

- Grantee Data Entry
  - 1. Demographics
  - 2. Environment and Technology**
- Reports
  - Reporting Tools
- Admin
  - Program Selection
  - Admin Home
  - Collection Periods
  - Role Assignment
- PDF Version
  - 09/01/2011 - 08/31/2012
- Grantee Info
  - Grantee Information

## Rural HIT Network Development Program

**Instructions:**  
 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 valid OMB control number. The OMB control number for this project is 0915-0319. Public reporting burden for this collection of information is estimated to be 3.77 hours 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 Rockville, Maryland, 20857.  
 For help on this page, please click the ORHP Instructions link under Support at the top right of the page.

**H9CRH22851: Alaska State Hospital & Nursing Home Association** **Report Status: Not Started**

Grant Number: H9CRH22851 | Grantee: Alaska State Hospital & Nursing Home Association  
 Current Report Period: 9/1/2011 - 8/31/2012 | Report Due Date: 9/30/2012

## Environment and Technology

[Network](#) | [Sustainability](#) | [Health Information Technology](#)

**Network**  
 Please identify the total number of formal member organizations in the consortium or network, as well as the types of member organizations by non-profit and for-profit status and organization type. Please [\[more\]](#)

### Network Size

| Network Size   | Baseline Number (prior to 9/1/2011) | End of budget year Number |
|--|-------------------------------------|---------------------------|
| Number of non-profit member organizations in the consortium or network | <input type="text"/>                | <input type="text"/>      |
| Number of for-profit member organizations in the consortium or network | <input type="text"/>                | <input type="text"/>      |

### Number of member organizations in the Consortium/Network

|  | Baseline Number (prior to 9/1/2011) | End of budget year Number |
|--|-------------------------------------|---------------------------|
| Area Health Education Center (AHEC)      | <input type="text"/>                | <input type="text"/>      |
| Community College                        | <input type="text"/>                | <input type="text"/>      |
| Community Health Center                  | <input type="text"/>                | <input type="text"/>      |
| Critical Access Hospital                 | <input type="text"/>                | <input type="text"/>      |
| Faith-based organization                 | <input type="text"/>                | <input type="text"/>      |
| Federally Qualified Health Center (FQHC) | <input type="text"/>                | <input type="text"/>      |
| Health Center Controlled Network (HCCN)  | <input type="text"/>                | <input type="text"/>      |
| Health Department                        | <input type="text"/>                | <input type="text"/>      |
| Hospital                                 | <input type="text"/>                | <input type="text"/>      |
| Migrant Health Center                    | <input type="text"/>                | <input type="text"/>      |
| Private Practice                         | <input type="text"/>                | <input type="text"/>      |
| Rural Health Clinic                      | <input type="text"/>                | <input type="text"/>      |
| School District                          | <input type="text"/>                | <input type="text"/>      |
| Social Services Organization             | <input type="text"/>                | <input type="text"/>      |
| University/College                       | <input type="text"/>                | <input type="text"/>      |
| Other                                    | <input type="text"/>                | <input type="text"/>      |

**Network Characteristics**  
 Of the total, please provide the number of new member organizations that joined within the budget year. Please refer to the detailed definitions for consortium/networks in the program guidance. Please [\[more\]](#)

Total number of health care providers in the network that are eligible for the Medicare and Medicaid EHR Incentive Program

|                                     |                      |
|-------------------------------------|----------------------|
| Number of critical access hospitals | <input type="text"/> |
| Number of hospitals                 | <input type="text"/> |

[Return to Top \(Index\)](#)

**Sustainability**

If the total amount of additional funding secured is zero (0), please put zero in the appropriate section. Do not leave any sections blank.

**Funding/Revenue**

Annual program award   
**The annual program award based on box 12a of your Notice of Grant Award (NGA) or Notice of Award (NoA).**

Annual network revenue   
**The amount of annual revenue (if any) for the Network.**

Additional funding secured to assist in sustaining the project   
**The amount of additional funding secured to sustain the program.**

Does the network have a sustainability plan that has been approved by the network's membership?  Yes  No

Does the network have alternate sources of revenue?  Yes  No

If yes, what is the dollar amount? \$

Estimated amount of cost-savings due to participation in the network   
**Please provide the estimated amount of savings due to participation in a network/consortium (Consider shared staff, training, equipment, etc.)**

**Sources of Network Revenue**

Please identify the source(s) of revenue for sustainability and indicate whether you have developed a sustainability plan. Please identify the types of sustainability activities that the network/consortium [\[more\]](#)

Network Business Revenue

In-Kind contributions

Project Member Dues

Fundraising

Contractual Services

Other

None

**HIT Sustainability Activities (Partnerships)**

Please indicate if you have a sustainability plan and select your sustainability activities.

The number of network members that participate in a state-designated Health Information Exchange (HIE)?

