

Strata Decision Technology

Decision Support Analytics

STRATAJAZZ® CERTIFICATION TRAINING MANUAL

October 21, 2019



Table of Contents

Introduction	6
Course	6
Prerequisites.....	6
Course Objectives.....	6
Course Materials.....	6
Class Scenarios	7
1 - Rule Building.....	7
2 - Service Lines: Defining Key Terms.....	8
3 – In Class Activity: Modify a Service Line.....	9
4 – On Your Own: Adding a Service Lines	11
After Class Section Review: Service Lines	12
After Class Section Review: Answer Key	13
5 - Patient Populations: Defining Key Terms.....	14
6 - In-Class Activity: Add a Patient Population	15
7 – On Your Own: Modify a Patient Population	17
8 – On Your Own: Create a Readmission Patient Population	18
After Class Section Review: Patient Populations	19
After Class Section Review: Answer Key	20
9 – Is it a Filter, Service Line or Patient Population?	21
10 – In-Class Scenario: Creating Calculated System Fields	22
11 – If You Have Time: Creating a Report Using Patient Populations	24
Training Manual.....	26
Rule Builder.....	26
Rule Components	26
Rule Types	27
Operators for Rule Creation	27
Rule Set Build Summary	29
Adding Attributes and Measures for Rule Building	29
Adding an Attribute	29
Deleting an Attribute	30
Adding a Measure	30
Deleting a Measure	30
Service Lines.....	31
Configurable Categories	31

Default Categories.....	31
Service Line Processing.....	31
Defining Service Lines	31
Service Line Procedures	32
Adding a detail service line.....	32
Editing a Detail Service Line	32
Copying a Service Line.....	32
Rename a Custom Service Line.....	33
Rename a Detail Service Line	33
Deleting a Detail Service Line	33
Managing Service Lines Procedures.....	34
Reorder Service Lines	34
Execute Service Lines.....	34
View History for a Service Line	35
Generate a Service Line Report	35
Patient Populations.....	35
Patient Population Types	35
Simple Patient Population	35
Readmit Patient Population	35
Defining Patient Populations	36
Patient Populations	36
Simple Patient Population Example	36
Readmit Patient Population Example	37
Patient Population Procedures.....	38
Adding a Patient Population Category	38
Adding a Simple Patient Population	38
Adding a Readmit Patient Population	38
Editing a Patient Population.....	39
Copying a Patient Population	39
Renaming a patient population.....	39
Deleting a patient population	40
Managing Patient Populations	40
Executing patient populations.....	40
Viewing a history of service line activity	40
Calculated System Fields	42
Overview of Calculated System Fields	43
Calculated System Fields Procedures	43

Creating or Editing a Calculated System Text Field	43
Creating or Editing a Calculated System Decimal Field	44
Creating or Editing a Staff Time Calculated System Field	44
Creating or Editing a Physician Calculated System Field	45
Reporting	47
Audit History Report	47
Ad Hoc Reports	47
Available Content Pane	48
Creating Filters	48
Applying the Filter	51
Importing Filter Values.....	52
Managing Filters	53
Merge	54
Row Layout	55
Column Layout	55
Adding a Measure and Generating Report Output.....	56
Saving a Report	56
Closing Thoughts	57

Introduction

During the Decision Support Analytics course, you will learn tools used with the StrataJazz® Analytics in order to set up, rules, service lines, patient populations, and calculated system fields.

Following successful certification in this course, the expectation is that you are able to handle DS Analytics build and will reach out to Strata Decision as needed.

Please see information below for some administrative information about the course:

Important Note: While we welcome and encourage you to share experiences related to your organization's contract management practices during the training, this course is intended to give you the knowledge needed to successfully build and maintain contracts within the StrataJazz® system. Organization-specific information or requests shared during the course will not be recorded or shared with other members of the Strata team, so please be sure to share any system requirements or enhancements with those team members directly.

Course

Decision Support (DS) Analytics

Prerequisites

Attendees are:

- Currently using or will soon be implementing StrataJazz® Decision Support on the Strata Decision Well-Known Data Model schema
- Currently or will soon be administrators for the Analytics tool

Course Objectives

By the end of class, you will be able to...

- Create and maintain service lines
- Create and maintain patient populations
- Create and maintain calculated system fields
- Create meaningful reports based on service lines and patient populations

Course Materials

- StrataJazz® DS Analytics Certification Training Manual
- Database Assignments
- StrataJazz® DS Analytics Certification PowerPoint

Class Scenarios

This section is where we will spend most of the class. You will be able to complete these scenarios on paper or in the system in order to better understand the topics we discuss in class today. The Training Manual is the section after the class scenarios. The Training Manual provides further details and workflows regarding topics we discuss today. Refer to the Training Manual and the Help Center in order to answer questions after class. Additionally, this section will be useful when completing your Administer Certification Assessment.

1 - Rule Building

Review the scenario below in order to determine how you would create your two rules for the patient population described.

Scenario Overview

Your organization wants to run a series of reports on pediatric patients admitted with a diagnosis of asthma. In this example, asthma is defined by ICD-10 DX Primary Codes J69.8, J82, J60, R06.2, J67.8, or J44.9. Both the age and the ICD-10 DX Primary Code data elements represent qualitative information; therefore, dimension rules are used to create the criteria.

- Both Patient Age and ICD – 10 DX can be found within the Patient Encounter Dimension.
- Pediatric patients are between the age of 0 and 18.



Write it Down: Answer the Following Questions

Based on the scenario information, answer the following questions

1. How many rule(s) do we need to build? _____
2. If we are looking for pediatric patients, which operator would we use to capture age?
 - a. IN
 - b. BETWEEN
 - c. CONTAINS
 - d. EQUAL
 WHY? _____
3. If we are looking for one value in a list, which operator would we use to capture the ICD-10 DX?
 - a. IN
 - b. BETWEEN
 - c. CONTAINS
 - d. EQUAL
 WHY? _____
4. TRUE FALSE In order for a patient population to qualify for the scenario, the encounter needs to contain both the correct ICD- 10 code and a pediatric patient.
5. What is the correct Boolean logic for the two rules (Circle One)? OR AND



Write it Down: Create the Rules

Fill in the fields below in order to create your rules based on the scenario information


Pediatric Asthma Admission Rate - Last Run: Never (Encounters: 0)

Add Rule Reload Grouping

R1: and

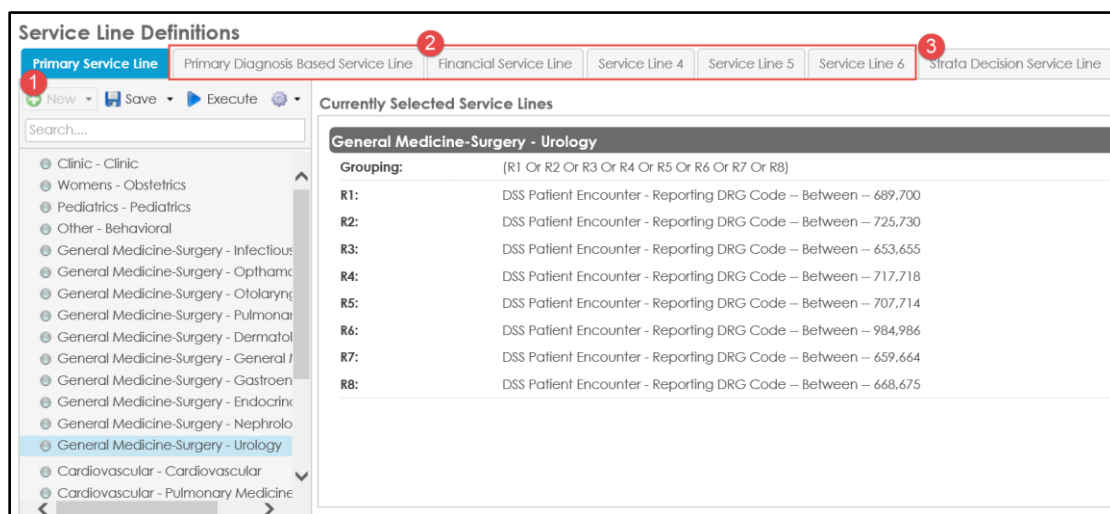
R2:

2 - Service Lines: Defining Key Terms

 Write it Down: Define Key Terms

We will be using the key terms below. Review the information in **Help Center** on the **Service Line Definition** activity and fill out the table below writing a description and example for each key term.

Term	StrataJazz® Description
Service Line	A service line represents a group of related services in a healthcare system (example: Cardiac Surgery)
(1) Primary Service Line	
(2) Service Lines 2-6	
(3) Strata Decision Service Line	



Service Line Definitions

Primary Service Line | Primary Diagnosis Based Service Line | Financial Service Line | Service Line 4 | Service Line 5 | Service Line 6 | Strata Decision Service Line

New | Save | Execute

Search....

- Clinic - Clinic
- Womens - Obstetrics
- Pediatrics - Pediatrics
- Other - Behavioral
- General Medicine-Surgery - Infectious
- General Medicine-Surgery - Ophthalmic
- General Medicine-Surgery - Otolaryngology
- General Medicine-Surgery - Pulmonary
- General Medicine-Surgery - Dermatologic
- General Medicine-Surgery - General Internal Medicine
- General Medicine-Surgery - Gastroenterology
- General Medicine-Surgery - Endocrinology
- General Medicine-Surgery - Nephrology
- General Medicine-Surgery - Urology
- Cardiovascular - Cardiovascular
- Cardiovascular - Pulmonary Medicine

Currently Selected Service Lines

General Medicine-Surgery - Urology

Grouping: (R1 Or R2 Or R3 Or R4 Or R5 Or R6 Or R7 Or R8)

R1: DSS Patient Encounter - Reporting DRG Code -- Between -- 689,700

R2: DSS Patient Encounter - Reporting DRG Code -- Between -- 725,730

R3: DSS Patient Encounter - Reporting DRG Code -- Between -- 653,655

R4: DSS Patient Encounter - Reporting DRG Code -- Between -- 717,718

R5: DSS Patient Encounter - Reporting DRG Code -- Between -- 707,714

R6: DSS Patient Encounter - Reporting DRG Code -- Between -- 984,986

R7: DSS Patient Encounter - Reporting DRG Code -- Between -- 659,664

R8: DSS Patient Encounter - Reporting DRG Code -- Between -- 668,675

3 – In Class Activity: Modify a Service Line

Scenario Overview:

You no longer want to have separate service lines for neonatal and normal newborns. When updating the current service line be sure to update the name of the service line, and include rules for the following information: the encounter has either MS DRGs 789, 790, 791, 792, 793, 794, 795 and includes the inpatient patient type rollup

 Write it Down: Answer the following Questions

Answer the following questions based on the information provided for this scenario

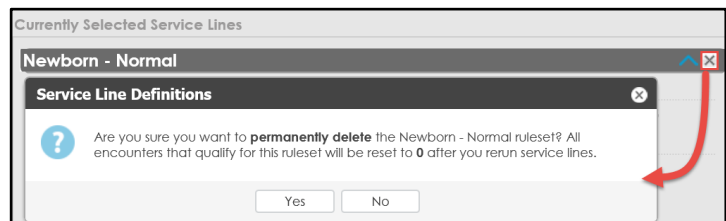
- How many rule(s) are needed for this service line based on the scenario description? ____ Provide a brief overview of each rule below.

- What is the Boolean Logic for our rules?

In-Class Scenario: Update Newborn Service Line

Now that we have reviewed the scenario, let's complete the steps in StrataJazz®

1. Click **Decision Support**.
2. Click **Service Line Definitions**.
3. Click the **Financial Service Line** tab.
4. Click **Newborn – Normal**.
5. Click **X** in the Newborn – Normal rule set to delete the service line.
6. Click **Yes**.
7. Click **Newborn - Neonate**.
8. Click **Grouping**.
9. Click the wrench in the service line rule.
10. Update the **Service Line Name** to be "Newborn."
11. Click **Save**.
12. Click **Grouping**.
13. Update the existing rule for the MS DRG Codes.
 - Click the magnified glass in the **Value** field to confirm the following seven MS DRGs are selected: **789, 790, 791, 792, 793, 794, and 795**.
14. Click **Add a Rule**.
15. Click **Dimension Rule**.



16. Click the **R1 Data Element** field and select **Patient Encounter – Patient Type Rollup Name (Patient Type)**.
17. Click the **Operator** field and select **equals**.
18. Click the **Value** field and select **Inpatient**.
19. Click the **Grouping** field and enter **R1 and R2**.
20. Click the **Save** drop down menu and select **Save All**.

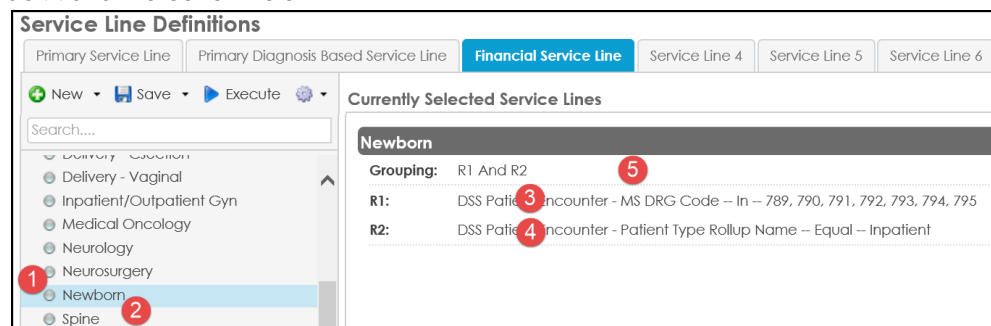
Trainer Demo ONLY: Execute Service Lines

Important Note: For training, do not execute the service lines. We will demo the steps to execute the service lines. At your organization, you should execute service lines after adding or updating service line information.

1. Click Execute.
2. Check the **Discharge** Date check box.
3. Enter a discharge data range of 1/1/2019 – 10/21/2019.
4. Click **Execute**.

