahacds.org>;
- <https://www.ahacds.org> must be set up as a trusted site; and
- Email systems must be configured to allow emails from [cds@aha.org](mailto:cds@aha.org).

## Technical Assistance

Technical assistance with CDS can be obtained from the [LHAREF Team](#).

## CDS Roles

Users can only have **ONE** role. When determining who will need access to the CDS, be sure to consider what role (data entry or reporting) will be most appropriate to support the LHAREF quality program.

**DATA ENTRY users** have access to these areas of the CDS:

- Data Entry – Data entry and review
- Reports – Individual measure run charts, data download and organizational users
- Resources – program resources

**REPORTING users** have access to these areas of CDS:

- Reports – Individual measure run charts, data download and organizational users
- Resources – program resources

## Accessing CDS

- Access the CDS by using your browser of choice (Internet Explorer v8 or higher, FireFox v11.0 or higher, and Google Chrome) at this URL: <https://www.ahacds.org/>
- When prompted, enter your LoginID (email address) and password (provided in your welcome email) into the appropriate boxes, and click “Login.”

Welcome, please log in.

LoginID:

Password:

This web site enables organizations participating in American Hospital Association (AHA) projects to securely submit project data.

The CDS has been developed for the following browsers:  
Internet Explorer, Version 8.0, 9.0 or 10.0  
FireFox 11, version 11.0 or higher

[Reset my password](#)

v. 6.0.2, Build 0

Enter your LoginID (email address) and password, then click “Login.”

If you have forgotten your password, click “Forgot your password?” to have your password emailed to you.

You must accept the terms and conditions shown on the next page, to access the system.

Welcome M Leshler [User Profile](#) [Logout](#)

**AHA Comprehensive Data System**

Questions? [Email CDS Support](#)

### Terms and Conditions

The CDS is part of the technology infrastructure and the property of the American Hospital Association (AHA). All AHA guiding principles and policies apply to any activity conducted via the use of this system. Users of this system are expected to comply with AHA rules and behavior. System users are accountable for all work performed using his/her logins and passwords. Under no circumstances should logins or passwords be shared, or delegated to others.

Data submitted to CDS is secure and protected. However, the AHA will cooperate with law enforcement agencies seeking data as part of a formal investigation or when presented with a warrant, subpoena, requests for information under federal or state law or regulation, or the need to review relevant files for legal proceedings.

*Terms and Conditions - AHRQ Safety Program for ICUs: CAUTICLABSI*

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to the system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

## Data Entry (for Data Entry User Roles Only)

- Click on “Project Select” Tab, then chose the “Measure Select” Sub-Tab:

**American Hospital Association**  
Advancing Health in America

**Project Select** Admin Resources Reports


Project Select Reporting Entity Select **Measure Select**

Note: “Reporting Entity Selection” may not be visible unless you have access to multiple hospitals.

- A table with all of the measures that are applicable to your hospital should show up. Select the desired measure and click “Enter Data.”

Below are the measures available with this project. Click the “Enter Data” button to enter data. For additional details, click the Information icon next to the measure.

Measure (click the i button for measure specifications)	Monitoring Period	Baseline Status	Monitoring Status	
ADE: Anticoagulation Safety for INR >3.5: INR3.5 Outcome (Recommended)	1/1/2019 - 12/31/2024 (Monthly)	N/A	No Data	<a href="#">Enter Data</a>
ADE: Anticoagulation Safety for INR >4: INR4 Outcome (Recommended)	1/1/2019 - 12/31/2024 (Monthly)	N/A	No Data	<a href="#">Enter Data</a>
ADE: Anticoagulation Safety for INR>5: INR5 Outcome (Recommended)	1/1/2019 - 12/31/2024 (Monthly)	N/A	No Data	<a href="#">Enter Data</a>
ADE: Anticoagulation Safety for INR>6: INR6 Outcome (Recommended)	1/1/2019 - 12/31/2024 (Monthly)	N/A	No Data	<a href="#">Enter Data</a>

NOTE: Refer to the LHAREF Encyclopedia of Measures (EOM) for detailed specifications. You can also click on  for measure details.

- Next, select the appropriate month - click the “Go” button.

To enter data for a specific period, select Go in the Data Entry column.

Measure Start	Measure End	Submit Date	Status	Data Collected	Num	Denom	Data Entry
1/1/2019	1/31/2019		No Data				<a href="#">Go</a>
2/1/2019	2/28/2019		No Data				<a href="#">Go</a>

- Next, enter the appropriate numerator and denominator data and click “submit” and then “close.”

**ADE: Anticoagulation Safety for INR>5: INR5 Outcome (Recommended)** ×

1/1/2019

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**1. Was data collected for this measurement period?**

Yes  
 No

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**2. Please enter the numerator and the denominator:**

Numerator: Number of inpatients experiencing excessive anticoagulation with warfarin (INR greater than hospital critical value of 5)

Denominator: Number of inpatients receiving warfarin anticoagulation therapy

To save your data for editing at a later time, click "SAVE." To submit your data to the system, click "SUBMIT."

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Enter Numerator Data

Enter Denominator Data

Click Submit

Click Close

Notes:

- The data entered will then appear in the table for the appropriate month. Please verify the entry. If you do not have any additional data to enter for this measure, click on the “back” button at the bottom of the page.
- If you have entered numerator and denominator data but are not ready to submit it, you can click the “save” button above.
- If no data was collected for a particular month, you can respond “no” to question 1 above. A text box will appear and you can enter the reason why.

