Tableau User Guide

New York State Department of Health

Sepsis Improvement Initiative

2025 Q1–Q4 Reports

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Introduction

This guide provides information on how to access and use the 2025 Q1–Q4 Adult and Pediatric Quarterly and Data Quality Reports for the New York State Sepsis Care Improvement Initiative. The Quarterly and Data Quality reports are hosted on Tableau and are generated from data submitted by hospitals to the New York State (NYS) Sepsis Data Collection Portal.

The purpose of the Quarterly Report is to support monitoring and improvement of quality of care and patient outcomes. Quarterly Reports are generated using hospital-submitted data on severe sepsis and septic shock cases reported to the New York State Department of Health (the Department). A detailed description of the case inclusion and exclusion criteria, including how transferred cases are handled, is available in the Report Specifications section of this report.

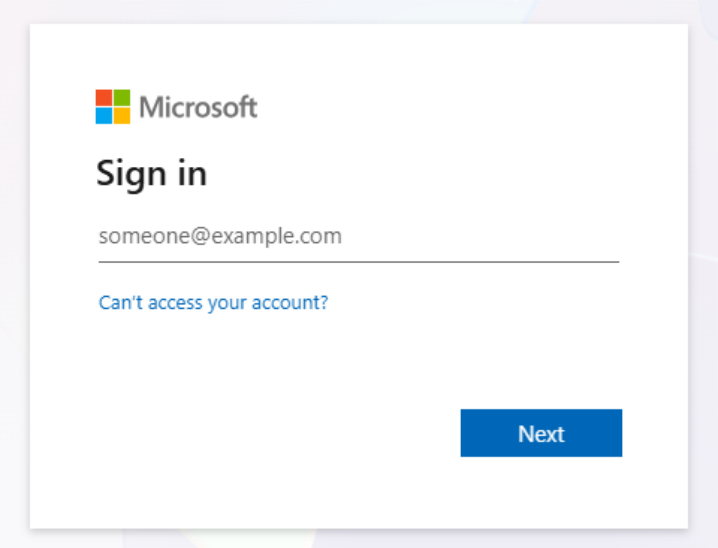
The purpose of the Data Quality Report is to present data on severe sepsis and septic shock based on hospital-submitted data, for hospitals to monitor and improve data quality. Hospital-level and statewide patterns of missing data and case-level results are included in the report.

It is important to note that the Quarterly and Data Quality Reports delivered via IPRO's Tableau Webserver include patient **Protected Health Information (PHI)** and **Personally Identifiable Information (PII)** to allow users to drill down on specific cases for further analysis. Users of this report must exercise caution and follow Health Insurance Portability and Accountability Act (HIPAA) guidelines when accessing this report to ensure limiting exposure of PHI/PII to authorized individuals only.

Accessing Tableau Reports

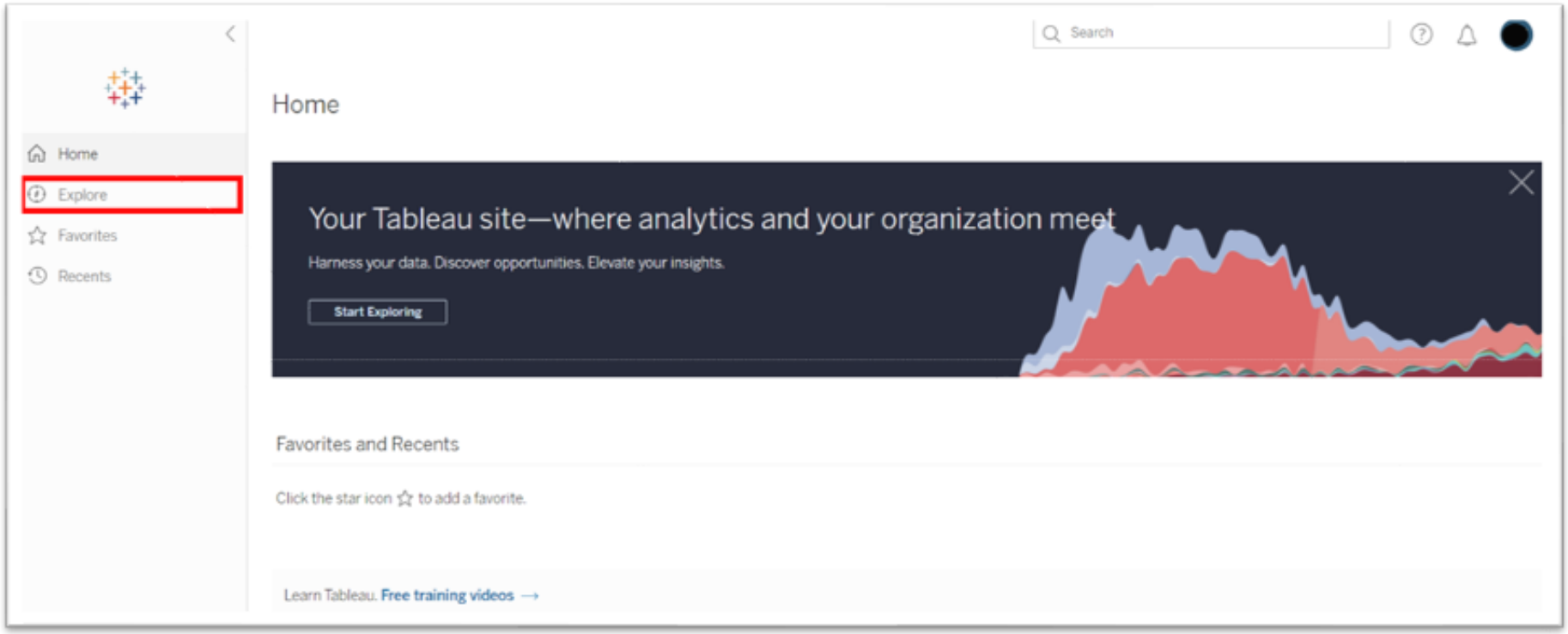
Tableau is a business intelligence platform which enables data reporting and visualization. To access the report, you will need to access IPRO's Tableau Webserver, a secure online platform. Reports can be accessed at https://ny-tableau.ipro.org using any web browser. To log in, users must be authorized to access IPRO's Webserver and have a Microsoft account with multi-factor authentication (MFA). Information on account authorization and setting up MFA can be found in the **'New York State Sepsis Care Improvement Reports on IPRO's Tableau Webserver – Tableau User Accounts Guide.**'

The link to IPRO's Tableau Webserver will direct users to the Microsoft sign-in page for the Webserver, as shown below. When prompted, users should enter their email address and password and verify their identity using MFA.



Home Page

Once the user is logged into their Tableau account, the user will be taken to the Home Page. To access the hospital's report, click on the 'Explore' option in the left side column. This will open the Explore page.



'2025 Reports' Folder

The '2025 Reports' folder contains the Quarterly and Data Quality Reports for adult and pediatric cases.

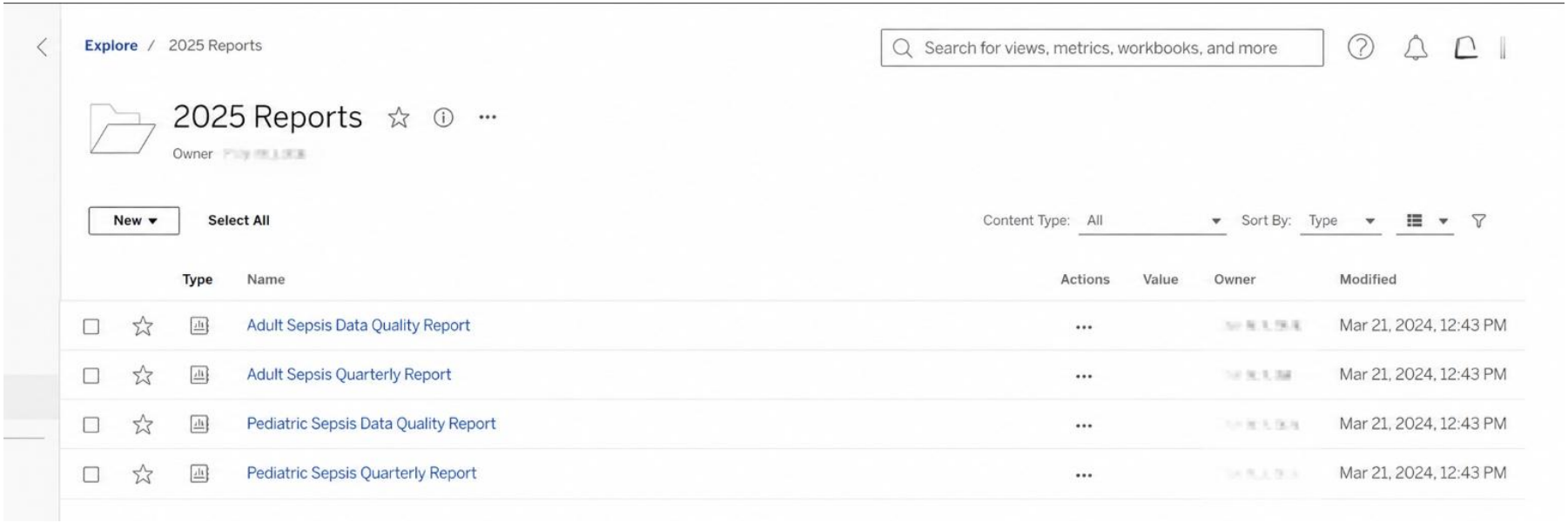
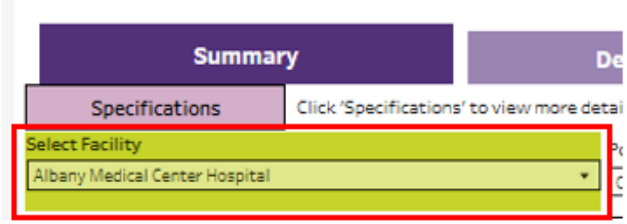
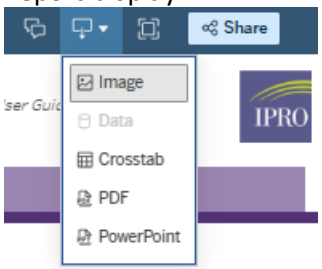


Tableau Navigation and Tool Tips

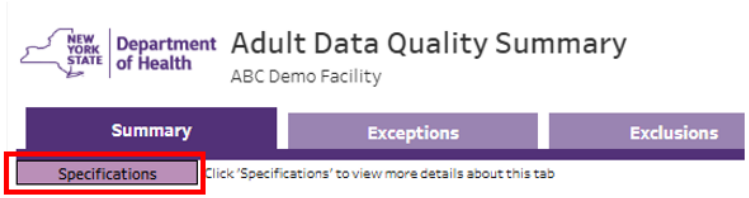
- **Select Hospital:** If the user account has access to reports for multiple hospitals, there will be an option to select a facility at the top of each tab. Upon selecting a facility, the report will populate with data for that facility only.



