

# Welcome to HCCN PIMS Release 2.1 tutorials

These are detailed step-by-step procedures to help Grantees to get the best from their new system.

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# 1 Grantee Functions in HCCN PIMS

## 1.1 Grantee Login (How to Access and Use HCCN PIMS)

Grantees will access HCCN PIMS through EHB  
Be registered with EHB

Type the following URL on your browser and hit “Enter”:

<https://grants.hrsa.gov/webexternal/login.asp>

This brings up the EHB login screen

U.S. Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee

[home](#) | [contact us](#) | [more instructions](#) | [glossary](#) | [help](#) | [questions/comments](#)

**Login**

**Logon Menu**

- ▶ Login
- Forgot Password
- Registration

[Login](#)

**Contact Us:**

Phone: 877-Go4-HRSA/877-464-4772; 301-998-7373

Time: 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday

Email: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

Fields marked with an asterisk(\*) are required.

**LOGIN**

**Already Registered?**

\*Username

\*Password

[Forgot your password?](#)

**Not Registered?**

- Registration is needed only once
- Read the getting started guidelines for [New Applicants](#) and/or [Existing Grantees](#)

**Warning!**

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### 1.1.1 Username and Password

Enter your username and password and click "Login"

The screenshot shows the HRSA Electronic Handbooks for Applicants/Grantee login page. At the top left is the HRSA logo with the text "U.S. Department of Health and Human Services" and "Health Resources and Services Administration". To the right of the logo is the text "HRSA Electronic Handbooks for Applicants/Grantee" and a "HELP" icon. Below the logo is a "Logon Menu" with options for "Login", "Forgot Password", and "Registration". The "Login" option is selected. Below the menu is a "Login" button. To the right of the menu is a "Contact Us" section with phone, time, and email information. Below that is a "LOGIN" section with two columns: "Already Registered?" and "Not Registered?". The "Already Registered?" column has fields for "\*Username" (shsdced) and "\*Password" (masked with dots), a "Login" button (circled in orange), and a "Forgot your password?" link. The "Not Registered?" column has a "Create an Account" button and a list of instructions: "Registration is needed only once" and "Read the getting started guidelines for New Applicants and/or Existing Grantees". Below the "LOGIN" section is a "Warning!" section with text about site security and legal process. At the bottom is a "Privacy Policy | Disclaimer" link.

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HRSA Electronic Handbooks for Applicants/Grantee

HELP

**Login**

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**Contact Us:**  
Phone: 877-Go4-HRSA/877-464-4772; 301-998-7373  
Time: 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday  
Email: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

Fields marked with an asterisk(\*) are required.

**LOGIN**

**Already Registered?**

\*Username   
\*Password   
  
[Forgot your password?](#)

**Not Registered?**

- Registration is needed only once
- Read the getting started guidelines for [New Applicants](#) and/or [Existing Grantees](#)

**Warning!**

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## 1.1.2 View Portfolio

From the EHB Welcome page click 'View Portfolio' on the "Home" left hand side menu

J.S. Department of Health and Human Services  
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Health Resources and Services Administration  
E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee  
SHAWNEE HEALTH SERVICE, Carterville, IL

Welcome George O'Neill (Last login date and time 4/30/2008 11:01:00 AM)

**Welcome**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

**Contact Us:**  
Phone: 877-Go4-HRSA/877-464-4772; 301-998-7373  
Time: 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday  
Email: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

Applicant/Grantee Electronic Handbook (EHB) provides all potential and existing grantees a means to conduct various activities electronically.

**WHAT WOULD YOU LIKE TO DO TODAY?**

- Manage Competing Applications**
  - [Read Electronic Submission Guide](#)
  - [Verify Grants.gov Application \(if required per Guidance\)](#)
  - [Work on My Application](#)
  - [Allow Other Members of My Organization to Work on My Application](#)
  - [Search Funding Opportunities](#)
- Manage Grants Portfolio**
  - [Read About Grant Registration](#)
  - [Add a Grant to My Portfolio](#)
  - [View Grants in My Portfolio](#)
  - [Work on a Grant](#)
  - [Work on My Noncompeting Application](#)
  - [Work on Other Post Award Submissions](#)
- Manage My Profile**
  - [Update My Contact and Address Detail](#)
  - [Verify My Email Address](#)
  - [Change My Password/Security Question](#)
  - [Read About Multiple Organization Registrations](#)
  - [Associate My Account with Another Organization](#)
  - [Set My Default Organization](#)
- Manage Organization Profile**
  - [Read About Organization Profile Management](#)
  - [Update Organization Information on File](#)
  - [Change Communication Contact for Organization](#)
  - [Manage Users of My Organization](#)

[Logout](#)

[Acceptable Use Policy](#)

This brings up the Grants List for the grantee



### 1.1.3 Open Grant Handbook

Select a grant by clicking on the "Open Grant Handbook" link on the last column of the Grants list.

U.S. Department of Health and Human Services  
**HRSA**  
 Health Resources and Services Administration  
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee  
 SHAWNEE HEALTH SERVICE, Carterville, IL

Welcome George O'Neill (Last login date and time 4/30/2008 1:44:00 PM) -Tools Menu- Go

**View Portfolio**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following are the grants for which you have been registered either as a project director or an employee. Click on the "Open Grant Handbook" link to manage a grant.

GRANTS LIST			
<b>H80CS00667:Health Center Cluster</b> <span style="float: right;">Last Award Issued on: 09/25/2007</span>			
Project Period	4/1/2002-3/31/2011	Budget Period	4/1/2007-3/31/2008
CRS EIN	1370966854A1	Number of Support Years	6
Project Director	George M O'Neill, Email: reitester1@hotmail.com, Phone: (618) 985-8221		<a href="#">Open Grant Handbook</a>
Grant Contact	Carolyn Testerman, Email: reitester1@hotmail.com, Phone: (301) 594-4244		
Program Contact	Brenda Wise, Email: reitester1@hotmail.com, Phone: (301) 443-0621		
<b>H37RH00053:Black Lung/Coal Miner Clinics Program</b> <span style="float: right;">Last Award Issued on: 06/25/2007</span>			
Project Period	10/1/1979-6/30/2010	Budget Period	7/1/2007-6/30/2008
CRS EIN	1370966854A1	Number of Support Years	29
Project Director	George M O'Neill, Jr., Email: reitester1@hotmail.com, Phone: (618) 985-8221		<a href="#">Open Grant Handbook</a>
Grant Contact	Donna Marx, Email: reitester1@hotmail.com, Phone: (301) 594-4245		
Program Contact	Kristin Martinsen, Email: reitester1@hotmail.com, Phone: (301) 594-4438		

[Acceptable Use Policy](#)

This brings up the selected Grant menu.

### 1.1.4 Progress Reports

Choose to work on Progress Reports by clicking the link on the Grant menu.

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E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee  
SHAWNEE HEALTH SERVICE, Carterville, IL

HELP

Welcome George O'Neill (Last login date and time 4/30/2008 1:44:00 PM)  
**Overview**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

**Grant Handbook**  
H37RH00053

**Grant Menu**

- Overview
- View Awards**
- Last NGA
- Award History
- Administer**
- New Users
- Existing Users
- Submissions**
- Monitor Schedules
- Noncompeting
- Continuations
- Performance Reports
- Progress Reports**
- FSR
- Other Submissions

**Contact Us:**

Phone:	Time:	Email:
877-Go4-HRSA/877-464-4772; 301-998-7373	9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday	<a href="mailto:CallCenter@HRSA.GOV">CallCenter@HRSA.GOV</a>

Grant Electronic Handbook (EHB) provides authorized users of the grantee organization a means to conduct various activities electronically.

**Note:** You have multiple grants in your profile. Currently, you are working on Grant# H37RH00053. All data shown to you will be for this grant. To change to a different grant click [here](#).

**WHAT WOULD YOU LIKE TO DO TODAY?**

- View Grant Information**
  - [View Most Recent Notice of Grant Award](#)
  - [View Prior Notices of Grant Awards](#)
  - [Change/Control Who Can View this Information](#)
- Administer Grant Handbook**
  - [Learn About Grant Access Privileges](#)
  - [Allow Other Users from My Organization to Work on this Grant](#)
  - [Change/Control How Others Can Work on this Grant](#)
- Manage Post Award Submissions**
  - [Learn About Post Award Submissions](#)
  - [View Available Post Award Submission Schedule](#)
  - [Work on Noncompeting Continuation Application](#)
  - [Work on Performance Report or Other Submissions](#)
  - [Control How Others Can Work on Submissions](#)

**Logout**

[Acceptable Use Policy](#)

This brings up the Progress Report for the Grant.

### 1.1.5 Select "Progress Report" option

Select one of the first 3 options (Submit Report, Edit Report, and View Report) under "Progress Report" if the Schedule Status is "In Progress" or Select "Start Report" if Schedule Status is "Not Started"

The screenshot shows the HRSA Electronic Handbooks for Applicants/Grantee interface. The header includes the HRSA logo and the text "HRSA Electronic Handbooks for Applicants/Grantee" and "Birmingham Health Care, Inc., Birmingham, AL". The user is logged in as Jimmy Lacey, and the interface displays the "Progress Reports" section for grant H2LIT16584. A sidebar menu on the left lists various options, with "Progress Reports" selected. The main content area shows a table of progress reports for the grant, with the "Submit Report" link circled in orange.

U.S. Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee  
Birmingham Health Care, Inc., Birmingham, AL

Welcome Jimmy Lacey to HRSA EHB P5 environment (Last login date and time 1/6/2011 2:15:00 PM)

**Progress Reports**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following is the list of progress reports for this grant along with their statuses. Based on its status, you can edit or view the progress report by clicking on the appropriate link. To search through progress reports, click on the "Search" button.

