Stage 1 Criteria for Meaningful Use									
	Health Outcomes Policy Priority	Care Goals	Stage 1 Objectives		Stage 1 Certification Criteria		Stage 1 Measures	Business Sponsorship	Business Operational Ownership
			Eligible Professionals	Hospitals	Eligible Professionals	Hospitals			
1	Improving quality, safety, efficiency, and reducing health disparities	Provide access to comprehensive patient health data for patient's health care team Use evidence-based order sets and CPOE Apply clinical decision support at the point of care Generate lists of patients who need care and use them to reach out to patients Report information for quality improvement and public reporting	Use CPOE	Use of CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP)	Enable a user to electronically record, store, retrieve, and manage, at a minimum, the following order types: 1. Medications; 2. Laboratory; 3. Radiology/imaging; and 4. Provider referrals.	Enable a user to electronically record, store, retrieve, and manage, at a minimum, the following order types: 1. Medications; 2. Laboratory; 3. Radiology/imaging; 4. Blood bank; 5. Physical therapy; 6. Occupational therapy; 7. Respiratory therapy; 8. Rehabilitation therapy; 9. Dialysis; 10. Provider consults; and 11. Discharge and transfer.	For EPs, CPOE is used for at least 80% of all orders For eligible hospitals, CPOE is used for 10% of all orders	**Smart Chart Hospitals:** Mary O'Brien **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** Al Klewin **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** ???
2			Implement drug-drug, drug-allergy, drug-formulary checks	Implement drug-drug, drug-allergy, drug-formulary checks	1. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts at the point of care for drug-drug and drug-allergy contraindications based on medication list, medication allergy list, age, and CPOE. 2. Enable a user to electronically check if drugs are in a formulary or preferred drug list in accordance with the standard specified in Adopted Standard(s) to Support Meaningful Use Stage 1. 3. Provide certain users with administrator rights to deactivate, modify, and add rules for drug-drug and drug-allergy checking. 4. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.		The EP/eligible hospital has enabled this functionality	**Smart Chart Hospitals:** Mary O'Brien **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** Tom Woller **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** ???
3			Maintain an up-to date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT ®	Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT ®	Enable a user to electronically record, modify, and retrieve a patient's problem list for longitudinal care (i.e., over multiple office visits) in accordance with the applicable standards% specified in Adopted Standard(s) to Support Meaningful Use Stage 1.		At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry or an indication of none recorded as structured data	**Smart Chart Hospitals:** Mary O'Brien **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** Al Klewin **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** ???
4			Generate and transmit permissible prescriptions electronically (eRx)	No requirement	Enable a user to electronically transmit medication orders (prescriptions) for patients in accordance with the standards specified in Adopted Standard(s) to	No Associated Proposed Meaningful Use Stage 1 Objective	At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology	**Smart Chart Hospitals:** NA **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** NA	**Smart Chart Hospitals:** NA **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** NA
5			Maintain active medication list	Maintain active medication list	Enable a user to electronically record, modify, and retrieve a patient's active medication list as well as medication history for longitudinal care (i.e., over multiple office visits) in accordance with the applicable standard specified in Adopted Standard(s) to Support Meaningful Use Stage 1.		At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry (or an indication of "none" if the patient is not currently prescribed any medication) recorded as structured data	**Smart Chart Hospitals:** Mary O'Brien **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** Dr. .Kathy Leonhardt **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** ???
6			Maintain active medication allergy list	Maintain active medication allergy list	Enable a user to electronically record, modify, and retrieve a patient's active medication allergy list as well as medication allergy history for longitudinal care (i.e., over multiple office visits).		At least 80% of all unique patients seen, by the EP or admitted to the eligible hospital have at least one entry or (an indication of "none" if the patient has no medication allergies) recorded as structured data	**Smart Chart Hospitals:** Mary O'Brien **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** ??? **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** ???
7			Record demographics - preferred language - insurance type - gender - race	Record demographics - preferred language - insurance type - gender - race	Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, insurance type, gender, race, ethnicity, and date of	Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, insurance type, gender, race, ethnicity, date of	At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have demographics recorded as structured data	**Smart Chart Hospitals:** Mary O'Brien **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** Flo Mielcarek **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** ???
