



DEHS Notifiable Disease External Cause of Injury (NDECI) Data Mart and Reporting System Version 2

User Guide

Version 2.0.29 July 2018

National Patient Information Reporting System (NPIRS) Albuquerque, New Mexico

DOCUMENT REVISION HISTORY

#	Section	Date Changed	Description of Change
1.0	All	07/20/2018	Made textual updates for consistency

PREFACE

This manual provides instructions for using the Notifiable Disease and External Cause of Injury (NDECI) Data Mart and Reporting System from the Office of Environmental Health, Division of Environmental Health Services in partnership with the NPIRS team.

This web application and supporting documentation was designed and developed by the National Patient Information Reporting System (NPIRS) in accordance with IHS standards and guidelines.

SECURITY

This application has two levels of user access. Access is based on whether the user needs administrative or informational (read-only) access.

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1.0 Overview

The Albuquerque Area Indian Health Service (IHS), Office of Environmental Health, Division of Environmental Health Services requested a "Version 2" (V2) of the Notifiable Disease and External Cause of Injury (NDECI) Data Mart and Reporting System project. The V2 project targets specific injury or disease categories for tracking and reporting using "passively" exported Resource Patient Management System (RPMS) data to National Programs. The application tracks and reports the targeted injury or disease categories via a web-based application that can provide reports by national, area, service unit, facility and community level. The application also provides a granular security system that allows designated national, area, service unit, or facility level administrators to provide access to appropriate staff in their respective organizations.

The system tracks data for these five specific categories:

- External Cause of Injuries: ICD9-CM codes E800-E999 with the exception of Suicide related injuries;
- Asthma: Any ICD9-CM code with the first 3 digits of "493";
- Notifiable Diseases: Any ICD9-CM codes in the following code ranges: 001-139, 460-519, 680-709, V01-V02 and V07-V09;
- Intestinal Disease: ICD9-CM codes 001-009;
- Vectorborne Disease: ICD9-CM codes 020-027, 060-066 and 080-088;

1.1 Project Scope

The version 2 NDECI project now uses the newly implemented state-of-the-art National Data Warehouse (NDW) project for all data captured for the NDECI project. In addition to the Patient Care Component (PCC) data exported from RPMS sites to National Programs, the NDW also contains Contract Health Services (CHS) data provided by the IHS Fiscal Intermediary. The V2 NDECI project now includes the CHS data as well as all available PCC data. Additionally, V2 was initially upgraded to include the Oklahoma and Nashville area (both direct and tribal data) and now has been expanded to include data and reporting capability for all Indian Health Service locations. A V3 is on the horizon that will include additional disease categories and reporting functions.

1.2 Home Page

Figure 1-1 shows the NDECI Data Mart and Reporting System home page. The website address (URL) is: <u>http://www.ihs.gov/nonmedicalprograms/ihpes/dehs/ndeci</u>

Note: You may want to bookmark this page.



Figure 1-1. NDECI Home Page

The section that follows provides registration, log in, and log out instructions.

2.0 Logging In & Registering Your IHS Web User Account

This section provides answers to common questions regarding user registration, as well as instructions for logging on and off the Notifiable Disease and External Cause of Injury (NDECI) Data Mart and Reporting System website.

Question: Why do I need to register?

Answer: This is an access controlled IHS web-based application and all users must register for an IHS web user account (if they do not already have one) and be assigned a user-security role by authorized IHS DEHS NDECI program managers/administrators.

Question: How do I gain access to the NDECI system once I have an IHS web user account?

Answer: If you do not have access, send an email to the site administrators for the NDECI system (<u>NDECI-Admins@ihs.gov</u>) to request access. The site administrators then assign you an access role which gives access to your IHS web user account. Please be aware that you will not have access to the NDECI system until you email the DEHS NDECI administrators and they have assigned you appropriate access.

Question: How do I login to the NDECI system once I have a web user account and my user account has been granted access?

Answer: See section Logging In to the NDECI System below.

Question: How do I register for a new IHS web user account if I do not already have one?

Answer: See <u>Registering for a New IHS Web User Account</u> below.

2.1 Logging In to the NDECI System

To log in to the NDECI system:

1. Click on the following link to open your web browser to the NDECI home page: <u>http://www.ihs.gov/nonmedicalprograms/ihpes/dehs/ndeci</u>

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U.S. Depa India The Federal H	artment of Health and Human Services In Health Service Health Program for American Indians and Alaska Natives
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DEHS	Notifiable Disease and External Cause of Injury Reporting System
Data Overview	Home
Reports	Project Description
	The Albuquerque Area Indian Health Service (IH5), Office of Environmental Health, Division of Environmental Health Services requested a "version 2" (V2) of the Notifiable Disease and External Cause of Injury Reporting System (NDECI) project. The V2 project targets specific injury or disease categories for tracking and reporting using "passived" exported Resource Patient Management System (RPMS) to National Programs. The application tracks and reports the targeted injury or disease categories via a web-based application that provide reports by national, area, service unit, facility and community level reports. The application that cate range selection, a robust security system that allows designated national or area level users provide access to appropriate staff in their respective organizations.
	The system tracks data for these five specific categories:
	 External Cause of Injuries - ICD9-CM Codes E800-E999 with the exception of Suicide related injuries; Asthma - any ICD9 code with the first 3 digits of "493", Notifiable diseases - any ICD9-CM codes in the following code ranges: 001-139, 460-519, 680-709, V01-V02 and V07-V03; Intestinal disease - ICD9 CM codes 001-003; Intestinal disease - ICD9 CM codes 002-027, 060-066 and 080-088;
	Project Scope
Lick on the Login link to access the Login screen.	The version 2 NDECI project now uses the newly implemented state-of-the-art National Data Warehouse (NDW) project for all data captured for the NDECI project. In addition to the Patient Care Component (PCC) data exported from RPMS stes to National Programs, the NDW also contains Contrast Health Services (CH3) data provided by the IHS Fiscal Intermediary. The V2 NDECI project now includes the CH5 data as well as all available PCC data. Additionally, V2 has been expanded to include the Oklahoma and Nashville area (both direct and tribd data). A V3 is on the horizon that will include additional disease categories, report functions and data and reporting capability for all Indian Health Service locations.
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Login Register	
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2. Click the Login link on the left hand menu to access the Login screen.

