Physician Practice Evaluation (PPE) Reporting

Version 2019.1

AXIOM SOFTWARE

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Chapter 1: Introduction

Welcome to Clinical Analytics Physician Practice Evaluation (PPE) Reporting!

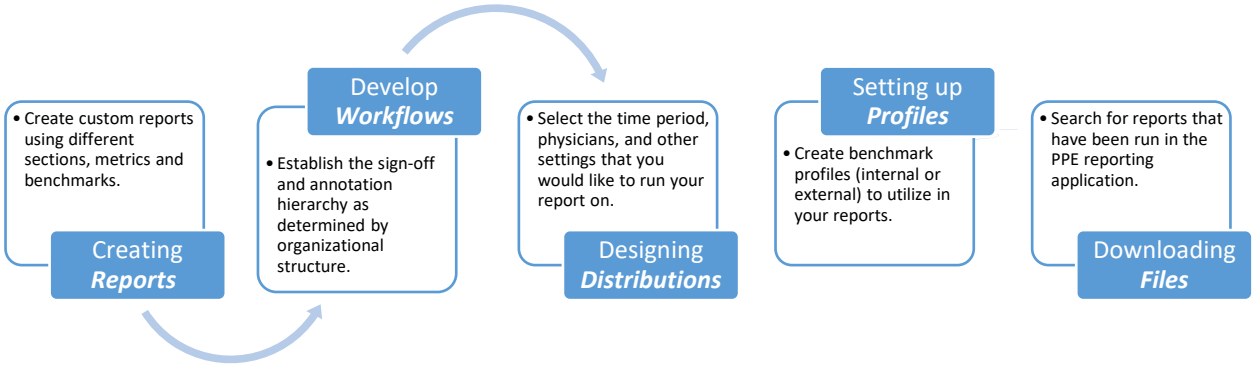
PPE is Physician Practice Evaluation reporting. PPE reporting provides customizable physician or physician group reports with dynamic reporting capabilities to meet physician reporting needs through custom measure and benchmark selection. The reports, workflows and distribution functionality allows for customization and flexibility based on your facility process, each step of the way.

Using Clinical Analytics is a powerful way to support existing Ongoing Physician Practice Evaluation Reporting processes across your organization. In order to maximize this opportunity, it will be important to learn the layout of the PPE tool as well as establish a standardized approach to report structure and distributions.

Clinical Analytics Basic PPE Reporting training is intended to introduce you to the basic functions of physician practice evaluation reporting in Clinical Analytics. The chapters in this training manual include learning objectives, key concepts, key points to remember, questions to consider, and some guided practice exercises. The chapter topics will walk you through logging in, understanding the PPE Dashboard view, creating and editing PPE Reports, PPE Workflows, and PPE Distributions. In addition, you will learn how to run distributions, utilize profiles in PPE reporting and retrieve previously run distributions from the virtual filing cabinet in Clinical Analytics, in the tab titled Files.

The PPE Reporting process is made up of three major components: Reports, Workflows, and Distributions. (See Figure 1.1) A PPE Report is a report framework that is created and customized to display data in a variety of ways. A workflow indicates a hierarchy of who receives the report and settings such as who can annotate and electronically sign the report. The third step is the distribution which sets the report in motion for review and approval. It is also where you choose the physicians to run the reports for and tie together the reports and workflows.

FIGURE 1.1 PPE REPORTING STRUCTURE OVERVIEW

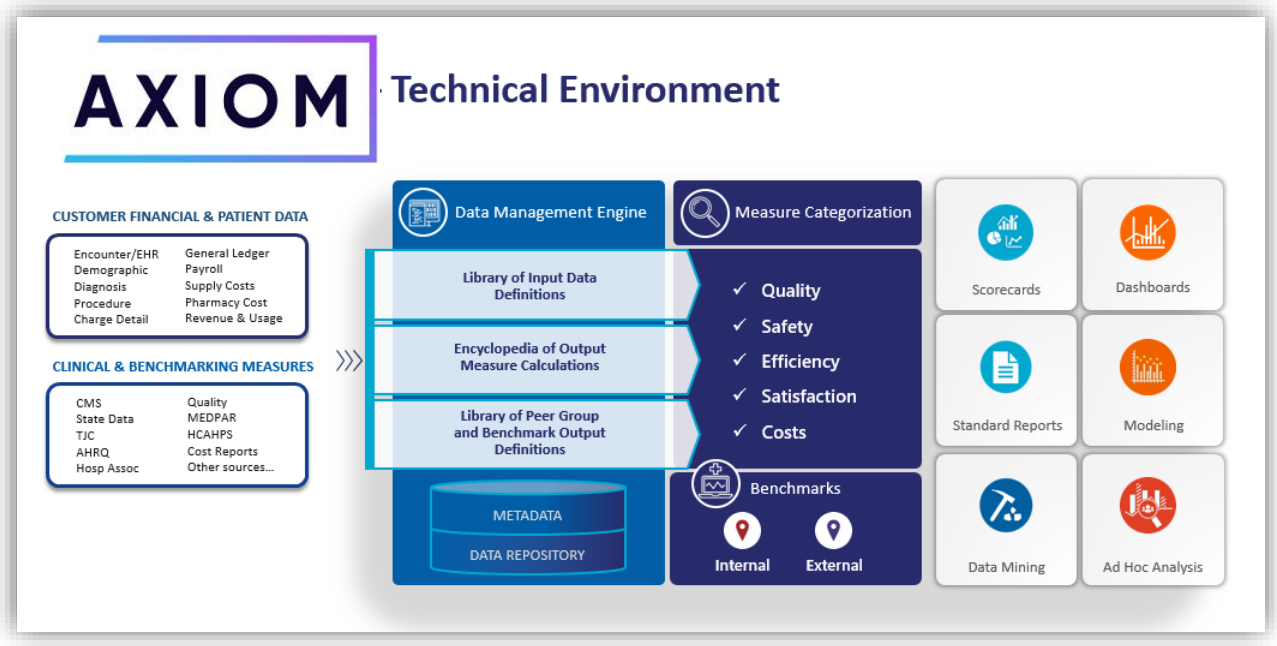


Our team will guide you through each step while providing suggestions on best practices we have seen across our client base. Additional functionality includes automated scheduling within PPE reports, providing the option of a fully automated schedule and pattern based on your organizational preference(s).

The Clinical Analytics Technical Environment

Clinical Analytics Data Management System (DMS) receives client and public data inputs. In addition, the system uses categorizations, definitions, and calculations to arrive at measure reporting that is highly dynamic. Clinical Analytics measure results are both de-identified and secure, while remaining identifiable at the patient level, allowing the data to be actionable (See Figure 1.2). Measure output solutions are packaged in a variety of ways, including interactive scorecards, static reports, ad hoc queries, and flexible data mining formats. The focus for this training session will be the PPE reporting application and the Standard Reports output that can support physician engagement, reporting, and the organizations Ongoing Physician Practice Evaluation processes.

FIGURE 1.2 CLINICAL ANALYTICS STORY: THE CLINICAL ANALYTICS TECHNICAL ENVIRONMENT



Chapter 2: Signing In

Learning Objectives:
Following completion of this session you should be able to:

- Describe two key pieces of information you will need to sign-in
- Successfully sign in and navigate the Clinical Analytics Home Page

Key Concepts:

- Initial sign-in will require changing your password once you get into the system
- Clinical Analytics homepage displays three tabs: Dashboard, Account Settings, and Documentation
- Use the Account Settings tab for changing password (***if your facility does not have Single Sign-on activated***)
- Use the Documentation tab to access Clinical Analytics learning resources

Signing In

There are two available options for signing into Clinical Analytics. The first option requires your facility email and a unique Clinical Analytics password. The second option requires your facility email only and looks to your active directory password at your organization.

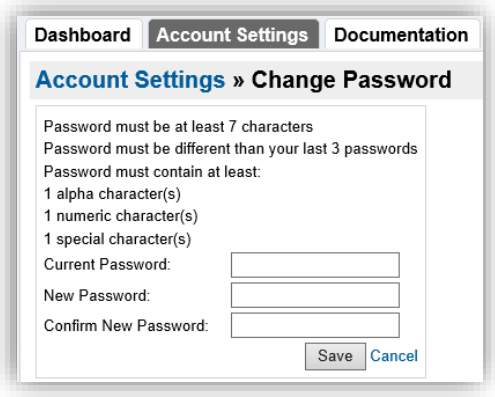
Option 1:

Once the Clinical Analytics sign-in page (Figure 2.1) is accessed by typing in your organization's unique Clinical Analytics address, use your email address and the password you received from either your organization's System Administration team member OR a member from the Clinical Analytics training team.

FIGURE 2.1 CLINICAL ANALYTICS EMAIL/PASSWORD SIGN-IN SCREEN

Once you are signed into Clinical Analytics you will be able to change your password on the Account Settings tab. Click the *Change Password* hyperlink in the User Settings section, and make the password change following the system's direction (See Figure 2.2). The passwords in Clinical Analytics are set to auto expire every 90 days.

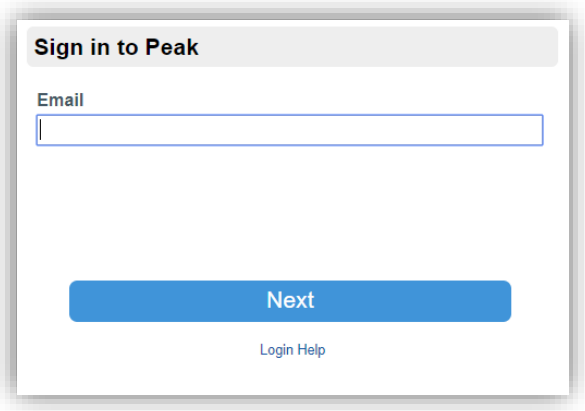
FIGURE 2.2 ACCOUNT SETTINGS TAB: CHANGE PASSWORD SCREEN



Option 2:

Depending on the Clinical Analytics system configuration for your organization, single sign-in may have been activated. The single sign-in feature allows you to log into Clinical Analytics with your facility email and then the system looks to your current active directory password at your organization, to launch the Clinical Analytics home page (see Figure 2.3). You won't need a separate Clinical Analytics specific password and you will not need to change your password in the Clinical Analytics system. The same password that is used for your organization level programs and access, will also apply to Clinical Analytics.

FIGURE 2.3 ACTIVE DIRECTORY SINGLE SIGN-IN PROMPT



Clinical Analytics Home Page

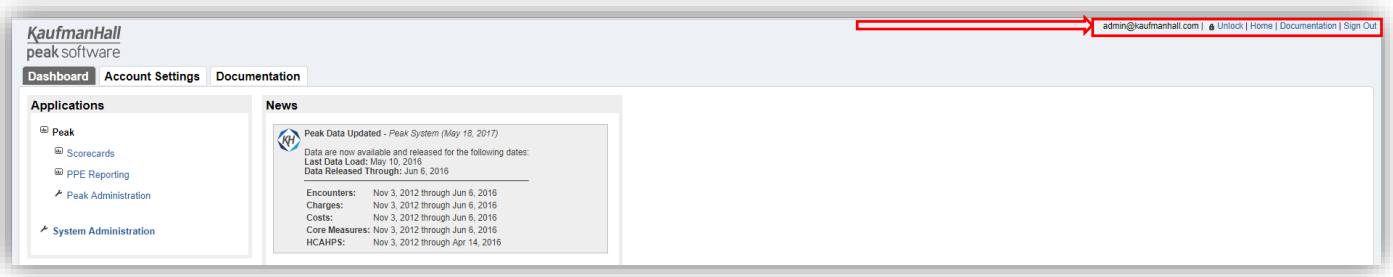
Signing into the Clinical Analytics system takes you directly to the Dashboard tab on the Clinical Analytics Home Page. If you do not see the page displayed below in Figure 2.4, click the logo in the upper left corner to display Clinical Analytics Home Page. Here you will be able to access your listing of available Clinical Analytics applications (e.g. Scorecards, Physician Practice Evaluation (PPE) Reporting, and Clinical Analytics Reporting). Depending on user permissions, not everyone will see every available application.

The Account Settings tab and the Documentation tab are also available from the Clinical Analytics home page. The second tab, Account Settings, allows the user to change their password. The third tab, Documentation, will open a new web-based tab allowing the user to easily navigate Clinical Analytics searchable online resource.

Here you will find technical notes describing each of the Clinical Analytics features along with release notes and helpful information such as Clinical Analytics webinar recordings. Finally, in the upper right hand corner you will always see your sign-in email ID (helpful if you will be emulating others in your permissioned role), the Unlock icon, the Home link, the Documentation link and the Sign Out link. Regardless of where you navigate within Clinical Analytics, these helpful hyperlinks will remain static in the upper right hand corner.

The News window, located on the Dashboard tab, allows you to see what data is loaded into Clinical Analytics. The specific data files such as encounters versus HCAHPS may have different date ranges. Therefore, the news window is a great snapshot to understand the date range and results you can expect to see in Clinical Analytics.

FIGURE 2.4 DASHBOARD TAB ON THE CLINICAL ANALYTICS HOME PAGE



In the next chapter, we will begin to discuss the common features that the Scorecards application shares with the PPE Reporting application. In addition, we will cover the flexible customization options and common report layouts for physician reporting needs across your organization.

Chapter 3: Common Clinical Analytics Features

Learning Objectives:
Following completion of this session you should be able to:

- Describe the common features across the scorecards and PPE reporting applications
- Successfully identify the common and unique features of the PPE reporting application

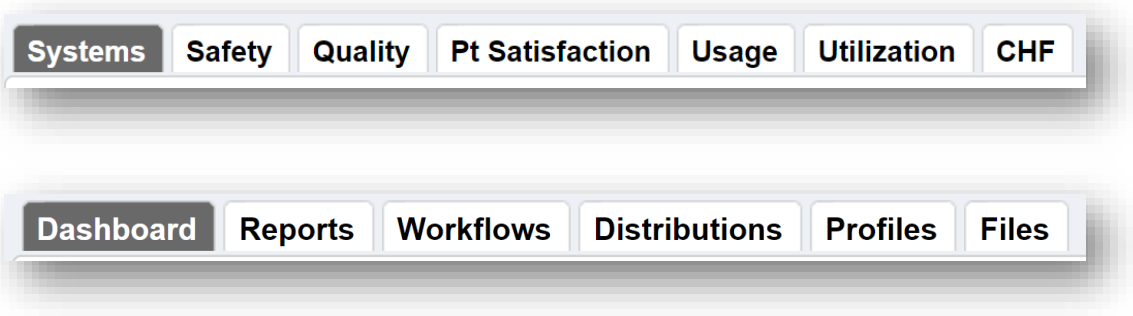
Key Concepts:

- PPE Reporting offers customizable reports, workflows, and distributions
- Use the Documentation tab to access additional PPE Reporting resources
- Use the common scorecard application customization features within PPE Reporting

What is common across Clinical Analytics applications?

As described earlier, the PPE reporting application is highly interactive with almost every feature allowing for client customization. The purpose of this section is to describe the basic framework of the PPE reporting application and features that are consistent across all Clinical Analytics applications. (See Figure 3.5) How these features work will be discussed in greater detail in the next section as we review how to customize PPE Reports.

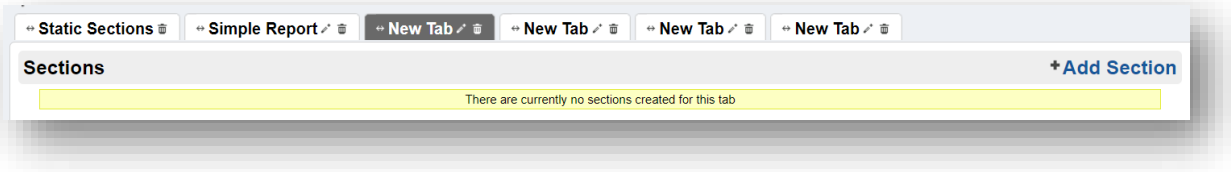
FIGURE 3.5 BASIC CLINICAL ANALYTICS FEATURES CONSISTENT ACROSS SCORECARDS AND PPE REPORTING APPLICATIONS



Clinical Analytics is organized in a tabular fashion to help frame the information in a concise and meaningful way. In addition, Clinical Analytics allows each user to customize and arrange tabs and associated data to then make the displays unique at the user level. Figure 3.5 shows a screenshot from the Scorecards application and the PPE Reporting application. Similar look and feel with a tabular view from left to right, and then the gray highlighted tab as the current tab with associated data specific to the gray tab.

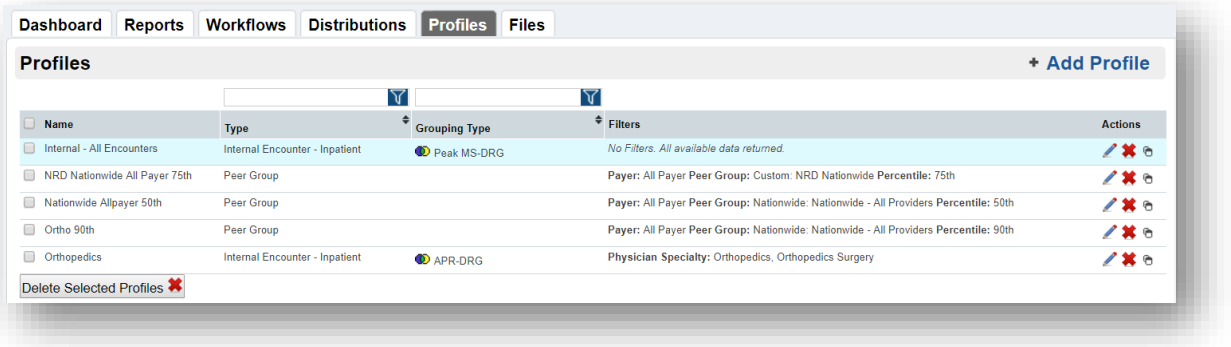
- ***Tabs:*** You will always have at least one tab on any scorecard, but the system allows up to seven tabs per scorecard. The tab names and associated content is modifiable. PPE reporting will have at least two tabs, but the system allows for up to six tabs per report. The six tabs include a Static Sections tab which generates the header and footer for the report. The tabs in PPE reporting allow for custom report layout per page/tab.
- ***Sections:*** The section feature applies measures to your dashboard and report tabs in your scorecards or PPE reports. Without at least one *Section*, your *Tab* will be blank and a yellow bar will display at the top of the scorecard or report. The yellow bar indicates that you don't have any sections included on that particular tab.

FIGURE 3.6 SECTIONS EXAMPLE



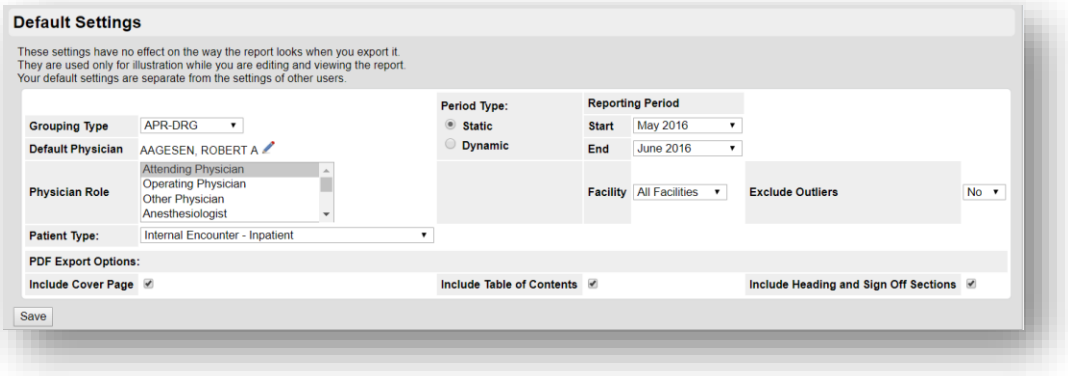
- ***Profiles:*** In PPE reporting, the profiles are available under the Profiles tab. The functions of add, edit, copy and delete options are the same as in the Scorecards application.

FIGURE 3.7 PROFILES TAB EXAMPLE



- ***PDF Creation icon:*** Similar to Scorecard visual graphics, PPE reports can be converted to a PDF using the PDF icon in the upper right hand corner of the Reports tab screen. You must have a selected report open in order to access the PDF icon.
- ***Customization icon:*** Every report can toggle between customization by clicking on the pencil icon and interactive analysis mode by clicking on the green checkmark to exit customizer mode.
- ***PPE Settings icon:*** Similar to Scorecards setting icon, every PPE report allows adjustment for dynamic or static time period. PPE reporting settings also allows for choosing grouping type, physician selection, role selection, patient type, facility and the inclusion or exclusion of the cover page, table of contents, and sign off section in the PPE report summary document.

FIGURE 3.8 DEFAULT SETTINGS WINDOW



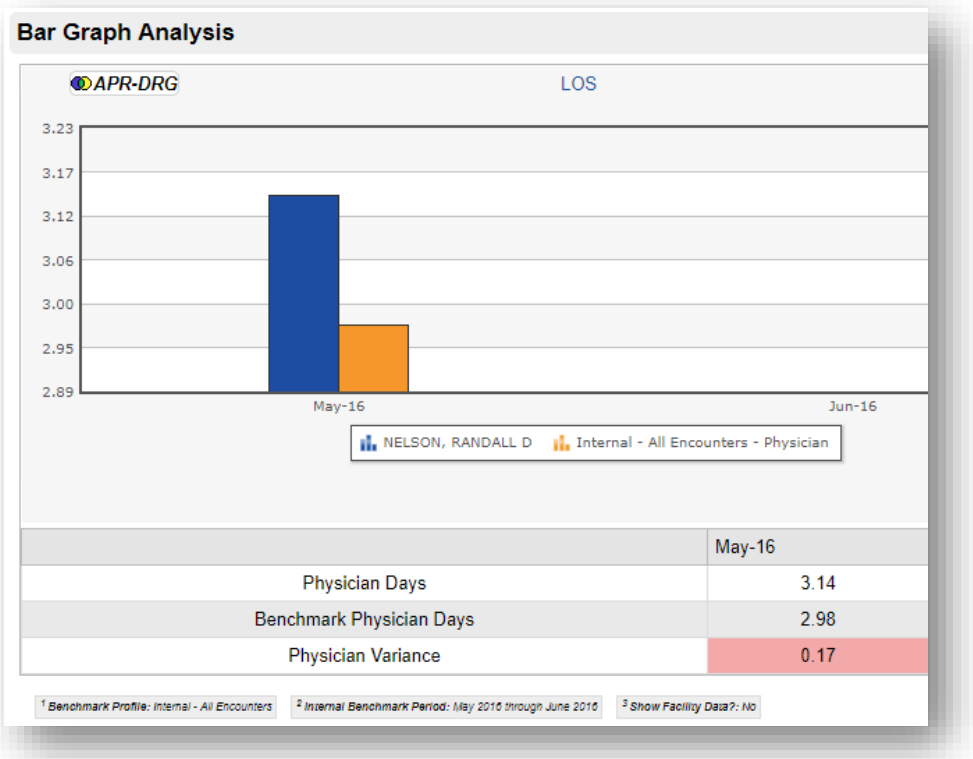
What are the common ways data is displayed in Clinical Analytics PPE Reporting?

