

# COMPASS

**Using Data as a Partner for  
Changing the Outcome  
Together**

MEET THE SPEAKER

# Amanda Fronk, MHSA

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**Senior Analyst, Business Intelligence**

Division of Emergency Medicine

Cincinnati Children's Hospital Medical Center



# Disclaimer

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*I have no real or perceived conflicts of interest that relate to this presentation.*

# Agenda

Attendees will learn how Cincinnati Children's Emergency Services leverages Power BI and a sprint-based design approach to create COMPASS, a dynamic operational dashboard.

## **Learning Objectives and Topics:**

- Describe how a sprint-based, team design approach fosters collaboration and transparency in developing operational dashboards.
- Understand how integrated data visualization tools, like Power BI, can accelerate decision-making and improve healthcare operations.
- Utilize a simple framework for identification of opportunities to create and scale similar approach in their home institutions, from gaining buy-in to implementation.
- Leveraging data to inform leadership decisions
- Apply data as a partner in action-oriented impact

# About Us: Cincinnati Children's

Leading,  
Advocating &  
Collaborating  
to improve child  
health, here and  
around the world.



[cincinnatichildrens.org](http://cincinnatichildrens.org)



# What Guides Us



## Our Vision

To be the leader in improving child health.

## Our Mission

Cincinnati Children's will improve child health and transform delivery of care through fully integrated, globally recognized research, education and innovation. For patients from our community, the nation and the world, the care we provide will achieve the best:

- Medical and quality-of-life outcomes
- Patient and family experience
- Value

Today and in the future.

## Who We Are

Care drives us

Science moves us

Collaboration empowers us

Discovery inspires us

This isn't our job

It's our calling

And we answer it every day

For every family

And every child

And every future

We are **Cincinnati Children's**  
**changing the outcome together**

# Locations



**Burnet Campus**

**Liberty Campus**

**College Hill**



## Neighborhood Locations

### OHIO

Drake	Kenwood	Portsmouth
Centerville	Kettering	Washington
Eastgate	Mason	Court House
Fairfield	Norwood	Winslow
Green Township	Oxford	

### KENTUCKY

Ashland	Florence	Owensboro
Bardstown	La Grange	Pikeville
Corbin	Lexington	Shelbyville
Crestview Hills	Louisville	Somerset
Danville	Maysville	Union
Elizabethtown	Mt. Vernon	

### INDIANA

Batesville	New Albany	Shelbyville
Lawrenceburg	Rushville	

## Primary Care Locations

Anderson	Hopple	Rockdale Academy
Batesville, IN	Hughes STEM	South Avondale
Cold Spring, KY	Kenwood Crossing	Southgate, KY
Fairfield	Liberty	Springdale
Florence, KY	Loveland	Union, KY
Greensburg, IN	Mason	Wilmington

# Emergency Services Footprint

2 Emergency Departments | 6 Urgent Care Centers |  
8 Locations Across the Region









## EMERGENCY DEPARTMENTS

 Burnet Campus  
Emergency  
Department

 Liberty Campus  
Emergency  
Department

**Cincinnati  
Children's  
Emergency  
Services**

## URGENT CARE CENTERS

-  Burnet Campus Urgent Care
-  Liberty Campus Urgent Care
-  Green Township Urgent Care
-  Eastgate Urgent Care
-  Mason Urgent Care
-  Crestview Hills Urgent Care

# COMPASS

## Overview

# What is COMPASS?

Emergency Services developed a new operational dashboard - **Comprehensive Operational Metrics and Performance Analytics for Strategic Success (COMPASS)**.

COMPASS was created using Power BI, our enterprise's business intelligence tool. The COMPASS dashboard is the one-stop shop for core operational data in the Emergency Services Site of Care, leveraging Power BI to make core metrics easily accessible through one application.

COMPASS is a foundational operational resource, **providing the data and measurement infrastructure** to understand our system of care and to support initiatives to improve healthcare operations across all Quality Excellence domains (**Access**, **Experience**, **Outcomes**, and **Safety**).



**COMPASS**  
Cincinnati Children's  
Emergency Medicine Dashboard

# How does COMPASS make an impact?



COMPASS **promotes incremental measurement development to accelerate operational improvement** by putting the key data right where it should be - at the fingertips of leaders and staff.

COMPASS is not just a dashboard; it's a transformative way of thinking, **grounded in deep understanding of our system of care** and data-driven decision-making. It represents a shift in how we approach data: **not as a tool, but as a partner** to deliver world-class healthcare.

Important projects have already been supported by COMPASS - staffing changes (Team 5 rooming), triage (ESI 3 change), and numerous MH projects.

# COMPASS One-Stop Shop Data Hub

Comprehensive operational metrics across all Emergency Services locations — accessible in one platform.

Transition Project

- Time Off Chest
- Pads Connected

Bundle Project

- First Access
- Epinephrine Dose
- Advanced Airway Placement
- ETCO2
- First Rhythm Check
- Max Bundle Element

CPR Quality Project

- % in depth
- % AHA compliant depth
- % AHA compliant depth\_age 0
- % AHA compliant depth\_age 1-8
- % AHA compliant depth\_age above 8
- Mean Depth CM
- % in rate
- Mean Rate HR
- Longest Pause
- Chest Compression Fraction

CINCINNATI CHILDREN'S HOSPITAL  
MEDICAL CENTER

## Medical Resuscitation Committee

### Cardiac Arrest Project

COMPASS Cincinnati Children's Emergency Medicine Dashboard

Welcome to the new operational data reporting application  
Your one-stop shop for core operational data

Application navigation controlled by the selecting report names in panel on the left

- Start Here
- True North Reports
- Performance & Throughput
- ES Safety
- Outcomes
- Equity
- External Reports
- Data Context & Governance
- Go back

## Emergency Services Key Metrics Dashboard

Select tile to gain insights

- Raw Data
- Arrivals
- Arrival to 1st Provider
- 1st Provider to Disposition
- Disposition to Discharge
- ED Admit LOS
- ED Discharge LOS
- Urgent Care LOS
- LWBS

## Cycle Times Dashboard

Division of Emergency

Cycle time measures the amount of time to complete a process or task within a workflow. Here, they represent segments of the patient care journey and are a helpful way to understand patient flow and overall operations.