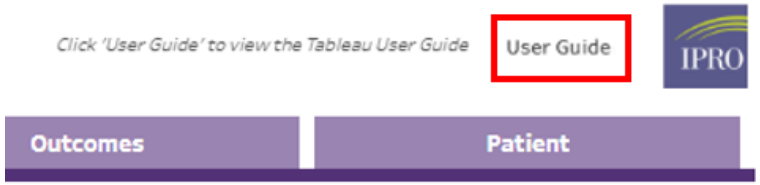
- **Printing**: At the top right of each tab, there is an option to download the tab as either an image, data, crosstab, PDF, PowerPoint or Tableau Workbook. When filters are applied, only what is displayed on the screen will be displayed on the downloaded file. If desired, users can print the downloaded file (PDF, PowerPoint) to obtain a hard copy of the desired report display.



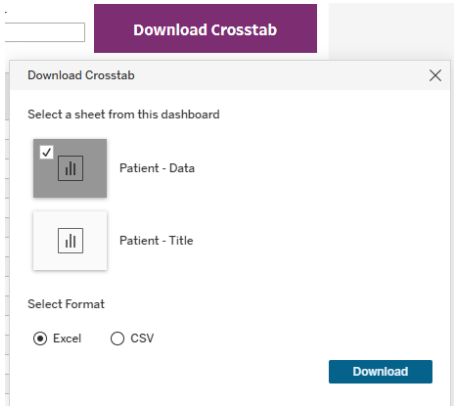
- **Specifications:** For more detailed information on the calculation of displayed metrics, click the 'Specifications' link located below the tab selection bar.



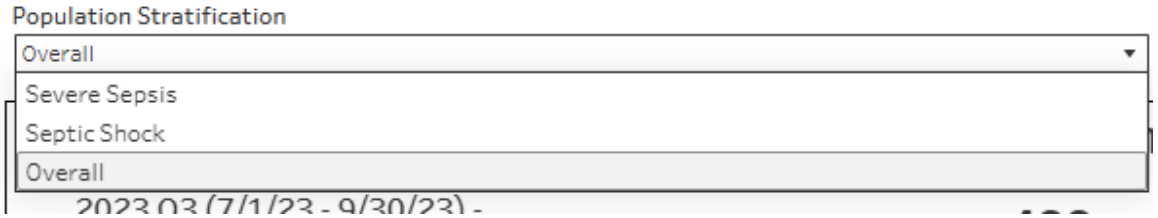
- **User Guide:** To access the User Guide from any page of the report, click the 'User Guide' link located in the top right of each tab of the report.



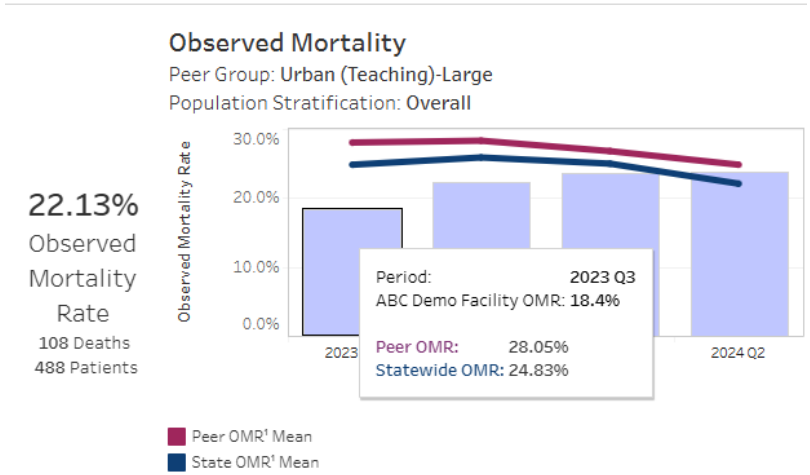
- **Download Crosstab**: On pages of the report where patients are listed in a table, users have the option to download the table in CSV or Excel format. To do this, users should click 'Download Crosstab' on the page of interest and follow the prompts to download the file.



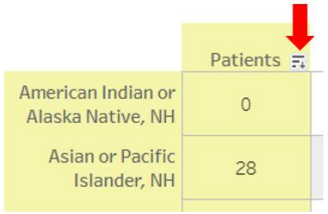
- **Filters**: Interactive tabs contain filters, which allow a user to customize the report to fit their specific needs. These filters allow a user to drill down into specific subsets of data. Once a filter is selected, the graph will update to reflect a user's specifications. Filters will not affect the original report. For some graphs, users can click on a plot to selectively filter the graph for a selected element. Users can revert to the original, unfiltered graph by re-clicking the selected plot. All filter boxes (for example, Population Stratification, Age Group) and search engines (i.e., Search Unique ID) are available on the report tabs



- **Hover-over**: Hover over graphs, trend lines, and cells to see more detail about the selected data.



- **Sorting**: At the top of each column, there are either three bars or an 'A->Z' symbol that will sort the data in ascending or descending order.



Quarterly Report

Summary Tab

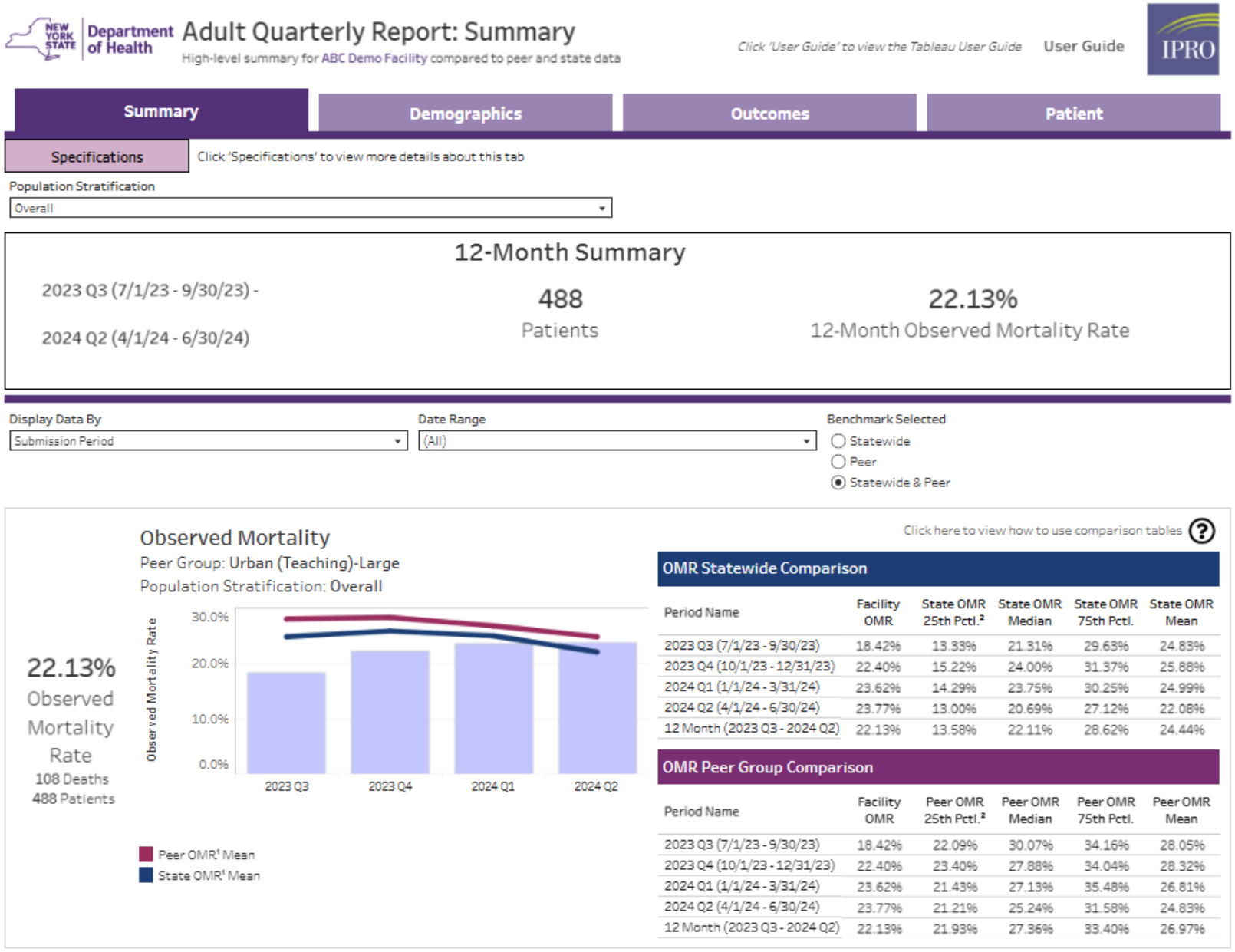
This tab provides a high-level summary of each hospital's data along with statewide and peer group comparisons. The 'Population Stratification' filter at the top of the tab defaults to the overall population but allows for filtering by severe sepsis and/or septic shock cases. Hospital and comparison data throughout the tab will adjust to the selected population.

The '12-Month Summary' table shows the number of patients and the observed mortality rate for each hospital. The timeframe is the rolling year, i.e., the past 12 months for which data are available.

The observed mortality rate (OMR) for the selected population can be viewed in the Observed Mortality chart and OMR Comparison tables on the bottom of the tab. The tables on the right provide statewide and peer group comparison data showing the 25th percentile, median, 75th percentile, and the mean. Hospital-level, statewide and peer group comparison data are also displayed on the graphs on the left. Please note that peer group comparison data is only available on the adult report.

The filters above the Observed Mortality chart and OMR Comparison tables affect the display of the data on the Observed Mortality chart and OMR Comparison tables only. The 'Display Data By' filter allows users to view data by month or by quarter. The 'Date Range' filter allows users to select which quarters or months to display on the Observed Mortality chart and OMR Comparison tables. On the adult report, the 'Benchmark Selected' filter allows users to select whether to view statewide comparisons only, peer group comparisons only, or both statewide and peer group comparisons together in the Observed Mortality chart and OMR Comparison tables.

Peer groups are determined by the hospital's Healthcare Cost and Utilization Project (HCUP) hospital size category, taking into account hospital size, inpatient bed count, residential density (urban vs. rural) and teaching vs. nonteaching hospitals. More information can be found at: https://www.hcup-us.ahrq.gov/db/vars/hosp_bedsize/kidnote.jsp.



