FUNCTIONALITY Criteria
For 2007 Certification of Inpatient EHRs
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For initial Inpatient EHR certification, CCHIT is offering two test configurations. Test Configuration 1 includes CPOE and eMAR and is intended for vendors with a product suite addressing both processes. Test Configuration 2 is designed to make certification available for vendors whose product suite addresses electronic medication administration, but not clinician electronic order writing and medication reconciliation. The inpatient criteria below addresses both test configurations, first listed is Configuration 1, and in rows directly below Configuration 1 are the criteria included in the certification process for addressing electronic medication administration, which is Configuration 2.

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1.01	New	IF	1. Patient Demographics and Administrative Information Provide patient demographics (i.e., name, age, date of birth, and gender) and administrative information (i.e., bed assignment) needed for CPOE and eMAR.	The system shall provide the ability to access demographic information needed for clinician ordering, verification and medication administration.	CCHIT Amb Criteria										N			For example, name, age, date of birth, and gender.	X	
1.02	1.3.3	IF	1. Patient Demographics and Administrative Information	The system shall provide the ability to query a patient by alternate forms of identification.	S.1.4.2										N			The choice of alternate forms of identification is flexible, and there can be more than one. For example, first name, date of birth, social security number, or medical record number.	X	
1.03	1.2.1	IF	1. Patient Demographics and Administrative Information	The system shall provide the ability to access bed assignment information including temporary bed assignment.	S 1.4.4										N			For example, holding area, triage, etc.	X	
1.04	1.3.1	IF	1. Patient Demographics and Administrative Information	The system shall provide the ability to identify the patient's current location within the hospital.	S.1.4.2												N	For example, the patient is in Radiology or Physical Therapy.	X	
1.05	New		1. Patient Demographics and Administrative Information	The system shall have the ability to record the time of birth.													N		X	
2.01	1.7.1	IF	2. Provider Information Manage information about providers and care teams / groups for the provision of care	The system shall provide the ability to uniquely identify clinicians for the provision of care.	S.1.3.7										N			The intent of the criterion is to access the directory of users and review user attributes required to determine the system security level to be granted to each user.	X	
2.02	1.8.3 2.7.5	IF	2. Provider Information	The system shall provide the ability to identify all clinicians who have been associated with care for a specific patient.	S.1.3.5 S.3.4	H	H	H	H	H	M	X				N			X	
2.03	1.8.1	IF	2. Provider Information	The system shall provide the ability to assign clinicians to appropriate teams, where teams are defined as groups of clinicians who share responsibility for covering the same group of patients.	S.1.3.5	H	M	H	H	M	M			X		N			X	
3.01	2.7.1	IF	3. Patient List Management Provide clinicians access to lists of their patients.	The system shall provide the ability to view a clinician's inpatient list information and sort by various criteria.	S.1.3.6										N			For 2007, criterion 3.01, clinicians refer to a physician in this criterion. In future years, the criteria will be expanded to include other clinicians.	X	
3.02	New	IF	3. Patient List Management	The system shall provide the ability to add, update, and remove patients from a clinician's patient list.												N			X	
3.03	New	IF	3. Patient List Management	The system shall provide the ability for the clinician to create a custom list of patients.													N		X	
3.04	2.7.3	IF	3. Patient List Management	The system shall provide the ability to identify all clinicians by name associated with a specific patient stay and to correct erroneous assignments of clinicians.	S.3.4												N		X	
3.05	2.7.8	IF	3. Patient List Management	The system shall provide the ability to specify the principal caregivers responsible for the care of a patient within the hospital.	S.3.4										N			Principal caregivers, for example, refer to the attending physician and / or nurse.	X	

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4.01	New	IF	4. Problem Lists. Create and maintain during the inpatient stay an up-to-date list of patient-specific problems / diagnoses that are documented by a clinician	The system shall provide the ability to document a problem / diagnosis associated with a patient.													N	The intent is that an up-to-date problem list is maintained by clinicians during the hospital stay. The problem list refers only to patient-specific medical problems / diagnoses that are documented by a clinician.	X	
4.02	2.4.1	IF	4. Problem Lists	The system shall provide the ability to display different views of the problem / diagnosis list.	DC 1.4.3									X			N	For example, active, all, or resolved.	X	
4.03	2.4.2	IF	4. Problem Lists	The system shall provide the ability to document the status of a problem / diagnosis.	DC 1.4.3									X			N	For example, inactive, active, resolved, or by date.	X	
4.04	2.4.3	IF	4. Problem Lists	The system shall provide the ability to display the history of changes made to a specific problem / diagnosis, including clinician, date, and time.	DC 1.4.3									X			N		X	
4.05	New	IF	4. Problem Lists	The system shall provide the ability for the clinician to create, associate and display free text comments with the problem / diagnosis.													N		X	
4.06	New	IF	4. Problem Lists	The system shall provide the ability to print a problem / diagnosis list.													N	A screen print is not the intent in this criterion.	X	
4.07	New	IF	4. Problem Lists	The system shall provide the ability to search patient records for specific problems / diagnoses.													N		X	
5.01	2.9.1	IF	5. Allergy Information. Create and maintain patient specific allergy information (i.e., allergens, reaction, level of severity).	The system shall provide the ability to document medications to which the patient has had an allergic reaction.	DC 1.4.1	H	H	L	L	H	M	X			N				X	
5.02	2.9.2	IF	5. Allergy Information	The system shall provide the ability to capture non-drug agents to which the patient has had an allergic reaction.	DC 1.4.1	H	H	L	L	H	M	X			N			For example, tape, latex, and peanuts.	X	
5.03	2.9.8	IF	5. Allergy Information	The system shall provide the ability to capture the source of the allergy information.	DC 1.4.1	H	H	L	L	H	M	X					N	For example, patient, mother, or medic alert bracelet.	X	
5.04	2.9.4	IF	5. Allergy Information	The system shall provide the ability to specify the type of allergic reaction.	DC 1.4.1	H	H	L	L	H	M	X			N			For example, anaphylaxis, allergic asthma, or itching.	X	
5.05	2.9.5	IF	5. Allergy Information	The system shall provide the ability to capture the severity of a reaction.	DC 1.4.1	H	M	L	L	H	L		X		N				X	
5.06	2.9.6	IF	5. Allergy Information	The system shall provide the ability to explicitly indicate that a patient has "No Known Drug Allergies" or "No Known Allergies."	DC 1.4.1	H	H	L	L	H	M	X			N				X	
5.07	2.9.7	IF	5. Allergy Information	The system shall provide the ability to indicate that the allergies are "Unknown" or "Unable to Assess Allergies."		H	H	L	L	H	M	X			N				X	
5.08	2.9.7	IF	5. Allergy Information	If allergies are "Unknown" or "Unable to Assess Allergies," the system shall provide the ability to require a reason to be documented.		H	H	L	L	H	M	X					N	For example, patient unconscious, patient does not know.	X	
5.09	New	IF	5. Allergy Information	When allergies are "Unknown" or "Unable to Assess Allergies," the system shall provide the ability to inform the clinician for the need of an update.		H	H	L	L	H	M	X					N		X	
5.10	New	IF	5. Allergy Information	The system shall provide the ability to capture clinician name or logon identification, date, and time when allergy information is re-verified.													N		X	
5.11	2.9.9	IF	5. Allergy Information	The system shall provide the ability to modify an item from the allergy list.	DC 1.4.1	H	H	L	L	H	M	X			N			For example, inactivate an allergy.	X	

