CRISP
Chesapeake Regional Information System for our Patients

Clinical Reporting User Guide

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Overview

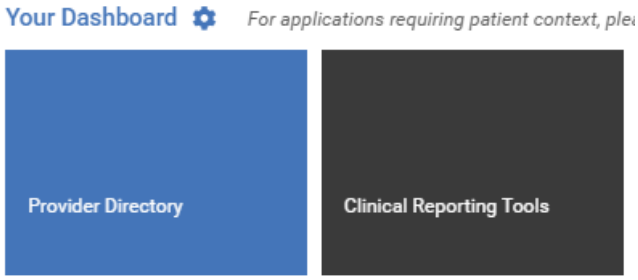
Clinical Reporting is a CRISP HIE Portal application that delivers curated, dynamic reports and dashboards built on real-time clinical data — developed in direct partnership with state agencies, hospitals, primary care practices, and public health stakeholders across Maryland.

Unlike claims-based reporting, Clinical Reporting draws from HIE clinical data sources including ADTs, laboratory results, demographic data, SDOH assessments, and shared patient panels — giving organizations a more complete, timely picture of their patient populations. The dashboards offer insights into population health, quality of care, readmissions, health disparities, and value-based care outcomes, helping teams track care patterns, identify gaps, and support data-driven strategies to improve health outcomes.

How to Access Clinical Reporting

Users can access Clinical Reporting directly from their HIE Portal dashboard by clicking on the "Clinical Reporting" tile.

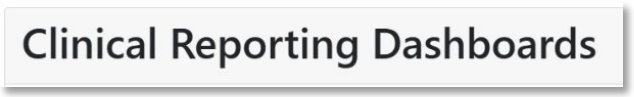
If the tile is not available on their dashboard, users should contact their organization's HIE Administrator.



Clinical Reporting Dashboards

On the landing page, users can choose from a variety of reporting suites and individual reports, designed to help more effectively manage patient populations.

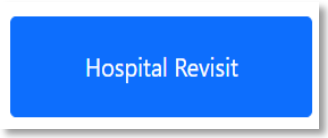
Click the "Clinical Reporting Dashboards" button to access the Panel Demographics Report and Hospital Revisit Report (see below).



Reports Overview

Clinical Reporting provides unique insights into two main reports to support patient care and population management:

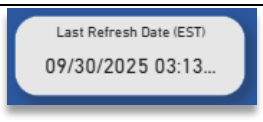
Panel Demographics Report and Hospital Revisit Report.

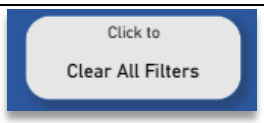
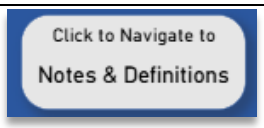
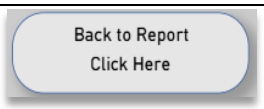
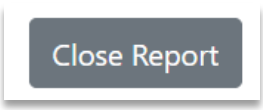
	The **Panel Demographics Report** provides an overview of the patients attributed to the organization. It includes age, gender, race/ethnicity/language (REL), and chronic conditions, giving a clear picture of the patient panel composition. Select the blue Panel demographics Report button to access this report.
	The **Hospital Revisit Report** tracks patients who have returned to the hospital within a defined timeframe after an initial visit. This helps identify patterns in readmissions and supports strategies for improving care transitions and reducing avoidable revisits. Selecting the blue Hospital Revisit Report button will access this report.

Panel Demographics Report

The **Panel Demographics Report** dashboard helps users explore population trends, monitor shifts over time, and better understand patient characteristics. The following sections outline how to access the dashboard and apply filters to customize your view of the data.

The Navigation Buttons

	The **Last Refreshed Date (EST)** displays the most recent data refreshed date. Data is updated daily and includes a two-year look back from the current date.

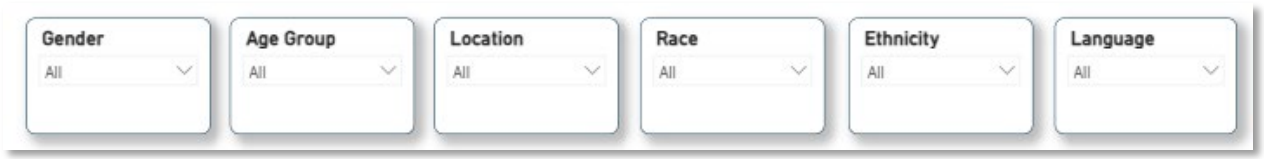
	The **Clear All Filters** resets all drop-down filters that have been applied within the report. This button does *not* reset filters applied by clicking directly on or within the charts.
	The **Notes and Definitions** button opens a data dictionary with key terms, definitions, and guidance to help users better understand and navigate specific areas of the dashboard.
	The **Back to Report** button, located at the top right corner of the Notes and Definitions page, returns the user directly to the dashboard.
	At the bottom of the screen, the **Close Report** button exits the report entirely. This button is conveniently available once the dashboard is opened, providing a consistent way to exit at any time.