Displaying 1-9 of 9

**PROGRESS REPORT**

Input Parameters: ([Show Parameters](#))

HCCN P1 Report 12072010		Schedule Status: <b>In Progress</b>	
Type	Progress Report	Due Date	9/30/2010 <small>Late by: 98 days</small>
Available Date	12/8/2010 10:29:08 AM	Submission Tracking Number	N/A
Reporting Cycle	Semi Annually	Reporting Period	3/1/2010 - 8/31/2010
Online Submission	Yes (Required)	Submission Status	In Progress
Started by	Jimmy Lacey on 1/6/2011 2:16:18 PM		
		<a href="#">Submit Report</a>   <a href="#">Edit Report</a>   <a href="#">View Report</a>	

### 1.1.6 You are redirected to HCCN PIMS Welcome/Home page

**Grantee:** Southbridge Medical Advisory Council, Inc. | **Grant Number:** H2KIT08592 | **Grant Type:** EHR Implementation Grant  
**Current Report Period:** 3/1/2008 - 3/31/2008 | **Report Due Date:** 12/13/2009

## Welcome to Performance Improvement and Measurement System

Welcome to the Health Center Controlled Network Health Information Technology (HIT) Grantee Reporting System

The Office of Health Information Technology provides grant funding to support Health Center Controlled Networks to use HIT as a tool to improve both the quality of health care provided in health centers as well as individual and population health. OHIT hopes to use the information derived from these grantee projects with an active quality improvement program to provide evidence of the use of data and HIT to improve care and to demonstrate the value and effectiveness of health centers in the marketplace. There will be four reporting periods each year (due dates: October 1st, January 1st, April 1st, and July 1st).

[Continue](#)

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## 1.2 New Report

1.2.1 Repeat Instructions 1.1.1 to 1.1.4.

1.2.2 Select the “Start Report”

Select the “Start Report” option on the “Progress Report” menu. The report status is “Not Started”

U.S. Department of Health and Human Services  
**HRSA**  
 Health Resources and Services Administration  
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee  
**Northern Minnesota Network, Isanti, MN**

Welcome Jackie Moen to HRSA EHB P5 environment (Last login date and time 1/6/2011 2:47:00 PM)

**Progress Reports**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following is the list of progress reports for this grant along with their statuses. Based on its status, you can edit or view the progress report by clicking on the appropriate link. To search through progress reports, click on the "Search" button.

Displaying 1-10 of 32

PROGRESS REPORT			
Input Parameters: <a href="#">(Show Parameters)</a>			
<b>HCCN P2 Report 12072010</b> <span style="float: right;"><b>Schedule Status: Not Started</b></span>			
Type	Progress Report	Due Date	1/31/2011 Due In: 25 days
Available Date	12/8/2010 10:29:23 AM	Submission Tracking Number	N/A
Reporting Cycle	Semi Annually	Reporting Period	10/1/2010 - 12/31/2010
Online Submission	Yes (Required)	Submission Status	N/A
started by	<a href="#">Start Report</a>		
<b>HCCN P2 Report 12072010</b> <span style="float: right;"><b>Schedule Status: Not Started</b></span>			

You are redirected to HCCN PIMS Welcome/Home page

### 1.2.3 Launch HCCN PIMS

Click on “Continue” button

The screenshot shows the HRSA Performance Improvement and Measurement System (PIMS) welcome page. At the top left is the HRSA logo with the text 'U.S. Department of Health and Human Services' and 'Health Resources and Services Administration'. To the right of the logo is the text 'E-HANDBOOK HOME'. The main header area contains 'Health Center Controlled Networks' and 'Performance Improvement and Measurement System'. Below the header, there are links for 'Instructions', 'Contact Us', and 'Sign Out'. The main content area displays the following information: 'Grantee: Southbridge Medical Advisory Council, Inc. | Grant Number: H2KIT08592 | Grant Type: EHR Implementation Grant' and 'Current Report Period: 3/1/2008 - 3/31/2008 | Report Due Date: 12/13/2009'. Below this is a large heading: 'Welcome to Performance Improvement and Measurement System'. Underneath is a sub-heading: 'Welcome to the Health Center Controlled Network Health Information Technology (HIT) Grantee Reporting System'. The main body of text reads: 'The Office of Health Information Technology provides grant funding to support Health Center Controlled Networks to use HIT as a tool to improve both the quality of health care provided in health centers as well as individual and population health. OHIT hopes to use the information derived from these grantee projects with an active quality improvement program to provide evidence of the use of data and HIT to improve care and to demonstrate the value and effectiveness of health centers in the marketplace. There will be four reporting periods each year (due dates: October 1st, January 1st, April 1st, and July 1st)'. At the bottom of the main content area is a blue button labeled 'Continue', which is circled in orange. Below the main content area is a footer with the text: 'For technical help please call HRSA Call Center 1-877-Go4-HRSA (1-877-464-4772) or email CallCenter@hrsa.gov' and 'Copyright © HRSA. All Rights Reserved.'

This brings up the first not completed form. For a “Not Started” report the first not completed form is “Grantee Contact Information”. Grantee can select a different form by clicking the form link under “Report Navigation”



**Grantee:** BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | **Grant Number:** H2LIT16862 | **Grant Type:** HIT Innovation Grant

**Current Report Period:** 12/1/2009 - 2/3/2010 | **Report Due Date:** 12/1/2010

- Tools**
- [Validate/Submit Report](#)
  - [PDF Print](#)
  - [Grantee Information](#)

Display Report For Period

**Report Status:** In Progress

**Report Navigation**

- [1. Grantee Contact](#)
- [2. Type of Grant and Updates \(Part A, Section 1\)](#)
- [3. Part A: Updates \(Section 2\)](#)
- [4. Measures \(Accomplishments\)](#)
- [5. Part C: Software](#)
- [6. Part D: Contingency Planning](#)
- [7. Part E: Evaluation \(Section 1\)](#)
- [8. Part E: Evaluation \(Section 2\)](#)

**Icon Legend**

- Form Not Started
- Form Started
- Form Completed

## Grantee Contact Information

For help on this page, please click the Instructions link on the top right of the page.

**Grantee Contact Information**

	Grantee of Record	Network (if different from Grantee of Record)
Organization Name	BLACKSTONE VALLEY COMMUNITY HEALTH CARE,	eCHC
Contact Name	Raymond Lavoie	Raymond Lavoie
Contact Title		President
Address	42 Park Pl Pawtucket, RI 02860	36 Park Place Pawtucket, RI 02860
Phone Number <small>(e.g.: 111-222-3333ext12345)</small>	4017290080	401-729-5235
Fax Number <small>(e.g.: 111-222-3333)</small>		401-729-0438
Email Address	reitester1@hotmail.com	rlavoie@bvchc.org
Web Site <small>(e.g.: http://www.orgname.com OR https://www.orgname.com)</small>		

**Multi Site Grant?**

Select "YES" if a community health center with numerous sites in project scope as opposed to a Health Center Controlled Network.

No  Yes

**Any Comments About this Form or the Data You Entered**

**Is this Form Complete?**

No  Yes



1.2.4 Form Data Entry using “Measures (Accomplishments)” form.

Select “Hit Planning” Type of Grant and enter data in form fields. If all required information is provided Grantee can choose to complete the form.

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 Health Resources and Services Administration  
[E-HANDBOOK HOME](#)

Health Center Controlled Networks  
 Performance Improvement and Measurement System

[Instructions](#) | [Contact Us](#) | [Sign Out](#)

**Grantee:** BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | **Grant Number:** H2LIT16862 | **Grant Type:** HIT Innovation Grant  
**Current Report Period:** 12/1/2009 - 2/3/2010 | **Report Due Date:** 12/1/2010

**Tools**

[Validate/Submit Report](#)  
[PDF Print](#)  
[Grantee Information](#)

Display Report For Period ▾

Report Status: In Progress

**Report Navigation**

[1. Grantee Contact](#)  
[2. Type of Grant and Updates \(Part A: Section 1\)](#)  
[3. Part A: Updates \(Section 2\)](#)  
 [4. Measures \(Accomplishments\)](#)  
[5. Part C: Software](#)  
[6. Part D: Contingency Planning](#)  
[7. Part E: Evaluation \(Section 1\)](#)  
[8. Part E: Evaluation \(Section 2\)](#)

**Icon Legend**

Form Not Started  
 Form Started  
 Form Completed

## Measures

For help on this page, please click the Instructions link on the top right of the page.

**1. Planning Grant**  
 Not Applicable.

**2. EHR Implementation, Innovations, and Quality Improvement**

*Planning Grantees: Please enter "N/A" for any required fields which do not apply to your program.*

**Measuring the Impact of HIT on Health Outcomes**

HRSA is interested in measuring the impact of HIT in terms of outcomes that support the aims of these grant programs. HRSA requires at least three performance outcome measures, two of which HRSA defines to include the health outcome measures of diabetes control and child immunization for certain grant types.

Indicate if measures are calculated at the Network level (data from three or more health centers in the grant project scope analyzed or aggregated at the network level) or at the Health Center level (data not analyzed or aggregated at the network level reported in this section from one select health center in the grant project scope). Consistently report on or use the same center(s) throughout the grant project for either level.

If different from UDS clinical outcome measure definition, state the source used for calculating the data under "other" and provide an update to any change or any other needed clarification in the "comments" section. In the baseline column, state the percentage and provide the actual numerator and denominator used to calculate it. There is one baseline; it is not re-calculated each year. The measures are inclusive for HIT and non-HIT patients alike.