Figure 2-1. Login Link Location on NDECI Left Hand Menu

3. Enter Username and Password and click Login.



Figure 2-2. IHS Web Account Login Screen

Note: If you do not remember your password, click the **Forgot** button to request that your password be reset. An email will be sent to you with a link to the **Reset Password** screen.

2.2 Registering for a New IHS Web User Account

To create a new IHS web user account, if you do not already have one:

- 1. Click on the following link to go to the NDECI home page: http://www.ihs.gov/nonmedicalprograms/ihpes/dehs/ndeci
- 2. Click on the Register link to go to the Registration screen.



Figure 2-3. IHS Web User Account Register Link

3. Once you are on the Registration screen, as shown in <u>Figure 2-4</u>, fill out all the required information (denoted by the red asterisks next to each required field). Once you have finished filling out the form, click on the Submit Registration button.

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Register	Register	for a Web Account		-10+ ¹⁷			
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	* Last Name:						
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	* Password:						
	* Re-enter Password:						
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Figure 2-4. IHS Web User Account Registration Screen

4. Once you have successfully created your IHS web user account, click on the **Return** button to return to the NDECI home page.



Figure 2-5. Successful IHS Web User Account Creation Confirmation Screen

5. You must now request NDECI access be granted to your newly created IHS web user account. Send an email to <u>NDECI-Admins@ihs.gov</u> requesting specific access to the system.

3.0 Data Overview

3.1 Data Source

The "Version 2" Division of Environmental Health Services (DEHS) now uses the IHS National Data Warehouse (NDW) as its data source. The NDW project stores all Resource Patient Management System (RPMS) Patient Care Component (PCC) data exported to National Programs via the NDW electronic export process. The NDW database also stores Contract Health Services (CHS) data received from the IHS Fiscal Intermediary (FI). CHS data relates to health related services purchased from providers or hospitals outside of the IHS health delivery network. The application uses all available data contained in the NDW database to generate system reports. Notifiable Diseases are those health issues that must be reported to the state health departments.

3.2 Disease Groupings

The ICD9-CM codes used to define the disease "groupings" remained the same for Version 2 and include:

- **External Cause of Injuries:** ICD9-CM codes E800-E999 with the exception of Suicide related injuries;
- Asthma: Any ICD9-CM code with the first 3 digits of "493";
- Notifiable Diseases: Any ICD9-CM codes in the following code ranges: 001-139, 460-519, 680-709, V01-V02 and V07-V09;
- Intestinal Disease: ICD9-CM codes 001-009;
- Vectorborne Disease: ICD9-CM codes 020-027, 060-066 and 080-088;

3.3 How the Data Is Counted

The Version 2 application now gives the user the ability to select reports by "primary diagnosis" or "all" diagnosis. If the "primary diagnosis" option is selected, the reports will contain counts for those patient level encounters that documented the selected ICD9-CM code as the primary (main) reason for seeking medical care. If the "all" diagnosis option is selected, the reports will contain counts for *any* occurrence of that specific ICD9-CM code whether it's considered primary or not. Therefore, electing the "all" diagnosis may result in duplicated counts of individual encounters. Note that an assumption is made that the diagnosis code with sequence number one tied to the encounter record is the primary diagnosis code.

The report years are based upon the standard Federal Government "fiscal" year of October 1st through September 30th.

Currently the system contains approximately 25 million records nationally for the five Disease Groups as they are currently defined. Approximately 14.5 million of those records are flagged as the Primary Diagnoses.

4.0 **Reports Overview**

Version 2 of the NDECI system currently contains eight core reports.

- 1. Disease Group by Fiscal Year
- 2. Disease Group by Service Unit
- 3. Disease Group by Service Unit by Fiscal Year
- 4. Disease Group by Age Group by Gender
- 5. Disease Group by County
- 6. Top Ten Diagnoses Codes
- 7. Unduplicated Patient Count: Disease Group by FY by Gender
- 8. Disease Group by Delineator Code

This section will review each report and detail the function of each report. It will also note data limitations to keep in mind while analyzing the report results.

4.1 Report Options

Each report uses a common set of report option filters that will allow you to choose a specific subset of data for each report. <u>Figure 4-1</u> below shows the default state of the Report Options.

Report Options					
Report Type:	1: Disease Group by Fiscal Year 💌				
Diagnoses Type:	OPrimary Diagnoses Only 💿 All Diagnoses				
Source Data:	Outpatient Encounters O Inpatient Discharges				
Location Type:	⊙ Area / Service Unit / Facility ○ Area / Service Unit / Community of Residence				
Location:	ALL IHS AREAS - IHS NATIONAL ABERDEEN AREA (10,15,17,19) BISMARCK Service Unit (1534) United Tribes Technical College (153450) CHEYENNE RIVER Service Unit (1010) Eagle Butte (101001) CHEYENNE RIVER Service Unit (1510) CHEYENNE RIVER Service Unit (1510) Cherry Creek Health Station (151031) Cheyenne River Sioux Tribal Field Health Clinic (151038) Swiftbird Health Station (151034)				
Fiscal Year:	FY 2009 ▲ FY 2008 ■ FY 2007 ■ FY 2006 ▼ FY 2005 ▼				
Disease Group: Asthma Injury Intestinal Disease Notifiable Disease Vectorborne Disease					
	Generate Report				

Figure 4-1. NDECI Report Options

Report Type

The Report Type select menu allows you to choose the particular core report you wish to generate. Currently the system contains eight core reports.