8			Record and chart changes in vital signs: - height - weight - blood pressure - Calculate and display: BMI - Plot and display growth charts for children 2-20 years, including BMI.	Record and chart changes in vital signs: - height - weight - blood pressure - Calculate and display: BMI - Plot and display growth charts for children 2-20 years, including BMI.	1. Enable a user to electronically record, modify, and retrieve a patient's vital signs including, at a minimum, the height, weight, blood pressure, temperature, and pulse. 2. Automatically calculate and display body mass index (BMI) based on a patient's height and weight. 3. Plot and electronically display, upon request, growth charts (height, weight, and BMI) for patients 2-20 years old.		For at least 80% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital record blood pressure and BMI; additionally plot growth chart for children age 2-20	**Smart Chart Hospitals:** Mary O'Brien **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** Flo Mielcarek **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** ???

Stage 1 Criteria for Meaningful Use

	Health Outcomes Policy Priority	Care Goals	Stage 1 Objectives		Stage 1 Certification Criteria		Stage 1 Measures	Business Sponsorship	Business Operational Ownership
			Eligible Professionals	Hospitals	Eligible Professionals	Hospitals			
9			Record smoking status for patients 13 years old or older	Record smoking status for patients 13 years old or older	Enable a user to electronically record, modify, and retrieve the smoking status of a patient to: current smoker, former smoker, or never smoked.		At least 80% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital have "smoking status" recorded	**Smart Chart Hospitals:** Mary O'Brien **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** Flo Mielcarek **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** ???
10			Incorporate clinical lab-test results into EHR as structured data	Incorporate clinical lab-test results into EHR as structured data	1. Electronically receive clinical laboratory test results in a structured format and display such results in human readable format. 2. Electronically display in human readable format any clinical laboratory tests that have been received with LOINC® codes.		At least 50% of all clinical lab tests ordered whose results are in a positive/negative or numerical format are incorporated in certified EHR technology as structured data	**Smart Chart Hospitals:** Mary O'Brien **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** ??? **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** ???
11			Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach	Enable a user to electronically select, sort, retrieve, and output a list of patients and patients' clinical information, based on user-defined demographic data, medication list, and specific conditions.		Generate at least one report listing patients of the EP or eligible hospital with a specific condition.	**Smart Chart Hospitals:** Mary O'Brien **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** Dr. Mike Malone **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** ???
12			Report ambulatory quality measures to CMS or the States	Report hospital quality measures to CMS or the States	1. Calculate and electronically display quality measure results as specified by CMS or states. 2. Enable a user to electronically submit calculated quality measures in accordance with the standard specified in Adopted Standard(s) to Support Meaningful Use Stage 1.		For 2011, provide aggregate numerator and denominator through attestation as discussed in section II(A)(3) of this proposed rule For 2012, electronically submit the measures as discussed in section II(A)(3) of this proposed rule	**System:** Patrick Falvey	**System AHC:** Jackie Gisch **System AAH:** John Banzhaf
13			Send reminders to patients per patient preference for preventive/ follow up care	No requirement	Electronically generate, upon request, a patient reminder list for preventive or follow-up care according to patient preferences based on demographic data, specific conditions, and/or	No Associated Proposed Meaningful Use Stage 1 Objective	Reminder sent to at least 50% of all unique patients seen by the EP that are age 50 or over	**Smart Chart Hospitals:** NA **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** NA	**Smart Chart Hospitals:** NA **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** NA
14			Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules	Implement 5 clinical decision support rules related to a high priority hospital condition, including diagnostic test ordering, along with the ability to track compliance with those rules	1. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) according to specialty or clinical priorities that use demographic data, specific patient diagnoses, conditions, diagnostic test results and/or patient medication list. 2. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts and care suggestions based upon clinical decision support rules and evidence grade. 3. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.	1. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) according to a high priority hospital condition that use demographic data, specific patient diagnoses, conditions, diagnostic test results and/or patient medication list. 2. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts and care suggestions based upon clinical decision support rules and evidence grade. 3. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.	Implement 5 clinical decision support rules relevant to the clinical quality metrics the EP/Eligible Hospital is responsible for as described further in section II(A)(3).	**Smart Chart Hospitals:** Mary O'Brien **AMG:** NA **AAH Clinic:** NA **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** Al Klewin **AMG:** NA **AAH Clinic:** NA **Epic Hospitals:** ???