Note, measure data in this section is not used for formal evaluation purposes, compliance, or statistical comparisons; rather, the data is used to help understand both grantee level reporting capabilities and also to delineate the impact of HIT on the quality of care and on health outcomes of the patients for our programs.

**Select the appropriate level:**  
 Network Level  Health Center Level

If measures are calculated at the Network level consisting of data from at least three health centers in the project scope, then do the measures represent all health centers in the project scope or a subset of health centers? If you choose subset then indicate the number of health centers.  
 Measures represent all health centers in the project scope  
 Measures represent a subset of health centers (1-100):

**Instructions for Measures**

- For EHR Implementation Grant and HIT Innovation Grant, the first three measures are required. For HIT Planning Grant and Quality Improvement Grant, if Measure 1 or/and 2 don't apply, please enter "N/A" (however, at least three measures will be still required).
- Indicate which aims from the list below are the most fitting to your measures listed below. Add rows if necessary to capture additional measures. Make sure to **click the Add button** after completing the fields in the row, otherwise it won't get saved.
- Innovation Grantees:** If you are not reporting on immunizations or diabetes, enter zeros for the numerator and denominator in Measure 3.

**Measure 1 and 2**

Measures	Baseline			Current Progress			Method for calculating consistent with Uniform Data System (UDS)
	Numerator	Denominator	%	Numerator	Denominator	%	
Measure 1: Child Immunization	75	100	75	75	152	49	<input checked="" type="radio"/> Yes <input type="radio"/> No/Other
Measure 2: Diabetes control	≤ 7%	40	40	50		51	<input checked="" type="radio"/> Yes <input type="radio"/> No/Other
	> 7% and ≤ 9%	35	100	40	99	40	
	> 9%	25		25		25	

**Measure 3 and Up**

Measures	Baseline			Current Progress			Aim(s)	Grantee comments and further description on performance measures including methodology, used for reporting, and in quality improvement activities at patient and system level	Action
	Numer.	Denom.	%	Numer.	Denom.	%			
Measure 3: <input type="text" value="Flu Shots"/>	53	100	53	22	47	47	<input checked="" type="checkbox"/> Effectiveness <input type="checkbox"/> Efficiency <input type="checkbox"/> Safety and Quality <input type="checkbox"/> Timeliness <input checked="" type="checkbox"/> Equitability <input type="checkbox"/> Patient Centered-ness	Actual values of numerator and denominator are not available. The Baseline values input here are derived	<a href="#">Edit</a> <a href="#">Delete</a>
Measure 4 (Optional): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Effectiveness <input type="checkbox"/> Efficiency <input type="checkbox"/> Safety and Quality <input type="checkbox"/> Timeliness <input type="checkbox"/> Equitability <input type="checkbox"/> Patient Centered-ness	<input type="text"/>	<a href="#">Add</a>

**3. Any other accomplishments of the project thus far**

Please describe such as:

- Increasing the availability and transparency of information related to the health care needs of the patient and support physician decision making.
- Supporting the rapid response to address both natural and man-made disasters, including those due to bioterrorist acts.
- Promoting continuity of care across settings when patients move from outpatient to urgent, emergency, and inpatient care, and when patients move between geographic areas either voluntarily or involuntarily as in the case of a disaster.
- Creating interoperability with other safety net providers such as health departments and other HRSA grantees.
- Enhancing the capability of safety net providers to enter into collaborative strategies that leverage initiatives and resources (including knowledge, experience, and funding) already present in their communities.
- Promoting the creation of a sustainable business model for deploying HIT in safety net networks.
- Promoting a more effective marketplace, greater competition and systems analysis, enhanced quality, and improved outcomes in health centers.
- Enhancing various reporting needs and requirements. Examples of reporting needs may include: Joint Commission accreditation; Quality improvement and/or quality assurance initiatives; reportable diseases; various state reporting requirements.
- Utilizes HIT to assist with elements and/or activities related to health reform efforts such as expanding access, reducing disparities, etc.

**Any Comments About this Form or the Data You Entered**

**Is this Form Complete?**


No  Yes

For technical help please call HRSA Call Center 1-877-Go4-HRSA (1-877-464-4772) or email CallCenter@hrsa.gov




## 1.2.5 Save Error

Click “Save” at the bottom of the form to write the provided information to the database. The form will not save if errors are found in the information provided, or if the grantee chooses to complete when all required information is not provided. An error message will be generated.



U.S. Department of Health and Human Services  
Health Resources and Services Administration  
E-HANDBOOK HOME

Health Center Controlled Networks  
Performance Improvement and Measurement System



[Instructions](#) | [Contact Us](#) | [Sign Out](#)

**Grantee:** BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | **Grant Number:** H2LIT16862 | **Grant Type:** HIT Innovation Grant  
**Current Report Period:** 12/1/2009 - 2/3/2010 | **Report Due Date:** 12/1/2010

**Tools**

[Validate/Submit Report](#)  
[PDF Print](#)  
[Grantee Information](#)

Display Report For Period: ▼

Report Status: In Progress

**Report Navigation**

- [1. Grantee Contact](#)
- [2. Type of Grant and Updates \(Part A, Section 1\)](#)
- [3. Part A: Updates \(Section 2\)](#)
- [4. Measures \(Accomplishments\)](#)
- [5. Part C: Software](#)
- [6. Part D: Contingency Planning](#)
- [7. Part E: Evaluation \(Section 1\)](#)
- [8. Part E: Evaluation \(Section 2\)](#)

**Icon Legend**

- Form Not Started
- Form Started
- Form Completed

### Measures

For help on this page, please click the Instructions link on the top right of the page.

**⚠ Please correct the following error(s) and try again:**

- ↓ [Measure 1 Current Progress Denominator](#) cannot be blank.
- ↓ [Measure 2 \(> 7% and ≤ 9%\) Current Progress Numerator](#) cannot be blank.
- ↓ [Measure 2 \(> 9%\) Current Progress Numerator](#) cannot be blank.

**1. Planning Grant**

Not Applicable.

**2. EHR Implementation, Innovations, and Quality Improvement**

*Planning Grantees: Please enter "N/A" for any required fields which do not apply to your program.*

**Measuring the Impact of HIT on Health Outcomes**

HRSA is interested in measuring the impact of HIT in terms of outcomes that support the aims of these grant programs. HRSA requires at least three performance outcome measures, two of which HRSA defines to include the health outcome measures of diabetes control and child immunization for certain grant types.

Indicate if measures are calculated at the Network level (data from three or more health centers in the grant project scope analyzed or aggregated at the network level) or at the Health Center level (data not analyzed or aggregated at the network level reported in this section from one select health center in the grant project scope). Consistently report on or use the same center(s) throughout the grant project for either level.

If different from UDS clinical outcome measure definition, state the source used for calculating the data under "other" and provide an update to any change or any other needed clarification in the "comments" section. In the baseline column, state the percentage and provide the actual numerator and denominator used to calculate it. There is one baseline; it is not re-calculated each year. The measures are inclusive for HIT and non-HIT patients alike.

Note, measure data in this section is not used for formal evaluation purposes, compliance, or statistical comparisons; rather, the data is used to help understand both grantee level reporting capabilities and also to delineate the impact of HIT on the quality of care and on health outcomes of the patients for our programs.

**Select the appropriate level:**  
 Network Level  Health Center Level

**Instructions for Measures**

- For EHR Implementation Grant and HIT Innovation Grant, the first three measures are required. For HIT Planning Grant and Quality Improvement Grant, if Measure 1 or/and 2 don't apply, please enter "N/A" (however, at least three measures will be still required).
- Indicate which aims from the list below are the most fitting to your measures listed below. Add rows if necessary to capture additional measures. Make sure to **click the Add button** after completing the fields in the row, otherwise it won't get saved.
- Innovation Grantees:** If you are not reporting on immunizations or diabetes, enter zeros for the numerator and denominator in Measure 3.

**Measure 1 and 2**

Measures	Baseline			Current Progress			Method for calculating consistent with Uniform Data System (UDS)
	Numerator	Denominator	%	Numerator	Denominator	%	
Measure 1: Child Immunization	<input type="text" value="75"/>	<input type="text" value="100"/>	75	<input type="text" value="75"/>	<input type="text" value=""/>	←	<input checked="" type="radio"/> Yes <input type="radio"/> No/Other
Measure 2: Diabetes control	≤ 7%	<input type="text" value="40"/>	40	<input type="text" value="50"/>	<input type="text" value=""/>	51	<input checked="" type="radio"/> Yes <input type="radio"/> No/Other
	> 7% and ≤ 9%	<input type="text" value="35"/>	35	<input type="text" value=""/>	<input type="text" value="99"/>	←	
	> 9%	<input type="text" value="25"/>	25	<input type="text" value=""/>	<input type="text" value=""/>	←	

## 1.2.6 Successful Save

If the “Save” function is successful in either case ( non-completed form or completed form) the grantee is prompted to either work on the next not completed form by clicking “Next” button, or to select any other form from the “Report Navigation” menu.