Diagnoses Type

The Diagnoses Type option allows you to specify whether you want to count **All Diagnoses**, each ICD9-CM code associated with a patient encounter, or if you want to count only the primary diagnoses code associated with a patient encounter.

If the **Primary Diagnosis** option is selected, the reports will contain counts for those patient level encounters that documented the selected ICD9-CM code as the primary (main) reason for seeking medical care. Note that an assumption is made that the diagnosis code with sequence number one tied to the encounter record is the primary diagnosis code.

Source Data

The Source Data option allows you to choose between reporting on (counting) either **Outpatient** encounters or **Inpatient** encounters.

Location Type

The Location Type option allows you to toggle the **Location** select list between either an Area/Service Unit/Facility hierarchy or an Area/Service Unit/Community of Residence hierarchy. By choosing one or the other, the **Location** select list will automatically toggle accordingly to allow you to then filter your report based on the available **Location** selections.

Location

The Location select list allows you to choose one or many locations to which to subset your reports. Using the Area/Service Unit/Facility Location filter will subset the data based on location of encounter (LOE). When you use the Area/Service Unit/ Community of Residence filter, the report will not be filtered on location of encounter, but rather, Community of Residence tied to that Area, Service Unit, or Community(ies) selected.

Note that you can select one or more **Location** at a time. In order to select more than one **Location** hold the CTRL key down and at the same time use the mouse and click on each **Location** you wish to include in the final report results.

Also note that you will only see and be able to generate reports for **Locations** to which you have been granted access.

Date Filters

There are two means of filtering the data by date by Fiscal Year and by Date Range. The **Fiscal Year** filter allows you to subset the data based on one or more Fiscal Years (October 1st through September 30th). The Fiscal Year filter uses the date of encounter data element to calculate Fiscal Year. Note that you can select one or more **Fiscal Year** at a time. In order to select more than one **Fiscal Year** hold the CTRL key down and at the same time use the mouse and click on each **Fiscal Year** you wish to include in the final report results. The default selection is all Fiscal Years (2001-2010).

The **Date Range** filter is activated by selecting the "Date Range" radio button. This closes the Fiscal Years list and provides two text boxes for entering start and stop dates for your report. The format for entering dates is mm/dd/yyyy (i.e. 11/12/2007). By clicking on the calendar icon (), you can open a calendar and select the dates of your choice, rather than typing them.

Disease Group

The Disease Group filter allows you to choose which of the five Disease Groups you wish to include in your report: Asthma; Injury; Intestinal Disease; Notifiable Disease; and Vectorborne Disease. You can choose any combination of these Disease Groups to include in your results. Simply check the Disease Groups you wish to include in your report results and uncheck any Disease Groups you do not wish to include in your report results.

Each disease group is defined by specific ICD9-CM codes designated for each group:

- **External Cause of Injuries:** ICD9-CM codes E800-E999 with the exception of Suicide related injuries;
- Asthma: Any ICD9-CM code with the first 3 digits of "493";
- Notifiable Diseases: Any ICD9-CM codes in the following code ranges: 001-139, 460-519, 680-709, V01-V02 and V07-V09;
- Intestinal Disease: ICD9-CM codes 001-009;
- Vectorborne Disease: ICD9-CM codes 020-027, 060-066 and 080-088;

Generate Report

Once you have selected all the appropriate options for your report, click on the **Generate Report** button to have the system generate your specific report on-the-fly. You may change any report options as necessary and then click to Generate Report button again to generate a new report.

4.2 Anatomy of a Report

Each report has a very common layout with three standard sections. Once you run a report by clicking on the **Generate Report** button you will see (1) the **Header** of the report followed by (2) the **Report Graph** (if the report contains a graph) followed by (3) the report **Summary Data** grid that displays the actual data counts for each subset grouping as seen in Figure 4-2 below.

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	Notifiable	Disease and Exi	ternal Caus	se of Injury I	Reporting	System			
Administration Home	Core Reports								
Data Overview	Disease	Group by Fisca	l Year Rej	port for FY2	009,2008	, 2007, 2	006,		
Reports Printer-Eriendly	2005, 20)04, 2003, 200 Groups: Asthma, I	2, 2001 niury, Intesti	nal Disease. Nr	tifiahle Disea	ase. Vectorh	orne		
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	NATION	AL - ALL INS AREAS							
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	0.	2001 2002	2003 2004	4 2005 2	006 2007	2008			
		Asthma Notifiable Disease	Injury Vectorbor	ne Disease	Intestinal Disea	ise			
				<u>u</u>					
	Disease Grou	ıp by Fiscal Year - S	ummary Data	1					
	No. Fiscal Yea	r Disease Description	% of FY Total	Number of ICD9 (Codes Documei	nted for this Di	sease		
	1. 2008	Asthma	19.9%			52,443			
	2. 2008	Injury Intestinal Diseases	20.0%			52,837			
	4, 2008	Notifiable Disease	20.0%			52,645			
	5. 2008	Vectorborne Disease	20.2%			53,330			
	6. 2007	Asthma	20.1%			124,211			
	7. 2007	Injury	19.9%			123,017			
	8. 2007 9. 2007	Intestinal Disease	20.0%			123,402			
	10. 2007	Vectorborne Disease	19.9%			123,762			
	11. 2006	Asthma	20.0%			130,936			
	12. 2006	Injury	20.0%			130,750			~
							😜 Intern	et 🔍 10	J0% + .:

Figure 4-2. Example of a Common Report Layout

Header

The report Header will always contain a number of key informational elements specific to each report generated. The first line of the Header will contain the **Report Name** of the actual report run. For example, the **Report Name** may be "Disease Group by Fiscal

Year" or "Top Ten Diagnoses Codes".