Patient Count and Filtering Options

Total Patient Count

	The **Total Patient Count card** displays the total number of patients attributed to the organization. This count is based on the patient panel the organization has shared with CRISP, considering the most recent data refresh date.

Filters



The series of drop-down menus allow users the flexibility to analyze specific subgroups within the attributed population.

Note: Multiple filters can be applied at once.

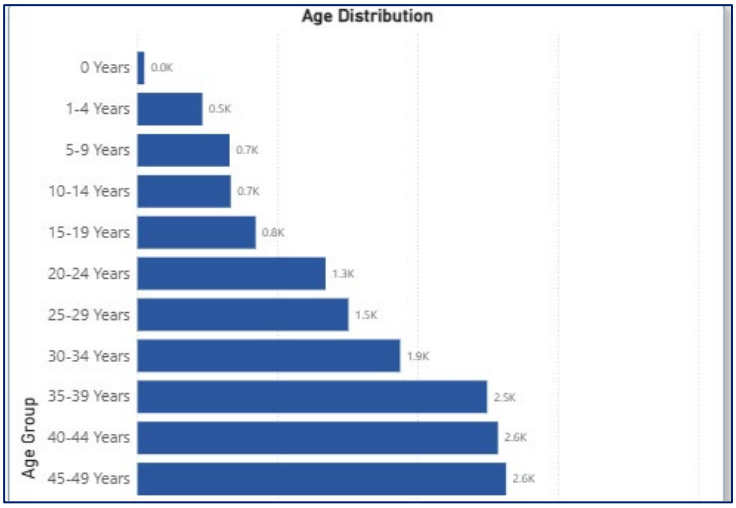
How to Navigate Charts

Age Distribution

The **Age Distribution chart** displays the breakdown of patients by age range. Age groups are stratified in five-year increments (e.g., <1, 1-4, 9-14, and 85+ years; etc.) from the last refresh date. Users can engage with the chart in two ways:

Filter by Drop-Down – Use the Age Distribution filter at the top of the report to view patients within a specific grouping.

Filter Within the Chart – Click directly on any bar of the Age Distribution chart to view patients within the selected age grouping.



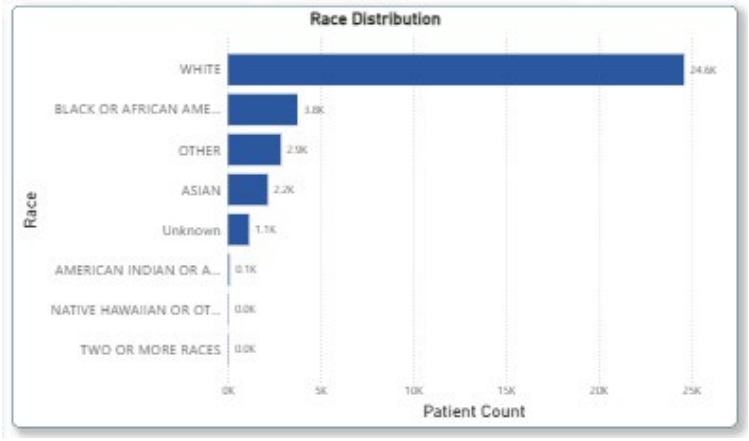
Note: These filtering actions dynamically impact other charts within the dashboard, enabling comparisons across multiple demographics for the selected criteria.

Race Distribution

The Race Distribution chart displays the distribution of patients by race. The data reflects the patient's most frequently reported response for race based on ADTs. Users can engage with the chart in two ways:

Filter by Drop-Down – Use the Race filter at the top of the report to view patients within a selected racial category.

Filter Within the Chart – Click directly on any section of the Race Distribution chart to view patients within a selected racial category.

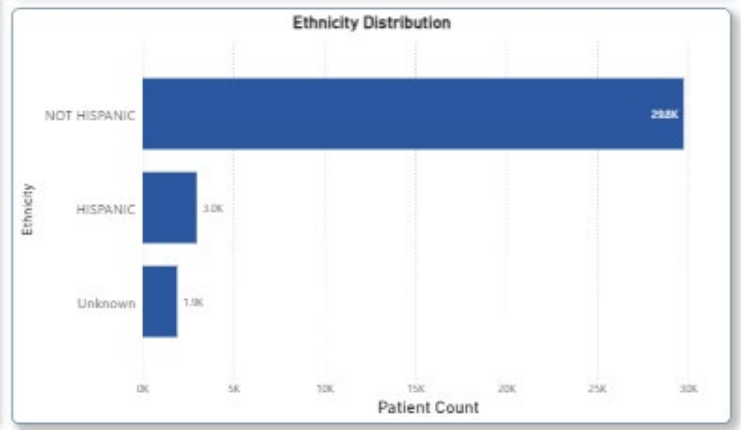


Ethnicity Distribution

The Ethnicity Distribution chart shows a distribution of patients by ethnicity. The data reflects the patient's most frequently reported response to ethnicity based on ADTs. Users can engage with this chart in two ways:

Filter by Drop-Down – Click directly on any section of the Ethnicity Distribution chart to filter the dashboard by ethnicity.