Check Your Work: Modify a Service Line

1. Rename the Service Line to read Newborn
2. Delete the Service Line Newborn – Normal
3. Add the MRG code 795 to the current rule
4. Add an additional Dimension Rule for Inpatient Rollup
5. Boolean Logic should read R1 And R2



The screenshot shows the 'Service Line Definitions' interface. The 'Financial Service Line' tab is active. The 'Currently Selected Service Lines' section shows a service line named 'Newborn' with the following configuration:

- Grouping:** R1 And R2 (indicated by a red circle 5)
- R1:** DSS Patient Encounter - MS DRG Code - In - 789, 790, 791, 792, 793, 794, 795 (indicated by a red circle 3)
- R2:** DSS Patient Encounter - Patient Type Rollup Name - Equal - Inpatient (indicated by a red circle 4)

In the left-hand 'Category Selection' pane, the 'Newborn' category is selected (indicated by a red circle 1), and the 'Spine' sub-category is also selected (indicated by a red circle 2).

4 – On Your Own: Adding a Service Lines

Scenario Overview:

You notice the 208 – Respiratory System Dx with Ventilator Support 96 Hours DRG is not assigned and you want it to show as part of a Respiratory Service Line.

On Your Own: Adding a Service Line

Complete the following steps based on the scenario information above:

- (1) **Add a Service Line** of Respiratory Services on the **Financial Service Line** tab
- (2) **Create the rule(s)**

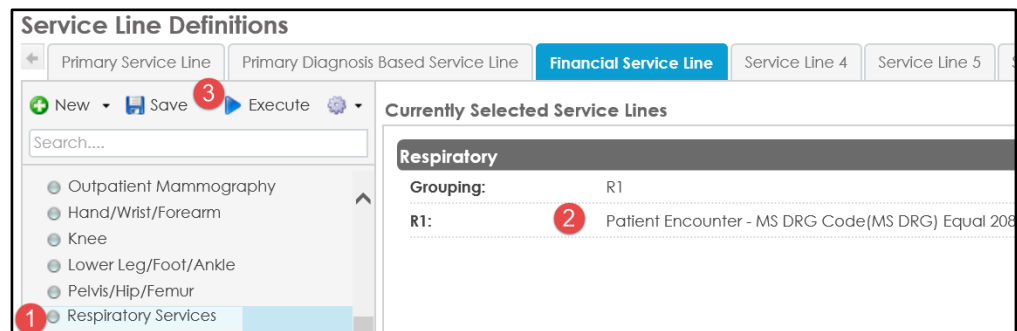
Answer the following question once you have completed the two steps in the system.

3. After adding and saving your rules, what would be the next step to complete in the system?

Check Your Work: Reviewing Adding a Service Line

Confirm you completed the activity correctly by checking the items below:

1. Service line of Respiratory Services is added
2. One Dimension rule is added for the MS DRG code.



- **Data Element:** Patient Encounter – MS DRG Code
 - **Operator:** Equal
 - **Value:** 208
3. The next step to complete is to click **Execute** to execute the rules for the discharge dates after saving.
 - Important Note: you can not execute multiple service lines at once. It is important to click **Execute** after all edits have been made.

After Class Section Review: Service Lines

We covered a lot of information in this section. Answer the questions below as a section review.

1. What is a service line?
2. Which Service Line is read-only?
3. Can an encounter qualify for multiple service line rules within one service line tab?

After Class Section Review: Answer Key

We covered a lot of information in this section. Answer the questions below as a section review.

1. What is a service line?

A group of related serviced

2. Which Service Line is read-only?

Strata Decision Service Line

3. Can an encounter qualify for multiple service line rules within one service line tab?

No, an encounter can only qualify for one rule set within each tab, but it will qualify for one rule on each tab.

5 - Patient Populations: Defining Key Terms



Write it Down: Define Key Terms

We will be using the key terms below. Review the information in **Help Center** and fill out the table below writing a description and example for each key term.

Term	StrataJazz® Description
Patient Population	
Readmit Patient Population	

Decision Support \ Reporting \ Patient Populations

Patient Populations

CATEGORIES Tools ▾

- ☑ All Patient Populations (52)
- ☑ 30 Day Readmissions (14)
- ☑ CCJR Populations (6)
- ☑ CDC Hospital Acquired Conditions (4)
- ☑ Continuous Improvement (3)
- ☑ Contract Analytics (1)
- ☑ Patient Safety Indicators (PSI) (7)
- ☑ Uncategorized (17)

PATIENT POPULATIONS Execute Rules New ▾ Refresh View History

	Name	Number of Encounters	Reports	Author	Last Modified Date	Last Run
1	All Cause 30 Day Readmits	57,725	2	Strata Decision		
2	All Cause 30 Day Readmits Baseline	203,898	1	Strata Decision		
3	All Readmissions	57,663	0	Strata Decision		
4	All Readmissions Baseline	162,151	0	Strata Decision		
5	AMI 30 Day Readmission	56	0	Strata Decision		
6	AMI Baseline	1,562	0	Strata Decision		
7	Aquamantys Patients	11	0	Strata Decision		
8	Asthma Contingent Triggers For use In Asthma Episode	268,971	0	Strata Decision		

6 - In-Class Activity: Add a Patient Population

Scenario Overview:

You want to create a new patient population for orthopedics deep vein thrombosis and put it in the Hospital Acquired Conditions category. You want to flag any patients with the following ICD10 codes:

- I82.0, I82.1, I82.2, I82.3
- I82.409, I82.4, I82.5

Grouped with related MS DRGs codes

- 299, 300, 301



Write it Down: Answer the following Questions

Answer the following questions based on the information provided in the scenario overview.

- How many rules do we need to build for this scenario? _____ Provide a brief overview of each rule below.

- What is the Boolean Logic for our rules in this scenario?

Now that we have reviewed the scenario, let's complete the steps in StrataJazz®

To create a new category

1. Click **Decision Support**.
2. Click **Patient Populations**.
3. Click **Tools**.
4. Click **New Category**.
5. Type **Hospital Acquired Conditions**.
6. Click **Save**.

To create a new patient population

7. Click the **Hospital Acquired Conditions** category folder.
8. Click **New**.
9. Click **New Patient Population**.
10. In the "Name" field, enter **Orthopedics DVT**.
11. Click **Save**.
12. Click **Add a Rule**.
13. Click **Dimension Rule**.

14. Click the **R1 Data Element** field and select **Patient Encounter - ICD10 DX Primary Diag Code(ICD10 DX Primary)**.
15. Click the **Operator** field and select **In**.
16. Click the **Value** field.
17. Search for and select **I82.0, I82.1, I82.2, I82.3, I82.409, I82.4, I82.5**.
18. Click **Add a Rule**.
19. Click **Dimension Rule**.
20. Click the **R2 Data Element** field and select **Patient Encounter - MS DRG Code(MS DRG)**.
21. Click the **Operator** field and select **In**
22. Click the **Value** field.
23. Search for and select 299, 300, 301.
24. Click the **Grouping** field and enter **R1 AND R2**
25. Click **Save**.
26. Click **Close**.
27. Click **Refresh**.
28. Click **Execute Rules**.

Important Note: You may need to click **Refresh** in order to see the added category and patient population created prior to clicking **Execute Rules**.

Trainer Demo ONLY: Execute Patient Populations

- Important Note: For training, do not execute the patient populations. We will demo the steps to execute the patient populations. At your organization, you should execute patient populations after adding or updating information. Any time you make updates or delete a patient population, you must execute patient population rules.
1. Click **Execute Rules**.
 2. Select **Orthopedics DVT**
 3. Check the boxes for **Run Only Selected Patient Populations, Process Cube, and Use Date Range**.
 4. Enter the date range to execute.
 5. Click **Execute**.

7 – On Your Own: Modify a Patient Population

Scenario Overview:

You notice not all your pneumonia patients are being captured in the population. You want to review the population criteria to make sure that patients between the age of 60 -114 are being captured.

On Your Own: Modify a Patient Population

Complete the following steps based on the scenario information above:

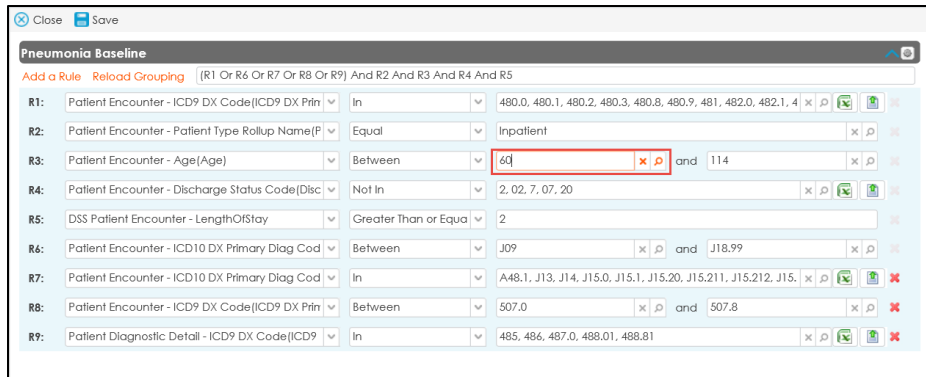
- (1) Navigate to your **Pneumonia Baseline** in the **All Patient Populations** category
 - (2) Update the age rule to include all pneumonia patients between the ages of 60 -114
- Answer the following question once you have completed the two steps in the system.

3. After adding and saving your rules, what would be the next step to complete in the system?

Check Your Work

Confirm your screen looks like mine for the above scenario.

1. R3 should be edited to indicate the updated age range.



The screenshot shows the 'Pneumonia Baseline' configuration window. Rule R3 is selected and highlighted with a red box. The rule criteria are: 'Patient Encounter - Age(Age) Between 60 and 114'. The value '60' is entered in a text field and is also highlighted with a red box. Other rules (R1, R2, R4, R5, R6, R7, R8, R9) are visible below with their respective criteria.

2. The **Last Modified Date** column for the Pneumonia Baseline should display today's date and time indicated that you updated the rules for the patient population.

	Name	Number of Encounters	Reports	Author	Last Modified Date
1	 Pneumonia 30 Day Readmission	448	0	Strata Decision	
2	Pneumonia Baseline	3,112	0	Strata Decision	9/23/2019 11:01 am
3	PSI 06 - Iatrogenic Pneumothorax Rate	256	0	Strata Decision	

8 – On Your Own: Create a Readmission Patient Population

Scenario Overview:

You want to create a patient population to monitor overall hospital readmissions 90 days after discharge. A baseline population has been created for all inpatient accounts. This population is called “All Readmissions Baseline.”

On Your Own: Modify a Patient Population

Complete the following steps based on the scenario information above:

- (1) Create a new readmission patient class
- (2) Add a rule
- (3) Select the base population

Attempt to complete this activity on your own, but you can refer to the steps below if you get stuck.

1. Click **New**.
2. Select **New Readmit Patient Population**.
3. Name your population **All Readmissions – 90 Days**.
4. Click **Save**.
5. Click **Add a Rule**.
6. Select **Dimension Rule**.
7. Click the **Data Element** drop down menu.
8. Search for and select **Patient Encounter – Patient Type Rollup Name (Patient Type)**.
9. Select an **Operator** of **Equal**.
10. Click the **Value** search icon.
11. Select **Inpatient**.
12. Click **Select**.
13. Click the **Base Population** drop down menu.
14. Select **All Cause 30 Day Readmits Baseline**.
15. In the “Number of Days” field, enter **90**.
16. Click **Save**.
17. Click **Close**.



Write it Down: Answer the following

Answer the following questions based on the information provided in the scenario overview.

1. What would happen if you checked **Include Base Population Rules**? _____

After Class Section Review: Patient Populations

We covered a lot of information in this section. Answer the questions below as a section review.

1. What is a patient population?
2. Can an encounter qualify for multiple patient populations?
3. When should you execute the rules?
4. What is the different between a baseline patient population and readmission patient population?
5. How is the Readmission Base population created?
6. How are Readmission Base Populations useful?
7. True False One patient encounter can qualify for multiple patient populations

After Class Section Review: Answer Key

We covered a lot of information in this section. Answer the questions below as a section review.

1. What is a patient population?

Categorization of patient encounters

2. Can an encounter qualify for multiple patient populations?

Yes

3. When should you execute the rules?

Any time you update, delete or add a patient population

4. What is the different between a baseline patient population and readmission patient population?

A readmission looks at the base population and readmission criteria

5. How is the Readmission Base population created?

Automatically in the system by StrataJazz®

6. How are Readmission Base Populations useful?

Readmission Base Populations are used for reporting purposes. The initial encounters where patients were readmitted are identified in order to be able to identify areas of improvement.

7. True False One patient encounter can qualify for multiple patient populations

True

9 – Is it a Filter, Service Line or Patient Population?

Instructions: Using what you know about the differences between filters, service lines, and patient populations, review the scenarios outlined below and decide whether you think the data presented is a service line, patient population or filter.

You want to report on a list of UB revenue codes. You want to view the costs associated with only these UB revenue codes.

This describes a...

- A. Filter
- B. Service Line
- C. Patient Population

You want to sort patients into mutually exclusive groupings based on secondary diagnoses.

This describes a...

- A. Filter
- B. Service Line
- C. Patient Population

You want to report on any cardiology patients that have visited the emergency department. You want to do an analysis on the ALOS on these emergency department patients.

This describes a...

- A. Filter
- B. Service Line
- C. Patient Population

10 – In-Class Scenario: Creating Calculated System Fields

Scenario: You want to update the defined calculations for Net Revenue in order to better calculate and report out on your Contribution Margins in an Ad Hoc report. You want to calculate contribution margins in order to make decisions on which services to expand next fiscal year.

Update the Net Revenue Calculate System Field to Reflect the following:

If the account balance is between -25 and 25, then use total actual payments or if historical expected payment is not equal to 0, then use historical expected payment or if expected payment is not equal to 0, use expected payment.

1. Click **Decision Support**.
2. Click **Calculated System Fields**.
3. Click **Net Revenue**.
4. Select a **Processing Schedule** of **After Rules**.
 - In this case, you want to select **After Rules** so that net revenue is ran after contracts so that we can pull in information regarding expected payment.