All dates in report exclusively in fiscal year

## Outcomes Dashboard

Division of Emergency Medicine

Please select an icon to view measures and data by clinical condition

- Acute Otitis Media
- Asthma
- Bronchiolitis
- Cardiac Arrest
- Urinary Tract Infection

COMING IN FY27 Executive Summary

\*for cardiac arrest measures, button will open up a new window to view

# Comprehensive Operational Data Hub








26 Reports | 100+ Metrics | Site & Division Level

26

Reports

100+

Metrics

Domain	Sample Reports
 <b>True North Reports</b>	Executive Summary; Census; Daily UC Report; Key Metrics; PEDOCS; Previous Day Summary; UC Summary Report
 <b>Performance &amp; Throughput</b>	Capping in Urgent Cares; Capping Trends Over Time; Cycle Times; Monthly Metrics; Weekly Metrics
 <b>ES Safety</b>	ED_ESI Acuity Trending; Timed SA Huddles
 <b>Outcomes</b>	Clinical Outcomes; Medical Resuscitation Committee Cardiac Arrest Projects
 <b>Equity</b>	Equitable Care Dashboard; Restraints
 <b>External Reports</b>	Several Misc. Reports
 <b>Data Context &amp; Governance</b>	Annotation Repository; Data Governance

## Example Metrics

- 1 # of capped days in urgent cares
- 2 # patient arrivals
- 3 % patient encounters left without being seen
- 4 Average minutes arrival to first provider
- 5 Median length of stay

# Application Structure & Navigation



The screenshot displays the COMPASS application interface. At the top, a navigation bar lists various audience groups: All, DRAFT AUDIENCE, EM Leadership, Patient Services, Ext Hospital Leaders (Full), Ext Hospital Leaders (Prt), AC Support, PM/Business Team, Special Project Leaders, SSG, and Exploring Users. A pink callout box labeled "Audience Groups" points to this bar. On the left, a sidebar menu lists report domains: Start Here, True North Reports, Performance & Throughput, ES Safety, Outcomes, Equity, External Reports, and Data Context & Governance. A pink callout box labeled "Report Domains" points to this menu. The main content area features the COMPASS logo, the text "Cincinnati Children's Emergency Medicine Dashboard", and a welcome message: "Welcome to the new operational data reporting application" and "Your one-stop shop for core operational data". Below this, it states "Application navigation controlled by the selecting report names in panel on the left". At the bottom, there is a horizontal strip of images showing diverse children.

Audience Groups

Report Domains

# Application Structure & Navigation



All DRAFT AUDIENCE EM Leadership Patient Services Ext Hospital Leaders (Full) Ext Hospital Leaders (Prt) AC Support PM/Business Team Special Project Leaders SSG Exploring Users

File Share Export Explore Subscribe Copilot

COMPASS

Copilot

Start Here

True North Reports

- Executive Summary
- Census
- Daily UC Report
- Key Metrics
- PEDOCS
- Previous Day Summary
- UC Summary Report

Performance & Throughput

ES Safety

Outcomes

Equity

External Reports

Go back

# COMPASS

Cincinnati Children's  
Emergency Medicine Dashboard

Welcome to the new operational data reporting application  
*Your one-stop shop for core operational data*

Application navigation controlled by the selecting report names in panel on the left

Report Names

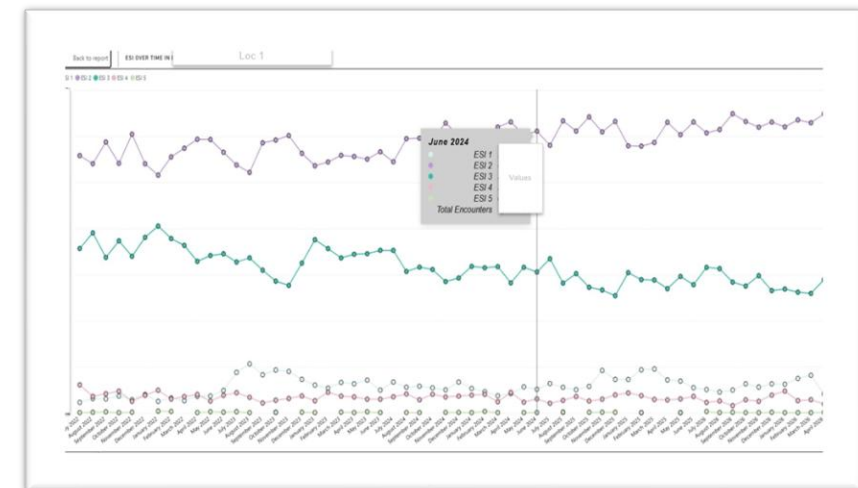
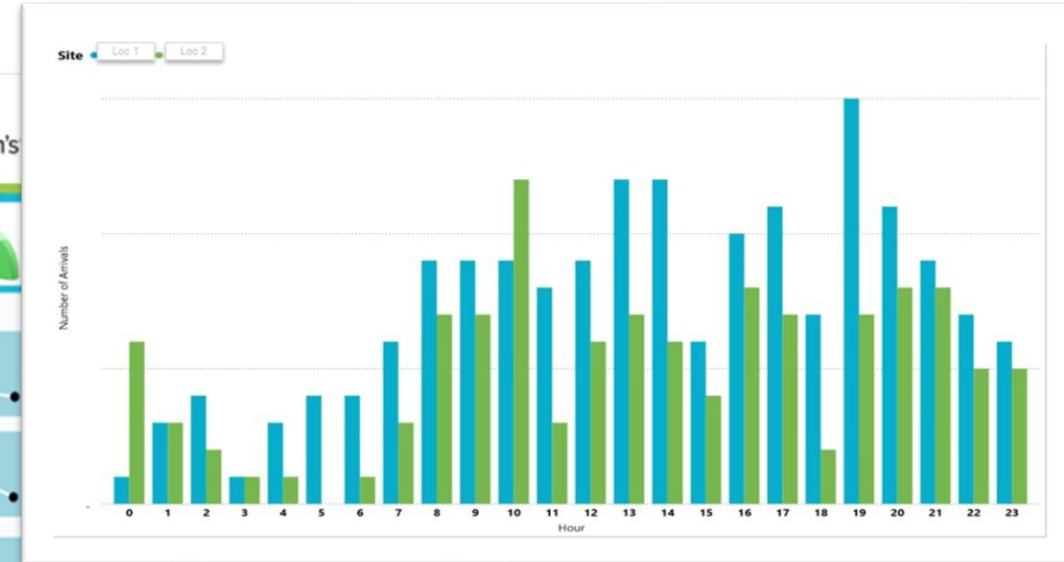
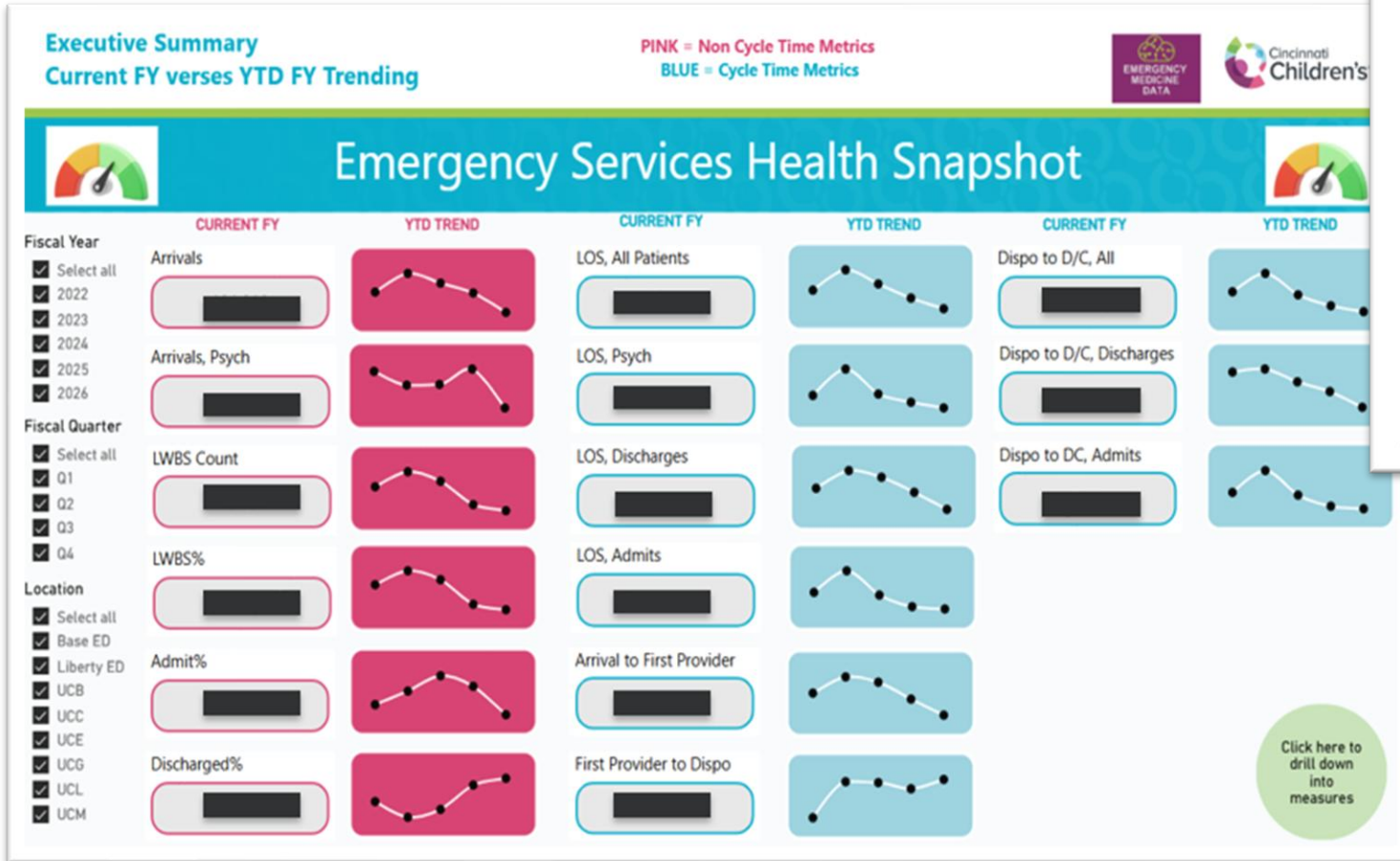