Next the report Header will display the **Fiscal Year** range that was used to populate the report. For example, you will see "FY2009, 2008, 2007" if those specific years were selected in the **Fiscal Year** select menu.

On the next line the **Disease Groups** included in the report will be listed followed by the specific **Locations** that were selected to be included to generate the report. Note that the Locations listing will detail each specific location included in each report.

The next line denotes whether the report contains **Inpatient** or **Outpatient** data and whether **All Diagnoses** codes were counted in the report or only the **Primary Diagnoses** (assumed Primary Purpose of Visit (PPOV)).

The last line of the header will show the **Using Data as of** date which is the date of the most recent record contained within the data mart. Note that this date is not the date the last data run was made to pull the data from the NDW, but the date of the most recent/current record contained in the last data pulled into the system. That means, for example, that the data may have been pulled this week, but if the records in the NDW have not been updated, for whatever reason for a week or two, the system will only pull what is available and the **Using Data as of** date may be several weeks behind the most recent data pull.

Report Graph

If the report contains a graph, it will show up right under the report **Header**. The graph generated is a dynamic graph and will show the details of each graph as you move your mouse button over the graph elements. Note: you may have to click once on the graph to activate the interactive nature of the graph.

Summary Data Grid

Below the **Report Graph**, you will find the **Summary Data Grid** that contains the actual counts used to generate the graph.

Report Options

At the base of each report you will find the common set of **Report Options** that will allow you to modify any set of report options and regenerate your report based on any newly selected filters.

Printer Friendly

You may wish to print your report out for various uses. The main left hand menu contains a Printer Friendly link which when clicked on will regenerate your report in a format that will print clearly and cleanly. Clicking on the Printer Friendly link will also "hide" the left hand navigation menu to maximize the printable report space.

Note that enhancements for Version 3 of the system are already in discussions, and one enhancement being discussed is the ability to generate reports directly to Microsoft Word

or Microsoft Excel. If you feel this or other enhancements would be useful, please send your feedback to <u>NDECI-Admins@ihs.gov</u>.

5.0 Reports

This section will review all current reports in the system. It will document the main purpose of the report along with any known limitations of each report or limitations in the data elements used in generating the report.

It is also important to note that the example reports used have been generated using test data only and no actual or real data was used to generate the sample reports shown in this document.

5.1 Disease Group by Month

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U.S. Depa India The Federal H	n H Health Pr	nt of Heal lealth rogram for Ar	Ith and Human Son Service Merican Indians and Alasi	e rvices (a Natives	¢							Ret	urn to Dire Introducto	ector Grim ory Messag		Searc Adva	h Our Site For: nced Search by	Coogle
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DEHS	HS Notifiable Disease and External Cause of Injury Reporting System																	
Administration	Cor	e Reports																
Data Overview Reports Printer-Friendly	verview verview verview ts For FY 2006 For Disease Groups: Asthma, Injury, Intestinal Disease, Notifiable Disease, Vectorborne Disease For the following Locations: • A LOUQUERQUE AREA (20,25,27,29) Using RPMS PCC Outpatient Encounters for all diagnoses Using data as of 05/11/2008																	
	Nun	nber of DX Codes	Documented															
		20,000																
		15,000																
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		5,000													_			
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			Asthma		Injury			Intestina	I Disease		Notifiable	e Disease		Vectorbo	rne Disea	se	ן ר	
									d									
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	Dis	ease Grou	o by Month - Summa	ary Data													Number	
	No.	Fiscal Year	Disease Description	% of FY Total	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	of ICD9 Codes Documented for this Disease	
	1.	2006	Asthma	20.0%	3,567	3,399	3,548	3,467	3,251	3,543	3,425	3,562	3,466	3,514	3,589	3,332	41,663	
	2.	2006	Injury Intestinal Disease	20.0%	3,542	3,446	3,520	3,619 3,496	3,094	3,590	3,386	3,524	3,453	3,567	3,434 3,537	3,436	41,611 41,680	
	4.	2006	Notifiable Disease	20.0%	3,561	3,352	3,544	3,513	3,150	3,655	3,448	3,496	3,478	3,493	3,559	3,446	41,695	
	5.	2006	Vectorborne Disease	20.0%	3,464	3,410	3,458	3,573	3,110	3,610	3,410	3,492	3,507	3,479	3,540	3,506	41,559	
	Т	otals:			17,614	17,023	17,634	17,668	15,845	17,853	17,026	17,684	17,363	17,614	17,659	17,225	208,208	~
8																	🥝 Internet	.:

Figure 5-1. Sample Disease Group by Month Report

Overview

This report counts the number of documented occurrences (ICD-9-CM Codes) for the selected **Disease Groups** by **Month**. All data for the chosen filters are included in the aggregated **Monthly** totals. This report allows the user to view monthly occurrence trends of the selected **Disease Groups** over the course of one or more years. The user can see whether the occurrences of a given **Disease Group** or set of **Disease Groups** are increasing or decreasing month by month for all selected **Locations** and other criteria as specified in the **Report Options**.

This report uses stacked bar charts where each specific **Disease Group** count is stacked upon all other chosen **Disease Group** counts for each **Fiscal Year** to show the total aggregated **Disease Group**(s) count for each **Month**.