Update the *Total Actual Payments* condition

- The first condition needs to reflect the following:
 - If the actual encounter balance is between \$-25 and \$25, then pull in the actual payment made for the encounter.
5. Click **the X** next to R1.
 - You are changing the Total Actual Payments to reflect a range.
 6. Click **Add a Rule**.
 7. Click **Measure Rule**.
 8. Click the **Data Element** drop down menu and select **Patient Encounter – AccountBalance**.
 9. Click the **Operator** field and select **Greater Than or Equal To**.
 10. Click the **Value** text box and enter **-25**.
 11. Add a second rule to look for a patient account balance less than or equal to 25
 - Click **Add a Rule**.
 - Click **Measure Rule**.
 - Click the **Data Element** drop down menu and select **Patient Encounter – AccountBalance**.
 - Click the **Operator** field and select **Less Than or Equal To**.
 - Click the **Value** text box and enter **25**.
 12. Confirm the **Patient Encounter – Total Actual Payments** is selected in the **Then** field.

Create the *Historical Expected Payments* condition including rules and calculations.

- The Historical Expected payment condition needs to reflect the following:
 - If the expected payment pulled from your EHR system is calculated, then pull in the historical expected payment calculated in the EHR system.

13. Click **Delete** in the *2. Historic Expected Payment* condition.
14. Click **Yes**.
15. Click **Add Condition**.
16. In the **Condition Name** field, type “*Historical Expected Payments*” and type “3” in the **Executive Order** field.
17. Click **Save**.

18. Click **Add a Rule**.
19. Click **Measure Rule**.
20. Click the **Data Element** drop down menu and select **Patient Encounter – Historic Expected Payment**.
21. Click the **Operator** field and select **Not Equal**.
22. Click the **Value** text box and enter **0**.
23. Click **Edit Calculation**.
24. Click the **Measures** drop down menu and select **Patient Encounter – Historic Expected Payment**.
25. Click the **Add Measure** icon (the blue plus to the right of the drop-down).
26. Click **Save**.

Create the Expected Payment condition

- The Expected Payment condition needs to reflect the following:
 - If the expected payment calculated using Contract Analytics is calculated, then pull in the expected payment calculated in StrataJazz®.
- 27. Confirm the information is correct for the condition, Expected Payment.
 - The expected payment calculated by StrataJazz® is not equal to 0.
 - The calculate should pull in the expected payment
- 28. Click **Save**.

Update **Execution Order**

29. Click **Execution Order**.
30. Click and drag Historic Expected Payment to be second
 - Confirm the Execution Order is: (1) Total Actual Payments (2) Historic Expected Payment (3) Expected Payment
31. Click **Apply**.
32. Confirm the Execution Order is: (1) Total Actual Payments (2) Historic Expected Payment (3) Expected Payment
33. Click **Save**.
34. Click **Save and Close**.

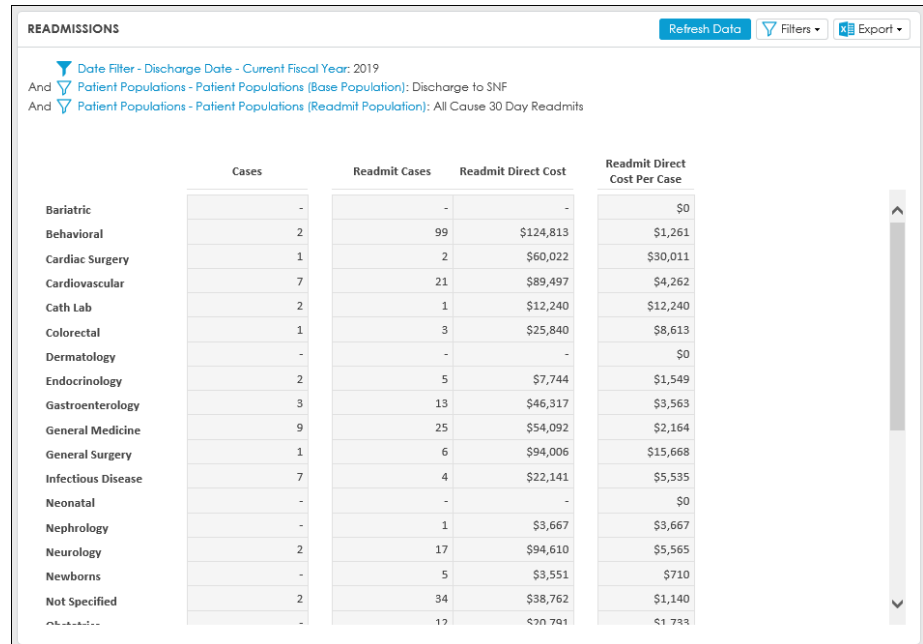
11 – If You Have Time: Creating a Report Using Patient Populations

This scenario will support you in using patient populations and service lines in reports in meaningful ways. If there is time during class or breaks, you may complete the scenario. Additionally, you will have the assigned database until the end of the week, so you may complete it on your own.

Scenario: You want to create a report comparing cases, direct cost, direct cost per case, and percentage of readmissions by service line for the Hospital Wide (All Ages) patient population.

To select a data source

1. Click **Reports**.
2. Click **New Report**.
3. Click **Ad Hoc Report**.
4. Search for and select **DSS Costing**.
5. Click **Select**.



	Cases	Readmit Cases	Readmit Direct Cost	Readmit Direct Cost Per Case
Bariatric	-	-	-	\$0
Behavioral	2	99	\$124,813	\$1,261
Cardiac Surgery	1	2	\$60,022	\$30,011
Cardiovascular	7	21	\$89,497	\$4,262
Cath Lab	2	1	\$12,240	\$12,240
Colorectal	1	3	\$25,840	\$8,613
Dermatology	-	-	-	\$0
Endocrinology	2	5	\$7,744	\$1,549
Gastroenterology	3	13	\$46,317	\$3,563
General Medicine	9	25	\$54,092	\$2,164
General Surgery	1	6	\$94,006	\$15,668
Infectious Disease	7	4	\$22,141	\$5,535
Neonatal	-	-	-	\$0
Nephrology	-	1	\$3,667	\$3,667
Neurology	2	17	\$94,610	\$5,565
Newborns	-	5	\$3,551	\$710
Not Specified	2	34	\$38,762	\$1,140
Not Specified	-	13	\$20,791	\$1,723

To add a global filter

6. Click **Filters**.
7. Click **New Global Date Filter**.
8. Under the first drop-down, select **Current Fiscal Year**.
9. Under the second drop-down, select **Discharge Date**.
10. Click **Apply**.

To add dimensions

11. Under "Available Content," search for **Service Line**.
12. Expand **Patient Encounter**.
13. Double-click **Service Line Strata Decision**.

To add measures

14. Search for and double-click **Cases**.

To add a patient population

1. Search for **Patient Populations**.
2. Expand **Patient Populations**.
3. Drag **Patient Populations** under the "Cases" section.
4. Right-click the **Patient Populations** section and select **Copy**.
5. Right-click the first **Patient Populations** section and select **Options**.
6. Unselect **Auto section name based on attributes and filters**.

7. In the "Name" field, type **Base Population**.
8. Click **Apply**.
9. Right-click the **Patient Populations** section and select **Options**.
10. Unselect **Auto section name based on attributes and filters**.
11. In the "Name" field, type **Readmit Population**.
12. Click **Apply**.
13. Click **Filters > New Section Dimension Filter**.
14. Under the drop-down, select **Base Population**.
15. Under the "Section Attribute" drop-down, select **Patient Populations**.
16. Click the **Member Selection** search icon.
17. Search for and select **Discharge to SNF**.
18. Click **Select**.
19. Click **Apply**.
20. Click **Filters > New Section Dimension Filter**.
21. Under the drop-down, select **Readmit Population**.
22. Under the "Section Attribute" drop-down, select **Patient Populations**.
23. Click the **Member Selection** search icon.
24. Search for and select **All Cause 30 Day Readmits**.
25. Click **Select**.
26. Click **Apply**.
27. Drag **Direct Cost** under the "Readmit Population" section.
28. Under the "Readmit Population" section, right-click **Cases**.
29. Click **Options**.
30. In the "Name" field, type **Readmit Cases**.
31. Click **Apply**.
32. Under the "Readmit Population" section, right-click **Direct Cost**.
33. Click **Options**.
34. In the "Name" field, type **Readmit Direct Cost**.
35. Click **Apply**.

To add column calculations

1. Under "Column Layout," click **Add Section**.
2. Expand **Column Calculations**.
3. Double-click **Column Arithmetic**.
4. In the "Name" field, type **Readmit Direct Cost Per Case**.
5. Click the **Display Format** drop down menu.
6. Select **Currency No Decimal (\$1,000)**.
7. In the "Formula" comment box, type **[Readmit Direct Cost] / [Readmit Cases]**.
8. Click **Save**.

To save the report

1. Click **Save**.
2. For "Name" field, type **Readmissions**.
3. Click **Save**.

Training Manual

The sections below provide detailed information regarding the DS Analytics modules and suggested procedures (workflows) within the system. Recall that detailed, updated information can be found in the Help Center. It is important to refer to the Help Center whenever working within StrataJazz®. It is important to point out that every situation may be slightly different, so this section provides suggestions. Work with your team to develop standard processes and naming conventions.

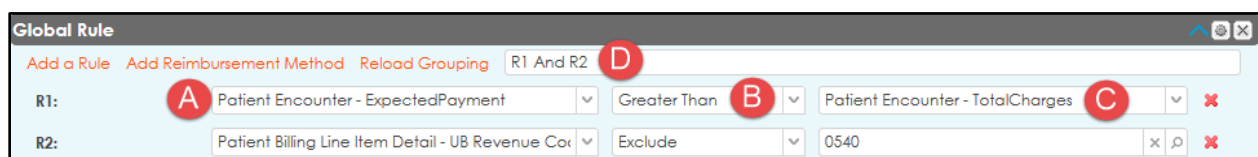
Rule Builder

Many Decision Support modules and tools require that you build rules to manage the data, including Contract Analytics. One common reason an encounter is not qualifying for a contract as expected is because the complex rule sets are not set up correctly. This section provides information about the rules types and instructions to build the rules. At the end of the section, you will have time to build complex rule sets. While we are focusing on building and troubleshooting rules for Contract Analytics, these concepts will apply to multiple Decision Support modules and tools.

Rule Components

A rule is a series of one or more Boolean expressions that can be evaluated as either true or false. Each rule contains three parts: a property, an operator, and a value. For review, the table provides a description of each of the key rule components.

Rule Component	Description
Data Element (A)	Identify the dimension or measure for the rule. You can use a drop-down list within the rule builder to select the data element. If you start typing, the system attempts to match to a value in the list.
Operator (B)	Define the relationship between the data element and the value. Examples include And, Or, Equal, and In. See Rule Types for a complete list and description of each.
Value (C)	Enter a value in this field. To enter multiple values, separate each value with a comma. If the rule is a dimension rule, click the magnifying glass to pick the value from a list. Content is not validated for free text.
Boolean Logic (D)	The logic defines how rules are grouped. When there is more than one rule, this controls how an encounter must qualify across the rules. For example, AND means an encounter must evaluate as true for all rules in order to qualify whereas OR means the encounter only needs to qualify for one rule.



Rule Types

The following types of rules are used most commonly in Decision Support Contract Analytics:

The following types of rules are used in various decision support tasks:

- Always Rule—this rule is typically used as a catch-all. No additional criteria are required.
- Dimension Rule—this rule specifies qualitative information such as patient type, charge code, or department. The list is filtered to include relevant dimensions.
- Measure Rule—this rule specifies quantitative information such as total charges or length of stay. The list is filtered to include relevant measures.
- Aggregate Measures Rule—this rule calculates multiple lines of data at the same time. Use this rule in combination with a dimension rule. This rule sums all line items that qualify at the rule set level.
- Compare Measure Rule—this rule, which is used only in Contract Analytics and Episode Analytics, compares two measure values.
- Schedule Lookup Rule—this rule, which is used only in Contract Analytics, references the values defined in an advanced schedule.
- Date Compare Rule—this rule allows you to enter two dates that you can compare for a given patient. For example, a Decision Support Administrator may want to report on a group of patients for whom surgery occurred within 24 hours of the admission date.

Operators for Rule Creation

This section covers the operators for rule creation. The table contains a list of the operators and their descriptions.

Operator	Description	Example
And	Specify a value for which both the first condition and the second condition are true.	Patient Type Rollup = Inpatient AND Department = Operating Room. See With vs And.
Or	Specify a value where either the first condition or the second condition is true.	UB Revenue Code = 0636 OR NDC Code <> 0
Between	Include the sequence of numbers that falls between the upper and lower range, including the specified range values.	UB Revenue Code BETWEEN 0270 and 0278
Contains	Indicate a search for any portion of the specified value. Use Contains to retrieve a single value contained within the returned values.	Charge Code CONTAINS Surgery
Equal	Specify a single specific value to look for.	MS DRG Code EQUAL 470

Operator	Description	Example
In	Identify any one value contained within a comma-separated list. For a dimension or measure rule, this operator enables the export or import of a comma-separated value file. Use In to retrieve a list of comma-separated codes or values.	ICD10 PX Code IN 8E090CZ, 8E093CZ, 8E094CZ
Not Contains	Identify any value that is not contained within the specified value.	ICD10 DX NOT CONTAINS Diabetes
Not Equal	Specify one specific value not to look for.	MS DRG Code NOT EQUAL 000
Not In	Ignores any encounters that have a value that is contained within the comma-separated list. For a dimension or measure rule, this operator enables the export or import of a comma-separated value file.	Payor Group NOT IN Medicare, Medicaid
Starts With	Specify the starting characters of the values to match on.	ICD10 PX Code STARTS WITH 8E0
Exclude	Ignores any line items that have a value that is contained within the comma-separated list.	CPT Code EXCLUDE 88305, 88306, 88307
With	Specify a value for which both the first and second conditions are true for the same line item.	UB Revenue Code = 481 WITH CPT = 92928 See With vs And.