# Application Structure & Navigation



The screenshot displays the COMPASS application interface. At the top, there is a navigation bar with the Cincinnati Children's logo, the text "Executive Summary", a date "Data updated 4/20/26", a search bar, and user profile icons. Below this is a secondary navigation bar with various menu items like "All", "DRAFT AUDIENCE", "EM Leadership", etc. The main content area is titled "Executive Summary" and "Current FY versus YTD FY Trending". It features a "Emergency Services Health Snapshot" section with a grid of metrics. Each metric is presented in two columns: "CURRENT FY" and "YTD TREND". The metrics include Arrivals, Arrivals, Psych, LWBS Count, LWBS%, Admit%, Discharge, LOS, All Patients, LOS, Psych, LOS, Discharges, LOS, Admits, Arrival to First Provider, First Provider to Dispo, Dispo to D/C, All, Dispo to D/C, Discharges, and Dispo to DC, Admits. A pink callout box with an arrow pointing to the "Overview" menu item in the left sidebar contains the text: "Click report names to view pages for in-report navigation." A green callout box at the bottom right says: "Click here to drill down into measures." The left sidebar includes the COMPASS logo, Copilot, and a list of menu items: Start Here, True North Reports, Executive Summary, Report FAQ, Overview (highlighted), Detailed Data, Census, Daily LIC Report, and Go back.

# Diverse trending data and metrics



# What Makes COMPASS Special?

*A quality improvement lens for operational excellence — not just another dashboarding tool*



## Unified Metrics

Shared alignment on the metrics that matter. One agreed-upon definition eliminates duplication of effort across leadership teams.

## Full Transparency

Data integrated directly into the spaces where operational decisions are discussed and made, supporting active quality improvement efforts.

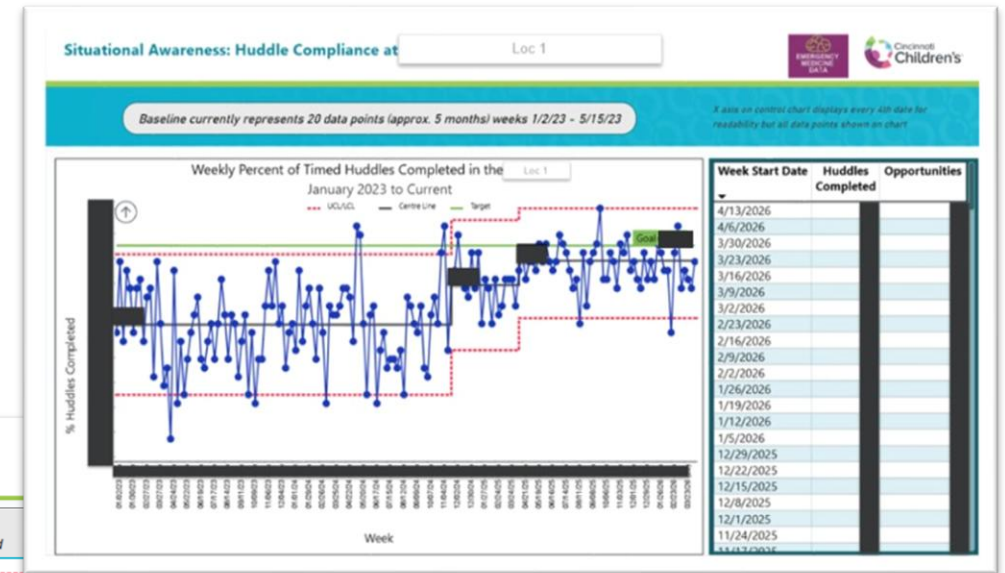
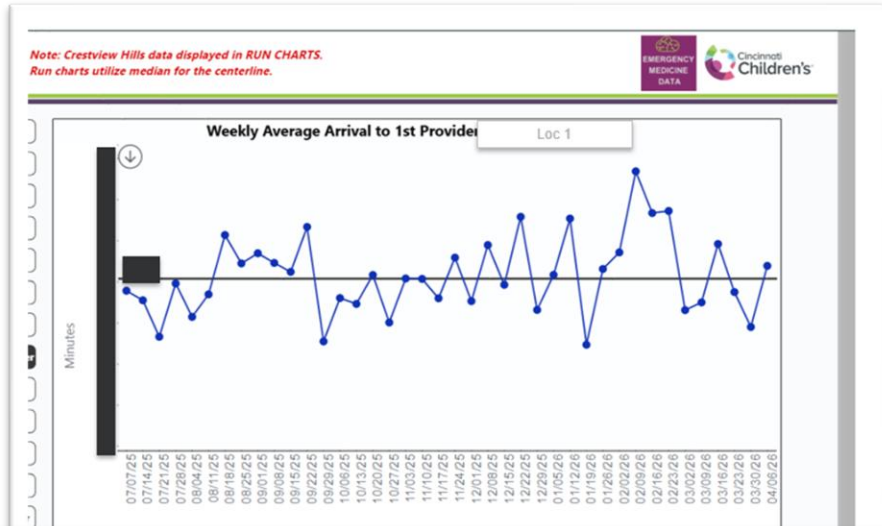
## Comprehensive System View