¹ OMR: Observed Mortality Rate

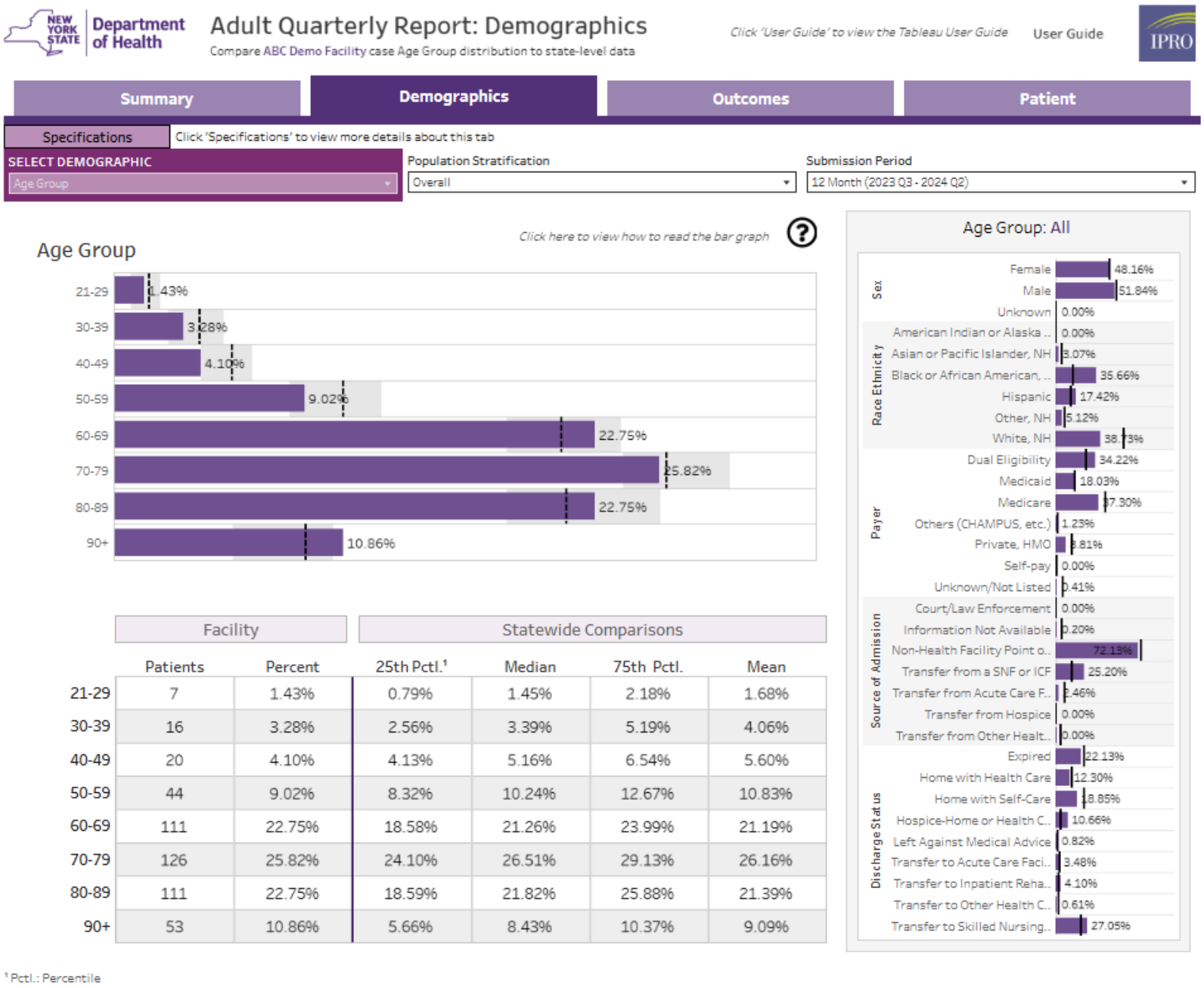
² Pctl.: Percentile

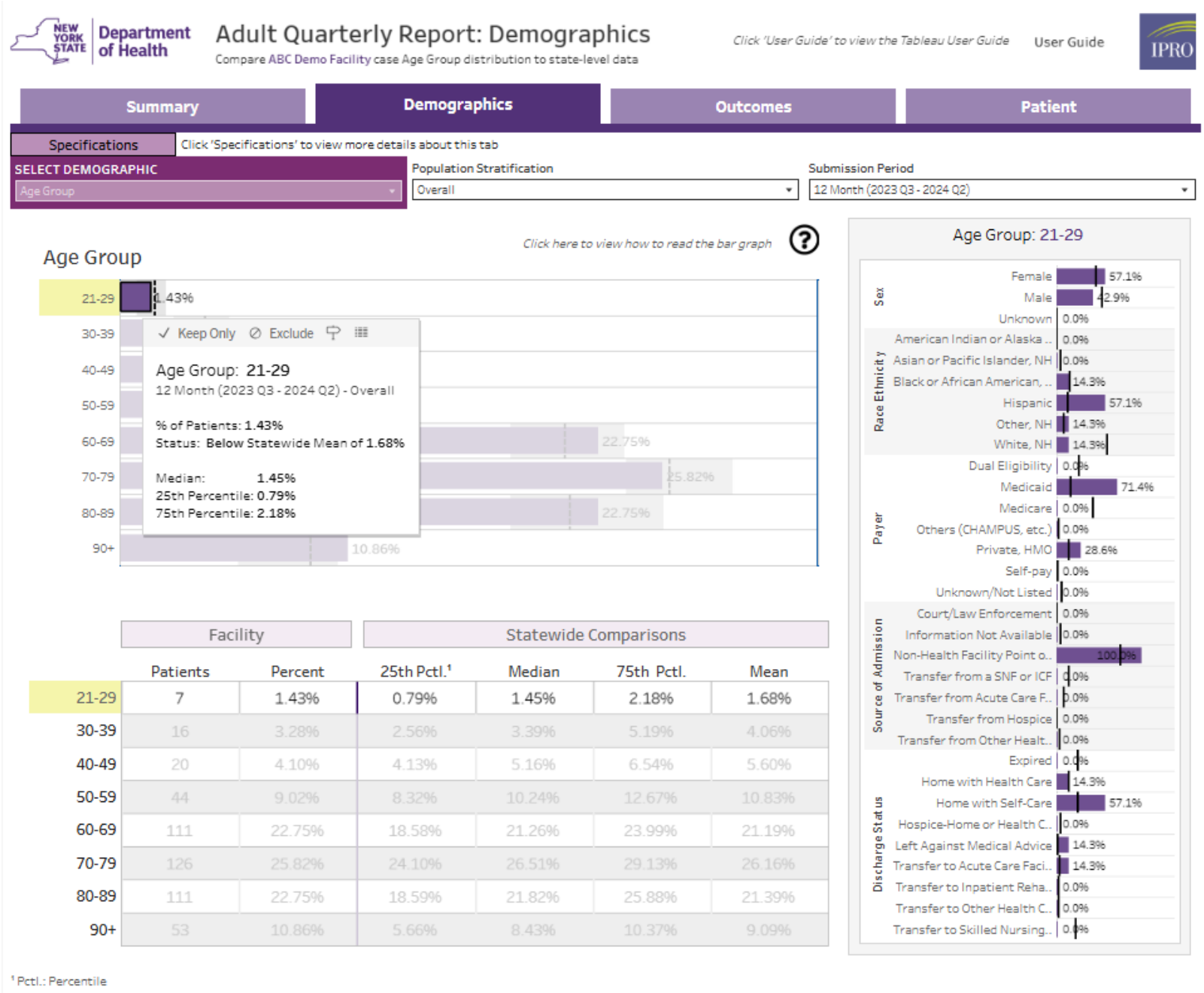
Demographics Tab

This tab allows users to compare key hospital-level demographic variables to statewide data. The 'Population Stratification' filter at the top of the tab defaults to the overall population but allows for filtering by severe sepsis and/or septic shock cases. The 'Submission Period' filter allows for filtering by the latest four submission periods, or for the past 12 months aggregated. The demographic variables displayed on this tab include age group, sex, race and ethnicity, payer, source of admission, and discharge status.

To view detailed reports for specific demographics, select a demographic category using the 'Select Demographic' filter in the top left of the tab. After selecting a demographic category, the report will populate with a bullet chart and table based on the user selection.

- The bullet chart displays the data for the selected variable and population filter. The purple bar shows the hospital's percentage, the black dashed bar represents the mean percentage based on statewide data for the selected performance period, and the gray bars represent the statewide interquartile range for each group. Hover over the purple bar to view the number and percentage of cases for a given group.
- The table at the bottom of the tab displays the count and percentage of cases within each demographic group under the 'Facility' label, and displays the 25th percentile, median, 75th percentile, and mean for hospitals statewide under the 'Statewide Comparisons' label. Only hospitals with at least 10 cases for the selected submission period are included in the calculation of 25th percentile, median, and 75th percentile.
- The panel on the right displays the distribution of additional patient demographics for the selected population. The report defaults to the entire population, but users can select a subset (e.g., Age Group 21-29) by clicking either the corresponding purple bar in the chart or the row label in the table below. All charts in the right-hand panel automatically update to reflect only cases within the selected demographic group.


Department of Health
Adult Quarterly Report: Demographics
Compare ABC Demo Facility case Age Group distribution to state-level data
Click 'User Guide' to view the Tableau User Guide
User Guide
IPRO
Summary
Demographics
Outcomes
Patient
Specifications
Click 'Specifications' to view more details about this tab
SELECT DEMOGRAPHIC
Age Group
Population Stratification
Overall
Submission Period
12 Month (2023 Q3 - 2024 Q2)
Age Group
Click here to view how to read the bar graph
21-29
30-39
40-49
50-59
60-69
70-79
80-89
90+
1.43%
3.28%
4.10%
9.02%
22.75%
25.82%
22.75%
10.86%
Facility
Statewide Comparisons
Patients
Percent
25th Pctl.[1]
Median
75th Pctl.
Mean
21-29 7 1.43% 0.79% 1.45% 2.18% 1.68%
30-39 16 3.28% 2.56% 3.39% 5.19% 4.06%
40-49 20 4.10% 4.13% 5.16% 6.54% 5.60%
50-59 44 9.02% 8.32% 10.24% 12.67% 10.83%
60-69 111 22.75% 18.58% 21.26% 23.99% 21.19%
70-79 126 25.82% 24.10% 26.51% 29.13% 26.16%
80-89 111 22.75% 18.59% 21.82% 25.88% 21.39%
90+ 53 10.86% 5.66% 8.43% 10.37% 9.09%
[1] Pctl.: Percentile
Age Group: All
Sex
Female 48.16%
Male 51.84%
Unknown 0.00%
Race Ethnicity
American Indian or Alaska .. 0.00%
Asian or Pacific Islander, NH 3.07%
Black or African American, .. 35.66%
Hispanic 17.42%
Other, NH 5.12%
White, NH 38.73%
Payer
Dual Eligibility 34.22%
Medicaid 18.03%
Medicare 37.30%
Others (CHAMPUS, etc.) 1.23%
Private, HMO 8.81%
Self-pay 0.00%
Unknown/Not Listed 0.41%
Source of Admission
Court/Law Enforcement 0.00%
Information Not Available 0.20%
Non-Health Facility Point o.. 72.13%
Transfer from a SNF or ICF 25.20%
Transfer from Acute Care F.. 2.46%
Transfer from Hospice 0.00%
Transfer from Other Healt.. 0.00%
Discharge Status
Expired 22.13%
Home with Health Care 12.30%
Home with Self-Care 18.85%
Hospice-Home or Health C.. 10.66%
Left Against Medical Advice 0.82%
Transfer to Acute Care Faci.. 3.48%
Transfer to Inpatient Reha.. 4.10%
Transfer to Other Health C.. 0.61%
Transfer to Skilled Nursing.. 27.05%