5.2 Disease Group by Fiscal Year



Figure 5-2. Sample Disease Group by Fiscal Year Report

Overview

This report counts the number of documented occurrences (ICD-9-CM Codes) for the selected **Disease Groups** by **Fiscal Year**. All data for the chosen filters are included in the aggregated **Fiscal Year** totals. This report allows the user to get an annual **Fiscal Year** trend of the occurrence of the selected **Disease Groups**. The user can see whether the occurrences of a given **Disease Group** or set of **Disease Groups** are increasing or

This report uses stacked bar charts where each specific **Disease Group** count is stacked upon all other chosen **Disease Group** counts for each **Fiscal Year** to show the total aggregated **Disease Group(s)** count for each **Fiscal Year**.

5.3 Disease Group by Service Unit



Figure 5-3. Sample Disease Group by Service Unit Report

Overview

This report counts the number of documented occurrences (ICD-9-CM Codes) of the selected **Disease Groups** by **Service Unit**. All data for the chosen filters are included in the aggregated **Service Unit** totals. This report allows the user to get a **Service Unit** look at the documented occurrences of the selected **Disease Groups**. All data for the criteria selected are included in the aggregated counts. It is important to note that each Service Unit is defined by ASU (Area/Service Unit) code and not by name. Therefore, for

example, Service Unit 2021 is considered different than Service Unit 2052 for purposes of this report and will show as a separate aggregated total.

This report uses horizontal stacked bar charts where each chosen **Disease Group** count is stacked upon all other chosen **Disease Group** counts for each **Service Unit** to show the total aggregated **Disease Group(s)** count for each **Service Unit**.

5.4 Disease Group by Service Unit by Fiscal Year



Figure 5-4. Sample Disease Group by Service Unit by Fiscal Year Report

Overview

This report counts the number of documented occurrences (ICD-9-CM Codes) for the selected **Disease Groups** by **Service Unit**. Each **Service Unit** count additionally is broken out by **Fiscal Year** subtotals. All data for the chosen filters are included in the aggregated **Service Unit** totals. This report allows the user to get a **Service Unit** look at the documented occurrence of the selected **Disease Groups** by **Fiscal Year**. Data for all **Disease Groups** chosen are included in the aggregated counts. It is important to note that

each **Service Unit** is defined by ASU (Area/Service Unit) code and not by name. Therefore, Service Unit 2021 is considered different than Service Unit 2052 for purposes of this report.

This report can be used to compare one **Service Unit** to another **Service Unit** regarding overall occurrence of selected **Disease Groups** over selected **Fiscal Years**.

5.5 Disease Group by Age Group by Gender



Figure 5-5. Sample Disease Group by Age Group by Gender Report

Overview

This report counts the number of documented occurrences (ICD-9-CM Codes) for the selected **Disease Groups** by **Age Group** and **Gender**. All data for the chosen filters are included in the aggregated **Age Group** totals. Each **Age Group** count is broken out by **Gender** subtotals. This report can be used to see how various **Age Groups** are affected by the **Disease Groups** specified in the **Report Options** criteria.

5.6 Disease Group by County



Figure 5-6. Sample Disease Group by County Report

Overview

This report counts the number of documented occurrences (ICD-9-CM Codes) of the selected **Disease Groups** by **County**. All data for the chosen filters are included in the aggregated **County** totals. This report can be used to see how the selected Disease Groups are distributed geographically by **County**. This mapping allows the user to quickly visually see "hot spots" of the occurrences of the selected **Disease Groups**.

5.7 Top Ten Diagnoses Codes

🖉 DEHS - Notifiab	ole Disease and E	xternal Cause	of Injury Reporting System	- IHPES Progra	am - Windows Internet Ex	kplorer 🔳 🗖 🔀
💽 🗸 🖉 h	ttp://www.ihs.gov/n	onmedicalprograms	/ihpes ^l dehs/ndeci/index.cfm?modu	ıle=ndeci 🔽 🔶	Google	
🚖 🏟 🌈 dehs	- Notifiable Disease a	and External Cause	e of Injur		🟠 • 🥖 • 🖶 • 🕞 e	age 🔹 🌍 T <u>o</u> ols 👻 📕
DEUS						~
DEHS	Notif	fiable Disea	ise and External Cau	se of Injur	y Reporting Systen	า
Administration	Core F	Reports				
Data Overview	То	n Ten Diar	inoses Codes Reno	rt for EV20	08, 2007, 2006	
Reports	For	Disease Grou	ips: Asthma, Injury, Intes	tinal Disease,	, Notifiable Disease, Ve	ctorborne
Printer-Friendly	Disc For	ease the following	Locations:			
	• 11ci	NATIONAL -	ALL IHS AREAS	r all diagnoco		
	Usi	ng data as of	D5/11/2008	r an araynose	:5	
	Rank Order	Exte	rnal Cause of Injury Code	% of Total	Number of ICD9 Codes Do for this Disease	cumented
	1.	Acute upper resp (465.9)	iratory infections; unspecified site	18.7%	87	,207
	2.	Asthma, unspecif	ied; unspecified (493.90)	16.8%	78	,540
	3.	Allergic rhinitis; ca	ause unspecified (477.9)	14.3%	66	947
	4.	Acute pharyngitis	(462)	12.3%	57	,665
	5.	Bronchitis, not sp	ecified as acute or chronic (490)	11.6%	54	,369
	6.	Dermatitis due to	unspecified cause (692.9)	8.3%	38	,840
	7.	Unspecified sinus	tis (chronic) (473.9)	7.4%	34	,556
	8.	Chronic airway of	struction, not elsewhere classified	(496) 5.4%	25	,056
	9.	Unspecified proph	iylactic measure (V07.9)	3.5%	16	,173
	10.	Infection, condition unspecified viral i	ons classified elsewhere & unspec; nfection (079.99)	1.7%	/	,990
	Tota	ıls:		100%	467	,343
	Repo	ort Options				
		Report Type:	6: Top Ten Diagnoses Codes		*	
	Dia	agnoses Type:	O Primary Diagnoses Only 💿	All Diagnoses		
		Source Data:	⊙ Outpatient Encounters ○	Inpatient Discharg	es	
	1	Location Type:	💿 Area / Service Unit / Facility	O Area / Service	e Unit / Community of Residence	3
			ALL IHS AREAS - IHS NATION	IAL	~	
			ALBUQUERQUE AREA (20,25	5,27,29) /# (2022)	(1)	
			Acoma-Canoncito-Lagun	in (2022) a Hospital (202)	201)	
		Location	Canoncito Health Center	(202211)		
		Locación.	Laguna Health Center (2)	02210)		
			Behavioral Health Service Un	ni (2522) es-Acoma (2522	60)	
			ALBUQUERQUE Service U	nit (2021)		
			Albuquerque Indian Heal	th Center (2021	12) 💌	
			FY 2009		~	
			FY 2008			~
<						
					Internet	🕄 100% 🔻 📝