Filter Within the Chart – Click directly on any bar within the Ethnicity Distribution chart to filter the dashboard by ethnicity.

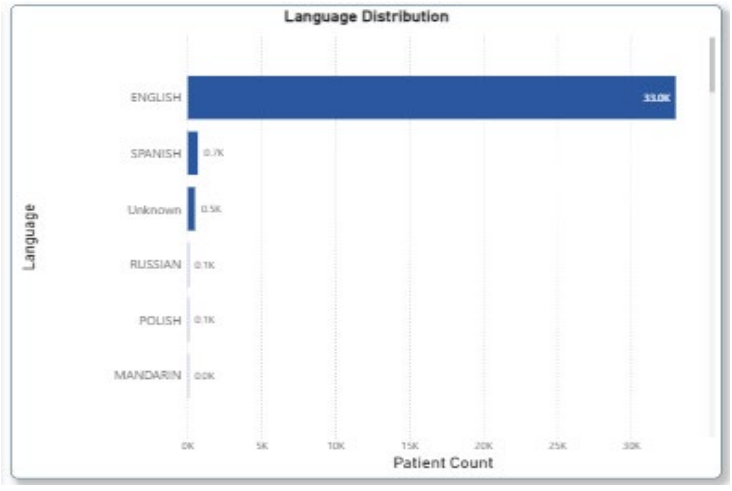


Language Distribution

The Language Distribution chart provides a summary of the patient population 's preferred languages. The data reflects the patient's most frequently reported response for language based on ADTs. Users can engage with the chart in two ways:

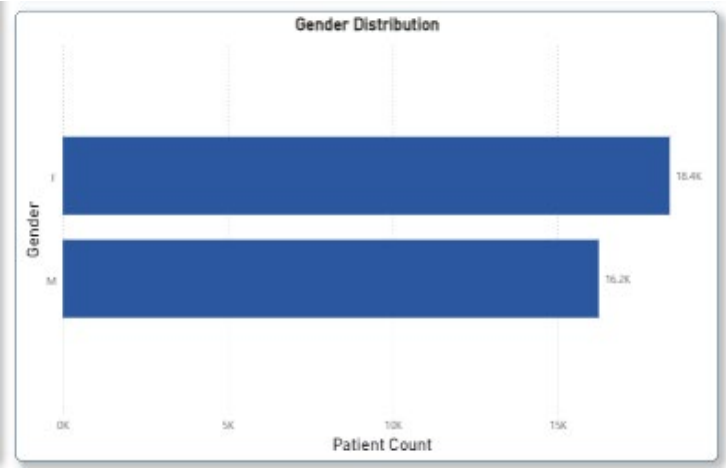
Filter by Drop-Down – Use the Language filter at the top of the report to view patients by preferred language.

Filter Within the Chart – Click directly on any bar in the Language Distribution chart to filter the dashboard by the selected language.



Gender Distribution

The Gender Distribution chart shows the distribution of patients by gender. The data reflects the patient's most frequently reported response for gender based on ADTs. Users can engage with the chart in two ways:



Filter by Drop-Down – Use the Gender filter at the top of the report to view patients within a specific gender category.

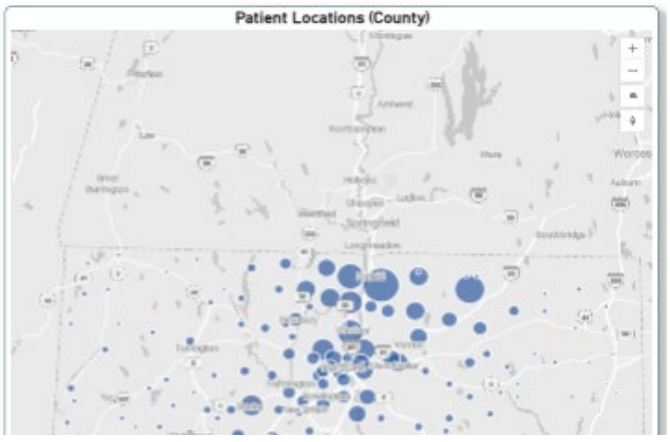
Filter Within the Chart – Click directly on any bar in the Gender Distribution chart to filter the dashboard by the selected gender.