15			Check insurance eligibility electronically from public and private payers	Check insurance eligibility electronically from public and private payers	Enable a user to electronically record and display patients' insurance eligibility, and submit insurance eligibility queries to public or private payers and receive an eligibility response in accordance with the applicable standards specified in Adopted Standard(s) to Support		Insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP or admitted to the eligible hospital	**Smart Chart Hospitals:** Mary O'Brien **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** ??? **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** ???
16			Submit claims electronically to public and private payers.	Submit claims electronically to public and private payers.	Enable a user to electronically submit claims to public or private payers in accordance with the applicable standards specified in Adopted Standard(s) to Support Meaningful Use Stage 1.		At least 80% of all claims filed electronically by the EP or the eligible hospital	**Smart Chart Hospitals:** Business Office ? **AMG:** ? **AAH Clinic:** ?	**Smart Chart Hospitals:** Business Office ? **AMG:** ? **AAH Clinic:** ?
17	Engage patients and families in their health care	Provide patients and families with timely access to data,	Provide patients with an electronic copy of their health information (including diagnostic test results,	Provide patients with an electronic copy of their health information (including diagnostic test results,	Enable a user to create an electronic copy of a patient's clinical information, including, at a	Enable a user to create an electronic copy of a patient's clinical information, including, at a	At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours	**System:** Cathy Ptak	**System:** Cathy Ptak

Stage 1 Criteria for Meaningful Use									
	Health Outcomes Policy Priority	Care Goals	Stage 1 Objectives		Stage 1 Certification Criteria		Stage 1 Measures	Business Sponsorship	Business Operational Ownership
			Eligible Professionals	Hospitals	Eligible Professionals	Hospitals			
18		knowledge, and tools to make informed decisions and to manage their health	No requirement	Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request	No Associated Proposed Meaningful Use Stage 1 Objective	Enable a user to create an electronic copy of the discharge instructions and procedures for a patient, in human readable format, at the time of discharge to provide to a patient on electronic media, or through some other electronic means.	At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it	**System:** Cathy Ptak	**System:** Cathy Ptak
19			Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP	No requirement	Enable a user to provide patients with online access to their clinical information, including, at a minimum, lab test results, problem list, medication list, medication allergy list, immunizations, and procedures.	No Associated Proposed Meaningful Use Stage 1 Objective	At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information	**System:** Cathy Ptak	**System:** Cathy Ptak
20			Provide clinical summaries for patients for each office visit	No requirement	1. Enable a user to provide clinical summaries to patients (in paper or electronic form) for each office visit that include, at a minimum, diagnostic test results, medication list, medication allergy list, procedures, problem list, and immunizations. 2. If the clinical summary is provided electronically (i.e., not printed), it must be provided in: 1) human readable format; and 2) accordance with the standards% specified in Adopted Standard(s) to Support Meaningful Use Stage 1 to provide to a patient on electronic media, or through some other electronic means.	No Associated Proposed Meaningful Use Stage 1 Objective	Clinical summaries are provided for at least 80% of all office visits	**System:** Cathy Ptak	**System:** Cathy Ptak

Stage 1 Criteria for Meaningful Use

#	Health Outcomes Policy Priority	Care Goals	Stage 1 Objectives – Eligible Professionals	Stage 1 Objectives – Hospitals	Stage 1 Certification Criteria – Eligible Professionals	Stage 1 Certification Criteria – Hospitals	Stage 1 Measures	Business Sponsorship	Business Operational Ownership
21	Improve care coordination	Exchange meaningful clinical information among professional health care team	Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	1. Electronically receive a patient summary record, from other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures and upon receipt of a patient summary record formatted in an alternative standard specified in Adopted Standard(s) to Support Meaningful Use Stage 1, displaying it in human readable format. 2. Enable a user to electronically transmit a patient summary record to other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in accordance with the standards% specified in Adopted Standard(s) to Support Meaningful Use Stage 1.	1. Electronically receive a patient summary record, from other providers and organizations including, at a minimum, discharge summary, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures and upon receipt of a patient summary record formatted in an alternative standard specified in Adopted Standard(s) to Support Meaningful Use Stage 1, displaying it in human readable format. 2. Enable a user to electronically transmit a patient summary record, to other providers and organizations including, at a minimum, discharge summary, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in accordance with the standards% specified in Adopted Standard(s) to Support Meaningful Use Stage 1.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information	**System:** Andy Catanzaro	**System:** Andy Catanzaro
22			Perform medication reconciliation at relevant encounters and each transition of care	Perform medication reconciliation at relevant encounters and each transition of care	Electronically complete medication reconciliation of two or more medication lists (compare and merge) into a single medication list that can be electronically displayed in real-time.		Perform medication reconciliation for at least 80% of relevant encounters and transitions of care	**Smart Chart Hospitals:** Mary O'Brien **AMG:** Brent Philips **AAH Clinic:** Jim Hinnenthal **Epic Hospitals:** Len Wilk	**Smart Chart Hospitals:** Dr. .Kathy Leonhardt **AMG:** Mary Beth McDonald **AAH Clinic:** ??? **Epic Hospitals:** ???