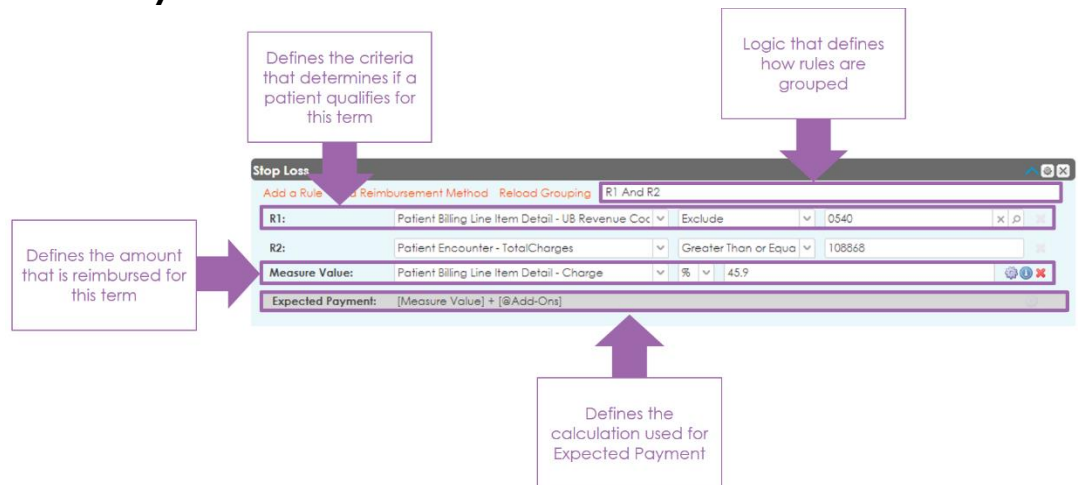
With vs And

The AND rule operator is a one-to-many comparison. The WITH rule operator is a one-to-one comparison. For example, you create a rule CPT EQUAL 67028 AND modifier 50. The system finds any account with CPT 67028 and modifier 50 present for any charge line on the encounter.

For rule CPT EQUAL 67028 WITH modifier 50, the system finds only encounters with modifier 50 attached to the CPT 67028 charge line.

Rule Set Build Summary

The diagram below summarizes how the different components of a rule set are used together, using example rules and reimbursement methods.




Adding Attributes and Measures for Rule Building

Use the Configure Attributes and Configure Measures pages in System Center to make new measures, dimension attributes, and measures available for rule building, reimbursement schedules, ad hoc patient populations, and reimbursement methods in Decision Support.

On this page, you can add any dimension attributes and measures that already exist in your data model but do not appear in the rule builder.


The following procedures pertain to configuring attributes.

Adding an Attribute

1. Click  > **System Center > Decision Support > General > Rule Building > Drop Down Configuration**. The Configure Attributes page opens.
2. Click **Add Attribute**. The Select An Attribute window opens.
3. Select the attribute you want to add and click **Select**. The new selection appears as the first line item in the grid.
4. Review and complete the following fields:
 - **Dimension**—review the name of the dimension.
 - **Attribute**—review the name of the attribute associated with the dimension.
 - **Include in Rules**—select this check box to make this dimension attribute available for selection when you build rules.
 - **Include in Schedules**—select this check box to make this dimension attribute available for selection in a reimbursement schedule.
 - **Include in Ad Hoc Patient Populations**—select this check box to make this dimension attribute available in ad hoc patient populations for ad hoc reports.
5. Click **Save**.
6. Click **Next** and proceed to *Adding a Measure*.

Deleting an Attribute

You can delete attributes that you no longer need. Deleting an attribute that's currently in use prevents rules from running and results in errors. Ensure that the attribute you're deleting is no longer used.


1. Click  > **System Center > Decision Support > General > Rule Building > Drop Down Configuration**. The Configure Attributes page opens.
2. Select the attribute you want to delete.
3. Click **Delete Attribute**.

Configuring Measures

The following procedures pertain to configuring measures.


Adding a Measure

Selecting the **Include in Rules** check box makes a measure available when you are adding a statistic driver for a cost configuration.

1. Click  > **System Center > Decision Support > General > Rule Building > Drop Down Configuration**. The Configure Attributes page opens.
2. Click **Next**. The Configure Measures page opens.
3. Click **Add Measure**. The Select A Measure window opens.
4. Select the attribute you want to add, and click **Select**. The new selection appears as the first line item in the grid.
5. Review and complete the following fields:
 - Dimension—review the name of the dimension.
 - Attribute—review the name of the attribute associated with the dimension.
 - Include in Rules—select this check box to make this dimension attribute available for selection when you build rules.
 - Include in Schedules—select this check box to make this dimension attribute available for selection in a reimbursement schedule.
 - Include in Ad Hoc Patient Populations—select this check box to make this dimension attribute available in ad hoc patient populations for ad hoc reports.
6. Click **Save**.

Deleting a Measure

You can delete measures that you no longer need. Deleting a measure that's currently in use prevents rules from running and results in errors. Ensure that the measure you're deleting is no longer used.

1. Click  > **System Center > Decision Support > General > Rule Building > Drop Down Configuration**. The Configure Attributes page opens.
2. Click **Next**. The Configure Measures page opens.
3. Select the measure you want to delete.
4. Click **Delete Measure**.

Service Lines

Service line reporting has become critical in the healthcare industry and the definitions of service lines are increasing in complexity. The StrataJazz® Service Line Definition tool provides users with an interface to create complex rules by leveraging data elements used within the Decision Support system. Users can create service lines at a detailed level for improved profitability reporting and increased clarity within the organization.

Configurable Categories

You can create and define custom service line definitions, each containing multiple detail service lines. The system assigns service lines to a patient encounter and during processing, applies the first service line that qualifies for each encounter. Processing continues until all lines process but assigns only the first qualifying line to each encounter. For this reason, the order in which service lines are listed is important.

For example, a patient can be an inpatient, a diabetic, and a cardiology patient. If the primary reason for the encounter is cardiac surgery, you might want to place the Cardiology service line at the top of the list. On the other hand, if you want to report on the percentage of total patients with diabetes, you could place the Diabetes service line at the top of the list.

Default Categories

In addition to the configurable definitions, the system provides two default service line definitions: Strata Service Line and Primary Service Line. The Strata Service Line is maintained by Strata Decision Technology and the detail service line definitions are the same across all clients. If your organization budgets at the service line level, use the Primary Service Line within your budgeting process.

Service Line Processing

The system processes service lines nightly. As new data is imported into the system, patient encounters are automatically assigned to service lines to generate accurate reporting without manual intervention.

Defining Service Lines


Use the Service Line Definitions page in Decision Support to manage the service lines for your organization. Service lines are used for reporting.

A service line represents a group of related services in a healthcare system, for example, cardiac surgery, emergency medicine, intensive care, and birthing center.

The different service line definitions represent categories of service lines and appear as tabs on the Service Line Definitions page:

- Primary Service Line—the financial service line shared by all solutions within the StrataJazz® platform. This service line is used during budget and forecast creation, so service line creation and deletion is reserved for those modules. On this page, you can add rules and sort service line members for the Primary Service Line.
- Service Lines 2–6—custom service lines for decision support. You can rename these definitions and add new detailed service lines.
- Strata Decision Service Line—read-only. You cannot add detail service lines nor alter the rules for this service line. This service line is the same across all clients.

You cannot add additional service line categories, but you can add detail service lines to any of the custom service lines.

Use the  menu to expand or collapse the service line rules, launch an audit report, or view a history of transactions for the selected service line.

Service Line Procedures

The following procedures pertain to service lines. These are common workflows that the DS Analytics Administrator will complete in the system to create and maintain service lines at an organization.

Adding a detail service line

You can add a detail service line only for a custom service line. Custom service lines are numbered 2 through 6; you can rename them.

Important Note: If you are building a custom service line for the first time and want to automate it and use it for reporting, contact Technical Consulting.

1. Click **Decision Support > Reporting > Service Line Definitions**. The Service Line Definitions page opens.
2. Select the custom service line tab for which to create a detail service line. The system displays any existing detail service lines for the selected tab on the left.
3. Click **New**. The New Service Line window opens.
4. Complete the following fields. The rollup groups a specific set of services, such as Inpatient or Surgical.
 - **Service Line Name**—specify a unique service line name.
 - **Rollup**—specify the level at which this service line applies, for example, Inpatient or Surgical. The rollup groups a specific set of services.
 - **Sort Order**—specify the order of processing for the detail service lines.
8. Click **Save** on the New Service Line window. The system adds the newly created detail service line to the list on the left and opens the rule builder on the right.
9. Click **Grouping** to display the options for building the service line rules.
10. Click **Add a Rule**.
 - See Rule Building
11. When you have finished building the rules, click **Save** on the Service Line Definitions page.

Editing a Detail Service Line



You can edit the rules for a primary or a custom service line.

1. Click **Decision Support > Reporting > Service Line Definitions**. The Service Line Definitions page opens.
2. Select the service line tab for which to edit a detail service line. The system displays any existing detail service lines for the selected tab on the left.
3. Click the detail service line to edit. The rule builder opens on the right.
4. Click **Grouping** to display the options for building the service line rules.
5. Click **Add a Rule**.
 - a. See Rule Building
6. When you have finished updating the rules, click **Save** on the Service Line Definitions page

Copying a Service Line

You can copy a detail service line within a custom service line to use as the starting point for a detail service line within the same tab. The copied service line contains the same rules and values as the source service line. You can then edit the copied line to make any necessary changes.

When you copy an existing detail service line, the system places a copy in the workspace and adds it to the list on the left.

1. Click **Decision Support > Reporting > Service Line Definitions**. The Service Line Definitions page opens.
2. Select the service line tab for which to copy a detail service line. The system displays any existing detail service lines for the selected tab in the left pane.
3. Select a detail service line to copy. Use the control key to copy multiple lines.
4. Select **New > Copy**. The system places copies of the selected service line rules on the right.
5. Click **Grouping** to open the options in the rule builder.
6. In the title bar for the copied service line, click . The Edit Service Line window opens.
7. Make the applicable changes for this service line and click **Save**.
8. Click **Grouping** to display the options for building the service line rules.
9. Click **Add a Rule** and follow the page-level help to add new rules or modify existing rules.
10. Click  again to turn off the copy functionality when you finish adding or editing the service line rules.
11. Click **Save**.


Rename a Custom Service Line

You can rename a custom service line.

1. Click **Decision Support > Reporting > Service Line Definitions**. The Service Line Definitions page opens.
2. Double-click the applicable service line tab and type the new name.
3. Click **Save**.


Rename a Detail Service Line

You can rename a detail service line and its rollup for a custom service line.

1. Click **Decision Support > Reporting > Service Line Definitions**. The Service Line Definitions page opens.
2. Select the applicable service line tab for which to rename the detail service line. The system displays any existing detail service lines for the selected tab in the left pane.
3. Click the detail service line to edit and then click one of the rules to see the edit option in the title bar.
4. Click . The Edit Service Line window opens.
5. Edit the name or rollup or both for this service line.
6. Click **Save**.

Deleting a Detail Service Line

You can delete a detail service line within a custom service line.

1. Click **Decision Support > Reporting > Service Line Definitions**. The Service Line Definitions page opens.
2. Select the service line tab for which to delete a detail service line. The system displays any existing detail service lines for the selected tab on the left.
3. Select the detail service line to delete.
4. Click  in the title bar for the detail service line.
5. Click **Save**.

Managing Service Lines Procedures

The following procedures include changing the order of service lines, executing the service line rules, viewing a history of service line transactions, and generating reports.

Reorder Service Lines

The order in which detail service lines are listed is important because during processing, the tool applies the first detail line for which the patient qualifies. You can reorder the detail service lines within primary and custom service lines.

1. Click **Decision Support > Reporting > Service Line Definitions**. The Service Line Definitions page opens.
2. Select the service line tab for which to reorder the detail service lines.
3. On the left, drag and drop the service line to the desired order. Use the Control key to select and reorder multiple service lines in one step.
4. Click **Save** to save this order for future executions.

Execute Service Lines

The rules for each service line definition execute independently. You can execute the rules for all service lines. Before you execute the service line rules, make sure that the rules are listed in the desired order.

Important Note: The order of the detail service lines is important because an encounter can only qualify for one detail service line within a custom service line.

The detail service lines on each Service Line tab are executed independently. If a patient qualifies for a detail service line, the system does not apply any detail service lines that follow the qualifying detail service line; however, the system continues processing until all the detail service lines have processed.

Executing service lines runs the selected service lines based on the specified filters.


Important Note: Run service lines for all encounters without a date constraint if you make changes or remove a service line definition.

1. Click **Decision Support > Reporting > Service Line Definitions**. The Service Line Definitions page opens.
2. Select the service line tab for which to execute the rules.
3. Click **Execute**. The Execution Filter Options window opens.
4. Select the following check boxes, as applicable.
 - **Unassigned Only**—process only the patient encounters that were not previously processed for service lines. It is common to create a catch-all service line and name it *Unassigned*; this setting does not include the encounters that qualify for this service line.
 - **Process Cube**—update the reports after the rules run.
 - **Use Date Range**—limit the execution to only the admit or discharge date range specified. If you select this option, the system displays fields to specify a date range for admission or discharge.
 - **Admit Date**—limit the execution to only the admit date range specified. Select the check box to activate this option and use the calendar icons to specify a date range.
 - **Discharge Date**—limit the execution to only the discharge date range specified. Select the check box to activate this option and use the calendar icons to specify a date range.
 - **Set As Default Options**—save the specified settings as the default setting for the execution of the rules on the selected service line tab for all users.
11. Click **Execute**.

12. Optionally, click **More > Task Engine > Monitor** to view the process status.

View History for a Service Line


You can view the history for all service lines.

1. Click **Decision Support > Reporting > Service line Definitions**. The Service Line Definitions page opens.
2. Click  > **History**. The service line history window opens.
3. Review the following columns:
4. **Date/Time**—see the most recent time and date for the action associated with this service line definition. An action can be a save or a process that was run.
5. **Category**—see a categorization of the actions performed.
6. **Description**—see a description of the action.
7. **Count**—see the number of elements affected by the action, if applicable.
8. **User Name**—see the user name for the person who performed the action.
9. Click **Close**.

Generate a Service Line Report

You can generate a high-level audit report for all service lines. The report is at the service line level and includes a volume count for each detail service lines.

Important Note: If the message *No audit report has been assigned to this service line.* appears, contact Technical Consulting to configure the audit report.

1. Click **Decision Support > Reporting > Service Line Definitions**. The Service Line Definitions page opens.
2. Select the service line tab for which to run the report.
3. Click  > **Report**. The system launches the report.

Patient Populations

Patient Populations is a StrataJazz® tool that categorizes patient encounters for reporting purposes. Patient encounters can be assigned to multiple patient populations.

Patient Population Types

Two types of patient populations are available: simple patient populations and readmit patient populations.