Complete view of our system of care with one source of truth, customized by role through audience groups for targeted access.

## Reduced Leader Burden

Self-service access replaces constant emailed reports. Leaders choose their own subscription and reminder preferences.

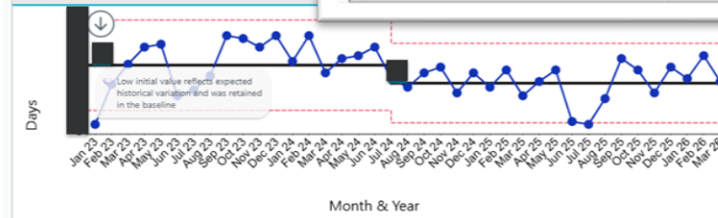
# Quality Improvement Lens



## Capping in Urgent Cares

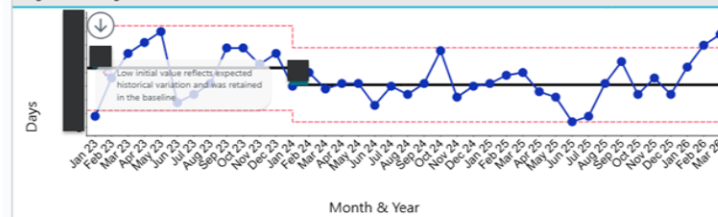
### Monthly Number of Capped Days

Hospital - Based Urgent Care Locations Combined



### Monthly Number of Capped Days

Neighborhood Urgent Care Locations Combined



Year	UCs - Hospital Based	UCs - Neighborhood	Total
2026			
March			
February			
January			
2025			
December			
November			
October			
September			
August			
July			
June			
May			
April			
March			
February			
January			
2024			
December			
November			
October			
September			
Total			

COMPASS

Copilot

Start Here

True North Reports

Executive Summary

Census

Daily UC Report

Key Metrics

PEDOCs

Previous Day Summary

Go back

Back to report

LWBS IN BURNET EMERGENCY DEPARTMENT SLOW SEASON

# Historical interventions, system changes; context for performance trends



Navigation bar: All DRAFT AUDIENCE EM Leadership Patient Services Ext Hospital Leaders (Full) Ext Hospital Leaders (Prt) AC Support PM/Business Team Special Project Leaders SSC >

File Share Export Copilot

### Emergency Services Historical Annotations

EMERGENCY MEDICINE DATA Cincinnati Children's

Click here to submit new annotation

#### Interventions, Events, and Context to data and metrics

Created	Enter your idea for annotation	What measures should we add annotation to?	Notes
4/9/2026 2:37:05 PM 4/7/2026 11:49:12 AM	Annotations	Arrivals	probably all key metrics, especially total arrivals to Burnet ED and UC
3/5/2026 1:03:26 PM		probably arrival to 1st provider, LOS, and LWBS	
2/13/2026 4:41:54 PM		I am thinking PFE, safety, I would long term also want to understand if we see changes to general volumes for both ED and UC	probably all of them
1/29/2026 1:32:38 PM			
1/6/2026 4:28:55 PM			LWBS, capping, arrivals
12/21/2025 5:51:17 PM			The data should be combined to Eastgate Urgent Care - Anderson & Eastgate

Filters

COMPASS Copilot

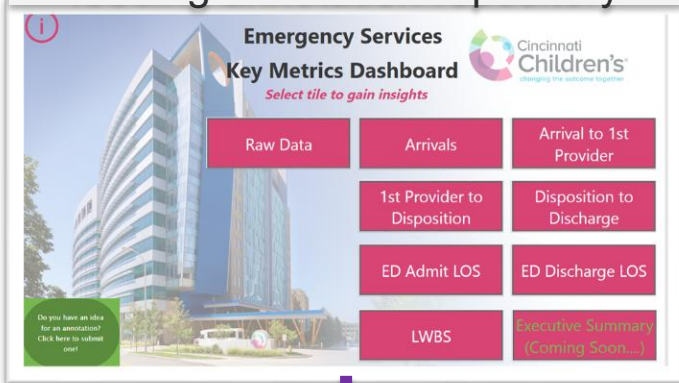
Equity ED Equity Dashboard ED Restraint Use External Reports Data Context & Governance Annotation Repository Data Governance