Clinical Analytics PPE Reporting displays your data in a multitude of formats. Common graphics include the tables, lines charts and speedometers. PPE Reporting includes a few more options in bar charts and whisker plot distribution charts.

Bar Charts

In Clinical Analytics, bar charts are static and represent grouped data in rectangular bars. Bar charts are usually accompanied by a table and the "hover to discover" feature on the color coded bars.

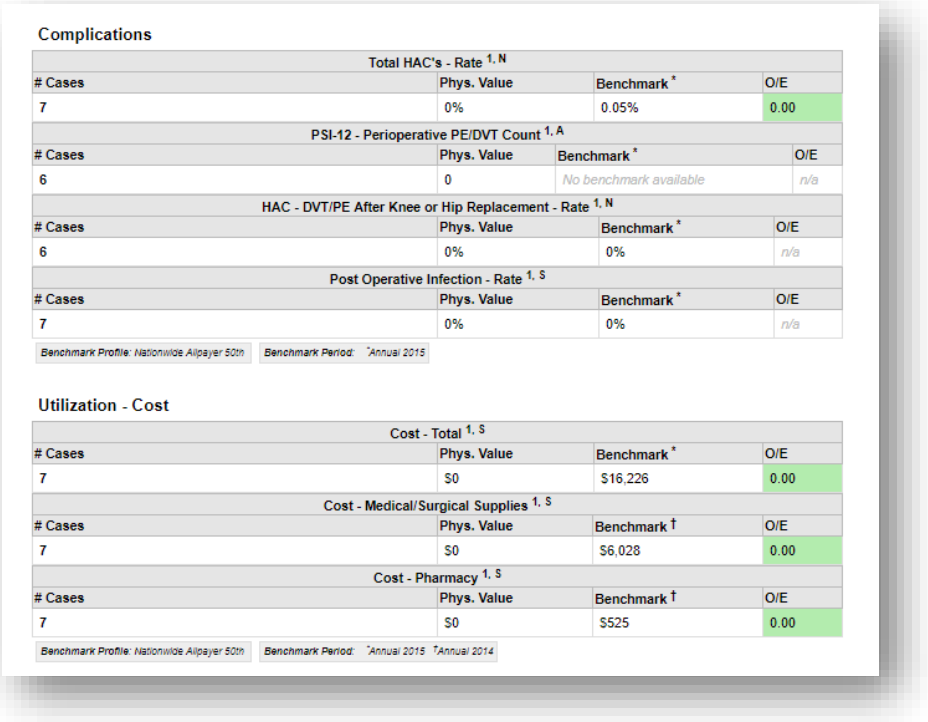
FIGURE 3.9 CLINICAL ANALYTICS BAR CHART EXAMPLE



Tables

The tables in Clinical Analytics PPE Reporting are entirely static. See the illustration below (Figure 3.10) for an example. In addition, the benchmark profile and benchmark period will be available under each measure table for reference.

FIGURE 3.10 CLINICAL ANALYTICS DATA TABLE DISPLAY



Complications

Total HAC's - Rate [1, N]			
# Cases	Phys. Value	Benchmark *	O/E
7	0%	0.05%	0.00
PSI-12 - Perioperative PE/DVT Count [1, A]			
# Cases	Phys. Value	Benchmark *	O/E
6	0	*No benchmark available*	*n/a*
HAC - DVT/PE After Knee or Hip Replacement - Rate [1, N]			
# Cases	Phys. Value	Benchmark *	O/E
6	0%	0%	*n/a*
Post Operative Infection - Rate [1, S]			
# Cases	Phys. Value	Benchmark *	O/E
7	0%	0%	*n/a*

Benchmark Profile: Nationwide Allpayer 50th *Benchmark Period: *Annual 2015*

Utilization - Cost

Cost - Total [1, S]			
# Cases	Phys. Value	Benchmark *	O/E
7	$0	$16,226	0.00
Cost - Medical/Surgical Supplies [1, S]			
# Cases	Phys. Value	Benchmark †	O/E
7	$0	$6,028	0.00
Cost - Pharmacy [1, S]			
# Cases	Phys. Value	Benchmark †	O/E
7	$0	$525	0.00

Benchmark Profile: Nationwide Allpayer 50th *Benchmark Period: *Annual 2015 †Annual 2014*

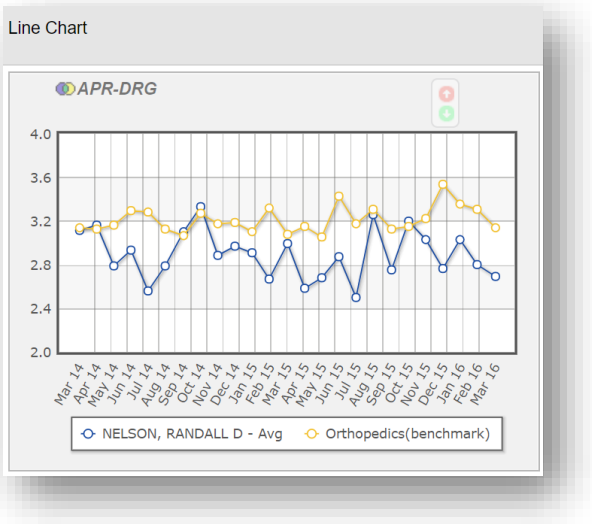
Line Charts

Line charts in Clinical Analytics reflect trending data measured over the period of time defined by the designated time period in the distribution settings. (See Figure 3.11) As described in the above section, this time period can be modified by using the PPE Settings gear icon in the right upper corner of the report or distribution customizer mode screen.

For measures that are grouped by DRG (Diagnosis Related Group), reflecting the risk adjusted grouping assignment selected, either the MS-DRG grouping type or the APR-DRG type. Line charts may or may not reflect benchmarks. You will be able to select and remove any of the data groups (either analysis profile or benchmark comparison group) simply by changing the profile label in customizer mode within the desired report and specific measure blocks. The legend will dynamically update based on the internal or external profiles you select in customizer mode.

- ✓ **Throughout Peak, blue text allows the user to access additional information.**
- ✓ **The back arrow in the web browser is another option to easily go one step back as you become more familiar with the layout of PPE Reporting.**

FIGURE 3.11 LINE CHART EXAMPLE WITH INTERNAL AND EXTERNAL BENCHMARK



Speedometers

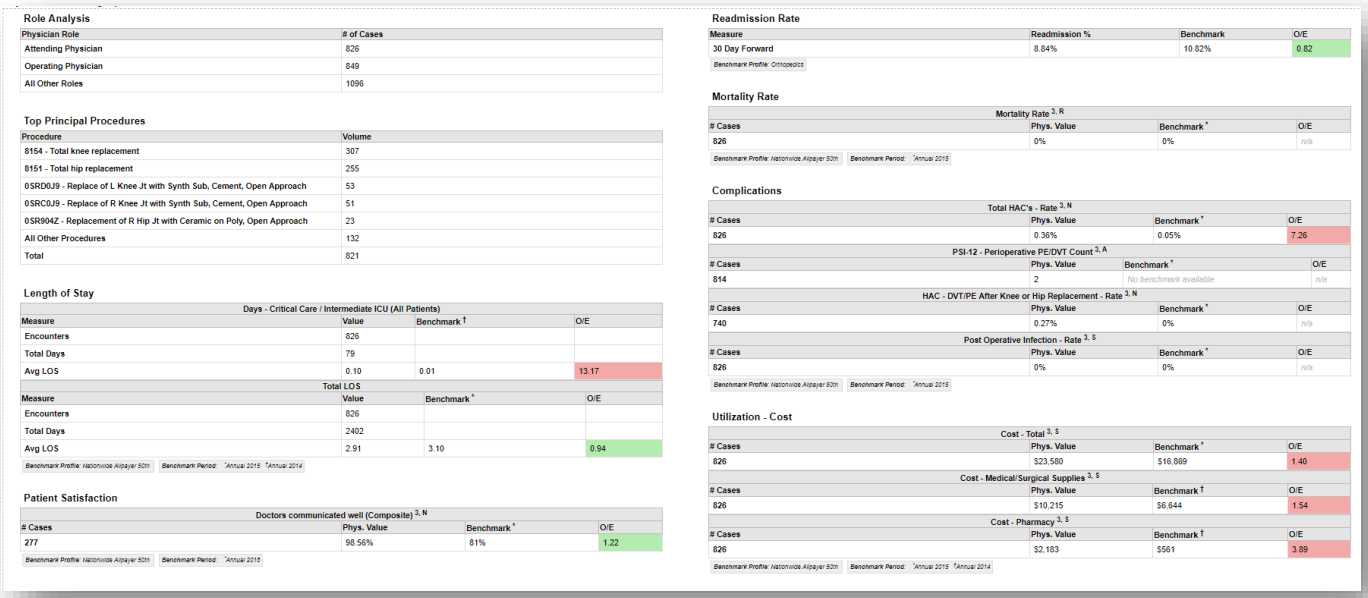
In Clinical Analytics PPE reporting, speedometers are used to reflect a stoplight color scheme to provide at-a-glance performance status for any given measure. Percentiles generally default to 75th, 50th, and 25th percentiles. These may be modified, including the addition of the 90th percentile when the PPE report is in customizer mode. Actual percentile values, including the needle value (i.e. the measure value itself) can be obtained from the legend in the lower right hand corner of the graph. As with the line charts, all speedometer graphs reflect measure polarity, noted by the red/green arrow icon in the right upper corner of the graph. In addition, similar to the line charts, DRG-Based measures are labeled with an icon in the graph's upper left hand corner. Speedometer internal profiles (your analysis profile), benchmarks, and the graph's profile period are labeled in the legend in the lower left corner. These are also modifiable when the PPE report is in customizer mode. In the Speedometer below (Figure 3.12) we can see that the needle profile (Dr. Nelson) is performing between the 50th and 75th percentiles for Length of Stay (LOS) compared to the Orthopedics 90th benchmark. Note in the lower right corner of the speedometer graph the legend reflecting the actual needle value along with percentile cutoffs. The percentile options are pre-selected at the time the speedometer is added as a Block to the Two-Column Section, or the Measure Analysis section.

FIGURE 3.12 CLINICAL ANALYTICS PPE REPORTING SPEEDOMETER

Highlighted Opportunity

As described in the Introduction, the primary purpose of Clinical Analytics is to evaluate your data against credible benchmarks and uncover documented opportunities for improvement. "Opportunity" is reflected in Clinical Analytics using a few different displays, such as the red and green opportunity in the Details View tables and Speedometers within the Scorecards application. In PPE reporting, "opportunity" is reflected in the same red and green focus in the Observed/Expected (O/E) column. As you learn to navigate Clinical Analytics, it is important to note the basic concept that ***red*** opportunity conveys poor performance compared to the benchmark and ***green*** opportunity conveys improved performance compared to the benchmark. (See Figure 3.13) Where applicable, measure tables will have the benchmark reference details in the bottom left corner of that particular measure table.

FIGURE 3.1 CLINICAL ANALYTICS EXAMPLE OF *RED* AND *GREEN* OPPORTUNITY



Role Analysis

Physician Role	# of Cases
Attending Physician	826
Operating Physician	849
All Other Roles	1096

Top Principal Procedures

Procedure	Volume
8154 - Total knee replacement	307
8151 - Total hip replacement	255
0SRD0J9 - Replace of L Knee Jt with Synth Sub, Cement, Open Approach	53
0SRC0J9 - Replace of R Knee Jt with Synth Sub, Cement, Open Approach	51
0SR904Z - Replacement of R Hip Jt with Ceramic on Poly, Open Approach	23
All Other Procedures	132
Total	821

Length of Stay

Days - Critical Care / Intermediate ICU (All Patients)

Measure	Value	Benchmark †	O/E
Encounters	826		
Total Days	79		
Avg LOS	0.10	0.01	13.17

Total LOS

Measure	Value	Benchmark *	O/E
Encounters	826		
Total Days	2402		
Avg LOS	2.91	3.10	0.94

Benchmark Profile: Nationwide Allpayer 50th Benchmark Period: *Annual 2015 †Annual 2014

Patient Satisfaction

Doctors communicated well (Composite) [3, N]

# Cases	Phys. Value	Benchmark *	O/E
277	98.56%	81%	1.22

Benchmark Profile: Nationwide Allpayer 50th Benchmark Period: *Annual 2015

Readmission Rate

Measure	Readmission %	Benchmark	O/E
30 Day Forward	8.84%	10.82%	0.82

Benchmark Profile: Orthopedics

Mortality Rate

Mortality Rate [3, R]

# Cases	Phys. Value	Benchmark *	O/E
826	0%	0%	n/a

Benchmark Profile: Nationwide Allpayer 50th Benchmark Period: *Annual 2015

Complications

Total HAC's - Rate [3, N]

# Cases	Phys. Value	Benchmark *	O/E
826	0.36%	0.05%	7.26

PSI-12 - Perioperative PE/DVT Count [3, A]

# Cases	Phys. Value	Benchmark *	O/E
814	2	No benchmark available	n/a

HAC - DVT/PE After Knee or Hip Replacement - Rate [3, N]

# Cases	Phys. Value	Benchmark *	O/E
740	0.27%	0%	n/a

Post Operative Infection - Rate [3, $]

# Cases	Phys. Value	Benchmark *	O/E
826	0%	0%	n/a

Benchmark Profile: Nationwide Allpayer 50th Benchmark Period: *Annual 2015

Utilization - Cost

Cost - Total [3, $]

# Cases	Phys. Value	Benchmark *	O/E
826	$23,580	$16,869	1.40

Cost - Medical/Surgical Supplies [3, $]

# Cases	Phys. Value	Benchmark †	O/E
826	$10,215	$6,644	1.54

Cost - Pharmacy [3, $]

# Cases	Phys. Value	Benchmark †	O/E
826	$2,183	$561	3.89

Benchmark Profile: Nationwide Allpayer 50th Benchmark Period: *Annual 2015 †Annual 2014

- ✓ **The Simple Report section is a great one page starter template.**
- ✓ **Time periods can be adjusted using the settings gear icon.**
- ✓ **When searching for measures, remember to use the Filter functionality to help you find items quickly.**
- ✓ **In customizer mode, indicate Yes/No for the O/E column if you want the opportunity to display in the report.**

Hopefully the tabular view you are familiar with in the Scorecards application will help you navigate more easily through the PPE reporting application. Each application has unique features, but the customizing, editing, copying, and deleting functionality is similar throughout each application. In addition to similar graphic displays, with a few more options available in PPE Reporting. Now that we have reviewed the common features across applications, it's time to review the unique tab features specific to PPE Reporting.

Chapter 4: PPE Reporting Dashboard

Learning Objectives:
Following completion of this session you should be able to:

- Navigate your way through the PPE Reporting Dashboard tab, recognizing the Reviews and Workflows categories in the dashboard snapshot.
- Understand the available action items and color coded visuals available in the Reviews and Workflows categories.

Key concepts:

- The Dashboard tab is your workspace where pending and completed PPE reports and workflows are available to you.
- The Dashboard tab lists all PPE reports that have you have been assigned to review and approve.
- Health System Coordinators are also able to view Pending and Completed reviews and In-Progress and Completed workflows.
- Report Approvers are only able to view Pending and Completed reviews assigned to themselves as a user/report reviewer.

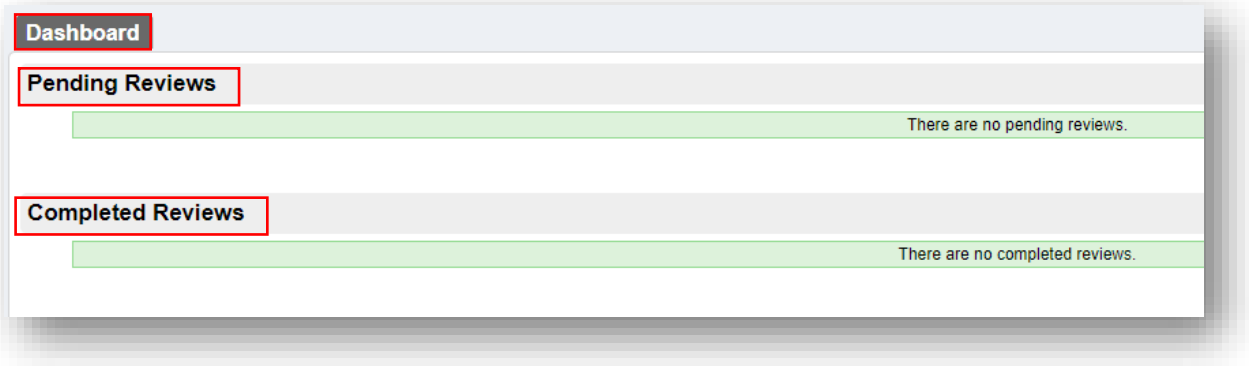
Dashboard View

The PPE reporting application represents Clinical Analytics dynamic user interface which allows for a magnitude of customization opportunities. In the next session we will focus specifically on the features and relationship between the Reviews category and the Workflows category on the Dashboard tab. For the purposes of basic navigation we will spotlight a standard training report, workflow and distribution.

When you select the PPE reporting application from your Clinical Analytics Home Page, it opens to the PPE reporting Dashboard. Depending on your permissions level, at minimum, the PPE Dashboard tab which provides access to:

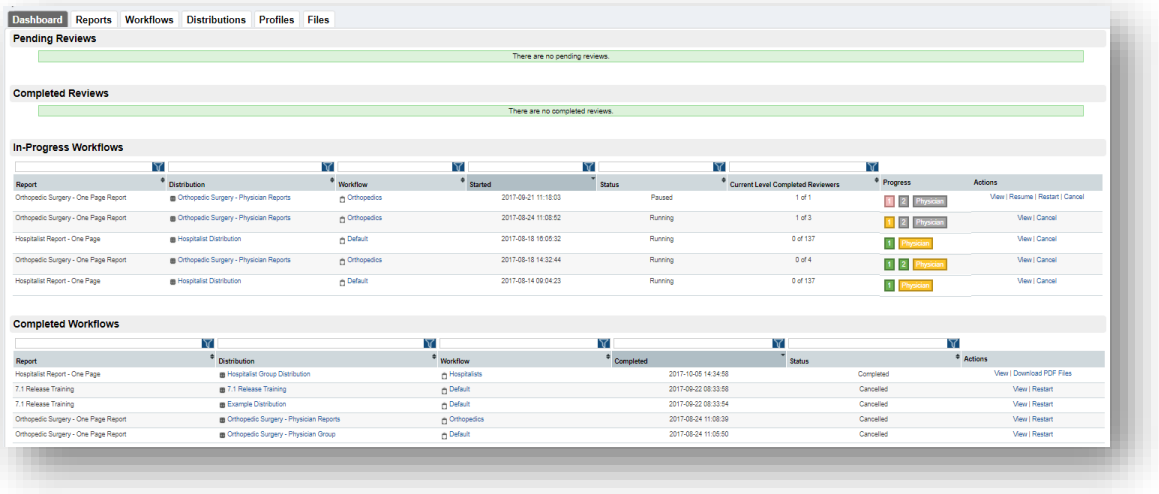
- Pending Reviews assigned to you
- Completed Reviews you have reviewed
- Health System Coordinators will have access to additional categories: In-Progress Workflows and Completed Workflows

FIGURE 4.1 PPE DASHBOARD TAB: REPORT APPROVER VIEW



Clinical Analytics allows two user permission levels in the PPE Reporting application, Health System Coordinator or Report Approver (See Figure 4.1). The Report Approver role will only have the first two categories: Pending Reviews and Completed Reviews. The Health System Coordinator will have four available categories on the Dashboard tab: Pending Reviews, Completed Reviews, In-Progress Workflows and Completed Workflows (See Figure 4.2). The Dashboard tab provides an at-a-glance workspace to keep PPE reports organized and categorized into Reviews and Workflows, depending on user permissions.

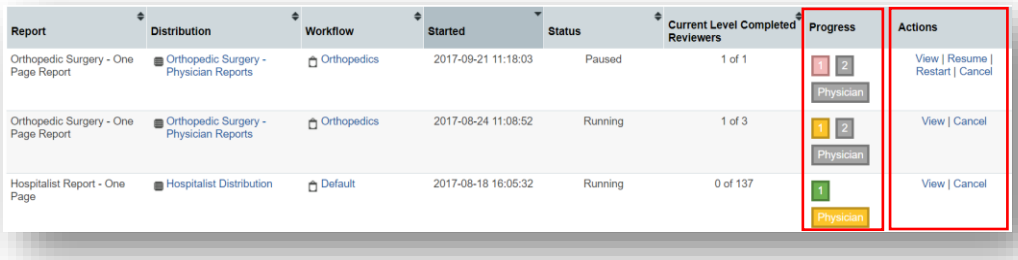
FIGURE 4.2 PPE DASHBOARD TAB: HEALTH SYSTEM COORDINATOR VIEW



Health System Coordinator (HSC) user permissions allows the user to review and approve reviews that are assigned to them. In addition, HSC permissions provides a snapshot overview of all In-Progress Workflows including the current level of each workflow. The progress column provides an at-a-glance view indicating the status of the current level in the workflow (See Figure 4.3). The red color denotes the workflow is rejected in the current level. To see why it was rejected, select the View actions hyperlink. To just restart/resume the workflow, select the Resume or Restart action hyperlinks. The green color indicates that the workflow is completed for that particular level. The amber color tells the viewer that the workflow is currently in that level and the previous column shows how many assigned reviewers are in that particular level, and how many have approved the report. The gray color designates how many levels exist within a particular workflow, and will turn to amber, red, or green once the workflow enters that particular stage or level.