Simple Patient Population

A simple patient population is a set of rules that defines a group of patient encounters. A patient population can be broad, such as asthma patients, or can represent a narrower segment, such as pediatric asthma patients. Patient encounters can belong to multiple patient populations.

Readmit Patient Population

A readmit patient population identifies readmissions for a patient population. The configuration is very similar to the simple patient population configuration with additional readmission criteria, which includes readmissions for the base population and more specific readmission criteria.

Defining Patient Populations

Use the Patient Populations page in Decision Support to create patient population rules, which categorize patients for reporting purposes. You can create simple or readmit patient populations. The name for a readmit patient population is preceded by . Patients can be assigned to multiple patient populations.

The Categories section lists all existing categories. Use the categories to filter the list of patient populations. Click **Refresh** to reset the list to display all patient populations.

The Patient Populations section lists all patient populations with the following information for each—name, number of qualifying encounters, number of reports that use this rule as a filter, the author, the date last modified, the date last run, and the current status. Disabled patient populations are excluded from processing and unavailable in reporting.

You can click the link in the Reports column to view any reports that use the patient population as a filter and then click the report link to open the report.

When you open or edit a patient population, the system locks the patient population. Other users can access a read-only version of the locked patient population.

If you are creating an ad hoc report using the DSS Costing data source, you can create an ad hoc patient population.

Important Note: Patient populations run most efficiently when only active patient populations are included. We recommend that you delete any patient populations that you no longer use. A weekly task runs to disable patient populations that are not used in a report or rules engine and have not been modified for three months.

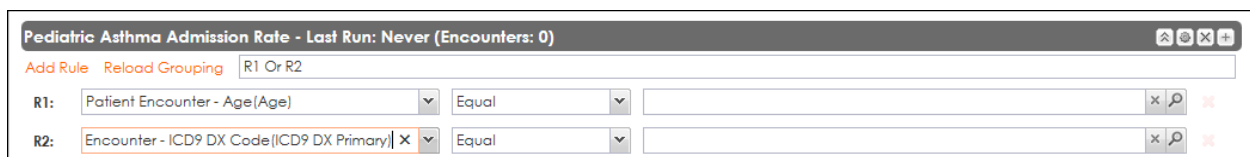
Patient Populations

Patient Populations categorize patient encounters into groups for reporting purposes. Two types of patient populations are available—simple patient populations and readmit patient populations. This topic shows a sample process to create each patient population type.

Simple Patient Population Example

The following example is a set of rules that were created for the Patient Populations application.

Your organization wants to run a series of reports on pediatric patients admitted with a diagnosis of asthma. In this example, asthma is defined by ICD-9 DX Primary Codes 493.00, 493.01, 493.02, 493.10, 493.11, and 493.12. Both the age and the ICD-9 DX Primary Code data elements represent qualitative information; therefore, dimension rules are used to create the criteria.



The screenshot shows a window titled "Pediatric Asthma Admission Rate - Last Run: Never (Encounters: 0)". Below the title bar, there are buttons for "Add Rule", "Reload Grouping", and a dropdown menu set to "R1 Or R2". Two rules are defined:

- R1:** Patient Encounter - Age(Age) [dropdown] Equal [dropdown] [input field] [x] [p]
- R2:** Encounter - ICD9 DX Code(ICD9 DX Primary) [dropdown] Equal [dropdown] [input field] [x] [p]

The IN operator is used to specify a list of values (in this case, ICD-9 DX Primary Codes). The BETWEEN operator is used to specify a range of values (in this case, ages 0 through 18).

Pediatric Asthma Admission Rate - Last Run: Never (Encounters: 0)

Add Rule Reload Grouping R1 Or R2

R1: Patient Encounter - Age(Age) Between 0 and 18

R2: Patient Encounter - ICD9 DX Code(ICD9 DX Primary) In 493.00, 493.01, 493.02, 493.10, 493.11, 493.12

The final step is to specify the relationship between the rules. The default relationship between the rules is OR, but this example needs to identify pediatric patients with asthma rather than pediatric patients or asthma patients. Therefore, the operator needs to be updated to AND.

Pediatric Asthma Admission Rate - Last Run: Never (Encounters: 0)

Add Rule Reload Grouping R1 And R2

R1: Patient Encounter - Age(Age) Between 0 and 18

R2: Patient Encounter - ICD9 DX Code(ICD9 DX Primary) In 493.00, 493.01, 493.02, 493.10, 493.11, 493.12

Readmit Patient Population Example

Your organization wants to identify all readmissions for pediatric patients who were discharged with a diagnosis of asthma in the last 30 days.

First, the always rule indicates that all readmissions are included, regardless of readmission criteria.

30 Day Readmits - Pediatric Asthma - Last Run: Never (Encounters: 0)

Add Rule Reload Grouping R1

R1: Always

Base Population: [Empty]

Include Base Population Rules:

Number of Days: 0

Next, the Asthma Admission Rate base population is specified to indicate that readmissions for any patient within this population are included.

30 Day Readmits - Pediatric Asthma - Last Run: Never (Encounters: 0)

Add Rule Reload Grouping R1

R1: Always

Base Population: Pediatric Asthma Admission R

Include Base Population Rules:

Number of Days: 0

Finally, the number 30 is specified as the number of days after the discharge date for which to include readmissions.

30 Day Readmits - Pediatric Asthma - Last Run: Never (Encounters: 0)

Add Rule Reload Grouping R1

R1: Always

Base Population: Pediatric Asthma Admission R1

Include Base Population Rules:

Number of Days: 30

Patient Population Procedures

The following procedures pertain to patient populations.

Adding a Patient Population Category

All patient populations exist within a patient population category. You can create a new category or use an existing category.

Important Note: The system saves only those categories associated with a patient population.

1. Click **Decision Support > Reporting > Patient Populations**. The Patient Populations page opens.
2. Click **Tools > New Category**. The Add Category window opens.
3. Specify a name for the category.
4. Click **Save** and proceed to step 2 of *Adding a simple patient population* or *Adding a readmit patient population*.

Adding a Simple Patient Population

A simple patient population defines a group of patients.

If you want to create a new category for this patient population, see *Adding a patient population category*.

1. Click **Decision Support > Reporting > Patient Populations**. The Patient Populations page opens.
2. Select the patient population category to use.
3. Click **New > New Patient Population**. The New Patient Population window opens.
4. Specify a name and optionally, a description for the new patient population.
5. Click **Save**. The rule builder window opens.
6. Click **Add a Rule**. See *Rules Building* and *Sample Patient Populations*.
7. Click **Save** on the rule builder window.

Adding a Readmit Patient Population

A readmit patient population identifies readmissions for a patient population.




1. Click **Decision Support > Reporting > Patient Populations**. The Patient Populations page opens.
2. Select the patient population category to use.
3. Click **New > New Readmit Patient Population**. The New Readmit Patient Population window opens.
4. Specify a name and optionally, a description for the new patient population.
5. Click **Save**. The rule builder window opens.
6. Click **Add a Rule**. See *Rules Building* and *Sample Patient Populations*.
7. Make entries in the following fields:
 - **Base Population**—specify the base population for the readmission.

- **Include Base Population Rules**—select this check box to apply the base population rules to the readmission population. After you select the base population, the system displays a read-only view of the base population rule criteria. You can specify additional rules, but these are typically not needed.
 - **Number of Days**—specify the number of days to look forward from the base admission. For readmission patient populations, this value corresponds to the amount of time between the base encounter's discharge date and the readmission encounter's admit date. Negative values are not applicable.
8. Click **Save** on the rule builder window.

Editing a Patient Population

You can modify the rules for a patient population. Each time you update patient population rules, you must run the applicable patient population without a date constraint.

If you edit a disabled patient population, its status changes to active.

1. Click **Decision Support > Reporting > Patient Populations**. The Patient Populations page opens.
2. Click the patient population to edit. The rule builder window opens.
3. Make updates, as applicable. See *Rules Building* and *Sample Patient Populations*.
4. Optionally, for rules with IN or NOT IN operators, click  to export the list of dimension members in the rules.
5. Make updates in the Excel file.
6. Save the file.
7. Click  to import the list of dimension members in the rules.
8. Optionally, click  to delete a rule within the patient population.
9. Click **Save** on the rule builder window.


Copying a Patient Population

You can copy a patient population to use as the starting point for a new patient population within the same category.

1. Click **Decision Support > Reporting > Patient Populations**. The Patient Populations page opens.
2. Click **Copy** for the patient population that you want to copy. The Copy Patient Population window opens.
3. Specify a new name for the copied patient population and, optionally, change the description.
4. Click **Save**. The rule builder window opens.
5. Make updates, as applicable. See *Rules Building* and *Sample Patient Populations*.
6. Click **Save** on the rule builder window.

Renaming a patient population

You can rename an existing patient population.

1. Click **Decision Support > Reporting > Patient Populations**. The Patient Populations page opens.
2. Click the patient population to edit. The rule builder window opens.
3. Click . The Change Patient Population Name window opens.
4. Specify the new name, and optionally, update the description.
5. Click **Save**.

Deleting a patient population

You can delete a patient population that you no longer need. You cannot restore a deleted patient population.

1. Select **Decision Support > Reporting > Patient Populations**. The Patient Populations window opens.
2. Select the patient population to delete and click **Delete**.
3. Confirm the deletion.

Managing Patient Populations

The following procedures include executing the rules for patient populations and viewing a history of transactions.

Executing patient populations


You can execute the rules for a single patient population, selected patient populations within a category, or for all populations within one or more categories.

Disabled patient populations are not included when you execute the rules.

1. Click **Decision Support > Reporting > Patient Populations**. The Patient Populations page opens.
2. Click **Execute Rules**. The Execution Filter Options window opens.
3. Optionally, select the check boxes that correspond to the patient populations to execute. You can make selections at the category or rule level.
4. Make entries in the following fields, as applicable.
 - **Set As Default**—optionally, select this check box to save the specified settings as the default option for the Patient Populations tool.
 - **Run Only Selected Patient Populations**—limit which patient populations are executed, based on your selections in the left pane.
 - **Process Cube**—update the reports after the rules run. We recommend selecting this check box as the default setting.
 - **Use Date Range**—limit which accounts are in the specified admit or discharge date range. When you select this check box, the system displays the fields to specify a range of dates for admission or discharge
 - **Admit Date**—select a specific admit date range. A narrower date range results in faster processing time.
 - **Discharge Date**—select a specific discharge date range. A narrower date range results in faster processing time.
5. Click **Execute**. Processing is complete when the orange spinner disappears.

Viewing a history of service line activity

You can see information about the activity associated with a service line.

1. Click **Decision Support > Reporting > Service line Definitions**. The Service Line Definitions page opens.
2. Click  > **History**. The service line history window opens.
3. Review the following columns:
 - **Date/Time**—see the most recent time and date for the action associated with this service line definition. An action can be a save or a process that was run.
 - **Category**—see a categorization of the actions performed.

- **Description**—see a description of the action.
 - **Count**—see the number of elements affected by the action, if applicable.
 - **User Name**—see the user name for the person who performed the action.
4. Click **Close**.

Calculated System Fields

Use the Calculated System Fields page in Decision Support to create calculated text, decimal, staff time, or physician fields for use in reporting. Decision Support administrators can create new fields based on readily available data elements in the StrataJazz® platform by defining case statement logic. Default rules are intended as an example; configure the rules to suit your reporting needs.

The system runs a nightly process that recalculates the system fields for updated encounters. Disabled fields are not recalculated in the nightly process.

Important Note

When the system processes calculated system fields, the encounter as a whole must first qualify for the rule set. If any line item for the encounter doesn't qualify, the encounter is excluded. When using Not In or Not Equal logic, an encounter qualifies only if every charge attached is not in or not equal to the specified values. For example, an encounter has ten line items; nine line items qualify but one does not. The result is that the entire encounter is excluded and does not generate a calculated result.

The information on the page includes the calculated system field name, whether the field is system-defined or created by a user, whether the field is a text, decimal (numeric), staff time, or physician type, the date and time of creation as well as the last update, the date and time of the last execution, whether scheduled or manual, the processing schedule status for the field, and the number of places where the field is used. Click the link in the Used In column to see where each field is used.

Staff time calculated system fields aggregate surgical staff time and make the detailed information available for billing. The calculation for staff time fields accounts for multiple providers for the same procedure. For example, if two physicians preside at a two-hour surgery, the system doubles the staff time to account for both providers.

To use the Time-Driven Costing™ allocation method, create a staff time field, select Patient Activity Drivers as the allocation method on the Charge Allocation page, and then select the staff time field as the patient activity driver.

Physician calculated system fields let you gather information about encounters to use for volume planning.

Use the search box to find an existing field.

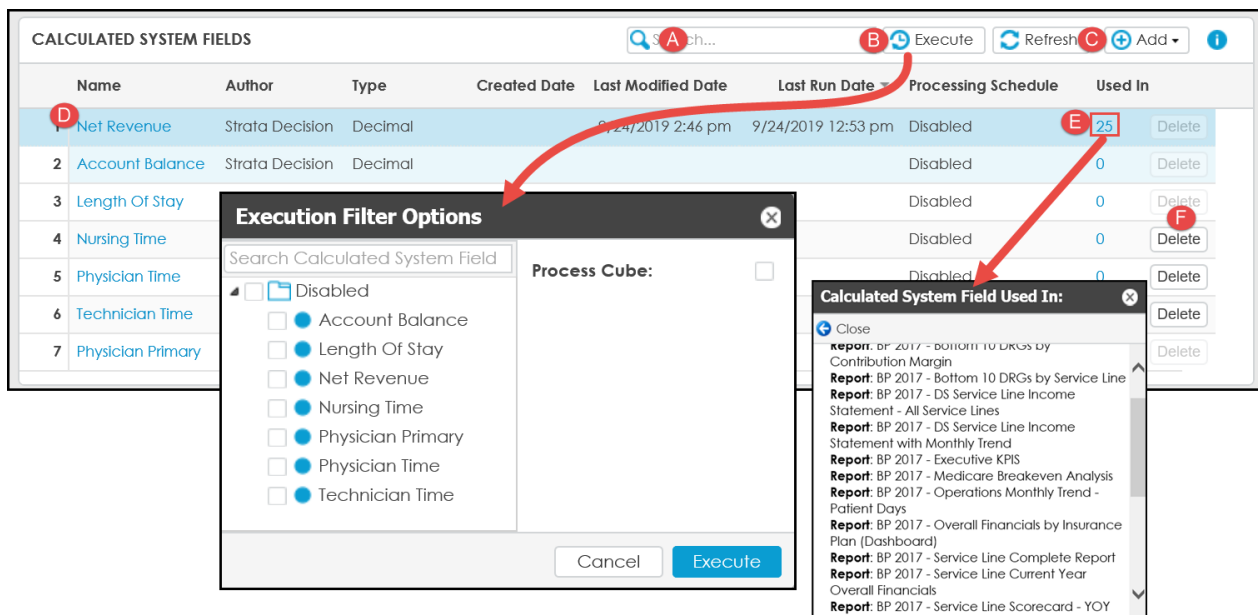
Important Note

New fields become available in reporting only after a cube process. After the fields are saved and processed, they are available in areas that use rules, such as contracts, patient populations, and service lines.