Patient Location (County)

The Patient Location (County) geographic map is dynamic. It displays the patient's most recent zip code reported to the HIE in clinical data and mapped to the corresponding state and county.

Note: *The patient's zip code may not reflect what is listed in the organization's patient panel. This helps identify population concentrations across counties and provide insights into patient demographic distribution.*

Note: *Population is for Maryland, but maps will reflect your overall patient population.*



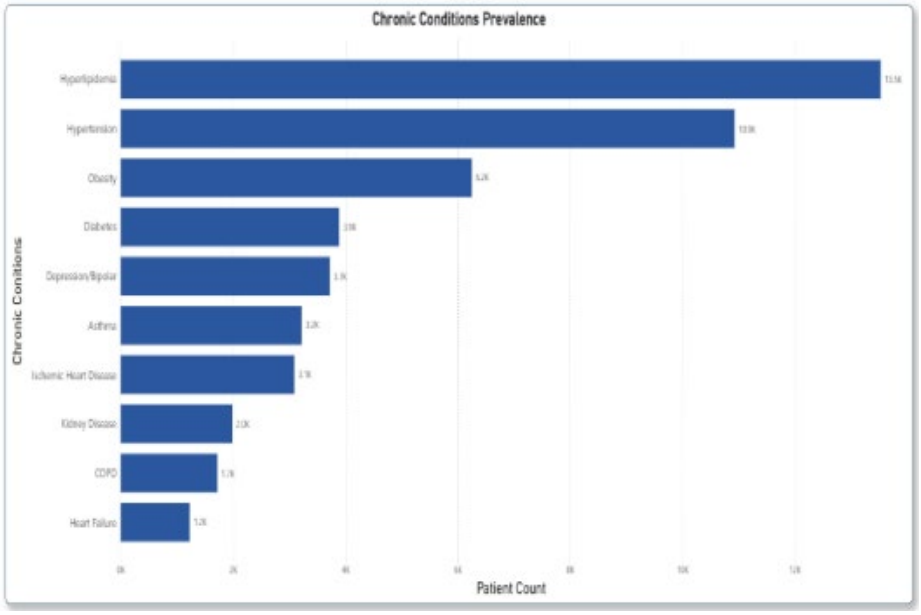
Filter by Drop-Down – Use the Location filter at the top of the report to view patients by county.

Interact Within the Map – Click directly on the highlighted areas within the map to zoom in and filter the dashboard by region. Hover over specific areas within the map to display patient count, zip code details, and additional details.

Chronic Conditions

The Chronic Condition chart displays a summary of the top 10 most prevalent chronic conditions within the patient population among the following list of conditions:

- Alzheimer's
- Asthma
- Breast Cancer
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Colorectal Cancer
- Depression, Bipolar, or Other Depression Mood Disorders
- Diabetes
- Endometrial Cancer
- Heart Failure and Non-Ischemic Heart Disease
- Hyperlipidemia
- Hypertension
- Ischemic Heart Disease
- Lung Cancer
- Non-Alzheimer's Dementia
- Obesity
- Prostate Cancer



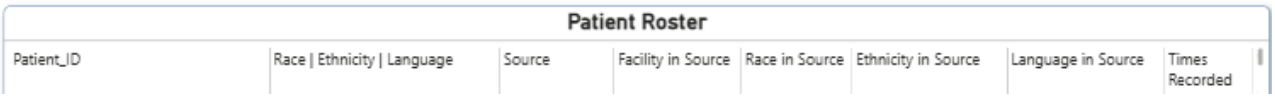
Filter Within the Chart – Click directly on any bar in the Chronic Conditions chart to filter the dashboard by that condition.

Patients are identified as having a chronic condition if they have received a diagnosis within the past two years, based on data from ADTs (Admit, Discharge, Transfer HL7 messages) and CCDs (Continuity of Care Documents). CCW - ICD CODES.

Patient Roster

The Patient Roster provides patient-level details for the attributed population. This view allows users to see individual records and support information drawn from ADT data sources including:

- **Patient ID** – Patient identifiers provided by the source using pipe delimiters, includes the patient's Full Name| Gender| Age.
- **Race| Ethnicity| Language** – Displays patient demographic data for REL derived from a specific HIE participating organization/facility.
- Source -
- **Facility in Source** – Reflects the facility where the ADT originated.
- **REL in Source** – Includes the frequency with which each source has included the same demographic response for the associated patient over the past two years.
- **Times Recorded** – Displays how often Race, Ethnicity, and Language (REL) values have been captured and recorded for the patient.



