CCHIT

INTEROPERABILITY Criteria
For 2007 Certification of Inpatient EHRs
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Compliance Key:

N=New Criteria   pilot = Pilot in year

P=Previous Criteria

M=Modified Criteria

FI=Functional Integration

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Criteria #	Category and Description	Specific Criteria	Source or References	Compliance			Discussion / Comments	CPOE & eMAR Test Configuration 1	eMAR Only Test Configuration 2	Inpatient Functionality Criteria Cross Reference
				Certify in May 2007	Roadmap for May 2008	Roadmap for May 2009 and beyond				
II-01	**Admission into Inpatient Care Setting - Medication History**	Receive Current Medication List ("patient home medications") from Pharmacy (directly), PBM (directly) or via intermediary network (e.g. SureScripts, RxHub, etc.)	NCPDP Script 8.1 (RXHREQ, RXHRES) for Current Medication List (2008) Use of RxNorm for clinical drug terminology (2009)		N	M	CCHIT will align with AHIC Medication Management Use Case development.	X		IF-11.05 The system shall provide the ability to accept information on patient home medications from prescription network intermediary. (2008 - display; 2009 codified)
II-02		Receive Current Medication List ("patient home medications") from outpatient documentation sources (e.g., Physicians office EMR) or RHIO/network	HL7/ASTM CCD for Current Medication List (2008) Use of RxNorm for clinical drug terminology (2009)		N	M	CCHIT will align with AHIC Medication Management Use Case development.	X		IF-11.03 The system shall provide the ability to accept information on patient home medications from an external source. (2008 - display; 2009 codified)
II-03		Receive Current Medication List ("patient home medications") from Health Plans	TBD			N	CCHIT will align with AHIC Medication Management Use Case development.	X		IF-11.03 The system shall provide the ability to accept information on patient home medications from an external source. (2008 - display; 2009 codified)
II-04		Receive / import Current Medication List and Medication History from a PHR	HITSP IS-03 Consumer Empowerment			pilot	HITSP IS-03 CE includes HL7/ASTM CCD and terminology standards in HITSP/ISC-32 Registration and Medication History Document Content Component	X		IF-11.03 The system shall provide the ability to accept information on patient home medications from an external source. (2008 - display; 2009 codified)
II-05		Receive Home Meds, Current Active Medications, and Discharge Medications from other inpatient institution (e.g., Hospital, Nursing home, Rehabilitation center)	TBD for message format Use of RxNorm for clinical drug terminology			N	CCHIT will align with AHIC Medication Management Use Case development.	X		IF-11.13 At admission, discharge, and each change in level of care, the system shall retain the history of medication reconciliation for subsequent review. (2008 - display; 2009 codified)
II-06		Receive Current Medication List ("patient home medications") and Medication History from other sources (State Medicaid, home health/nursing agencies, public health, etc.) via direct feed or intermediary	TBD for message format Use of RxNorm for clinical drug terminology			N	CCHIT will align with AHIC Medication Management Use Case development.	X		IF-11.03 The system shall provide the ability to accept information on patient home medications from an external source. (2008 - display; 2009 codified)

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II-07	**Admission into Inpatient Care Setting - Allergy Information**	Receive Allergy History from Pharmacy (directly), PBM (directly) or via intermediary network (e.g. SureScripts, RxHub, etc.)	NCPDP Script 8.1 with text-based allergy data (2008) Use of allergy vocabulary standards (2009)		N		CCHIT will align with the AHIC Medication Management Use Case development and monitor allergy vocabulary standards such as those specified by HITSP and the CHI Approved Standards Standards Allergy 2009 certification.	X		IF-11.04 The system shall provide the ability to accept information on patient allergies from an external source. (2008 - display; 2009 codified)
II-08		Receive Allergy History from outpatient documentation sources (e.g., Physician office EMR) or RHIO/network	HL7/ASTM CCD (2008) Use of allergy vocabulary standards (2009)		N		CCHIT will align with the AHIC Medication Management Use Case development and monitor allergy vocabulary standards such as those specified by HITSP and the CHI Approved Standards Standards for Allergy 2009 certification.	X		IF-11.04 The system shall provide the ability to accept information on patient allergies from an external source. (2008 - display; 2009 codified)
II-09		Receive Allergy History from Health Plans	TBD			N	CCHIT will track allergy coding standards development for migrating towards use of codified allergy data in 2009 and beyond.	X		IF-11.04 The system shall provide the ability to accept information on patient allergies from an external source. (2008 - display; 2009 codified)
II-10		Receive / import Allergy History from a PHR	HITSP IS-03 Consumer Empowerment			pilot		X		IF-11.04 The system shall provide the ability to accept information on patient allergies from an external source. (2008 - display; 2009 codified)