Overview of Calculated System Fields

Below is an overview of the Calculated System Fields (aka CSF) module. Refer to the *Calculated System Fields Procedures* section in order to understand the procedures to follow to complete the workflows.

- A. Search for a Calculated System Field.
- B. Click **Execute** to execute the rules and process the cube.
- C. Click **Add** to add a new Calculated System Field. Select from **Decimal**, **Text**, **Staff Type**, or **Physician**.
- D. Click the hyperlinked Calculated System Field to edit the CSF.
- E. **Used In** indicates the number of reports the CSF is used in. Click the hyperlink to see the list.
- F. Click **Delete** to delete a CSF. A greyed out **Delete** indicates that you can not delete the CSF.
 - Note that you can only delete use-defined fields that are not in use. You can not delete system-define fields.



The screenshot shows the 'CALCULATED SYSTEM FIELDS' interface. At the top, there is a search bar (A), an 'Execute' button (B), a 'Refresh' button (C), and an 'Add' button. Below is a table with columns: Name, Author, Type, Created Date, Last Modified Date, Last Run Date, Processing Schedule, and Used In. The table lists several fields, including 'Net Revenue' (highlighted with a red box and 'D'), 'Account Balance', 'Length Of Stay', 'Nursing Time', 'Physician Time', 'Technician Time', and 'Physician Primary'. The 'Used In' column shows the number of reports using each field (e.g., 25 for Net Revenue) and a 'Delete' button (F). Two pop-up windows are shown: 'Execution Filter Options' with a search bar and a list of fields with checkboxes, and 'Calculated System Field Used In:' showing a list of reports using the selected field.

Calculated System Fields Procedures

The following procedures include adding, editing, and deleting calculated system fields. Also included is arranging the order in which you want to execute conditions within the fields and updating the usage count following changes to a field. Expand a procedure to see the steps.

Creating or Editing a Calculated System Text Field

You can add a new text field or update an existing text field.

1. Click **Decision Support > Reporting > Calculated System Fields**. The Calculated System Fields page opens.
2. Click **Add > Text** to add a new field or click the name of an existing text field to edit. The Calculation Builder window opens.
3. Complete the following fields:
 - **Name**—type a unique field name. You cannot change the name.
 - **Processing Schedule**—select one of the following options to automatically recalculate the fields during the nightly process.

- **Before Rules**—recalculate the fields before contracts, service lines, patient populations, statistic drivers, and activity codes. For example, you'd choose this option to use a calculated system field in contracts.
 - **After Rules**—run fields after contracts, service lines, patient populations, statistic drivers, and activity codes. For example, you'd choose this option to use a field from contracts, such as expected payment, in the conditions for a calculated system field.
 - **Disabled**—exclude the fields from recalculation.
4. Click **Add Condition** to create a new condition. The Add Condition window opens.
 5. Specify a unique name and a value for the execution order.
 6. Click **Save**.
 7. On the Calculation Builder window, click **Add a Rule** and select the rule type.
 8. Complete the fields to add your rule.
 9. Click **Save and Close** or click **Save** to save your changes and stay on the page.
 10. Click **Execute** to recalculate any modified fields.

Creating or Editing a Calculated System Decimal Field

You can add a new text field or update an existing text field.

1. Click **Decision Support > Reporting > Calculated System Fields**. The Calculated System Fields page opens.
2. Click **Add > Text** to add a new field or click the name of an existing text field to edit. The Calculation Builder window opens.
3. Complete the following fields:
 - **Name**—type a unique field name. You cannot change the name.
 - **Processing Schedule**—select one of the following options to automatically recalculate the fields during the nightly process.
 - **Before Rules**—recalculate the fields before contracts, service lines, patient populations, statistic drivers, and activity codes. For example, you'd choose this option to use a calculated system field in contracts.
 - **After Rules**—run fields after contracts, service lines, patient populations, statistic drivers, and activity codes. For example, you'd choose this option to use a field from contracts, such as expected payment, in the conditions for a calculated system field.
 - **Disabled**—exclude the fields from recalculation.
4. Click **Add Condition** to create a new condition. The Add Condition window opens.
5. Specify a unique name and a value for the execution order.
6. Click **Save**.
7. On the Calculation Builder window, click **Add a Rule** and select the rule type. Follow the standard steps to create your rule.
8. Click **Save and Close** or click **Save** to save your changes and stay on the page.
9. Click **Execute** to recalculate any modified fields.

Creating or Editing a Staff Time Calculated System Field

You can add a new staff time field or update an existing staff time field.

Creating a staff time calculated system field is the first step to using the Time-Driven Costing™ allocation method. This type of calculated system field applies precise staff times from surgical data to the billing data, based on your rules and charge code configuration. You can then select the staff time field as a patient activity driver in cost accounting to provide more accurate cost results.

1. Click **Decision Support > Reporting > Calculated System Fields**. The Calculated System Fields page opens.
2. Click **Add > Staff Time** to add a new field or click the name of an existing staff time field to edit. The Calculation Builder window opens.
3. Complete the following fields:
 - **Name**—type a unique field name. You cannot change the name.
 - **Format**—select the number, decimal, or general format to use in reporting. See the examples.

- **Processing Schedule**—select one of the following options to automatically recalculate the fields during the nightly process.
 - **Before Rules**—recalculate the fields before contracts, service lines, patient populations, statistic drivers, and activity codes. For example, you'd choose this option to use a calculated system field in contracts.
 - **After Rules**—run fields after contracts, service lines, patient populations, statistic drivers, and activity codes. For example, you'd choose this option to use a field from contracts, such as expected payment, in the conditions for a calculated system field.
 - **Disabled**—exclude the fields from recalculation.
4. Click **Add Condition** to create a new condition. The Add Condition window opens.
 5. Specify a unique name and a value for the execution order.
 6. Click **Save**.
 7. On the Calculation Builder window, click **Add a Rule** and select the rule type.
 8. Click **Save and Close** or click **Save** to save your changes and stay on the page.
 9. Click **Execute** to recalculate any modified fields.

Creating or Editing a Physician Calculated System Field

You can add a new physician field or update an existing physician field.

Physician calculated system fields let you configure rule sets where you can attribute a single physician to each encounter and then use this field for volume planning.

1. Click **Decision Support > Reporting > Calculated System Fields**. The Calculated System Fields page opens.
2. Click **Add > Physician** to add a new field or click the name of an existing physician field to edit. The Calculation Builder window opens.
3. Complete the following fields:
 - **Name**—type a unique field name. You cannot change the name. We recommend a description of the physician, for example, *Attributing Physician*.
 - **Processing Schedule**—select one of the following options to automatically recalculate the fields during the nightly process.
 - **Before Rules**—recalculate the fields before contracts, service lines, patient populations, statistic drivers, and activity codes. For example, you'd choose this option to use a calculated system field in contracts.
 - **After Rules**—run fields after contracts, service lines, patient populations, statistic drivers, and activity codes. For example, you'd choose this option to use a field from contracts, such as expected payment, in the conditions for a calculated system field.
 - **Disabled**—exclude the fields from recalculation.
4. Click **Add Condition** to create a new condition. The Add Condition window opens.
5. Specify a unique name and a value for the execution order.
6. Click **Save**.
7. On the Calculation Builder window, click **Add a Rule** and select the rule type.
8. Select the physician type in the **Then Physician** drop-down list. For example, for outpatient, select *Physician Primary*; for inpatient, select *Physician Attending*.
9. Click **Save and Close** or click **Save** to save your changes and stay on the page.
10. Click **Execute** to recalculate any modified fields.

Deleting a Calculated System Field

You can delete only user-defined fields that are not in use. You cannot delete system-defined fields.

1. Click **Decision Support > Reporting > Calculated System Fields**. The Calculated System Fields page opens.
2. Select the field to delete and click **Delete**.

Reordering the Execution Order for Conditions

Within a single calculated system field, you can rearrange the execution order of the conditions. The system applies the first condition for which an encounter qualifies.

Two different methods are available to change the execution order for conditions—you can drag and drop to change the order or you can edit the number in the Execution Order field. If you have a long list of conditions, we recommend that you edit the execution order number. Choose the applicable procedure:

Dragging and Dropping to Change the Execution Order

This method works well when you have only a few conditions.

1. Click **Decision Support > Reporting > Calculated System Fields**. The Calculated System Fields page opens.
2. Click the **Name** of the calculated field to reorder. The Calculation Builder window opens.
3. Click **Execution Order**. The Edit Execution Order window opens.
4. Drag and drop the conditions in the order in which you want them to execute.
5. Click **Apply**.
6. Click **Save and Close** or click **Save** to save your changes and stay on the page.

Editing the Execution Order Number

This method is preferred if you have many conditions. For example, you want to move condition 15 to the top of the list.

1. Click **Decision Support > Reporting > Calculated System Fields**. The Calculated System Fields page opens.
2. Click the **Name** of the calculated field to reorder. The Calculation Builder window opens.
3. Click **Edit** for the condition to move. The Change Condition Name window opens.
4. Edit the number in the **Execution Order** field.
5. Click **Apply**.
6. Repeat steps 3 through 5 for each condition to move. Make sure that no two conditions have the same execution order number.
7. Click **Save and Close** or click **Save** to save your changes and stay on the page.

Refreshing the Usage

A daily task calculates where your calculated system fields are used in the application. If you make any changes, for example, using a field in a new report or removing it from all areas of use, you can manually refresh to immediately update the usage count.

If you are unable to delete a field because it is in use, first edit the usage and then manually refresh. You can remove the field after you update the usage to zero (0).

Complete these steps to refresh the usage count and to get details on where a field is used.

1. Click **Decision Support > Reporting > Calculated System Fields**. The Calculated System Fields page opens.
2. Click **Refresh** to update the usage count following modifications to the fields.
3. Click the number in the **Used In** column to see details for usage on the Calculated System Field Used In window.

Reporting

Two types of reports are available for patient populations: an audit report and ad hoc reports.

Audit History Report

An audit history report of all patient population activity is accessible from the Patient Populations tool.

Ad Hoc Reports

After you have run the Patient Populations tool, you can use the Ad Hoc Reporting application to create a report. Note that patient populations mark a whole encounter, not just the portions of the encounter that fit the designated rules. For example, if a patient population requires an emergency room charge, the report includes every charge incurred from the visit, not just the ER department charges.

To build a patient population report, select the DSS Costing data cube as the data source. Then select the Patient Population dimension as a parameter.

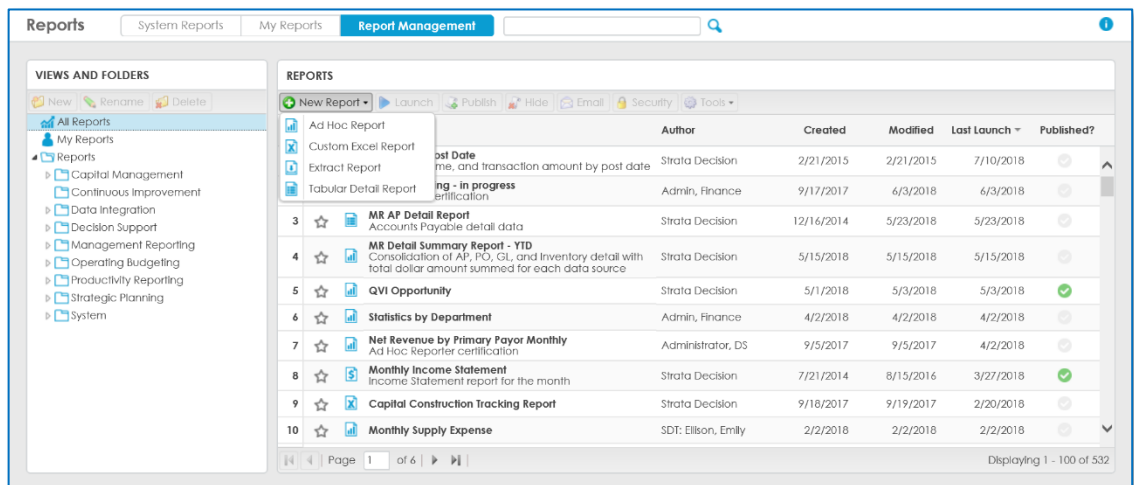
If multiple patient populations are selected for a report parameter, they are connected by an OR operator, which is most often used with the readmit populations. It is common to look at both the readmission and the base population in the same report. When the readmission is processed, the system automatically creates a base population. The name is the name of the readmit population with the word base appended.

This system-generated population differs from the original base population because it contains only encounters that have a readmission. For example, if the base population marks pneumonia inpatients, it might find thousands of patients. However, only a few hundred of those patients were readmitted within 30 days. The system-generated base population has only those few hundred encounters, which makes it the correct parameter to choose in the report. After you select the patient population parameter, you can select row and column attributes and measures to build the report.

Nearly all organizations find a need to create new reports in the StrataJazz® solution. In order to do this, navigate to the Report Management screen (**Reports > Report Management**). Below are the steps to create a new basic report using StrataJazz® Ad Hoc Reporter tool.

First, click **New Report > Ad Hoc Report**.

Creating a new report using Ad Hoc Reporter



IMPORTANT NOTES:

- The different icons' purposes can be seen under the New Report button.
- Ad Hoc Reporter will accommodate most reporting needs. However, there are a few circumstances that require a report to be built in another Strata tool, Excel Reporter. Common examples of times reports must be built in the Excel Reporter tool are when very specific formatting is required or if mixing multiple data types is required in one report, such as statistics and staffing data. Although many general Excel functions are available in Excel Reporter, there are also several StrataJazz® platform-specific functions. Because of the complexity of building reports in the tool, clients are not currently permitted to build reports in the Excel Reporter tool. If a need arises for a report that you suspect may need to be built in Excel Reporter, please reach out to a Strata Decision consultant for assistance.