## [Resources \(for Data Entry and Reporting User Roles\)](#)

- Under Construction

## [Reports \(for Data Entry and Reporting User Roles\)](#)

- **Individual Measure Report**

This report displays your hospital's results for a selected measure, in table or chart format.

You can toggle between Data (table) and Chart by clicking on the appropriate tab.

You can change the measure by clicking on the down arrow button

Individual Measure ?

Peer Group: All  
QI Initiative: LHAREF Quality Reporting  
Topic: Patient Safety and Quality Improvement  
Measure: CAUTI Rate: All units Including ICU(s), Excluding NICU(s) - CAUTI\_Rate\_All

Organization: --- LHAREF Test Hospital  
Reporting Entity: LHAREF Test Hospital  
Project: LHAREF Quality Reporting

Data Chart

Month	LHAREF Test Hospital	All Project Organizations
Jan 2019	1.1	1.1
Mar 2019	1.2	1.2
May 2019	1.1	1.1
Jul 2019	1.2	1.2
Sep 2019	1.5	1.1
Nov 2019	4.5	1.1
Jan 2020	1.2	1.1
Mar 2020	1.2	1.1
May 2020	0.8	1.1
Jul 2020	1.2	1.1
Sep 2020	2.5	1.1
Nov 2020	0.8	1.1
Jan 2021	1.1	1.1
Mar 2021	3.3	1.1
May 2021	1.1	1.1
Jul 2021	1.1	1.1
Sep 2021	3.4	1.1

Export / Print Chart  
 PNG Image  PDF Document

Display:  
 Organization Data  
 Trendline

State Average  
 All Project Average  
 Peer Group Average

Refresh Chart  
 State Median  
 All Project Median  
 Peer Group Median

You can print the run chart or export it for your files.

You can change to show comparative data by state, all project or peer group. Refresh chart after selections.

## Organization User Report

- The table below will show the users (Data Entry and Reporting roles) that have been assigned to your hospital(s) and will enable hospitals to maintain users within your facility. The data can be downloaded to Excel.
- If changes are deemed necessary, please contact your Quality Improvement Specialist ([lbarrett@lhaonline.org](mailto:lbarrett@lhaonline.org) or [mfoley@lhaonline.org](mailto:mfoley@lhaonline.org)) or Quality Program Manager ([msmith@lhaonline.org](mailto:msmith@lhaonline.org)).

### Sample Organization User Report

**Organization User** - The table below shows the users that have been assigned to your organization(s). To limit (filter) results, you may enter criteria in the boxes just below the column headers. Click "Export to Excel" to download your results - be sure to indicate whether you want All Data or Filtered Data Only.


Group by State  No Grouping

Organization Name	State	HRET Id	Login Id	First Name	Last Name	Role	Created Date
test x	MP x	x	x	x	x	[All] x	x

State: MP

## Data Submission

- This report will show all data that has been submitted by your hospital(s), for all measures across time. If data has not yet been received within 45 days after the due date, the report will show **"MISSING"** or the month. This report can also be filtered to only show records where data is **MISSING**.
  - Note: The **"MISSING"** feature does not take into consideration data for measures that are not applicable to a particular hospital based on the services it may not provide or the critical values being reported. Please allow one hour to pass after data entry to view newly entered data.
- The "No Rate" code is displayed when a zero numerator and zero denominator were entered.

Data Submission 

**Data Submission Report** - The table below shows the data that have been entered for your organization(s). 'MISSING' indicates data yet to be entered and which is past due. To limit (filter) results, you may enter criteria in the boxes just below the column headers. Click the "Pivot Report" help button on the top right of the table for further instructions. Click "Export to Excel" to download your results - be sure to indicate whether you want All Data or Filtered Data Only. Please note: depending on the amount of data to be displayed, this report may take a bit of time to load. This data was last refreshed on 11/2/2021 12:30:00 PM CST.

Reporting Entity		Measure	01/01/2019	02/01/2019	03/01/2019	04/01/2019	05/01/2019	06/01/2019
LHAREF Test Hospi x	[All] x		x	x	x	x	x	x
LHAREF Test Hospital		30-day All-Cause Readmission Rate per 100 Admissions	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		ADE: Anticoagulation Safety for INR >3.5	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		ADE: Anticoagulation Safety for INR >4	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		ADE: Anticoagulation Safety for INR>5	No Rate	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		ADE: Anticoagulation Safety for INR>6	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		ADE: Glycemic Management for glucose <40	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		ADE: Glycemic Management for glucose <50	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		ADE: Glycemic Management for glucose <70	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		ADE: Naloxone Administration	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		Central Line Utilization - All ICU(s)	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		CLABSI Rate: All ICU(s)	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		Falls with Injury	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		Overall Opioid Use in the Emergency Department						
LHAREF Test Hospital		Pressure Injury Rate, Stage 3+	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		Sepsis Postoperative Rate	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		Sepsis, Overall Mortality Rate	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING
LHAREF Test Hospital		Surgical Discharges with 12 or Fewer Opioid Pills Prescribed						
LHAREF Test Hospital		Worker Safety Related to Workplace Violence	MISSING	MISSING	MISSING	MISSING	MISSING	MISSING

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Export to Excel

Display:  
 Only Records With Missing Data  
 All Records

## Basic Items

This option can be used to download the hospital's raw data in an Excel file.