The Actions column on the far right allows the HSC user to take appropriate action to keep the workflow moving forward and avoid delays in report distribution. (See Figure 4.3) Selecting the View hyperlink provides the Workflow Details, including report name, hyperlink to distribution details, hyperlink to workflow details, current level of reviewers and hierarchy progress.

FIGURE 4.3 ACTION COLUMN

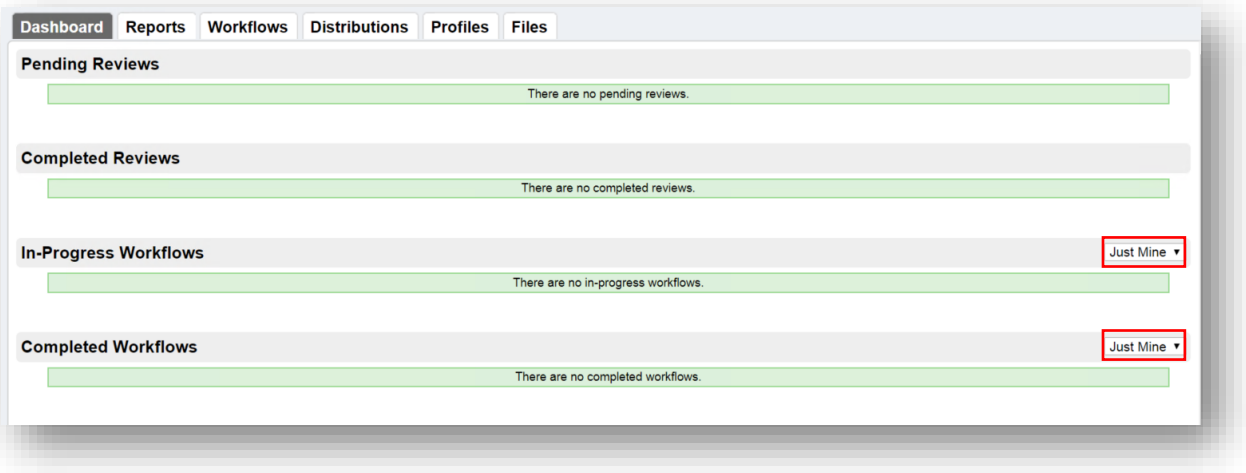


From the In-Progress dashboard category, the user can select the *View* action from the actions column to see additional workflow details. In the Workflow details view, an additional *View Reviews* hyperlink is an action option that allows the user to link directly to the reports. (See Figure 4.4). An easy way to return to the Dashboard view is to select the blue underlined hyperlink in the upper left hand corner. This bread crumb feature is available throughout Clinical Analytics to help with smoother navigation as you become more familiar with the Clinical Analytics technology solution.

FIGURE 4.4 VIEW REVIEWS HYPERLINK

We've covered the first tab in PPE Reporting, titled the Dashboard tab. The Dashboard tab is meant to provide, based on permission levels, a snapshot view of the Reviews and Workflows in action across your health system. In the upcoming chapters, we will review the Reports, Workflows, and Distributions tab in more detail.

FIGURE 4.5 DASHBOARD JUST MINE VIEW



Keep in mind, that the Workflow categories provide Progress and Action columns listing color coded at-a-glance clues and helpful hyperlinks to easily know the stage of each in-progress distribution. The Just Mine filter option allows the user to narrow down the view to "just mine", instead of viewing all existing workflows across the organization (see Figure 4.5). It's time to review the details of the Reports tab in Chapter 5.

Chapter 5: PPE Reports

Learning Objectives:
Following completion of this session you should be able to:

- Understand the different ways a Clinical Analytics PPE Report can be customized
- Run a single physician PDF report on the fly

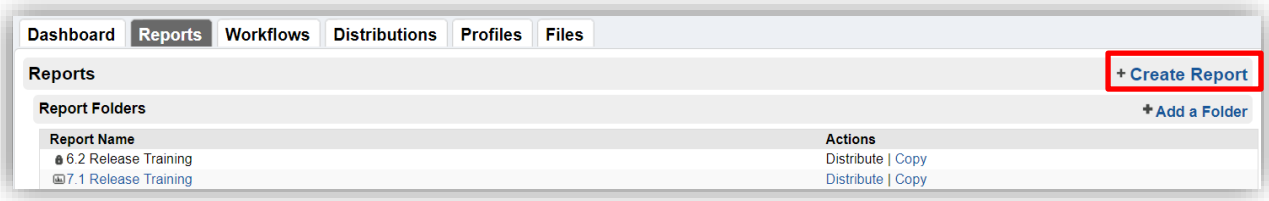
Key Concepts:

- Custom Reports, Tabs, Sections, Blocks (with their associated Measures) can all be added, deleted, and moved
- Populations of interest, for measurement of performance and/or benchmarking, can be defined
- Reports can be copied and altered to minimize the need to start from scratch each time
- Any place that you see the pencil icon, you can edit or customize

Creating your Clinical Analytics PPE Report

PPE reports are created and stored on the Reports tab within the PPE reporting application. ***The first time you select the Reports tab, you will need to set the default report settings. You only need to do this once.*** Clicking on the Reports tab will give you access to the Create Report blue hyperlink in the upper right corner of the Reports tab screen. (See Figure 5.1) When you click on the blue "Create Report" hyperlink, Clinical Analytics will prompt you to enter a name for the report. Once you've named the report, select OK to save the new report name. The report will open in customizer mode, with similar scorecard application functionality, using the pencil icon, arrows or trash can icons to make necessary edits. Think of these reports as the skeleton template, because you will define specific settings that will apply to these reports in the Distributions chapter. Keep in mind, you can always change the report name, in customizer mode, by typing in the text box at the top of the page.

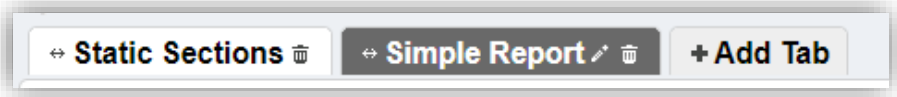
FIGURE 5.1 CREATE A REPORT



Tabs

As described earlier, the tabs within each Clinical Analytics reports can be added, deleted, moved and renamed. The maximum number of tabs on a Clinical Analytics PPE report is six, which includes the Static Sections tab. In the customizer view, when there are less than six tabs on the report, you will see a tab labeled *+Add Tab*, indicating an opportunity to an additional tab. Clicking *+Add Tab* creates a new tab which then has the same modification capabilities as the other pre-existing tabs. Figure 5.2 illustrates the customization functions of Clinical Analytics Tabs.

FIGURE 5.2 REPORT TAB CUSTOMIZATION FUNCTIONS



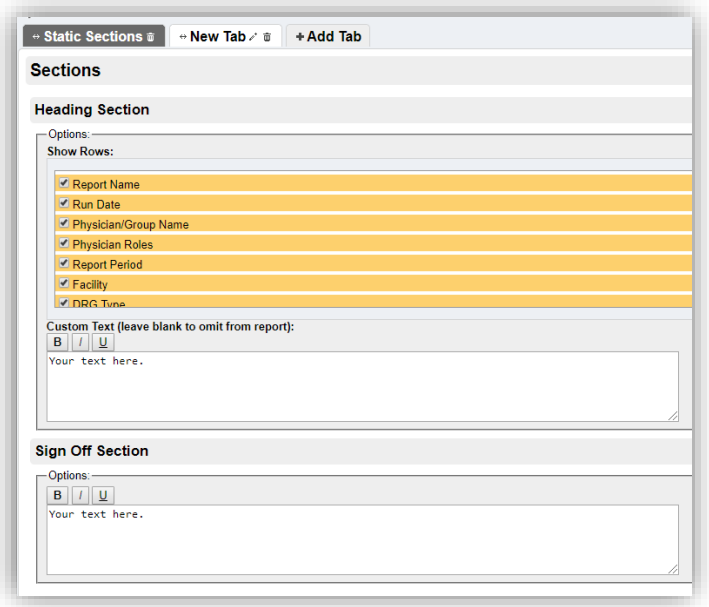
Tabs may be customized when you:

- ✓ *Name* a new tab or *Rename* a pre-existing tab: Pick any tab and *click* the customization pencil. *Type* a new name and *select Apply,* or *press Enter* to save the name change. If you change your mind, *select cancel***.**
- ✓ *Delete* a Tab: *Click* the trash can icon.
- ✓ *Move* a Tab: *Click* on the two-way arrow to the left side of the tab name; grab the Tab with the arrow cross and slide it into the desired tabular sequence.

Tabular Sequence:

- ➢ **STATIC SECTIONS TAB:** The static sections tab will be the default first tab in customizer mode (See Figure 5.3). This tab includes the header and footer details available for that specific PPE report. These sections can be included/excluded in the distribution settings. The Sign Off section is commonly used for facility confidentiality statements.
  - The Heading Analysis section gives basic information about the report. It is always displayed at the beginning of the report export when included.
  - The Heading Section lists the report name, run date, physician name, previous period, report period, facility, DRG type, and physician role. The space at the bottom can be customized to include additional information, such as notes, a confidentiality statement, or contact information.
  - The Sign Off Analysis section always appears at the end of the report and can hold footnotes or references, a signature confirmation, or any other text you want to include.

FIGURE 5.3: STATIC SECTIONS TAB

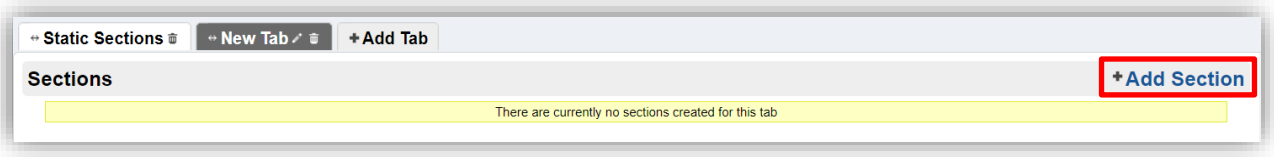


- ➢ **NEW TAB/ADD TAB:** The new tab/add tab option provides a blank canvas to pull in desired sections or blocks to create the PPE report template. Each new tab will start blank and require the selection of the *+ Add Section* hyperlink to begin adding desired sections and ultimately creating the report template.
  - Add tabs by clicking the *+ Add Tab* at the right end of the tab bar.

- Move tabs by clicking the arrows and dragging the tab to a new location.
- Rename the tab by clicking the pencil icon.
- Delete a tab by clicking the trash can icon.

➢ **ADD SECTION MENU:** Clicking on the *+ Add Section* hyperlink provides a list of available sections to utilize within the report template (See Figure 5.4). Similar to scorecards, you can rename or reposition sections and blocks per visual preference.

FIGURE 5.4: + ADD SECTION



You can add one section or multiple sections to one tab or across several tabs. Keep in mind the desired length of the final report and only add necessary sections or measures to provide a meaningful and focused report. Keep in mind that each section will add a page to the PPE report, even though the report template may appear to be half a page only. Clinical Analytics PPE Reporting offers 17 sections to utilize in each report (See Figure 5.5). Next we will discuss the most popular sections and encourage you to explore all available sections as you become more comfortable in the PPE reporting application.

FIGURE 5.5 PPE REPORTING SECTIONS

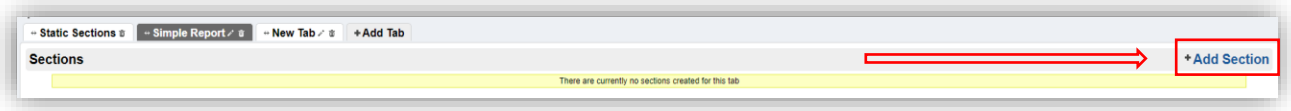
- Bar Graph Analysis
- Coding Analytics: Secondary Diagnosis Analyses
- Consultant Use Analysis
- Hospital-Acquired Conditions (HACs) Analysis
- Length of Stay Utilization Analysis
- Measure Analysis
- Payer Mix Analysis
- Patient Type Analysis
- Physician Role Analysis
- Principal Procedure Analysis
- Readmission Analysis
- Readmission Bar Graph Analysis
- Simple Report
- Summary Analysis
- Top DRG Analysis by APR-DRG/MS-DRG
- Utilization Analysis by Charges/Costs
- Two Column Section

As you become familiar with the available sections in PPE reporting, our team highly recommends a popular section created specifically for physicians wanting a one page layout, titled Simple Report.

Sections

In the Clinical Analytics application, Sections provide the functionality for assigning basic data analyses graphics within any given Tab. In a sense, the naming of a Tab assigns a name without a function. The contents of a tab remains blank until a Section is added. (See Figure 5.6)

FIGURE 5.6 A NEW TAB WITHOUT ASSIGNED SECTIONS



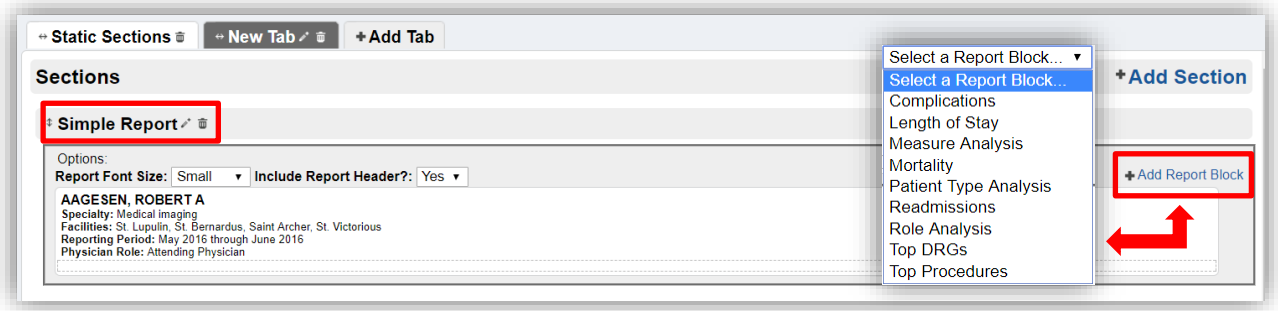
Whenever in customizer mode, it is always possible to select and add a section. This is accomplished by selecting the *+Add Section* on the right upper portion of the Sections screen (See Figure 5.4). This will open a dropdown to use in choosing a Section. Each analytic section provides unique value to the opportunity questions your organization is trying to answer through data analysis. Sections can be organized on your screen by hovering over the two-way arrow on the left end of the gray margin, and rearranged similar to the individual tab movement we just discussed. Once you have captured the section you would like to rearrange, move the section and drop it into place signaled by a light yellow highlight strip is visible in the background. The light yellow highlight strip is where the relocated section can be attached. The added sections will display in the physician report, in the desired layout and order that you would like to use.

Simple Report Section

One of our most popular PPE reporting sections is the Simple Report section! The Simple Report section is a standard one page report commonly used for physician practice reporting. This section contains blocks that can be added and customized to meet the users reporting needs. Coloring throughout the report helps to signify where there are areas of opportunity and where the physician is performing better than the benchmark.

Once you have selected the Simple Report section, Clinical Analytics will offer an additional hyperlink named *+ Add Report Block* to then add individual measures within the Simple Report template (See Figure 5.7).

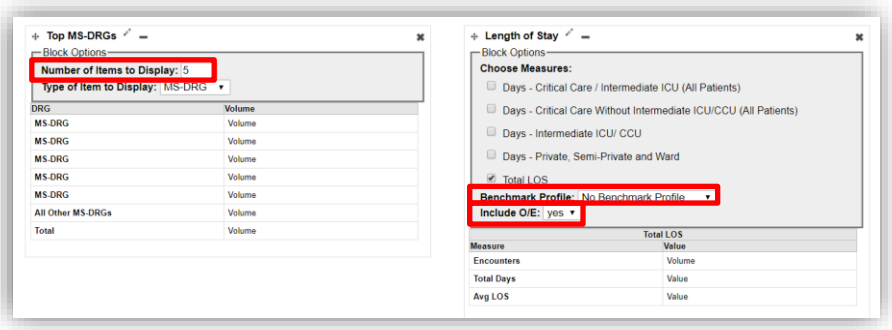
FIGURE 5.7 SIMPLE REPORT + ADD REPORT BLOCK CUSTOMIZATION FUNCTIONS



After you have selected multiple measures, using the *+ Add Report Block* feature, you can begin to customize the report. Each measure block has multiple options for editing, such as how many rows you would like to display, which rows you would like to display, inclusion of benchmark profiles, including Observed/Expected (O/E) column, etc. (See Figure 5.8).

The measure analysis block type, in the Simple Report, allows you to pull in any measure available in Clinical Analytics. You can easily customize the placement of each measure using the arrows next to the measure name. Similar to the arrows, seen in Figure 4.4, noted to the left of the Simple Report title.

FIGURE 5.8 SECTION CUSTOMIZATION FUNCTIONS

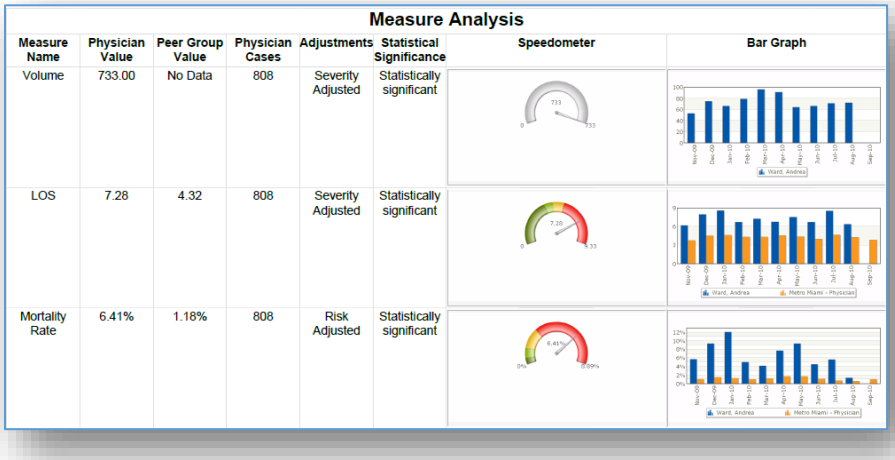


Once you have completed the necessary edits, select the green checkmark in the upper right hand corner to exit customizer mode. Before we move into the next topic, which covers how you can easily edit an existing PPE report, let's review how additional sections can be added to any PPE report. The Simple Report section was covered first, so now let's talk about a few more sections that can enhance the report with graphic displays.

Measure Analysis Section

The Measure Analysis section shows up to 20 measures (See Figure 5.9). The section often spreads over several pages in the report. Add additional sections if more measures are needed in the report. This section consists of a large table with one row for each measure. The table columns and definitions are available within the Documentation resource in Clinical Analytics. The graphic options are not limited to a speedometer and bar graph, you can also select from a line chart or whisker plot distribution graph.

FIGURE 5.9 MEASURE ANALYSIS SECTION



Length of Stay Utilization Analysis Section

The Length of Stay Utilization Analysis section lists all length of stay measures in a table (See Figure 5.10). The section consists of a table with one row for each measure. The table columns and definitions are available in the Documentation resource in Clinical Analytics. Remember, green opportunity indicates better performance as compared to the listed benchmark and red opportunity indicates room for improvement.

FIGURE 5.10 LENGTH OF STAY UTILIZATION ANALYSIS SECTION

Length of Stay Utilization Analysis

Measure	# Encounters	Total # Days	Avg Days/Encounter	Benchmark	Opportunity
Days - Critical Care / Intermediate ICU (All Patients)	147	114	0.78	2.62	-269
Days - Private, Semi-Private and Ward	147	782	5.32		
LOS	147	834	5.67	4.29	201

[1] Benchmark Profile: Metro Miami [2] Benchmark Period: Annual 2009

Utilization Analysis by Charges/Costs

The Utilization Analysis by charges/costs section may display either charges or costs (See Figure 5.11). You may include this section in the report twice, once listing charges and once listing costs. The table shows charges or costs for major revenue code groupings. Opportunity is reflected in the difference between your profile and the benchmark. The boxes are either red or green depending on where you stand. If your profile had higher charges/costs than the benchmark, the box is red. If your profile had lower charges/costs than the benchmark, the box is green. If the two amounts are very close, the box has no color.

Opportunity = Facility charges or costs for revenue code group - Benchmark charges or costs for revenue code group x # of Encounters. The columns are described in further detail in the Documentation resource in Clinical Analytics.