23			Capability to exchangekey clinical information (for example problem list, medication list, allergies, diagnostic test results)	Capability to exchange keyclinical information (for example discharge summary, procedures, problem list, medication list, allergies, diagnostic	1. Electronically receive a patient summary record, from other providers and organizations including, at a minimum, diagnostic	1. Electronically receive a patient summary record, from other providers and organizations including, at a minimum, discharge	Provide summary of care record for at least 80% of transitions of care and referrals	**System:** Andy Catanzaro	**System:** Andy Catanzaro
24	Improve population and public health	Communicate with public health agencies	Capability to submit electronic data to immunization registries and actual submission where required and accepted	Capability to submit electronic data to immunization registries and actual submission where required and accepted	Electronically record, retrieve, and transmit immunization information to immunization registries in accordance with the standards% specified in Adopted Standard(s) to Support Meaningful Use Stage 1 or in accordance with the applicable state-designated standard format.		Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries	**System:** Jackie Gisch	**System:** Jackie Gisch
25			No requirement	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	No Associated Proposed Meaningful Use Stage 1 Objective	Electronically record, retrieve, and transmit reportable clinical lab results to public health agencies in accordance with the standards% specified in Adopted Standard(s) to Support Meaningful Use Stage 1.	Performed at least one test of the EHR system's capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically)	**System:** Jackie Gisch	**System:** Jackie Gisch
26			Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Electronically record, retrieve, and transmit syndrome-based (e.g., influenza like illness) public health surveillance information to public health agencies in accordance with the standards specified in Adopted Standard(s) to Support Meaningful Use Stage 1.		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 an EP or eligible hospital submits such information have the capacity to receive the information electronically)	**System:** Jackie Gisch	**System:** Jackie Gisch

Stage 1 Criteria for Meaningful Use

	Health Outcomes Policy Priority	Care Goals	Stage 1 Objectives		Stage 1 Certification Criteria		Stage 1 Measures	Business Sponsorship	Business Operational Ownership
			Eligible Professionals	Hospitals	Eligible Professionals	Hospitals			
27	Ensure adequate privacy and security protections for personal health information	Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law. Provide transparency of data	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	1. Assign a unique name and/or number for identifying and tracking user identity and establish controls that permit only authorized users to access electronic health information. 2. Permit authorized users (who are authorized for emergency situations) to access electronic health information during an emergency 3. Terminate an electronic session after a predetermined time of inactivity. 4. Encrypt and decrypt electronic health information according to user-defined preferences (e.g., backups, removable media, at log-on/off) in		Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary	**System:** Carrie Killoran	**System:** Peg Schmidt (Privacy) Fred Mikolajewski (Security)

Row #	Purpose	Adopted Standard
1	***General Encryption and Decryption of Electronic Health Information***	A symmetric 128 bit fixed-block cipher algorithm capable of using a 128, 192, or 256 bit encryption key must be used (e.g., FIPS 197 Advanced Encryption Standard, (AES), Nov 2001).
2	***Encryption and Decryption of Electronic Health Information for Exchange***	An encrypted and integrity protected link must be implemented (e.g., TLS, IPv6, IPv4 with IPsec).
