



Tableau User Guide

NYSDOH Sepsis Improvement Initiative

June 2023

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Introduction

This guide will provide information on accessing and using your facility's Data Quality and Quarterly Reports for the New York State Sepsis Care Improvement Initiative. Both reports will be hosted on Tableau and are generated based on data submitted by your facility to the NYS Sepsis Data Collection Portal.

The purpose of the Data Quality Report is to present severe sepsis/septic shock/severe COVID-19 data for hospitals to track and improve data quality. Facility-level and state-wide patterns of missing data and case-level results are available in your report.

Quarterly Reports are generated based on hospital-submitted data for all adult cases of severe sepsis, septic shock, and/or severe COVID-19 reported to the NYS Department of Health (NYSDOH). This includes cases that were transferred in and out of each hospital.

It is important to note that the Quarterly Report delivered via Tableau Webserver includes patient **Protected Health Information (PHI)** and **Personally Identifiable Information (PII)** to allow hospitals to drill-down on specific cases for further analysis. Users of this report must exercise caution when sharing this report to assure limiting exposure of PHI/PII to authorized individuals only.

Changes from the previous version of the user guide are highlighted in yellow.

Tableau

Tableau is a business intelligence platform which enables data reporting and visualization. In order to access the report, you will need to access Tableau Server, a secure online platform. Your hospital has been provided with the necessary login credentials. Reports can be accessed at <https://ipro.tableau.org>.

Accessing your Tableau Report

The Tableau Webserver platform is available using any web browser. Login credentials were provided to your hospital's Primary User of the Sepsis Portal. Please access Tableau Webserver at:

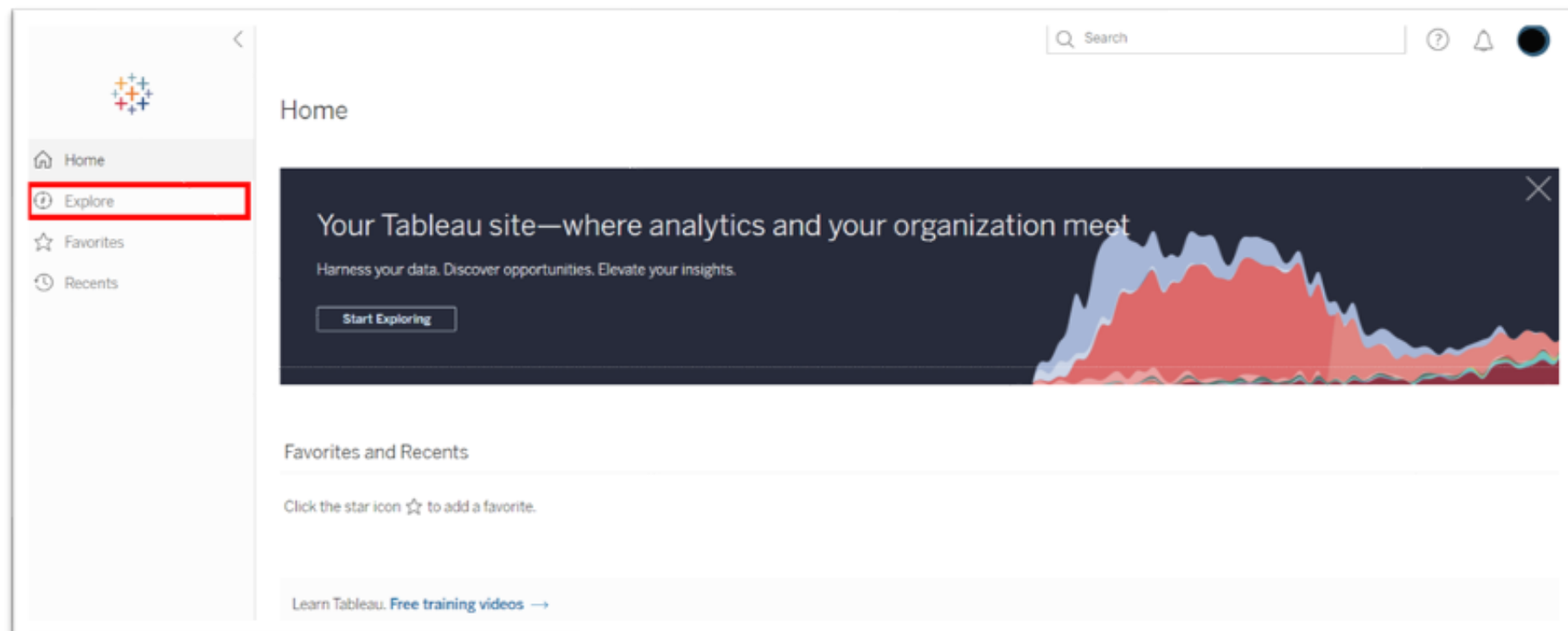
[Tableau Server \(ipro.org\)](http://tableau.ipro.org)

The link provided will bring you to the homepage of IPRO's Tableau Server, displayed below. Users will need to login using the credentials provided to your hospital's primary point of contact.



Tableau Server Home Page

Once you have logged into your Tableau Server account, you will be taken to the Home Page. To access your reports, in the left side column, click on the 'Explore Page.' On the Explore page, you will find a Reports folder, which contains the Tableau Quarterly and Data Quality Reports.



Explore Page Folder

The Reports folder contains the Quarterly Report and Data Quality Report.