The screenshot displays the HRSA Performance Improvement and Measurement System interface. At the top, it identifies the user as 'BLACKSTONE VALLEY COMMUNITY HEALTH CARE' with grant number 'H2LIT16862' and grant type 'HIT Innovation Grant'. The current report period is '12/1/2009 - 2/3/2010' and the report due date is '12/1/2010'. The main heading is 'Incomplete Form Saved'. A message states: 'Your incomplete form has been saved successfully. Please come back and complete the form later. You can now either click the Next button or pick any other form under Report Navigation to continue.' A 'Next' button is visible. On the left, there is a 'Tools' section with links for 'Validate/Submit Report', 'PDF Print', and 'Grantee Information'. Below this is a 'Report Status: In Progress' indicator. The 'Report Navigation' section lists eight steps: 1. Grantee Contact, 2. Type of Grant and Updates (Part A, Section 1), 3. Part A: Updates (Section 2), 4. Measures (Accomplishments), 5. Part C: Software, 6. Part D: Contingency Planning, 7. Part E: Evaluation (Section 1), and 8. Part E: Evaluation (Section 2). An 'Icon Legend' at the bottom left shows icons for 'Form Not Started', 'Form Started', and 'Form Completed'. The footer contains technical help information and a copyright notice for HRSA.

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Health Center Controlled Networks  
Performance Improvement and Measurement System

[Instructions](#) | [Contact Us](#) | [Sign Out](#)

**Grantee:** BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | **Grant Number:** H2LIT16862 | **Grant Type:** HIT Innovation Grant  
**Current Report Period:** 12/1/2009 - 2/3/2010 | **Report Due Date:** 12/1/2010

### Incomplete Form Saved

Your incomplete form has been saved successfully. Please come back and complete the form later.  
You can now either click the Next button or pick any other form under Report Navigation to continue.

[Next](#)

**Tools**

- [Validate/Submit Report](#)
- [PDF Print](#)
- [Grantee Information](#)

Display Report For Period ▾

**Report Status:** In Progress

**Report Navigation**

- [1. Grantee Contact](#)
- [2. Type of Grant and Updates \(Part A, Section 1\)](#)
- [3. Part A: Updates \(Section 2\)](#)
- [4. Measures \(Accomplishments\)](#)
- [5. Part C: Software](#)
- [6. Part D: Contingency Planning](#)
- [7. Part E: Evaluation \(Section 1\)](#)
- [8. Part E: Evaluation \(Section 2\)](#)

**Icon Legend**

- Form Not Started
- Form Started
- Form Completed

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Grantee: BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | Grant Number: H2LIT16862 | Grant Type: HIT Innovation Grant  
Current Report Period: 12/1/2009 - 2/3/2010 | Report Due Date: 12/1/2010

### Completed Form Saved

Your form has been saved successfully.

You can now either click the Next button or pick any other form under Report Navigation to continue.

Tools

- [Validate/Submit Report](#)
- [PDF Print](#)
- [Grantee Information](#)

Display Report For Period:

Report Status: In Progress

#### Report Navigation

- [1. Grantee Contact](#)
- [2. Type of Grant and Updates \(Part A, Section 1\)](#)
- [3. Part A: Updates \(Section 2\)](#)
- [4. Measures \(Accomplishments\)](#)
- [5. Part C: Software](#)
- [6. Part D: Contingency Planning](#)
- [7. Part E: Evaluation \(Section 1\)](#)
- [8. Part E: Evaluation \(Section 2\)](#)

#### Icon Legend

- Form Not Started
- Form Started
- Form Completed

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### 1.2.7 Navigate away from a form

The system will prompt to save or discard changes made on a form whenever the grantee attempts to navigate away from the form without saving in the following cases:

- Grantee user selects another link in the system
- Grantee user selects to navigate to another URL on the browser.
- Grantee user simply decides to close the browser.

If Grantee user chooses to save the changes he will have to select the “Cancel” button to stay on the form, then the “Save” button on the form to launch the saving process. The system will bring up the page Grantee user is trying to navigate to at the end of this process.

If Grantee user chooses not to save by selecting the “ok” button all changes on the form will be lost when the page Grantee user is trying to navigate to comes up.

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Grantee: BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | Grant Number: H2LIT16862 | Grant Type: HIT Innovation Grant  
 Current Report Period: 12/1/2009 - 2/3/2010 | Report Due Date: 12/1/2010

**Measures**

For help on this page, please click the Instructions link on the top right of the page.

**1. Planning Grant**  
 Not Applicable.

**2. EHR Implementation, Innovations, and Quality Improvement**

**Planning Grantees:** Please enter the name of the grant program.

**Measuring the Impact of HIT on Patient Care**

HRSA is interested in measuring three performance outcome measures: immunization for certain grant programs. HRSA requires at least some measures of diabetes control and child immunization for certain grant programs.

Indicate if measures are calculated at the network level (data from three or more health centers in the grant project scope analyzed or aggregated at the network level) or at the Health Center level (data not analyzed or aggregated at the network level reported in this section from one select health center in the grant project scope). Consistently report on or use the same center(s) throughout the grant project for either level.

If different from UDS clinical outcome measure definition, state the source used for calculating the data under "other" and provide an update to any change or any other needed clarification in the "comments" section. In the baseline column, state the percentage and provide the actual numerator and denominator used to calculate it. There is one baseline; it is not re-calculated each year. The measures are inclusive for HIT and non-HIT patients alike.

Note, measure data in this section is not used for formal evaluation purposes, compliance, or statistical comparisons; rather, the data is used to help understand both grantee level reporting capabilities and also to delineate the impact of HIT on the quality of care and on health outcomes of the patients for our programs.

**Select the appropriate level:**  
 Network Level  Health Center Level

If measures are calculated at the health center level then list the names of the health centers where measures were collected:

### 1.3 Update Report

#### 1.3.1 Repeat Instructions 1.1.1 to 1.1.4.

#### 1.3.2 Select "Edit Report"

Select the "Edit Report" option on the "Progress Report" menu. The report status is "In Progress"

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HRSA Electronic Handbooks for Applicants/Grantee  
 Birmingham Health Care, Inc., Birmingham, AL

HELP

Welcome Jimmy Lacey to HRSA EHB PS environment (Last login date and time 1/6/2011 2:50:00 PM)

**Progress Reports**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following is the list of progress reports for this grant along with their statuses. Based on its status, you can edit or view the progress report by clicking on the appropriate link. To search through progress reports, click on the "Search" button.

Displaying 1-9 of 9

**PROGRESS REPORT**

**Input Parameters:** ([Show Parameters](#))

HCCN P1 Report 12072010		Schedule Status: In Progress	
Type	Progress Report	Due Date	6/30/2010 <small>Late by: 58 days</small>
Available Date	12/8/2010 10:29:08 AM	Submission Tracking Number	N/A
Reporting Cycle	Semi Annually	Reporting Period	3/1/2010 - 8/31/2010
Online Submission	Yes (Required)	Submission Status	In Progress
Started by	Jimmy Lacey on 1/6/2011 2:16:18 PM		
<a href="#">Submit Report</a>   <a href="#">Edit Report</a>   <a href="#">View Report</a>			

You are redirected to HCCN PIMS Welcome/Home page

### 1.3.3 Launch HCCN PIMS

Click on “Continue” button

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Performance Improvement and Measurement System

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**Grantee:** Southbridge Medical Advisory Council, Inc. | **Grant Number:** H2KIT08592 | **Grant Type:** EHR Implementation Grant  
**Current Report Period:** 3/1/2008 - 3/31/2008 | **Report Due Date:** 12/13/2009

## Welcome to Performance Improvement and Measurement System

Welcome to the Health Center Controlled Network Health Information Technology (HIT) Grantee Reporting System

The Office of Health Information Technology provides grant funding to support Health Center Controlled Networks to use HIT as a tool to improve both the quality of health care provided in health centers as well as individual and population health. OHIT hopes to use the information derived from these grantee projects with an active quality improvement program to provide evidence of the use of data and HIT to improve care and to demonstrate the value and effectiveness of health centers in the marketplace. There will be four reporting periods each year (due dates: October 1st, January 1st, April 1st, and July 1st).

[Continue](#)

---

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This brings up the first not completed form or the “Grantee Contact Information” form if all forms are completed. Grantee can select a different form to edit by clicking the form link under “Report Navigation”, for example “ Part C Software” form.

### 1.3.4 Enter or modify data in form fields and “Save”.



Grantee: BLACKSTONE VALLEY COMMUNITY HEALTH CARE | Grant Number: H2LIT16862 | Grant Type: HIT Innovation Grant  
 Current Report Period: 12/1/2009 - 2/3/2010 | Report Due Date: 12/1/2010

**Tools**

- [Validate/Submit Report](#)
- [PDF Print](#)
- [Grantee Information](#)

Display Report For Period:

Report Status: In Progress

**Report Navigation**

- [1. Grantee Contact](#)
- [2. Type of Grant and Updates \(Part A, Section 1\)](#)
- [3. Part A Updates \(Section 2\)](#)
- [4. Measures \(Accomplishments\)](#)
- [5. Part C Software](#)
- [6. Part D Contingency Planning](#)
- [7. Part E Evaluation \(Section 1\)](#)
- [8. Part E Evaluation \(Section 2\)](#)

**Icon Legend**

- Form Not Started
- Form Started
- Form Completed

## Measures

For help on this page, please click the Instructions link on the top right of the page.

### 1. Planning Grant

Not Applicable.

### 2. EHR Implementation, Innovations, and Quality Improvement

**Planning Grantees:** Please enter "N/A" for any required fields which do not apply to your program.

#### Measuring the Impact of HIT on Health Outcomes

HRSA is interested in measuring the impact of HIT in terms of outcomes that support the aims of these grant programs. HRSA requires at least three performance outcome measures, two of which HRSA defines to include the health outcome measures of diabetes control and child immunization for certain grant types.

Indicate if measures are calculated at the Network level (data from three or more health centers in the grant project scope analyzed or aggregated at the network level) or at the Health Center level (data not analyzed or aggregated at the network level reported in this section from one select health center in the grant project scope). Consistently report on or use the same center(s) throughout the grant project for either level.