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II-11		Receive Allergy History from other inpatient institution (e.g., Hospital, Nursing home, Rehab Center)	TBD			N	CCHIT will align with AHIC Medication Management Use Case development.	X		IF-11.04 The system shall provide the ability to accept information on patient allergies from an external source. (2008 - display; 2009 codified)
II-12		Receive Allergy History from other sources (State Medicaid, home health/nursing agencies, public health, etc.) via direct feed or intermediary	TBD			N	CCHIT will align with AHIC Medication Management Use Case development.	X		IF-11.04 The system shall provide the ability to accept information on patient allergies from an external source. (2008 - display; 2009 codified)
II-13	**Within Inpatient Care Setting - Orders and Medication Administration**	Receive Patient Demographics and Administrative Information from inpatient IT systems (e.g., name, age, dob, gender)	Functional Integration	FI				X	X	IF-1.01The system shall provide the ability to access demographic information (i.e., name, date of birth, gender) needed for clinician ordering and medication administration. (Test Config 1 and 2) IF-8.01 The system shall provide the ability to display patient name, gender and age/date of birth on all order screens. (Test Config 1 only)
II-14		Receive Patient Bed Assignment information from inpatient IT systems (e.g. registration, bed tracking)	Functional Integration	FI				X	X	IF-1.03 The system shall provide the ability to access bed assignment information.
II-15		Receive Patient Location information from inpatient IT systems or patient tracking technologies	Functional Integration			FI		X	X	IF-1.04 The system shall provide the ability to identify the patient's current location within the hospital.
II-16		Utilize a standard nomenclature and coding system for clinician-generated problem lists	Functional Integration			FI	CCHIT will continue to evaluate standards development in this area and use of SNOMED-CT, ICD-9, and ICD-10CM	X	X	IF-4.02 The system shall provide the ability to display different views of the problem/diagnosis list.

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II-17		Receive clinical data pertinent for medication administration (e.g., weight, vital signs, from inpatient IT systems if captured in other systems (e.g., nursing documentation system)	Functional Integration		FI			X	X	IF-14.15 The system shall provide the ability to document clinical assessment pertinent to medication administration. IF-5.13 The system shall provide the ability to display the allergy history, including date and time of entry.
II-18		Send Non-Medication Orders and Updates to receiving system (e.g., LIS, RIS, Dietary)	Functional Integration		FI			X		IF-8.07 The system shall provide the ability for clinicians to write all patient care orders electronically IF-8.08 The system shall provide the ability to renew, activate, suspend, modify, and discontinue orders. IF-8.11 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. IF-8.25 The system shall provide the ability to electronically communicate the order to the receiving departmental system.
II-19		Send Medication Orders and Updates to Pharmacy IT system utilizing a coding system for medications	Functional Integration		FI		CCHIT will align with the AHIC Medication Management Use Case development and monitor clinical drug terminology standards such as RxNorm for future consideration.	X		IF-8.07, IF-8.09, IF-8.11, IF-8.25 IF-10.1 The system shall allow the hospital to permit ordering of uncoded or nonformulary medications. IF-10.3 The system shall provide the ability to maintain a coded list of medications including a unique identifier for each medication.