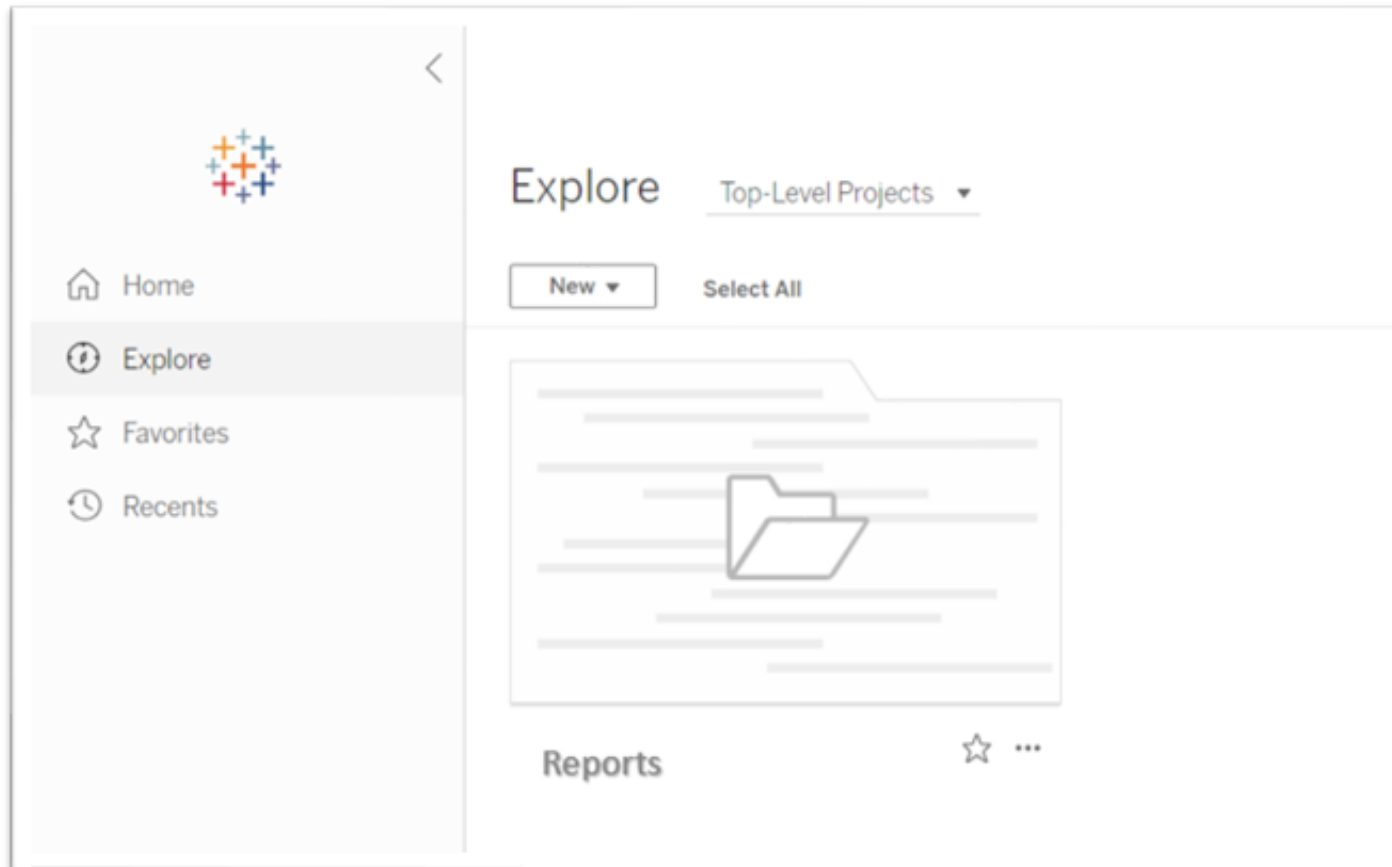
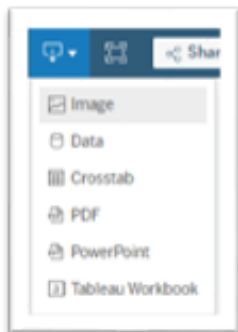


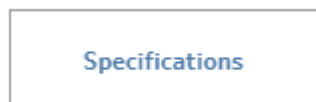
Tableau Workbook Navigation and Tool Tips

Tool Tips

- **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.



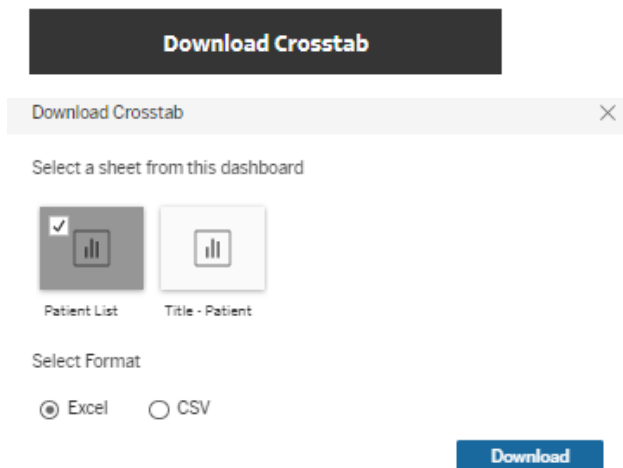
- **Specifications:** For more detailed information on the calculation of displayed metrics, click the “Specifications” link located at the top of each tab of the report.



- **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 reports 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 (i.e., Population Stratification, Age Group) and search engine (i.e., Search Unique ID) are located in the top right corner.
- Hover-over:** Hover over graphs, trends 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.

Age

Age Grouping	Patients	Percentage
70-79	4	6.90%
60-69	4	6.90%
80-89	1	1.72%
30-39	1	1.72%

Quarterly Report

Clinical Summary Tab

The purpose of this tab is to provide a high-level summary of your hospital's data along with statewide and peer group comparisons. The population stratification selection defaults to overall population but allows for filtering by diagnosis-based sub-populations defined by the data dictionary. Hospital and comparison data will adjust to the selected population.

The summary table shows the number of patients, observed mortality and the ICU admission rate for your hospital. The default timeframe is the rolling year, i.e., the last 12 months. The screenshot on page 10 shows two key outcomes, observed mortality (OMR) and ICU admission. Tables and charts are presented for each hospital detailing the numerator ("Deaths" and "Admissions"), denominator ("Patients Summary") and rates ("OMR" and "ICU Admission Rate"). The tables on the left provide statewide and peer group comparison data for both outcomes showing the 25th percentile, median, 75th percentile, and the mean. Hospital-level, statewide and peer group comparison data are also displayed on the graphs below.

Hospitals can now use the "Choose 12 Month or Quarter" filter seen in the upper left corner of the screenshot to display each of the last four data submission periods or the entire last 12 months on a rolling basis. Please note that the peer and state comparison data for observed mortality and ICU admissions will only display when individual data submission periods (quarters) are selected but will be blank when the last 12 months are selected. A future enhancement will provide comparison data also when the last 12 months are selected.

Peer groups are determined by the hospital's 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_bedsizes/kidnote.jsp.

