



EHR Variables

| | Data Item | Emergency Department Visits | Inpatient Discharges | Outpatient Visits | Meaningful Use Data Element |
|--|--|-----------------------------------|-------------------------|----------------------|-----------------------------------|
| Personal Identifiable Information | Patient Name | R | R | R | ✓ |
| | Patient Address including zip code | R | R | R | |
| | Patient SSN and Medicare number | R | R | R | |
| | Patient medical record number | R | R | R | |
| Patient Information | Date of birth | R | R | R | ✓ |
| | Sex | R | R | R | ✓ |
| | Race | R | D | R | ✓ |
| | Ethnicity | R | D | R | ✓ |
| | Height | | D | | ✓ |
| | Weight | | D | | ✓ |
| | Marital Status | | D | | |
| | Tobacco use | | | D | ✓ |
| | If female, is patient pregnant and gestation week | | | D | |
| | If patient has asthma: Asthma Severity (intermittent, mild persistent...severe persistent) | | | D | |
| | If patient has asthma: Asthma Control (well controlled...very poorly controlled) | | | D | |
| | Encounter Information | Encounter number | R | R | R |
| Date of admission | | | R | | ✓ |
| Date of visit | | | | R | ✓ |
| Date and time of arrival | | R | | | ✓ |
| Date and time of provider contact | | R | | | |

R = Required

D = Desired

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| Encounter Information (cont'd) | Date and time of departure/discharge | R | R | | ✓ |
| | Date and time of departure/discharge | R | R | | ✓ |
| | Date and time of admission order | R | | | |
| | Source(s) of payment | R | D | R | |
| Dx Information | Admission diagnosis | | R | R | ✓ |
| | All (other) diagnoses including E codes and V codes | R | R | R | ✓ |
| Admission, Discharge, and Notes | Priority of admission | | R | | |
| | Source of admission (e.g. emergency room) | | R | | |
| | All reason(s) for visit and/or Chief Complaint | R | | R | ✓ |
| | Present on Admission (POA) flags for diagnoses | | R | | ✓ |
| | Any ICU, NICU or CCU use and number of days of care | | D | | |
| | Clinician notes (e.g., physicians', nurses', P.A.s', N.P.s' and C.N.M.s' notes) | R | D | D | |
| | Discharge disposition (Return appointment, Referred, Routine discharge (if surgery), Admitted to ED/hospital, etc.) | R | R | R | |
| | | | | | |
| Orders, Observations and Medications | Provided or Ordered Diagnostic testing (e.g., lab, imaging, EKG, audiometry, biopsy) | R | R | R | ✓ |
| | Provided or Ordered Therapeutic procedures, including surgery, and non-medication treatments (e.g. physical therapy, speech therapy, home health care) | R | R | R | ✓ |
| | Results of testing or procedures provided or ordered during the admission, as many as are available | R | R | R | ✓ |
| | Medications on admission, during hospital stay and at discharge | R | R | R | |

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| Care Providers | NPIs of physicians | D | D | D | |
| | Health care providers seen (including attending, resident, intern, N.P., P.A., consulting, specialist(s), Nurse, mental health providers, social workers) | | | D | |
| | Is this provider the patient's primary care provider or was patient referred for visit | | | D | |
| Clinic | Type of clinic/location where visit occurred (family practice, cardiology, etc.) | | | D | |
| | Has patient been seen in clinic/ location before | | | D | |
| | If yes, how many visits in previous 12 months (excluding this visit) | | | D | |
| Detailed Observations | Vital signs (height, weight, blood pressure, temperature) | | | D | ✓ |
| | Vital signs on arrival and last taken (temperature, pulse, respiratory rate, blood pressure, pulse oximetry) | D | | | |
| | Most recent results and dates blood drawn for Total cholesterol | | | R | |
| | Most recent results and dates blood drawn for HDL | | | R | |
| | Most recent results and dates blood drawn for LDL | | | R | |
| | Most recent results and dates blood drawn for Triglycerides | | | R | |
| | Most recent results and dates blood drawn for HbA1c | | | R | |
| | Most recent results and dates blood drawn for Blood glucose | | | R | |
| | Most recent results and dates blood drawn for Serum creatinine | | | R | |
| | Immunizations - previous and administered | R | | R | ✓ |
| | Active problems | R | | R | |
| | Pain level | D | | | |

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| Detailed Observations (cont'd) | Is this visit for a new problem, chronic problem (routine or flare-up), preventive care, pre-/post-surgery, surgery/procedure | | | D | |
| | If injury, cause and intentionality | | | D | |
| ED Visit Details | Was patient triaged and if so, triage level | R | | | |
| | Mode of arrival (e.g., ambulance, police transport) | R | | | |
| | Was patient transferred from another hospital or urgent care facility | D | | | |
| | Has patient been seen in this ED within last 72 hours and discharged | D | | | |
| | Initial or follow-up visit | D | | | |
| Out Patient Surgery | Date and time Surgery/Procedure began and ended | | | D | |
| | Provider(s) of anesthesia (e.g. anesthesiologist, CRNA, resident, surgeon) | | | D | |
| | Symptom(s) present during or after surgery/procedure | | | D | |
| | Any follow-up with patient within 24 hours and outcome | | | D | |
| ED Disposition to Observation | If admitted to observation unit, Dates and times (ED discharge, observation unit discharge) | D | | | |
| ED admit to Hospital | Date and time bed requested for hospital admission | D | | | |
| | If admitted to hospital, Specialty of admitting physician (e.g., hospitalist) | D | | | |
| | If admitted to hospital, Type of unit admitted to | D | | | |
| | If admitted to hospital, Hospital discharge date | D | | | |
| | If admitted to hospital, Hospital discharge diagnosis | D | | | |
| | If admitted to hospital, Hospital discharge disposition | D | | | |