FIGURE 5.11 UTILIZATION ANALYSIS BY CHARGES/COSTS SECTION

Utilization Analysis by Charges

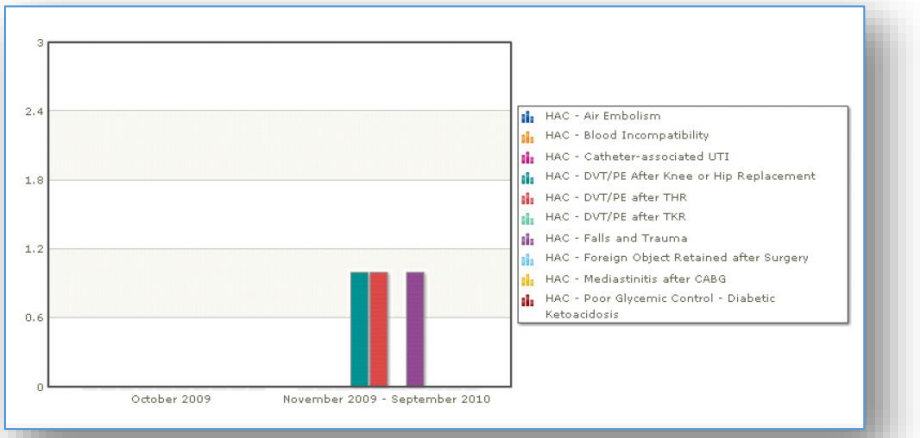
Description	Category	Average	Total	Opportunity
Cardiology	Diagnostic	$1,801	$1,089,513	$11,687
Laboratory and Pathology	Diagnostic	$4,796	$2,901,656	$340,044
MRI	Diagnostic	$135	$81,906	$44,987
Radiology, CT, Oncology & Nuc. Med.	Diagnostic	$2,103	$1,272,142	$165,179
Clinic Visit	Other	$1	$529	$0
Other	Other	$278	$168,388	$-16,500
Accommodation - Private, Semi Private, Ward - Inpatient	Routine	$5,353	$3,238,504	$-601,711
Critical Care / Intermediate ICU	Routine	$4,318	$2,612,300	$148,327
Medical/Surgical Supplies	Supplies	$1,463	$884,836	$59,687
Anesthesiology	Therapeutic	$1	$604	$17,709
Blood Administration	Therapeutic	$379	$229,101	$-22,429
ESRD Revenue Setting	Therapeutic	$150	$90,897	$-18,958
Emergency Department	Therapeutic	$605	$366,102	$77,815
Occupation Therapy	Therapeutic	$183	$110,867	$432
Operating Room and Labor & Delivery	Therapeutic	$543	$328,566	$21,764
Pharmacy	Therapeutic	$2,362	$1,429,203	$376,621
Physical Therapy	Therapeutic	$237	$143,242	$18,717
Professional Fee	Therapeutic	$11	$6,424	$-7,393
Respiratory Therapy	Therapeutic	$770	$465,566	$98,764
Speech Pathology	Therapeutic	$93	$56,346	$-599
Total	Total	$7,600	$4,598,000	$3,264,953

[1] Charges/Costs: charge [2] Benchmark Profile: Metro Miami [3] Benchmark Period: Annual 2009

Hospital-Acquired Conditions (HAC) Analysis

The HACs analysis section shows all hospital-acquired conditions that occurred among the report physician's patients during the report period (See Figure 5.12). The section consists of a bar graph, with one bar for each HAC observed.

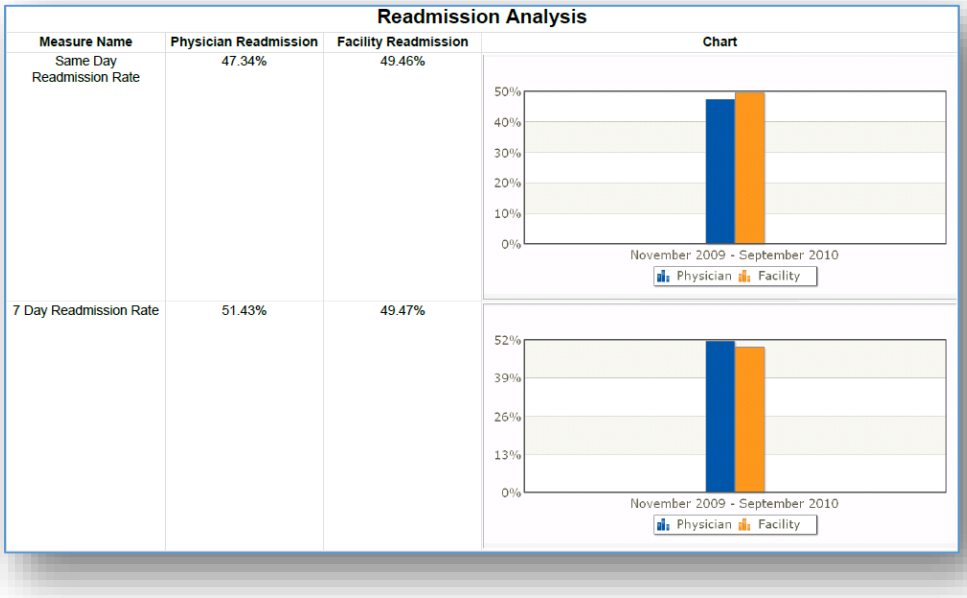
FIGURE 5.12 HAC ANALYSIS SECTION



Readmission Analysis

The Readmission Analysis section allows you to select readmission rates at the standard cutoffs: Same Day, 7 Day, 10 Day, 14 Day, and 30 Day (See Figure 5.13). This section lists the readmission rates for both the report physician and the facility during the report period. The last column shows the values on a bar chart so you can compare them at a glance.

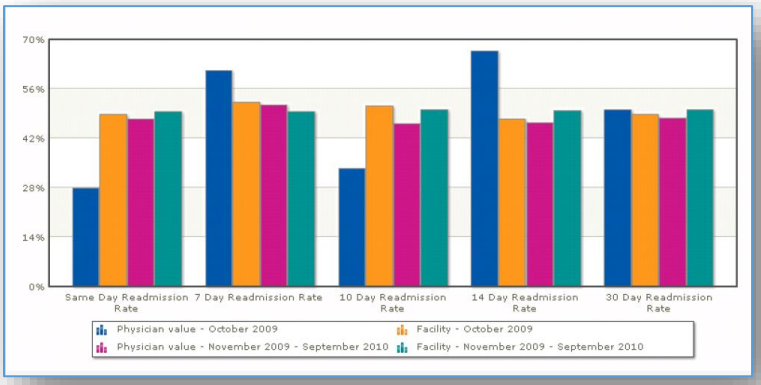
FIGURE 5.13 READMISSION ANALYSIS SECTION



Readmission Bar Graph Analysis

The Readmission Bar Graph Analysis section shows a group of bar graphs for each readmission measure. There are five readmission measures, Same Day, 7 Day, 10 Day, 14 Day, and 30 Day (See Figure 5.14). The graphs have either two for four bars for each listed measure on the x-axis. Refer to the legend along the bottom of the bar chart to identify benchmark, facility, and physician color coded bars.

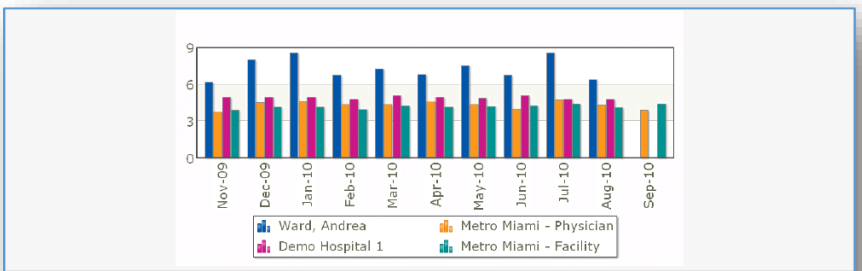
FIGURE 5.14 READMISSION BAR GRAPH ANALYSIS SECTION



Bar Graph Analysis Section

The Bar Graph Analysis section is a customizable section that shows up to 20 bar graphs (See Figure 5.15). Each graph shows data for a different measure. The graphs have either two or four bars for each listed month on the x-axis. Refer to the legend to identify the color coded bars and associated representation. The tables below the graphs show different information depending on the measure chosen. The tables include values for the physician, peer group, and possibly the facility for each month in the period.

FIGURE 5.15 BAR GRAPH ANALYSIS SECTION



	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
Physician Days	6.19	7.97	8.59	6.73	7.28	6.78	7.55	6.74	8.56	6.40	No data
Benchmark Physician Days	3.74	4.53	4.62	4.34	4.33	4.58	4.36	3.96	4.69	4.29	3.87
Physician Variance	2.45	3.44	3.97	2.39	2.95	2.20	3.19	2.78	3.87	2.11	-3.87
Facility Days	4.92	4.90	4.90	4.77	5.09	4.92	4.86	5.09	4.79	4.76	No data
Benchmark Facility Days	3.87	4.13	4.14	3.95	4.22	4.14	4.21	4.25	4.39	4.11	4.41

[1] Benchmark Profile: Metro Miami [2] Benchmark Period: Annual 2009 [3] Show Facility Data?: Yes

Consultant Use Analysis Section

The Consultant Use Analysis section shows how often the report physician consulted with other physician (See Figure 5.16). The section consists of a table listing the consulting physicians associated with the report physician's cases, along with their specialties and number of cases. The Consultant column lists the consulting physician's name. The Specialty column lists the consulting physician's activity. The number of cases column lists the number of cases the consulting physician helped the report physician with.

FIGURE 5.16 CONSULTANT USE ANALYSIS SECTION

Consultant Use Analysis

Consultant	Specialty	Number of Cases
Long, Mariah	PSYCHOLOGIST	6
Carter, Alexandra	RADIOLOGY	6
Clark, Caleb	RADIOLOGY	6
Brown, Arianna	GENERAL SURGERY	5
Reed, Sofia	GENERAL SURGERY	5
Powell, Zachary	RADIOLOGY	5
Rivera, Joseph	RADIOLOGY	5
Baker, Lauren	GENERAL SURGERY	5
Price, Angel	GENERAL SURGERY	4
Parker, Gianna	NEUROLOGY	4

Payer Mix Analysis Section

The Payer Mix Analysis section lists the top 20 payers used by the physician's patients during the report period (See Figure 5.17). The table lists the number and percentage of cases for each individual payer. The 21st row shows the number of encounters for all other payers (outside of the top 20 already listed), and the last row shows the totals for each column. The Payer Name column lists the name of the paying organization. The Number of Cases column lists the number of cases that the organization paid for. The Percent of Cases column lists the percentage of the report physician's cases using that payer. The Hospital Percent of Cases lists the percentage of cases using that payer across the hospital.

FIGURE 5.17 PAYER MIX ANALYSIS SECTION

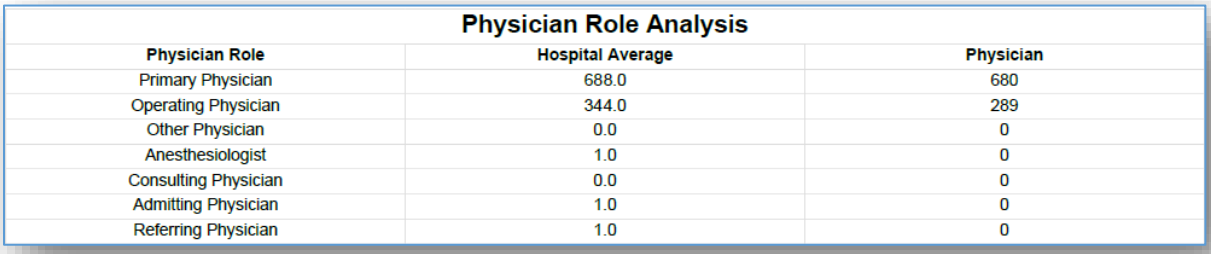
Payer Mix Analysis

Payer Name	Number of Cases	Percent of Cases	Hospital Percent of Cases
Medicare	493	59.69%	16.14%
HMO	52	6.3%	1.85%
BCBS	46	5.57%	3.1%
HMO	28	3.39%	7.94%
Veterans Administration	24	2.91%	1.2%
Other	17	2.06%	0.95%
Cigna	14	1.69%	0.73%
UHC	13	1.57%	1.66%
BCBS	11	1.33%	0.42%
HMO	10	1.21%	1.1%

Physician Role Analysis

The Physician Role Analysis section shows the report physician's roles for the cases he or she was involved with, regardless of the role selected in the distribution settings (See Figure 5.18). The Physician Role column lists each row as a role type. The Hospital Average column lists the hospital-wide physician average number of cases for each role. The Physician column lists the number of cases for which the physician performed that particular role.

FIGURE 5.18 PHYSICIAN ROLE ANALYSIS SECTION

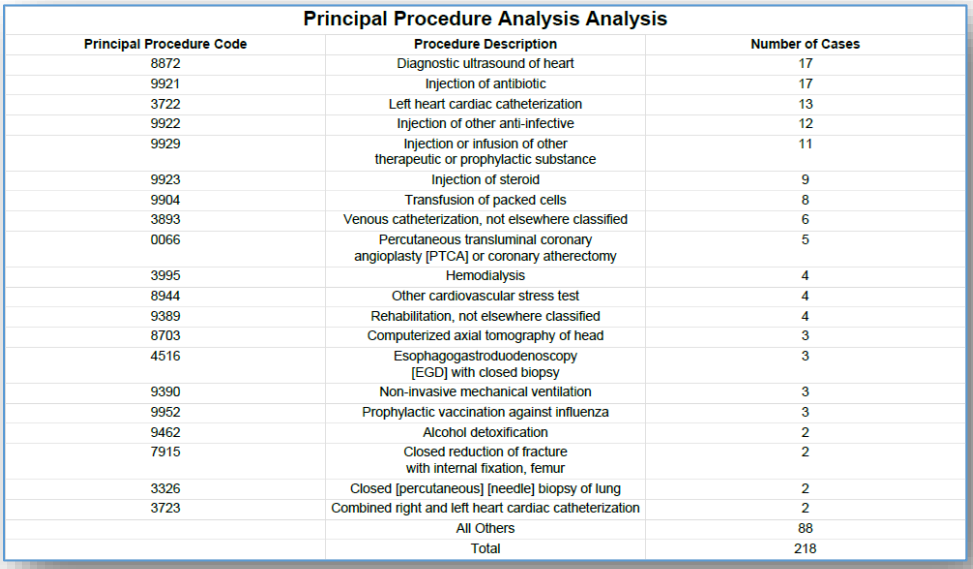


Physician Role Analysis		
Physician Role	**Hospital Average**	**Physician**
Primary Physician	688.0	680
Operating Physician	344.0	289
Other Physician	0.0	0
Anesthesiologist	1.0	0
Consulting Physician	0.0	0
Admitting Physician	1.0	0
Referring Physician	1.0	0

Principal Procedure Analysis Section

The Principal Procedure Analysis section lists the 20 principal procedures performed among the physician's patients (See Figure 5.19). The first 20 entries in the table are the top 20 procedures that the physician saw during the report period. The 21st row shows the number of encounters for all other procedures, and the last row shows the total number of encounters that the physician saw during the report period. Keep in mind, this section displays the top principal procedures regardless of the physician role selected, and therefore can display procedures not performed by the selected physician. The Principal Procedure Code column shows the numerical procedure code. These codes come from the ICD-9 or ICD-10 procedure code list.

FIGURE 5.19 PRINCIPAL PROCEDURE ANALYSIS SECTION

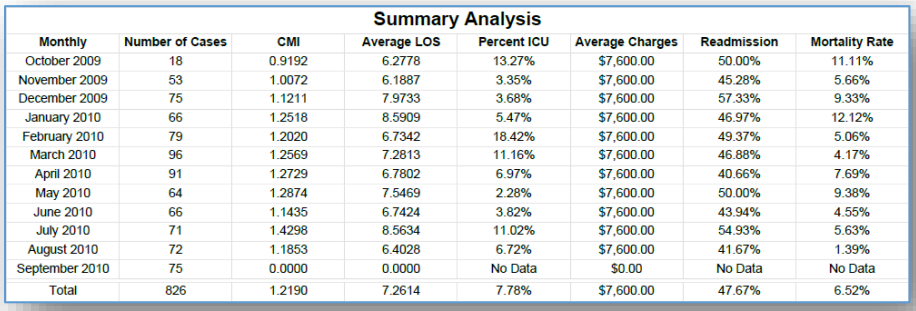


Principal Procedure Analysis Analysis		
Principal Procedure Code	**Procedure Description**	**Number of Cases**
8872	Diagnostic ultrasound of heart	17
9921	Injection of antibiotic	17
3722	Left heart cardiac catheterization	13
9922	Injection of other anti-infective	12
9929	Injection or infusion of other therapeutic or prophylactic substance	11
9923	Injection of steroid	9
9904	Transfusion of packed cells	8
3893	Venous catheterization, not elsewhere classified	6
0066	Percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy	5
3995	Hemodialysis	4
8944	Other cardiovascular stress test	4
9389	Rehabilitation, not elsewhere classified	4
8703	Computerized axial tomography of head	3
4516	Esophagogastroduodenoscopy [EGD] with closed biopsy	3
9390	Non-invasive mechanical ventilation	3
9952	Prophylactic vaccination against influenza	3
9462	Alcohol detoxification	2
7915	Closed reduction of fracture with internal fixation, femur	2
3326	Closed [percutaneous] [needle] biopsy of lung	2
3723	Combined right and left heart cardiac catheterization	2
	All Others	88
	Total	218

Summary Analysis Section

The Summary Analysis section shows a summary of several different measures (See Figure 5.20). This section gives a broad summary of the physician's performance, and is helpful for identifying trends or major changes in performance. The column definitions are described in further detail in the Documentation resource in Clinical Analytics.

FIGURE 5.20 SUMMARY ANALYSIS SECTION



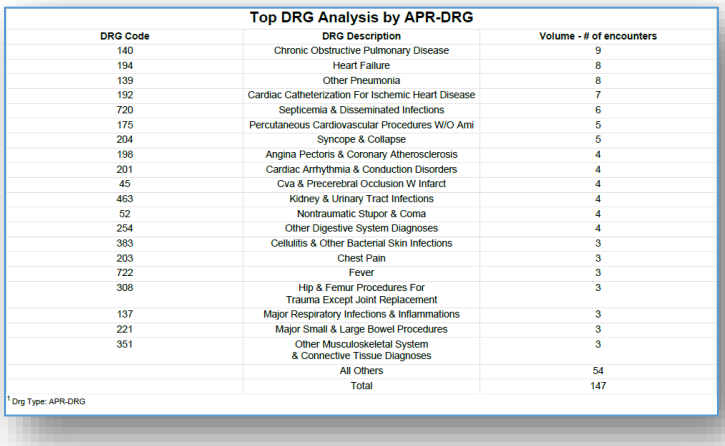
Summary Analysis

Monthly	Number of Cases	CMI	Average LOS	Percent ICU	Average Charges	Readmission	Mortality Rate
October 2009	18	0.9192	6.2778	13.27%	$7,600.00	50.00%	11.11%
November 2009	53	1.0072	6.1887	3.35%	$7,600.00	45.28%	5.66%
December 2009	75	1.1211	7.9733	3.68%	$7,600.00	57.33%	9.33%
January 2010	66	1.2518	8.5909	5.47%	$7,600.00	46.97%	12.12%
February 2010	79	1.2020	6.7342	18.42%	$7,600.00	49.37%	5.06%
March 2010	96	1.2569	7.2813	11.16%	$7,600.00	46.88%	4.17%
April 2010	91	1.2729	6.7802	6.97%	$7,600.00	40.66%	7.69%
May 2010	64	1.2874	7.5469	2.28%	$7,600.00	50.00%	9.38%
June 2010	66	1.1435	6.7424	3.82%	$7,600.00	43.94%	4.55%
July 2010	71	1.4298	8.5634	11.02%	$7,600.00	54.93%	5.63%
August 2010	72	1.1853	6.4028	6.72%	$7,600.00	41.67%	1.39%
September 2010	75	0.0000	0.0000	No Data	$0.00	No Data	No Data
Total	826	1.2190	7.2614	7.78%	$7,600.00	47.67%	6.52%

Top DRG Analysis Section

The Top DRG Analysis by APR-DRG/MS-DRG section lists the top 20 observed DRGs among the physician's patients (See Figure 5.21). The section may list either APR-DRGs or MS-DRGs. The first 20 entries in the table are the top 20 DRGs that the physician saw during the report period. The 21st row shows the number of encounters for all other DRGs, and the last row shows the total number of encounters that the physician saw during the report period. The DRG code column is the numerical DRG code, APR-DRG codes come from 3M specifications and MS-DRG codes from CMS specifications. The DRG description column provides a detailed description of the DRG, APR-DRG code descriptions that come from 3M specifications, and MS-DRG code descriptions that come from CMS specifications. The Volume - # of encounters column is the number of encounters with the particular DRG associated with the report physician and period.

FIGURE 5.21 TOP DRG ANALYSIS SECTION



Top DRG Analysis by APR-DRG

DRG Code	DRG Description	Volume - # of encounters
140	Chronic Obstructive Pulmonary Disease	9
194	Heart Failure	8
139	Other Pneumonia	8
192	Cardiac Catheterization For Ischemic Heart Disease	7
720	Septicemia & Disseminated Infections	6
175	Percutaneous Cardiovascular Procedures W/O Ami	5
204	Syncope & Collapse	5
198	Angina Pectoris & Coronary Atherosclerosis	4
201	Cardiac Arrhythmia & Conduction Disorders	4
45	Cva & Precerebral Occlusion W Infarct	4
463	Kidney & Urinary Tract Infections	4
52	Nontraumatic Stupor & Coma	4
254	Other Digestive System Diagnoses	4
383	Cellulitis & Other Bacterial Skin Infections	3
203	Chest Pain	3
722	Fever	3
308	Hip & Femur Procedures For Trauma Except Joint Replacement	3
137	Major Respiratory Infections & Inflammations	3
221	Major Small & Large Bowel Procedures	3
351	Other Musculoskeletal System & Connective Tissue Diagnoses	3
	All Others	54
	Total	147

[1] Drg Type: APR-DRG

Coding Analytics Secondary Diagnoses Section

The Coding Analytics Secondary Diagnoses section shows where there are opportunity in the documentation and coding of secondary diagnosis codes (See Figure 5.22). Remember to unlock your Clinical Analytics session in order to view this section. The Report settings allow users to focus on over or under coding, while also narrowing in on MCC, CC, or No MCC/CC diagnosis codes. MS-DRG clusters can be filtered or selected by highest volume.