3	***Record Actions Related to Electronic Health Information (i.e., audit log)***	The date, time, patient identification (name or number), and user identification (name or number) must be recorded when electronic health information is created, modified, deleted, or printed. An indication of which action(s) occurred must also be recorded (e.g., modification).
4	***Verification that Electronic Health Information has not been Altered in Transit***	A secure hashing algorithm must be used to verify that electronic health information has not been altered in transit. The secure hash algorithm used must be SHA-1 or higher (e.g., Federal Information Processing Standards (FIPS) Publication (PUB) Secure Hash Standard (SHS) FIPS PUB 180-3).
5	***Cross-Enterprise Authentication***	Use of a cross-enterprise secure transaction that contains sufficient identity information such that the receiver can make access control decisions and produce detailed and accurate security audit trails (e.g., IHE Cross Enterprise User Assertion (XUA) with SAML identity assertions).
6	***Record Treatment, Payment, and Health Care Operations Disclosures***	The date, time, patient identification (name or number), user identification (name or number), and a description of the disclosure must be recorded.

	Updated 3/24/10						
Aurora Gap Analysis				**Aurora Projects**			
Eligible Professionals - AMG	**Hospitals - Cerner**	**Hospitals - EPIC**	**Eligible Professionals - AAH**	**Eligible Professionals - AMG**	**Hospitals - Cerner**	**Hospitals - EPIC**	**Eligible Professionals - AAH**
Ambulatory Orders in pilot stage currently.	Meet with CPOE implementation: Current sites implemented with CPOE have an adoption rate well over 10% (Amy Olson)	Use Order Entry, Order Sets, and other Epic ordering features.	Meet with Current State.		OrderSet Development (Dan Mumm) Summit Hospital Opening (Bill Demeter) ASLSS Deployment (Lori DuPont) ASLMC Deployment (Mary Pat Bergersen) ASDT Deployment (TBD - Amy Olson)	Implement hospital-specific order sets and other tools as part of Grafton Inpatient project.	None planned.
Meet with Current State: Drug-drug and drug-allergy. Currently, drug-drug and drug-allergy notifications are sent to physician/nursing caregivers at the time medication order is placed. Not currently satsified: Drug-formulary checks. Functionality not available in Cerner currently. Expected in 2007.19.08 release.	Meet with Current state: Currently, drug-drug interactions are on-line real time notifications to pharmacists at the time of order entry. Drug-allergy interactions are also real time on-line notifications to pharmacists at the time of order entry. Drug-drug and drug-allergy alerts are both turned on for provider position and advance practice providers with CPOE. For the drug formulary checks we have a standardized formulary and a system P&T that outlines what is available for medication orders. Non-formulary medications are monitored. I think with the systems in place we would meet the criteria for inpatient. (Patti Farrington) NEED: Multum report of what fired	Meet with current state. (Import interaction data from a third-party vendor (Medi-Span) and turn on interaction checking.)	Meet with Current State.		None planned	None planned.	None planned.
Current functionality exists to meet requirements. Ability to satisfy requirements is dependent on increased and maintained adoption.	Meet with Problem list implementation and focus on adoption: History of use in the clinics is not well adopted, but has not been deployed to hospital physicians. Plan is to train physicians as part of an integrated workflow for CPOE, Problems, Histories and Medication	Meet with current state. (Use the Problem List activity or navigator section.)	Meet with Current State.		Summit Hospital Opening (Bill Demeter) ASLSS Deployment (Lori DuPont) ASLMC Deployment (Mary Pat Bergersen) ASDT Deployment (TBD - Amy Olson)	None planned.	No IT projects planned; will work with business to verify and improve adoption.
Awaiting Cerner 2007.19.08 code.	No Hospital Requirement	n/a	Meet with Current State.		None planned	n/a	No IT projects planned; will work with business to verify and improve adoption.
Current functionality exists to meet requirements. Ability to satisfy requirements is dependent on increased and maintained adoption.	Meet with AEM implementation: Current sites implemented verify and update the on-line medication list within the electronic health record. (Rob Raschke) NEED: How are we indicating "none"	Use the Medication Document navigator section to update and record prior admission medications. Use the Medication Reconciliation navigator sections to update the medication list throughout the admission and at discharge. Use the Patient Summary report to view the active medication list.	Meet with Current State.		AEM Deployments (Laura Ried)	Implement as part of Grafton Inpatient project.	No IT projects planned; verify adoption through reporting.