Figure 5-7. Sample Top Ten Diagnoses Codes Report

Overview

This report counts the number of documented occurrences of the Top Ten specified ICD-9-CM codes for the selected report criteria. All data for the chosen filters are included in the row level totals. This report allows the user to get a look at the specific ICD9-CM codes that are being most commonly documented for patient encounters that match selected criteria for a given report.

5.8 Unduplicated Patient Count: Disease Group by FY by Gender



Figure 5-8. Sample Unduplicated Patient Count: Disease Group by FY by Gender Report

Overview

This report counts the number of **Unique Patients** documented for visits related to the selected **Disease Groups.** Counts are grouped by **Fiscal Year** and each **Fiscal Year Unique Patient** count is broken out by **Gender** subtotals. All data for the chosen filters are included in the aggregated **Fiscal Year** totals. This report allows the user to get an annual **Fiscal Year** trend of the number of Unique Patients who were documented as being seen for the **Disease Groups** selected. The user can see whether the number of

Unique Patients being seen are increasing or decreasing over each year for all selected Locations and other criteria specified.

Unique Patient counts are determined by distinctly counting the Integrity ID field from the NDW. The Integrity ID field is defined as: A distinct integrity id identifies all registrations that are the same person. This id will then be utilized to identify a group of duplicate registrations so that the most current one may be selected according to the business rules.

5.9 Disease Group by Delineator Code



Figure 5-9. Sample Disease Group by Delineator Code Report

Overview

This report counts the number of documented occurrences (ICD-9-CM Codes) for the selected **Disease Groups** by **Report Delineator Code**. All data for the chosen filters are included in the aggregated **Report Delineator Code** totals. This report allows the user to get an overview of where the patient records being reported on are coming from. The NDW receives and import records from many different sources. There are different import types that can be accepted by the NDW. This report shows what source import

types make up the report data. The user can see whether the occurrences of a given **Disease Group** are coming from Direct Outpatient (APC), Direct Inpatient (CHI), Contract Outpatient (CHO), or Contract Inpatient (INP) encounters for all selected **Locations** and other report criteria specified.

The **Report Delineator Code** is a code designator used to delineate encounter types for NPIRS reporting purposes, populated by the Imp Engine. Legacy NPIRS stored direct inpatient, direct outpatient, CHS inpatient, CHS outpatient, Dental, and other visits in separate tables. The data warehouse stores all types in the ENCTRSS table, so this designator is used to differentiate for reporting and queries. Legacy NPIRS logic for loading the separate tables is replicated for the setting of the code.

Valid Report Delineator Codes are as follows:

Report Delineator Code Name	Report Delineator Code Value
Direct Outpatient	APC
Direct Inpatient	INP
Contract Outpatient	СНО
Contract Inpatient	СНІ
Other PCC	ОТН

Table 1-1. Report Delineator Codes

6.0 Security and Administration

This section provides instruction for Regional Administrators to assign user access, view assigned users, modify and delete user access.

6.1 Security

Security is controlled by level of user access and geographic area. There are only two levels of users, Regional Administrators and Data Readers. Both user types are assigned access only to specific facilities or areas. Regional Administrators have the ability to view data, as well as, the ability to assign/edit/delete other users privileges. However, they can only do so for the locations to which they themselves have been assigned access.

The Administration functions are only available to system Administrators. It is important to note that Data Readers will not see the "Administration" link on the left side navigation pane and therefore will not be able to access the administrative functions.

6.2 Administration Functions

All of Administration functions are accessed by clicking on the "Administration" link in the left side navigation pane.



Administrators can access the Administration functions from the "Administration" link.

On the Administration home page, you have access to all the administrative functions in

the Administrative Controls table. There are four links in the table. The first two "Assign User Access" and "View Assigned User Access," allow Administrators to assign, modify and delete users for their Administrative areas.

6.3 Assign User Access

To assign a new user, choose the "Assign User Access" link in on the Administrative Controls table.