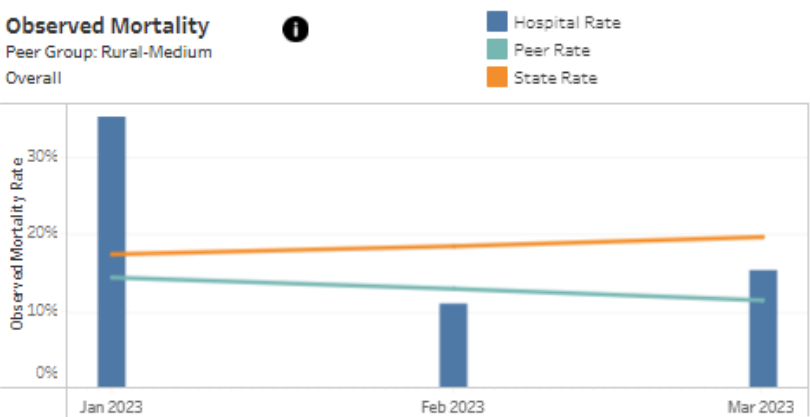
Choose 12 Month or Quarter
Submission Period ¹
Population Stratification ¹

Quarter
2023: P1 (01/01/2023 - 03/31/...
Overall

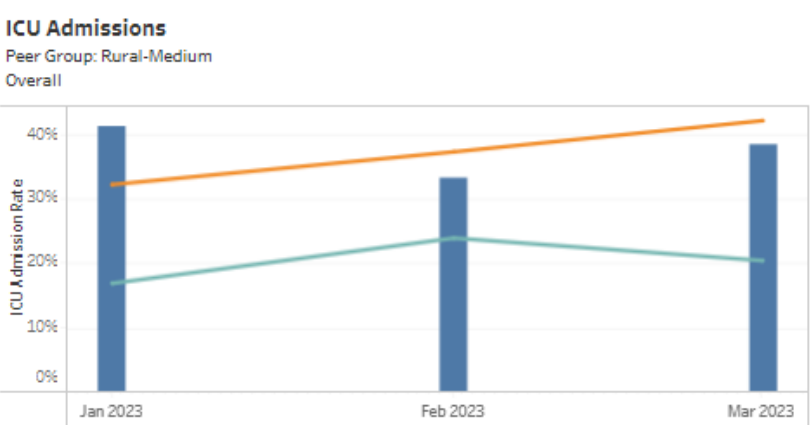
Summary
Demographics
Outcomes
Patient

	Patients Summary	OMR ¹	ICU Admission Rate ¹
Overall (4/2022-3/2023)	132	20.45%	46.21%

	Hospital Data		
	Patients Summary	Deaths	OMR
Observed Mortality	39	9	23.08%
	OMR 25th Percentile	OMR Median	OMR 75th Percentile
Peer Group Comparison ¹	6.12%	10.94%	16.07%
	OMR Mean		
Statewide Comparison ¹	10.81%	16.32%	21.40%
	ICU Mean		
Statewide Comparison ¹	15.45%		



	Hospital Data		
	Patients Summary	ICU Admissions	ICU Admission Rate
ICU Admissions	39	15	38.46%
	ICU 25th Percentile	ICU Median	ICU 75th Percentile
Peer Group Comparison	0.00%	22.58%	30.61%
	ICU Mean		
Statewide Comparison	20.22%	35.81%	44.94%
	ICU Mean		
Statewide Comparison	32.43%		



Demographics Tab

The purpose of this tab is to compare key hospital-level demographic variables to statewide data. Using the population stratification filter, these comparisons can be applied to the overall patient population, severe sepsis/septic shock cases with or without severe COVID-19, and severe COVID-19 cases only. The demographic variables displayed on this tab include age, gender, race and ethnicity, payer, source of admission, transfer status, and discharge status.

To view detailed reports for specific demographics, select a demographic category using the buttons on the top of the page. After selecting a demographic category, the report will populate with a bullet chart and table based on your selection.


- The bullet graph displays the data for the selected variable and population filter. The blue bar shows the hospital's percentage, and the black bar represents the mean percentage based on state-wide data for the selected performance period. Hover over the blue bar to view the number and percentage of cases for a given group.
- The tables summarize the demographics variables by showing the count and percent of cases for the hospital within each category and 25th percentile, median, 75th percentile, and mean for hospitals statewide. Only hospitals with at least 10 cases for the selected submission period are included in the calculation of 25th percentile, median, and 75th percentile.

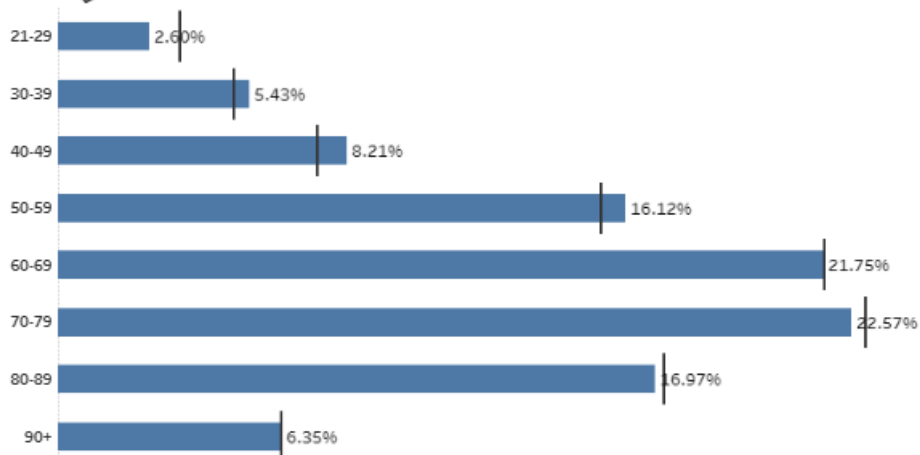
To view detailed information on a specific group (e.g., Age Grouping 21-29) within a demographic category, either click the bar associated with the target group on the bullet chart or click the row associated with the target group in the table at the bottom of the report. After selecting a specific group, the box on the right-hand side of the report will populate with more detailed demographic information for the selected group.

Facility Name: (All) | Population Stratification: Overall | Submission Period: 2021: P1 (12/01/2020 - 05/31/2021)
 [Summary](#)
[Demographics](#)
[Outcomes](#)
[Patient](#)


Select Demographic below to show detailed report

Age
Gender
Race
Source of Admission
Discharge Status
Payer

Age Grouping 



Select Age Grouping on left to show Details below

Age Grouping 	Patients	Percentage	25th Percentile	Median	75th Percentile	Mean
21-29	2,852	2.60%	1.37%	1.89%	2.62%	3.42%
30-39	5,968	5.43%	3.03%	4.55%	5.75%	4.95%
40-49	9,016	8.21%	5.81%	6.92%	8.42%	7.32%
50-59	17,707	16.12%	13.10%	15.01%	17.47%	15.41%
60-69	23,891	21.75%	19.00%	20.67%	23.52%	21.77%
70-79	24,791	22.57%	20.53%	22.82%	25.28%	22.91%
80-89	18,643	16.97%	13.55%	17.20%	19.45%	17.18%
90+	6,973	6.35%	4.11%	6.10%	7.40%	6.30%

Latest Refresh Date - November 17, 2022

Department of Health

Demographics

The purpose of this page is to compare key demographic variables to state-wide data.