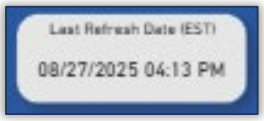
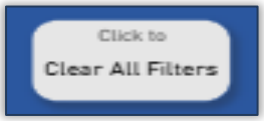
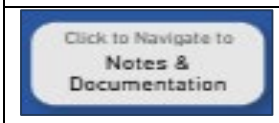
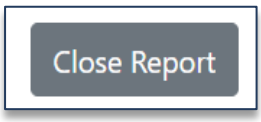
Filter by Drop-Down and Charts – Any filters applied at the top of the report will adjust the patient roster view to reflect the selected subgroup.

Patient Roster Details – Scroll or search within the roster to view specific patients and their associated details. ***Note***: Race| Ethnicity| Language (REL) is based on the CRISP Shared Service-sourced ADTs. The field labeled 'in source' represents data from the participating organization listed. This may result in discrepancy – For example, the 'Language in Source' field might indicate a patient is most frequently recorded as 'English' speaking, but the overall data field may determine the patient to be a 'Spanish' speaker because more ADT sources of data for the patient is considered.

Hospital Revisit Report

The **Hospital Revisit Report** explores patterns of readmissions within a defined timeframe after an initial hospital visit. It provides insights into hospital utilization, care transitions, and opportunities to reduce avoidable revisits. The following sections outline how to access the dashboard and apply filters to customize your view of the data.

The Navigation Buttons

	The Hospital Revisit Report is refreshed daily and is based on a two-year look back from the current date. Initial hospital visits from 33 days or earlier are excluded from the analysis to allow revisiting to be captured within that timeframe – leading to more accurate revisit rates.
	Use the **Clear All Filters** to reset all drop-down filters that have been applied within the report. This button does *not* reset filters applied by clicking directly on or within the charts.
	Use **Notes and Documentation to access** a data dictionary with key terms, definitions, and guidance to help users better understand and navigate specific areas of the dashboard.
	When users click on the Notes and Documentation page, the **Back to Report** button will be populated at the top right corner and can be used to return to the dashboard.
	The **Close Report** button at the bottom of the screen exits the report entirely.

Patient Count and Filters Options

- **Total Initial Hospital Visits:** A patient's hospital visit classified as either in-patient (I) admission or observation (OBS) stay within the reporting period.
- **Hospital Revisit Rate:** The revisit rate is calculated by dividing the number of revisits by the number of initial hospital visits. The percentages reflect patients who return to the hospital within 30 days of their initial visit.
- **Total Hospital Revisit:** A subsequent hospital visit occurs within 30 days of discharge from the initial hospital visit, regardless of patient class, including emergency (E), inpatient (I), and observation stay (OBS). Note: The revisit does not need to match the initial visit patient class (e.g., a patient discharged from an in-patient stay could return as an emergency (E) visit) but excluded outpatient visits.
- **Patient Count:** The number of identifiable patients within a panel as of the most recent refresh date.

Filtering Options

Any filters applied at the top of the report will adjust the patient roster view to reflect the selected subgroup.

- **Initial Hospital:** A patient's hospital visit classified as either in-patient (I) admission or observation (OBS) stay within the reporting period.
- **LTC (Long Term Care Facility) Name:** Displays whether a patient is admitted to an LTC within 30 days following their initial hospital visit. Admission data is collected from ADTs (Admit, Discharge, Transfer HL7 messages).
- **Revisit Within 2-30 Days:** This filter enables users to locate patients and their revisits within specific timeframes. Each category is exclusive:
  - **<48 hours:** Between 0-48 hours
  - **<72 hours:** Between 49-71 hours
  - **4-**7 days: Between 4-7 days
  - **8-**14 days: Between 8-15 days

- 15-30: Between 15-30 days

Note: Hospital visits classified as emergency, observation, or in-patient that occur within less than one day of a patient's initial discharge are considered transfers and are excluded from the revisit count.

- **Race:** Reflects the patient's most frequently reported response for race based on ADTs.

Discharge Disposition: Based on data from ADTs (Admit, Discharge, Transfer HL7 messages), this field indicates the patient's status or location following their initial hospital visit (e.g., Deceased, Home, SNF).

Revisit Patient Class: Allows users to view revisit data by patient class – Inpatient, Emergency, or Observation – to refine the dashboards to display only revisits associated with the selected option.

Ethnicity: Reflects the patient's most frequently reported response to ethnicity based on ADTs. For example, if a patient is recorded as 'Hispanic' five times and 'non-Hispanic' once, the patient will be categorized as 'Hispanic.'

Age Group: Presented in five-year increments (e.g., <1, 1-4, 9-14, and 85+ years; etc.) from the last refresh date.