Go back

67%

# Integrating data to support operational decision-making

Key Metrics Dashboard with submission link to form feeding annotation repository

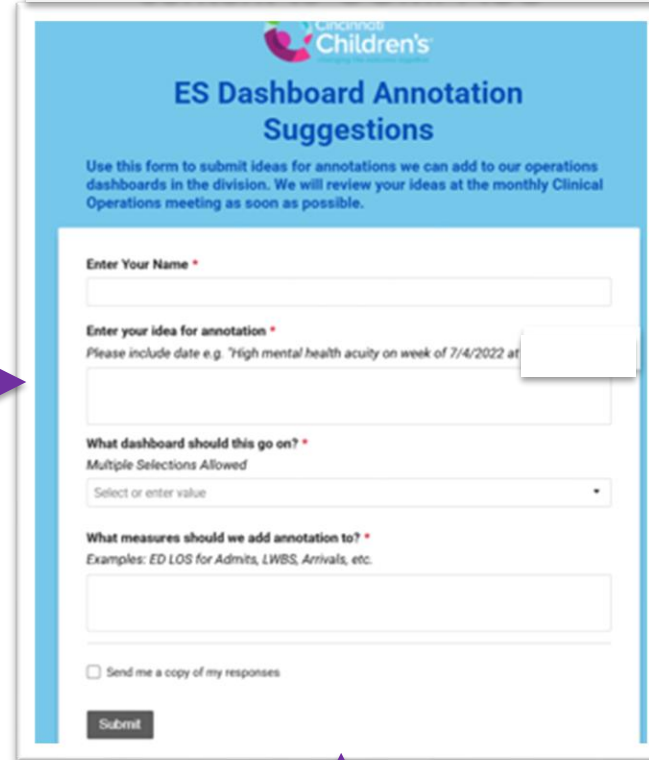


Emergency Services Key Metrics Dashboard  
Select tile to gain insights

Raw Data	Arrivals	Arrival to 1st Provider
1st Provider to Disposition	Disposition to Discharge	
ED Admit LOS	ED Discharge LOS	
LWBS	Executive Summary (Coming Soon...)	

Do you have an idea for an annotation? Click here to submit one!

Form to input annotations and system changes for data context to COMPASS



ES Dashboard Annotation Suggestions

Use this form to submit ideas for annotations we can add to our operations dashboards in the division. We will review your ideas at the monthly Clinical Operations meeting as soon as possible.

Enter Your Name \*

Enter your idea for annotation \*  
Please include date e.g. "High mental health acuity on week of 7/4/2022 at [ ]"

What dashboard should this go on? \*  
Multiple Selections Allowed  
Select or enter value

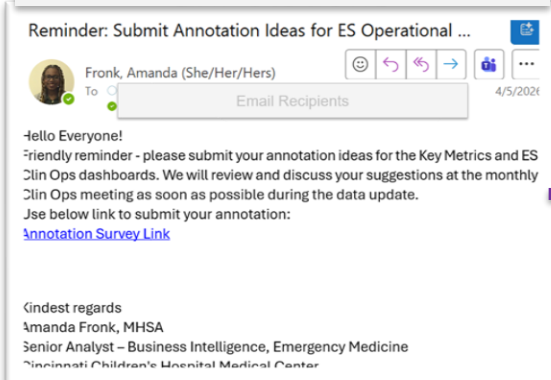
What measures should we add annotation to? \*  
Examples: ED LOS for Admits, LWBS, Arrivals, etc.

Send me a copy of my responses

Submit

Monthly Emergency Services Clinical Operations Meeting; notable annotations discussed

Automated monthly email reminder to submit annotations



Reminder: Submit Annotation Ideas for ES Operational ...

From: Fronk, Amanda (She/Her/Hers)

To: [Redacted] Email Recipients

4/5/2024

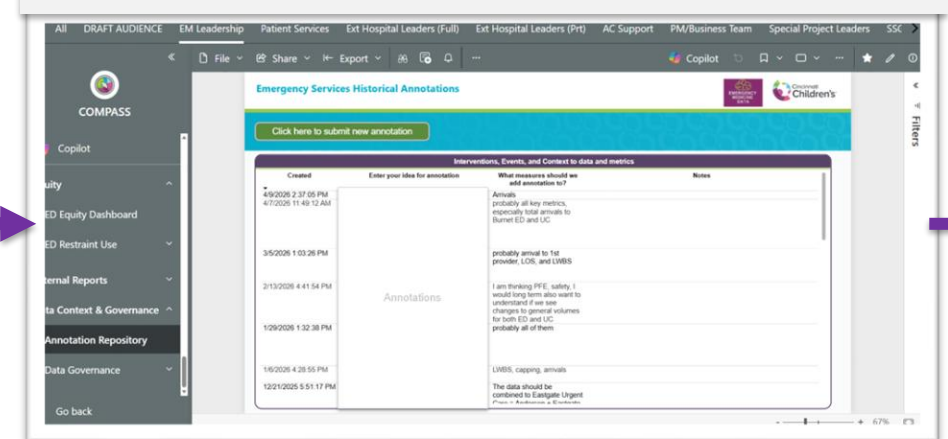
hello Everyone!

Friendly reminder - please submit your annotation ideas for the Key Metrics and ES Clin Ops dashboards. We will review and discuss your suggestions at the monthly Clin Ops meeting as soon as possible during the data update.

Use below link to submit your annotation:  
[Annotation Survey Link](#)

Kindest regards  
Amanda Fronk, MHSA  
Senior Analyst - Business Intelligence, Emergency Medicine  
Cincinnati Children's Hospital Medical Center

Annotation Repository in COMPASS



COMPASS

Emergency Services Historical Annotations

Click here to submit new annotation

Created	Enter your idea for annotation	What measures should we add annotation to?	Notes
4/9/2024 2:37:09 PM			probably all key metrics, especially total arrivals to Burned ED and ICU.
4/7/2024 11:49:12 AM			probably arrival to 1st provider, LOS, and LWBS
3/5/2024 1:03:26 PM			I am thinking PFE, safety, I would long term also want to understand if we see changes in general volumes for both ED and ICU, probably all of them
2/13/2024 4:41:54 PM			
1/29/2024 1:32:38 PM			
1/6/2024 4:28:55 PM			LWBS, capping, arrivals
12/21/2023 5:51:17 PM			The data should be combined to Emergency Urgent

# COMPASS

## Development: Sprint-Based Design

Structured Project Design with Milestones for  
Value Realization

# Dashboard Planning

COMPASS Pre-Work: Stakeholder Buy-In



Team Shared Problem | Team Shared Project | Team Designed Solution

## Assess

Evaluated data reporting landscape and held state-of-data meeting with leadership

## Identify

Defined shared problem: perceived data burden, excessive emails, and unclear data availability

## Diagnose

Exposed duplicated metrics across leaders and fragmented reporting causing team stress and inefficiency

## Launch

Initiated formal co-creation project, team-identified problem, team-designed solution

# COMPASS

Cincinnati Children's  
Emergency Medicine Dashboard

## 3 Focused Areas



Daily Clinical  
Operations &  
Decision-  
making



Operational  
Excellence



10,000 Foot View  
Bus. Director/Div.  
Director  
Perspectives

## Structured Sprint Development Cycles



**Kickoff  
Design  
Session**

- 90-minute in person design sessions
- Review mockups based on current reporting
- Round Robin: Keep, Remove, Add
- Collaborative feedback and wish lists

**Technical  
Development  
Time**

- 6-month development time
- Data sourcing and streamline existing reporting
- Power BI & Denodo build
- Ad hoc stakeholder engagement