FIGURE 5.22 CODING ANALYTICS SECONDARY DIAGNOSES

Other O.R. procedures for multiple significant trauma (14)				ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R. (13)			
Diagnosis Code	Description	CC/MCC/ None	% Diff	Diagnosis Code	Description	CC/MCC/ None	% Diff
R6510	SIRS of non-infectious origin w/o acute organ dysfunction	CC	8.57%	E871	Hypo-osmolality and hyponatremia	CC	21.74%
S32019A	Unsp fracture of first lumbar vertebra, init for clos fx	CC	6.67%	N390	Urinary tract infection, site not specified	CC	20.29%
S36899A	Unsp injury of other intra-abdominal organs, init encntr	CC	5.71%	N179	Acute kidney failure, unspecified	CC	15.94%
J189	Pneumonia, unspecified organism	MCC	4.76%	J9811	Atelectasis	CC	11.59%
E46	Unspecified protein-calorie malnutrition	CC	4.76%	J9620	Acute and chr resp failure, unsp w hypoxia or hypercapnia	MCC	10.14%

Other O.R. procedures for multiple significant trauma (14)				ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R. (13)			
Diagnosis Code	Description	CC/MCC/ None	% Diff	Diagnosis Code	Description	CC/MCC/ None	% Diff
V4988XA	Car occupant (driver) injured in oth transport acc, init	None	-14.76%	V892XXA	Person injured in unsp motor-vehicle accident, traffic, init	None	-34.56%
N508	Other specified disorders of male genital organs	None	-12.38%	Y92410	Unsp street and highway as place	None	-17.73%
I480	Paroxysmal atrial fibrillation	None	-12.38%	S01112A	Laceration w/o fb of left eyelid and periocular area, init	None	-17.28%

Additional Section Customization

Some sections give you further customization option menus. Choose the options you want to display in the final PDF report.

- ✓ **Benchmark period**: Choose the benchmark period, which would be the timeframe for comparison data used in the associated section.
- ✓ **Benchmark profile**: Choose the benchmark profile from a list of available profiles. The benchmark profile is the group of data your report data will be compared to.
- ✓ **Block type:** Choose the type of chart you want to use to display your data. As mentioned in earlier chapters, examples such as speedometer, line chart, bar graph or distribution graph.
- ✓ **Charges/Costs:** Select charges or costs. This section is only an option in the Utilization Analysis by Charges/Costs section. Add the section more than once to include both charges and costs.
- ✓ **DRG type:** Select a DRG type to use for grouping data. This is available in the Top DRG Analysis by APR-DRG/MS-DRG section. Add the section more than once to include more than one DRG type analysis.

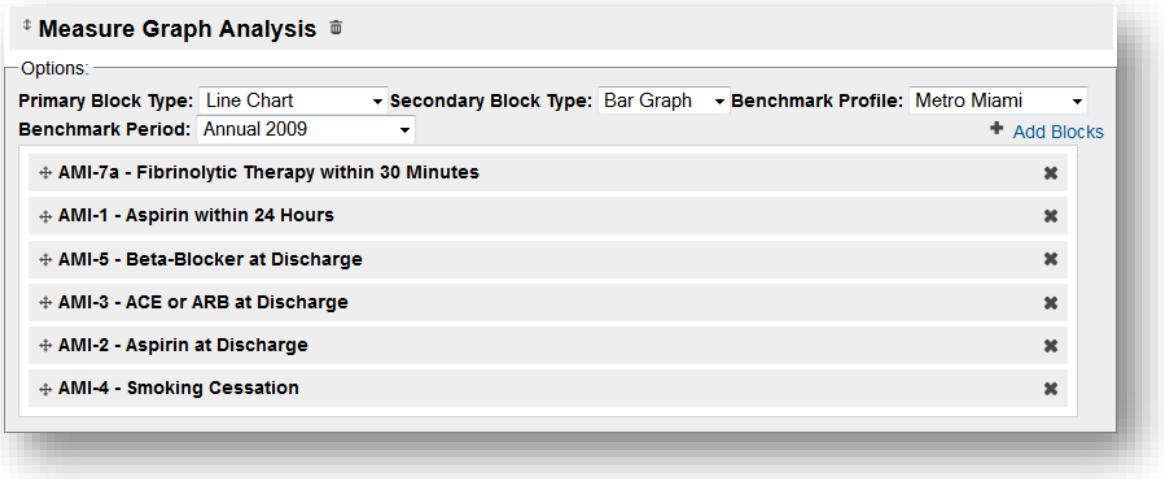
- ✓ **Free text:** The Heading section and Sign-Off section allow you to include custom text. Annotations within the report review process also allow for unlimited free text.
  - ✓ **HTML tags:** You may use HTML tags to customize the font (See Figure 5.23). The table below shows how to use the tags.

FIGURE 5.23 HTML TAGS

Tag	Example	Result
b	Here is an example.	Here is an **example**.
i	Here is an example.	Here is an *example*.
u	Here is an <u>example</u>.	Here is an example.

  - ✓ **Frequency selection:** Choose between displaying data by month or by quarter. This is available in the Summary Analysis section. Add the section more than once to include both Month and Quarters or to add both Charge and Cost.
  - ✓ **Moveable sections:** Some sections, such as the Measure Analysis section, lists a series of movable graphs or smaller pieces that you can arrange to your liking. Click the arrows and drag to rearrange the components, and click on the X on the right side to delete the measure component (See Figure 5.24)

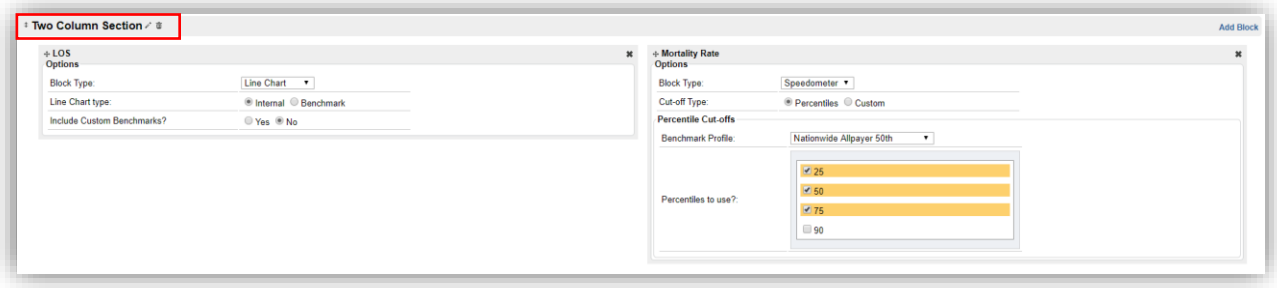
FIGURE 5.24: MOVEABLE COMPONENTS IN A SECTION



Blocks

Just as Reports, Tabs, and the assignment of Sections can be modified, the use of one particular type of section, referred to in Clinical Analytics as the *Two-Column Section* allows for the addition, naming and movement of yet one more customizable feature, the *Block* (See Figure 5.25). The addition of the Block on a Two-Column Section offers you the chance to select specific measures and have your data results reflected in either a trending line chart or a speedometer. Blocks in a Two-Column section can be re-arranged on the screen by hovering over the gray margin and grabbing the measure and posting it to the light yellow strip highlighted in the background of the Section screen.

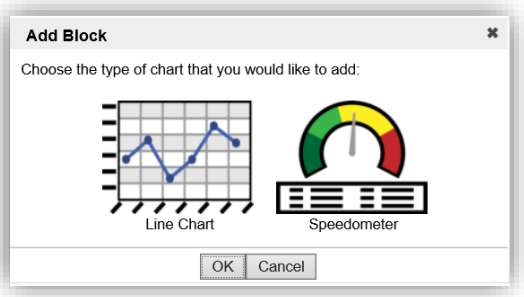
FIGURE 5.25 THE USE OF BLOCKS, ILLUSTRATING BOTH THEIR CUSTOMIZABILITY AS WELL AS ADDITION OF MEASURES



When adding a Block you will want to:

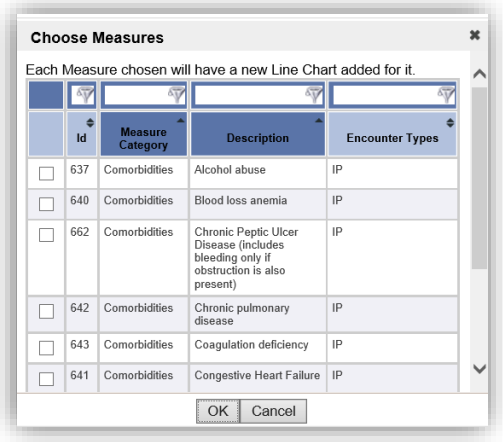
- ✓ *Select* the two column section from the *+ Add Section* menu, in the customizer mode.
- ✓ *Scroll down* to the bottom of your screen where the *New Section* has been added.
- ✓ *Click on* the pencil customizer icon next to the New Section title. Type the name of your new section (Figure 4.19, renamed "Two Column Section").
- ✓ Click on *Apply* or *press enter* to save new title.
- ✓ *Click on + Add Block*
- ✓ *Choose* the line chart or the speedometer (Figure 5.26).
- ✓ *Click* on OK.

FIGURE 5.26 ADD BLOCK POP-UP



- ✓ *Select* the measure(s) which you would like to add using the Block (See Figure 5.27). (The same measures menu options are available for speedometers and line charts.)

FIGURE 5.27 EXAMPLE BLOCK-ASSOCIATED MEASURES



- ✓ *Complete* the addition of the measure(s) to your Two-Column Section by reviewing the default measure options and adjusting, if necessary. Keep in mind you can add multiple measures by check marking the current measure and then searching for additional measures. *Confirm* the measure selections with a check mark each time, then *click* OK when are done selecting all desired measures.
- ✓ *Click* on the green checkmark in the upper right hand corner to close the customizer mode. The changes are automatically saved as you make your selections in customizer mode.

Customizing an Existing Clinical Analytics PPE Report

Now that you have learned how to create a new report, let's transition to how you can edit or copy an existing report. An important point to remember is that PPE Reports are global to all users. When selecting a report to edit, make sure it's your report before you proceed with edits. Clinical Analytics offers the ability to edit or copy an existing report to help foster a more efficient report building process. From the Reports tab, click on the name of the report that you want to edit (See Figure 5.28). Once you click on the blue hyperlink, the report should open in customizer mode. If the report does not open up in customizer mode, click on the pencil icon, next to the PDF icon in the upper right hand corner, to access customizer mode. When you have completed all necessary edits, click on the green checkmark in the upper right hand corner to exit customizer mode.

FIGURE 5.28 EXISTING REPORT ON REPORTS TAB

Many users will create a standard report template and then utilize the copy feature within PPE reports to create specialty or service line specific versions. To copy an existing report, from the Reports tab, click on the blue hyperlink titled Copy under the Actions column (See Figure 5.28). Reports can be deleted by clicking on the Delete action link, located next to the Copy hyperlink.

- ✓ **Use the Copy/Edit features to help make report creation easier and more efficient.**
- ✓ **In customizer mode, you can rename reports.**
- ✓ **Delete will remain an action option, as long as the report has never been ran. Once a report has been used in a Distribution run, the delete action is no longer available.**

- ✓ **Practice using the *+ Add a Folder* hyperlink in the upper right hand corner to help organize the Reports tab view.**
- ✓ **The *+ Add a Folder* feature is unique to your view in PPE Reporting. No one else will see the folders you have created to organize your view.**

Study Questions (Refer to Appendix B for answers)

1. Which roles have permissions to create custom PPE reports?
    A. Any User
    B. Health System Coordinator
    C. Report Approver
    D. Clinical Analytics Administrator
2. True or False: PPE reports must be created from scratch each time.

3. True or False: The copy action link allows me to copy an existing report.

4. True or False: The author is the only person who can make edits directly in any PPE report.

Chapter 6: PPE Workflows

Learning Objectives:
Following completion of this session you should be able to:

- Describe what a Workflow is in the Clinical Analytics System
- Distinguish between the hierarchical levels available in the workflow process
- Identify and set each permission for the designated staff within each level

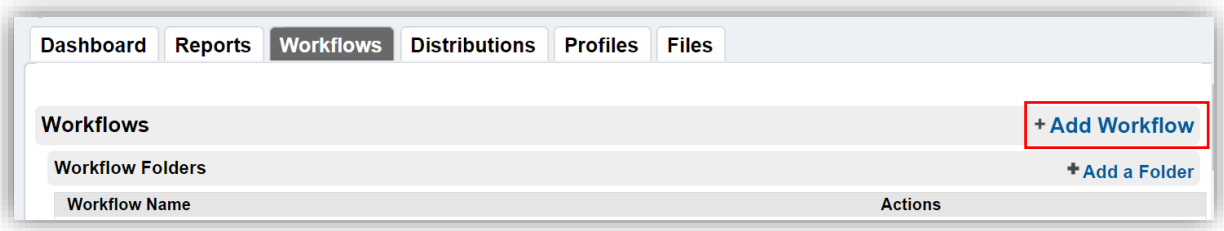
Key Concepts:

- In Clinical Analytics, Workflows support your existing organizational structure for physician reporting through an entirely electronic workflow.
- Saving customized workflows allows for an efficient electronic process, once the initial workflows are created.
- Workflows are highly customizable and can support each facilities reporting structure.
- Provides administrators maximum flexibility for how reports are distributed.
- Compiles all annotations, sign-offs into a final report.
- Creates notification email content for report reviewers and final reports.

Creating Workflows

Answering the question "Who needs to receive this report?" focuses the user on identifying the necessary levels to create in a new workflow. The creation of Workflows offers an electronic process to run PPE reports through (See Figure 6.1). From the Workflows tab, click on the *+ Add Workflow* blue hyperlink on the right hand side of the screen.

FIGURE 6.1 THE WORKFLOWS TAB



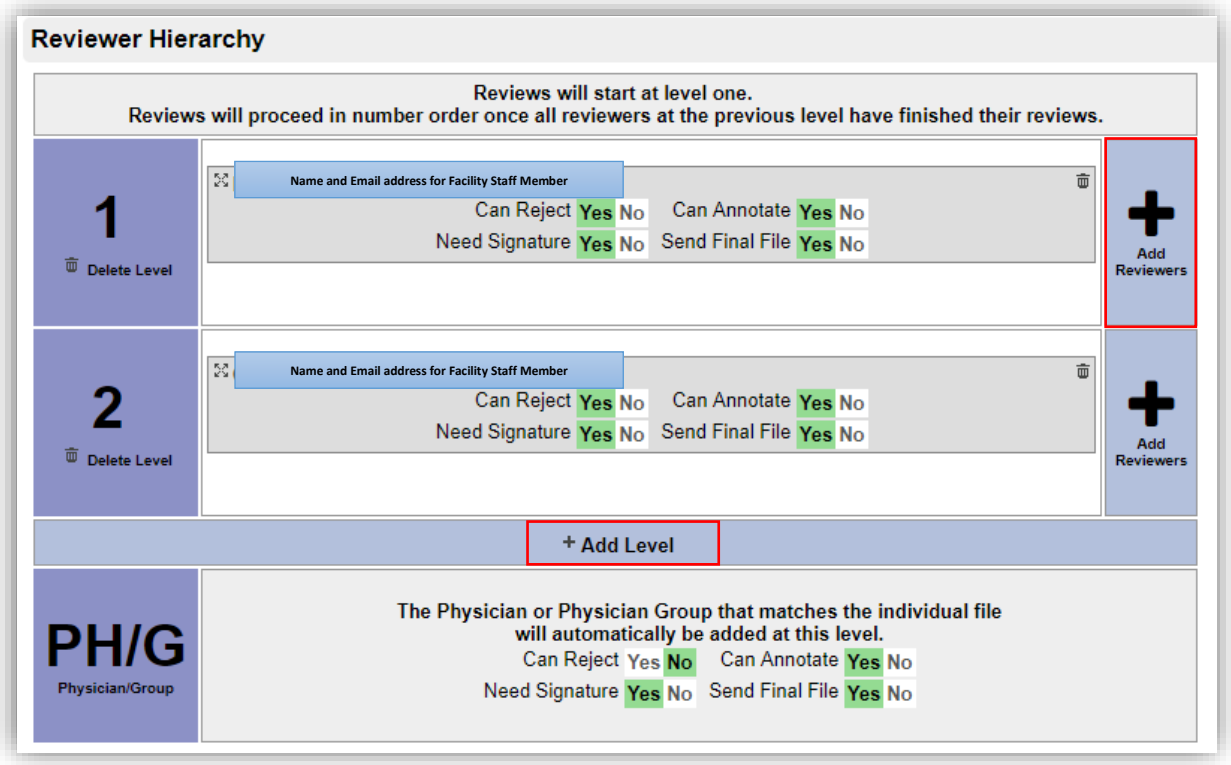
Workflow Settings

Once you have clicked on the *+ Add Workflow* hyperlink from the Workflows tab screen, the *Add A Workflow* window displays. There are several necessary steps to take when customizing workflows for your organization. The following steps will explain the importance of using a systematic approach as you begin creating workflows.

- ✓ **Step One:** Name the workflow while considering facility and specialty specific naming conventions.
- ✓ **Step Two:** Select if annotations should be included in the final report. The default response is yes, however, the response would need to be switched to no in this field if the final report does not need to include annotation.
- ✓ **Step Three:** Answer the question, "Who needs to receive these PPE reports and in what order based on our facility structure and process?"
- ✓ **Step Four:** As mentioned in the header of the Reviewer Hierarchy section, "*Reviews will start at level one. Reviews will proceed in number order once all reviewers at the previous level have finished their reviews.*"

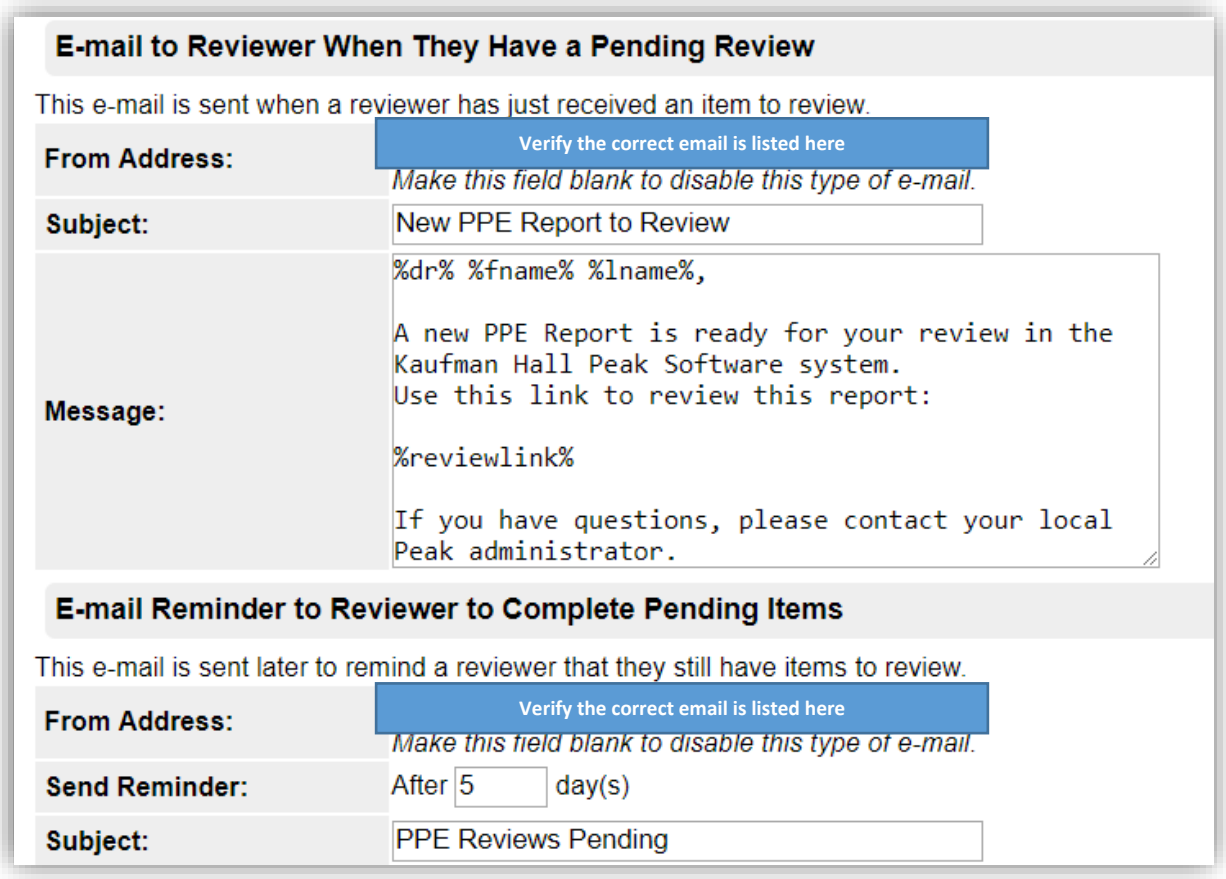
- ✓ **Step Five:** Based on your answer in Step 3, Add the appropriate number of levels by clicking the *+ Add Level* action link.
- ✓ **Step Six:** Per level, click on the *+ Add Reviewers* action link to access the Clinical Analytics database of users at your facility with access to Clinical Analytics. As you select the appropriate users per level, the names will display in the middle section, and then you can adjust permissions as needed (See Figure 6.2).
    - ***Can Reject***: Indicates whether the assigned reviewer can reject or not.
    - ***Can Annotate:*** Indicates whether the assigned reviewer can annotate or not. A yes response, doesn't mean that the assigned reviewer must annotate, just that they can if appropriate.
    - ***Need Signature:*** Indicates whether the assigned reviewer must provide an electronic signature before filing the approved report.
    - ***Send Final File:*** Indicates whether the assigned reviewer will receive a final report once all levels have approved the report including the physician in the last step. Note: Each reviewer will receive a report as the report(s) proceed through each designated level in the workflow. The send final file permission is strictly meant for the final copy.
- ✓ **Step Seven:** For the Physician/Group (PH/G) level, indicate the appropriate permissions based on facility guidelines. See step 7 above for specific details.