Specifications

Facility Name

Population Stratification

Submission Period

Summary

Demographics

Outcomes

Patient

Select Demographic below to show detailed report

Age

Gender

Race

Source of Admission

Discharge Status

Payer

Age Grouping

21-29

30-39

40-49

50-59

60-69

70-79

80-89

90+

Keep Only
 Exclude

21-29 Year Olds

Facility: *

Date Range: 2022: P1 (01/01/2022 - 03/31/2022)

Pop. Stratification: Overall

% of Patients: 2.60%

of Patients: 2,852

State-wide Avg %: 3.42%

Age Grouping	Patients	Percentage	25th Percentile	Median	75th Percentile	Mean
21-29	2,852	2.60%	1.37%	1.89%	2.62%	3.42%
30-39	5,968	5.43%	3.03%	4.55%	5.75%	4.95%
40-49	9,016	8.21%	5.81%	6.92%	8.42%	7.32%
50-59	17,707	16.12%	13.10%	15.01%	17.47%	15.41%
60-69	23,891	21.75%	19.00%	20.67%	23.52%	21.77%
70-79	24,791	22.57%	20.53%	22.82%	25.28%	22.91%
80-89	18,643	16.97%	13.55%	17.20%	19.45%	17.18%
90+	6,973	6.35%	4.11%	6.10%	7.40%	6.30%

Select Age Grouping on left to show Details below

21-29 Year Olds..

Female 51.30%

Male 48.60%

Unknown 0.11%

White, NH 32.54%

Hispanic 24.93%

Black or African American, NH 22.41%

Other, NH 13.04%

Asian or Pacific Islander, NH 6.73%

American Indian or Alaska N.. 0.35%

Non-Health Facility Point of .. 88.81%

Transfer from Acute Care Fa.. 3.31%

Transfer from Other Health .. 5.26%

Information Not Available 1.45%

Transfer from a SNF or ICF 0.88%

Court/Law Enforcement 0.28%

Transfer from Hospice

Home with Self-Care 77.56%

Home with Health Care 6.77%

Left Against Medical Advice 3.72%

Expired 3.44%

Transfer to Acute Care Facili.. 3.91%

Transfer to Skilled Nursing F.. 2.42%

Transfer to Other Health Car.. 1.65%

Transfer to Inpatient Rehabi.. 1.26%

Admitted as Inpatient 0.14%

Hospice Home or Health Car.. 0.07%

Medicaid 50.39%

Private, HMO 39.20%

Dual Eligibility 2.88%

Unknown/Not Listed 2.14%

Self-pay 2.03%

Medicare 1.96%

Others (CHAMPUS, etc.) 1.40%

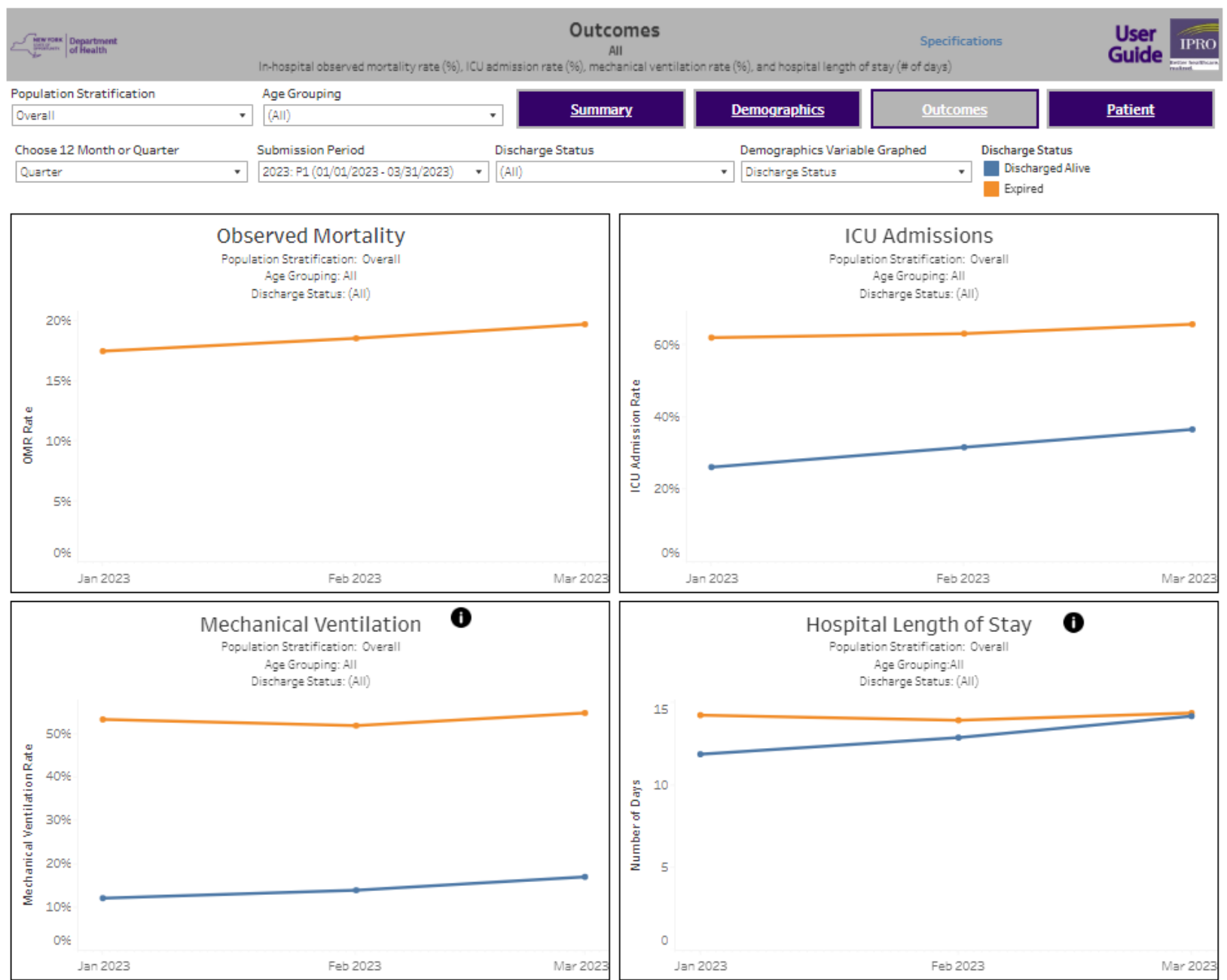
Latest Refresh Date - November 17, 2022

Outcomes Tab

This tab focuses on four key outcomes:

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

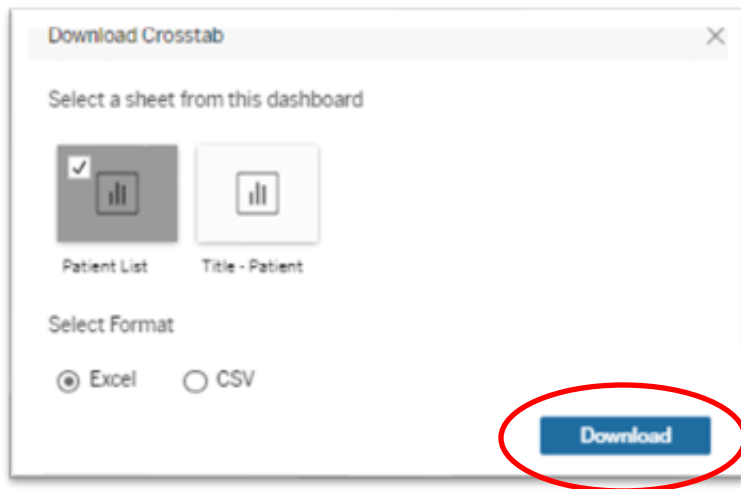
The graphs display the hospital's data for observed mortality rate, mechanical ventilation rate, ICU admission rate, and the hospital length of stay. Using the population stratification selector, this comparison can be applied to the overall patient population and filtered for severe sepsis, septic shock with and without severe COVID-19, and severe COVID-19 cases only. The population can be further stratified by age group and whether the patient was discharged alive or expired.

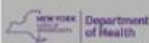


Patient Level Case List Tab

This section allows the hospital to view detailed information on all cases that have been submitted. Using the population stratification filters allows hospitals to selectively view cases with severe sepsis and septic shock with or without severe COVID-19, and severe COVID-19 cases only. In addition, cases can be sorted by each of the variables. Hospitals can also use the Search Unique ID selection box in the upper-right-hand corner of this section, to search for specific cases by their Unique ID, i.e. the case's Universal Patient Identifier.

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






Patient Level Case List

All

Allows the hospital to view detailed information on all the cases that have been submitted

Specifications



Population Stratification

Overall

Submission Period

2023: P1 (01/01/2023 - 03/31/2023)

Summary

Demographics

Outcomes

Patient

Sort By

Discharge Dt

Unique Personal Identifier

(All)

Download Crosstab

Facility Name	Medical Record Number	Patient Control Number	Unique Personal Identifier	Age	Gender	Race Ethnicity	Payer	Source Of Admission	Discharge Status	Severe Sepsis Septic Shock	Severe Sepsis	
				93	Male	Other, NH	Unknown/..	Transfer from a SNF or ICF	Expired	Yes	No	
				82	Male	White, NH	Medicare	Transfer from Other Health Care Fac..	Expired	Yes	No	
				75	Male	Asian or P..	Medicare	Non-Health Facility Point of Origin	Home with..	No	No	
				58	Female	White, NH	Private, H..	Transfer from Other Health Care Fac..	Home with..	No	No	
				51	Male	Black or Af..	Medicaid	Non-Health Facility Point of Origin	Home with..	No	No	
				92	Female	Black or Af..	Dual Eligib..	Non-Health Facility Point of Origin	Expired	Yes	No	
				72	Male	White, NH	Dual Eligib..	Transfer from a SNF or ICF	Expired	Yes	Yes	
				76	Female	Black or Af..	Medicare	Non-Health Facility Point of Origin	Expired	Yes	No	
				89	Male	White, NH	Dual Eligib..	Non-Health Facility Point of Origin	Expired	Yes	No	
				72	Female	Hispanic	Medicare	Non-Health Facility Point of Origin	Transfer t..	Yes	Yes	
				82	Female	Asian or P..	Medicare	Non-Health Facility Point of Origin	Home with..	No	No	
				69	Female	White, NH	Medicare	Non-Health Facility Point of Origin	Transfer t..	Yes	No	
				81	Female	White, NH	Medicare	Non-Health Facility Point of Origin	Home with..	Yes	No	
				53	Female	Black or Af..	Unknown/..	Non-Health Facility Point of Origin	Home with..	No	No	
				69	Male	Other, NH	Private, H..	Non-Health Facility Point of Origin	Expired	No	No	
				73	Male	White, NH	Medicare	Non-Health Facility Point of Origin	Home with..	No	No	
				72	Male	White, NH	Dual Eligib..	Information Not Available	Expired	No	No	
				66	Male	White, NH	Medicare	Non-Health Facility Point of Origin	Expired	Yes	No	
				67	Female	White, NH	Medicare	Non-Health Facility Point of Origin	Expired	Yes	Yes	
				60	Female	Hispanic	Medicaid	Non-Health Facility Point of Origin	Home with..	No	No	
				33	Male	Hispanic	Medicaid	Non-Health Facility Point of Origin	Left Again..	Yes	Yes	
				92	Female	Asian or P..	Unknown/..	Transfer from Acute Care Facility	Expired	Yes	Yes	
				82	Male	White, NH	Dual Eligib..	Non-Health Facility Point of Origin	Expired	Yes	No	
				68	Male	White, NH	Medicare	Non-Health Facility Point of Origin	Expired	Yes	Yes	
				22	Female	Black or Af..	Private, H..	Non-Health Facility Point of Origin	Home with..	No	No	
				69	Female	Black or Af..	Medicare	Transfer from Acute Care Facility	Expired	No	No	
				34	Male	Hispanic	Medicaid	Non-Health Facility Point of Origin	Home with..	No	No	
				72	Female	Other, NH	Medicare	Information Not Available	Expired	Yes	Yes	
				87	Male	White, NH	Medicare	Transfer from Acute Care Facility	Expired	Yes	Yes	
				45	Female	Other, NH	Medicaid	Non-Health Facility Point of Origin	Home with..	No	No	
				73	Female	Other, NH	Dual Eligib..	Non-Health Facility Point of Origin	Expired	Yes	No	
				71	Male	White, NH	Dual Eligib..	Non-Health Facility Point of Origin	Expired	Yes	No	
				57	Male	White, NH	Private, H..	Non-Health Facility Point of Origin	Left Again..	Yes	Yes	

17

Data Quality Report

Data Quality Summary Tab


The purpose of this tab is to provide a high-level summary of the hospital's data, as well as missing data.