Available Content Pane

In the Available Content pane on the right side, you will see the available fields to pull into the report. These are grouped into folders:

- Data sources – Contains the data source chosen to build the report. It is technically possible to add additional data sources, but the report output will often not work correctly when trying to work with multiple data sources, so it is not recommended. (In those cases, an Excel Report is the recommended tool.)
- Row Calculations – Allows a couple types of calculations based on rows in the report output.
- Column Calculations – Allows several types of calculations based on columns in the report output.
- Dimensions – The available fields to pull into the report. Expanding under each dimension displays the specific fields related to the dimension that may be used in building the report.
- Measures – The actual information that is being measured. For example, if you are trying to build a report to show statistics by department, the measure will return the actual value that represents. Depending on the desired output of the report, you may need to pull in multiple measures, to display monthly details, or you may choose something like Total to show the annual value.

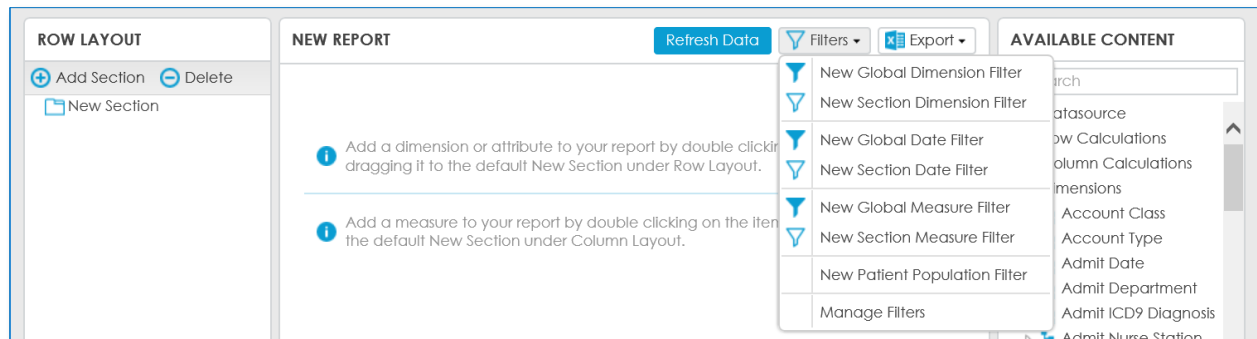
For Decision Support reports, there are many items available for selection in this pane, so browsing through them can be tedious. For those reports, there is a search box available above the pane where you can search across the content there to quickly find the information you are looking for.

Creating Filters

The recommended first step in building a report is to add at least one filter. It is important to add filters because you will otherwise end up pulling in all data that exists in the data source! At best, this will take a long time to load; at worst, the report will fail to load, and other system processes will be unable to complete because this report is taking up too many resources.

With any of the filters being created, it is easy to make changes to them at any time.

To apply a filter, click the Filters dropdown in the top right of the New Report pane. From there, choose one of the filter options. The filter options are described below.

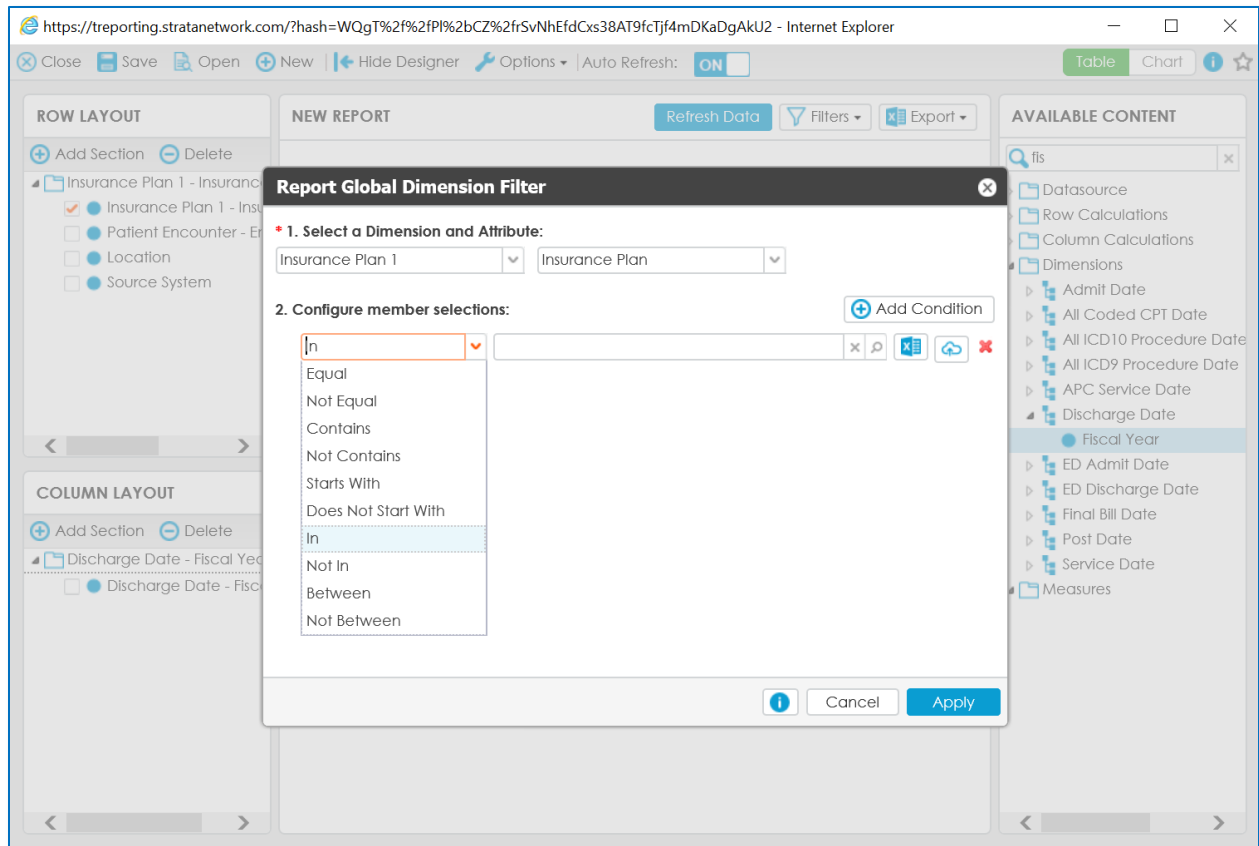


Creating a new filter

- **New Global Dimension Filter** – Will filter the entire report based on the dimension filtered on with this selection.
- **New Section Dimension Filter** – Will filter only the specified report row section based on the dimension filtered on with this selection. (Section filters on columns are not supported with this method, although there is a separate way to filter columns, which will be covered later.)
- **New Global Date Filter** – Allows the report builder to select relative time periods to apply to the entire report, such as current fiscal year and a number of rolling days.
- **New Section Date Filter** – Allows the report builder to select relative time periods to apply to only certain report sections, such as current fiscal year and a number of rolling days
 - **IMPORTANT NOTE:** For standard data sources, only row sections can be chosen with this type of filter. To filter column sections differently for standard data sources, Filter Visible Attributes must be used. More information about Filter Visible Attributes can be found in the [Additional Editing, Formatting, and Filtering Options](#) chapter.
- **New Global Measure Filter** – Will filter the entire report based on measure (report output) value.
- **New Section Measure Filter** – Will filter the report based on the measure value in the specified report section.
- **New Patient Population Filter** – For cube reports, you may select a patient population to apply as a filter to the report.
- **Manage Filters** – Allows you to configure logic and display options with the current filters, including:
 - And/or logic between filters
 - Removal of filters
 - Hiding filters from users of the report
 - Order of display of the parameters
 - Merging parameters so several dimensions can be searched at once
 - E.g., specify a physician's name once to search across the attending, admitting, and performing physician dimensions

IMPORTANT NOTE: This covers most of the available filter types in Ad Hoc Reporter. For an additional type of filter, Filter Visible Attributes, review the [Additional Editing, Formatting, and Filtering Options](#) chapter.

After selecting any of the filter options described above, a window appears for you to specify the filter details. You may choose several options for how the filter values should be pulled for the report.



Choose between several options for how to pull (or not pull) filtered results into the report

You may also add several conditions in the filter details window. To do this, use the Add Condition button after populating the first filter line. This will add another line that can be specified. The values will be treated with "or" logic when the report values filter.

Report Global Dimension Filter ✕

*** 1. Select a Dimension and Attribute:**

▼
 ▼

2. Configure member selections: + Add Condition

▼

✕
🔍
📄
☁
✖

or

▼

✕
🔍
📄
☁
✖

i
Cancel
Apply

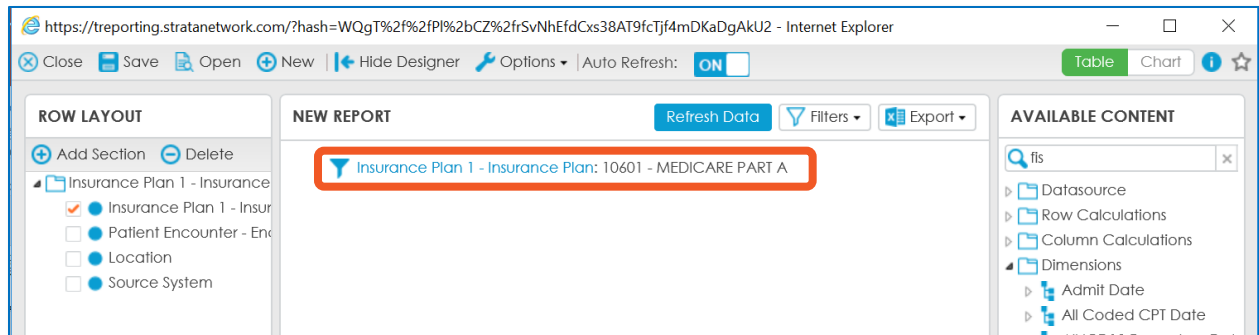
Report filter with lines for multiple conditions

IMPORTANT NOTE: Although the filter value selection field has a gray background, it can be updated. Select the magnifying glass button to view the picker for lists with discrete values, like dimensions.

Applying the Filter

After all updates are made for this filter, select Apply to apply the filtering to the report.

Once filters have been set, you will see a new line in the New Report pane. This is the filter with its current criteria chosen. To change the criteria, click the blue link here. (Unless the filter has been set to be hidden, this can also be changed when just running the report as a user of the system as well.)



The filter selection may be edited by clicking the link

Importing Filter Values

Next to the filter selection field, there are two buttons:

- **Excel icon** – This exports all possible values for the filter. This can be useful to export a full list, remove or narrow the list down to only values you want, and then import the list (via the cloud icon).
- **Cloud icon** – This allows you to import a spreadsheet with a list of filter values. This can be especially helpful for something like encounter record numbers, where you may have a large list that should be included in the filter, but it would be tedious to manually select each filter.

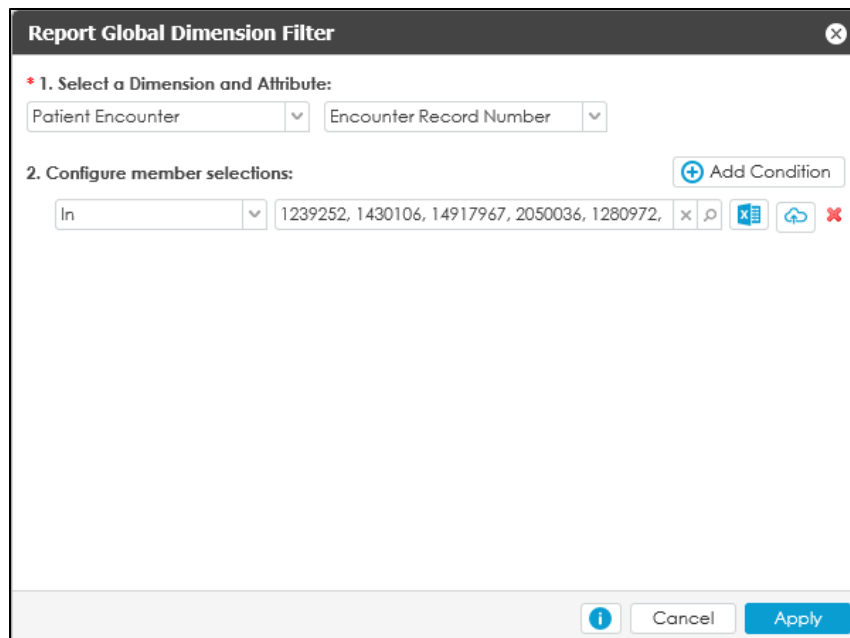
To see the filter, import in action, let's look at an encounter record number example.

In the report below, you are able to view a list of encounter record numbers that you want to pull into another report for analysis.

	Payment Amount	Expected Payment	Payment Variance
1239252	\$10,179	\$0	\$10,179
1430106	\$9,459	\$0	\$9,459
14917967	\$5,526	\$0	\$5,526
2050036	\$5,526	\$0	\$5,526
1280972	\$4,651	\$0	\$4,651
1143729	\$4,386	\$0	\$4,386
1429733	\$4,046	\$0	\$4,046
1135185	\$3,381	\$0	\$3,381
1414260	\$2,807	\$0	\$2,807
1571064	\$2,717	\$0	\$2,717
14583123	\$2,658	\$0	\$2,658
1715192	\$2,658	\$0	\$2,658
1361740	\$2,599	\$0	\$2,599

There are several encounter record numbers listed under the insurance plan

Manually specifying these encounter record numbers in the filter in the other report would be tedious. It would be much more efficient to save off the list of encounter record numbers and import them into a filter in the new report.