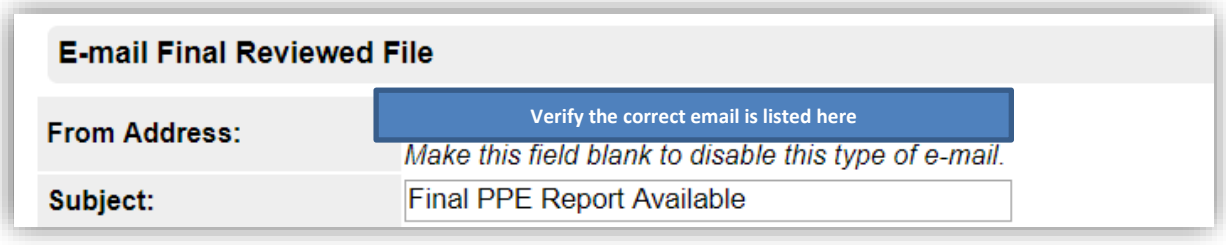
FIGURE 6.2 WORKFLOW SAMPLE SETTINGS



✓ **Step Eight:** Verify emails are assigned to the appropriate staff member(s) (See Figure 5.3). The default email will add the email of the user that created the workflow. The email field can be edited, or as indicated in the italics comment below, *"make this field blank to disable this type of e-mail."* The report reviewers will receive an email from Clinical Analytics Auto Mailer. If the report reviewer responds to the Clinical Analytics Auto Mailer email, the staff member(s) listed in the From Address: field will be the one receiving the email responses. Keep in mind, the second category titled Email Reminder to Reviewer to Complete Pending Items, is where you indicate how frequent the email reminder will be sent. In the example below, Figure 6.3, the email reminder would be sent every 5 days indefinitely until the Review is completed.

FIGURE 6.3: WORKFLOW EMAIL SETTINGS



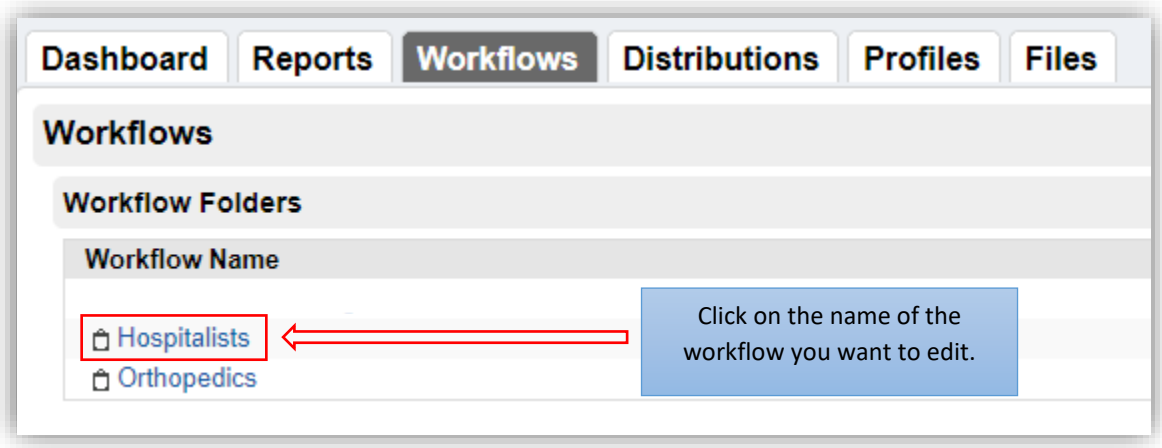


✓ **Step Nine:** Save workflow settings by clicking the Submit button in the lower left corner.

Edit an Existing PPE Workflow:

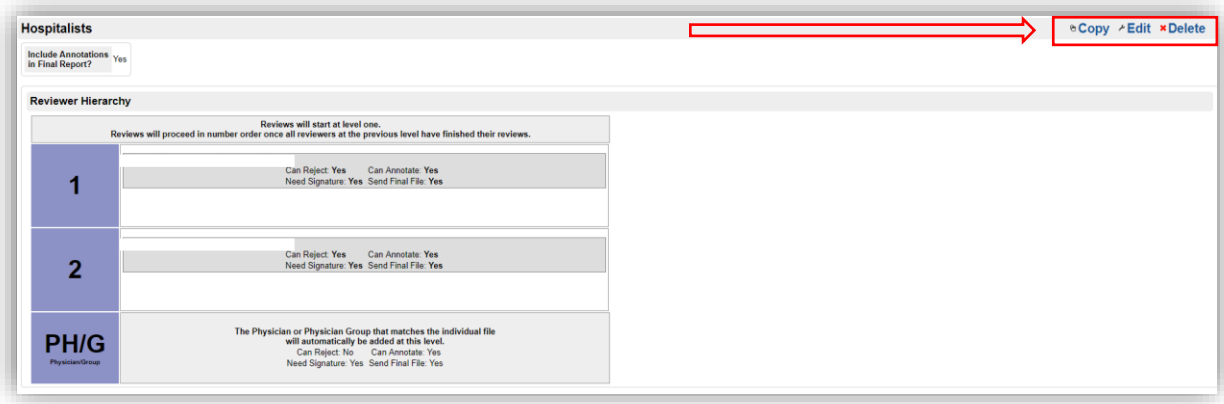
We've walked through the steps to create a new workflow. Now it's time review how to edit an existing workflow (See Figure 6.4). From the Workflows tab, click on an existing workflow in the list. Once you click on the blue workflow name, the workflow opens in a read only mode. To edit the workflow, click on the blue Edit hyperlink in the upper right hand corner of the workflow screen. Make the necessary edits and click on Save in the bottom left hand corner of the Workflow edit screen.

FIGURE 6.4: EDITING A WORKFLOW



Similar to editing and copying reports on the Reports tab, once you have selected the desired workflow you will see the edit, copy, or delete action options (See Figure 6.5). The copy function is available from the Workflows tab and within edit mode as well.

FIGURE 6.5: EDIT, COPY, AND DELETE OPTIONS



We've covered a decent amount of PPE territory so far! By now, you have successfully signed into Clinical Analytics, hopefully changed your password to a more intuitive one, and reviewed the basics of PPE Dashboard, Reports and Workflows. Now it's time to cover PPE Distributions, Profiles and Files tabs. In Chapter 6 we will review the basics of PPE Distributions, and why it was so important to create our reports and workflows first!

Study Questions (Refer to Appendix B for answers)

1. True or False: I can create multiple workflows to support our facility reporting structure.

2. True or False: I can copy an existing workflow and make necessary edits to avoid building a workflow from scratch each time.

3. True or False: I must use the workflows function in Clinical Analytics to run PPE Reporting Distributions.

4. True or False: If I indicate YES for annotation permissions, I must enter something in order to approve the report.

5. True or False: In Workflows, I can have one level or multiple levels within any given workflow.

Chapter 7: PPE Distributions

Learning Objectives:
Following completion of this session you should be able to:

- Identify the process for setting up and monitoring Distributions
- Upload and manage physician groups/lists
- Successfully run a distribution utilizing the Build a Report + Workflow + Distribution = PPE Report framework
- Understanding the automated scheduling functionality with PPE Distributions

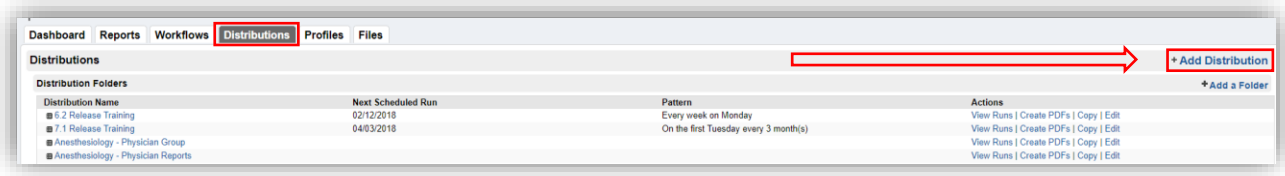
Key Concepts:

- In Clinical Analytics, Distributions supports your existing organizational structure for physician reporting through an electronically stored virtual file cabinet
- Saving customized distributions allows for an efficient electronic process, once the initial distributions are created. Further enhanced by the automated schedule and pattern setup available now in PPE Reporting
- Distributions are highly customizable and can support physician groups and/or individual physicians
- Distributions define the settings for reports. They tell the report which specific data to retrieve, such as the time period, physicians, DRG type, and facility

Creating a PPE Distribution

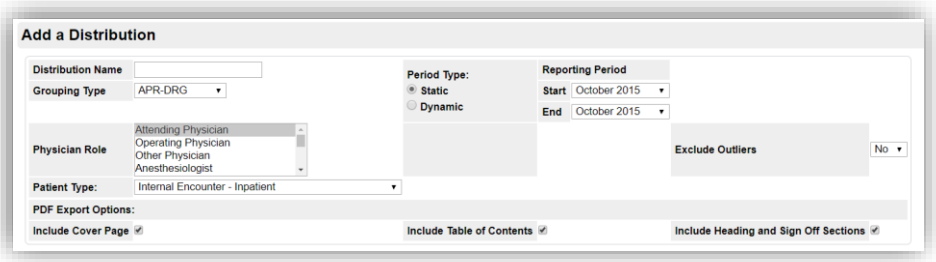
The Clinical Analytics PPE reporting application requires the creation of a Distribution in order to tag the selected report(s) and assigned workflow. The selected report(s) and assigned workflow are pulled into the Distribution. Clinical Analytics looks to the details within the Distribution to know which report(s), followed with assigned workflow, to then use the physician group that will ultimately receive the PPE report. To create a new Distribution, you must click on the *+Add Distribution* blue hyperlink in the upper right hand corner of the Distributions Tab home screen (See Figure 7.1).

FIGURE 7.1: DISTRIBUTIONS TAB



Once you click on the *+ Add Distribution,* Clinical Analytics will prompt you to name the distribution and complete the distribution setting queries. Similar to PPE Reports and Workflows, our recommendation is to maintain a standard naming convention. After you've named the Distribution, select the appropriate responses for the following fields (See Figure 7.2):

FIGURE 7.2: DISTRIBUTION SETTINGS

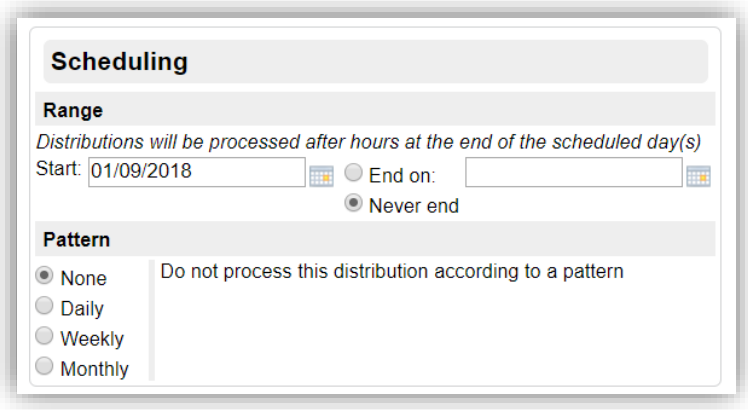


- ✓ **Grouping Type:** For Inpatient APR-DRG, Clinical Analytics MS-DRG, or Client MS-DRG are available. For Outpatient the grouping type options are Principal APC, Principal Diagnosis, Principle CPT, and Level of Care. The Clinical Analytics Documentation resource is a great reference if you need to review these definitions.
- ✓ **Physician Role:** Attending, Operating, Other, Anesthesiologist, Consulting, Admitting, Referring, Obstetrician, Emergency Department Physician, and Clinical Analytics Attributed Physician. To select multiple roles, press and hold the CTRL key to select multiple roles.
- ✓ **Patient Type:** Internal Encounter – Inpatient, Internal Encounter – Outpatient Diagnostics and Ambulatory Surgery Center, Internal Encounter – Emergency Department, Internal Encounter – Inpatient and Observation
- ✓ **Period Type:** The Static or Dynamic period type allows the flexibility to select a pre-determined time period, versus a dynamic reporting time period. The dynamic period type automatically rolls with the current calendar based on the most recent months you select.
- ✓ **Exclude Outliers**: The yes or no selection depends on what you want to include/exclude in your report results.
- ✓ **PDF Export Options:**
    - *Cover Page* – Each organization can select a customized cover page to be included with every PPE report. This is optional by selecting or deselecting the check mark in the distribution settings.
    - *Include Table of Contents* – Each organization can choose to include the PPE report table of contents by selecting or deselecting the check mark in the distribution settings. In our experience, we have seen most facilities opt to not include the table of contents to minimize the overall length of the PPE report.
    - *Include Heading and Sign-Off Sections* – This is the Static Section tab we discussed earlier in the PPE Reports chapter. The sign-off section typically stores your facility/health system confidentiality statement. So, unless you chose to have a confidentiality statement in your cover letter, it would be important to keep this selection check marked.

Now that the settings have been determined, it's time to decide if you would like an automated schedule and pattern for this particular PPE Distribution. If you would like to manually activate the PPE Distribution run, then you can skip the scheduling portion of this distribution setup. However, if you would like to pre-schedule a date range and pattern, the scheduling section is the place to accomplish this task. Think of it like a recurring appointment in your Outlook email and calendar (See Figure 7.3). Keep in mind, PPE data will not be available during the loading time periods based on your organizations routine loading schedule. PPE data will be available

when the control report has been verified and the data has been released. Therefore, it may be good practice to coordinate PPE Distributions outside of the data loading time period(s).

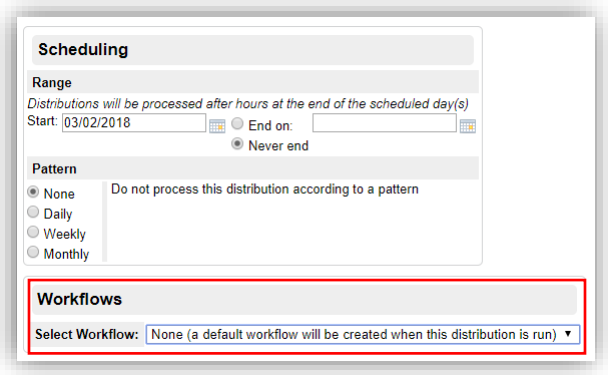
FIGURE 7.3: AUTOMATED SCHEDULING OPTIONS



When you select the various pattern options, you will see additional selection option display on the right hand side of the pattern window. You always have the option to change the automated schedule or pattern, by editing the existing distribution, which we will talk about in the next section. The scheduling range memo provides a great reminder that distributions are set to run over night to avoid any performance delays during the busier day time hours, when clients are more likely logged into Clinical Analytics. If there is a unique situation where you need a particular distribution run during day time hours, please contact Clinical Analytics Support to facilitate this same day request.

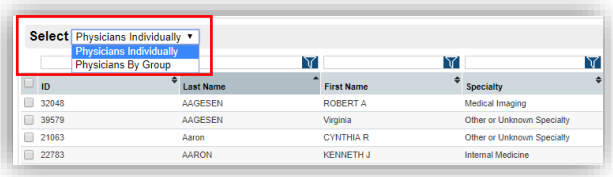
It's finally time to select the report and workflow you created during the training session or during your own discovery time in Clinical Analytics. As a result of creating the report and workflow first (See Figure 7.4), these important elements are now available in the menu list as you finalize the distribution. Remember, if you didn't create a workflow or you choose not to select one from this list, then the PPE distribution will not run through an email process.

FIGURE 7.4: SELECTING A WORKFLOW



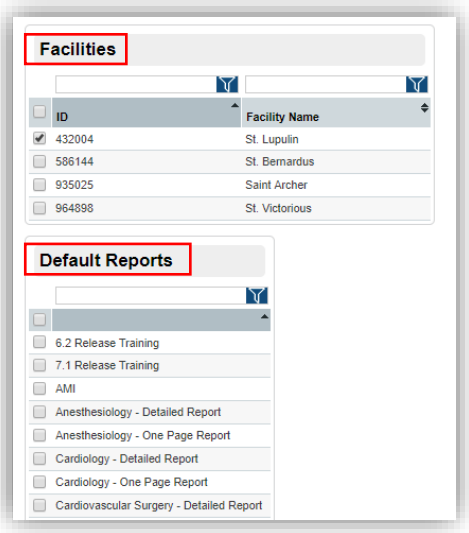
The next step is to select the physician group or individual physicians based on the reporting needs for this particular distribution (See Figure 7.5). We will cover how to upload a physician group and manage physician lists in Chapter 10.

FIGURE 7.5: SELECTING PHYSICIANS



To finalize the distribution, select the appropriate facility(s), and the appropriate report(s) for the physicians selected above (See Figure 7.6). Click on each box to the left of the facility and/or report name(s) to place a check mark to confirm your selection(s). Once you have made your selections, click Save in the bottom left hand corner.

FIGURE 7.6: SELECTING FACILITY AND REPORT(S)



Editing an Existing Distribution

Similar to editing a Report or Workflow, you can easily edit a distribution from the Distribution tab list. You have two options when editing a distribution. The first option is to click on the Distribution name from the list, which opens the distribution and provides several options in the upper right hand corner (See Figure 7.7). Depending on the status of the distribution, options may include View Runs, Create PDFs, Copy, and Edit. Click on Copy or Edit to customize the distribution.

The second option would be to click on the Edit action hyperlink under the actions column to the far right of the distribution name. The distribution will automatically open in edit mode when using the second option listed here. Once all changes have been made, click on the Save button in the bottom left hand corner of the edit screen.

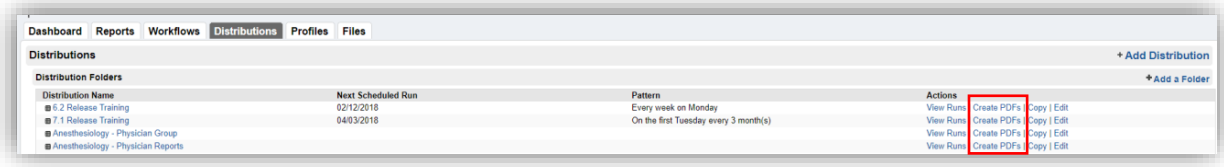
FIGURE 7.7: EDIT AN EXISTING DISTRIBUTION – 2 OPTIONS

Running a Distribution

The distributions are set up with a report, workflow, and settings which creates the final distribution report. You've just learned how to create and finalize this important last step. Now you are ready to run the distribution(s). You have two options based on how you chose to setup each distribution:

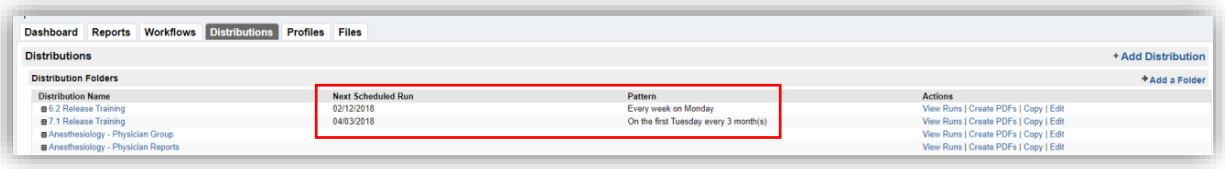
- **Option 1:** MANUAL DISTRIBUTION (See Figure 7.8)
  - If you chose to omit a schedule and pattern in the distribution scheduling settings, then you will have to log into Clinical Analytics and complete the following steps.
    - *Click* on the PPE Reporting application from Clinical Analytics home page.
    - *Click* on the Distributions tab from PPE Reporting home page.
    - *Click* on the Create PDFs action link, located under the far right actions column, for the desired PPE Distribution report.
    - You will be prompted to confirm you would like to run the selected Distribution, *click* on OK.
      - The Distribution will run overnight to avoid any time lags in the Clinical Analytics system during normal business hours.
      - IF you need a distribution the same business day, call Clinical Analytics Support and your request will be evaluated.

FIGURE 7.8: MANUAL DISTRIBUTION – CREATE PDFS LINK



- **Option 2:** AUTOMATIC DISTRIBUTION (See Figure 7.9)
  - If you set up an automatic schedule and pattern in the distribution scheduling settings, then Clinical Analytics will automatically generate the Distribution request based on the default settings for that particular distribution.
    - If you need to make any changes, follow the instructions on how to edit a distribution. The new settings will become the current default once you save the changes.
  - Automatic Distributions **will not require a user to sign into Clinical Analytics** to select the create PDF hyperlink. The distribution runs automatically based on the settings assigned within the distribution.

FIGURE 7.9: AUTOMATED DISTRIBUTION



Chapter 7 covered the Distributions tab and the available flexible functionality in automated schedule options. Keep in mind that you can utilize the +Add Folder option to keep the file names organized and keep a clean view. The +Add Folder feature is unique to the user that is signed into Clinical Analytics, so feel free to organize the view to your liking, knowing it only impacts your view in Clinical Analytics.

The next two chapters cover the Profiles and Files tab. The Profiles tab has similar features to the Scorecard application, and the added benefit of allowing profiles across every PPE report. The Files tab chapter will show you how easy you can search and locate a previously run Distribution with associated PPE reports.

Study Questions (Refer to Appendix B for answers)

1. True or False: I can run PPE reporting without creating a Distribution.
2. True or False: I must use the automated schedule option to run a Distribution.
3. True or False: I must click on Create PDF's action on the Distribution tab to run a distribution manually.
4. True or False: I can run individual and aggregated PPE reports in the same Distribution.