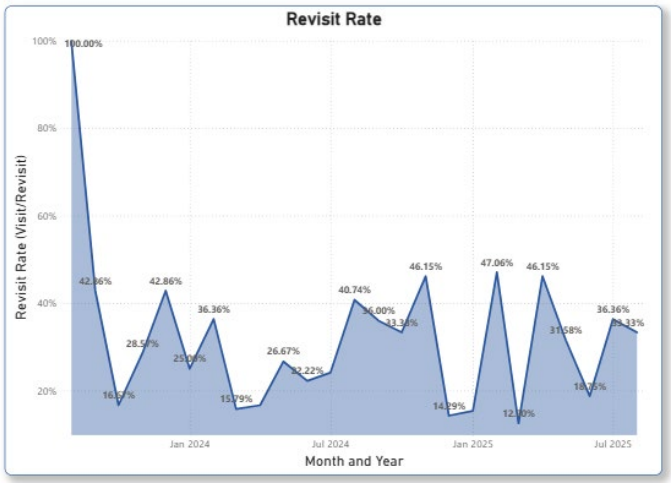
How to Navigate Charts

Revisit Rate

The Revisit Rate Chart displays the percentage of patients who returned to the hospital within 30 days of their previous visit. The revisit rate is calculated by dividing the number of revisits by the number of initial hospital visits. This metric provides valuable insight into care transitions and post-discharge follow-up.

How to Use the Chart:

Hover over or click any data point or line to view the total number of revisits and corresponding rate for that time period or subgroup.



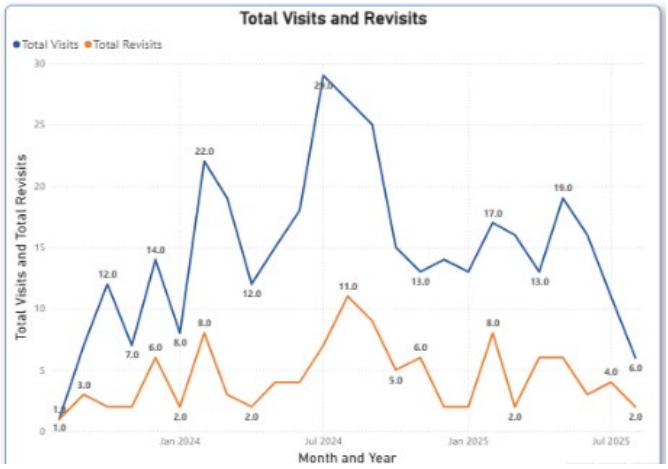
Drop-down filters: Use the drop-down filters at the top of the dashboard to further narrow their view and analyze specific patient populations.

Total Visits and Revisits

The Total Visits and Revisits chart provides a visual comparison between the overall number of hospital visits and the number of revisits over time.

The **blue** line represents total hospital visits each month and year.

The **orange** line represents revisits within 30 days of a prior discharge.



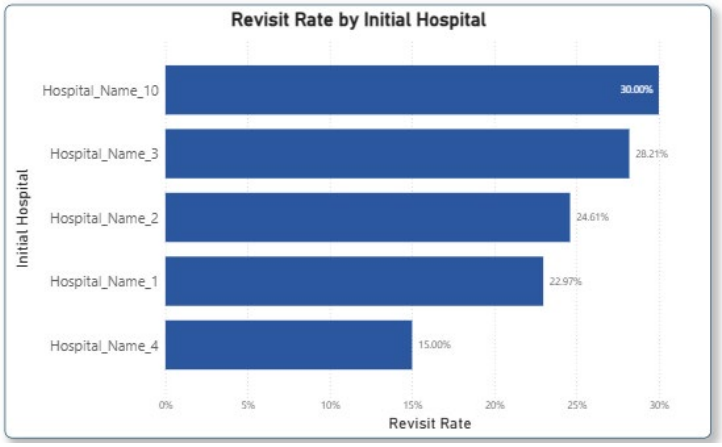
Comparing the blue and orange trends together can reveal meaningful insights, such as whether a rise in revisits corresponds to a spike in total visits or indicates potential challenges. Users can hover over or click one of the line points to view the exact counts for total visits and revisits for the timeframe.

Revisit Rate by Initial Hospital

The Revisit Rate by Initial Hospital chart displays the percentage of patients who returned to the hospital within 30 days of their initial discharge. The data is stratified by the facility where the original visit occurred. This view helps users compare performance across hospitals and identify facilities with higher or lower revisit rates, which may indicate differences in discharge practices, patient population needs, or care coordination follow-up.

How to Use the Chart:

Users can easily view hospital names and corresponding revisit rates. By clicking on a specific bar, the rest of the dashboard filters to reflect the demographic and condition data to that of the chosen hospital population.