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II-20		Receive Status Updates from Pharmacy	Functional Integration	FI				X		IF-8.26 The system shall provide the ability to view status information for ordered services.
II-21		Provide access and view capabilities for relevant lab results for medication ordering or administration	Functional Integration	FI			CCHIT will monitor standards for lab data to be used for decision support.	X	X	IF-7.01 The system shall provide the ability to view test results during the ordering process. (Test Config 1 only) IF-7.02 The system shall provide the ability to view test results during medication administration. (Test Config 1 and 2)
II-22		Send medication administration schedule updates to Pharmacy	Functional Integration			FI		X	X	IF-14.21 The system shall provide the ability to notify the Pharmacy of changes in schedules on the medication administration record.
II-23		Integrate with devices such as IV Smart Pumps and hemodynamic monitoring	Functional Integration			FI		X	X	IF-14.18 The system shall provide the ability to receive pump settings and start time from an IV Smart Pump for incorporation into documentation. IF-14-19 The system shall provide the ability to accurately exchange discrete electronic data with hemodynamic monitoring devices for incorporation into the medication administration record.
II-24		Integrate with bar-code technology to capture information from linear bar code labels and wristbands	Functional Integration		FI			X	X	IF-15.04 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.

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II-25		Integrate with other positive ID technology (e.g., RFID) to capture information	Functional Integration			FI		X	X	IF-15.05 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.
II-26	**Discharge from Inpatient Care Setting or Transfer to Other Health Care Facility - Medications and Allergies**	Send an electronic prescription of discharge medications and allergies to Pharmacy (directly), PBM (directly), or via intermediary network (e.g., SureScripts, RxHub)	NCPDP Script 8.1 (NEWRX) Use of allergy vocabulary standards			N	CCHIT will align with AHIC Medication Management Use Case development and monitor allergy vocabulary standards such as those specified by HITSP for CE and the CHI Approved Standards Standards for Allergy for 2009 certification.	X		No current corresponding inpatient functionality criteria -- will coordinate with IFWG.
II-27		Send Current Medication List and Discharge Medications ("patient home medications" and "medications prescribed upon discharge") and Allergies to outpatient documentation sources (e.g., Physicians office EMR), or RHIO/network	HL7/ASTM CCD (2008) Use of RxNorm for clinical drug terminology (2009) Use of allergy vocabulary standards (2009)		N	M	CCHIT will align with AHIC Medication Management Use Case development and monitor allergy vocabulary standards such as those specified by HITSP for CE and the CHI Approved Standards Standards for Allergy for 2009 certification.	X		IF-11.14 At discharge, the system shall provide the ability to communicate discharge medications and allergies to the next provider of care. IF-11.17 The system shall provide the ability to provide a complete list of current medications at the time of patient discharge.
II-28		Send outpatient Current Medication List (active home medications upon discharge) and allergies to Health Plans	TBD			N	CCHIT will align with AHIC Medication Management Use Case development.	X		No current corresponding inpatient functionality criteria -- will coordinate with IFWG.
II-29		Send Current Medication List and Discharge Medications ("patient home medications" and "medications prescribed upon discharge") and Allergies to patient PHR in response to a query from a PHR	HITSP IS-03 Consumer Empowerment			pilot	CCHIT will align with AHIC Medication Management Use Case development.	X		IF-11.17 The system shall provide the ability to provide a complete list of current medications at the time of patient discharge.

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II-30		Send Active Medications,-Inpatient Medication History, and Allergies to other inpatient institution (e.g., Hospital, Nursing home, Rehabilitation center)	TBD for message format Use of RxNorm for clinical drug terminology Use of allergy vocabulary standards			N	CCHIT will align with AHIC Medication Management Use Case development.	X		IF-11.16 The system shall provide the ability to communicate the current inpatient medication list to the next provider of care.
II-31		Send Current Medication List and Discharge Medications ("patient home medications" and "medications prescribed upon discharge") and Allergies to other sources (State Medicaid, home health/nursing care agencies, public health, etc.) directly or via intermediary	TBD for message format Use of RxNorm for clinical drug terminology Use of allergy vocabulary standards			N	CCHIT will align with AHIC Medication Management Use Case development.	X		IF-11.17 The system shall provide the ability to provide a complete list of current medications at the time of patient discharge.