NEW YORK STATE Department of Health
Adult Quarterly Report: Demographics
Compare ABC Demo Facility case Age Group distribution to state-level data
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Click 'Specifications' to view more details about this tab
SELECT DEMOGRAPHIC
Age Group
Population Stratification
Overall
Submission Period
12 Month (2023 Q3 - 2024 Q2)
Age Group
Click here to view how to read the bar graph
21-29
30-39
40-49
50-59
60-69
70-79
80-89
90+
1.43%
22.75%
25.82%
22.75%
10.86%
Keep Only
Exclude
Age Group: 21-29
12 Month (2023 Q3 - 2024 Q2) - Overall
% of Patients: 1.43%
Status: Below Statewide Mean of 1.68%
Median: 1.45%
25th Percentile: 0.79%
75th Percentile: 2.18%
Facility
Statewide Comparisons
Patients
Percent
25th Pctl.[1]
Median
75th Pctl.
Mean
21-29 7 1.43% 0.79% 1.45% 2.18% 1.68%
30-39 16 3.28% 2.56% 3.39% 5.19% 4.06%
40-49 20 4.10% 4.13% 5.16% 6.54% 5.60%
50-59 44 9.02% 8.32% 10.24% 12.67% 10.83%
60-69 111 22.75% 18.58% 21.26% 23.99% 21.19%
70-79 126 25.82% 24.10% 26.51% 29.13% 26.16%
80-89 111 22.75% 18.59% 21.82% 25.88% 21.39%
90+ 53 10.86% 5.66% 8.43% 10.37% 9.09%
[1] Pctl.: Percentile
Age Group: 21-29
Sex
Female 57.1%
Male 42.9%
Unknown 0.0%
Race Ethnicity
American Indian or Alaska .. 0.0%
Asian or Pacific Islander, NH 0.0%
Black or African American, .. 14.3%
Hispanic 57.1%
Other, NH 14.3%
White, NH 14.3%
Payer
Dual Eligibility 0.0%
Medicaid 71.4%
Medicare 0.0%
Others (CHAMPUS, etc.) 0.0%
Private, HMO 28.6%
Self-pay 0.0%
Unknown/Not Listed 0.0%
Source of Admission
Court/Law Enforcement 0.0%
Information Not Available 0.0%
Non-Health Facility Point o.. 100.0%
Transfer from a SNF or ICF 0.0%
Transfer from Acute Care F.. 0.0%
Transfer from Hospice 0.0%
Transfer from Other Healt.. 0.0%
Discharge Status
Expired 0.0%
Home with Health Care 14.3%
Home with Self-Care 57.1%
Hospice-Home or Health C.. 0.0%
Left Against Medical Advice 14.3%
Transfer to Acute Care Faci.. 14.3%
Transfer to Inpatient Reha.. 0.0%
Transfer to Other Health C.. 0.0%
Transfer to Skilled Nursing.. 0.0%

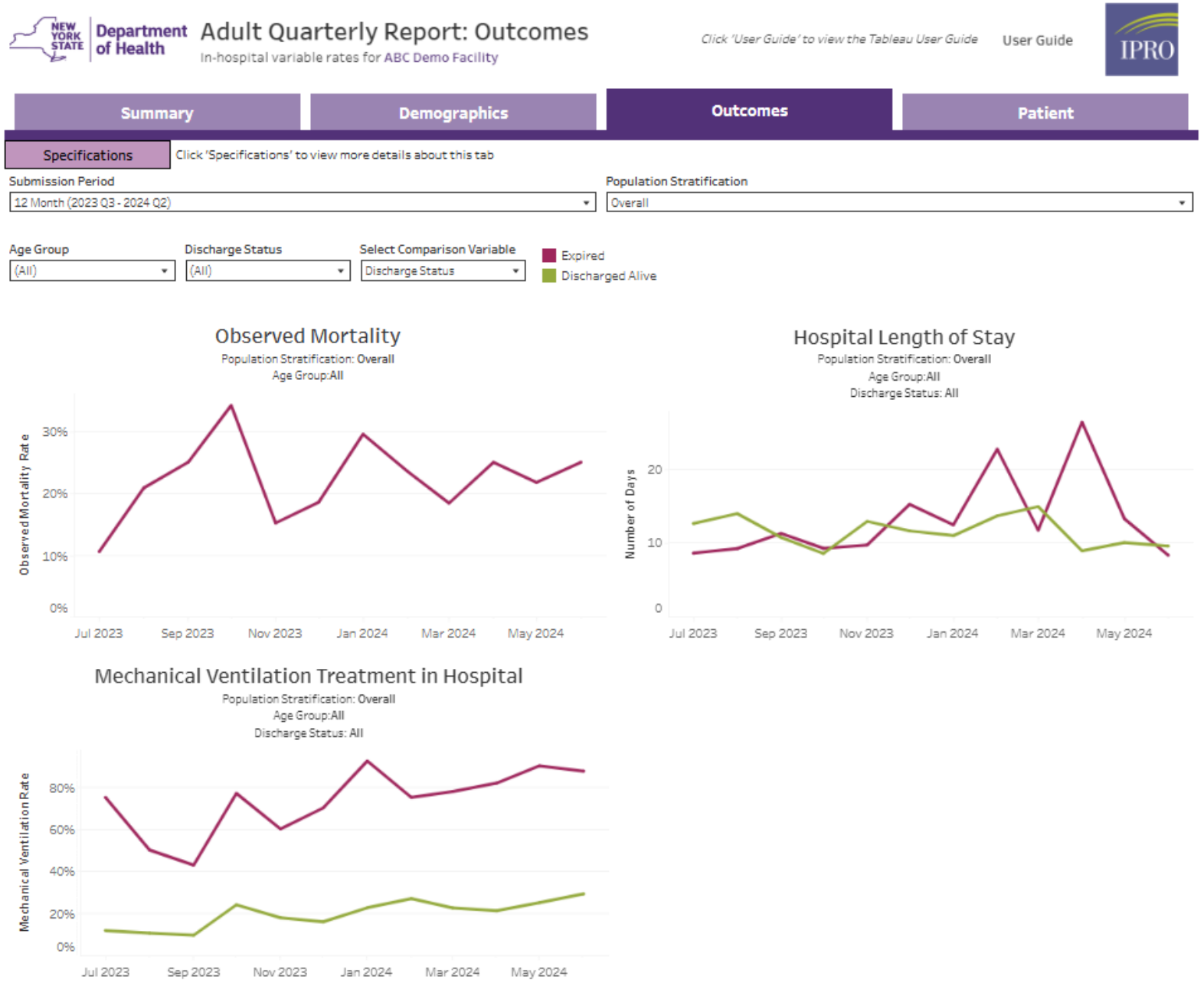
Outcomes Tab

This tab focuses on three key outcomes:

- In-hospital observed mortality rate (%),
- Mechanical ventilation rate (%), and
- Hospital length of stay (# of days).

The graphs display the hospital's data for observed mortality rate, mechanical ventilation rate, and the hospital length of stay.

The 'Submission Period' filter at the top left of the tab allows for filtering by the latest four submission periods, or for the past 12 months aggregated. The 'Population Stratification' filter defaults to the overall population but allows for filtering by severe sepsis and/or septic shock cases. The 'Age Group' and 'Discharge Status' filters allow for filtering data displayed in the charts by specific age groups or discharge status. The 'Select Comparison Variable' filter allows users to select whether to view data stratified by either discharge status (Expired' vs. 'Discharge Alive') or age group.


NEW YORK STATE Department of Health
Adult Quarterly Report: Outcomes
In-hospital variable rates for ABC Demo Facility
Click 'User Guide' to view the Tableau User Guide
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Patient
Specifications
Click 'Specifications' to view more details about this tab
Submission Period
12 Month (2023 Q3 - 2024 Q2)
Population Stratification
Overall
Age Group
(All)
Discharge Status
(All)
Select Comparison Variable
Discharge Status
Expired
Discharged Alive
Observed Mortality
Population Stratification: Overall
Age Group:All
Observed Mortality Rate
30%
20%
10%
0%
Jul 2023
Sep 2023
Nov 2023
Jan 2024
Mar 2024
May 2024
Hospital Length of Stay
Population Stratification: Overall
Age Group:All
Discharge Status: All
Number of Days
20
10
0
Jul 2023
Sep 2023
Nov 2023
Jan 2024
Mar 2024
May 2024
Mechanical Ventilation Treatment in Hospital
Population Stratification: Overall
Age Group:All
Discharge Status: All
Mechanical Ventilation Rate
80%
60%
40%
20%
0%
Jul 2023
Sep 2023
Nov 2023
Jan 2024
Mar 2024
May 2024

Patient Tab

This tab allows users to view detailed information on cases that have been submitted consistently with the information provided on the specifications tab. The 'Submission Period' filter at the top left of the tab allows for filtering by the latest four submission periods, or for the past 12 months aggregated. The 'Population Stratification' filter defaults to the overall population but allows for filtering by severe sepsis and/or septic shock cases. In addition, the 'Sort By' filter allows users to sort cases by each of the variables displayed in the table. Users can also use the Search Unique ID selection box in the top right of this section to search for specific cases by their Unique ID, i.e. the case's Universal Patient Identifier.

