Gruppe_EN	Untergruppe_EN	ToolTip_EN
Filter	Department	Choice of departments/specialties
Filter	Station	Possibility to select the wards of the department
Filter	Output range	Possibility to select the period to be evaluated
Filter	Assessment frequency	a value can be parameterized by the user, i.e. the value can be freely selected (e.g. every/for 3 days)
Filter	Apply filters	after each change of the filter setting (e.g. output range) the filter must be applied actively
SPI allocation	SPI allocation	Average SPI value over all cases
SPI allocation	40-35	Distribution of cases with an SPI between 40 and 35
SPI allocation	34-30	Distribution of cases with an SPI between 34 and 30
SPI allocation	29-20	Distribution of cases with an SPI between 29 and 20
SPI allocation	19-10	Distribution of cases with an SPI between 19 and 10
SPI allocation	Station comparision	Average SPI per ward and distribution of cases per SPI group and ward.
Dashboard		The dashboard provides an overview of the main risk areas in order to quickly identify current problems. A further differentiation of the respective areas can be found in the corresponding individual evaluations. Click directly on the tile of the desired evaluation
Assessment plausibility		This index provides an indication of implausibilities within the ePA assessments (e.g., item "Awareness" coded as 1 & item "SPF Locomotion" coded as 4). The index can also act as an indicator of retraining needs in nursing documentation.
	Number	
	Number of cases	The population (all cases) in the imported dataset.
	Statistics	This table provides an overview of the case characteristics within the data set. I.e., did the cases in the data set have initial, interim, and final assessments, as well as target and/or anamnestic assessments, etc.? Via this information, you gain valuable information on the documentation quality in your organization.
	Plausibility of the data	Bar chart shows the percentage distribution of implausibilities in relation to the population. If the value falls below 98%, the data are not recommended for further analysis.
	Violations of the rules of the assessments	Distribution of cases (estimates) per normative rule violations. The number of cases is shown as an absolute number and as a percentage. The table shows the most frequently documented rule violations. An ascending or descending sorting can be selected at the top right (small triangle).
	Incorrect	Number of identified assessments with at least one normatively set rule violation
Schedule Adherence		The key figure provides an indication of compliance with a freely definable assessment interval (e.g. every two days). The donut diagram shows the number of cases that complied with the assessment interval and the deviation from the norm. If a department shows increasingly low values, this may be related to clustered internal transfers. This should be taken into account when interpreting the data. The default assessment interval is every two days. Facilities are free to change the value up or down.
	Number of cases	The population (all cases) in the imported data set.
	Fulfilled	Number of cases that comply with the assessment interval defined in the upper filter. I.e. for these cases the epa estimation is performed at the defined frequency.

Degree of target achievement	Renege	Number of cases that do NOT comply with the estimation interval defined in the upper filter. I.e. for these cases, epa estimation is NOT performed at the specified frequency.
	Reject records	Number of cases that do NOT meet the inclusion conditions and were therefore excluded from the calculation. Also includes "missing data."
	Station comparision	Distribution of cases complying or NOT complying with the assessment interval defined in the upper filter per selected department/station, in the defined period.
	Number of cases	Table shows how often (in percent) a target documented in the assessment was achieved, exceeded or not achieved per epa item. The three columns can be filtered by ascending or descending order.
		The population (all cases) in the imported data set.
	valid cases	Number of cases that met the inclusion conditions and were therefore used in the calculation. Only cases with a final and a target assessment are used for the calculation. The last current target entry counts as the target estimate, previous values are disregarded. All other data sets had to be excluded from the calculation.
Mobility history		Shows the change in the characteristic value between the worst assessment value and the value of the final assessment per patient during a period of stay for the epa item "Locomotion" and "Change of position while lying down". The change in the characteristic value can be between -3 (maximum deterioration during the course) and +3 (maximum improvement during the course).
	Number of cases	The population (all cases) in the imported data set.
Continence history		The evaluation provides a clinical overview of the topic complex of urine excretion and urinary diversion system
	Number of cases	The population (all cases) in the imported data set.
	Drainage Systems	Number of patients who had a urinary diversion system documented in the assessment at least once during their stay. Also includes patients who already had a urinary diversion system on admission.
	New appliances	Indicates the incidence of urinary diversion systems. In how many patients was a urinary diversion system newly placed during the stay.
	Average Days	Period in days of lying urine diversion system
	Previous urine status for new urine drainage system	The sum of the column "Proportion of urine diversion systems newly placed" is 100%, which corresponds to all newly placed urine diversion systems in the selected time period per ward, in relation to the previous condition for the epa item "Urine diversion system". I.e., reading the first row in the table, for example: N% of patients who received a urine diversion system during their stay had a lack of urine control prior to acquiring the diversion system.
	Change in continence	The change refers to the selected period and looks at the difference in "urine control" from lowest assessment to final assessment during the course. The change can improve or worsen by a maximum of 3 proficiency points. That is, out of N cases, N patients improved by a maximum of three expression points (e.g., from 1=no control to 4=full control) during their stay.
	Continence forms (DNQP)	Donut diagram shows the distribution of the cases on the five categories from the expert standard (n. DNQP). E.g. in N% of the cases there is a dependent compensated incontinence. These cases are characterized by the fact that the person has an involuntary loss of urine and requires personal assistance with incontinence care.