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5.12	2.9.10	IF	5. Allergy Information	The system shall provide the ability to specify the reason for inactivating or modifying an item from the allergy list and capture clinician, date, and time.	DC 1.4.1	H	H	L	L	H	M	X				N			X	
5.13	2.9.12	IF	5. Allergy Information	The system shall provide the ability to display the allergy history, including date and time of entry.												N			X	
6.01	4.1.1	IF	6. Medication List. Create and maintain patient specific medication lists.	The system shall provide the ability to display patient-specific medication list based on medication orders.	DC 1.4.2	H	M	M	M	H	H	X			N				X	
6.02	New	IF	6. Medication List	When the display of the medication list exceeds the current screen or printed page, the system shall indicate that the list continues via scrolling, or on following pages or screens.												N		For example, Page one of two, End of report.	X	
6.03	4.1.3	IF	6. Medication List	The system shall provide the ability to view the name of the ordering clinician, medication order (name, dose, route, and frequency), a start date and time, and a stop date and time for entries on the medication list.	DC 1.4.2	H	H	H	H	H	H	X			N				X	
6.04	4.1.5	IF	6. Medication List	The system shall provide the ability to add start date and dose information for non-prescription medications on a patient-specific medication list, including over the counter medications such as vitamins, herbs and supplements.	DC 1.4.2										N				X	
6.05	4.1.6	IF	6. Medication List	The system shall provide the ability to display different views of the patient's medication list.	DC 1.4.2	H	H	H	L	H	H	X			N			For example, current, all, PRN, scheduled, and one time.	X	
6.06		IF	6. Medication List	The system shall provide the ability to discontinue a medication from the current medication list.											N				X	
6.07	4.1.2 4.1.9	IF	6. Medication List	The system shall provide the ability to print a current medication list.		L	L	L	L	L	L			X	N				X	
6.08	4.1.11	IF	6. Medication List	The system shall provide the ability to display that the patient takes no medications on the preadmission medication list.												N			X	
6.09	New	IF	6. Medication List	The system shall provide the ability to display on the medication list the medications that the patient brings from home which the Pharmacy would not dispense.	JCAHO Pt Safety Standard	H	L	M	M	H	M	X				N		For example, the patient brings in their medication from home.	X	
6.10	3.7.6	IF	6. Medication List	The system shall provide the ability to update the medication list with new medication orders, start and end date and time, and pharmacy verification status.	DC.1.7.1	H	H	H	H	H	H	X			N			For coding standards refer to Inpatient Interoperability Criteria and Roadmap.	X	
6.11	New	IF	6. Medication List	The system shall provide the ability to update the medication list with changes from pharmacist verification including pharmacist date and time.												N			X	
7.01	2.8	IF	7. Results Access and View. Present current and historical test results to appropriate clinical personnel for review during the provision of care	The system shall provide the ability to view test results during the ordering process.	DC.1.8.3	H	M	M	M	H	H		X		N			The intent is to view any test results while ordering any order type and not interrupt the ordering process (e.g., do not have to close down the ordering screen).	X	
7.02	2.8	IF	7. Results Access and View	The system shall provide the ability to view test results during medication administration.	DC.1.8.3	H	M	M	M	H	H		X		N				X	

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8.01a	New	IF	8. General Ordering Requirements Create and communicate orders that are complete and actionable	The system shall provide the ability to display patient name, identification number, and age or date of birth on all order screens.											N					X
8.01b	New	IF	8. General Ordering Requirements	The system shall provide the ability to have viewable the patient's weight or an indicator that the patient has a weight recorded on <u>medication dosing</u> screens.											N					X
8.02	New	IF	8. General Ordering Requirements	The system shall provide the ability to have viewable an indicator that the patient has allergies (allergies exist) or no known allergies on all order screens.												N				X
8.03	2.11.1	IF	8. General Ordering Requirements	The system shall provide the ability to document a verbal order, including the clinician taking the verbal order and the ordering physician in the patient record.	DC.3.2.1										N					X
8.04	New	IF	8. General Ordering Requirements	The system shall provide the ability to document a telephone order, including the clinician taking the telephone order and the ordering physician in the patient record.											N					X
8.05	New	IF	8. General Ordering Requirements	The system shall provide the ability to document a verification "read-back" of the complete order by the person receiving the telephone or verbal order.	JCAHO 2003 National Patient Safety Goal - Goal 2: Improve the effectiveness of communication among caregivers										N			JCAHO 2003 National Patient Safety Goal - Goal 2: Improve the effectiveness of communication among caregivers		X
8.06	New	IF	8. General Ordering Requirements	The system shall provide the ability to include urgency status in orders.											N			For example, routine, Now, or STAT.		X
8.07	3.4.1 3.5.1	IF	8. General Ordering Requirements	The system shall provide the ability for clinicians to write all patient care orders electronically, including, but not limited to nursing care, medications / immunizations, diagnostic testing, nutrition and food service, consultation, and blood products.	DC 1.7.2.1 DC 1.7.2.2										N					X
8.08	3.5.15	IF	8. General Ordering Requirements	The system shall provide the ability to renew, modify, and discontinue orders.											N					X
8.09	New	IF	8. General Ordering Requirements	The system shall provide the ability to capture the clinician, order date and time when an order is signed, co signed, renewed, modified, or discontinued.											N					X
8.10	New	IF	8. General Ordering Requirements	The system shall provide the ability to permit display of order history for any order including clinician order, date, and time.											N					X
8.11	3.4.2 3.7.2	IF	8. General Ordering Requirements	For each type of order, the system shall provide the ability to capture elements required by the receiving discipline or department to deliver the ordered service.	DC 1.7.2.1 CCHIT Amb Criteria										N			For example, a medication order that is actionable in Pharmacy.		X
8.12	3.7.2	IF	8. General Ordering Requirements	The system shall provide the ability to set required fields for a complete order for any order type.	DC 1.7.2.1										N					X
8.13	3.7.9 3.7.2 3.5.10	IF	8. General Ordering Requirements	The system shall provide the ability to default orders to typical order details.	DC.1.7.1	H	H	H	H	H	H	X			N					X

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8.14	3.7.32	IF	8. General Ordering Requirements	The system shall provide the ability for the hospital to provide links to reference information / knowledge resources for any order.		M	L	L	H	L	H	X					N		X	
8.15	3.7.9	IF	8. General Ordering Requirements	The system shall provide the ability for the ordering clinician to add free text comments or instructions to the order.	DC.1.7.1	H	H	H	H	H	H	X			N				X	
8.16	3.1.8 3.2.5 3.7.31	IF	8. General Ordering Requirements	The system shall provide the ability for the clinician to associate an order with a clinical problem / diagnosis.	DC 1.7.3 DC 2.4.1 CCHIT Amb Criteria	H	H	H	H	H	H	X					N	Assumed standard coding for problem list.	X	
8.17	New	IF	8. General Ordering Requirements	The system shall provide the ability for the hospital to require problem / diagnosis as an order component.												N		For example, JCAHO requirement for pain medications.	X	
8.18	3.7.29 3.7.35	IF	8. General Ordering Requirements	The system shall provide the ability to allow the entry of orders to be activated at a future time including admission orders, discharge orders, and post-op orders.	CCHIT Amb Criteria	H	M	M	M	M	L			X	N				X	
8.19	New	IF	8. General Ordering Requirements	The system shall provide the ability to print orders.											N				X	
8.20	New	IF	8. General Ordering Requirements	The system shall provide the ability to enter "conditional" orders.													N	Conditional orders: A conditional order is an order that can be executed when certain criteria and conditions are met.	X	
8.21	3.7.11 3.7.17	IF	8. General Ordering Requirements	The system shall provide the ability for a clinician to save frequently used and approved orderables ("favorites" or "preferences") to facilitate retrieval and ordering.	DC.1.7.1	H	M	L	L	L	L	X			N				X	
8.22	3.5.16	IF	8. General Ordering Requirements	The system shall provide the ability to access orders for a patient by different views.											N			For example, Active, Discontinued, All, Date, Ordering Clinician, and Type.	X	
8.23	3.7.4	IF	8. General Ordering Requirements	The system shall have the ability to allow the hospital to specify orders that require co-signatures.	CCHIT Amb Criteria	H	M	L	L	L	L	X					N	For example, medical students.	X	
8.24	3.7.4	IF	8. General Ordering Requirements	The system shall provide the ability for cosigned orders to retain the identities of both clinicians in the order history.	CCHIT Amb Criteria	H	M	L	L	L	L	X				N			X	
8.25	2.11.3 3.4.6	IF	8. General Ordering Requirements	The system shall provide the ability to electronically communicate the order to the receiving departmental system.	DC.3.2.1 DC 1.7.2.1										N			2007 – Codified; tested for Pharmacy interface. For coding standards refer to Inpatient Interoperability Criteria and Roadmap.	X	
8.26	3.4.3 3.5.6	IF	8. General Ordering Requirements	The system shall provide the ability to view status information for ordered services.	DC 1.7.2.1 DC 1.7.2.2										N				X	
8.27	New	IF	8. General Ordering Requirements	The system shall allow the hospital to designate access to individual orders by user role and department.												N			X	
9.01	3.1.4	IF	9. Order Sets Create, use and maintain order sets	The system shall provide the ability to define a set of related orders to be ordered as a group.	DC 1.7.3										N				X	
9.02	3.1.5 3.2.2	IF	9. Order Sets	The system shall provide the ability to create and modify order sets.	DC 1.7.3 DC 2.4.1	M	M	M	L	M	L	X			N				X	

