CHARITABLE HEALTHCARE NETWORK
Ohio: Stronger. Healthier. Together.

1. Clinic Name:

2. Person Reporting:

3. Which funding opportunity are you reporting on?
   _____ Technology Development Grant
   _____ Quality of Care Development Grant

For Technology Development, answer questions four (4) through 11

For Quality of Care Development Grant, answer questions five (5) through 12.

4. Discuss the IT Support you received during this funding cycle. Was it sufficient? Were responses to your needs timely?, etc.

5. Using the measurement(s) and timeline created in your SMART goal(s), describe the progress made.

6. Provide detailed information on the implementation of your plan.

7. Were you able to complete all planned activities?

8. Discuss challenges you encountered 12 months into the project. How have you handled these challenges?

9. What impact has this project had on your organization? Your patients?

10. How can CHN improve this funding process going forward?

11. Provide a budget to actual spending report

Expense Item	Amount Awarded	Amount Spent to Date	Balance

12. Compared with your baseline data, what is your current improvement. Provide detailed information such as number of patients, changes in patient outcomes and/or behaviors, changes in your clinics policies or practices, etc.

Patient Population Characteristics					
	Total at Project Start	**Total at Project End**		**Total at Project Start**	**Total at Project End**
Number of Women			Number of patients White		
Number of Men			Number of patients Black or African American		
Number of Children			Number of patients Asian		
Number where gender is not tracked			Number of patients Hawaiian or Pacific Islander		
Number of patients uninsured			Number of patients American Indian		
Number of patients Medicaid			Number of patients more than one race		
Number of patients other insurance			Number not tracked by race		
Number not tracked by insured status					
BASELINE DATA - for 12 months before project begins					
Baseline data collected from EHR or Chart Audit?			Number of patients in project		
Baseline data start date (12 months before beginning project)			Number of patients that currently meet your goal		
Baseline end date					
Does your clinic **currently** have a policy in place addressing the Improvement area you want to address?					Yes / No
Does your clinic have a process in place to determine the effectiveness of your implementation plan?					Yes / No
** Data for patient demographics is based on your current practice.					