NEW YORK STATE Department of Health

Adult Quarterly Report: Patient

Detailed case information for ABC Demo Facility

Click 'User Guide' to view the Tableau User Guide User Guide

IPRO

Summary | Demographics | Outcomes | Patient

Specifications — Click 'Specifications' to view more details about this tab

Submission Period: 12 Month (2023 Q3 - 2024 Q2)

Population Stratification: Overall

Sort By: Medical Record Number

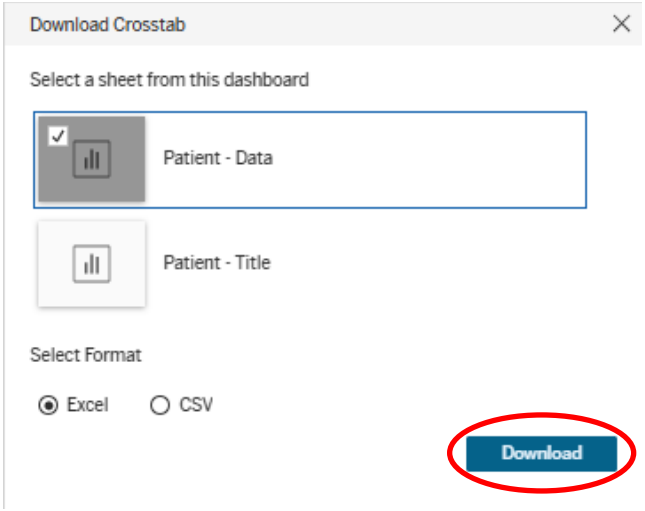
Unique Personal Identifier:

Download Crosstab

Medical Record Number	Patient Control Number	Unique Personal Identifier	Facility Name	Age	Sex	Race Ethnicity	Payer
M0001	P0001	U0001	ABC Demo Facility	95	Male	White, NH	Medicare
M0002	P0002	U0002	ABC Demo Facility	93	Female	White, NH	Medicare
M0003	P0003	U0003	ABC Demo Facility	72	Male	White, NH	Medicare
M0004	P0004	U0004	ABC Demo Facility	88	Male	Asian or Pacific Islander, NH	Dual Elig
M0005	P0005	U0005	ABC Demo Facility	63	Female	Black or African American, NH	Private, H
M0006	P0006	U0006	ABC Demo Facility	75	Male	White, NH	Medicare
M0007	P0007	U0007	ABC Demo Facility	61	Male	White, NH	Private, H
M0008	P0008	U0008	ABC Demo Facility	89	Male	White, NH	Medicare
M0009	P0009	U0009	ABC Demo Facility	79	Female	Black or African American, NH	Medicare
M0010	P0010	U0010	ABC Demo Facility	65	Female	Black or African American, NH	Medicaid
M0011	P0011	U0011	ABC Demo Facility	46	Female	Black or African American, NH	Dual Elig
M0012	P0012	U0012	ABC Demo Facility	46	Female	White, NH	Private, H
M0013	P0013	U0013	ABC Demo Facility	74	Male	White, NH	Dual Elig
M0014	P0014	U0014	ABC Demo Facility	83	Female	White, NH	Medicare
M0015	P0015	U0015	ABC Demo Facility	92	Male	White, NH	Medicare
M0016	P0016	U0016	ABC Demo Facility	98	Male	White, NH	Dual Elig
M0017	P0017	U0017	ABC Demo Facility	81	Male	Other, NH	Dual Elig
M0018	P0018	U0018	ABC Demo Facility	71	Male	Hispanic	Medicare
M0019	P0019	U0019	ABC Demo Facility	61	Female	White, NH	Dual Elig
M0020	P0020	U0020	ABC Demo Facility	67	Male	Black or African American, NH	Medicaid
M0021	P0021	U0021	ABC Demo Facility	92	Male	Black or African American, NH	Dual Elig
M0022	P0022	U0022	ABC Demo Facility	67	Female	White, NH	Dual Elig
M0023	P0023	U0023	ABC Demo Facility	86	Female	White, NH	Medicare
M0024	P0024	U0024	ABC Demo Facility	89	Male	Other, NH	Medicaid
M0025	P0025	U0025	ABC Demo Facility	86	Male	Other, NH	Dual Elig
M0026	P0026	U0026	ABC Demo Facility	49	Male	Black or African American, NH	Private, H
M0027	P0027	U0027	ABC Demo Facility	56	Male	Black or African American, NH	Medicaid
M0028	P0028	U0028	ABC Demo Facility	86	Male	Black or African American, NH	Others (C
M0029	P0029	U0029	ABC Demo Facility	38	Female	Hispanic	Medicaid
M0030	P0030	U0030	ABC Demo Facility	67	Female	Black or African American, NH	Dual Elig
M0031	P0031	U0031	ABC Demo Facility	71	Male	Black or African American, NH	Dual Elig
M0032	P0032	U0032	ABC Demo Facility	52	Female	White, NH	Private, H
M0033	P0033	U0033	ABC Demo Facility	70	Female	Hispanic	Medicare

To download the displayed table in CSV or Excel format, click 'Download Crosstab.'

To download data, select 'Patient - Data,' and click the download button.



Data Quality Report

Data Quality Summary Tab

This tab provides a high-level summary of each hospital's submitted data, including missing and invalid data.

Data Quality Case Summary Table

The Data Quality Case Summary table provides key case metrics by month, including the number of uploaded cases, cases not meeting inclusion criteria, cases meeting inclusion criteria, and cases with exceptions. Detailed information regarding the report's inclusion criteria and how these categories are defined can be found in the Specifications of this tab.

Cases Meeting Inclusion Criteria (Excluding Exceptions) Table and Chart

The Cases Meeting Inclusion Criteria (Excluding Exceptions) table displays the number of cases in each patient population (severe sepsis, septic shock, overall) by month. Cases are only included in this table if they meet the report inclusion criteria and are not flagged as exceptions. Detailed information regarding the report's inclusion criteria can be found in the Specifications of this tab.

The Cases Meeting Inclusion Criteria (Excluding Exceptions) bar chart displays the number of cases in a single patient population (severe sepsis, septic shock, overall) by month. The 'Population Stratification' filter to the left of the chart allows users to select which patient population to view on the chart.

Missing and Invalid Case Summary Tables

The Missing and Invalid Case Summary tables display the number of cases with missing and/or invalid values reported for select Demographic and Severity variables by submission period. Detailed information describing how missing and/or invalid values are classified can be found in the Specifications of this tab.

NEW YORK STATE | Department of Health

Adult Data Quality Report: Summary

ABC Demo Facility

Click 'User Guide' to view the Tableau User Guide User Guide

IPRO

Summary | **Exceptions** | **Exclusions** | **Variables** | **Informational**

Specifications — Click 'Specifications' to view more details about this tab

Data Quality Case Summary

	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	12 Month
Uploaded Cases	43	58	48	54	48	70	44	35	49	45	46	32	572
Cases Not Meeting Inclusion Criteria	5	10	20	16	15	16	0	0	0	0	0	0	82
Cases Meeting Inclusion Criteria	38	48	28	38	33	54	44	35	49	45	46	32	490
Cases with Exceptions	0	0	0	0	0	0	0	1	0	1	0	0	2

Cases Meeting Inclusion Criteria (Excluding Exceptions)[1]

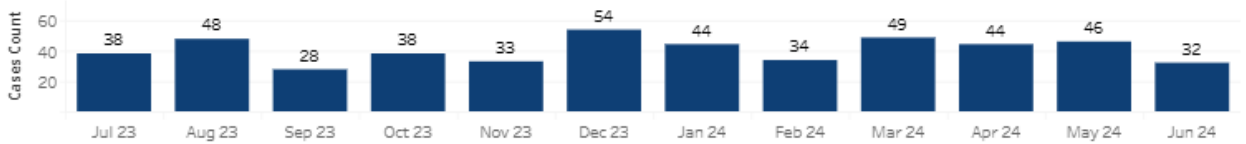
	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	12 Month
Severe Sepsis	24	27	11	20	19	34	29	19	30	26	25	14	278
Septic Shock	14	21	18	18	14	21	16	15	19	19	21	18	214
Overall	38	48	28	38	33	54	44	34	49	44	46	32	488

[1] This table only includes cases meeting the inclusion criteria, excluding exceptions. The sum of Severe Sepsis and Septic Shock cases for a given timeframe may be greater than the number of Overall cases if any individual cases are reported as having both R65.20 and either R65.21 or T81.12XA.

Population Stratification

- ○ Severe Sepsis
- ○ Septic Shock
- ◉ Overall

Cases Meeting Inclusion Criteria (Excluding Exceptions) - Overall[2]



[2] The sum of Severe Sepsis and Septic Shock cases for a given timeframe may be greater than the number of Overall cases if any individual cases are reported as having both Severe Sepsis and Septic Shock.

Missing Demographic Case Summary - Overall[3]

	2023: Q3 (7/1/23 - 9/30/23)	2023: Q4 (10/1/23 - 12/31/23)	2024: Q1 (1/1/24 - 3/31/24)	2024: Q2 (4/1/24 - 6/30/24)	12 Month (2023 Q3 - 2024 Q2)
#[4] of Cases with Missing Demographics	0	0	0	0	0
%[5] of Cases with Missing Demographics	0.00%	0.00%	0.00%	0.00%	0.00%

Invalid Demographic Case Summary - Overall[3]

	2023: Q3 (7/1/23 - 9/30/23)	2023: Q4 (10/1/23 - 12/31/23)	2024: Q1 (1/1/24 - 3/31/24)	2024: Q2 (4/1/24 - 6/30/24)	12 Month (2023 Q3 - 2024 Q2)
# of Cases with Invalid Demographics	4	2	1	4	11
% of Cases with Invalid Demographics	3.51%	1.60%	0.79%	3.28%	2.25%

Missing and Invalid Severity Variables Case Summary - Overall[3]

	2023: Q3 (7/1/23 - 9/30/23)	2023: Q4 (10/1/23 - 12/31/23)	2024: Q1 (1/1/24 - 3/31/24)	2024: Q2 (4/1/24 - 6/30/24)	12 Month (2023 Q3 - 2024 Q2)
# of Cases with Missing or Invalid Severity Variable	107	117	115	111	450
% of Cases with Missing or Invalid Severity Variable	93.86%	93.60%	90.55%	90.98%	92.21%

[3] The missing and invalid case summary tables include cases meeting the report inclusion criteria, excluding exceptions.