**Closing  
Design  
Session**

- 60-minute virtual demo session
- Final edits & stakeholder approval
- Milestone Celebrations

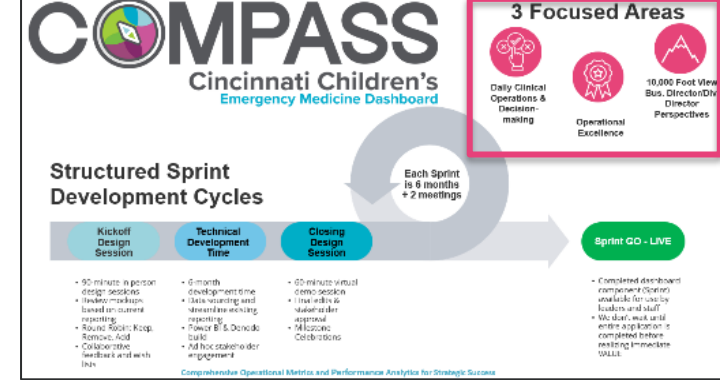
**Sprint GO - LIVE**

- Completed dashboard component (Sprint) available for use by leaders and staff
- We don't wait until entire application is completed before realizing immediate VALUE

Comprehensive Operational Metrics and Performance Analytics for Strategic Success

# Dashboard Components

Three perspectives delivering actionable insights across all levels of Emergency Services



01

## Daily Clinical Operations

Clinical data presented daily to support frontline decision-making and patient care optimization

- Patient volume trends
- Acuity distribution

02

## Operational Excellence

Operational data to support performance measures, goal tracking, and continuous improvement initiatives

- Quality Excellence metrics
- Process performance
- Throughput & efficiency

03

## Strategic Overview

10,000-foot view for Division and Business Director to monitor portfolio health and strategic alignment

- Financial indicators
- Population-level data
- Access, Experience, Safety

# Design Team Composition

Interdisciplinary design team representing leadership

## Clinical Team

- **Physician** — Medical Directors, Assoc. Director of Safety & QI, Director of Informatics
- **Advanced Practice Providers (APPs)**
- **ESR Leadership**
- **Nursing** — Clinical Directors

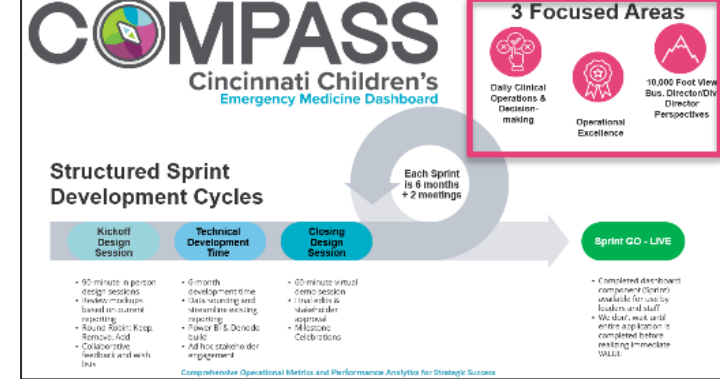
## Operations & Administration

- **Division Director**
- **Vice Presidents**
- **Business Director**
- **Application Analysts**

## Domains Represented

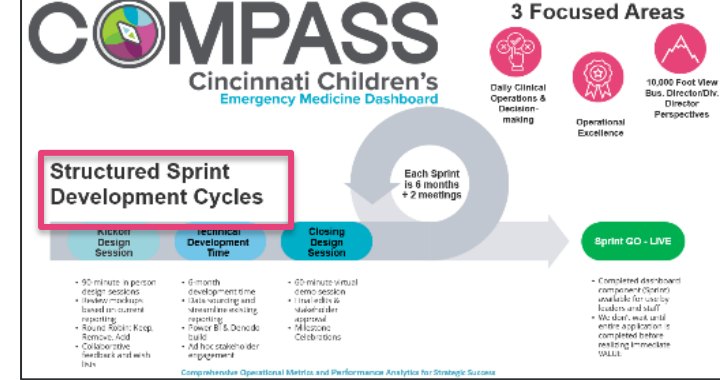
Cross-functional representation ensuring comprehensive system-wide perspective

- ✓ **Emergency Departments**
- **Urgent Cares**



# Dashboard Execution

## COMPASS Project Structure Description



### Structured Sprint Approach

A repeatable, iterative methodology that drives consistent progress through each development cycle.

### Off-line Design Focus

More design work happens outside live meetings, allowing deeper focus and reducing time demands on stakeholders.

### Reduced Meeting Burden

Fewer, more focused meetings free up leaders to concentrate on strategic priorities.

### Clear Deliverables

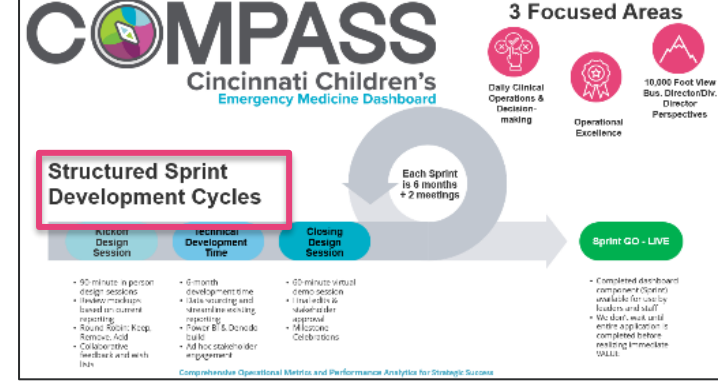
Deliverables are segmented into easy-to-understand steps, keeping teams aligned and accountable.

### Immediate Operationalization

Use completed dashboard components right away at completion of each sprint.

