

Performance Measures Form

OMB No.: 0915-0285. Expiration Date: 1/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE MEASURES	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Focus Area:		
Performance Measure		
Is this Performance Measure applicable to your organization?		
Target Goal Description		
Numerator Description		
Denominator Description		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:	
Progress Field		
Projected Goal (by December 31, 2019)		
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify) : _____ Data Source and Methodology Description:	
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Comments		

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-N39 Rockville, Maryland, 20857.