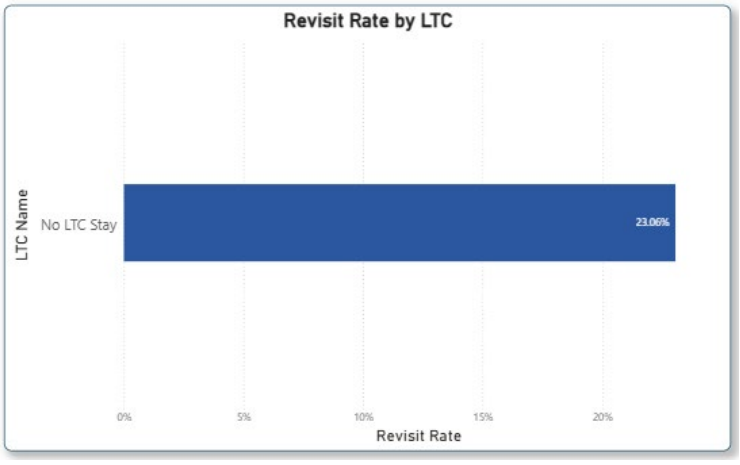


Revisit Rate by LTC

The Revisit Rate by LTC Facility chart displays the percentage of patients who returned to the hospital within 30 days of discharge from a specific long-term care (LTC) facility. Like the Revisit Rate by Initial Hospital chart, this view helps users analyze patterns and identify trends among LTC facilities where users can quickly determine which facilities have higher revisit rates that may warrant closer review or enhanced care coordination.

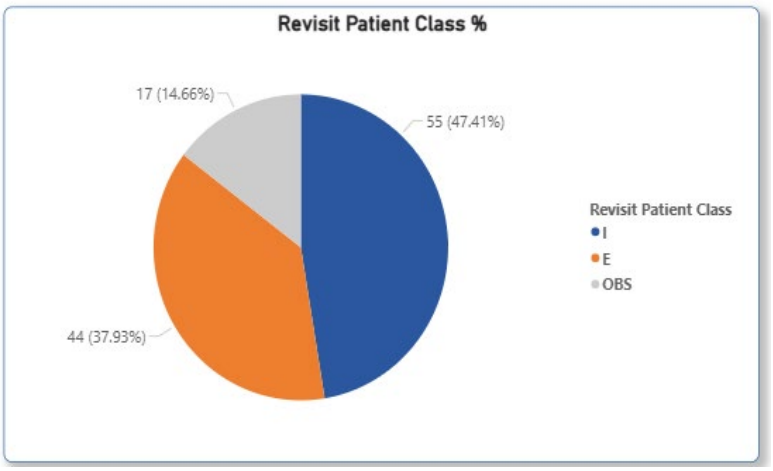
How to Use the Chart:

Users can easily view LTC facility names and corresponding revisit rates. By clicking on a specific bar, the rest of the dashboard filters to reflect the demographic and condition data to that of the chosen hospital population.



Revisit Patient Class %

The Revisit Patient Class % chart is presented as a pie chart that offers a unique perspective on the distribution of revisits across three patient classes: Inpatient, Emergency, and Observation. This visualization helps users quickly understand which care settings account for the highest proportion of revisits within the selected time frame, or applied filters.

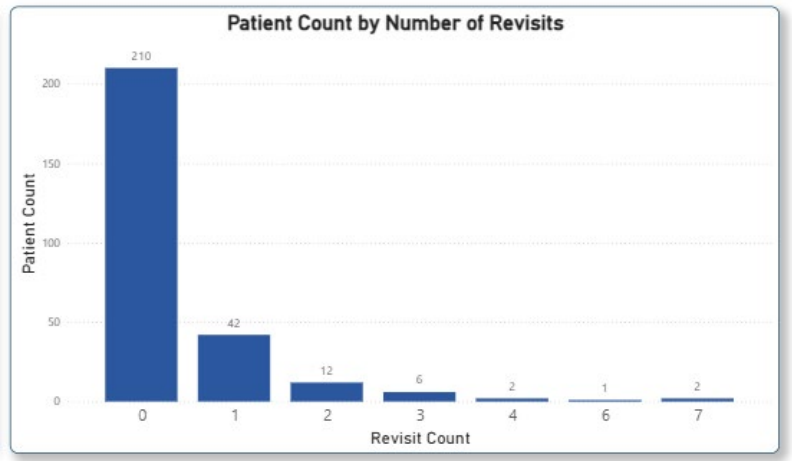


How to Use the Chart

By selecting a specific patient class, users can filter data within the corresponding dashboards allowing for further exploration of trends by the selected patient class.

Patient Count by Number of Revisits

The Patient Count by Number of Revisits chart represents the number of patients who have a specific number of revisits within the period of the last date of refresh. For example, there may be 200 patients with 2 revisits within the last refresh date providing a unique view into revisit frequency among patients.

