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Hospital Meaningful Use Objectives

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Medicare Hospital Meaningful Use Objectives Stage 1

Meaningful Use Core Objectives

A Medicare Eligible Hospital and Critical Access Hospitals (CAHs) must meet all of the Core Set of Objectives to meet meaningful use. Three meaningful use core objectives have exclusions that can be taken as meeting the objective. For details and specifications on each objective, download the [CMS 1 Hospital Objectives TOC](#) (2014 Definition).

1. Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines

Measure: More than 30 percent of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.

Exclusions: None

2. Implement drug-drug and drug-allergy interaction checks

Measure: The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.

Exclusions: None

3. Maintain an up-to-date problem list of current and active diagnoses

Measure: More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Exclusions: None

4. Maintain active medication list.

Measure: More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Exclusions: None

5. Maintain active medication allergy list

Measure: More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Exclusions: None

6. Record all of the following demographics: Preferred language, Gender, Race, Ethnicity, Date of birth, Date and preliminary cause of death in the electronic medical record of mortality in the eligible hospital or CAH

Measure: More than 50 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.

Exclusions: None

7. Record and chart changes in the following vital signs: Height, Weight, Blood pressure, Calculate and display body mass index (BMI), Plot and display growth charts for children 2-20 years, including BMI

Measure: For more than 50 percent of all unique patients age 2 and over admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight, and blood pressure are recorded as structured data.

Exclusions: None

8. Record smoking status for patients 13 years old or older

Measure: More than 50 percent of all unique patients 13 years old or older or admitted to the eligible hospital's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.

Exclusions: Any eligible hospital or CAH that admits no patients 13 years or older to their inpatient or emergency department (POS 21 or 23).

9. Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule

Measure: Implement one clinical decision support rule.

Exclusions: None

10. Provide patients the ability to view online, download, and transmit information about a hospital admission.

Measure: More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the reporting period have their information available online, with the ability to view, download, and transmit to a third party information about a hospital admission, within 36 hours of discharge.

Exclusions: None

11. Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures) upon request

Measure: More than 50 percent of all patients of the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.

Exclusions: Any eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.

11. Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

Exclusions: None

Menu Objectives

Eligible Hospitals and CAHs must meet all but 5 of Menu Set Objectives, deferring the selected 5 for later stages. Of the objectives being used, you must include one public health objective #8, #9, or #10. Four of the ten objectives have exclusions that can be taken to meet the objective.

1. Implement drug formulary checks

Measure: The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.

Exclusion: None

2. Record advance directives for patient 65 years old or older

Measure: More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient (POS 21) have an indication of an advance directive status recorded as structured data.

Exclusion: An eligible hospital or CAH that admits no patients age 65 years old or older during the EHR reporting period.

3. Incorporate clinical lab test results into EHR as structured data

Measure: More than 40 percent of all clinical lab test results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 and 23) 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.

Exclusions: None

4. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach

Measure: Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.

Exclusions: None

5. Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate

Measure: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources.

Exclusions: None

6. The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation

Measure: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

Exclusions: None

7. The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider should provide summary care record for each transition of care or referral

Measure: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.

Exclusions: None

8. Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice

Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).

Exclusions: An eligible hospital or CAH that administers no immunizations during the EHR reporting period or where no immunization registry to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically.

9. Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission according to applicable law and practice

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information has the capacity to receive the information electronically).

Exclusions: No public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically.

10. Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information has the capacity to receive the information electronically).

Exclusions: No public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically.