Meet with Current State: Currently all hospital patients admitted have their allergies verified and updated within the electronic health record.	Meet with Current State: Currently all hospital patients admitted have their allergies verified and updated within the electronic health record (Amy Olson)	Use the Allergies activity or navigator section.	Meet with Current State.		None planned	None planned.	New Allergy Activity will be implemented with Summer 2009 IU3 upgrade; clearly differentiates allergies from medication side effects.
Have ability to capture all fields in GE/IDX except Ethnicity. Race and Language are not required fields	Gap/Need: Currently we collect all the required data except cause of death in the event of mortality. Solution: This would require us to add a field in the deceased conversation to comply, the PAS team will initiate an effort to deliver this	Document all required demographics during initial patient creation and registration. Verify insurance type at admission or during pre-registration.	Not capturing all required information.		ERM Updates for Cause of Death (Gary Wolff)	Implement as part of Grafton Inpatient project.	Update registration forms and workflows as needed to include all required data items. Staff training; reports to verify adoption.
Meet with Current State (?) Need validation on ability to graph pediatric BMI	Meet with Current State for Adults: Current state is to auto calculate BMI with height and weight documentation. All other values are required documentation for nursing. Gap/Need for Pediatrics: BMI calculations do not occur automatically for hospitalized pediatric patients; The pediatric growth chart is not "turned on" for pediatric inpatients but is functionally available in our code. Solution: Work with system standardization groups for pediatrics and to standardize the process. Flo Mielcarek as the Clinical Adoption/Transformation Lead for Nursing will drive this effort. (Flo Mielcarek)	Use the Documentation Flowsheets activity to capture vital signs. Use Growth Charts activity for patients between ages 2 and 20.	Workflow modifications needed to obtain height at recommended intervals and to document BMI at encounters.		Growth Chart for Pediatrics (Judy Burke)	Implement as part of Grafton Inpatient project.	Workflow redesign, staff training, reports to verify adoption.

	Updated 3/24/10						
Aurora Gap Analysis				**Aurora Projects**			
Eligible Professionals - AMG	**Hospitals - Cerner**	**Hospitals - EPIC**	**Eligible Professionals - AAH**	**Eligible Professionals - AMG**	**Hospitals - Cerner**	**Hospitals - EPIC**	**Eligible Professionals - AAH**
Meet with Current State: Documented in ad hoc charting. An Ambulatory Care Management initiative.	Meet with Current State: Currently smoking status is a required field for age 5 and older. All hospital units are documenting the Admission Database which has smoking status as a required documentation field. (Flo Mielcarek)	Meet with current state. (Use the Tobacco Use fields in the History activity or navigator section during admission history assessments.)	Meet with Current State.		None planned	None planned.	None planned.
Meet with Current State.	Meet with Current State: Currently hospital lab data is interfaced into the electronic health record (Amy Olson)	Use a lab interface to document all lab results through result components. Use the Enter/Edit Results activity for point of care test results.	Fully implemented; exceptions are non-discrete data returned from ACL, and some data entered via Back Office data entry.		None planned	Implement as part of Grafton Inpatient project.	None planned.
Meet with Current State: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach: (screen images Appendix D) 1. Diabetes - percent of patients with A!C < 7.0	Meet with Current State: Currently provide multiple reports by population. Specific example would be ACE Tracker used in Discharge Planning rounds and in conference with other disciplines and physicians. Additional examples, CMS trackers.	Use the Patient Lists activity to generate list of patients based on a variety of indicators. Use Reporting Workbench to generate ad hoc lists of admitted patients meeting a range of clinical criteria.	Meet with Current State.		None planned	Implement as part of Grafton Inpatient project.	None planned.
Believe meet with current state. Validate with Care Management (J Gisch)	Meet with Current State: Currently submit CMS and Premier measures to CMS via Premier (Amy Olson)	Use Epic's measures reporting tools.	Continue reporting PQRI and implement new Epic measures reporting tools (coming with Summer 2009 IU3 upgrade.)		None planned	Implement as part of Grafton Inpatient project.	Implement Epic's measures reporting tools.