Figure 6-2. The Administrative Controls Table

And then, type in the new user's last name (or the first few letters of the last name) in the text box and click "Search:"

U.S. Department of Healt Indian Health The Federal Health Program for Am	th and Human Services Service erican Indians and Alaska Natives	Return to Director Grim's Introductory Message	Search Our Site For:
HOME ABOUT	I H S SITE MAP I	er Lookup wish to lookup, then dick on Search Search	h: 1

Figure 6-3. Type in the User's Last Name in the User Lookup box

U.S. Departmen Indian H The Federal Health Pro	t of Health ealth S ogram for Ameri	and Hum Cervic Can Indians a	ian Serv CC nd Alaska N	vices _{latives}	Return Intr	to Director Grim's oductory Message
HOME	ABOUT I	H S	SITE MA	P HEL	Р.,	K
DEHS						
Administration	User Acce	ss Assign	ment: U	ser Lookup		
Data Overview	Type in the La	ast Name of	the user yo	ou wish to lookup, then d	ick on Se	arch:
Reports	ber				Sea	irch
a .	Assign Access	First Name	Last Name	User Name	Title	E-mail / Phone
	Assign User	Alexander	Berg	GregoryBest8	Mrs	obsdyk.iunctszfv@ihckcuji.iwqnyj.org 523167-6276
	Assign User	Alvin	Berg	KendaliBailey380	Mr	pebbziz.mmlrqmzd@uhffoanb.ajlkkt.com (823) 840-9135
	Assign Upp	Ana	Berg	JayNorris327	Mr	qrtcgjf.psgmlvulq@xlhzwxtl.vjpojd.com 382-618-3132
	Assign User	Anna	Berg	SophiaSchmitt109	Dr.	cburkdx.pjuftr@hbcinkyut.zdjdxe.com 399881-5761
	Assign User	Brenda	Berg	JeannetteMichael511	Mr	mgjvhkij.yvdyitm@cspipwlogv-ulo.org 948245-8815
	Assign User	Bryan	Berg	AndreMacias425	Dr	bohesfikk.clkolkfb@atquvso.xrikbr.org 852393-4366
	Assign User	Cedric	Berg	MindyPreston432	Dr.	pnokmm.yempypwjbd@lidqrx.tybzet.net 297-9693399

Scroll down to select the user and click on the "Assign User" link

Figure 6-4. Select the User from the list by clicking on the "Assign User Link"

Now you can set the user's access rights.

U.S. Depar Indian The Federal Hea	tment of Health and Human Services Health Service Introductory Message Advanced Search by Coogle
HOME	ABOUT I H S SITE MAP HELP
Administration	User Access Assignment: User Access
Home	Assign access privileges to Ana Berg
Data Overview	Security Role:
	Select one Security Role for this user: © Regional Administrator - (Can assign User Access & Read Data) © Data Reader - (Can Read Data) Access Location(s):
	Select one or more Access Locations for this user: ALL IHS AREAS - IHS NATIONAL ALBUQUERQUE AREA (20.25.27.29) ACOM CAN LAG Service Unit (2022) AconacCanoncto-Laguna Hospital Facility (202201) Canoncto Health Center Facility (202210) ACOM CAN LAG Service Unit (2522) Behavioral Health Center Facility (202210) ACOM CAN LAG Service Unit (2522) Behavioral Health Services-Acoma Facility (252260) ALBUQUERQUE Service Unit (2021) Abuquerque Indian Health Center Facility (202112)

Figure 6-5. Set the Security Role and Access Locations

Select the **Security Role** by selecting the appropriate radio button: either **Regional Administrator** or **Data Reader**.

Now, select the **Access Location(s)** by scrolling through the list and clicking on the location name to which you wish the user to have access. Select multiple locations by holding the "control" key and clicking on the locations.

Finally, click the "Save User Access Settings."

You can view your new user by clicking on the "Administration" link and then in the Administrative Controls box clicking on the "View Assigned Users.

6.4 View, Modify, and Delete Assigned Users

Regional Administrators can view all the users assigned to their areas by clicking "View Assigned Users" in the Administrative Controls.

U.S. Depar Indian The Federal He	rtment of Health and Ha Health Serv saith Program for American Indian	uman Services iCE 15 and Alaska Native	Return to Directo	r Grim's Message	Coogle
HOME	ABOUT I H S	SITE MAP	HELP		
DEHS					
Administration Home					
Reports	View Assigned Users Select the Access Location for which you ALL USERS	wish to view the corresp	onding Users:		
	Name	Security Role	Authorized Locations	E-mail / Phone	Assigned
	Noah Balley (Brandy/Mathews520)	Data Reader	CHEROKEE Service Unit (\$151)	idtavw.avvpdglbx@urgjvnn.tuhgtx.com (514) 301-9036	11/11/2009
	Abel Bernard (LeonardoCarpenter 743)	Data Reader	CHEROKEE Service Unit (\$151)	zcgqeyti.rzwroditwh@jykwojstd.cgjgqw.com (680) 842-4876	11/04/2009
	Candy Quinn (ArmandoHooper 192)	Regional Administrator	CHEROKEE Service Unit (\$151)	vmnigax.vunluvil@bldmtdn.v-qvor.org 116-5761505	09/22/2009
	Alisha Zamora (MicahHa) (41422)	Data Reader	CHEROKEE Service Unit (5151)	cuttpeax.iutxmsmsw@zwlexdjtq.ginmcc.com 845826-2681	11/05/2009

Figure 6-6. View Assigned Users

Here Administrators can see all of the users with access to their area.

By clicking on a User's name, the administrator can see and modify the user's access, as well as delete the individual user.

U.S. Departm Indian The Federal Health	ent of Health and Human Services Health Service Program for American Indians and Alaska Natives
HOME	ABOUT I H S SITE MAP HELP
DEHS	
Administration	User Access Assignment: User Access
Home Data Overview	Assign access privileges to Alisha Zamora
Reports	Security Role:
	Select one Security Role for this user:
	Regional Administrator - (Can assign User Access & Read Data)
	Data Reader - (Can Read Data)
	Access Location(s):
	Select one or more Access Locations for this User:
	Unity Regional Youth Treatment Center Facility (515183)
	chm
	3
	×
	Reset Delete User Save User Access Settings
	Add a New User Modify Existing User

Figure 6-7. Modify an Existing User

To change a user's Security Role, click on the appropriate radio button (Either **Regional Administrator** or **Data Reader**) at the top of the User Access Assignment table and then click **"Save User Access Settings."**

To change a user's Access Locations, the Administrator can select one or more of the facilities within their own Access Location and then click "Save User Access Settings."