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9.03	3.2.1 3.2.3 3.2.4	IF	9. Order Sets	The system shall provide the ability for the hospital to define user roles with access to order set management.	DC 2.4.1	H	H	M	M	H	H	X			N			Usually only administrative access, and not a user function.		X
9.04	3.2.2	IF	9. Order Sets	The system shall provide the ability to support the management of order sets to track history of updates including date and time.	DC 2.4.1	M	M	M	L	M	L		X			N				X
9.05	New	IF	9. Order Sets	The system shall provide the option to include date last modified in the display of order sets.												N		The order set was modified on x date.		X
9.06	3.1.6	IF	9. Order Sets	The system shall provide the ability to include in an order set any order type, including, but not limited to orders for nursing care, diagnostics, complex medication orders, consultation, blood products, and dietary.	DC 1.7.3	H	H	H	H	H	H				N			The intent is that clinicians can electronically write all of their orders.		X
9.07	3.1.2	IF	9. Order Sets	The system shall provide the ability to set up individual orders in an order set to be selected or deselected by the clinician.	DC 1.7.3										N					X
9.08	New	IF	9. Order Sets	The system shall provide the ability for the hospital to pre select recommended orders in an order set.											N					X
9.09	3.1.12	IF	9. Order Sets	The system shall provide the ability to incorporate multiple choices of medications or other interventions for orders within an order set for clinician selection.	MH CPOE Initiative	H	M	M	L	H	H	X			N			For example, two possible pain medications.		X
9.10	3.1.14	IF	9. Order Sets	The system shall provide the ability to incorporate text instructions or recommendations within order sets.	MH CPOE Initiative	H	L	L	L	H	H	X			N					X
9.11	3.1.9	IF	9. Order Sets	The system shall allow the hospital to display individual orders in order sets with defaults for order details for clinician review.	DC 1.7.3										N					X
9.12				DELETED															X	
9.13	New	IF	9. Order Sets	The system shall allow the hospital to designate access to individual order sets by user role and department.												N				X
9.14	3.2.7	IF	9. Order Sets	The system shall provide the ability to link an order set to applicable clinical standards and reference materials.	DC 2.4.1	M	M	M	M	M	H		X			N				X
9.15	3.1.8	IF	9. Order Sets	The system shall provide the ability to allow clinicians to search for order sets by hospital-designated selectable name.	DC 1.7.3										N			For example, search by diagnosis, CHF admission (order set name), or surgical procedure.		X
9.16				DELETED																
9.17	New	IF	9. Order Sets	The system shall record and display orders in an order set to the clinician in the same manner as when the order is written individually.											N			For example, when the medication order of Vancomycin 1.5 gm IV every 12 hours is displayed in an order set, it should also be displayed in a similar manner when individually ordered outside of an order set (for example, through the order catalog).		X
9.18				DELETED																
9.19	3.1.10	IF	9. Order Sets	The system shall provide the ability to repeat the entire order set for the same patient.	DC 1.7.3								X				N			X
9.20	3.1.15	IF	9. Order Sets	The system shall apply the same order checking decision support to orders placed through an order set as orders written individually.	MH CPOE Initiative	H	H	M	L	H	H	X			N					X

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9.21	3.1.11 3.2.1	IF	9. Order Sets	The system shall provide the ability for a clinician to save frequently used hospital order sets ("favorites") to facilitate retrieval and ordering.	DC 1.7.3											N		Comment: This is simply saving a "pointer" to a hospital order set in a clinician's favorites - not to modify and save an order set. For example, the ordering clinician is an orthopedic surgeon and uses the post-op ORIF order set on a large majority of his admissions, so if he has this order set on his "favorite list" then he has easy access and retrieval of this order set.	X	
9.22	3.1.7	IF	9. Order Sets	The system shall provide the ability to display orders placed through an order set individually or as a group.	DC 1.7.3											N		For example, when discontinuing orders.	X	
9.23	New	IF	9. Order Sets	The system shall provide the ability to obtain reports regarding the use of order sets.												N		For example, the use of CHF order sets and can go down to the department and / or the physician level. This criterion requires that the system can report on a specific order set (for example, usage, defined patient population with a specific diagnosis, or the ability to set specific search conditions).	X	
10.01	3.7.24	IF	10. Ordering: Medication Orders Create and use medication orders that are complete and actionable.	The system shall allow the hospital to permit ordering of uncoded or nonformulary medications.	CCHIT Amb Criteria	H	L	L	L	M	L	X			N			Non-formulary order can be entered as free-text.	X	
10.02	3.7.43	IF	10. Ordering: Medication Orders	The system shall provide the ability to spell out UNITS, use Thousands and Millions as part of expressing large doses and allow the use of commas in doses expressed in thousands in dosage fields in medication orders.	JCAHO Patient Safety Standards	H	L	L	M	M	H			X	N				X	
10.03a	New	IF	10. Ordering: Medication Orders	The system shall provide the ability to allow the clinician to order medication doses in mg/kg and mL/kg.											N				X	
10.03b	New	IF	10. Ordering: Medication Orders	The system shall provide the ability to allow the clinician to order medication doses in mg/kg/min, microgram/kg, and microgram/kg/min.											N				X	
10.04	3.7.8	IF	10. Ordering: Medication Orders	The system shall provide the ability to maintain a coded list of medications including a unique identifier for each medication.	CCHIT Amb Criteria	L	H	H	L	L	L	X			N				X	
10.05	3.7.7	IF	10. Ordering: Medication Orders	The system shall provide clinicians with the ability to search for medications by either generic or brand name or alternate names.	DC.1.7.1	H	L	L	L	M	M		X		N				X	
10.06	3.7.12	IF	10. Ordering: Medication Orders	The system shall provide clinicians with the ability to select a drug by therapeutic class.	DC.1.7.1	H	L	H	M	M	M			X	N				X	
10.07	3.5.16 3.7.13 3.7.16	IF	10. Ordering: Medication Orders	The system shall provide the ability to sort for select order details including strength, route, frequency and comments by the ordering clinician.												N			X	
10.08	3.7.15	IF	10. Ordering: Medication Orders	The system shall provide the ability to renew an existing medication order without requiring re-entry of order information.	DC.1.7.1	H	M	M	M	M	M	X			N				X	

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10.09	3.7.34	IF	10. Ordering: Medication Orders	The system shall provide the ability for order entry of medications that are brought in from home that the Pharmacy is not dispensing.												N				X
10.10	New	IF	10. Ordering: Medication Orders	The system shall provide the ability to document complex medication orders that include dosing based on either physical status or laboratory values.												N		For example, antihypertensive dosing based on blood pressure and heparin dosing based on PTT. Another example of a complex medication order can be a taper order changing the dose over so many days.		X
10.11	New	IF	10. Ordering: Medication Orders	The system shall provide the ability for entry of all order components and details for complex medication orders that include dosing adjustments and limits.												N		For example, taper dosing and titrating dose, patient-controlled analgesics.		X
10.12	4.2.24	IF	10. Ordering: Medication Orders	The system shall provide the ability to view the electronic medication administration record without interrupting the ordering process.												N				X
10.13	4.2.23	IF	10. Ordering: Medication Orders	The system shall provide the ability to view medication administration response at time of ordering.													N	For example, medication administration response can include documentation that views temperatures associated with the administration of Tylenol, or finger sticks and insulin administered.		X
10.14	4.3.10	IF	10. Ordering: Medication Orders	The system shall provide the ability for the clinician to indicate the reason for discontinuing a medication.												N		For example, ineffective medication.		X
10.15	3.7.37	IF	10. Ordering: Medication Orders	The system shall provide the ability to modify medication orders including dosing information without having to discontinue the order.		H	L	L	L	L	L			X		N				X
10.16	New	IF	10. Ordering: Medication Orders	The system shall have the ability to allow clinician (or hospital by policy) to designate orders that require co-signature before activation.												N		For example, chemotherapy orders require two signatures.		X
10.17	New	IF	10. Ordering: Medication Orders	The system shall provide the ability to enter medication orders utilizing a sliding scale as determined by hospital policy.											N					X
11.01	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation Medication reconciliation is a process that requires the clinician to review a patient's prior medications when considering new orders at admission and each change in level of care (i.e., to surgery, to ICU, to step-down unit, at discharge). At discharge, medication reconciliation includes reviewing the "home medications" documented at admission, as the clinician considers the discharge medications and communicating the complete list of discharge medications to the next provider of care (i.e., PCP, nursing home).	The system shall provide the ability to enter a list of home medications including over-the-counter, vitamin, herbal, and other non-prescription medications.	JCAHO 2005 Hospitals' National Patient Safety Goals & Requirements; Goal: Accurately and completely reconcile medications across the continuum of care. Whittington J, Cohen H. OSF Healthcare's journey in patient safety. Quality Management in Health Care. 2004;13(1):53-59.											N		For coding standards refer to Inpatient Interoperability Criteria and Roadmap. This is not a structured list in 2007.		X