Needs investigation GE/IDX provides reminder letters, but subject to reminder appointment having been scheduled.	No Hospital Requirement	n/a	Reminder letters fully implemented. Epic Summer 2009 IU3 will facilitate recording patient preference for receiving follow-up messages and reminders.		None planned	n/a	Develop workflow for collection of patient messaging preference. Possibly implement MyAHChart Preventative Care reminders and email alerts.
Meet with Adoption: Currently not all clinic providers have alerts activated. There are 5 clinical decision support rules that function for providers in the clinic out-patient setting (2 confirmed, 3 need investigation) **1. Diabetes** **2. Asthma** 3. Renal insufficiency 4. Influenza 5. Hypertension 6. hyperlipidemia (Mike Gorczyniski)	Meet with CPOE Implementation: Following are 10 Clinical decision support rules that are functional for patients admitted with a hospital admission encounter under CPOE: 1. Systemic tPA checklist 2. Sepsis patient eligibility for treatment with Drotregogin alpha 3. Completion of blood/blood component Consent/Indications form 4. Appropriate antibiotics for community acquired pneumonia 5. Prompt to evaluate oxygenization for community acquired pneumonia 6. Prompt to evaluate blood cultures for community acquired pneumonia 7. Suggestion to order ACE inhibitor for patients with acute myocardial infarction 8. Suggestion to order statin therapy for patients with acute myocardial infarction 9. Suggestion to order aspirin for patients with acute myocardial infarction 10. Suggestion to order fibrinolytic/thrombolytic therapy for patients with acute myocardial infarction (Mike Gorczynski) NEED: How many are "pop-up", how do we report?	Implement five Best Practice Advisories relevant to reporting measures.	Fully implemented. (Compile or obtain a list of implemented rules.)		Summit Hospital Opening (Bill Demeter) ASLSS Deployment (Lori DuPont) ASLMC Deployment (Mary Pat Bergersen) ASDT Deployment (TBD - Amy Olson)	Implement as part of Grafton Inpatient project.	None planned.
	Meet with Current State (Amy Olson) NEED: Is there a record of this?	Send eligibility queries and track responses from Epic through a third-party eligibility network.	270/271 eligibility interface implemented with T-19; implementation in progress for United Health Care.		None planned	Implement as part of Grafton Inpatient project.	Implement 270/271 eligibility interface for Medicare and other payors.
Meet with Current State.	Meet with Current State (Amy Olson)	Use standard claims functionality to submit claims in the HIPAA regulated format.	Meet with Current State.		None planned	Implement as part of Grafton Inpatient project.	None planned.
Gap/Need:	Gap/Need: Currently do not have a mechanism to generate an electronic copy for the patient. Solution: Implement Cerner's Clinical Reporting XR.	Use the Save to File feature to save an electronic copy of the information.	Meet with Current State.		Clinical Reporting XR (Laura Hansen)	Work with HIM ROI group to develop process for releasing electronic copies of records to patients when requested.	Work with HIM ROI group to develop process for releasing electronic copies of records to patients when requested.

	Updated 3/24/10						
Aurora Gap Analysis				Aurora Projects			
Eligible Professionals - AMG	**Hospitals - Cerner**	**Hospitals - EPIC**	**Eligible Professionals - AAH**	**Eligible Professionals - AMG**	**Hospitals - Cerner**	**Hospitals - EPIC**	**Eligible Professionals - AAH**
No Clinic requirement	Gap/Need: Currently it appears that we collect and document the required information in the Depart Process. Where we fall short is in the ability to provide an electronic copy of their discharge information. Solution: It looks like this is available in 2007.19 but we have not had enough experience with the code yet to determine if it truly works. (Gary Wolf) OR Solution: Implement Cerner's Clinical Reporting XR. (Rob Raschke)	Use the Discharge Instructions section of the Discharge Navigator to update instructions and the Print to File feature to save an electronic copy of the After Visit Summary (AVS.) The AVS appears in MyChart a the time of discharge.	No Clinic Requirement		Hospital Depart - Electronic Summary (Gary Wolf) OR Clinical Reporting XR (Laura Hansen)	Implement as part of Grafton Inpatient project.	None planned.