If different from UDS clinical outcome measure definition, state the source used for calculating the data under "other" and provide an update to any change or any other needed clarification in the "comments" section. In the baseline column, state the percentage and provide the actual numerator and denominator used to calculate it. There is one baseline; it is not re-calculated each year. The measures are inclusive for HIT and non-HIT patients alike.

Note, measure data in this section is not used for formal evaluation purposes, compliance, or statistical comparisons; rather, the data is used to help understand both grantee level reporting capabilities and also to delineate the impact of HIT on the quality of care and on health outcomes of the patients for our programs.

#### Select the appropriate level:

Network Level  Health Center Level

If measures are calculated at the health center level then list the names of the health centers where measures were collected:

### Instructions for Measures

- For EHR Implementation Grant and HIT Innovation Grant, the first three measures are required. For HIT Planning Grant and Quality Improvement Grant, if Measure 1 or/and 2 don't apply, please enter "N/A" (however, at least three measures will be still required).
- Indicate which aims from the list below are the most fitting to your measures listed below. Add rows if necessary to capture additional measures. Make sure to **click the Add button** after completing the fields in the row, otherwise it won't get saved.
- Innovation Grantees:** If you are not reporting on immunizations or diabetes, enter zeros for the numerator and denominator in Measure 3.

#### Measure 1 and 2

Measures		Baseline			Current Progress			Method for calculating consistent with Uniform Data System (UDS)	
		Numerator	Denominator	%	Numerator	Denominator	%	<input checked="" type="radio"/> Yes	<input type="radio"/> No/Other
Measure 1:Child Immunization		<input type="text" value="75"/>	<input type="text" value="100"/>	75	<input type="text" value="75"/>	<input type="text" value="152"/>	49	<input checked="" type="radio"/> Yes	<input type="radio"/> No/Other
Measure 2:Diabetes control	≤ 7%	<input type="text" value="40"/>		40	<input type="text" value="50"/>		51	<input checked="" type="radio"/> Yes	<input type="radio"/> No/Other
	> 7% and ≤ 9%	<input type="text" value="35"/>	<input type="text" value="100"/>	35	<input type="text" value="40"/>	<input type="text" value="99"/>	40		
	> 9%	<input type="text" value="25"/>		25	<input type="text" value="25"/>		25		

#### Measure 3 and Up

Measures	Baseline			Current Progress			Aim(s)	Health Center Name	Grantee comments and further description on performance measures including methodology, used for reporting, and in quality improvement activities at patient and system level	Action
	Numer.	Denom.	%	Numer.	Denom.	%				
Measure 3: Flu Shots	53	100	53	22	47	47	<input checked="" type="checkbox"/> Effectiveness <input type="checkbox"/> Efficiency <input type="checkbox"/> Safety and Quality <input type="checkbox"/> Timeliness <input checked="" type="checkbox"/> Equitability <input type="checkbox"/> Patient Centered-ness	- Select -	Actual values of numerator and denominator are not available. The Baseline values input here are derived	<a href="#">Edit</a> <a href="#">Delete</a>
Measure 4 (Optional):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Effectiveness <input type="checkbox"/> Efficiency <input type="checkbox"/> Safety and Quality <input type="checkbox"/> Timeliness <input type="checkbox"/> Equitability <input type="checkbox"/> Patient Centered-ness	- Select -		<a href="#">Add</a>

**3. Any other accomplishments of the project thus far**

Please describe such as:

Increasing the availability and transparency of information related to the health care needs of the patient and support physician decision making.

Supporting the rapid response to address both natural and man-made disasters, including those due to bioterrorist acts.

Promoting continuity of care across settings when patients move from outpatient to urgent, emergency, and inpatient care, and when patients move between geographic areas either voluntarily or involuntarily as in the case of a disaster.

Creating interoperability with other safety net providers such as health departments and other HRSA grantees.

Enhancing the capability of safety net providers to enter into collaborative strategies that leverage initiatives and resources (including knowledge, experience, and funding) already present in their communities.

Promoting the creation of a sustainable business model for deploying HIT in safety net networks.

Promoting a more effective marketplace, greater competition and systems analysis, enhanced quality, and improved outcomes in health centers.

Enhancing various reporting needs and requirements. Examples of reporting needs may include: Joint Commission accreditation; Quality improvement and/or quality assurance initiatives; reportable diseases; various state reporting requirements.

Utilizes HIT to assist with elements and/or activities related to health reform efforts such as expanding access, reducing disparities, etc.

**Any Comments About this Form or the Data You Entered**

**Is this Form Complete?**

No  Yes

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Click “Save” at the bottom of the form to write the provided information to the database. The form will not save if errors are found in the information provided, or if the grantee chooses to complete when all required information is not provided. An error message will be generated. If the “Save” function is successful the grantee is prompted to either work on the next not completed form by clicking “Next” button, or to selected any other form from the “Report Navigation” menu.

The system will prompt to save or discard changes made on a form whenever the grantee attempts to navigate away from the form without saving in the following cases:

- Grantee user selects another link in the system
- Grantee user selects to navigate to another URL on the browser.
- Grantee user simply decides to close the browser.

If Grantee user chooses to save the changes he will have to select the “Cancel” button to stay on the form, then the “Save” button on the form to launch the saving process. The system will bring up the page Grantee user is trying to navigate to at the end of this process.

If Grantee user chooses not to save by selecting the “ok” button all changes on the form will be lost when the page Grantee user is trying to navigate to comes up.





## 1.4 Complete Data Form

“Is This Form Complete” The Grantee is asked to respond by “Yes” or “No” to this question at the bottom of each form.

Select “Yes” only when all required information is provided. “No” is the default value.

The screenshot shows a form section with two main parts. The top part is a text area titled "Any Comments About this Form or the Data You Entered" containing the text "foo bar bo bee". Below this is a section titled "Is this Form Complete?" with the instruction "If selected 'No', you're not required to fill in all fields before you save." and two radio buttons: "No" (which is selected) and "Yes". Below the radio buttons are "Save" and "Cancel" buttons. The entire "Is this Form Complete?" section is circled in orange. At the bottom of the form, there is a footer with contact information: "For technical help please call HRSA Call Center 1-877-Go4-HRSA (1-877-464-4772) or email CallCenter@hrsa.gov" and "Copyright © HRSA. All Rights Reserved."

## 1.5 Add Comments to Data Form

A text area is provided at the bottom section of each form where Grantee can actually type comments up to 5000 characters. This information will be saved in the database for further use.

The screenshot shows a form section with two main parts. The top part is a text area titled "Any Comments About this Form or the Data You Entered" containing the text "foo bar bo bee". Below this is a section titled "Is this Form Complete?" with the instruction "If selected 'No', you're not required to fill in all fields before you save." and two radio buttons: "No" (which is selected) and "Yes". Below the radio buttons are "Save" and "Cancel" buttons. The entire "Any Comments About this Form or the Data You Entered" section is circled in orange. At the bottom of the form, there is a footer with contact information: "For technical help please call HRSA Call Center 1-877-Go4-HRSA (1-877-464-4772) or email CallCenter@hrsa.gov" and "Copyright © HRSA. All Rights Reserved."

## 1.6 Validate and/or Submit Report

### 1.6.1 Validate Report

At any time Grantee can choose to run validation rules against the already provided information by clicking the "Validate/Submit Report" link under Tools menu if already logged in the system, or by selecting the "Submit Report" link from EHB.

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Grantee: BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | Grant Number: H2LIT16862 | Grant Type: HIT Innovation Grant  
Current Report Period: 12/1/2009 - 2/3/2010 | Report Due Date: 12/1/2010

**Tools**

- [Validate/Submit Report](#)
- [PDF Print](#)
- [Grantee Information](#)

Display Report For Period: [v]  
Report Status: In Progress

**Report Navigation**

- 1. Grantee Contact
- 2. Type of Grant and Updates (Part A: Section 1)
- 3. Part A: Updates (Section 2)
- 4. Measures (Accomplishments)
- 5. Part C: Software
- 6. Part D: Contingency Planning
- 7. Part E: Evaluation (Section 1)
- 8. Part E: Evaluation (Section 2)

**Icon Legend**

- Form Not Started
- Form Started
- Form Completed

**Measures**

For help on this page, please click the Instructions link on the top right of the page.

**1. Planning Grant**

Not Applicable.

**2. EHR Implementation, Innovations, and Quality Improvement**

**Planning Grantees:** Please enter "N/A" for any required fields which do not apply to your program.

**Measuring the Impact of HIT on Health Outcomes**

HRSA is interested in measuring the impact of HIT in terms of outcomes that support the aims of these grant programs. HRSA requires at least three performance outcome measures, two of which HRSA defines to include the health outcome measures of diabetes control and child immunization for certain grant types.

Indicate if measures are calculated at the Network level (data from three or more health centers in the grant project scope analyzed or aggregated at the network level) or at the Health Center level (data not analyzed or aggregated at the network level reported in this section from one select health center in the grant project scope). Consistently report on or use the same center(s) throughout the grant project for either level.

If different from UDS clinical outcome measure definition, state the source used for calculating the data under "other" and provide an update to any change or any other needed clarification in the "comments" section. In the baseline column, state the percentage and provide the actual numerator and denominator used to calculate it. There is one baseline; it is not re-calculated each year. The measures are inclusive for HIT and non-HIT patients alike.

Note, measure data in this section is not used for formal evaluation purposes, compliance, or statistical comparisons; rather, the data is used to help understand both grantee level reporting capabilities and also to delineate the impact of HIT on the quality of care and on health outcomes of the patients for our programs.