Data Quality Case Summary & Population Breakdown (formatting different from quarterly reports)

- The top case summary tables provide key case metrics by month.
- The Data Quality and Case Summary table focuses on uploaded cases, cases with exceptions, cases not meeting inclusion criteria, and cases meeting inclusion criteria.
- The Population Breakdown table provides monthly case counts for five patient populations
 - Severe sepsis without severe COVID-19
 - Severe sepsis with severe COVID-19
 - Septic shock without severe COVID-19
 - Septic shock with severe COVID-19
 - Severe COVID-19 only
- The bar graph underneath the tables displays the monthly count of uploaded cases.

Missing and Invalid Case Summary


- The Missing and Invalid Case Summary table summarizes your hospital's missing data by count and percentage for cases missing data for demographic and severity variables. This table can be filtered using the population stratification filter above the tables. More detailed information on missingness of demographic and severity variables is provided in the Variables tab.



Data Quality Summary

All

[Specifications](#)



Summary
Exceptions
Exclusions
Variables
Informational

Data Quality Case Summary

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Annual Cases
Uploaded Cases	9,428	12,334	11,267	12,220	12,569	11,162	13,012	13,319	16,030	14,780	10,835	10,216	147,172
Cases with Exceptions	3	2	5	12	10	9	10	15	18	7	5	7	103
Cases not Meeting Inclusion Criteria*	1,295	1,598	1,466	1,607	1,489	1,311	1,454	1,472	1,645	1,500	1,237	1,198	17,272
Cases Meeting Inclusion Criteria	8,133	10,736	9,801	10,613	11,080	9,851	11,558	11,847	14,385	13,280	9,598	9,018	129,900

*Please Note: The current ICD-10 CM Code (n) variable allows for up to 25 final hospital billed ICD-10 CM diagnosis codes to be reported through the Sepsis Portal. A case reported where an ICD-10 CM code that meets inclusion criteria for reporting is found beyond the first 25 final hospital billed ICD-10 CM codes may be flagged in the Data Quality Reports as not meeting inclusion criteria. Please review your data and if this is the only reason for the flag, the case(s) were correctly reported and corrections to the data should not be necessary.

Population Breakdown

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Annual Cases
Severe Sepsis without Severe COVID-19	1,981	2,032	2,105	1,963	2,067	1,878	2,214	2,299	2,486	2,200	2,004	2,368	25,597
Severe Sepsis with Severe COVID-19	139	296	189	239	298	264	318	348	452	486	245	239	3,513
Septic Shock without Severe COVID-19	3,009	2,973	3,234	2,853	3,050	2,904	3,019	3,101	3,237	3,111	2,893	3,423	36,807
Septic Shock with Severe COVID-19	258	325	331	336	431	404	441	508	630	664	435	314	5,078
Severe COVID-19	3,164	5,749	4,476	5,810	5,979	5,086	6,331	6,456	8,671	7,979	4,720	3,247	67,668
Severe Sepsis or Septic Shock without Se...	4,967	4,986	5,321	4,801	5,097	4,759	5,217	5,382	5,705	5,298	4,877	5,770	62,180

Uploaded Cases per Month



Population Stratification Variable

Missing and Invalid Case Summary - Overall

	2022: P2 (04/01/2022 - 06/30/2022)	2022: P3 (07/01/2022 - 09/30/2022)	2022: P4 (10/01/2022 - 12/31/2022)	2023: P1 (01/01/2023 - 03/31/2023)	Grand Total
# Cases with Missing Demographics	2,213	2,425	2,921	3,766	11,325
% Cases with Missing Demographics	7.72%	7.69%	7.74%	11.81%	8.72%

Missing and Invalid Case Summary - Overall

	2022: P2 (04/01/2022 - 06/30/2022)	2022: P3 (07/01/2022 - 09/30/2022)	2022: P4 (10/01/2022 - 12/31/2022)	2023: P1 (01/01/2023 - 03/31/2023)	Grand Total
# Cases with Missing or Invalid Severity	25,385	28,122	33,859	28,027	115,393
% Cases with Missing or Invalid Severity	88.56%	89.19%	89.66%	87.88%	88.87%

Patient List - Exceptions Tab

This tab lists the number of exceptions resulting in the exclusion of cases from the Quarterly Report. These cases should be corrected by the hospital before the next data submission window closes.

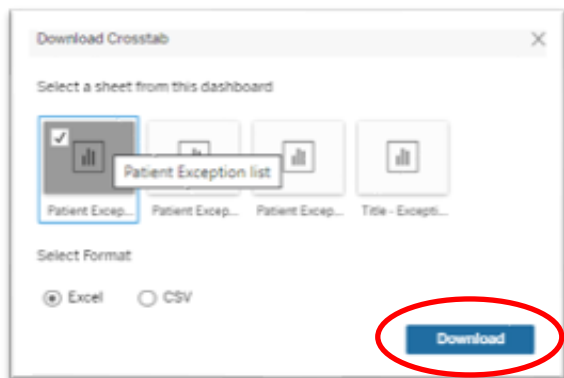
The five exceptions are

- 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
- Duplicated or Overlapping Visits
- Date of Birth prior to 1905
- Same admission and discharge datetime

The Cases with Exceptions and Exceptions tables summarize the number of cases with exceptions and the count of cases that fall under each exception.

The Patient List – Exceptions table provides the hospital with the details of which cases were flagged as exceptions so that the hospital can identify and correct these cases before their next data submission.

To download the displayed table in CSV or Excel format, click “Download Crosstab,” select “Patient Exception list,” and click the download button.