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11.02	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	The system shall provide the ability to allow the designation of the source of information on home medications.											N			For example, patient, family, pharmacy, physician.	X	
11.03	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	The system shall provide the ability to accept information on patient home medications from an external source.												N		For coding standards refer to Inpatient Interoperability Criteria and Roadmap.	X	
11.04	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	The system shall provide the ability to accept information on patient allergies from an external source.												N		External source can be EHR, RHIO, or NHIN.	X	
11.05	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	The system shall provide the ability to accept information on patient home medications from prescription network intermediary.												N		For coding standards refer to Inpatient Interoperability Criteria and Roadmap.	X	
11.06	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	The system shall provide the ability to display home medications for provider review for medication reconciliation during writing of admission orders.												N			X	
11.07	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	At admission and discharge from the hospital, the system shall provide the ability to permit the clinician to designate which home medications are being continued / discontinued.												N			X	
11.08	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	At admission, the system shall proivde the ability to display corresponding inpatient orders for home medications the provider designates as being continued.													N		X	
11.09	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	At each change in level of care (to ICU, to surgery, discharge), the system shall display prior medication orders for provider review during writing of admission/transfer orders.												N			X	
11.10	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	At discharge and each change in level of care, the system shall provide the ability to designate which current medications are being continued / discontinued.												N			X	
11.11	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	At each change in level of care, the system shall provide the ability to display corresponding inpatient orders for medications the provider designates as being continued.													N		X	
11.12	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	At admission, discharge, and each change in level of care during the hospital stay, the system shall capture provider signature that medication reconciliation has been completed.												N			X	
11.13	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	At admission, discharge, and each change in level of care, the system shall provide the ability to retain the history of medication reconciliation for subsequent review.												N		Comment: prior medications reviewed, medications continued/discontinued, new medication orders, provider signature	X	
11.14	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	At discharge, the system shall provide the ability to communicate discharge medications and allergies to the next provider of care.												N			X	

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11.15	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	At discharge, the system shall provide the ability to communicate current weight to the next provider of care.												N		Weight is critical for pediatric patients.	X	
11.16	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	The system shall provide the ability to communicate the new medication list to appropriate providers (to the next provider of care).												N		This can pertain to a patient being transferred to another facility of care.	X	
11.17	2.12.1 2.12.2 3.7.36	IF	11. Medication Reconciliation	The system shall provide the ability to provide and print a complete list of current medications at the time of patient discharge.												N			X	
12.01	5.3.1	IF	12. Decision Support for Medication and Immunization Orders. Provide knowledge-based assistance during medication ordering to improve medication safety and appropriateness (i.e., drug:drug interaction checking, dosing recommendations, allergy interactions, etc.)	The system shall provide the ability to detect a drug dose that exceeds the min-max range for a single dose for the medication and to inform the clinician during ordering.	DC.2.3.1.2	M	M	M	M	M	M		X			N		During testing, it is assumed that vendors will be employing a drug reference knowledge base. Patient age group (adult, pediatrics).	X	
12.02	3.7.10	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to detect a daily dose that exceeds the recommended range and inform the clinician during ordering.												N		Patient age group (adult, pediatrics)	X	
12.03a	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to detect a cumulative dose that exceeds the recommended daily dose and inform the clinician during ordering.											N				X	
12.03b	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to detect a cumulative dose (across inpatient stays and lifetime) that exceeds the recommended dose and inform the clinician during ordering.													N		X	
12.04	3.7.19 3.7.22	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide guidance during ordering for medications requiring age and weight-based dosing.													N	Suggested dose or dose calculator	X	
12.05	3.7.20	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide guidance during ordering for medications that require consideration of laboratory test results for dosing.													N	Suggested dose or dose calculator	X	
12.06	New	IF	12. Decision Support for Medication and Immunization Orders	For medications requiring age and weight-based dosing, the system shall provide the ability to check for inappropriate dosing and inform the clinician during ordering.													N	For example, renal dosing	X	
12.07	3.7.19	IF	12. Decision Support for Medication and Immunization Orders	For medications requiring dosing based on body surface area, the system shall provide the ability to check for inappropriate dosing and inform the clinician during ordering.													N		X	
12.08	4.3.9	IF	12. Decision Support for Medication and Immunization Orders	For medications that require consideration of laboratory test results in dosing, the system shall check for inappropriate dosing and inform the clinician during ordering.													N	Suggested dose or dose calculator	X	

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12.09	4.3.9	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability for informing the clinician that the medication selected for ordering will impact laboratory results.													N		X	
12.10	3.7.44	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to search from medication lists which use "Tall Man" letters.											N			For example, DOBUTamine and DOPamine.	X	
12.11	5.3.2	IF	12. Decision Support for Medication and Immunization Orders	For medications requiring consideration of laboratory test results in dosing, the system shall provide the ability to notify the clinician responsible for the patient's care when changes in test results require that the dose be reconsidered.													N		X	
12.12	3.7.21	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to check for drug-drug interactions and inform the clinician during ordering.											N				X	
12.13	3.7.21	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to check for therapeutic overlap duplicate and inform the clinician during ordering.											N				X	
12.14	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability for the hospital to exclude therapeutic categories and drug pairs from drug-drug interaction and therapeutic overlap checking.													N	To reduce "alert fatigue"	X	
12.15	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the hospital with the ability to assign the level of medication checking based upon user role or user department or specialty.													N	For example, Anesthesia does not get alerts for combining analgesics but a hospitalist would.	X	
12.16	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to suppress repeat alerting for the same patient, same ordering clinician, and same medication.													N	To reduce "alert fatigue"	X	
12.17	3.7.21 3.15 4.3.64	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to check for coded drug allergies and inform the clinician during ordering.											N				X	
12.18	4.3.15	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to check all current medication orders for contraindications when a new allergy is documented for the patient.													N		X	
12.19	3.7.40	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability for the hospital to require the documentation of allergy information inclusive of using such terms as Unknown, before entering medication orders.											N				X	
12.20	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to check immunization orders against documented patient allergies (medication and non-medication) and inform the clinician during ordering.												N			X	
12.21	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability for the hospital to require documentation of information regarding patient weight inclusive of using such terms as Unknown before entering medication orders.												N			X	
12.22	4.3.8	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to inform the clinician about drug-food advisories.													N	For example, Lipitor ® (atorvastatin calcium) and grapefruit.	X	