## 1.6.2 Validation Error

The system will then verify that the report complies with all form and cross form levels validation rules

If there are validation issues a message with the list of errors and warnings is generated. Those have to be fixed in order to successfully validate the report.

The screenshot displays the HRS A Performance Improvement and Measurement System interface. At the top, it identifies the user as 'Grantee: BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | Grant Number: H2LIT16862 | Grant Type: HIT Innovation Grant' with a 'Current Report Period: 12/1/2009 - 2/3/2010 | Report Due Date: 12/1/2010'. The main heading is 'Validation Error Occurred'. Below this, a message states: 'Please correct the following errors before submitting: Not all required forms have been completed. Please go to Report Navigation (located on the left) and complete the incomplete form(s). They are the ones that are marked by these icons: [Form Not Started] [Form Started]'. On the left side, there is a 'Tools' section with links for 'Validate/Submit Report', 'PDF Print', and 'Grantee Information'. Below that is a 'Report Status: In Progress' indicator. The 'Report Navigation' section lists eight items, each with a checkbox and a status icon: 1. Grantee Contact (checked, Form Started), 2. Type of Grant and Updates (Part A: Section 1) (checked, Form Started), 3. Part A: Updates (Section 2) (checked, Form Started), 4. Measures (Accomplishments) (checked, Form Started), 5. Part C: Software (checked, Form Started), 6. Part D: Contingency Planning (checked, Form Started), 7. Part E: Evaluation (Section 1) (checked, Form Not Started), and 8. Part E: Evaluation (Section 2) (checked, Form Not Started). An 'Icon Legend' at the bottom left defines the icons: a blue square for 'Form Not Started', a yellow square for 'Form Started', and a green square for 'Form Completed'.

## 1.6.3 Successful Validation

If the report is successfully validated (this happens only when all forms are completed and cross validated) a report submission screen is brought up giving grantee the option to submit the report.

Click "Cancel" to not submit the validated report.

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Grantee: BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | Grant Number: H2LIT16862 | Grant Type: HIT Innovation Grant  
Current Report Period: 12/1/2009 - 2/3/2010 | Report Due Date: 12/1/2010

**Tools**

- Validate/Submit Report
- PDF Print
- Grantee Information

Display Report For Period

Report Status: In Progress

**Report Navigation**

- 1. Grantee Contact
- 2. Type of Grant and Updates (Part A, Section 1)
- 3. Part A: Updates (Section 2)
- 4. Measures (Accomplishments)
- 5. Part C: Software
- 6. Part D: Contingency Planning
- 7. Part E: Evaluation (Section 1)
- 8. Part E: Evaluation (Section 2)

**Icon Legend**

- Form Not Started
- Form Started
- Form Completed

### Report Submission for Grant H2LIT16862

Your report has been successfully validated.

#### Submit Report to Project Officer

The following message will be sent to your Project Officer if the submission is confirmed. Please change the message as needed.

**Message to Project Officer**

default message here...

**CERTIFICATION**

I certify that I am authorized to submit this report for grant H2LIT16862.

Submit Cancel

#### 1.6.4 Submit Report

Click "Submit" after selecting the Certification check box and adding a message to be emailed to the project officer to complete the submission.

U.S. Department of Health and Human Services  
**HRSA**  
 Health Resources and Services Administration  
 E-HANDBOOK HOME

Health Center Controlled Networks  
 Performance Improvement and Measurement System  
[Instructions](#) | [Contact Us](#) | [Sign Out](#)

Grantee: BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | Grant Number: H2LIT16862 | Grant Type: HIT Innovation Grant  
 Current Report Period: 12/1/2009 - 2/3/2010 | Report Due Date: 12/1/2010

**Report Submission for Grant H2LIT16862**

Your report has been successfully validated.

**Submit Report to Project Officer**

The following message will be sent to your Project Officer if the submission is confirmed. Please change the message as needed.

**Message to Project Officer**

default message here...

**CERTIFICATION**

I certify that I am authorized to submit this report for grant H2LIT16862.

**Tools**

- Validate/Submit Report
- PDF Print
- Grantee Information

Display Report For Period: [v]

Report Status: In Progress

**Report Navigation**

- 1. Grantee Contact
- 2. Type of Grant and Updates (Part A: Section 1)
- 3. Part A: Updates (Section 2)
- 4. Measures (Accomplishments)
- 5. Part C: Software
- 6. Part D: Contingency Planning
- 7. Part E: Evaluation (Section 1)
- 8. Part E: Evaluation (Section 2)

**Icon Legend**

- Form Not Started
- Form Started
- Form Completed

### 1.6.5 Report Submission Confirmation

A confirmation message is generated with a confirmation number for the submission.

U.S. Department of Health and Human Services  
**HRSA**  
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 E-HANDBOOK HOME

Health Center Controlled Networks  
 Performance Improvement and Measurement System  
[Instructions](#) | [Contact Us](#) | [Sign Out](#)

Grantee: BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | Grant Number: H2LIT16862 | Grant Type: HIT Innovation Grant  
 Current Report Period: 12/1/2009 - 2/3/2010 | Report Due Date: 12/1/2010

**Report Submitted Successfully for Grant H2LIT16862**

Your report has been successfully submitted. Your confirmation number is: **1431**

**Tools**

- Return Report
- PDF Print
- Grantee Information

Display Report For Period: [v]

Report Status: Submitted

**Report Navigation**

- 1. Grantee Contact
- 2. Type of Grant and Updates (Part A: Section 1)
- 3. Part A: Updates (Section 2)
- 4. Measures (Accomplishments)
- 5. Part C: Software

## 1.7 View Report from EHB

### 1.7.1 Login to HCCN PIMS

U.S. Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee

[HELP](#)

**Login Menu**

- Login
- Forgot Password
- Registration

**Login**

**Login**  
[home](#) | [contact us](#) | [more instructions](#) | [glossary](#) | [help](#) | [questions/comments](#)

**Contact Us:**

Phone: 877-Go4-HRSA/877-464-4772; 301-998-7373	Time: 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday	Email: <a href="mailto:CallCenter@HRSA.GOV">CallCenter@HRSA.GOV</a>
------------------------------------------------------	-------------------------------------------------------------------------------	------------------------------------------------------------------------

Fields marked with an asterisk(\*) are required.

**LOGIN**

<b>Already Registered?</b>	<b>Not Registered?</b>
*Username <input type="text" value="shsdced"/> *Password <input type="password" value="●●●●●●●●"/> <input type="button" value="Login"/> <a href="#">Forgot your password?</a>	<input type="button" value="Create an Account"/> <ul style="list-style-type: none"><li>Registration is needed only once</li><li>Read the getting started guidelines for <a href="#">New Applicants</a> and/or <a href="#">Existing Grantees</a></li></ul>

**Warning!**

This site is maintained by the U.S. Government. It is protected by various provisions of Title 18, U.S. Code of Federal Regulations. Violations of Title 18 are subject to criminal prosecution in federal court. For site security purposes and to ensure that this service remains available to all users, we employ software programs to monitor traffic, to identify unauthorized attempts to upload or change information, or otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual.

---

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## 1.7.2 View Portfolio

From the EHB Welcome page click 'View Portfolio' on the "Home" left hand side menu

J.S. Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee  
SHAWNEE HEALTH SERVICE, Carterville, IL

HELP

Welcome George O'Neill (Last login date and time 4/30/2008 11:01:00 AM) [-Tools Menu-] Go

**Welcome**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

**Contact Us:**  
Phone: 877-Go4-HRSA/877-464-4772; 301-998-7373  
Time: 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday  
Email: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

Applicant/Grantee Electronic Handbook (EHB) provides all potential and existing grantees a means to conduct various activities electronically.

**WHAT WOULD YOU LIKE TO DO TODAY?**

- Manage Competing Applications**
  - [Read Electronic Submission Guide](#)
  - [Verify Grants.gov Application \(if required per Guidance\)](#)
  - [Work on My Application](#)
  - [Allow Other Members of My Organization to Work on My Application](#)
  - [Search Funding Opportunities](#)
- Manage Grants Portfolio**
  - [Read About Grant Registration](#)
  - [Add a Grant to My Portfolio](#)
  - [View Grants in My Portfolio](#)
  - [Work on a Grant](#)
  - [Work on My Noncompeting Application](#)
  - [Work on Other Post Award Submissions](#)
- Manage My Profile**
  - [Update My Contact and Address Detail](#)
  - [Verify My Email Address](#)
  - [Change My Password/Security Question](#)
  - [Read About Multiple Organization Registrations](#)
  - [Associate My Account with Another Organization](#)
  - [Set My Default Organization](#)
- Manage Organization Profile**
  - [Read About Organization Profile Management](#)
  - [Update Organization Information on File](#)
  - [Change Communication Contact for Organization](#)
  - [Manage Users of My Organization](#)

Logout

[Acceptable Use Policy](#)



### 1.7.3 Select "Progress Reports"

The screenshot shows the HRSA Electronic Handbooks for Applicants/Grantee interface. The header includes the HRSA logo and the text "HRSA Electronic Handbooks for Applicants/Grantee" and "MINER'S COLFAX MEDICAL CENTER, Raton, NM". The user is identified as "Welcome Kandace Kay Evans (Last login date and time 5/6/2008 10:58:00 AM)". The "Grant Handbook" is identified as "H37RH00057". On the left, the "Grant Menu" is visible, with "Progress Reports" circled in orange. The main content area includes a "Contact Us" section with phone, time, and email information. Below this, a section titled "WHAT WOULD YOU LIKE TO DO TODAY?" lists several actions, including "View Grant Information" and "Administer Grant Handbook".