- Specifications
- Summary
- Exceptions
- Exclusions
- Variables
- Informational

Cases with Exceptions

Total Cases with Exceptions	19
-----------------------------	----

Submission Period

2023: P1 (01/01/2023 - 03/31/2023) ▼

Sort by

Admission Dt ▼

Exceptions

Same MRN, but different UPI or DOB	2
Same PCN, but different MRN or UPI	2
Duplicated or Overlapping Visits	16
DOB prior to 1905	1
Same Admission and Discharge Datetime	0

Download Crosstab

Patient List - Exceptions

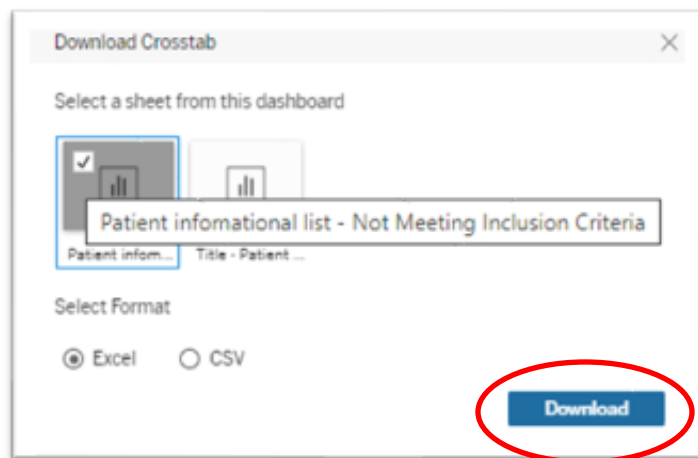
MRN	PCN	UPI	Date Of Birth	Admission Dt	Discharge Dt	Exception
						DOB prior to 1905
						Duplicated or Overlapping Visits
						Duplicated or Overlapping Visits
						Duplicated or Overlapping Visits
						Duplicated or Overlapping Visits
						Duplicated or Overlapping Visits
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						Duplicated or Overlapping Visits
						Duplicated or Overlapping Visits
						Duplicated or Overlapping Visits
						Duplicated or Overlapping Visits
						Same MRN, but different UPI or DOB
						Same MRN, but different UPI or DOB
						Duplicated or Overlapping Visits
						Duplicated or Overlapping Visits

Exclusions Tab

This tab lists all cases not meeting inclusion criteria based on the submitted ICD-10 codes for each case. 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 only displayed on this tab if 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 of the Data Dictionary. Please note that when your hospital has no cases not meeting inclusion criteria for the selected data submission period, this tab does not populate.

Hospitals should investigate why cases not meeting inclusion criteria were submitted and correct the data if necessary.


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 hospitals to see a detailed breakdown of missing data for its overall patient population and its severe sepsis, septic shock, and/or severe COVID-19 populations in comparison to statewide data. Filters in the top right corner allow users to select each submission period and sub-population. This tab allows hospital to assess for which variables they have more missing data than hospitals statewide.

- The top table shows demographic variables allowing blanks. This table shows the number and percentage of cases missing data for this variable for your hospital, and the percentage of cases missing data for this variable at the state-level.
- The table below lists the same information for severity variables.
- For datetime variables, the table also lists the count of cases where there are inconsistent datetimes, such as datetimes that lie outside the window that patients were admitted or datetimes 1, 2, and 3 that are not sequential.
- For min/max variable the table lists the count of cases where the min/max value does not represent a min/max value when compared to the corresponding severity variables.



New York State
Department
of Health

Variables Summary



Specifications
Summary
Exceptions
Exclusions
Variables
Informational

Demographics	# Missing	% Missing	% Missing - State	
Insurance Number	0	0.00%	3.89%	
Zip Code	0	0.00%	0.03%	
Transfer Facility Identifier Receiving	0	0.00%	65.43%	
Transfer Facility Name Receiving	0	0.00%	89.39%	
Transfer Facility Identifier Sending	0	0.00%	86.63%	
Transfer Facility Name Sending	0	0.00%	96.83%	

Population Stratification Variable

Overall ▼

Submission Period

2023: P1 (01/01/2023 - 03/31/2023) ▼

Comorbidity/Risk-Factor Variables	# Missing	% Missing	% Missing - State	# Invalid Datetime
History Of Covid-19 Datetime	0	0.00%	15.78%	0
Patient Care Considerations Date	0	0.00%	17.41%	0

Severity Variables - Labs and Vital Signs	# Missing	% Missing	% Missing - State	# Invalid Datetime	# Invalid Min/Max
aPTT 1	19	48.72%	31.75%		
aPTT 2	32	82.05%	65.43%		
aPTT 3	37	94.87%	74.87%		
aPTT Max	19	48.72%	31.73%		0
aPTT Datetime 1	19	48.72%	31.75%	0	
aPTT Datetime 2	32	82.05%	65.43%	0	
aPTT Datetime 3	37	94.87%	74.87%	0	
aPTT Datetime Max	19	48.72%	31.73%	0	
Bilirubin Arrival	3	7.69%	6.13%		
Bilirubin Max	3	7.69%	4.84%		0
Bilirubin Arrival Datetime	3	7.69%	6.13%	0	
Bilirubin Max Datetime	3	7.69%	4.84%	0	
Creatinine Arrival	3	7.69%	2.06%		
Creatinine Max	3	7.69%	2.06%		0
Creatinine Arrival Datetime	3	7.69%	2.06%	0	
Creatinine Max Datetime	3	7.69%	2.06%	0	
Diastolic 1	33	84.62%	0.54%		
Diastolic 2	35	89.74%	1.45%		
Diastolic 3	35	89.74%	2.73%		
Diastolic Min	33	84.62%	0.56%		0
Diastolic Datetime 1	33	84.62%	0.54%	0	
Diastolic Datetime 2	35	89.74%	1.45%	0	
Diastolic Datetime 3	35	89.74%	2.73%	0	
Diastolic Datetime Min	33	84.62%	0.56%	0	
INR 1	17	43.59%	25.63%		
INR 2	30	76.92%	59.73%		
INR 3	36	92.31%	72.07%		
INR Max	17	43.59%	25.62%		0