Encounter record numbers are now populated

If you received an error when trying to upload the values, try the following troubleshooting:

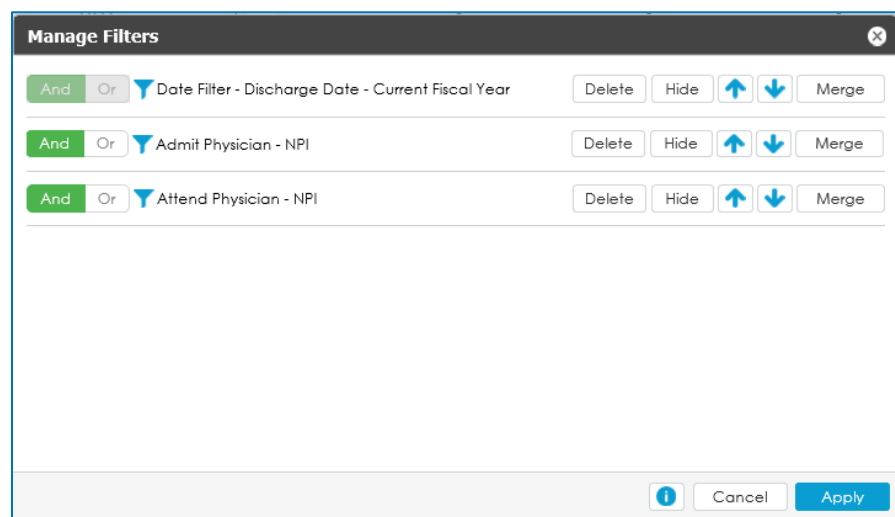
- Try saving your Excel file as an .xlsx type if it was not originally generated in that format

Once the values are populated, you can proceed as you would with any other filter.

Managing Filters

In the Filters drop-down, you may also control some additional settings for filters:

- And/or logic
- Delete existing filters
- Hide filters so non-administrative users may not change them
- Change the order (using the arrow buttons)
- Merge similar filters so only one selection must be made

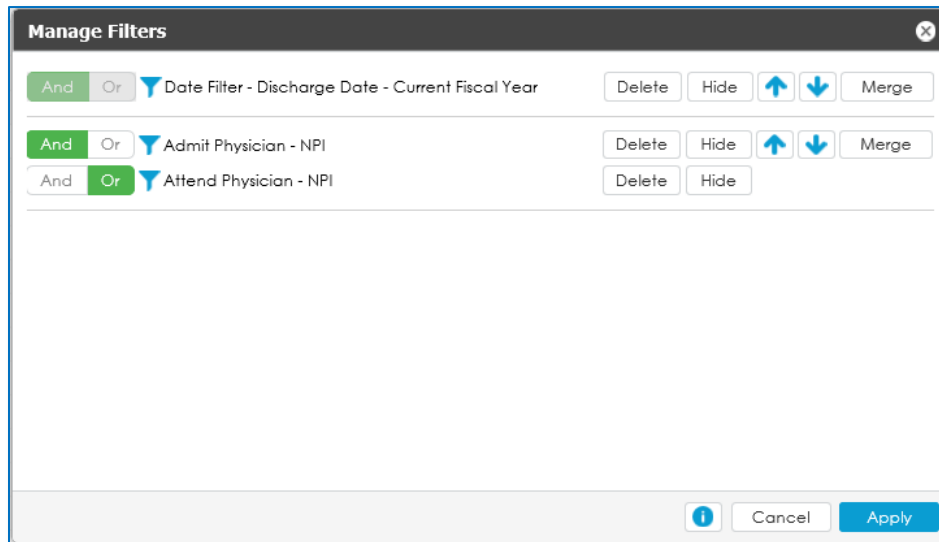


Options available in the Manage Filters window

Merge

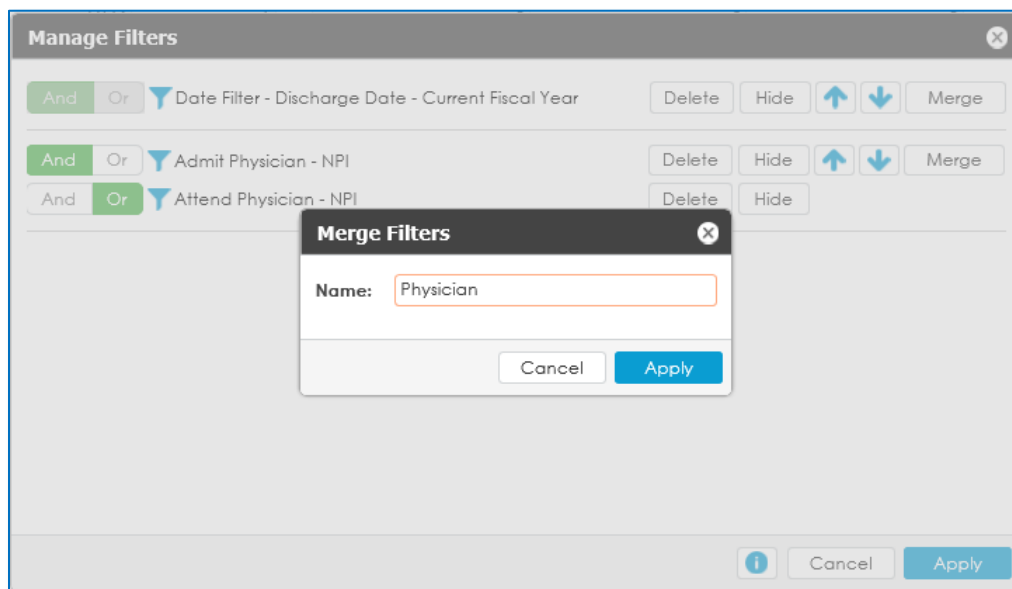
This option is especially helpful for dimensions like types of physicians (admit, attend, consult, etc.). You may want to return results based on physician, regardless of the role they played in a patient's care.

To use Merge, configure at least two similar dimension attributes. Set the second dimension attribute to "Or".



After "Or" has been selected, the similar dimension attributes appear together

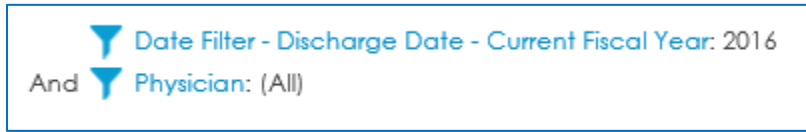
Next, choose Merge. A window will appear for you to specify the name of the new merged filter.



After Merge is selected, a window appears to choose the name of the new filter

The name will then appear in the Manage Filters window as well. The Merge button is renamed to Unmerge. Click Apply in the Manage Filters window to apply the change to the report.

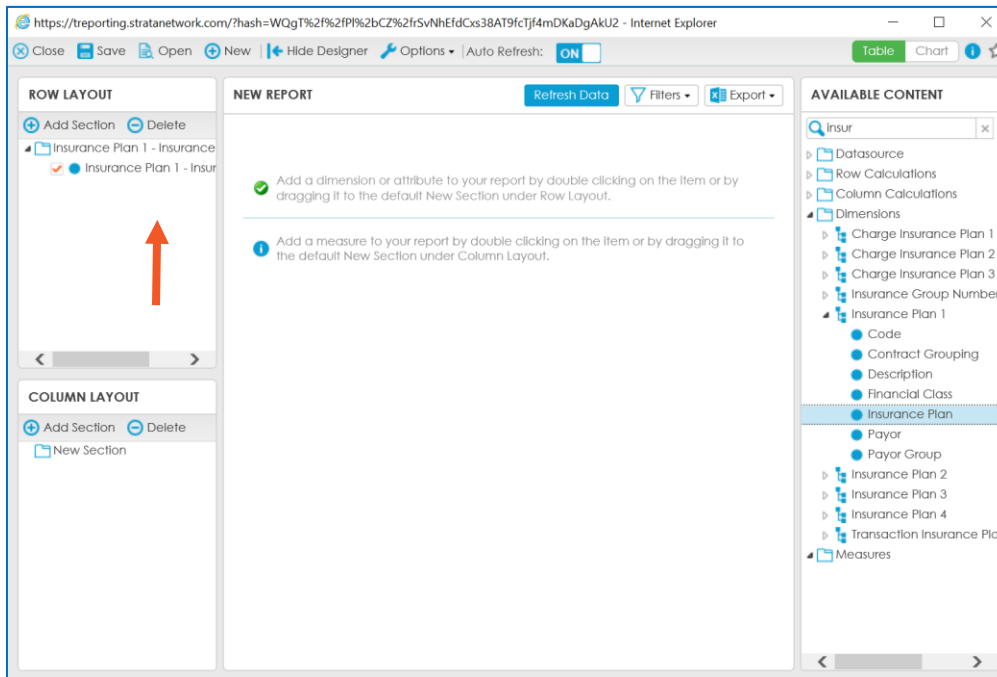
The filter is then editable while running the report as a single filter.



The Physician filter will now search across all merged dimension attributes

Row Layout

Once you have at least one filter set, begin choosing which rows will display in your report by adding dimension attributes under the Row Layout box on the left. To do this, double-click on the name of the field and it will automatically be added under the Row Layout section.

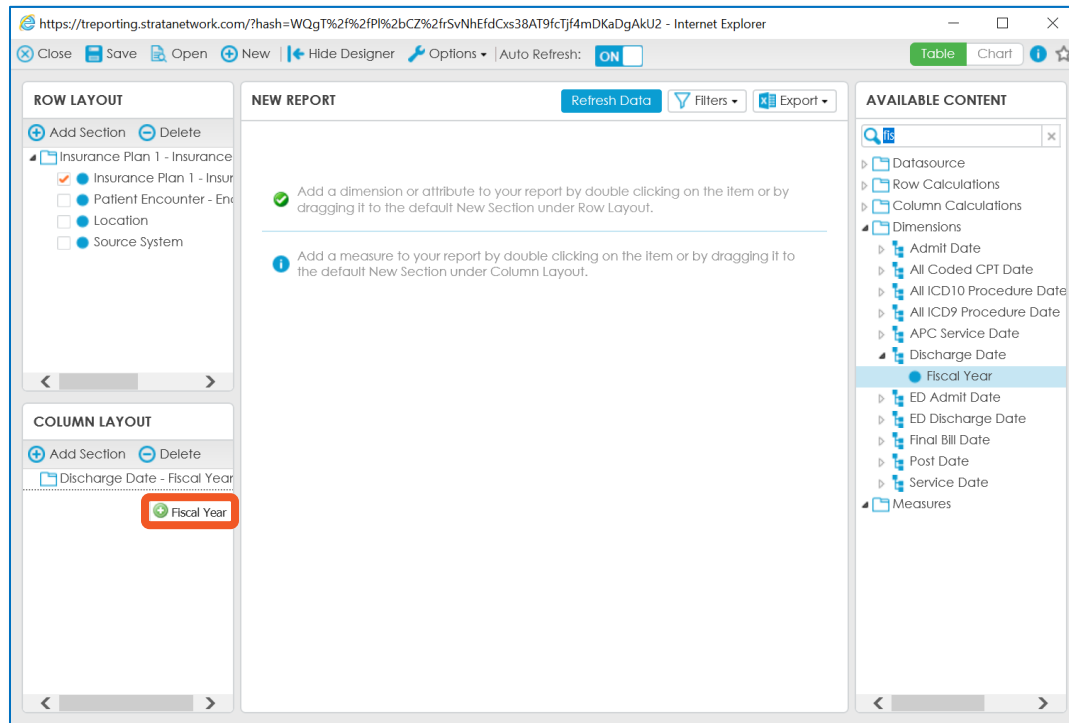


Double-clicking on Account (under Available Content) adds it to the Row Layout section on the right. You can continue clicking on fields under the dimensions to continue adding them to the Row Layout. They will be added to the bottom of the list by default, but you can drag-and-drop them in a different order if desired. The order of the dimensions here will also be the order in which they display in the report.

Column Layout

The next step is to add fields under the Column Layout section that you want to display on the columns in the report. To add fields under Column Layout, drag-and-drop the field name under the New Section folder in Column Layout. Make sure the icon next to the field name displays as a green plus before trying to drop. (If at least one dimension is already configured in Column Layout, the icon will instead show a hierarchical representation of where the dimension will be dropped.)

If the dimension is dropped when showing as a red do not enter sign, you will have to try the drag-and-drop again.



Drop the field when there is a green plus next to the field name

Continue to drag-and-drop column fields until complete.

Adding a Measure and Generating Report Output

The final step is to pull in a measure, which will be the final step in the basic report build. Double-click at least one measure, which will place it in the Column Layout section. (Measures are the value that should actually show in the report results. They are found under the Measures folder and also have a # icon next to their names.)

Once a measure has been added, you may need to click the Refresh Data button at the top of the New Report pane to show the output of the report you have built.

Additionally, for cube reports, the Refresh Data button becomes a Cancel Refresh data button so you may cancel the refresh if it is taking a long time to load due to the amount of data being pulled in.

The report now has data in it! The impact of the checkboxes should now be more evident.

Saving a Report

As you are building the report, be sure to save it early and often to keep your work! There is a Save button on the top left of the window. Give the report a name, description if desired, and choose a location to save the report. It is generally recommended to save the report in the Custom Reports folder of the appropriate module.

Closing Thoughts

Following Decision Support Analytics certification course, you have a strong base of knowledge on how to set up and execute service lines and patient populations in the StrataJazz® application.

Any training will never be able to comprehensively cover 100% of any situation you encounter, but with your knowledge of StrataJazz® Decision Support Analytics, you should be able to apply the concepts to many situations that arise and choose the configuration options that will best enable your organization's cost accounting process to succeed.

To finish the certification for Decision Support Analytics, completion of the project and test referenced in the supplements are necessary. Following successful completion of the project and test, you will receive an email notification of successful certification, followed by a paper certificate as well.

For any questions or ideas on how to improve the course or its materials, please contact training@stratadecision.com.

Copyright © 2018 by Strata Decision Technology, L.L.C.

All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher, except in the case of brief quotations embodied in critical reviews and certain other noncommercial uses permitted by copyright law.

StrataJazz® and CostMaster® are registered trademarks of Strata Decision Technology, L.L.C. and are registered in the United States and/or other countries.

Quality Variation Indicator™ (QVI) is a trademark of Yale-New Haven Health Services Corp., used under license by Strata Decision Technology.

Microsoft®, Excel®, Internet Explorer®, and Outlook® are registered trademarks of Microsoft Corporation in the United States and/or other countries.

Chrome™ is a trademark of Google Inc.

The trademarks and names of other companies and products mentioned herein are the property of their respective owners.