# Project Sprint Plan

Every Sprint is 6 – months long (+2 design meetings)



**Early Planning**

- Develop design structure for project
- Feedback and brainstorming with stakeholders

**Foundational work**

**Denodo Build Sprint**  
(Denodo is data virtualization tool we use as part of our analytics back-end)

**Non-Real-Time data**

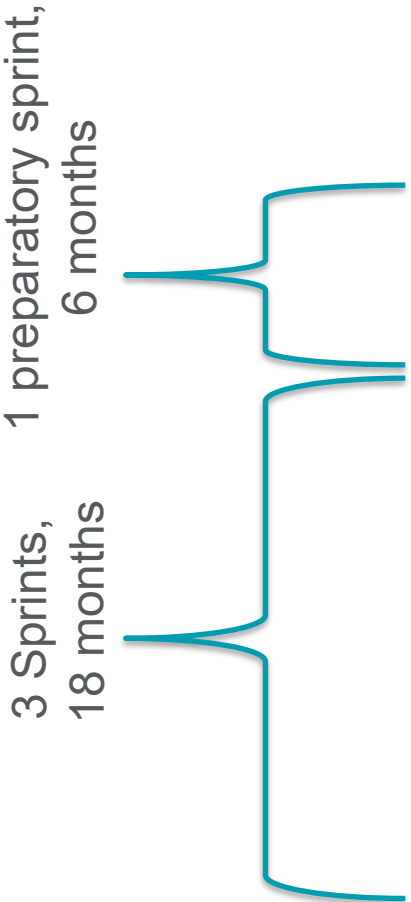
**Power BI Sprint 1: Daily clinical operations and decision-making data**

**Non-Real-Time data**

**Power BI Sprint 2: Op – Ex Data**

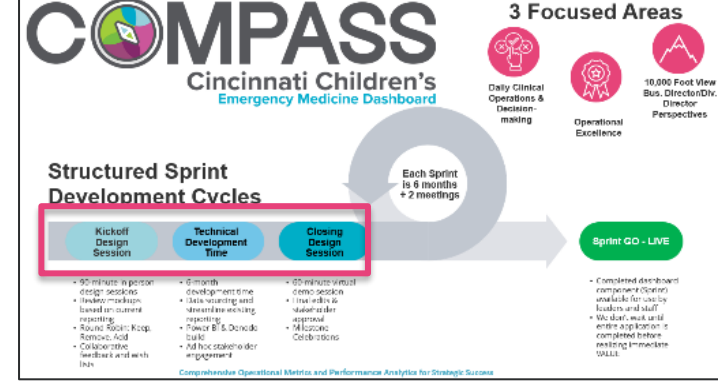
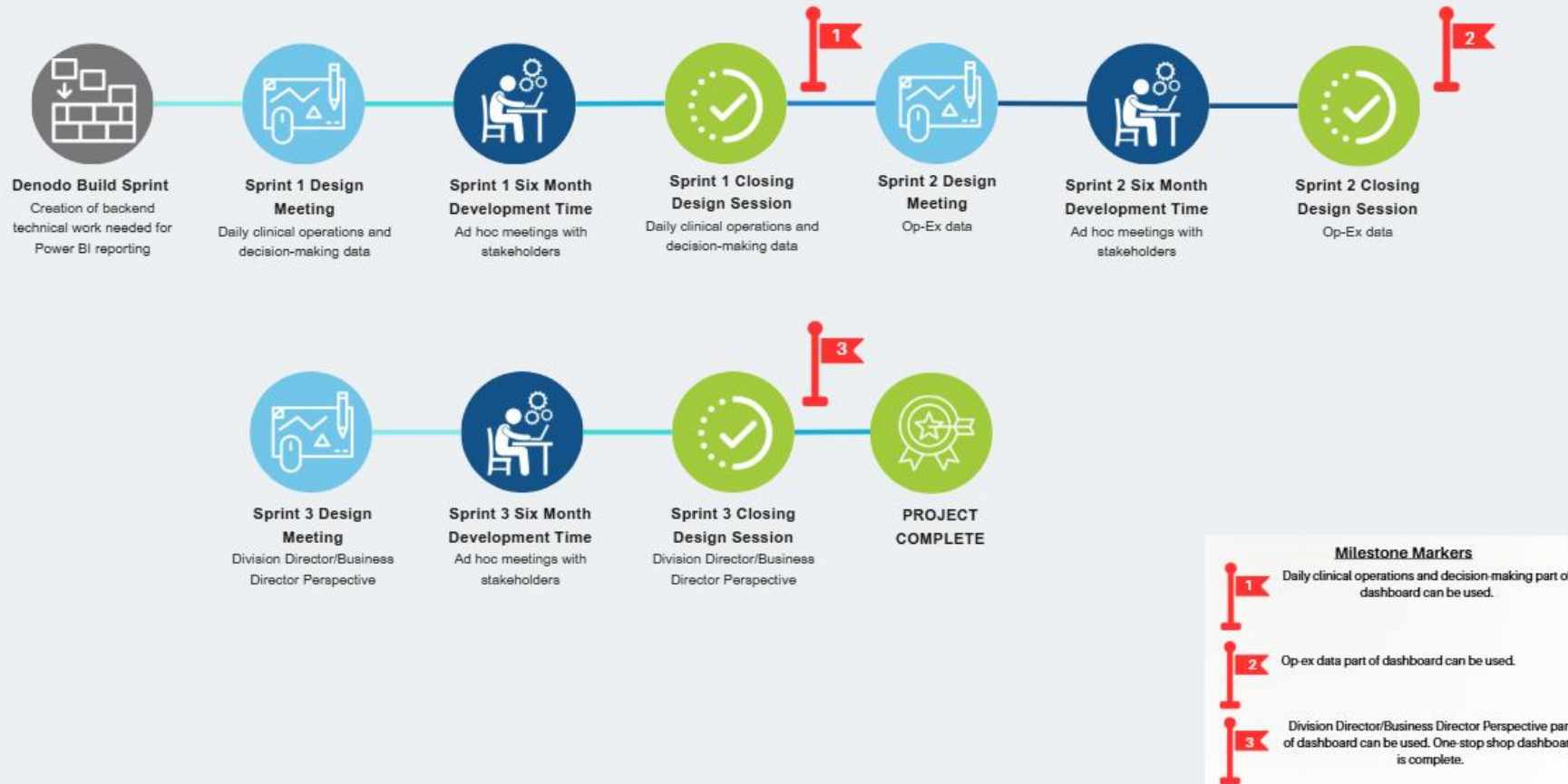
**Non-Real-Time data**

**Power BI Sprint 3: 10,000 foot (Division Director/Business Director Perspective)**



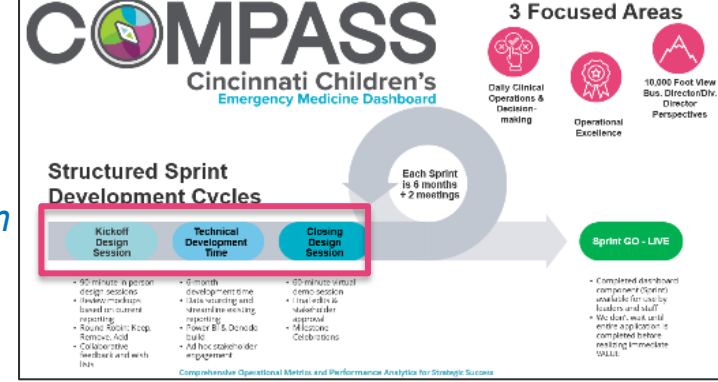
# Project Roadmap

## EXAMPLE PROJECT TIMELINE



# Individual Sprint Structure

*\*This does not include Denodo Foundational Sprint which is data preparation handled by analytics team develop core data views with Denodo tool; Denodo sprint may not be applicable to your data pipeline*