U.S. Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee  
MINER'S COLFAX MEDICAL CENTER, Raton, NM

Welcome Kandace Kay Evans (Last login date and time 5/6/2008 10:58:00 AM)

**Grant Handbook**  
H37RH00057

**Grant Menu**

- Overview
- View Awards**
- Last NGA
- Award History
- Administer**
- New Users
- Existing Users
- Submissions**
- Monitor Schedules
- Noncompeting
- Continuations
- Performance Reports
- Progress Reports**
- Other Submissions

**Contact Us:**

Phone: 877-Go4-HRSA/877-464-4772; 301-998-7373

Time: 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday

Email: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

Grant Electronic Handbook (EHB) provides authorized users of the grantee organization a means to conduct various activities electronically.

**WHAT WOULD YOU LIKE TO DO TODAY?**

- View Grant Information**
- [View Most Recent Notice of Grant Award](#)
- [View Prior Notices of Grant Awards](#)
- [Change/Control Who Can View this Information](#)

- Administer Grant Handbook**
- [Learn About Grant Access Privileges](#)
- [Allow Other Users from My Organization to Work on this Grant](#)
- [Change/Control How Others Can Work on this Grant](#)

- Manage Post Award Submissions**
- [Learn About Post Award Submissions](#)
- [View Available Post Award Submission Schedule](#)
- [Work on Noncompeting Continuation Application](#)
- [Work on Performance Report or Other Submissions](#)
- [Control How Others Can Work on Submissions](#)

[Acceptable Use Policy](#)

### 1.7.4 Search on Progress Reports

Run a Search on Progress Reports by clicking the "Search" button

The screenshot shows the HRSA Electronic Handbooks for Applicants/Grantee interface. The header includes the HRSA logo and the text "HRSA Electronic Handbooks for Applicants/Grantee" and "Birmingham Health Care, Inc., Birmingham, AL". The user is identified as "Welcome Jimmy Lacey to HRSA EHB PS environment (Last login date and time 1/6/2011 2:50:00 PM)". The "Grant Handbook" is identified as "H2LIT16584". On the left, the "Grant Menu" is visible, with "Progress Reports" selected. The main content area includes a "Progress Reports" section with a search bar and a "Search" button circled in orange. Below the search bar, the text reads: "No records were found matching the search criteria listed above. Click on the 'Search' button to refine the criteria."

U.S. Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee  
Birmingham Health Care, Inc., Birmingham, AL

Welcome Jimmy Lacey to HRSA EHB PS environment (Last login date and time 1/6/2011 2:50:00 PM)

**Grant Handbook**  
H2LIT16584

**Grant Menu**

- Overview
- View Awards**
- Last NGA
- Award History
- Approved Scope**
- Services
- Sites
- Other Activities and Locations
- Administer**
- New/Existing Users
- Change Grant**
- New/Existing CIS
- Legacy CIS
- Submissions**
- Monitor Schedules
- Noncompeting
- Continuations
- Performance Reports
- Progress Reports**

**Progress Reports**

[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following is the list of progress reports for this grant along with their statuses. Based on its status, you can edit or view the progress report by clicking on the appropriate link. To search through progress reports, click on the "Search" button.

**PROGRESS REPORT**

**Input Parameters:** ([Show Parameters](#))

No records were found matching the search criteria listed above. Click on the 'Search' button to refine the criteria.

[Acceptable Use Policy](#)



## 1.7.5 Search Criteria

Select “Submitted” status on the Schedule status search parameter and click “Search button”

The screenshot displays the HRSA Electronic Handbooks for Applicants/Grantee interface. The page title is "HRSA Electronic Handbooks for Applicants/Grantee" and the user is identified as "Birmingham Health Care, Inc., Birmingham, AL". The user is logged in as "Jimmy Lacey" on 1/6/2011 at 2:50:00 PM. The page is titled "Progress Reports" and includes a "Search" button circled in orange. The search criteria are as follows:

Search Parameters	
Schedule Status (To select multiple, hold the Ctrl key and then select from the list.)	All Not Started In Progress Submitted
Submission Due Date	From (mm/dd/yyyy): MM/DD/YYYY To (mm/dd/yyyy): MM/DD/YYYY
Submission Coming up within (days)	All
Reporting Cycle (To select multiple, hold the Ctrl key and then select from the list.)	All Budget Period Project Period Fiscal Year
Results per Page	10

The "Search" button is located at the bottom right of the search parameters section.

## 1.7.6 Select “View Report”

### 1.7.6.1 If Collection Period is not “Archived”.

The report status will be “In Progress”, “Submitted”, or “Change Requested”. “Submit Report” and “Edit Report” option will not be available if the report status is “Submitted”.

Select the “View Report” option on the “Progress Report” menu.

U.S. Department of Health and Human Services  
**HRSA**  
 Health Resources and Services Administration  
 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee  
**Birmingham Health Care, Inc., Birmingham, AL**

Welcome Jimmy Lacey to HRSA EHB P5 environment (Last login date and time 1/6/2011 2:50:00 PM)  
**Progress Reports**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following is the list of progress reports for this grant along with their statuses. Based on its status, you can edit or view the progress report by clicking on the appropriate link. To search through progress reports, click on the "Search" button.

Displaying 1-9 of 9 Search

**PROGRESS REPORT**

**Input Parameters: (Show Parameters)**

<b>OHIT P4 Report</b>			<b>Schedule Status: Submitted</b>
Type	Progress Report	Due Date	6/30/2010 11:55:00 PM
Available Date	6/1/2010 5:02:18 PM	Submission Tracking Number	N/A
Reporting Cycle	Budget Period	Reporting Period	03/01/2010 - 05/31/2010
Online Submission	Yes (Required)	Submission Status	Submitted
Started by	Sharon Waltz on 6/21/2010 4:06:20 PM	Submitted by	Sharon Waltz on 6/30/2010 2:38:36 PM
<a href="#">View Report</a>			
<b>OHIT P4 Report</b>			<b>Schedule Status: Submitted</b>

You are redirected to HCCN PIMS Home/Welcome page.

Launch HCCN PIMS

From the HCCN PIMS Home/Welcome page click on "Continue" button

U.S. Department of Health and Human Services  
**HRSA**  
 Health Resources and Services Administration  
 E-HANDBOOK HOME

Health Center Controlled Networks  
**Performance Improvement and Measurement System**

[Instructions](#) | [Contact Us](#) | [Sign Out](#)

**Grantee:** Southbridge Medical Advisory Council, Inc. | **Grant Number:** H2KIT08592 | **Grant Type:** EHR Implementation Grant  
**Current Report Period:** 3/1/2008 - 3/31/2008 | **Report Due Date:** 12/13/2009

**Welcome to Performance Improvement and Measurement System**

Welcome to the Health Center Controlled Network Health Information Technology (HIT) Grantee Reporting System

The Office of Health Information Technology provides grant funding to support Health Center Controlled Networks to use HIT as a tool to improve both the quality of health care provided in health centers as well as individual and population health. OHIT hopes to use the information derived from these grantee projects with an active quality improvement program to provide evidence of the use of data and HIT to improve care and to demonstrate the value and effectiveness of health centers in the marketplace. There will be four reporting periods each year (due dates: October 1st, January 1st, April 1st, and July 1st).

[Continue](#)

For technical help please call HRSA Call Center 1-877-Go4-HRSA (1-877-464-4772) or email [CallCenter@hrsa.gov](mailto:CallCenter@hrsa.gov)

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This brings up the "Grantee Contact Information" form if all forms. Grantee can select a different form to view by clicking the form link under "Report Navigation". Note that "Save" and "Cancel" buttons are both disabled.

**Grantee:** BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | **Grant Number:** H2LIT16862 | **Grant Type:** HIT Innovation Grant  
**Current Report Period:** 12/1/2009 - 2/3/2010 | **Report Due Date:** 12/1/2010

**Tools**

- Return Report
- PDF Print
- Grantee Information

Display Report For Period

Report Status: Submitted

**Report Navigation**

- 1. Grantee Contact
- 2. Type of Grant and Updates (Part A: Section 1)
- 3. Part A: Updates (Section 2)
- 4. Measures (Accomplishments)
- 5. Part C: Software
- 6. Part D: Contingency Planning
- 7. Part E: Evaluation (Section 1)
- 8. Part E: Evaluation (Section 2)

**Icon Legend**

- Form Not Started
- Form Started
- Form Completed

### Grantee Contact Information

This report is read only. To make any changes contact your HRSA Project Officer.

For help on this page, please click the Instructions link on the top right of the page.

#### Grantee Contact Information

	Grantee of Record	Network (if different from Grantee of Record)
Organization Name	BLACKSTONE VALLEY COMMUNITY HEALTH CARE,	eCHC
Contact Name	Raymond Lavoie	Raymond Lavoie
Contact Title		President
Address	42 Park Pl Pawtucket, RI 02860	36 Park Place Pawtucket, RI 02860
Phone Number <small>(e.g.: 111-222-3333ext12345)</small>	4017290080	401-729-5235
Fax Number <small>(e.g.: 111-222-3333)</small>		401-729-0438
Email Address	reitester1@hotmail.com	rlavoie@bvchc.org
Web Site <small>(e.g.: http://www.orgname.com OR https://www.orgname.com)</small>		

**Multi Site Grant?**  
 Select "YES" if a community health center with numerous sites in project scope as opposed to a Health Center Controlled Network.

No  Yes

**Any Comments About this Form or the Data You Entered**

**Is this Form Complete?**

No  Yes

### 1.7.6.2 If Collection Period is "Archived"

The report status will be "Submitted". "Submit Report" and "Edit Report" options are no longer available in this case.