[4] #: Number

[5] %: Percentage

Exceptions Tab

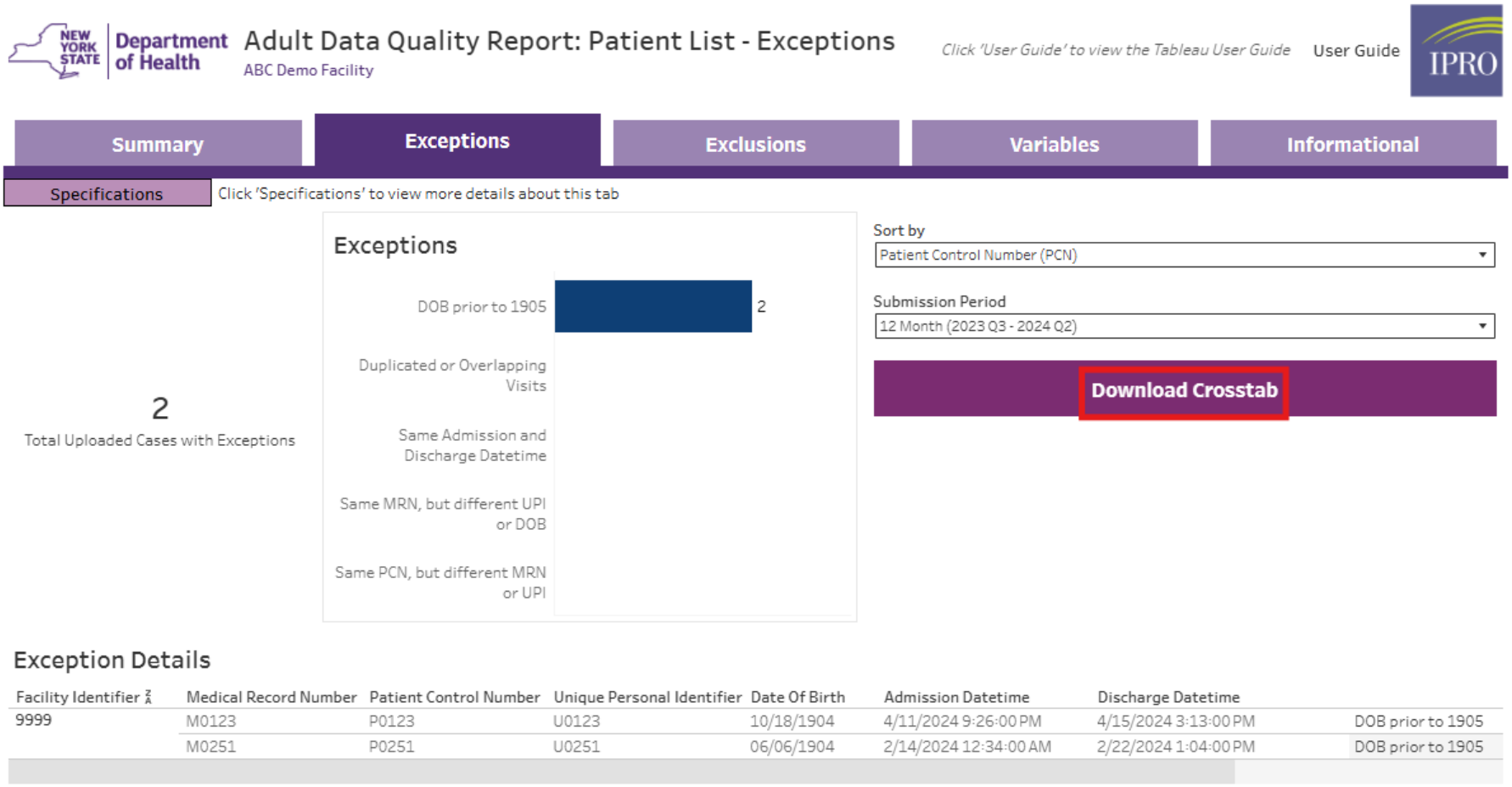
This tab lists the number of cases with exceptions that result in their omission from the Quarterly Report. These cases should be corrected before the next data submission. That way, the corrected data will display with the subsequent report refresh.

The five exceptions are:

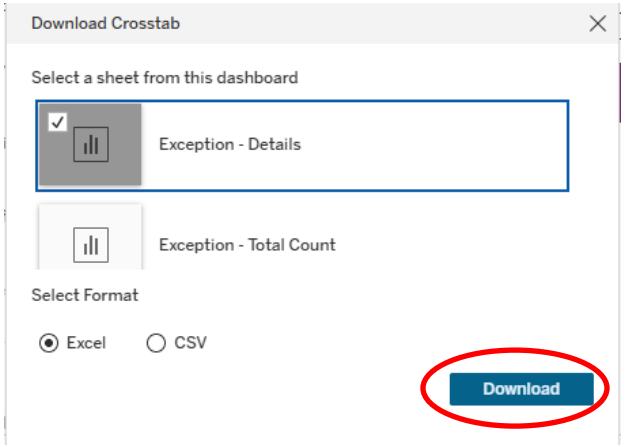
- Date of Birth prior to 1905
- Duplicated or Overlapping Visits
- Same Admission and Discharge Datetime
- Same Medical Record Number, but different Universal Patient Identifier or Date of Birth
- Same Patient Control Number, but different Medical Record Number or Universal Patient Identifier

The Exceptions chart summarizes the number of cases with exceptions and the number of cases that fall under each exception.

The Exception Details table provides users with the details of which cases were flagged as exceptions so that users can identify and correct these cases before the next data submission.


NEW YORK STATE Department of Health
Adult Data Quality Report: Patient List - Exceptions
ABC Demo Facility
Click 'User Guide' to view the Tableau User Guide
User Guide
IPRO
Summary
Exceptions
Exclusions
Variables
Informational
Specifications
Click 'Specifications' to view more details about this tab
2
Total Uploaded Cases with Exceptions
Exceptions
DOB prior to 1905
2
Duplicated or Overlapping Visits
Same Admission and Discharge Datetime
Same MRN, but different UPI or DOB
Same PCN, but different MRN or UPI
Sort by
Patient Control Number (PCN)
Submission Period
12 Month (2023 Q3 - 2024 Q2)
Download Crosstab
Exception Details
Facility Identifier
Medical Record Number
Patient Control Number
Unique Personal Identifier
Date Of Birth
Admission Datetime
Discharge Datetime
9999
M0123
P0123
U0123
10/18/1904
4/11/2024 9:26:00 PM
4/15/2024 3:13:00 PM
DOB prior to 1905
M0251
P0251
U0251
06/06/1904
2/14/2024 12:34:00 AM
2/22/2024 1:04:00 PM
DOB prior to 1905

To download the displayed table in CSV or Excel format, click 'Download Crosstab', select 'Exception - Details,' and click the download button.

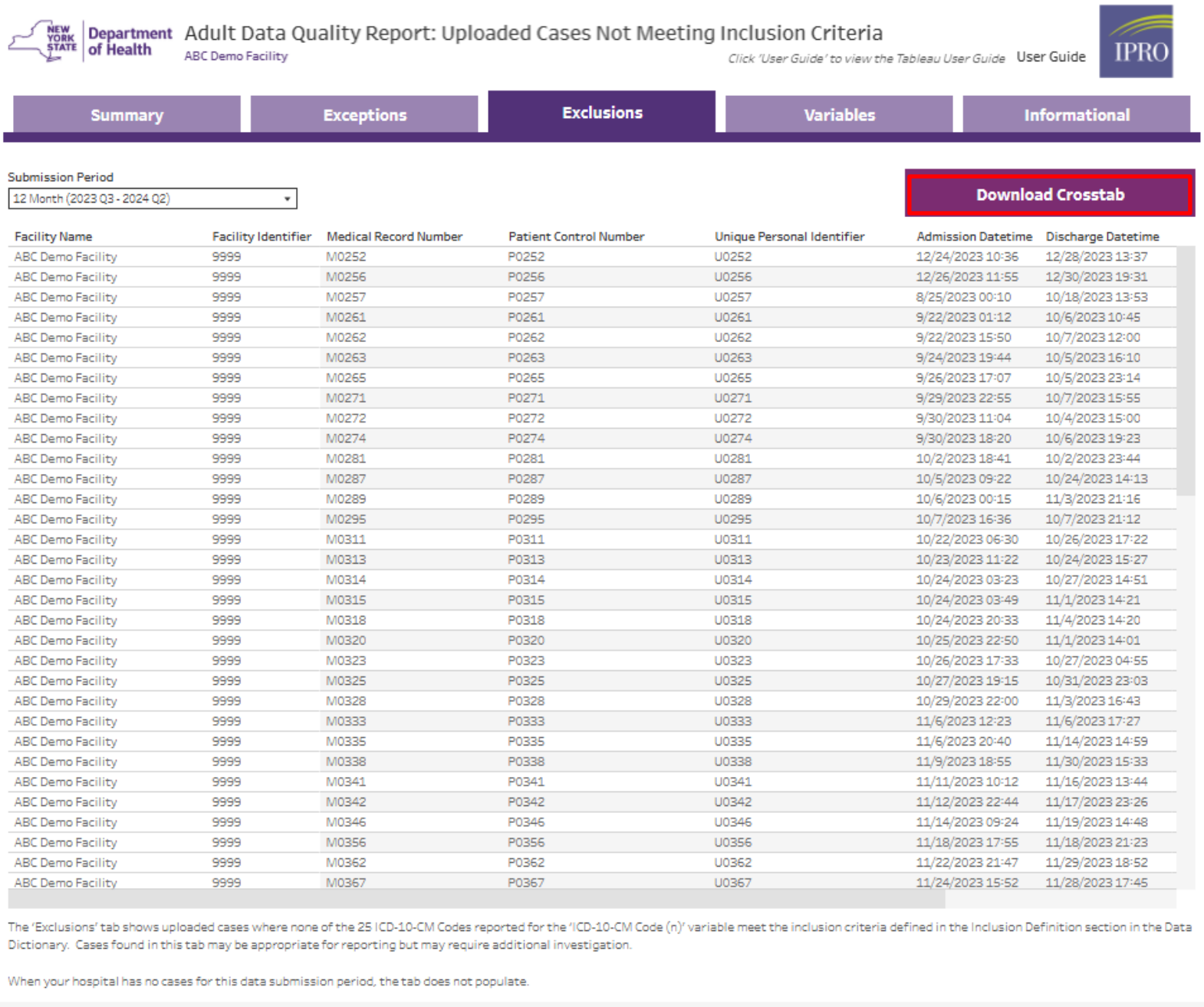


Exclusions Tab

This tab lists all cases not meeting inclusion criteria based on the submitted ICD-10 codes for each case. The 'Submission Period' filter at the top left of the tab allows for filtering by the latest four submission periods, or for the past 12 months aggregated. The table lists the individual cases included in the count of 'Cases not Meeting Inclusion Criteria' in the top table of the Data Quality Report Summary Tab. Cases are displayed on this tab if R65.20 Severe sepsis without septic shock, R65.21 Severe sepsis with septic shock, and/or T81.12XA Post procedural septic shock, initial encounters are not reported for the 'ICD-10-CM Code (n)' variable.

When a hospital does not have any cases that do not meet inclusion criteria for the selected data submission period, this tab does not populate.

Users should investigate why cases not meeting inclusion criteria were submitted and correct the data by the next data submission period. That way, the corrected data will display with the subsequent report refresh.