## STAGE 1

Sprint Kickoff Design Session

## STAGE 3

Sprint Closing Design Session

6 - Month Development Time

## STAGE 2

# Individual Sprint Structure: Three-Stage Process

## STAGE 1 Sprint Kickoff 90 min

- Mockup dashboard pages reviewed with leaders
- Round Robin feedback:
  - What do we keep?
  - What do we remove?
  - What's missing?
- Ad hoc discussion on formatting, navigation, and feedback



## STAGE 2 Development Time 6 months

- Data team develops dashboard
  - Power BI & Epic technical development
- Ad hoc stakeholder communication
- Identify data sources and specs:
  - Find data sources
  - Report origin mapping
  - Back-end setup/needs



## STAGE 3 Sprint Closing 60 min

- Closing design session:
  - Demo of completed work
  - Final edits requested
  - Team sign-off on reports/data
- Post-meeting:
  - Final edits completed & notification sent
  - Stakeholders utilize completed COMPASS components

# Results So Far....



100% report utilization

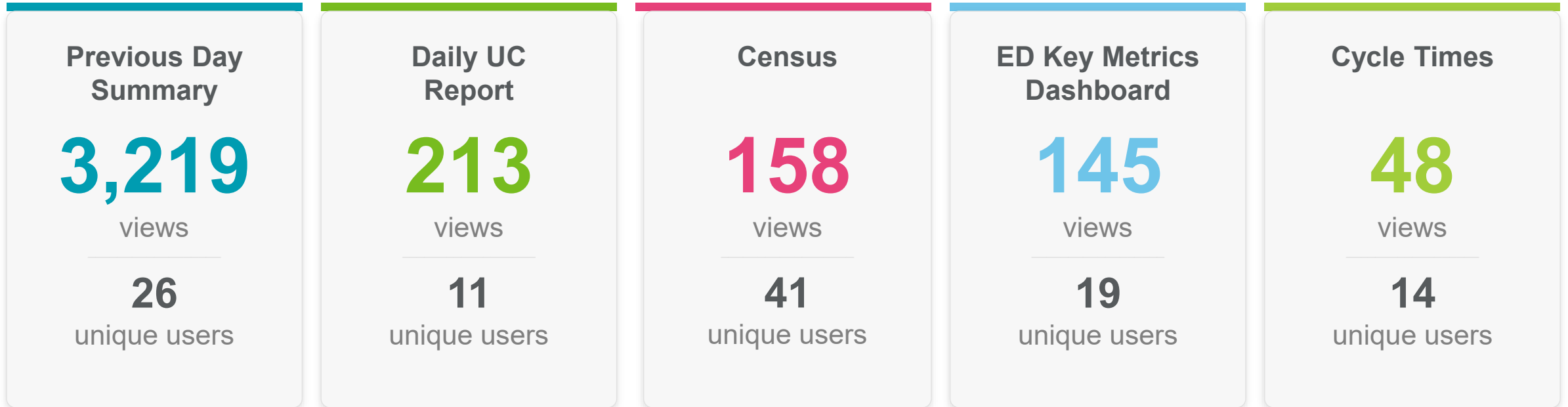
Overwhelmingly Positive Qualitative Feedback from Users

Broad leadership awareness and use

Reduction in unnecessary new data reporting

# Staff Adoption and Usage

Top 5 Reports · 30-Day Lookback · Mar 23 – Apr 20, 2026



# COMPASS

## Framework to Adapt COMPASS Model

**A.L.I.G.N.R.**

# A.L.I.G.N.R.

## A Practical Framework for Data-Driven Transformation

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**A**

### Assess

Identify redundant reports and overlapping metrics

**L**

### Locate

Map primary source systems and data pipelines

**I**

### Identify

Quantify the operational burden of fragmented reporting

**G**

### Gain

Engage leaders early to build consensus and buy-in

**N**

### Nurture

Co-design with a formal interdisciplinary project team

**R**

### Resource

Allocate dedicated capacity and operationalize the solution

*From fragmented data to sustained, resourced decision-making infrastructure*



## A — Assess the Data Landscape

*Recognize that data fragmentation is a systemic problem, not a user failure*

- Identify redundant reports and overlapping metrics across the system
- Look for inconsistent definitions of the same measures across teams
- Listen for common signals from end users:

***"I couldn't find the data"***

***"I didn't realize this already existed"***

- These are symptoms of disjointed data reporting, not user failure

### Outcome

Clear recognition that data fragmentation is a problem worth solving.



# L — Locate Core Data Streams

*Scope the technical reality before committing to tooling*

- Identify primary source systems and data pipelines
- Understand where complexity exists — upstream integration vs. downstream reporting
- Map data flows to understand dependencies and bottlenecks
- Helps scope the solution before committing to specific tools or platforms

## Outcome

A realistic understanding of technical and operational complexity.



# I — Identify and Frame the Data Burden

*Reframe fragmented reporting as an organizational inefficiency, not a technical inconvenience*

- Quantify the operational and cognitive burden of fragmented reporting
- Reframe the problem as an organizational inefficiency — not a technical inconvenience
- **Connect the burden directly to leadership decision-making delays or risk**
- Build a compelling case that resonates with executives and clinical leaders

## Outcome

A shared, leadership-level problem statement.



# G — Gain Consensus and Leadership Buy-In

*A systems problem requires team synergy*

- Engage clinical, operational, and administrative leaders early in the process
- **Build agreement that this is a foundational need — not a "nice-to-have"**
- Shared buy-in dramatically increases downstream adoption
- **Position the initiative as essential infrastructure for leadership decision-making**

## Outcome

Alignment before build, not resistance after launch.



# N — Nurture Co-Design Through a Formal Project

*Structure provides the vehicle for productive discussion and consensus*

- Establish a formal interdisciplinary design team:
  - Nursing, Physicians, Operations, and Administrative Leaders
- Co-design with the people who will actually use the tool
- **When stakeholders help define requirements, they trust and use the solution**
- Formal project structure ensures accountability and momentum

## Outcome

A product shaped by real workflows, not assumptions.



# R — Resource and Operationalize

*The critical differentiator — without this, dashboards are passive reports with unmet potential*

- Identify data resources upfront — in-house, divisional, or shared services
- If relying on shared services: build a business case and submit as a formal project
- Explicitly allocate analyst and developer bandwidth
- Frame the effort as a divisional foundational capability
- Integrate directly into leadership decision-making workflows
- **Without this framing, dashboards remain passive and often unused reports — not integrated operational building blocks**

## Outcome

The solution is sustained, resourced, and operationally embedded.

# Thank You!

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