

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>Performance Measures</b>		
	<b>Grant Number</b>	<b>Application Tracking Number</b>
<b>Focus Area:</b>		
<b>Performance Measure</b>		
<b>Target Goal Description</b>		
<b>Numerator Description</b>		
<b>Denominator Description</b>		
<b>Baseline Data</b>	<b>Baseline Year:</b> <b>Measure Type:</b> <b>Numerator:</b> <b>Denominator:</b> <b>Calculated Baseline:</b>	
<b>Projected Data (by End of Project Period)</b>		
<b>Data Source &amp; Methodology</b>	<b>Data Source:</b> <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify) : _____ <b>Data Source and Methodology Description:</b>	
<b>Key Factor and Major Planned Action #1</b>	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
<b>Key Factor and Major Planned Action #2</b>	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting <b>Key Factor Description:</b> <b>Major Planned Action Description:</b>	
<b>Comments</b>		

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 10-29 Rockville, Maryland, 20857.