Meet some requirement via MyAurora. (Investigation needed w/ D Wesenburg)	No Hospital Requirement	n/a	Meet with Current State.		None planned	n/a	Continue to agressively market MyAHChart to patients.
Investigating use of Depart Proces or Clinical XR.	No Hospital Requirement	n/a	Meet with Current State.		None planned	n/a	Increase adoption of After Visit Summary printing by patient care; modify department AVSs as needed.; reports to verify adoption.

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Aurora Gap Analysis				Aurora Projects			
Eligible Professionals - AMG	**Hospitals - Cerner**	**Hospitals - EPIC**	**Eligible Professionals - AAH**	**Eligible Professionals - AMG**	**Hospitals - Cerner**	**Hospitals - EPIC**	**Eligible Professionals - AAH**
Project to be defined (Duane Wesenburg)	Project to be defined (Duane Wesenburg)	Extend EpicCare Ambulatory access to affiliates. Implement Care Everywhere to exchange information with Cerner and with other organizations.	Need Epic's Care Everywhere product or an HIE solution.		TBD - Duane Wesenburg	Implement as part of Grafton Inpatient project.	Implement Care Everywhere or an HIE solution.
Current functionality exists to meet requirements. Ability to satisfy requirements is dependent on increased/maintained adoption.	Gap/Need: Need streamlined workflow and tools for medication reconciliation to ensure adoption. Solution: Implement full electronic medication reconciliation including ability to convert prescriptions to inpatient medication orders and vise versa. (Rob Raschke)	Use Medication Reconciliation navigators. Use Care Everywhere to obtain medication lists from outside organizations when patient care is transitioned to your organization.	Meet with Current State within AAH; use Care Everywhere or an HIE to obtain medication lists from outside organizations when patient care is transitioned to AAH.		Medication Reconciliation (Dan Mumm)	Implement as part of Grafton Inpatient project.	Implement Care Everywhere or an HIE solution.
	Project to be defined (Duane Wesenburg)	Implement Care Everywhere, with connectivity to those outside organizations making up the bulk of your external transitions of care, both inbound and outbound. Print referral letters, including a summary care record.	Implement Care Everywhere or HIE, with connectivity to those outside organizations making up the bulk of AAHs external transitions of care, both inbound and outbound. Print referral letters		TBD - Duane Wesenburg	Implement as part of Grafton Inpatient project.	Implement Care Everywhere or an HIE solution.
	Meet with Current State: Currently submit Hospital Immunizations (limited set) to WIR on a regular schedule (batch) (Amy Olson)	Meet with current state. (Use the Immunizations activity or MAR and interface to send data to immunization registries.)	Meet with Current State: Currently submit Clinic immunizations to WIR on a regular batch schedule.		None planned	None planned.	None planned.
No Clinic requirement	Meet with Current State: Currently submitting all labs for hospital departments/units to CDC (via BioSense) and to the Milwaukee Health Department. Additionally Lab sends data out (more info to come from Sandy Butchli) (Jackie Gish)	Discuss the needs of specific agencies with Epic representatives to determine appropriate solutions.	No Clinic Requirement		None planned	Implement as part of Grafton Inpatient project.	None planned.
Not clear what syndromic surveillance data is.. Jackie Gish checking with BioSense.	Meet with Current State: Currently submitting the following to CDC (via BioSense): Botulism-like Fever Gastrointestinal Hemorrhagic Illness Localized Cutaneous Lesion Lympadenitis Neurological Rash Respiratory Severe Illness or Death Specific Infection All Visits (Rob Raschke)	Discuss the needs of specific agencies with Epic representatives to determine appropriate solutions.	Have thus far received no requests for this data; determine whether any local health agencies are prepared to accept electronica data from us.		None planned	Implement as part of Grafton Inpatient project.	

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Aurora Gap Analysis				Aurora Projects			
Eligible Professionals - AMG	Hospitals - Cerner	Hospitals - EPIC	Eligible Professionals - AAH	Eligible Professionals - AMG	Hospitals - Cerner	Hospitals - EPIC	Eligible Professionals - AAH
Project to be defined (Fred Mikolajewski)	Project to be defined (Fred Mikolajewski)	Project to be defined (TBD)	Project to be defined (Brian Nowatske)		TBD - Fred Mikolajewski	TBD	TBD - Brian Nowatske