Chapter 8: PPE Profiles

Learning Objectives:
Following completion of this session you should be able to:

- Describe what a Profile is in the Clinical Analytics System
- Distinguish between an internal and external Profile, their uses and how they relate to a benchmark
- Locate and use Peer Groups

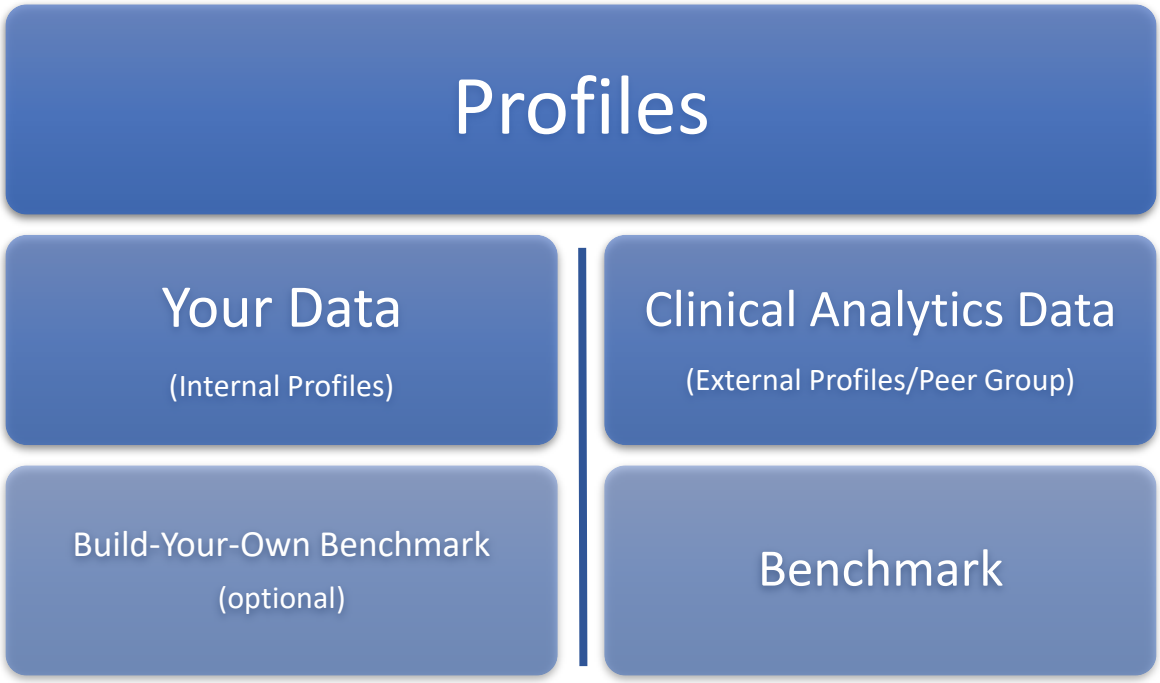
Key Concepts:

- In Clinical Analytics, Profiles define a population; either an internal comparison group used for benchmarking, or an external benchmark peer group
- Unlike in the Scorecards application where profiles are only associated with a specific scorecard, in the PPE Reporting application, profiles are global and available in any report you build
- Profiles are highly customizable in terms of available filters in addition to grouping types.

Patient Population

Answering the question "What patient population am I looking at?" focuses the user on identifying the commonalities of a group of patients (represented by encounters) receiving services in an associated facility to be used for further analysis. In Clinical Analytics, the creation of this grouping that then can be further analyzed for opportunity is accomplished by building Profiles. The creation of Profiles can be based on using either your data, referred by Clinical Analytics as Internal Profiles or Clinical Analytics data, referred to as External Profiles/Benchmarks/Peer Groups (See Figure 8.1).

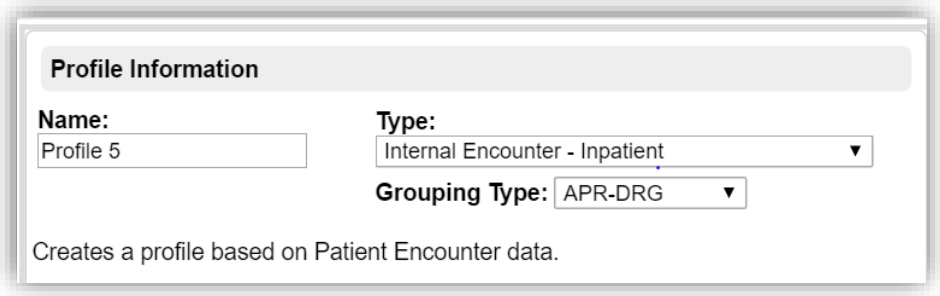
FIGURE 8.1 PROFILES IN CLINICAL ANALYTICS PPE REPORTING



Internal Profiles Types

The Profiles tab is available on the PPE Reporting home page. Clicking on the Profiles tab gives you access to create, view, edit, copy or delete all profile types. Once inside the Profile viewing screen, click on the *+Add Profile* blue hyperlink to create a new profile. The new profile window will display so you can name the profile, select the appropriate type, pick the grouping type and apply the necessary filters. In addition, you will note a data field labeled Type (See Figure 8.2). There are different Profile Types which can be selected when assembling a PPE report template.

FIGURE 8.2 PROFILE TYPE DROPDOWN DATA FIELD INSIDE *+ADD PROFILE*



The table in Figure 8.3 outlines the common Profile Types available in Clinical Analytics. The most common types appearing in the dropdown menu for selection are the Inpatient and Peer Group options. Peer Groups are classified separately and will be discussed in the External Data section of this chapter. The Outpatient Diagnostics and Ambulatory Surgery Center, Emergency Department, and Inpatient and Observation types all belong to the Clinical Analytics Outpatient Module. These three profile types function similarly to the Inpatient and Facility profile types, except for their Grouping Types (further discussed below in the Grouping Types section).

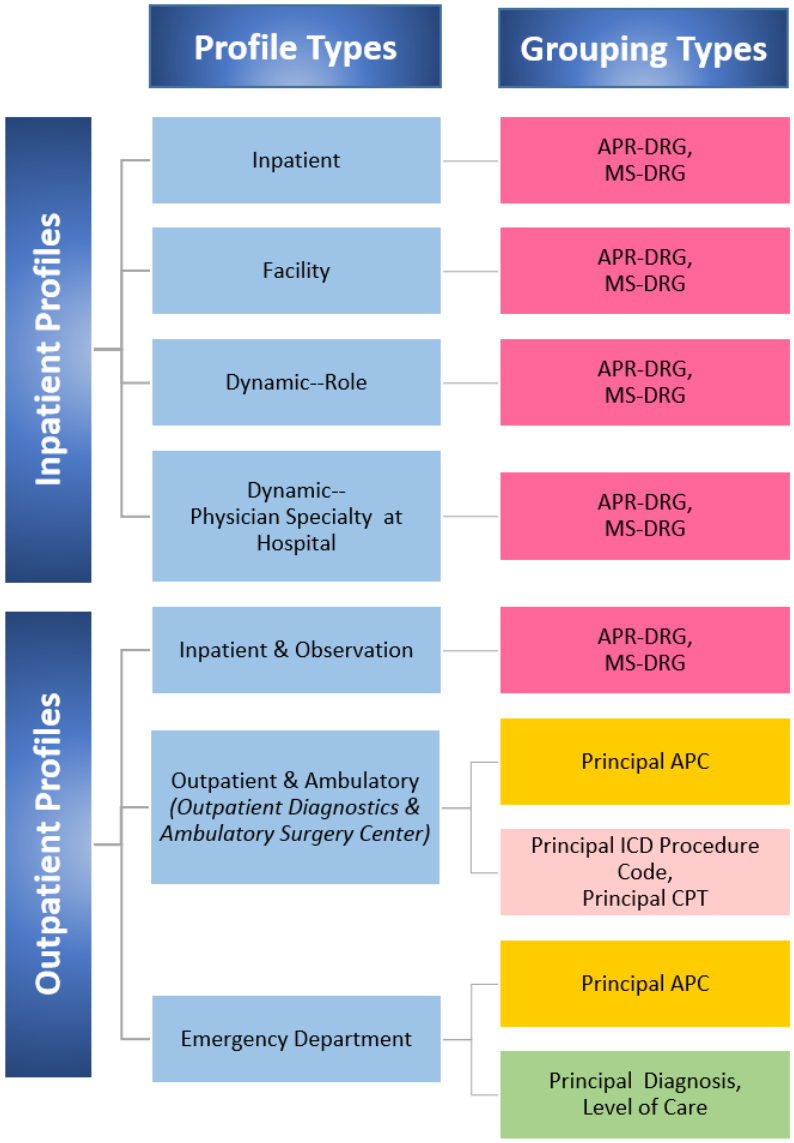
FIGURE 8.3: PROFILE TYPES TABLE WITH BRIEF DESCRIPTIONS

Profile Type		Description
Internal Encounter	Inpatient	Profile based on inpatient encounter data
	Outpatient Diagnostics and Ambulatory Surgery Center (add-on)	Profile based on outpatient diagnostic and ambulatory surgery center encounter data
	Emergency Department (add-on)	Profile based on Emergency Department encounter data
	Inpatient and Observation (add-on)	Profile created on Inpatient encounter data; including observation patients
Peer Group	Peer Group	Benchmark Profile using external encounter data

Internal Profiles: Grouping Types

Nearly half of the Grouping Types associated with the profiles are Diagnosis Related Group (DRG)-based; either Medicare Severity DRG (MS-DRG) or All-Payer Refined DRG (APR-DRG)-based. Two profile types, the Outpatient Diagnostics/Ambulatory Surgery Centers and Emergency Department profiles, use non-DRG-based Grouping Types (See Figure 8.4). Under the Medicare Outpatient Prospective Payment System (OPPS), the unit of payment is typically Medicare's Ambulatory Payment Classification (APC) (https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/HospitalOutpaysysfctsht.pdf) in contrast to the DRG-related payments associated with inpatient services.

FIGURE 8.4 AVAILABLE CLINICAL ANALYTICS PROFILE AND GROUPING TYPES

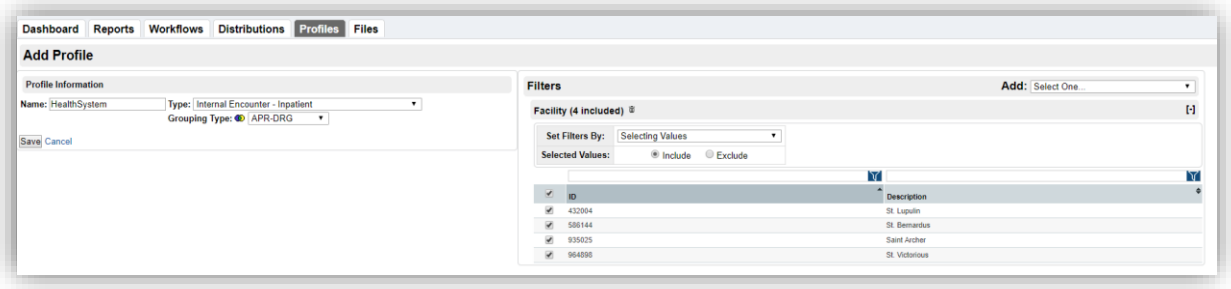


Guided Practice: A Step-by-Step Approach to Building Your Internal Reporting Profile

Using the Inpatient profile type as an example (See Figure 8.5 example), creating an internal reporting profile will include these steps:

- ✓ ***Open*** the Clinical Analytics PPE Reporting application and select the Profile tab.
- ✓ ***Select*** *+Add Profile*.
- ✓ ***Name*** your profile and select *Internal Encounter-Inpatient* (for the purposes of this example) as your Profile Type.
- ✓ ***Select*** your preferred *Grouping Type*; the system defaults to *APR-DRG*. In addition to APR-DRG, you also have the options to select Client MS-DRG or Clinical Analytics MS-DRG.
- ✓ Move to the right hand side of the screen and open the Filters dropdown. ***Select*** the appropriate Filter grouping. For example, select the Facility filter option. The grouping will be added to the screen. ***Set*** the Profile's filters by either selecting the values directly from the table or by entering the values directly (see Set Filters By dropdown). The system is also capable of limiting available filters to only those that are represented by data file data elements.
    - Repeat the process for ***selecting*** additional filters until the filter definition for the Profile has been met.
    - Keep in mind, you have the ability to include or exclude discrete data values in the filter options.

FIGURE 8.5 EXAMPLE LAYOUT INTERNAL PROFILE CUSTOMIZATION SCREEN WITH FILTER SELECTION



- ✓ ***Save*** your new Profile by **clicking** Save down in the lower left hand corner. See that it appears now on your Profile Dashboard. Now you can compare your physician/physician groups to the entire facility.

Clinical Analytics Data—External Profiles: Benchmarks--Peer Groups

External Profiles: Benchmark Sources

Clinical Analytics benchmarks are either based on national *MedPAR* (Medicare Provider Analysis and Review) data or state-level *All-Payer* data. The MedPAR files contain claims data for services provided to Medicare beneficiaries admitted to Medicare-certified inpatient hospitals. Data elements include beneficiary demographic characteristics, diagnosis and surgery information, accommodation and departmental charge data, and number of days of care (https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/IdentifiableDataFiles/MedicareProviderAnalysisandReviewFile.html). There is about a 12 month time lag at the time the annual data set is published by Medicare. All fifty states are represented in this national data set.

State-level *All-Payer* data sets have variable availability based on the policies and restrictions of each state entity holding accountability for the data in instances where All-Payer data is not available to third-party entities such as Clinical Analytics, the data is secured by the sponsoring organization, forwarded to Clinical Analytics, and Clinical Analytics processes it along with its other benchmarking data. The Clinical Analytics team can also process the state discharge data for specific states on behalf of the hospital for only that hospital to use.

Clinical Analytics has over 1200 standard peer groups, (e.g. Health Grades 100 Best Hospitals, Nationwide-Critical Access, 200-299 Beds, Dartmouth Atlas HRRs, etc.) created from the benchmark data described above; these then make up the benchmark that comparisons can be made against. In addition to the standard peer groups, custom peer groups defined by the organization can also be generated by Clinical Analytics.

Finally, Clinical Analytics latest benchmark release includes the National Readmission Database (NRD). The NRD benchmarks are now available to use with readmission measure analysis. A complete list of Peer Groups can be accessed in Clinical Analytics Administration.

External Profiles: Downloading Peer Groups into your Scorecard

A key concept to remember is that profiles, either internal or external, are global in the PPE Reporting application. Unlike in scorecards, where profiles are unique to each scorecard and require re-building, re-downloading, or saving within a template scorecard in order to be shared across users or scorecards.

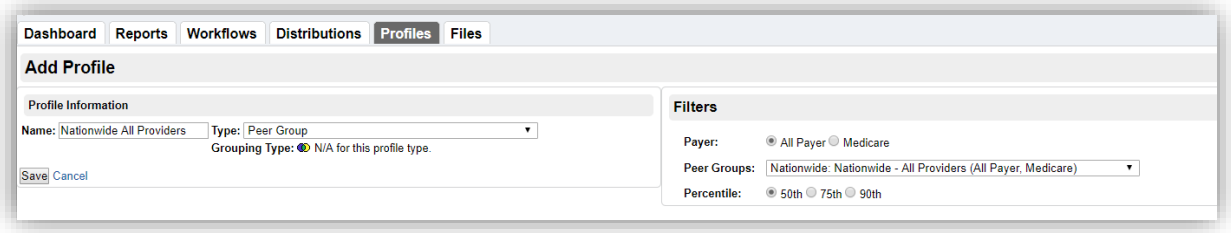
When selecting and downloading Clinical Analytics Peer Groups you will want to [**Note: This feature is only available to Health System Coordinator access**]:

- ✓ *Select* Home to view the Dashboard home page.
- ✓ *Select* Clinical Analytics Administration under Applications on the Clinical Analytics Dashboard.
- ✓ *Locate* and *select* the Benchmarks tab on the Clinical Analytics Administration Dashboard.
- ✓ *Review* the currently loaded benchmarks listed on the Loaded tab.
- ✓ If the benchmark you are looking for is not listed, *select* the Load New tab which will pull up the full listing of available Clinical Analytics Standard Peer Groups.
- ✓ *Filter* or *scroll* through the list to review and/or locate your preferred peer group.
- ✓ *Select* "*Add All Payer Benchmarks*" or "*Add Medicare Benchmarks*." This peer group will now display as an option under the *Loaded* tab peer group column. (Note: The *Re-Sync All* hyperlink in the upper right corner of the *Loaded* tab will purge any Peer Groups which are not being used within the Profile tab in any Clinical Analytics application and update the ones that are being used to the most recent year of data the Clinical Analytics team has on file.)

Great job downloading new benchmarks! Now you are ready to go into the PPE Reporting application to create new peer group profiles. In the PPE reporting application, *click* on the Profiles tab to *open* the profile dashboard.

- ✓ *Select +Add Profile* to create a new benchmark profile.
- ✓ Under Profile Information name this profile the same as the benchmark you downloaded (See Figure 8.6). Under Type *select Peer Group*.

FIGURE 8.6 BUILDING A PEER GROUP PROFILE



- ✓ For this Peer Group, *determine* your needs related to the payer, percentile and whether or not the benchmark values should be projected on the chart; in addition *select* the appropriate Peer Group filter from the drop down menu options.
- ✓ *Close* out of Profile dashboard, by clicking on the *Save* button in the lower left hand side of the screen. The new peer group you just created should be in the Profiles list and is now available in measures that have a *Benchmark Profile* dropdown field (e.g. Charges and Cost Detail).

Chapter 9: PPE Measures

Learning Objectives:
Following completion of this session you should be able to:

- Recognize the available Clinical Analytics Measure categories
- Cite a few examples of the measures grouped in each category
- Locate additional information in Documentation regarding each measure
- Customize your PPE reports by adding the Sections discussed previously in the Sections chapter

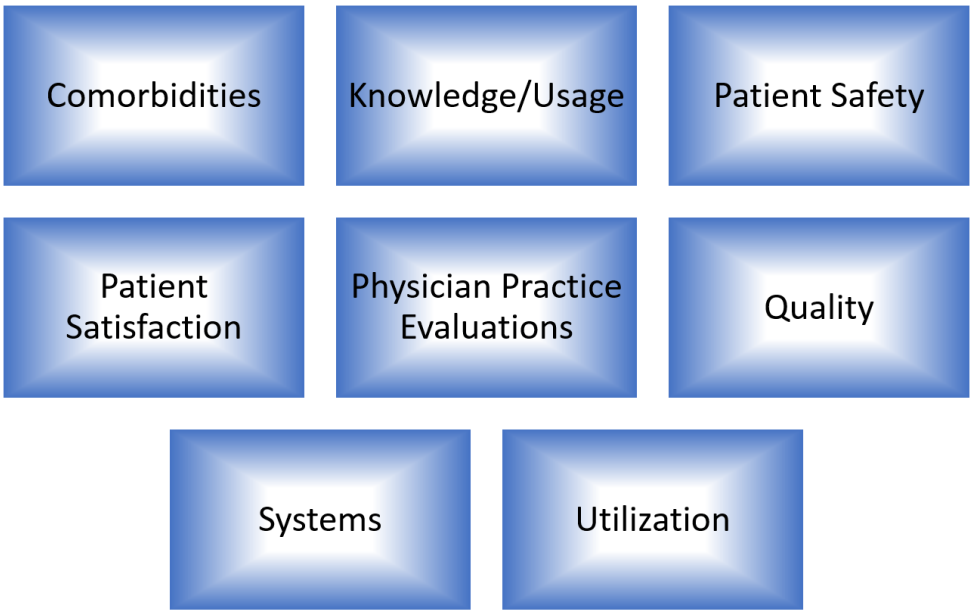
Measures in Clinical Analytics

The Clinical Analytics PPE Reporting application is designed to apply the use of the system's measures in two separate ways. The first way is to directly visualize individual measure results by setting up available sections when building report templates. The second way that the use of measures are applied in PPE is through the upload of additional PPE specific measure data files that can be added per the facility data team specifications.

As outlined in Chapter 1 (See Figure 1.2) the Clinical Analytics system relies on a variety of sources from both your organization's data and public input data in producing measure performance results and benchmarks. As illustrated in Figure 8.1, Clinical Analytics measures are grouped into multiple categories with the PPE category requiring additional data feeds that Clinical Analytics Support can provide a preferred data layout if you are interested in adding any of these custom measures to your PPE Reports. You can use PPE measures just like any other measure that you would add to a report.

The PPE category of measures are sometimes labelled with "Physician" as part of the naming convention, but not always. PPE measure descriptions in Clinical Analytics are static, so oftentimes, you may have to change the specific terminology that is used within your hospital or health system, but the data will not change. The list of PPE measures that is in Clinical Analytics is constantly changing, so if you have a need for additional custom measures, please let Clinical Analytics Support know, and that can be added to the development queue. For a full list of measures, reach out to Clinical Analytics support. Across each category the measures can be characterized in terms of whether or not benchmarks are available, and whether or not the measures are DRG-based values.

FIGURE 9.1 CLINICAL ANALYTICS MEASURES SORTED INTO EIGHT CATEGORIES



For a detailed categorical listing of current Clinical Analytics measures including reference to its favorable polarity, whether or not it is benchmarked, and its recognition as a DRG-based measure refer to Clinical Analytics internal reference site called “Documentation”.

- ✓ **Consider the desired categorical characteristics of the population you need to measure. Look for these in your Profile filters when customizing your Profiles.**

Chapter 10: PPE Files

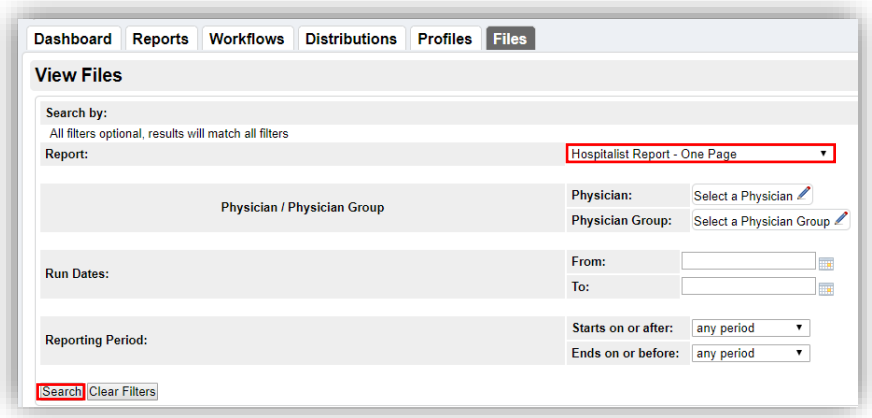
Learning Objectives:
Following completion of this section you will be able to:

- Retrieve, view, or print previously completed distributions.
- Become comfortable with the various ways you can search for a previously run distribution.

