



# Eligible Hospital and Critical Access Hospital Meaningful Use Core Measures Measure 6 of 14

Stage 1

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Record Demographics	
<b>Objective</b>	Record all of the following demographics: (A) Preferred language (B) Gender (C) Race (D) Ethnicity (E) Date of birth (F) Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH
<b>Measure</b>	More than 50 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.
<b>Exclusion</b>	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. Allergy – An exaggerated immune response or reaction to substances that are generally not harmful.

**Preferred Language** – The language by which the patient prefers to communicate.

**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 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 all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) 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

- Race and ethnicity codes must follow current federal standards published by the Office of Management and Budget ([http://www.whitehouse.gov/omb/info/eg\\_statpolicy/#dr](http://www.whitehouse.gov/omb/info/eg_statpolicy/#dr)).
- If a patient declines to provide all or part of the demographic information, or if capturing a patient’s ethnicity or race is prohibited by state law, such a notation entered as structured data would count as an entry for purposes of meeting the measure. In regards to patients who do not know their ethnicity, eligible hospitals or CAHs should treat these patients the same way as patients who decline to provide race or ethnicity — identify in the patient record that the patient declined to provide this information.
- Providers are not required to communicate with the patient in his or her preferred language in order to meet the measure of this objective.
- Eligible hospitals and CAHs must record in the patient’s EHR the clinical impression and preliminary assessment of the cause of death. This measure does not require that cause of death be updated if the case is referred to the Department of Health or coroner’s office.