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12.23	4.3.12	IF	12. Decision Support for Medication and Immunization Orders	This system shall provide the ability to check for drug-diagnosis contraindications and inform the clinician during ordering													N	Clinical problem / diagnosis from inpatient problem list.	X	
12.24	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to check for contraindications based on patient age and inform the clinician during ordering.													N		X	
12.25	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to check for contraindications based on laboratory test results and inform the clinician during ordering.													N	For example, creatinine, potassium	X	
12.26	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to check for inappropriate route of administration.													N	Will require codified script.	X	
12.27	5.2.2	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to display recommended medication for substitution (based on cost or clinical policy).												N			X	
12.28	4.3.13	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to allow a clinician to request that all available medication screening for allergies, drug:drug interactions, and other contraindications, be performed on medications being considered for ordering.													N		X	
12.29	4.3.14	IF	12. Decision Support for Medication and Immunization Orders	The system shall allow the hospital to provide the rationale for alerts or messages generated during medication ordering.											N				X	
12.30	4.3.7	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to require a clinician to enter a structured response to override a drug-interaction alert and include as part of the legal medical record.													N	Acknowledgement or coded explanation.	X	
12.31	5.3.6	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to transmit to Pharmacy the order override justification with the order and clinician, date, and time.													N		X	
12.32	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability for report generation capabilities to easily review override data.												N			X	
12.33	4.3.3	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to capture information concerning clinician notifications following screening of medication orders and the response (place, modify or cancel order).													N	User, time and date stamp, specific notification, response	X	
12.34	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to obtain reports concerning medication alerting and provider response, including date and time.													N	Needed for CDS management. The intent of this criterion is for all provider responses be captured and reported. For example, no change to order, order changed, and order cancelled.	X	
12.35	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to prevent the completion of medication orders with specific screening rules.													N	For example, hard stops.	X	
12.36	3.7.26	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability to update drug knowledge databases.													N	This criterion means incorporating updates to drug knowledge databases into the system.	X	
12.37	New	IF	12. Decision Support for Medication and Immunization Orders	The system shall provide the ability for the system to inform the clinician when immunizations are recommended according to the CDC schedule.													N		X	

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13.01	3.5.11	IF	13. General Clinical Decision Support — Clinical decision support to provide care in accordance with standards established by the hospital	The system shall provide the ability to display relevant, patient-specific laboratory test results when entering an order.												N		For example, creatinine clearance while ordering an Intravenous Pyelogram.	X	
13.02	3.5.12 3.7.33	IF	13. General Clinical Decision Support	The system shall provide the ability to display for selection a secondary order that is recommended in conjunction with the primary order.												N		For example, NPO for an endoscopy procedure or blood level for medication that requires monitoring to adjust dosing.	X	
13.03	New	IF	13. General Clinical Decision Support	The system shall provide the ability to establish rules for identifying patients with potential gaps in standards-based care.												N		For example, demographics, problem, laboratory test result, presence or absence of medication order.	X	
13.04	New	IF	13. General Clinical Decision Support	The system shall provide the ability to update rules for identifying patients with potential gaps in standards-based care.												N			X	
13.05	New	IF	13. General Clinical Decision Support	The system shall provide the ability to generate clinical messages/reminders to clinicians responsible for the patient's care based on rules.												N		Mechanism (e-mail, pop-up) is not specified (e.g., patient with AMI has no order for Beta blocker; patient on IV antibiotics now on regular diet; suggestion to consider clinical indications or alternate treatment)	X	
13.06	CCHIT Amb Criteria	IF	13. General Clinical Decision Support	The system shall provide the hospital the ability to allow clinicians who trigger rule-based clinical messages to document reason deviation from standard of care.												N		Needed for quality management and external reporting	X	
13.07	New	IF	13. General Clinical Decision Support	The system shall provide the ability to set elapsed time parameters for purposes of duplicate checking.												N		For example, Cannot order CBC within X hours of prior CBC order.	X	
13.08	New	IF	13. General Clinical Decision Support	The system shall provide the ability to generate clinical messages/reminders concerning duplicate orders to the clinicians responsible for a patient's care.												N			X	
14.01	4.2.1	IF	14. Medication, Immunization, and Blood Products Administration — Administer and document ordered medications, immunizations, and blood products	The system shall provide the ability to present medications to be administered over a selectable date/time range.	DC 1.8.1	H	H	H	H	H	H	X			N			A selectable date / time range in this criterion refers to during a current hospital stay.	X	
14.02	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to view the medication administration history including clinician, date and time.											N				X	
14.03	4.2.2	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to display the date and time, route of administration, and dose of all medications.	DC 1.8.1	H	H	H	H	H	H	X			N				X	
14.04	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to display the date and time of the last dose administered.											N				X	
14.05	4.2.4 4.2.12a	IF	14. Medication, Immunization, and Blood Products Administration	The system shall allow the clinician to identify and display due and overdue medications.												N		Can use various methods to identify and display the overdue medications. For example, the nurse receives an alert when logging into the system, or on the eMAR the overdue medications are in a different color.	X	

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14.06	4.2.13	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to display continuous infusions in a distinguishable manner from other medications that is complete, and visible in one place on the eMAR.											N			Method not specified, but for example, highlighting or section breaks.	X	
14.07	4.2.14	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to display PRN medications in a manner that distinguishes them from other medications.											N				X	
14.08	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to present a PRN effectiveness list that alerts the clinician to record the effectiveness of PRN or "as needed" doses after they have been administered.												N			X	
14.09	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to display medications as dispensed.												N		For example, dose is 20 mg, and the Pharmacy sends two 10 mg tablets. The intent is that the clinician sees the total dosage and the quantity of dispensed units.	X	
14.10	4.2.11	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to indicate any tasks/assessments associated with medication administration.											N			For example, assess blood pressure, pain.	X	
14.11	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to attach a comment to an individual scheduled dose and include as part of the legal medical record.												N		For example, "Draw blood level with the 4th dose."	X	
14.12	4.2.3	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to access and review general medication information (such as patient education material or drug monograph) from the eMAR.											N				X	
14.13	4.2.5 5.1.1 5.1.4	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to document medication administration including medication name, strength, dose, route, date and time of administration and administrator of the medication.											N				X	
14.14	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to view the medication order as written during administration.													N	Using industry standard coding in the future.	X	
14.15	4.2.8	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to document clinical assessment pertinent to medication administration.												N		Capture pain scale, heart rate, temperature, etc., This may be a free text / comment field. Will consider this criteria to be structured entry in the future.	X	
14.16	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to indicate on the eMAR where the clinician can locate the medication on the unit.													N	For example, refrigerator, dispensing machine, or cart.	X	
14.17	4.2.15	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide ability for a second provider to witness and co-document administration.											N			Two signatures	X	
14.18	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to receive pump settings and start time and end time from an IV Smart Pump for incorporation into documentation.													N	For coding standards refer to Inpatient Interoperability Criteria and Roadmap	X	

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14.19a	6.6.1	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to accurately exchange discrete electronic data with hemodynamic monitoring devices for incorporation into the medication administration record.													N	The intent here is primarily documentation associated with medication administration that can be captured from monitoring devices (e.g., pulse oximeters, physiologic monitors).\n\nDifferent device classes are not included, such as diagnostic devices (e.g., laboratory machines, EKG, diagnostic radiology), treatment devices (ventilators), and product-producing devices (e.g., pharmacy compounding devices).\n\nFor coding standards refer to Inpatient Interoperability Criteria and Roadmap.	X	
14.19b	4.2.21	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to accurately exchange discrete electronic data with automated dispensing machines for incorporation into the medication administration record.													N		X	
14.20	4.2.12b	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to modify medication administration schedules on the medication administration record.											N			For example, first dose	X	
14.21	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to notify the Pharmacy of changes in schedules on the medication administration record.													N		X	
14.22	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability for the clinician to acknowledge medication orders prior to administration including date and time.											N			Includes nursing verification of medication orders.	X	
14.23	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the hospital with the ability to allow documentation of medication administration prior to pharmacy review.											N				X	
14.24	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to document the actual time and date for STAT medication administration.												N			X	
14.25	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to document on the eMAR the clinician administering a respiratory medication and the following items: respiratory medication name, dose, route, and method of delivery.												N			X	
14.26	4.2.16	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide ability for second provider to witness administration and record date/time/dose given by another provider (Chart on behalf of) and include as part of the legal medical record.												N		For example, during a patient emergency	X	
14.27	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability for the hospital to provide links to reference information / knowledge resources for any medication on the MAR.													N		X	
14.28	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to chart medication not given with reason.											N			For example, patient refused, patient off floor, No IV access.	X	