PPE Virtual File Cabinet

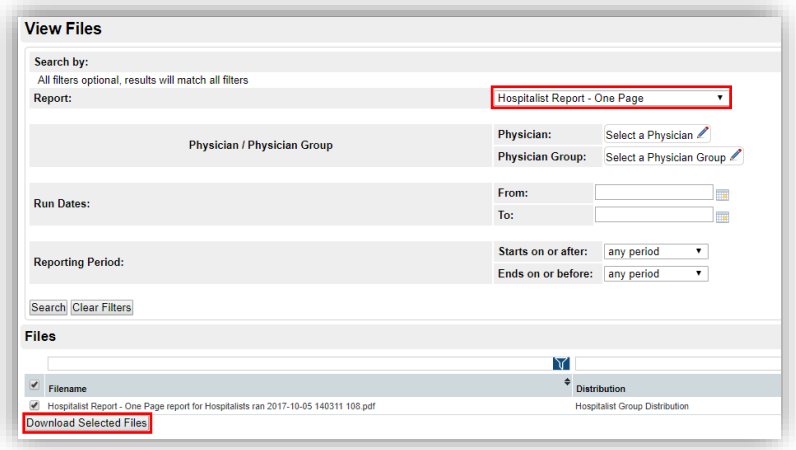
In PPE Reporting, the Files tab is a virtual file cabinet that stores all the distributions run at your organization. Users with Health System Coordinator permissions will have access to the Files tab within the PPE Reporting application. The Files tab allows the user to sort by a minimum of one criteria to search for a previously run distribution or report pdf run from the Reports tab. See Figure 10.1 for the available search criteria.

FIGURE 10.1 PPE REPORT SEARCH



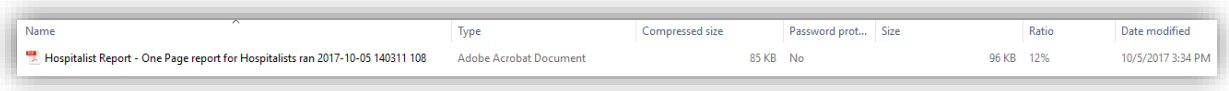
Once you have entered at least one criteria from the available options, select the *Search* button in the bottom left-hand corner. The results will display below in the File search window. To download the physician file of interest, checkmark the distribution files you would like to view and select the Download Selected Files button (See Figure 10.2). The file download will be available along the bottom of the screen, in a zip file format.

FIGURE 10.2: DOWNLOAD SELECTED FILES



Once the zip file downloads, click on the download icon and the report(s) will open in a new window with a list of the pdf copies (See Figure 10.3).

FIGURE 10.3: PDF FILES



Before we conclude, a brief reminder that each PPE Report will have the name of the physician listed at the top of each page. For example, if Dr. Smith has a three page PPE report, Dr. Smith's name will display at the top of all three pages. The PPE Reporting Files tab will electronically store all PPE reports run through a distribution, for the life of Clinical Analytics at your organization.

Study Questions (Refer to Appendix B for answers)

1. True or False: I must contact Clinical Analytics Support to provide a copy of a previously run distribution.

2. True or False: I can view and print a pdf copy of a previously run distribution.

3. True or False: In order to view a file, I must select at least two search criteria items.

Chapter 11: Additional PPE Functionality

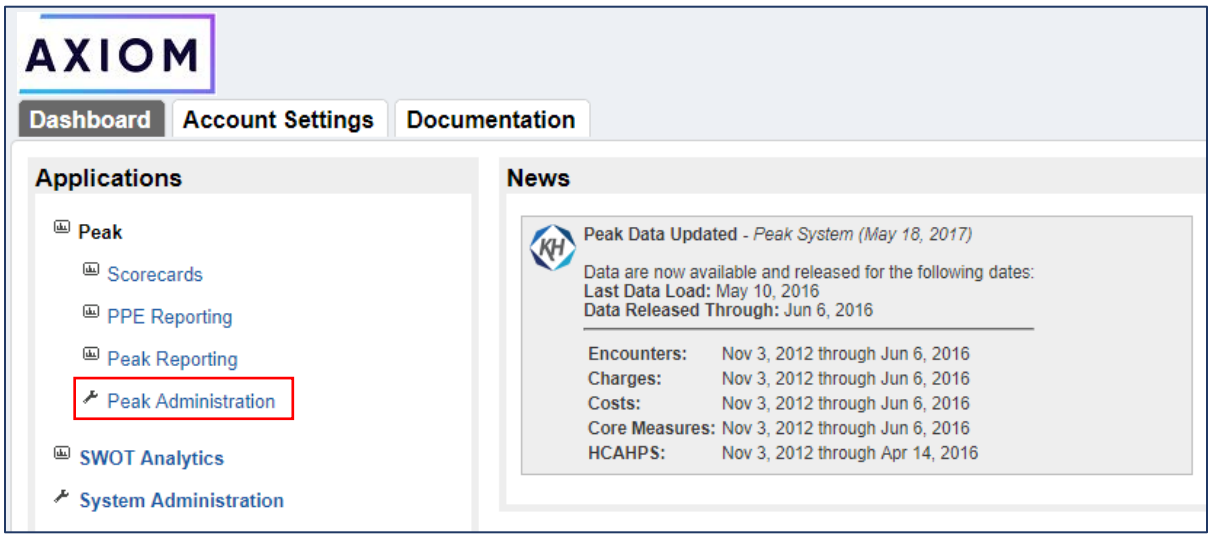
Learning Objectives:
Following completion of this section you will be able to:

- Upload and edit physician groups and lists
- Run a one-off PPE report on individual physicians

Physician Groups and Lists

Uploading physician groups in Clinical Analytics allows the user to leverage the efficiency of pulling in electronically stored physician groups in profiles, scorecards, and PPE reporting distributions. Physician groups are loaded into Clinical Analytics in a CSV file format. In preparation for uploading a physician group CSV file, save the existing master file in a .CSV file format. When you are ready to upload a physician group file, log into Clinical Analytics and select Clinical Analytics Administration from Clinical Analytics home page. Clinical Analytics Administration is an available link on the Dashboard tab (See Figure 11.1). The Profile Data Management tab allows a user to manage physician lists within Clinical Analytics.

FIGURE 11.1 CLINICAL ANALYTICS ADMINISTRATION



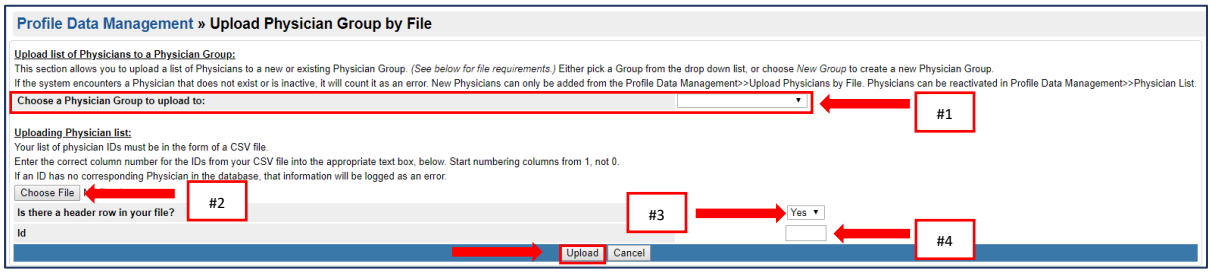
After you click on the Clinical Analytics Administration blue hyperlink, the dashboard of administration related tabs will display. The Profile Data Management tab contains several file options for your organization. The physician specific files are the ones we will focus on for training purposes. The Physician Group category has three options (See Figure 11.2): Physician Group List, Upload Physician Group by File, and Add Physician Group.

The Physician Group List stores existing physician lists within the Clinical Analytics system. You have the opportunity to edit, view, or delete a list from the far right actions column. The edit action allows the user to individually check or uncheck the provider from that particular physician group list. Note that the edit database lists all providers at your organization, not just the ones included in that particular physician group. Whereas, the view action allows the user to view the physician group list and only shows the providers listed within the selected group.

FIGURE 11.2 PHYSICIAN GROUPS CATEGORY

The Upload Physician Group by File selection allows the user to upload a CSV formatted file into Clinical Analytics. The first time you upload a physician group file, you will select the *New Group* option from the Choose a Physician Group to upload to menu drop down list (See Figure 11.3). Once you select the *New Group* option, labeled as step 1 in Figure 11.3, Clinical Analytics will prompt you to enter the Name of new Physician Group in a new field.

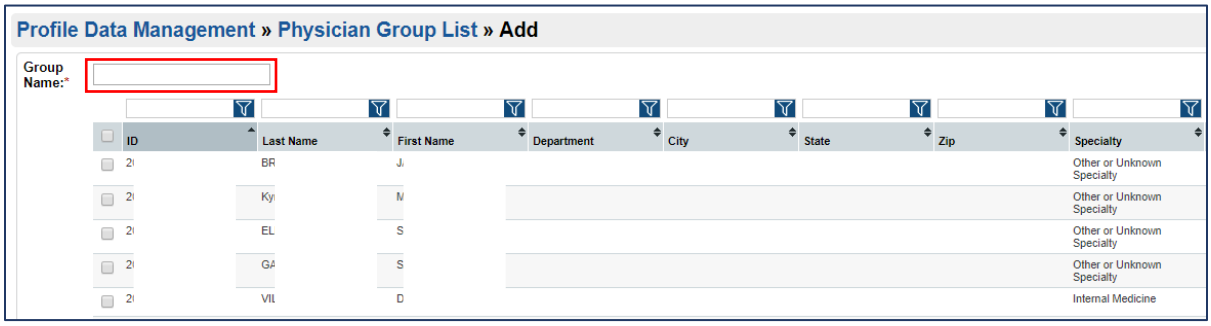
FIGURE 11.3 UPLOADING A NEW GROUP



- As shown in Figure 11.3 Step 1: If you are uploading a current file, for an existing physician group, select the name of the existing group from the Choose a Physician Group to upload to menu drop down list. Only select *New Group* if it's the first time you are uploading a specific physician group in Clinical Analytics.
- As shown in Figure 11.3 Step 2: After you have chosen *New Group* or selected an existing group, click on the Choose File button under the Uploading Physician list section (See step 2 in Figure 11.3). Selecting the Choose File button will open your computer browser to find and select the CSV physician group file stored on your work device. Double click on the CSV file or select *Open* to pull the file into the upload process.
- As shown in Figure 11.3 Step 3: This field indicates whether there is a header row in the file you selected in step 2.
- As shown in Figure 11.3 Step 4: Before you finalize the upload process, it is important to fill out the ID field, indicating which column number the physician ID is located on in the file you uploaded. The ID must match the physician IDs that have been added to Clinical Analytics.
- Once you have completed step 4, select the upload button along the bottom blue banner as highlighted in Figure 11.3 above.

The Add Physician Group allows the user to manually create a physician group (See Figure 11.4). Clinical Analytics requires a Group Name and then offers the all-inclusive physician master database to individually select the physicians needed within each group. The master database is quite lengthy, so remember to utilize the column header filters to narrow your search by ID numbers, last names or by specialty. Click on each box to left of the ID column to include the provider(s) in the assigned group.

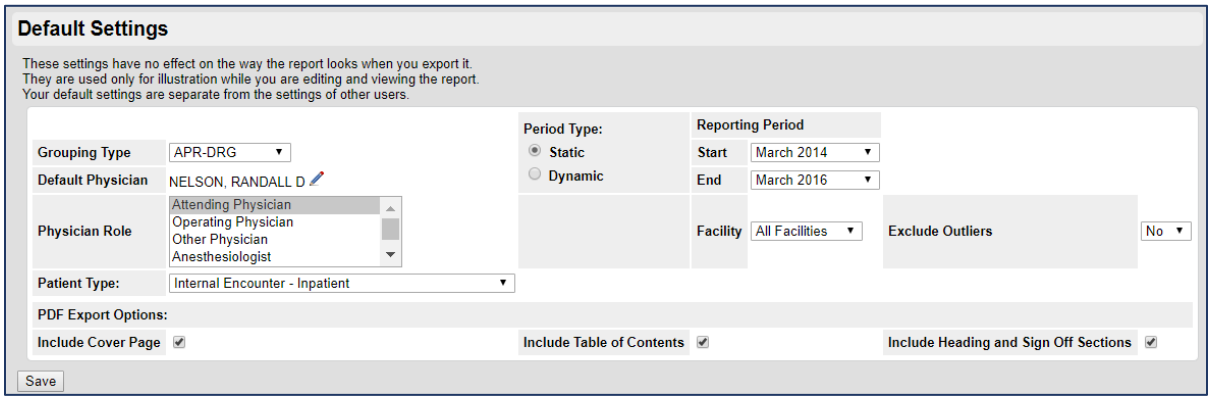
FIGURE 11.4 ADD PHYSICIAN GROUP



On the Fly Individual Physician PPE Report PDF

Traditionally PPE reports are formally run through a distribution process and electronically archived in the Files tab in the PPE Reporting application. In the rare exception that you may need to view a report on the fly and can't afford to wait for the distribution to run overnight, Clinical Analytics offers a quick solution. From the Reports tab, in the PPE reporting application, select the report that you wish to run and view the PDF file. Once you have selected the report, click on the gear settings icon the upper right hand corner. The gear settings icon allows you to enter the requested provider and ensure that all settings are appropriate based upon the report request (See Figure 11.5). In the Default Settings window confirm the grouping type, physician name, physician role(s), patient type, and reporting period reflect the details of the report request. If needed, please refer to Chapter 3 for additional information on default settings.

FIGURE 11.5 DEFAULT SETTINGS WINDOW



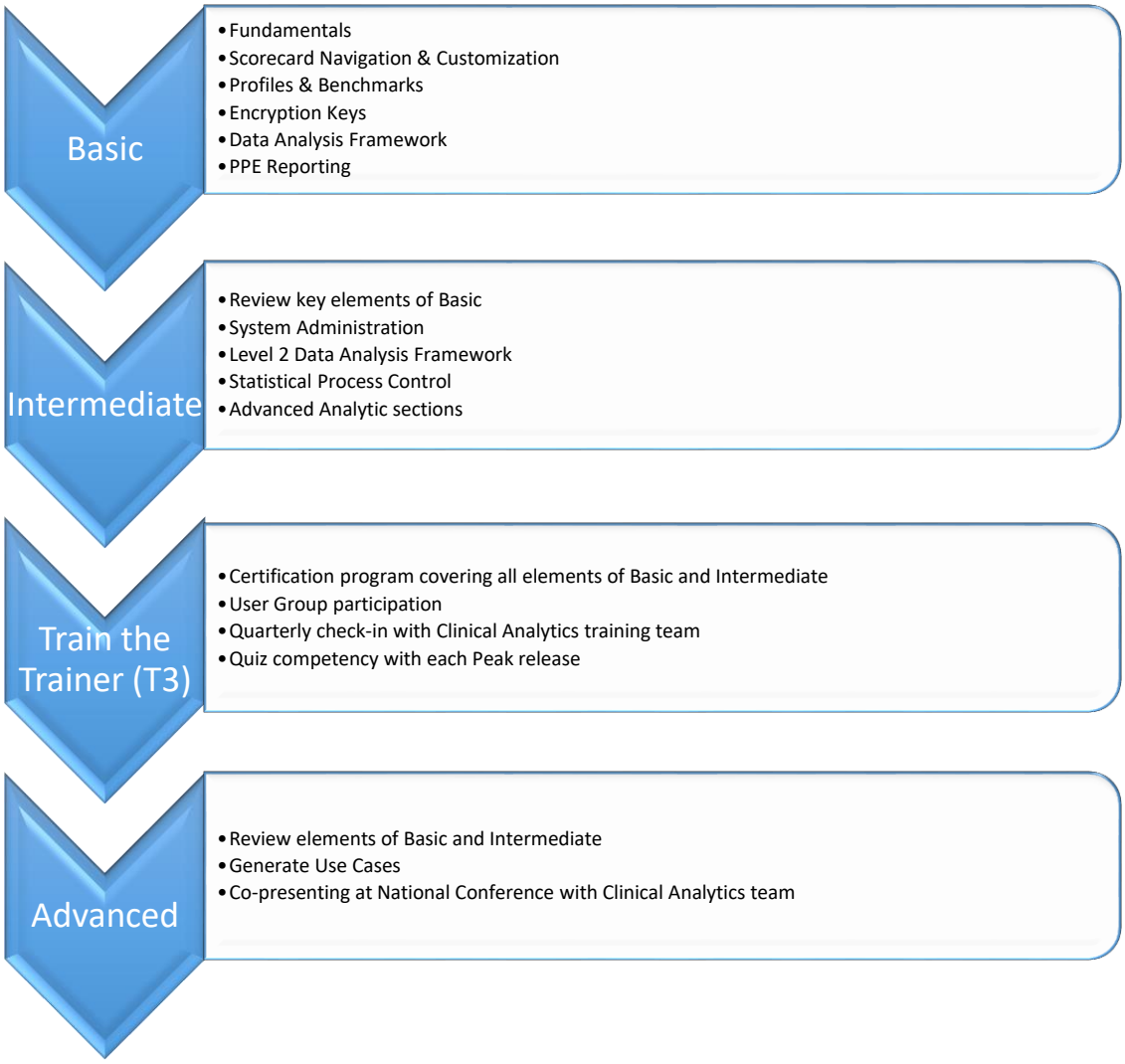
If you have to run a high volume Distribution, contact Clinical Analytics Support to kick off the distribution the same day. Again, this is a rare exception, as the formal and most efficient process is to run the distribution overnight. Running the distribution overnight does not impact system performance during normal business hours.

In Conclusion

Congratulations! You have successfully covered the Basic PPE reporting training content. Hopefully you have learned how to create a PPE report, establish a workflow, tag the report with the workflow to run a PPE distribution, and how to filter your view on the dashboard tab. Keep in mind, the workflow step is completely optional, and should only be used if you want an entirely electronic distribution process for each staff member receiving the report for review and including the physician who receives the final individual PPE report. You always have the option to utilize an electronic workflow for the medical staff office team process only, and then utilize a paper process for the final output to each individual physician. The copy, edit, pencil customization, and delete functionality is similar across Clinical Analytics applications. As you become more familiar with the functionality and flexibility within PPE Reporting, you may want to take advantage of our refresher webinars on "how to" focused work sessions. Please don't hesitate to reach out to our Clinical Analytics Support and Training team (See Appendix C)! We look forward to working with you very soon!

Appendices

Appendix A. Clinical Analytics Tiered Training Approach



Appendix B. Study Question Answers

Chapter 2: Sign In

1. What two pieces of information do you need to sign in to Clinical Analytics? _____

   _____

   - Email address, password **(if your system does NOT utilize single sign-on)**

2. True or False: Clicking the logo in the upper left corner returns me to Clinical Analytics Home page.

   - True, regardless of which application you are using, clicking the logo will return you to Clinical Analytics home page.

3. Passwords in Clinical Analytics generally expire every: A. 30 days, B. 60 days, C. 90 days, D. year

   C. 90 days **(If your system uses single sign-on, your organization expiration period will be used)**

4. Where can you change your password? (**Only if your organization does NOT use single sign-on**)

   B. Account Settings tab

Chapter 5: PPE Reports

1. Which roles have permissions to create custom PPE reports?

   A. Any User

   B. Health System Coordinator

   C. Report Approver

   D. Clinical Analytics Administrator

2. True or False: PPE reports must be created from scratch each time.

   - False, Clinical Analytics encourages the use of the Copy feature to help with efficient report creation.

3. True or False: The copy action link allows me to copy an existing report.

   - True

4. True or False: The author is the only person who can make edits directly in any PPE report.

   - False, any Health System Coordinator has access to edit reports.

Chapter 6: PPE Workflows

1. True or False: I can create multiple workflows to support our facility reporting structure.

   - True, Clinical Analytics allows you to create as many workflows that are necessary to support your organizational reporting structure.

2. True or False: I can copy an existing workflow and make necessary edits to avoid building a workflow from scratch each time.

- True

3. True or False: I must use the workflows function in Clinical Analytics to run PPE Reporting Distributions.
    - False, the workflows functionality is specific to offering an electronic PPE reporting process. If your organization does not want to offer PPE reports via email only, then the workflows functionality is optional.
4. True or False: If I indicate YES for annotation permissions, I must enter something in order to approve the report.
    - False, indicating yes for annotation permissions means you have permission to enter an annotation if appropriate, but you don't have to in order to approve the report.
5. True or False: In Workflows, I can have one level or multiple levels within any given workflow.
    - True, you can have one level, one person or multiple levels with multiple staff members in the same level. A staff member can only be used once in any given workflow.

Chapter 7: PPE Distributions

1. True or False: I can run PPE reporting without creating a Distribution.
    - False, you must create a Distribution to successfully run a PPE distribution. You can select the PDF icon in the Reports tab to run on the fly individual PPE reports, however this method doesn't electronically store the distribution to retrieve the run at a later date.
2. True or False: I must use the automated schedule option to run a Distribution.
    - False, the automated schedule and pattern are optional based on user preference.
3. True or False: I must click on Create PDF's action on the Distribution tab to run a distribution manually.
    - True, if you are choosing the manual vs automated option, the only way to tell Clinical Analytics to run the Distribution is to click on the Create PDFs action hyperlink on the Distributions tab home screen.
4. True or False: I can run individual and aggregated PPE reports in the same Distribution.
    - False, you can accomplish both, but you must use two separate Distributions, one for the individual reports and one for the aggregated version.

Chapter 10: PPE Files

1. True or False: I must contact Clinical Analytics Support to provide a copy of a previously run distribution.

- False, a user with Health System Coordinator permissions for PPE Reporting has access to the Files tab and can perform ad hoc searches as needed.

2. True or False: I can view and print a pdf copy of a previously run distribution.
    - True, once you find the file you can simply view the report or you can print off the pdf if needed.
3. True or False: In order to view a file, I must select at least two search criteria items.
    - False, only one search criteria is needed to perform a file search.

Appendix C. Contact Clinical Analytics Support

We love to hear from our clients! Located in beautiful Colorado, support staff is in the office Monday-Friday 8am-5pm Mountain Time.

- Reach out to us if you have questions about:
    - Add-on modules
    - Accessing your account
    - Your specific analysis
    - New ideas for Clinical Analytics
    - Anything else!
- Email: peaksupport@syntellis.com
- Call: (847) 441-0022