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Adult Data Quality Report: Uploaded Cases Not Meeting Inclusion Criteria

ABC Demo Facility

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IPRO

Summary | Exceptions | **Exclusions** | Variables | Informational

Submission Period

12 Month (2023 Q3 - 2024 Q2)

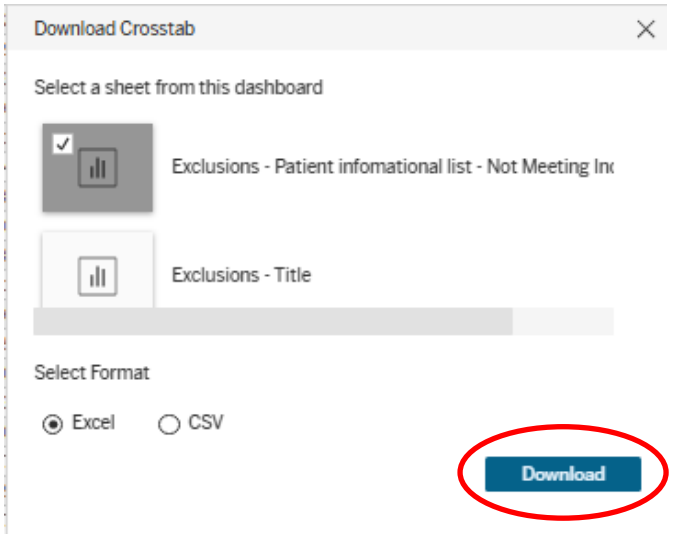
Download Crosstab

Facility Name	Facility Identifier	Medical Record Number	Patient Control Number	Unique Personal Identifier	Admission Datetime	Discharge Datetime
ABC Demo Facility	9999	M0252	P0252	U0252	12/24/2023 10:36	12/28/2023 13:37
ABC Demo Facility	9999	M0256	P0256	U0256	12/26/2023 11:55	12/30/2023 19:31
ABC Demo Facility	9999	M0257	P0257	U0257	8/25/2023 00:10	10/18/2023 13:53
ABC Demo Facility	9999	M0261	P0261	U0261	9/22/2023 01:12	10/6/2023 10:45
ABC Demo Facility	9999	M0262	P0262	U0262	9/22/2023 15:50	10/7/2023 12:00
ABC Demo Facility	9999	M0263	P0263	U0263	9/24/2023 19:44	10/5/2023 16:10
ABC Demo Facility	9999	M0265	P0265	U0265	9/26/2023 17:07	10/5/2023 23:14
ABC Demo Facility	9999	M0271	P0271	U0271	9/29/2023 22:55	10/7/2023 15:55
ABC Demo Facility	9999	M0272	P0272	U0272	9/30/2023 11:04	10/4/2023 15:00
ABC Demo Facility	9999	M0274	P0274	U0274	9/30/2023 18:20	10/6/2023 19:23
ABC Demo Facility	9999	M0281	P0281	U0281	10/2/2023 18:41	10/2/2023 23:44
ABC Demo Facility	9999	M0287	P0287	U0287	10/5/2023 09:22	10/24/2023 14:13
ABC Demo Facility	9999	M0289	P0289	U0289	10/6/2023 00:15	11/3/2023 21:16
ABC Demo Facility	9999	M0295	P0295	U0295	10/7/2023 16:36	10/7/2023 21:12
ABC Demo Facility	9999	M0311	P0311	U0311	10/22/2023 06:30	10/26/2023 17:22
ABC Demo Facility	9999	M0313	P0313	U0313	10/23/2023 11:22	10/24/2023 15:27
ABC Demo Facility	9999	M0314	P0314	U0314	10/24/2023 03:23	10/27/2023 14:51
ABC Demo Facility	9999	M0315	P0315	U0315	10/24/2023 03:49	11/1/2023 14:21
ABC Demo Facility	9999	M0318	P0318	U0318	10/24/2023 20:33	11/4/2023 14:20
ABC Demo Facility	9999	M0320	P0320	U0320	10/25/2023 22:50	11/1/2023 14:01
ABC Demo Facility	9999	M0323	P0323	U0323	10/26/2023 17:33	10/27/2023 04:55
ABC Demo Facility	9999	M0325	P0325	U0325	10/27/2023 19:15	10/31/2023 23:03
ABC Demo Facility	9999	M0328	P0328	U0328	10/29/2023 22:00	11/3/2023 16:43
ABC Demo Facility	9999	M0333	P0333	U0333	11/6/2023 12:23	11/6/2023 17:27
ABC Demo Facility	9999	M0335	P0335	U0335	11/6/2023 20:40	11/14/2023 14:59
ABC Demo Facility	9999	M0338	P0338	U0338	11/9/2023 18:55	11/30/2023 15:33
ABC Demo Facility	9999	M0341	P0341	U0341	11/11/2023 10:12	11/16/2023 13:44
ABC Demo Facility	9999	M0342	P0342	U0342	11/12/2023 22:44	11/17/2023 23:26
ABC Demo Facility	9999	M0346	P0346	U0346	11/14/2023 09:24	11/19/2023 14:48
ABC Demo Facility	9999	M0356	P0356	U0356	11/18/2023 17:55	11/18/2023 21:23
ABC Demo Facility	9999	M0362	P0362	U0362	11/22/2023 21:47	11/29/2023 18:52
ABC Demo Facility	9999	M0367	P0367	U0367	11/24/2023 15:52	11/28/2023 17:45

The 'Exclusions' tab shows uploaded cases where none of the 25 ICD-10-CM Codes reported for the 'ICD-10-CM Code (n)' variable meet the inclusion criteria defined in the Inclusion Definition section in the Data Dictionary. Cases found in this tab may be appropriate for reporting but may require additional investigation.

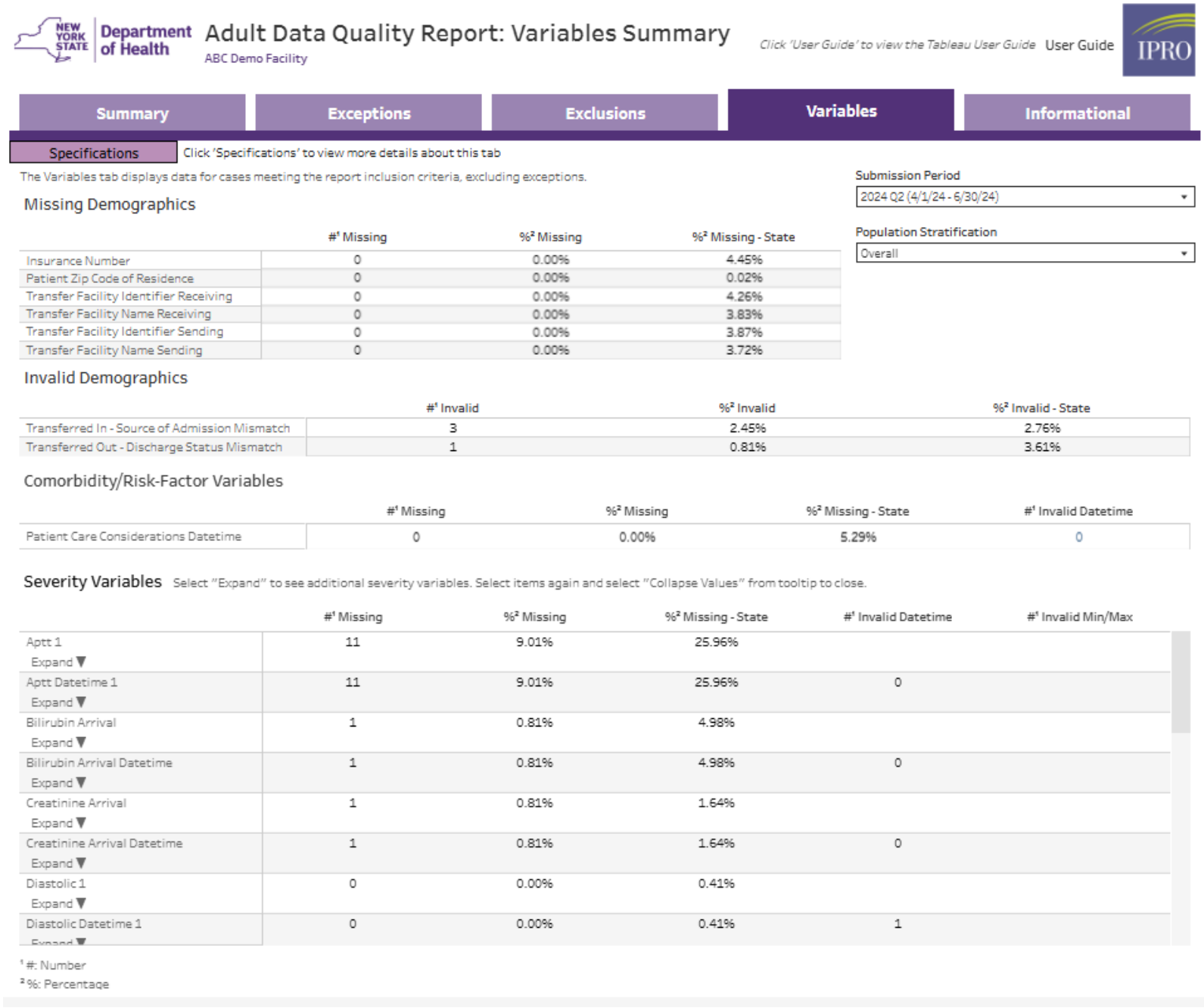
When your hospital has no cases for this data submission period, the tab does not populate.

To download the displayed table in CSV or Excel format, click 'Download Crosstab,' select 'Patient informational list – Not Meeting Inclusion Criteria,' and click the download button.



Variables Tab

This tab allows users to see a detailed breakdown of missing data for the overall patient population and its severe sepsis and/or septic shock populations in comparison to statewide data. The 'Submission Period' filter at the top right of the tab allows for filtering by the latest four submission periods, or for the past 12 months aggregated. The 'Population Stratification' filter defaults to the overall population but allows for filtering by severe sepsis and/or septic shock cases.



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Adult Data Quality Report: Variables Summary

ABC Demo Facility

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IPRO

Summary | Exceptions | Exclusions | Variables | Informational

Specifications — Click 'Specifications' to view more details about this tab

The Variables tab displays data for cases meeting the report inclusion criteria, excluding exceptions.

Submission Period: 2024 Q2 (4/1/24 - 6/30/24)

Population Stratification: Overall

Missing Demographics

	#[1] Missing	%[2] Missing	%[2] Missing - State
Insurance Number	0	0.00%	4.45%
Patient Zip Code of Residence	0	0.00%	0.02%
Transfer Facility Identifier Receiving	0	0.00%	4.26%
Transfer Facility Name Receiving	0	0.00%	3.83%
Transfer Facility Identifier Sending	0	0.00%	3.87%
Transfer Facility Name Sending	0	0.00%	3.72%

Invalid Demographics

	#[1] Invalid	%[2] Invalid	%[2] Invalid - State
Transferred In - Source of Admission Mismatch	3	2.45%	2.76%
Transferred Out - Discharge Status Mismatch	1	0.81%	3.61%

Comorbidity/Risk-Factor Variables

	#[1] Missing	%[2] Missing	%[2] Missing - State	#[1] Invalid Datetime
Patient Care Considerations Datetime	0	0.00%	5.29%	0

Severity Variables

Select "Expand" to see additional severity variables. Select items again and select "Collapse Values" from tooltip to close.