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14.29	4.2.20	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to amend medication administration documentation and include as part of the legal medical record.		N			For example, wrong patient	X	
14.30a	4.2.22	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide ability to indicate a reaction / response to medication administration.		N				X	
14.30b	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide ability to indicate a reaction / response to vaccination administration.			N			X	
14.31	5.1.5	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to capture discrete immunization administration details, including (1) date of administration; (2) type; (3) manufacturer; (4) lot number; (5) clinician administering the vaccine, and 6) site of injection.			N			X	
14.32	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to produce a Vaccine Information Statement (VIS) to the parent or guardian.				N	Vaccines for Children program and the National Childhood Vaccine Injury Act of 1986.	X	
14.33	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability for the clinician to document that a Vaccine Information Statement (VIS) was given including the version.				N		X	
14.34	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability for the documentation of blood and blood component administration on the medication administration record.			N		This does not include the documentation of the transfusion record.	X	
14.35	4.1.4	IF	14. Medication, Immunization, and Blood Products Administration	The system shall maintain and display as part of the medication administration profile the dates and times associated with the medication orders such as start, modify, and stop dates.		N				X	
14.36	New	IF	14. Medication, Immunization, and Blood Products Administration	The medication administration section of the system shall provide the ability to automatically default the date, time, and volume of IV medication and blood products into the Intake / Output portion of the EHR.			N			X	
14.37	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability for the medication administration record to be printed.		N				X	
15.01a	4.2.6	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration Provide knowledge-based assistance during medication administration to improve medication safety and appropriateness (i.e., "Five Rights" - patient, time and frequency of administration, dose, route of administration, and drug)	The system shall provide the hospital the option to set for re-alerting via the eMAR for allergies at the time of administration.			N		Available types of checking become available in different years, see Medication-Related Clinical Decision Support.	X	
15.01b	New	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration	The system shall provide the hospital the option to set for re-alerting via the eMAR for potential medication interactions at the time of administration.			N				

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15.02	New	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration	The system shall provide the ability to indicate medication orders with acknowledged and unacknowledged medication screening alerts during medication administration.													N		X	
15.03	New	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration	The system shall provide the ability to provide the option to view the medication screening alert history during administration.													N		X	
15.04	5.1.2 5.1.3	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration	The system shall provide the hospital with the ability to capture medication identification for five rights checking, at a minimum, from linear bar code labels encoding the NDC number.												N			X	
15.05	4.2.9	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration	The system shall provide the ability to document medication administration using a positive ID technology to confirm right patient, right medication, right dose, right time, and right dose.												N			X	
15.06	New	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration	The system shall have the ability to document "manual" methods verifying Five Rights information (e.g., Bar code does not work; the bar code reader is not working).												N			X	
15.07	New	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration	The system shall provide the ability to record the medication NDC number or other ID of the drug actually administered to the patient.													N	For example, a subsequent medication recall. This assumes that bar code scanning is being used for medication administration.	X	
16.01	2.6.2	IF	16. Clinical Task Management Assignment, delegation, and escalation of ordering and administration tasks to the appropriate parties or their designees (i.e., orders expiring, orders that need a co-signature, overdue medications, etc.)	The system shall provide the ability to permit an ordering clinician to forward expiring order notifications to another clinician.													N	Sign-out for order management tasks	X	
16.02	New	IF	16. Clinical Task Management	The system shall provide the ability to establish time periods for designating medication administration tasks overdue.												N			X	
16.03	New	IF	16. Clinical Task Management	The system shall provide the ability to establish time periods and recipients for escalation of overdue medication administration tasks.												N			X	
16.04	2.6.3 4.2.19	IF	16. Clinical Task Management	The system shall provide the ability to notify the designated clinician of overdue medication administration tasks.											N				X	
16.05	New	IF	16. Clinical Task Management	The system shall provide the ability to establish time periods for order expiration for types of orders.												N			X	
16.06	2.6.4	IF	16. Clinical Task Management	The system shall provide the ability to notify the ordering clinician concerning orders due to expire.												N			X	
16.07	2.6.4	IF	16. Clinical Task Management	The system shall provide the ability to notify the ordering clinician concerning orders requiring signature (verbal and telephone orders, cosignature).													N	For example, verbal and telephone orders, cosignature.	X	

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17.01	2.12.1	IF	17. Capture Patient-Originated Data Capture and explicitly label patient originated data, link the data source with the data, and support provider authentication for inclusion in patient health record.	The system shall provide the ability to capture and explicitly label patient-originated data.	DC.1.1.3.2	M	L	L	L	H	H			X			N		X	
17.02	2.12.2	IF	17. Capture Patient-Originated Data	The system shall provide the ability to label the data as patient entered when data is entered by the patient.	DC.1.1.3.2	H	L	L	L	H	H			X			N		X	
17.03	2.12.3	IF	17. Capture Patient-Originated Data	The system shall provide the ability to capture and label the source of clinical data provided on behalf of the patient.	DC.1.1.3.2	H	L	L	L	H	H			X			N		X	
17.04	2.12.4	IF	17. Capture Patient-Originated Data	The system shall provide the ability to present patient-originated data for use by care providers.	DC.1.1.3.2	H	L	L	L	H	H			X			N		X	
17.05	2.12.5	IF	17. Capture Patient-Originated Data	The system shall provide the ability for a provider to verify the accuracy of patient-originated data for inclusion in the patient record.	DC.1.1.3.2	H	M	L	L	H	H			X			N		X	
17.06	2.12.6	IF	17. Capture Patient-Originated Data	The system shall provide the ability to view or comment, but not alter patient-originated data.	DC.1.1.3.2	H	M	L	L	H	H			X			N		X	
18.01	2.15.1	IF	18. Health Record Management Support the creation of legal documentation needed for the inpatient electronic medical record	The system shall provide the ability to view patient data from previous admissions.	S.3.1.5	H	H	H	H	H	H	X			N			For eMAR only, the intent is to view medication administration record from previous admissions. The intent of this criterion is within the same setting, within the scope of the applications/system.	X	
18.02	1.4.2	IF	18. Health Record Management	The system shall provide the ability to include patient identifying information as well as time and date report printed, on each page of individual patient-specific reports generated.	S.2.2.1							X			N				X	
18.03	1.6.1 2.2.1 2.2.2 2.3.1 2.16.1	IF	18. Health Record Management	The system shall provide the ability to create paper copies of order- and medication-administration-related medical record elements.								X			N			Comprehensive order list and medication administration record	X	
18.04	1.5.1 2.2.3 2.3.5	IF	18. Health Record Management	The system shall provide the ability to view the complete order and medication administration history.								X			N				X	

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Test Configuration 2 is designed to make certification available for vendors whose product suite addresses electronic medication administration, but not clinician electronic order writing and medication reconciliation. The criteria below will be included in the certification process for addressing Test Configuration 2.