To delete a user's access to the system, click on the Delete User button.

To modify another user, click on the **"Modify Existing User"** link and select the user from the **"View Assigned Users"** table.

The Reset button allows you to undo the changes you have made while on the current screen and resets the user to their previous Security Role and Access Locations. You can not reset a user once you have clicked on the "**Save User Access Settings**", but you can simply update their access again if necessary.

6.5 Terms of Use Notices

Each time a user logs in and clicks on the **Reports** link, they are required to accept the Terms of Use.



6-8. Terms of Use Notice.

The **Terms of Use Notices** are an important security feature. Each time a user clicks the "I Accept Terms of Use" button in the illustration above, their acceptance is recorded with the date, time, and IP address of the computer they are using.

Administrators can view the user acceptance log associated with this feature from the **Administrative Controls** panel (**Figure 6-2**, accessed by clicking on the **Administration** link in the left side navigation)

Clicking on the **Search User History** link shows the following screen:

	xternal Cause of Injury	y Reporting Sy	stem - IHPES Program - Microsoft Inte	ernet Explore	r 💶 🗖 🔀									
<u>File E</u> dit <u>V</u> iew F <u>a</u> vorites <u>T</u> ools	Help													
🌀 Back 🔹 🌍 🔹 🔀 🔮	🏅 🔎 Search 🛛 👷 Fav	vorites 🤗 👔	🗟 - 🍇 🔟 - 🔜 🎎 🦓											
Address bitte: //www.ibs.gov/debs/ndeci/index.cfm2module=administration%option=listAccented.lserAgreements														
U.S. Department	of Health and Hun	nan Services		Search (Dur Site For:									
Indian He	ealth Servie	Ce and Alacka Nativo	Introductory Message		ad Search by Good									
Are. 1952	rann or Annerican Indians a	anu Alaska Native.	, ,	navance	d ocdren by story.									
HOME ABOUT	INS SITE MAP	HELP												
DEHS														
Administration	Search User History													
Data Overview	Report Type: 🤇	All OTerms	of Use											
Reports	Area: A	ALL IHS AREAS -	IHS NATIONAL	*										
	Date Range:		🔳 to 📃											
	Keyword:													
			Search											
	·													
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	Reports / Accepted	Terms of Use	-		Reports / Accepted Terms of Use									
	Name	Area	E-mail / Dhone											
			E-mail / Phone	IP Address	Date Accepted									
	Candy Quinn (ArmandoHooper192)	ALBUQUERQUE	vmnigax.vunluwl@bldmtdn.v-qvor.org 116-5761505	IP Address 198.45.3.26	Date Accepted 12/21/2009 1:49 PM									
	Candy Quinn (ArmandoHooper192) Leslie Rivers (dbtestuser01)	ALBUQUERQUE ALL IHS AREAS - IHS NATIONAL	vmnigax.vunluwl@bldmtdn.v-qvor.org 116-5761505 ihpes@data-basis.com 618-3161033	IP Address 198.45.3.26 198.45.3.26	Date Accepted 12/21/2009 1:49 PM 12/21/2009 12:49 PM									
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Figure 6-3. Search User History

This table shows the Administrator, the user name, the area that that they have access to, their contact information, the IP address of their computer and the date and time that they accepted the **Terms of Use**. The date and time information links to the **version of the Terms of Use** that they accepted.

This feature allows administrators to search the User History by **Date Range**, by **User**, by **IP Address**, and by **Location**.

The Terms of Use can be updated as necessary. Clicking on the **Terms of Use Notices** link in the **Administrative Controls Panel** displays the following screen:

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	Terms of Use 11/17/2009	11/17/2009	11/18/2009	Expired	View		
	Terms of Use CSS Test	09/30/2009	11/17/2009	Expired	View		
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	time.test	09/22/2009	09/24/2009	Expired	View		
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Figure 6-4. Terms of Use Notices

In addition to be able to view all previous Terms of Use notices, the date they were implemented and when they expired, and the users who accepted the terms, administrators can edit the most recent version or update to a new agreement and activate it.

To edit or update the Terms of Use: Click on the "Add Terms of Use Notice" link in the upper right hand corner of the table. This brings up a screen with a text box to title the new terms and another text box to input the notice. (You can type as well as copy and paste in these text boxes,)

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Figure 6-5. Creating or Editing Terms of Use Notices.

Clicking on the "Save Terms of Use Notice" saves your text. The **View Terms of Use Notices** returns you to the list of Terms of Use Notices (**Figure 6-12**).

The title of your new terms of use will be at the bottom of the list. To activate the new **Terms of Use**, you must click the **Activate** link in the **Status** column.

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	NEW TERMS	12/15/2009	12/15/2009	Expired	View	
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	BQ Terms 12-15-2009	12/15/2009	12/15/2009	Expired	View	
	Terms of Use	12/11/2009	12/15/2009	Expired	View	
	NEW Terms of Use	11/18/2009	12/11/2009	Expired	View	
	Terms of Use 11/17/2009	11/17/2009	11/18/2009	Expired	View	
	Terms of Use CSS Test	09/30/2009	11/17/2009	Expired	View	
	Test Chars	09/24/2009	09/30/2009	Expired	View	
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Figure 6: Activate the new Terms of Use Notice

After new Terms of Use have been activated, the user is notified of the new terms when they click on the **Reports** link. Rather than seeing the terms of use as illustrated in **Figure 6-8**, they see a screen notifying them that the terms have changed (shown below) and that they must accept them before continuing. After acknowledging this information by clicking on a button, the user immediately sees the new **Terms of Use** as in **Figure 6-8**.

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Figure 6-12: Terms of Use have Changed Notice