



Eligible Hospital and Critical Access Hospital Meaningful Use Core Measures Measure 7 of 13

Stage 1

Last updated: April 2013

Record Vital Signs	
Objective	Record and chart changes in the following vital signs: (A) Height (B) Weight (C) Blood pressure (D) Calculate and display body mass index (BMI) (E) Plot and display growth charts for children 2-20 years, including BMI
Measure	For more than 50 percent of all unique patients age 2 and over admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight, and blood pressure are recorded as structured data. New Measure (Optional 2013; Required 2014 and beyond): For more than 50 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data.
Exclusion	No exclusion.

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Definition of Terms

Admitted to the Emergency Department – There are two methods for calculating ED admissions for the denominators for measures associated with Stage 1 of Meaningful Use objectives. Eligible hospitals and CAHs must select one of the methods below for calculating ED admissions to be applied consistently to all denominators for the measures. That is, eligible hospitals and CAHs must choose either the “Observation Services method” or the “All ED Visits method” to be used with all measures. Providers cannot calculate the denominator of some measures using the “Observation Services method,” while using the “All ED Visits method” for the denominator of other measures. Before attesting, eligible hospitals and CAHs will have to indicate which method they used in the calculation of denominators.

Observation Services method. The denominator should include the following visits to the ED:

- The patient is admitted to the inpatient setting (place of service (POS) 21) through the ED. In this situation, the orders entered in the ED using certified EHR technology would count for purposes of determining the computerized provider order entry (CPOE) Meaningful Use measure. Similarly, other actions taken within the ED would count for purposes of determining Meaningful Use
- The patient initially presented to the ED and is treated in the ED's observation unit or otherwise receives observation services. Details on observation services can be found in the Medicare Benefit Policy Manual, Chapter 6, Section 20.6. Patients who receive observation services under both POS 22 and POS 23 should be included in the denominator.

All ED Visits method. An alternate method for computing admissions to the ED is to include all ED visits (POS 23 only) in the denominator for all measures requiring inclusion of ED admissions. All actions taken in the inpatient or emergency departments (POS 21 and 23) of the hospital would count for purposes of determining meaningful use.

Unique Patient –If a patient is admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patient's medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same EHR reporting period.

Attestation Requirements

NUMERATOR / DENOMINATOR

- DENOMINATOR: Number of unique patients age 2 or over admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- NUMERATOR: Number of patients in the denominator who have at least one entry of their height, weight and blood pressure recorded as structured data.

NEW NUMERATOR / DENOMINATOR

(Optional 2013; Required in 2014 and beyond)

- DENOMINATOR: Number of unique patients (age 3 or over for blood pressure) admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- NUMERATOR: Number of patients in the denominator who have at least one entry of their height, weight and blood pressure (ages 3 and over) recorded as structured data.

The resulting percentage (Numerator ÷ Denominator) must be more than 50 percent in order for an eligible hospital or CAH to meet this measure.



Additional Information

- The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology.
- The only information required to be inputted by the provider or staff is the height, weight, and blood pressure of the patient. The certified EHR technology will calculate BMI and the growth chart if applicable to patient based on age.
- Height, weight, and blood pressure do not have to be updated by the provider at every patient encounter. The provider can make the determination based on the patient's individual circumstances as to whether height, weight, and blood pressure need to be updated.
- Height, weight, and blood pressure can get into the patient's medical record as structured data in a number of ways. Some examples include entry by a physician, entry by hospital staff, transfer of the information electronically or otherwise from another provider, or entered directly by the patient through a portal or other means.
- This specification sheet has been updated to reflect the applicable Stage 1 provisions in the [Stage 2 Meaningful Use Final Rule](#), published on September 4, 2012.

Related Meaningful Use FAQs

To see the FAQs, click the New ID # hyperlinks below, or visit the CMS FAQ web page at <https://questions.cms.gov/> and enter the New ID # into the Search Box, clicking the "FAQ #" option to view the answer to the FAQ. (Or you can enter the OLD # into the Search Box and click the "Text" option.)

- In recording height as part of the core meaningful use objective "Recording vital signs" for EPs, eligible hospitals, and CAHs, how should providers account for patients who are too sick or otherwise cannot be measured safely? [New ID #2891](#), [Old ID #10156](#)
- Can an eligible professional (EP) claim an exclusion if the EP regularly records only one or two of the required vital signs but not all three? [New ID #3217](#), [Old ID #10593](#)
- What do the numerators and denominators mean in measures that are required to demonstrate meaningful use? [New ID #2813](#), [Old ID #10095](#)
- Does an eligible hospital have to count patients admitted to both the inpatient and emergency departments in the denominator of meaningful use measures, or can they count only emergency department patients? [New ID #3067](#), [Old ID #10468](#)
- If an eligible hospital or CAH has a rehabilitation unit or a psychiatric unit that is part of the inpatient department and that bills under Place of Service (POS) code 21, but that is excluded from the inpatient prospective payment system (IPPS), should patients from these units be included in the denominator for the measures of meaningful use objectives? [New ID #3213](#), [Old ID #10591](#)
- How should patients in swing beds be counted in the denominators of meaningful use measures for eligible hospitals and CAHs? [New ID #3259](#), [Old ID #10640](#)

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria	
§170.302(f) Record and chart vital signs	(1) <i>Vital signs</i> . Enable a user to electronically record, modify, and retrieve a patient's vital signs including, at a minimum, height, weight, and blood pressure.
	(2) <i>Calculate body mass index</i> . Automatically calculate and display body mass index (BMI) based on a patient's height and weight.
	(3) <i>Plot and display growth charts</i> . Plot and electronically display, upon request, growth charts for patients 2–20 years old.
§170.302(n) Automated measure calculation	For each meaningful use objective with a percentage-based measure, electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage associated with each applicable meaningful use measure.

Standards Criteria	
N/A	