Pain management		Pain intensity based on patient self-assessment using NRS (Numeric Rating Scale, scores 0 to 10), VAS (Visual Analog Scale, scores 1 to 10), VDS (Verbal Descriptor Scale, scores 0, 2, 4, 6, 8, 10). This evaluation requires a daily epa assessment.
	Number of cases	The population (all cases) in the imported data set.
	Highest pain score of a patient case	Distribution of the highest pain intensity per patient during a stay (in self-assessment).
	Pain at least VAS 4-6 (moderate pain) on {0} consecutive days	Number of patients who had an unchanged pain intensity of at least VAS 4-6 (moderate pain) at least once during the stay over a period of N days. A freely applicable value between ≥ 2 and ≤ 6 can be inserted by the user in the upper filter.
	Pain VAS 7-10 (severe pain)	Number of patients who had an unchanged pain level of VAS 7-10 (severe pain) at least once during the stay over a period of N days. A user-defined value between ≥ 2 and ≤ 6 can be inserted in the upper filter.
	severe pain (VAS 7-10)	VAS 7-10
	medium pain intensity (VAS 4-6)	VAS 4-6
	slight pain (VAS 1-3)	VAS 1-3
	no pain	Patient reported no pain on epa assessment.
	Severe to moderate pain	VAS 4-10
	Mild to no pain	VAS 0-3
	Missing Values	No assessment available. "missing data"
	Strong pain	VAS 7-10
	No strong pain	VAS <7
	Missing Values	No assessment available. "missing data"
Nutritional status		Total amount of oral food and the amount of oral and/or enteral and/or parenteral intake. Amount of food or calories per 24h. A reduced total amount of food (expression 1 or 2) serves as a warning sign for the risk of an insufficient caloric intake. This evaluation requires a daily epa assessment.
	Amount of food sufficient	Number of patients who NEVER had a total food intake ≤ 50% during their stay over a period of N days.
	Amount of food < 50%	Number of patients who had a food amount total ≤ 50% at least once during the stay over a period of N days.
	Insufficient cases	Cases with fewer records than days to count are excluded from the calculation as "insufficient".
Decubitus course		In this overview, there is a risk matrix for pressure ulcer incidence divided into cases with a pressure ulcer grade >=1 and a pressure ulcer grade >=2.
	Number of cases	The population (all cases) in the imported data set.
Decubitus risk		In the selected observation period, there were N pressure ulcer grade decreases and N pressure ulcers remained unchanged in cases with an initial as well as a final assessment in the selected ward.
	Number of cases	The population (all cases) in the imported data set.
Risk of falling		Overview of patients with an identified fall risk as well as an overview of the number of positive risk indicators per patient.
	No risk indicator	There are no positive risk indicators

Risk of pneumonia	**At least 1 risk indicator**	In these cases, at least one risk indicator is positive, i.e. the value 1 or 2 has been coded at least ONCE
		Overview on patients with an identified pneumonia risk as well as an overview on the number of positive risk indicators per patient.
	No risk indicator	There are no positive risk indicators
Neurocognitive disorder need for clarification	**At least 1 risk indicator**	In these cases, at least one risk indicator is positive, i.e. the value 1 or 2 has been coded at least ONCE
Reference to ICD-10 code U50.- / U51.-		Overview of patients with an identified need for clarification in the area of neurocognitive disorders as well as an overview of the number of positive risk indicators per patient.
		This evaluation can give you an indication of possible U50.-/U51.- cases.
	U50 - Motor function limitation	Motor functional impairment within the first five days of inpatient treatment;if the values change within this time, the highest point value is encoded
	U50.5	Very severe motor impairment
	U50.4	Severe motor impairment
	U50.3	Moderate motor impairment
	U50.2	Medium motor impairment
	U50.1	Slight motor impairment
	U50.0	No or little motor impairment
	U51 - Cognitive Impairment	Cognitive impairment within the first five days of inpatient treatment; if the values change within this time, the highest point value is encoded
	U51.2	Severe cognitive impairment
	U51.1	Mean cognitive impairment
	U51.0	No or mild cognitive impairment
	Reject records	Number of cases that do NOT meet the inclusion conditions and were therefore excluded from the calculation. Also includes "missing data."
	Number of cases	The population (all cases) in the imported data set.
Helpdesk	Helpdesk	Feel free to send us a message with your request.
	Details	Please specify your request and group it under the "Area" button.