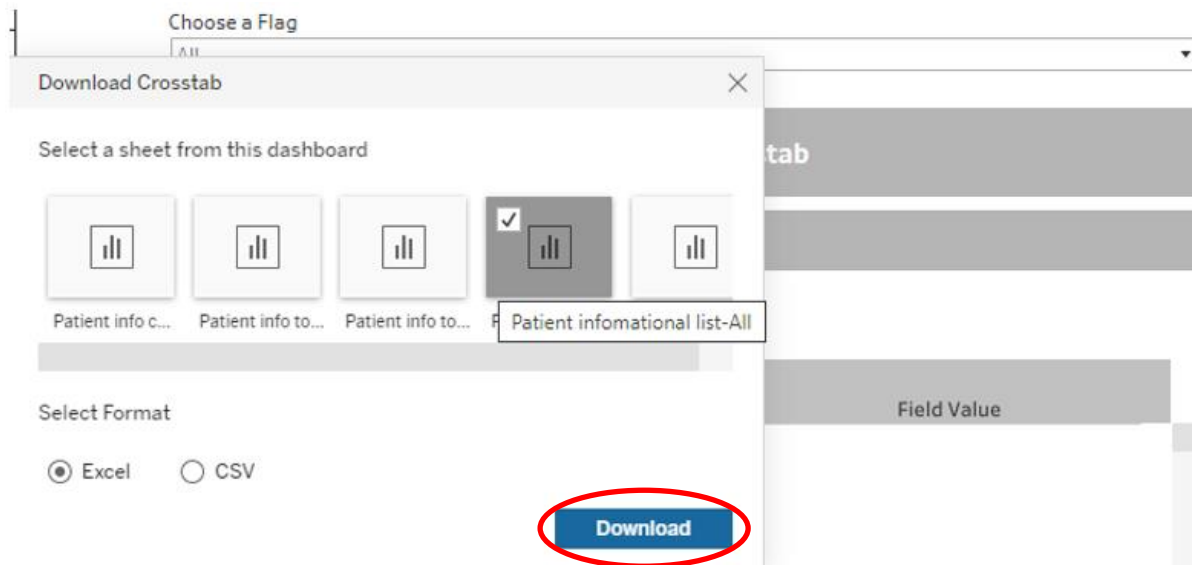
Patient List- Informational Tab:

This tab provides information about data quality checks that are not exceptions. These data quality checks do not result in the exclusion of cases from the quarterly analysis.

The summary table on the top-left lists the number of data quality checks by type: missing demographics, labs, datetimes, and vital signs along with invalid min, max and datetimes.

The table on the next page lists all cases that were flagged, indicating the MRN, PCN, UPI, Date of Birth, Admission Date, and Discharge Date for the identified cases. Hospitals are encouraged to double-check the patient's information and correct the data if necessary.

To download the displayed table in CSV or Excel format, click "Download Crosstab," select "Patient informational list – [Selected Flag]," and click the download button.



Specifications

Summary

Exceptions

Exclusions

Variables

Informational

Field	Count
Total Number of Cases	39
Missing Demographics	0
Missing Datetime	0
Missing Lab	38
Invalid Max	32
Invalid Min	14
Invalid Datetime	25
Missing Vital	36

Population Stratification Variable

Overall

Submission Period

2023: P1 (01/01/2023 - 03/31/2023)

Choose a Flag

All

Download Crosstab

Patient List - Informational

MRN	PCN	UPI	Date Of Birth	Admission Dt	Discharge Dt	Flag	Field	Field Value
							aPTT 1	Null
							aPTT 2	Null
							aPTT 3	Null
							aPTT Max	Null
							aPTT Datetime 1	Null
							aPTT Datetime 2	Null
							aPTT Datetime 3	Null
							aPTT Datetime Max	Null
							INR 1	Null
							INR 2	Null
							INR 3	Null
							INR Max	Null
							Lactate Level 3	Null
						All	Lactate Level Datetime 3	Null
							Sirs Leukocyte Max	Null
							Sirs Respiratoryrate Max	8600
							Sirs Temperature MaxPlatelets Min	16
							SIRS Heartrate Datetime 3	97.4126000
							SIRS Heartrate Datetime Max	02/26/2023 20:22:00 PM
							SIRS Respiratoryrate Datetime 3	02/26/2023 12:00:00 PM
							SIRS Respiratoryrate Datetime Max	02/26/2023 20:22:00 PM
							Diastolic 1	02/26/2023 12:00:00 PM
							Diastolic 2	Null
							Diastolic 3	Null
							Diastolic Min	Null

Latest Refresh Date: 6/1/2023

Tableau Support

Tableau Password Reset Request

Requests to reset your password must be submitted by your facility's primary portal user using the [Create a Helpdesk Ticket](#) function on the Sepsis Data Collection Portal. Password reset requests can only come from the primary sepsis portal user because the primary user has attested to the User Attestation on the Sepsis Portal which applies to this account. In your request, be sure to indicate your facility's PFI, and specify that the password reset request is for your facility's Tableau account (as opposed to your individual Sepsis Data Collection Portal account).

Example:

The image shows a 'Support Request' form with the following fields and content:

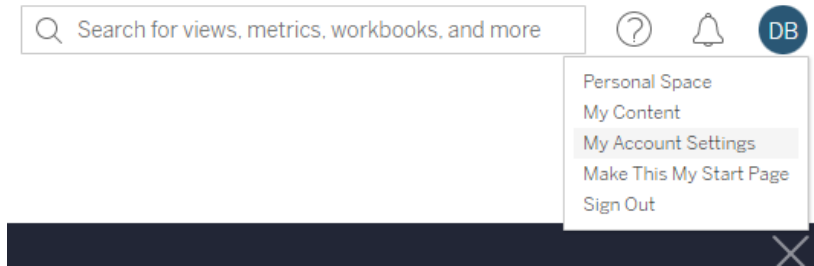
- Name:** User
- Email:** user@email.org
- DC:** CC Email Address(es)
- Facility Identifier (PFI):** 7777
- Subject:** Account Access
- Comment:** I would like to request a password reset for my facility's (PFI: 7777) Tableau account.

A blue 'Submit Request' button is located at the bottom right of the form.

Password resets/changes are conducted manually, so please allow adequate time for your request to be processed.

Change Tableau Password

To change the password for your facility's Tableau Webserver account, you must first be logged in to your facility's account. From the Tableau homepage, click your facility's initials in the upper right-hand corner of the page, and select 'My Account Settings.'



From the 'Settings' tab, click the 'Change Password' button under the 'Account' header.

Account

Username @ipro.org

Display Name

Email

←

You will then be prompted to create and save a new password. Please note that you must be logged in to your facility's Tableau Webserver account and enter your old password to complete this process. If you are unable to login to your facility's account, please request a password reset by following the process outlined in the 'Tableau Password Reset Request' section of this guide.

Need Assistance?

If you have any questions and/or suggestions to improve this report, please contact IPRO at through the [HelpDesk](#)