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1.01	New	IF	1. Patient Demographics and Administrative Information Provide patient demographics (i.e., name, age, date of birth, and gender) and administrative information (i.e., bed assignment) needed for CPOE and eMAR.	The system shall provide the ability to access demographic information needed for clinician ordering, verification and medication administration.	CCHIT Amb Criteria										N			For example, name, age, date of birth, and gender.		X
1.02	1.3.3	IF	1. Patient Demographics and Administrative Information	The system shall provide the ability to query a patient by alternate forms of identification.	S.1.4.2										N			The choice of alternate forms of identification is flexible, and there can be more than one. For example, first name, date of birth, social security number, or medical record number.		
1.03	1.2.1	IF	1. Patient Demographics and Administrative Information	The system shall provide the ability to access bed assignment information including temporary bed assignment.	S 1.4.4										N			For example, holding area, triage, etc.		X
1.04	1.3.1	IF	1. Patient Demographics and Administrative Information	The system shall provide the ability to identify the patient's current location within the hospital.	S.1.4.2												N	For example, the patient is in Radiology or Physical Therapy.		X
1.05	New		1. Patient Demographics and Administrative Information	The system shall have the ability to record the time of birth.													N			X
2.01	1.7.1	IF	2. Provider Information Manage information about providers and care teams / groups for the provision of care	The system shall provide the ability to uniquely identify clinicians for the provision of care.	S.1.3.7										N			The intent of the criterion is to access the directory of users and review user attributes required to determine the system security level to be granted to each user.		X
2.02	1.8.3 2.7.5	IF	2. Provider Information	The system shall provide the ability to identify all clinicians who have been associated with care for a specific patient.	S.1.3.5 S.3.4	H	H	H	H	H	M	X				N				X
2.03	1.8.1	IF	2. Provider Information	The system shall provide the ability to assign clinicians to appropriate teams, where teams are defined as groups of clinicians who share responsibility for covering the same group of patients.	S.1.3.5	H	M	H	H	M	M			X		N				X
3.01	2.7.1	IF	3. Patient List Management Provide clinicians access to lists of their patients.	The system shall provide the ability to view a clinician's inpatient list information and sort by various criteria.	S.1.3.6										N			For 2007, criterion 3.01, clinicians refer to a physician in this criterion. In future years, the criteria will be expanded to include other clinicians.		X
3.02	New	IF	3. Patient List Management	The system shall provide the ability to add, update, and remove patients from a clinician's patient list.												N				X
3.03	New	IF	3. Patient List Management	The system shall provide the ability for the clinician to create a custom list of patients.													N			X
3.04	2.7.3	IF	3. Patient List Management	The system shall provide the ability to identify all clinicians by name associated with a specific patient stay and to correct erroneous assignments of clinicians.	S.3.4												N			X
3.05	2.7.8	IF	3. Patient List Management	The system shall provide the ability to specify the principle caregivers responsible for the care of a patient within the hospital.	S.3.4										N			Principle caregivers, for example, refer to the attending physician and / or nurse.		X

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4.02	2.4.1	IF	4. Problem Lists	The system shall provide the ability to display different views of the problem / diagnosis list.	DC 1.4.3									X			N	For example, active, all, or resolved.		X
5.01	2.9.1	IF	5. Allergy Information Create and maintain patient specific allergy information (i.e., allergens, reaction, level of severity).	The system shall provide the ability to document medications which the patient has had an allergic reaction.	DC 1.4.1	H	H	L	L	H	M	X			N					X
5.02	2.9.2	IF	5. Allergy Information	The system shall provide the ability to capture non-drug agents to which the patient has had an allergic reaction.	DC 1.4.1	H	H	L	L	H	M	X			N			For example, tape, latex, and peanuts.		X
5.03	2.9.8	IF	5. Allergy Information	The system shall provide the ability to capture the source of the allergy information.	DC 1.4.1	H	H	L	L	H	M	X				N		For example, patient, mother, or medic alert bracelet.		X
5.04	2.9.4	IF	5. Allergy Information	The system shall provide the ability to specify the type of allergic reaction.	DC 1.4.1	H	H	L	L	H	M	X			N			For example, anaphylaxis, allergic asthma, or itching.		X
5.05	2.9.5	IF	5. Allergy Information	The system shall provide the ability to capture the severity of a reaction.	DC 1.4.1	H	M	L	L	H	L		X		N					X
5.06	2.9.6	IF	5. Allergy Information	The system shall provide the ability to explicitly indicate that a patient has "No Known Drug Allergies" or "No Known Allergies."	DC 1.4.1	H	H	L	L	H	M	X			N					X
5.07	2.9.7	IF	5. Allergy Information	The system shall provide the ability to indicate that the allergies are "Unknown" or "Unable to Assess Allergies."		H	H	L	L	H	M	X			N					X
5.08	2.9.7	IF	5. Allergy Information	If allergies are "Unknown" or "Unable to Assess Allergies," the system shall provide the ability to require a reason to be documented.		H	H	L	L	H	M	X				N		For example, patient unconscious, patient does not know.		X
5.09	New	IF	5. Allergy Information	When allergies are "Unknown" or "Unable to Assess Allergies," the system shall provide the ability to inform the clinician for the need of an update.		H	H	L	L	H	M	X					N			X
5.10	New	IF	5. Allergy Information	The system shall provide the ability to capture clinician name or logon identification, date, and time when allergy information is re-verified.											N					X
5.11	2.9.9	IF	5. Allergy Information	The system shall provide the ability to modify an item from the allergy list.	DC 1.4.1	H	H	L	L	H	M	X			N			For example, inactivate an allergy.		X
5.12	2.9.10	IF	5. Allergy Information	The system shall provide the ability to specify the reason for inactivating or modifying an item from the allergy list and capture clinician, date, and time.	DC 1.4.1	H	H	L	L	H	M		X			N				X
5.13	2.9.12	IF	5. Allergy Information	The system shall provide the ability to display the allergy history, including date and time of entry.											N					X
6.01	4.1.1	IF	6. Medication List Create and maintain patient specific medication lists.	The system shall provide the ability to display patient-specific medication list based on medication orders.	DC 1.4.2	H	M	M	M	H	H	X			N					X
6.02	New	IF	6. Medication List	When the display of the medication list exceeds the current screen or printed page, the system shall indicate that the list continues via scrolling, or on following pages or screens.												N		For example, Page one of two, End of report.		X
6.03	4.1.3	IF	6. Medication List	The system shall provide the ability to view the name of the ordering clinician, medication order (name, dose, route, and frequency), a start date and time, and a stop date and time for entries on the medication list.	DC 1.4.2	H	H	H	H	H	H	X			N					X

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6.04	4.1.5	IF	6. Medication List	The system shall provide the ability to add start date and dose information for non-prescription medications on a patient-specific medication list, including over the counter medications such as vitamins, herbs and supplements.	DC 1.4.2											N				X
6.05	4.1.6	IF	6. Medication List	The system shall provide the ability to display different views of the patient's medication list.	DC 1.4.2	H	H	H	L	H	H	X			N			For example, current, all, PRN, scheduled, and one time.		X
6.06		IF	6. Medication List	The system shall provide the ability to discontinue a medication from the current medication list.												N				X
6.07	4.1.2 4.1.9	IF	6. Medication List	The system shall provide the ability to print a current medication list.		L	L	L	L	L	L			X	N					X
6.08	4.1.11	IF	6. Medication List	The system shall provide the ability to display that the patient takes no medications on the preadmission medication list.												N				X
6.09	New	IF	6. Medication List	The system shall provide the ability to display on the medication list the medications that the patient brings from home which the Pharmacy would not dispense.	JCAHO Pt Safety Standard	H	L	M	M	H	M		X			N		For example, the patient brings in their medication from home.		X
6.10	3.7.6	IF	6. Medication List	The system shall provide the ability to update the medication list with new medication orders, start and end date and time, and pharmacy verification status.	DC.1.7.1	H	H	H	H	H	H	X			N			For coding standards refer to Inpatient Interoperability Criteria and Roadmap.		X
6.11	New	IF	6. Medication List	The system shall provide the ability to update the medication list with changes from pharmacist verification including pharmacist date and time.												N				X
7.02	2.8	IF	7. Results Access and View	The system shall provide the ability to view test results during medication administration.	DC.1.8.3	H	M	M	M	H	H		X		N					X
13.03	New	IF	13. General Clinical Decision Support	The system shall provide the ability to establish rules for identifying patients with potential gaps in standards-based care.												N		For example, demographics, problem, laboratory test result, presence or absence of medication order.		X
13.04	New	IF	13. General Clinical Decision Support	The system shall provide the ability to update rules for identifying patients with potential gaps in standards-based care.												N				X
13.05	New	IF	13. General Clinical Decision Support	The system shall provide the ability to generate clinical messages/reminders to clinicians responsible for the patient's care based on rules.												N		Mechanism (e-mail, pop-up) is not specified (e.g., patient with AMI has no order for Beta blocker; patient on IV antibiotics now on regular diet; suggestion to consider clinical indications or alternate treatment)		X
13.06	CCHIT Amb Criteria	IF	13. General Clinical Decision Support	The system shall provide the hospital the ability to allow clinicians who trigger rule-based clinical messages to document reason deviation from standard of care.												N		Needed for quality management and external reporting		X
14.01	4.2.1	IF	14. Medication, Immunization, and Blood Products Administration Administer and document ordered medications, immunizations, and blood products	The system shall provide the ability to present medications to be administered over a selectable date/time range.	DC 1.8.1	H	H	H	H	H	H	X			N			A selectable date / time range in this criterion refers to during a current hospital stay.		X
14.02	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to view the medication administration history including clinician, date and time.												N				X

