

**Attachment A:
Proposed Stage 1 Meaningful Use Criteria for Eligible Hospitals or
Critical Access Hospitals (CAHs)**

An eligible hospital or CAH must satisfy the following objectives and associated measures:

Objective	Measure
1. Use computerized provider order entry (CPOE) for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP).	CPOE is used for at least 10 percent of all orders.
2. Implement drug-drug, drug-allergy, drug-formulary checks	The eligible hospital or CAH has enabled this functionality.
3. Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT ®.	At least 80 percent of all unique patients admitted to an eligible hospital or CAH have at least one entry or an indication of none recorded as structured data.
4. Maintain active medication list.	At least 80 percent of all unique patients admitted by the eligible hospital or CAH have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data.
5. Maintain active medication allergy list.	At least 80 percent of all unique patients admitted to the eligible hospital or CAH have at least one entry (or an indication of “none” if the patient has no medication allergies) recorded as structured data.
6. Record the following demographics: (A) Preferred language. (B) Insurance type. (C) Gender. (D) Race. (E) Ethnicity. (F) Date of birth. (G) For eligible hospitals or CAHs, the date and cause of death in the event of mortality	At least 80 percent of all unique patients admitted to the eligible hospital or CAH have the specified demographics recorded as structured data.
7. Record the following: (A). Record and chart changes in the following vital signs: (1) Height. (2) Weight. (3) Blood pressure. (B) Calculate and display the body mass index	For at least 80 percent of all unique patients age 2 years or older admitted to the eligible hospital, record blood pressure and BMI and plot the growth chart for children age 2 to 20 years old.

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(BMI) for patients 2 years and older. (C) Plot and display growth charts for children 2 to 20 years including body mass index.	
8. Record smoking status for patients 13 years old or older.	At least 80 percent of all unique patients 13 years old or older admitted to the eligible hospital or CAH have “smoking status” recorded.
9. Incorporate clinical lab-test results into EHR as structured data.	At least 50 percent of all clinical lab tests results ordered by the authorized provider of the hospital during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
10. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research and outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.
11. Report hospital quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.	Successfully report to CMS (or, in the case of Medicaid eligible hospitals, the States) clinical quality measures in the form and manner specified by CMS.
12. Implement five clinical decision support rules relevant to specialty or high clinical priority, including for diagnostic test ordering, along with the ability to track compliance with those rules.	Implement five clinical decision support rules relevant to the clinical quality metrics reported under this subpart.
13. Check insurance eligibility electronically from public and private payers.	Insurance eligibility is checked electronically for at least 80 percent of all unique patients admitted to the eligible hospital or CAH.
14. Submit claims electronically to public and private payers.	At least 80 percent of all claims filed electronically by the eligible hospital or CAH.
15. Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, and procedures), upon request.	At least 80 percent of all patient requests for an electronic copy of their health information are provided it within 48 hours.

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16. Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request.	At least 80 percent of all patients who are discharged from an eligible hospital or CAH and who request an electronic copy of their discharge instructions and procedures are provided it.
17. Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, and diagnostic test results) among providers of care and patient-authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.
18. Perform medication reconciliation at relevant encounters and each transition of care.	Perform medication reconciliation for at least 80 percent of relevant encounters and transitions of care.
19. Provide summary care record for each transition of care and referral.	Provide summary of care record for at least 80 percent of transitions of care and referrals.
20. Capability to submit electronic data to immunization registries and actual submission where required and accepted.	Performed at least one test of certified EHR technology's capability to submit electronic data to immunization registries.
21. Capability to provide electronic submission of reportable lab results (as required by State or local law) to public health agencies and actual submission where it can be received.	Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which the eligible hospital submits such information have the capacity to receive the information electronically).
22. Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically).
23. Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) (HIPAA Security Rule) and implement security updates as necessary.

**Attachment B:
List of Medicare Proposed Stage 1 Meaningful Use Clinical Quality Measures**

Condition	Measure Name	Measure Currently Used for Pay-for-Reporting Program	Measure HQA-Adopted
Acute Myocardial Infarction/Heart Attack	Aspirin at discharge	Yes	Yes
	Beta-blocker at discharge	Yes	Yes
	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) for left ventricular systolic dysfunction (LVSD)	Yes	Yes
	Percutaneous Coronary Intervention (PCI) received within 90 minutes of arrival	Yes	Yes
	30 day hospital-specific readmission rate (risk-adjusted)	Yes	Yes
	30 day hospital-specific readmission rate (not risk-adjusted)	No	No
Heart Failure	30 day hospital-specific readmission rate (risk-adjusted)	Yes	Yes
	30 day hospital-specific readmission rate (not risk-adjusted)	No	No
Pneumonia	Blood culture performed prior to administration of first antibiotic(s)	Yes	Yes
	30 day hospital-specific readmission rate (risk-adjusted)	Yes	Yes
	30 day hospital-specific readmission rate (not risk-adjusted)	No	No
Surgical Care Improvement	Selection of antibiotic given to surgical patients	Yes	Yes
Emergency Department Throughput	Median time from ED arrival to ED departure for admitted patients	No	Yes
	Admission decision time to ED departure time for admitted patients	No	Yes
	Median time from ED arrival to ED departure for discharged patients	No	No
Stroke	Discharge on anti-thrombotics	No	Yes
	Anticoagulation for A-fib/flutter	No	Yes
	Thrombolytic therapy for patients arriving within 2 hours of symptom onset	No	Yes
	Anti-thrombotic therapy by day 2	No	Yes
	Discharge on statins	No	Yes
	Stroke education	No	Yes
	Rehabilitation assessment	No	Yes

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Venous Thromboembolism (VTE)	VTE prophylaxis within 24 hours of arrival	No	Yes
	ICU VTE prophylaxis	No	Yes
	Anticoagulation overlap therapy	No	Yes
	Platelet monitoring on unfractionated heparin	No	Yes
	VTE discharge instructions	No	Yes
	Incidence of potentially preventable VTE	No	Yes
Healthcare-Acquired Infections	Ventilator bundle	No	No
	Central line bundle compliance	No	No
	Ventilator-associated pneumonia rate for ICU and high-risk nursery patients	No	No
	Urinary catheter-associated urinary tract infection rate for ICU patients	No	No
	Central line catheter-associated blood stream infection rate for ICU and high-risk nursery patients	No	Yes
Global Readmissions Rates	All-cause, all-patient 30-day hospital-specific readmissions rate (risk-adjusted)	No	No
	All-cause, all-patient 30-day hospital-specific readmissions rate (not risk-adjusted)	No	No