	#[1] Missing	%[2] Missing	%[2] Missing - State	#[1] Invalid Datetime	#[1] Invalid Min/Max
Aptt 1 Expand ▼	11	9.01%	25.96%		
Aptt Datetime 1 Expand ▼	11	9.01%	25.96%	0	
Bilirubin Arrival Expand ▼	1	0.81%	4.98%		
Bilirubin Arrival Datetime Expand ▼	1	0.81%	4.98%	0	
Creatinine Arrival Expand ▼	1	0.81%	1.64%		
Creatinine Arrival Datetime Expand ▼	1	0.81%	1.64%	0	
Diastolic 1 Expand ▼	0	0.00%	0.41%		
Diastolic Datetime 1 Expand ▼	0	0.00%	0.41%	1	

[1] #: Number

[2] %: Percentage

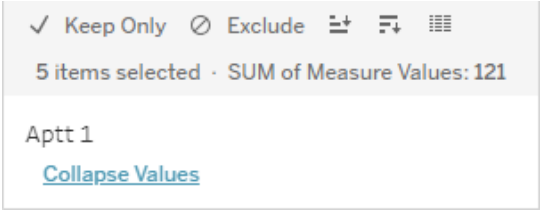
The *Missing Demographics* table shows the number and percentage of cases with missing data for demographic variables that allow blanks. These variables are Insurance Number, Patient Zip Code of Residence, Transfer Facility Identifier Receiving, Transfer Facility Name Receiving, Transfer Facility Identifier Sending, and Transfer Facility Name Sending. This table also displays the number and percentage of cases missing data for these variables at the state level.

The *Invalid Demographics* table displays the number and percent of cases that have Transferred In – Source of Admission Mismatch & Transferred Out – Discharge Status Mismatch. Detailed information regarding how the mismatch is defined can be found in the Specifications of this tab.

The *Comorbidity/Risk-Factor Variables* table displays the number and percentage of cases missing data for the Patient Care Considerations Datetime variable for each hospital, and the percentage of cases missing data for this variable at the state level.

The *Severity Variables* table displays the number and percentage of cases missing data for severity variables for each hospital, and the percentage of cases missing data for these variables at the state level.

- To view all variables within a category (e.g., Aptt 1, Aptt 2, Aptt 3, Aptt Max), select 'Expand' under the category of interest. To collapse a category, click any of the row labels or table values in the category, and select 'Collapse Values' in the tool tip.

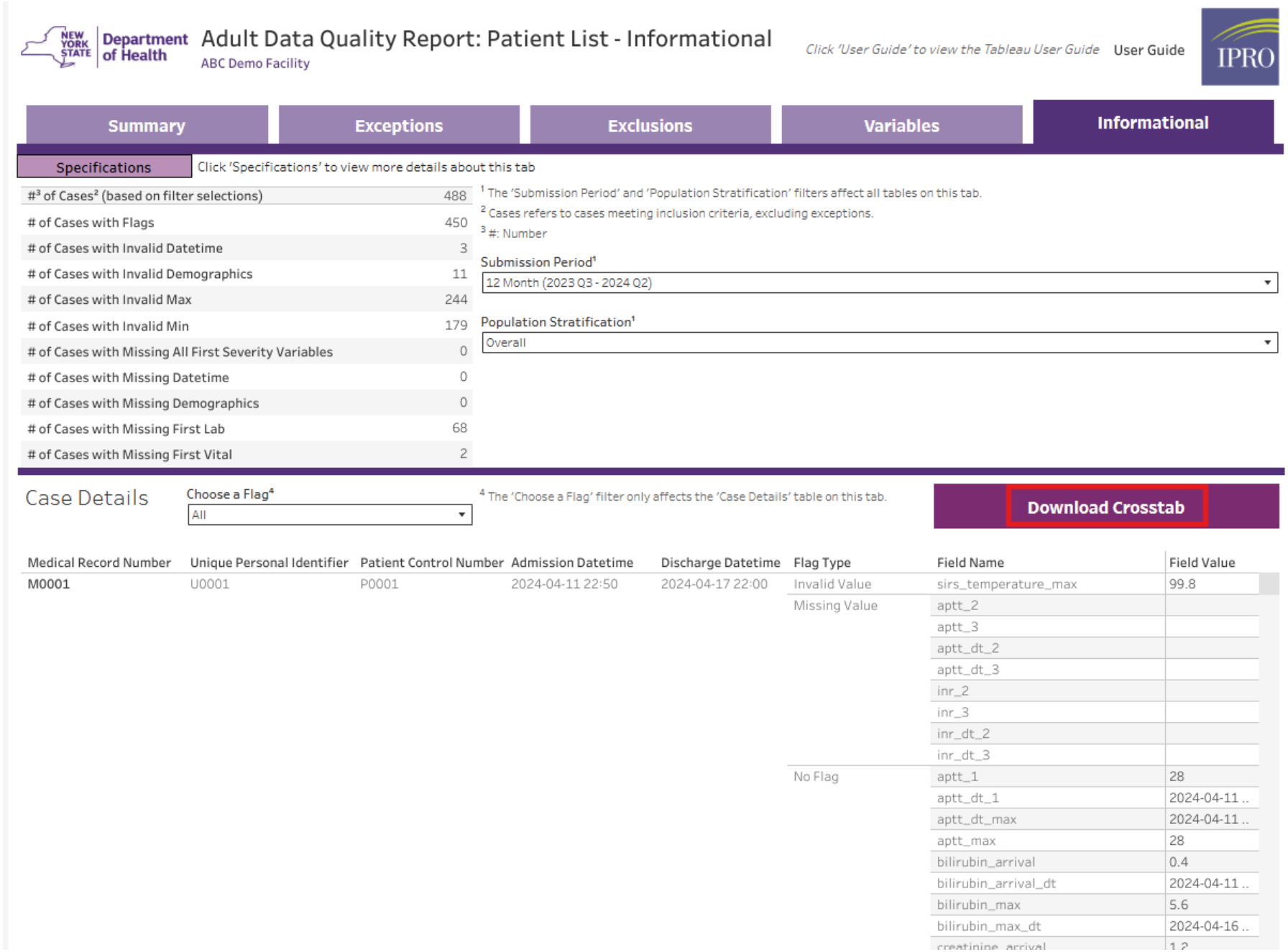


Informational Tab

This tab provides information about data quality checks that are no exceptions. These data quality checks do not result in the exclusion of cases from the Quarterly Report. The 'Submission Period' filter in the middle of the tab allows for filtering by any of the latest four submission periods, or for the past 12 months aggregated. The 'Population Stratification' filter defaults to the overall population but allows for filtering by severe sepsis and/or septic shock cases.

The summary table on the top left lists the number of cases with the following flags (based on the filter selections): Invalid Datetime, Invalid Demographics, Invalid Max, Invalid Min, Missing All First Severity Variables, Missing Datetime, Missing Demographics, Missing First Lab, and Missing First Vital.

The Case Details table at the bottom of the tab lists all cases that were flagged, indicating the MRN, PCN, UPI, Date of Birth, Admission Date, and Discharge Date for the identified cases. Users are encouraged to double-check the patient's information and correct the data if necessary.



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Adult Data Quality Report: Patient List - Informational

ABC Demo Facility

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Summary | Exceptions | Exclusions | Variables | Informational

Specifications — Click 'Specifications' to view more details about this tab

#[3] of Cases[2] (based on filter selections)	488
# of Cases with Flags	450
# of Cases with Invalid Datetime	3
# of Cases with Invalid Demographics	11
# of Cases with Invalid Max	244
# of Cases with Invalid Min	179
# of Cases with Missing All First Severity Variables	0
# of Cases with Missing Datetime	0
# of Cases with Missing Demographics	0
# of Cases with Missing First Lab	68
# of Cases with Missing First Vital	2

[1] The 'Submission Period' and 'Population Stratification' filters affect all tables on this tab.
[2] Cases refers to cases meeting inclusion criteria, excluding exceptions.
[3] #: Number

Submission Period[1]: 12 Month (2023 Q3 - 2024 Q2)

Population Stratification[1]: Overall

Case Details

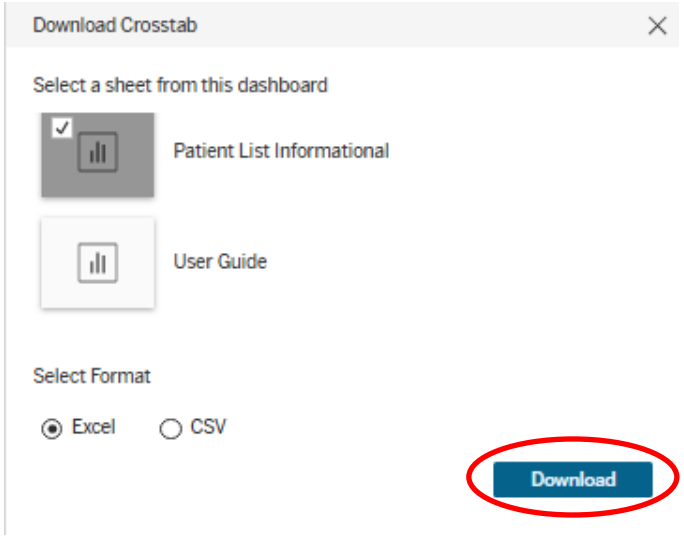
Choose a Flag[4]: All

[4] The 'Choose a Flag' filter only affects the 'Case Details' table on this tab.

Download Crosstab

Medical Record Number	Unique Personal Identifier	Patient Control Number	Admission Datetime	Discharge Datetime	Flag Type	Field Name	Field Value
M0001	U0001	P0001	2024-04-11 22:50	2024-04-17 22:00	Invalid Value	sirs_temperature_max	99.8
					Missing Value	aptt_2	
						aptt_3	
						aptt_dt_2	
						aptt_dt_3	
						inr_2	
						inr_3	
						inr_dt_2	
						inr_dt_3	
					No Flag	aptt_1	28
						aptt_dt_1	2024-04-11 ..
						aptt_dt_max	2024-04-11 ..
						aptt_max	28
						bilirubin_arrival	0.4
						bilirubin_arrival_dt	2024-04-11 ..
						bilirubin_max	5.6
						bilirubin_max_dt	2024-04-16 ..
						creatinine_arrival	1.2

To download the displayed table in CSV or Excel format, click 'Download Crosstab,' select 'Patient List Informational' and click the download button.



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