# CRISP Patient Panel Checklist

## Section 1: Account and POC Information

|  |  |
| --- | --- |
| **Account Name:** Click to enter text.  **Panel Name:** Click to enter text. | **Date:** Click to enter a date. |
| **Facility Type:**  Click to enter text.  **Point of Contact Name (ENS/Panel Lead):** Click to enter text. |  |
| **Email:** Click to enter text. | **Phone Number:** Enter Phone #. |

**Which CRISP Services are you interested in?:**

Clinical Data (If checked, disregard Section 4)  ENS notifications  ENS notifications + Clinical Data

## Section 2: Patient Panel – General Information

The patient panel that you submit informs many aspects of CRISP services/infrastructure including:

* Encounter Notifications (ENS): Informs CRISP of your active patients so we can notify you of hospital events.
* Care Team: CRISP is able to display your organization as a part of a patient’s active Care Team.
* User Audit: Under CRISP policy, users may only search for actively managed patients, as dictated by the patient panel. Frequent searching for patients that are not on your panel may result in a security flag.

**To ensure that CRISP accurately reflects your active patient roster,**

**we recommend you send your patient panel at least every 30 days.**

**Failure to submit timely panels may result in termination of user access to CRISP services.**

## Section 3: Patient Panel – Submission

**Assigning Authority Code**

New Assigning Authority Code

Existing Assigning Authority Code (Please provide the existing code to be used) : Click or tap here to enter text.

**Patient Panel Submission Method**

|  |  |
| --- | --- |
| Panel Processor (**2 users per organization max.)- Overwrite only** | SFTP **(Please provide more information on the next page)- Overwrite and Delta (Incremental)** |
| ADT/SIU feed to CRISP  **(Please provide more information on the next page)** |  |

## Section 4: ENS Alerts – Delivery to CRISP Participant

|  |  |
| --- | --- |
| ENS Trigger Alerts | Notification Delivery |
| All users will receive notifications for the following trigger events:   * Admission, Discharge, and Transfer messages for ED, Inpatient, and Outpatient settings * Users will be able to filter for specific alert types in ENS PROMPT | ENS PROMPT for all users, as indicated by the HIE Admin  **If your organization has chosen to submit panels or receive notifications outside of traditional methods, please provide more information in the Checklist Addendum** |

# CRISP Patient Panel Checklist Addendum

Please complete this addendum if your organization has chosen to submit panels or receive notifications outside of traditional methods (CRISP Direct or Self-Service Panel Loader), or if you would like to receive CCDAs

## **Inbound to CRISP**

Please choose one of the following:

**SFTP**- Please provide additional information under ‘*Outbound to Participant’*

**Auto-Subscription** (Please provide additional information below)

1. Has an ADT feed been set up for this source? If so, please provide the Jira ticket number: Click to enter text.
2. Trigger Event(s) to be used to add/update/remove patients- specify the action for each event (Ex. A04): Click to enter text.
3. Additional trigger values and its HL7 segments (ex. Location): Click to enter text.
4. Additional attributes to extract from the ADT (ex. PCP, Insurance, etc.): Click to enter text.

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## **Outbound to Participant**

Please choose one of the following:

SFTP- Please provide additional information below:

**Technical Point of Contact Name:** Click to enter text.

**Email Address:** Click to enter text.

**Phone Number:** Click to enter text.

**CRISP hosted** – *Request will be submitted by technical personnel*

**User Account** (Manual Send/Retrieve of files)

**Service Account** (Using an application or script to send/retrieve files)

Authentication (required for service accounts):

☐ Password

☐ Key Pair

☐ Password or Key Pair AND Whitelist

☐ **Existing**

Existing Username: Click to enter text.

**Participant hosted** –Following information to be provided by Participant: Host Name, Username, Password, and Port #

**Participant’s file paths (please specify PROD/TEST)**

**Inbound:** Click to enter text.

**Outbound:** Click to enter text.

TCP/IP

Do we have an existing VPN?

Yes

IP and port for Test: Click to enter text.

IP and port for Prod: Click to enter text.

Technical Point of Contact (Full Name, Email and Phone): Click to enter text.

No

Technical Point of Contact (Full Name, Email and Phone): Click to enter text.

Other (Please specify and provide more information): Click to enter text.

**Appendix**

1. ADT Event Types
2. A01- Admit
3. A02- Transfer
4. A03- Discharge
5. A04- Registration
6. A05- Preadmit
7. A06- Transfer Outpatient to Inpatient
8. A07- Transfer Inpatient to Outpatient
9. A08- Update
10. A11- Cancel Admit
11. A12- Cancel Transfer
12. A13- Cancel Discharge
13. A28- Add Patient Information
14. A29- Delete Patient Information
15. A31- Update Patient Information
16. Patient Panel Requirements
    1. File format: CSV
    2. Filename: [subscribercode]-1-z-mm-dd-yyyy
    3. Column headers: available in template
17. Panel ageout days by facility

(The number of days that the patients on the patient panel will maintain a relationship with the organization)

* 1. MD Ambulatory: 730 days
  2. MD hospitals sending ADT: 90 days
  3. DC Ambulatory: 90 days
  4. DC hospitals sending ADTs: 30 days
  5. WV Ambulatory: 540 days
  6. WV hospitals sending ADTs: 30 days
  7. CT Ambulatory: 730 days
  8. CT hospitals sending ADTs: 30 days
  9. AK Ambulatory: 90 days
  10. AK Hospitals sending ADTs: 30 days
  11. Practices sending ADTs: 540 days
  12. Payors: 45 days
  13. ACO: 90 days