Select the "View Report" option on the "Progress Report" menu

U.S. Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee  
MINER'S COLFAX MEDICAL CENTER, Raton, NM

Welcome Kandace Kay Evans (Last login date and time 5/6/2008 10:58:00 AM)  
**Performance Reports**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following is the list of performance reports for this grant along with their statuses. Based on its status, you can edit or view the performance report by clicking on the appropriate link.

To search for a particular report, click on the search button and modify the search criteria to generate the results. For example, to search for submitted reports, click on the search button and select the "Submitted" option under the Schedule Status search criteria.

Displaying 1-1 of 1 Search

PERFORMANCE REPORT			
Input Parameters: ( <a href="#">Show Parameters</a> )			
<b>ORHP Report</b>		<b>Schedule Status: Submitted</b>	
Type	Performance Reports	Due Date	2/7/2009
Available Date	4/4/2008	Submission Tracking Number	N/A
Reporting Cycle	Budget Period Start Date	Reporting Period	01/01/2008 - 12/31/2008
Online Submission	Yes (Preferred)	Submission Status	Submitted
Started by	Kandace Kay Evans on 4/7/2008 11:56:13 AM	Submitted by	Kandace Kay Evans on 4/30/2008 2:48:02 PM
<a href="#">View Report</a>   <a href="#">View Related NGA</a>			

Page 1

[Acceptable Use Policy](#)

You are redirected to HCCN PIMS Welcome/Home page with a special message for archived reports.

U.S. Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK HOME

Black Lung Clinics Program  
Performance Improvement and Measurement System  
[Instructions](#) | [Contact Us](#) | [Sign Out](#)

Grantee: WV Dept. of Health & Human Resources  
Current Report Period: 1/1/2008 - 12/31/2008 | Report Due Date: 12/31/2009

## Welcome to Performance Improvement and Measurement System

As required by the Government Performance and Review Act (1993), all federal agencies must develop strategic plans, describing their overall goals and objectives. These "GPRA" Plans" must provide annual performance reports containing quantifiable measures of each program's progress in meeting the stated goals and objectives.

The performance measures developed by the Office of Rural Health and Policy (ORHP) with its grantees will fulfill GPRA requirements to report to Congress on the impact of ORHP's grant programs. Moreover, ORHP hopes to use the data from PIMS to assess the impact that ORHP programs have on rural communities and to enhance ongoing quality improvement. ORHP has incorporated these performance measures as a requirement for all ORHP grant programs in order to achieve the stated objectives

Thank you for taking the time to document your program's data in PIMS. We welcome your comments and should you have any questions, please contact the [HRSA Call Center](#).

**The report you are trying to open has been archived for the selected period. You may view it as PDF by clicking the link or button below**

[ViewPrintPDF](#)

For technical help please call HRSA Call Center 1-877-Go4-HRSA (1-877-464-4772) or email [CallCenter@hrsa.gov](mailto:CallCenter@hrsa.gov)

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Click the "ViewPrintPDF" link to open the PDF format for the archived report.

## 1.8 View Report for another Collection Period while on current Period.

At anytime while working on report (regardless of what is being actually done) grantee user can choose to view the same report for any other available Collection Period by selecting that period from the Data Collection Period dropdown under Tools menu.

The system then displays a PDF format of the report for the period selected in a popup screen (regardless of the status of the selected Collection Period)

## 1.9 Save Report on Local Machine/ Print PDF

At any time Grantees can generate a PDF version of their report by clicking “PDF Print” link from Tools menu.

From the Adobe “File” menu select “Save a copy”

U.S. Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK HOME

Health Center Controlled Networks  
Performance Improvement and Measurement System  
Instructions | Contact Us | Sign Out

Grantee: BLACKSTONE VALLEY COMMUNITY HEALTH CARE, | Grant Number: H2LIT16862 | Grant Type: HIT Innovation Grant  
Current Report Period: 12/1/2009 - 2/3/2010 | Report Due Date: 12/1/2010

Tools  
Validate/Submit Report  
**PDF Print**  
Grantee Information

Display Report For Period  
Report Status: In Progress

Report Navigation  
 1. Grantee Contact  
 2. Type of Grant and Updates (Part A: Section 1)  
 3. Part A: Updates (Section 2)  
 4. Measures (Accomplishments)  
 5. Part C: Software  
 6. Part D: Contingency Planning  
 7. Part E: Evaluation (Section 1)  
 8. Part E: Evaluation (Section 2)

Icon Legend  
 Form Not Started  
 Form Started  
 Form Completed

Health Center Controlled Networks (HCCN)  
Grant: H2LIT16862 Start Date: 12/1/2009 End Date: 2/3/2010 Report Date: 12/1/2010  
Grant Type: HIT Innovation Grant  
Organization: BLACKSTONE VALLEY COMMUNITY HEALTH CARE.

Grantee Contact

	Grantee of Record	Network
Organization Name	BLACKSTONE VALLEY COMMUNITY HEALTH CARE.	eCHC
Contact Name	Raymond Lavoie	Raymond Lavoie
Contact Title		President
Address	42 Park Pl Pawtucket, RI 02860	36 Park Place Pawtucket, RI 02860
Phone Number	4017290080	401-729-5235
Fax Number		401-729-0438
Email Address	reitester1@hotmail.com	rlavoie@bvchc.org
Web Site		

Multi Site Grant?  
True

Grantee Contact Information Form Comments:

Is Grantee Contact Information Form Complete?

Network  
rent from Grantee of Record

nd Lavoie

nt

ck Place  
cket, RI 02860

-5235

-0438

@bvchc.org

sed to a Health Center



## 1.10 Help

The HCCN PIMS Web online help can be used to assist users with creating, editing, and submitting reports.

### 1.10.1 Help on Current Page

At any step of any process click “Instructions” link at the top right of the page. A popup screen comes up with information on the active page.

The screenshot displays the HCCN PIMS web application interface. At the top, the header includes the HRS logo, the text "U.S. Department of Health and Human Services Health Center Controlled Networks Performance Improvement and Measurement System", and navigation links for "Instructions", "Contact Us", and "Sign Out". Below the header, the page identifies the "Grantee: BLACKSTONE VALLEY COMMUNITY HEALTH CARE", "Grant Number: H2LIT16862", "Grant Type: HIT Innovation Grant", and "Current Report Period: 12/1/2009 - 2/3/2010 | Report Due Date: 12/1/2010".

The main content area is titled "Grantee Contact Information" and includes a sub-header "Grantee of Record" with the organization name "BLACKSTONE VALLEY COMMUNITY". A "Network" section is also present, with a note "(if different from Grantee of Record)".

On the left side, there is a "Tools" section with links for "Validate/Submit Report", "PDF Print", and "Grantee Information". Below this is a "Display Report For Period" dropdown menu and a "Report Status: In Progress" indicator. A "Report Navigation" sidebar lists sections 1 through 8, with "1. Grantee Contact" selected. An "Icon Legend" at the bottom left defines symbols for "Form Not Started", "Form Started", and "Form Completed".

A help popup window is overlaid on the page, titled "Network Contact Information". It contains the text: "Enter Network information if different from Grantee information. When you choose to enter Network information all fields are required. The form must then be completed in order to further Validate and Submit the report to your Project Officer. To complete the form select 'Yes' as response to 'Is this Form Complete?' field". The popup also shows a search bar and a "GO" button.

The background form fields include "Organization Name", "Address" (with a dropdown for "City/State/Zip"), "Phone" (with a dropdown for "Area Code"), "Fax", "Email", and "Proposed to a Health Center".

## 1.10.2 Help on Other pages or topics

User can also navigate within the Help looking for information on other pages or other processes.

The screenshot displays the HRSA Performance Improvement and Measurement System interface. At the top, it identifies the user as 'Grantee: BLACKSTONE VALLEY COMMUNITY HEALTH CARE' with Grant Number H2LIT16862 and Grant Type HIT Innovation Grant. The current report period is 12/1/2009 - 2/3/2010, and the report due date is 12/1/2010.

The main content area is titled 'Grantee Contact Information'. It includes a 'Tools' sidebar with options like 'Validate/Submit Report', 'PDF Print', and 'Grantee Information'. Below this is a 'Report Status: In Progress' indicator and a 'Report Navigation' menu with eight sections, including '1. Grantee Contact', '2. Type of Grant and Updates (Part A: Section 1)', '3. Part A: Updates (Section 2)', '4. Measures (Accomplishments)', '5. Part C: Software', '6. Part D: Contingency Planning', '7. Part E: Evaluation (Section 1)', and '8. Part E: Evaluation (Section 2)'. An 'Icon Legend' at the bottom left explains the status icons for 'Form Not Started', 'Form Started', and 'Form Completed'.

The 'Grantee Contact Information' table has columns for 'Organization Name', 'Grantee of Record', and 'Network (if different from Grantee of Record)'. The 'Organization Name' is 'BLACKSTONE VALLEY COMMUNITY'. Below the table, there are input fields for 'Address', 'City', 'State', 'Zip', 'Phone', and 'Email'. The 'Address' field contains '1000 Lavoie', 'Mark Place', and 'Providence, RI 02860'. The 'Phone' field contains '29-5235' and '29-0438'. The 'Email' field contains '@bvchc.org'. A 'Submitted to a Health Center' checkbox is also present.

The 'Part B Accomplishments' section provides instructions for reporting. It includes a '1. Planning Grant' section with a text area for improvement actions. The '2. Measuring the Impact of HIT in Health Outcomes' section explains that measures can be reported at the network or community health center level, and provides instructions for listing health centers. The '3. Required measures' section states that at least three measures are required, or N/A can be entered if not applicable. The '4. Any other Accomplishment' section is also present.