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						Providers	Vendors	Payers or Purchasers	Public Health	Patient	Quality Organization	2007	2008	2009 and beyond	Roadmap 2007	Roadmap 2008	Roadmap 2009 and Beyond			
14.03	4.2.2	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to display the date and time, route of administration, and dose of all medications.	DC 1.8.1	H	H	H	H	H	H	X			N					X
14.04	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to display the date and time of the last dose administered.											N					X
14.05	4.2.4 4.2.12a	IF	14. Medication, Immunization, and Blood Products Administration	The system shall allow the clinician to identify and display due and overdue medications.											N			Can use various methods to identify and display the overdue medications. For example, the nurse receives an alert when logging into the system, or on the eMAR the overdue medications are in a different color.		X
14.06	4.2.13	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to display continuous infusions in a distinguishable manner from other medications that is complete, and visible in one place on the eMAR.											N			Method not specified, but for example, highlighting or section breaks.		X
14.07	4.2.14	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to display PRN medications in a manner that distinguishes them from other medications.											N					X
14.08	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to present a PRN effectiveness list that alerts the clinician to record the effectiveness of PRN or "as needed" doses after they have been administered.												N				X
14.09	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to display medications as dispensed.												N		For example, dose is 20 mg, and the Pharmacy sends two 10 mg tablets. The intent is that the clinician sees the total dosage and the quantity of dispensed units.		X
14.10	4.2.11	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to indicate any tasks/assessments associated with medication administration.											N			For example, assess blood pressure, pain.		X
14.11	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to attach a comment to an individual scheduled dose and include as part of the legal medical record.												N		For example, "Draw blood level with the 4th dose."		X
14.12	4.2.3	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to access and review general medication information (such as patient education material or drug monograph) from the eMAR.											N					X
14.13	4.2.5 5.1.1 5.1.4	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to document medication administration including medication name, strength, dose, route, date and time of administration and administrator of the medication.											N					X
14.14	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to view the medication order as written during administration.													N	Using industry standard coding in the future.		X
14.15	4.2.8	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to document clinical assessment pertinent to medication administration.													N	Capture pain scale, heart rate, temperature, etc., This may be a free text / comment field. Will consider this criteria to be structured entry in the future.		X
14.16	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to indicate on the eMAR where the clinician can locate the medication on the unit.													N	For example, refrigerator, dispensing machine, or cart.		X

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14.17	4.2.15	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide ability for a second provider to witness and co-document administration.											N			Two signatures		X
14.18	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to receive pump settings and start time and end time from an IV Smart Pump for incorporation into documentation.													N	For coding standards refer to Inpatient Interoperability Criteria and Roadmap		X
14.19a	6.6.1	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to accurately exchange discrete electronic data with hemodynamic monitoring devices for incorporation into the medication administration record.													N	The intent here is primarily documentation associated with medication administration that can be captured from monitoring devices (e.g., pulse oximeters, physiologic monitors). Different device classes are not included, such as diagnostic devices (e.g., laboratory machines, EKG, diagnostic radiology), treatment devices (ventilators), and product-producing devices (e.g., pharmacy compounding devices). For coding standards refer to Inpatient Interoperability Criteria and Roadmap.		X
14.19b	4.2.21	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to accurately exchange discrete electronic data with automated dispensing machines for incorporation into the medication administration record.													N			X
14.20	4.2.12b	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to modify medication administration schedules on the medication administration record.											N			For example, first dose		X
14.21	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to notify the Pharmacy of changes in schedules on the medication administration record.													N			X
14.22	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability for the clinician to acknowledge medication orders prior to administration including date and time.											N			Includes nursing verification of medication orders.		X
14.23	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the hospital with the ability to allow documentation of medication administration prior to pharmacy review.											N					X
14.24	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to document the actual time and date for STAT medication administration.												N				X
14.25	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to document on the eMAR the clinician administering a respiratory medication and the following items: respiratory medication name, dose, route, and method of delivery.												N				X
14.26	4.2.16	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide ability for second provider to witness administration and record date/time/dose given by another provider (Chart on behalf of) and include as part of the legal medical record.													N	For example, during a patient emergency		X

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14.27	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability for the hospital to provide links to reference information / knowledge resources for any medication on the MAR.													N			X
14.28	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to chart medication not given with reason.											N			For example, patient refused, patient off floor, No IV access.		X
14.29	4.2.20	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to amend medication administration documentation and include as part of the legal medical record.											N			For example, wrong patient		X
14.30a	4.2.22	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide ability to indicate a reaction / response to medication administration.											N					X
14.30b	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide ability to indicate a reaction / response to vaccination administration.												N				X
14.31	5.1.5	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to capture discrete immunization administration details, including (1) date of administration; (2) type; (3) manufacturer; (4) lot number; (5) clinician administering the vaccine, and 6) site of injection.												N				X
14.32	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability to produce a Vaccine Information Statement (VIS) to the parent or guardian.													N	Vaccines for Children program and the National Childhood Vaccine Injury Act of 1986.		X
14.33	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability for the clinician to document that a Vaccine Information Statement (VIS) was given including the version.												N				X
14.34	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability for the documentation of blood and blood component administration on the medication administration record.												N		This does not include the documentation of the transfusion record.		X
14.35	4.1.4	IF	14. Medication, Immunization, and Blood Products Administration	The system shall maintain and display as part of the medication administration profile the dates and times associated with the medication orders such as start, modify, and stop dates.											N					X
14.36	New	IF	14. Medication, Immunization, and Blood Products Administration	The medication administration section of the system shall provide the ability to automatically default the date, time, and volume of IV medication and blood products into the Intake / Output portion of the EHR.												N				X
14.37	New	IF	14. Medication, Immunization, and Blood Products Administration	The system shall provide the ability for the medication administration record to be printed.											N					X
15.03	New	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration	The system shall provide the ability to provide the option to view the medication screening alert history during administration.												N				X
15.04	5.1.2 5.1.3	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration	The system shall provide the hospital with the option to capture medication identification for five rights checking, at a minimum, from linear bar code labels encoding the NDC number.												N				X
15.05	4.2.9	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration	The system shall provide the ability to document medication administration using a positive ID technology to confirm right patient, right medication, right dose, right time, and right dose.												N				X

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15.06	New	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration	The system shall have the ability to document "manual" methods verifying Five Rights information (e.g., Bar code does not work; the bar code reader is not working).												N				X
15.07	New	IF	15. Decision Support for Medication, Immunization, and Blood Products Administration	The system shall provide the ability to record the medication NDC number or other ID of the drug actually administered to the patient.												N		For example, a subsequent medication recall. This assumes that bar code scanning is being used for medication administration.		X
16.02	New	IF	16. Clinical Task Management	The system shall provide the ability to establish time periods for designating medication administration tasks overdue.												N				X
16.03	New	IF	16. Clinical Task Management	The system shall provide the ability to establish time periods and recipients for escalation of overdue medication administration tasks.												N				X
16.04	2.6.3 4.2.19	IF	16. Clinical Task Management	The system shall provide the ability to notify the designated clinician of overdue medication administration tasks.											N					X
18.01	2.15.1	IF	18. Health Record Management Support the creation of legal documentation needed for the inpatient electronic medical record	The system shall provide the ability to view patient data from previous admissions.	S.3.1.5	H	H	H	H	H	H	X				N		For eMAR only, the intent is to view medication administration record from previous admissions. The intent of this criterion is within the same setting, within the scope of the applications/system.		X
18.02	1.4.2	IF	18. Health Record Management	The system shall provide the ability to include patient identifying information as well as time and date report printed, on each page of individual patient-specific reports generated.	S.2.2.1							X				N				X
18.03	1.6.1 2.2.1 2.2.2 2.3.1 2.16.1	IF	18. Health Record Management	The system shall provide the ability to create paper copies of order- and medication-administration-related medical record elements.								X				N		Comprehensive order list and medication administration record		X
18.04	1.5.1 2.2.3 2.3.5	IF	18. Health Record Management	The system shall provide the ability to view the complete order and medication administration history.								X				N				X