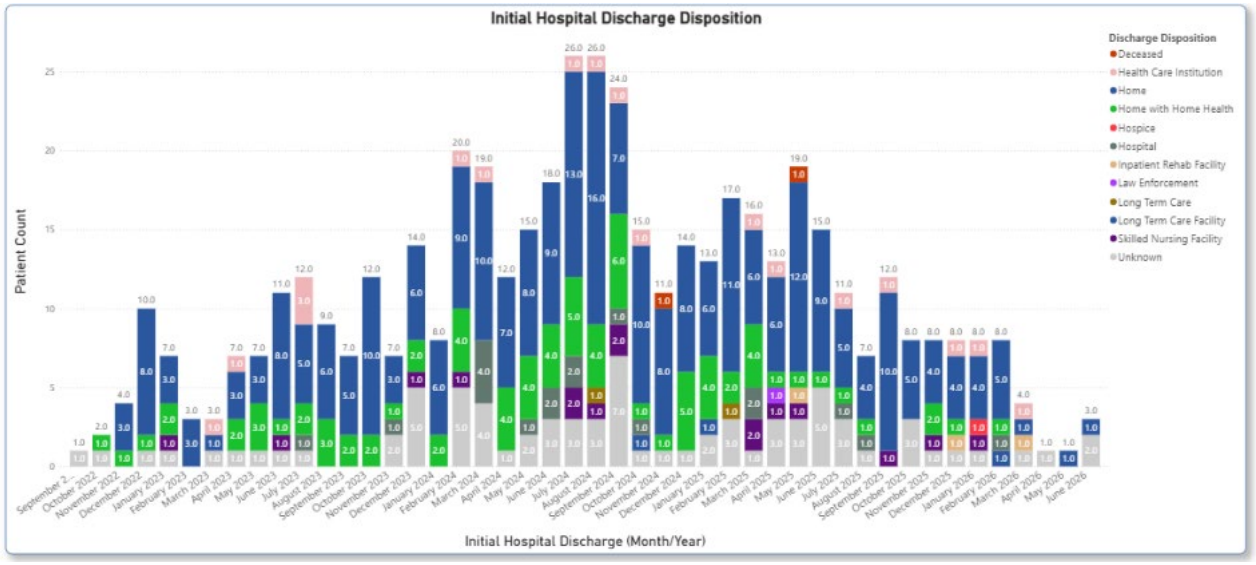


How to Use the Chart:

Users can manage hospital utilization of their patients based on the frequency of revisits within the time frame by clicking on a bar and filtering the subsequent charts highlighting the revisit count to view and monitor trends by hospital, LTC facility, or patient class. This chart can be used to prioritize high-frequency revisits.

Initial Hospital Discharge Disposition

The Initial Hospital Discharge Disposition displays how patients were discharged from their initial hospital visit. Each category stacked and grouped by month/year reflects the final disposition recorded at discharge.



How to Use the Chart:

By selecting a specific discharge category to filter related trends across other charts in the dashboard are highlighted., Users can better track hospital discharge disposition and identify patterns over time.

Patient Roster

The Patient Roster provides patient-level details for the attributed population. This view allows users to see individual records and support information drawn from ADT data sources including:

- **Initial Hospital Patient Class** – Indicates the type of encounter associated with the patient's initial hospital visit (e.g., Inpatient, Emergency, or Observation).
- **Initial Hospital Admit Date** – Displays the date the patient was admitted for their initial hospital encounter.
- **Initial Hospital Discharge Date** – Shows the date the patient was discharged from the initial hospital visit.

- **Initial Hospital** – Identifies the name of the hospital where the patient's initial admission occurred.
- **Initial Hospital Discharge Dx** – Represents the diagnosis code assigned at the time of discharge from the initial hospital visit.
- **Initial Hospital Dx Description** – Provides a description of the diagnosis code for the initial hospital discharge.
- **Initial Hospital LOS (Length of Stay) –** Calculates the total number of days between the initial admission and discharge dates.
- **LTC Admit Date** – Lists the date the patient was admitted to a long-term care (LTC) facility, if applicable.
- **LTC Discharge Date** – Shows the date the patient was discharged from the LTC facility, if applicable.
- **LTC Name** – Indicates the name of the long-term care facility where the patient received care.
- **Revisit Admit Date** – Indicates the date the patient was readmitted to the hospital for a subsequent visit following their initial discharge.
- **Revisit Discharge Date** – Show the date the patient was discharged from the hospital for their revisit occurrence of care.
- **Revisit Reason** – Provides the documented reason or context for the patient's hospital revisit (e.g., Diagnosis)
- **Revisit Discharge Dx Description** – Provides a brief description of the diagnosis code associated with the patient's most recent hospital revisit.