IFMC
HEALTH INFORMATION TECHNOLOGY
Regional Extension Center

Stage 1 - Meaningful Use Objectives & Associated Measures

FINAL RULE 14 Core Objectives – All are required for Hospitals			
No.	**Objective**	**Measure**	**New Threshold**
1	Record Patient Demographics	Gender, race, ethnicity, DOB, and preferred language as structured data. Preliminary cause of death in the event of a mortality.	50% of Admitted Patients
2	Record Vital Signs & Chart Changes	Height, weight, blood pressure, as structured data. BMI, and growth charts for children 2-20 years	50% of unique admitted patients age 2 and over
3	Maintain up-to-date Problem List of current and active diagnosis	One entry recorded or indication there is no known problem for patient as structured data	80% of unique admitted patients
4	Maintain Active Medication List	At least one entry recorded, or indication patient is not on any medications entered as structured data	80% of unique patients admitted to hospital
5	Maintain Active Medication Allergy List	One entry recorded as structured data or indication patient has no known allergies.	80% of all unique admitted patients
6	Record Smoking Status	Patients age 13 and older as structured data	50% of all unique admitted patients
7	Provide Patients with electronic copy of discharge instructions	Upon request at time of discharge	50% of discharged patients who request electronic copy
8	Electronic copy of health information, upon request	Including diagnostic test results, problem list, medication list, and medication allergies, d/c summary, and procedures	50% of unique patients within 3 business days of request
9	CPOE directly entered by licensed professional who can enter orders per state, local, and professional guidelines	Patients with at least one medication in their medication list must have at least one medication ordered through CPOE	30% unique patients admitted to hospital Medication orders only
10	Implement Drug-Drug and Drug-Allergy Interaction Checks	Enable functionality	Entire Reporting Period
11	Implement Ability to Exchange Key Clinical Information (Ex: Problem list, Medication list and allergies, diagnostic test results)	Electronically among providers and patient-authorized entities	At least 1 Test of Certified E.H.R.'s ability to electronically exchange information
12	Implement Clinical Decision Support and Track Compliance	One rule implemented and tracked compliance for a high priority hospital condition.	1 Rule
13	Protect Privacy and Security of Patient Data	Conduct/review a security risk analysis; implement security updates as necessaryand correct security deficiencies	During Reporting Period
14	Report Clinical Quality Measures	Measures to be submitted to CMS or stat; see listing later in this document	CY2011 provide aggregate numerator/denominator through attestation; CY2012 electronic submission of measures

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10 Menu Objectives – Hospitals must choose 5			
No.	**Objective**	**Measure**	**Threshold**
1	Implement Drug Formulary Checks	Must be implemented and must access at least one internal or external drug formulary	During Entire Reporting Period
2	Incorporate Clinical Lab Test Results into EHR	Incorporated as structured data – positive/negative or numerical format within the EHR	More than 40% of all eligible lab orders entered by provider for patient's admitted during reporting period
3	Generate Lists of patients by Condition	For use in quality improvement, reduction of disparities, research or outreach	Minimum of 1 List of patient's with a specific condition
4	Use EHR for Patient-Specific Education Resources	Provide patient specific education resources to patients, as appropriate	More than 10% of unique patient's admitted
5	Perform Medication Reconciliation	During transitions of care, transfer from another provider or facility or type of care.	More than 50% of transitions of care
6	Provide Summary of Care Record	Patients referred or transition to another provider or setting	More than 50%
7	Submission of Electronic Immunization Data to Immunization Registry or Information Systems*	Submit immunization data to registry or information system (if capable of accepting) in accordance with applicable law and practice.	At least 1 Test and follow up submission if the test is successful.
8	Electronic submission of Syndromic Surveillance Data*	Data submission and follow up submission if successful to Public Health agencies (where agencies can accept electronic data)	At least 1 Test with follow up submission if test is successful
9	Record Advanced Directives	Indicate if patients age 65 and older have an advanced directive	More than 50% of unique admitted patients
10	Submit electronic data on reportable (as required by state or local law) lab results to public health.*	In accordance with applicable law and practice submit reportable lab results to public health (if have capacity to receive such information electronically)	AT least 1 test with follow up submission if test is successful.

*At least 1 public health objective must be selected.

CLINICAL QUALITY MEASURES (Meaningful Use Core Objective #14)

1	Emergency Department Throughput – admitted patients median time from ED arrival to ED departure for admitted patients
2	Emergency Department Throughput – admitted patients – Admission decision time to ED departure time for admitted patients
3	Ischemic stroke – Discharge on anti-thrombotics
4	Ischemic stroke – Anticoagulation for A-fib/flutter
5	Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset
6	Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2
7	Ischemic stroke – Discharge on statins
8	Ischemic or hemorrhagic stroke – Stroke education
9	Ischemic or hemorrhagic stroke – Rehabilitation assessment
10	VTE prophylaxis within 24 hours of arrival
11	Intensive Care Unit VTE prophylaxis
12	Anticoagulation overlap therapy
13	Platelet monitoring on unfractionated heparin
14	VTE discharge instructions
15	Incidence of potentially preventable VTE

In Partnership with: The Office of the National Coordinator for Health Information Technology (ONC) U.S. Department of Health and Human Services grant 90RC0004/01. IA-HITREC-09/10-109