**Program Collaboration Type**

Local

State

Federal

**Collaboration Programs**

Regional Extension Centers (REC)

Health Center Controlled Network (HCCN)

Office of the National Coordinator

Regional Health Information Organization (RHIO)

Federally Qualified Health Center (FQHC)

Federal Communication Commission (FCC)

Other

**HIT Sustainability Activities**

Media Campaigns

Consolidation of activities, services and purchases (with Network partners)

Communication Plan Development

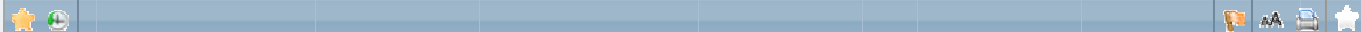
Economic Impact Analysis

Return on Investment Analysis

Marketing Plan Development

Community Engagement Activities

Business Plan Development



|                            |                          |
|----------------------------|--------------------------|
| Organization Bylaws        | <input type="checkbox"/> |
| SWOT Analysis              | <input type="checkbox"/> |
| Sustainability plan        | <input type="checkbox"/> |
| Other <input type="text"/> | <input type="checkbox"/> |

Did you use the HRSA Economic Impact Analysis tool?  Yes  No

If yes, what was ratio for Economic Impact vs. HRSA Program Funding?

Will the Network/Consortium sustain beyond the Federal funding period?  Yes  No

What activities of the Network/Consortium will sustain?

Will Network sponsored-HIT training continue after HRSA/ORHP funding ends?  Yes  No

If HRSA/ORHP supported the maintenance of the EHR system, will maintenance of the EHR system continue after HRSA/ORHP funding ends?  Yes  No

[Return to Top \(Index\)](#)

**Health Information Technology**

Please select all types of technology implemented, expanded or strengthened through this program. If your grant program did not fund these activities, please select "Not Applicable." Please select all [\[more\]](#)

Type(s) of technology implemented, expanded or strengthened through this program

|  |                      |
|--|----------------------|
| <input type="checkbox"/> Not Applicable                            | <input type="text"/> |
| <input type="checkbox"/> Computerized laboratory functions         | <input type="text"/> |
| <input type="checkbox"/> e-prescribing                             | <input type="text"/> |
| <input type="checkbox"/> Inpatient pharmacy                        | <input type="text"/> |
| <input type="checkbox"/> Outpatient pharmacy                       | <input type="text"/> |
| <input type="checkbox"/> CPOE (computerized Physician Order Entry) | <input type="text"/> |
| <input type="checkbox"/> Practice Management System                | <input type="text"/> |
| <input type="checkbox"/> Email                                     | <input type="text"/> |
| <input type="checkbox"/> Electronic clinical applications          | <input type="text"/> |
| <input type="checkbox"/> Certified Electronic Medical Records      | <input type="text"/> |
| <input type="checkbox"/> Health Information Exchange               | <input type="text"/> |
| <input type="checkbox"/> Patient/Disease Registry                  | <input type="text"/> |
| <input type="checkbox"/> Other <input type="text"/>                | <input type="text"/> |

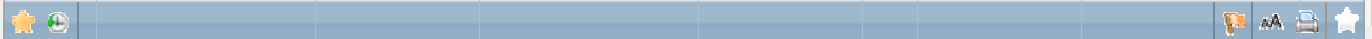
Are the EHR systems ONC certified?  Yes  No

How many of your members have attested to Meaningful Use?

How many of your network members have received Medicare or Medicaid incentive payments?

**Medicare or Medicaid Incentive Payments Amount Received**

|  |                      |
|--|----------------------|
| Area Health Education Center (AHEC)      | <input type="text"/> |
| Community College                        | <input type="text"/> |
| Community Health Center                  | <input type="text"/> |
| Critical Access Hospital                 | <input type="text"/> |
| Faith-based organization                 | <input type="text"/> |
| Federally Qualified Health Center (FQHC) | <input type="text"/> |
| Health Center Controlled Network (HCCN)  | <input type="text"/> |
| Health Department                        | <input type="text"/> |
| Hospital                                 | <input type="text"/> |
| Migrant Health Center                    | <input type="text"/> |
| Private Practice                         | <input type="text"/> |
| Rural Health Clinic                      | <input type="text"/> |
| School District                          | <input type="text"/> |
| Social Services Organization             | <input type="text"/> |



|                    |                      |
|--------------------|----------------------|
| University/College | <input type="text"/> |
| Other              | <input type="text"/> |

[HIT Meaningful Use Stage 1 implementation](#)

**Eligible Professionals – 10 Menu Objectives**

Please indicate the number of members that have achieved each HIT Meaningful Use Stage 1 implementation criteria listed.

|  |                      |
|--|----------------------|
| Drug-formulary checks  | <input type="text"/> |
| Incorporate clinical lab test results as structured data   | <input type="text"/> |
| Generate lists of patients by specific conditions  | <input type="text"/> |
| Send reminders to patients per patient preference for preventive/follow up care                                      | <input type="text"/> |
| Provide patients with timely electronic access to their health information   | <input type="text"/> |
| Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate | <input type="text"/> |
| Medication reconciliation  | <input type="text"/> |
| Summary of care record for each transition of care/referrals   | <input type="text"/> |
| Capability to submit electronic data to immunization registries/systems  | <input type="text"/> |
| Capability to provide electronic syndromic surveillance data to public health agencies                               | <input type="text"/> |
| <b>Hospitals – 10 Menu Objectives</b>  |                      |
| Drug-formulary checks  | <input type="text"/> |
| Record advanced directives for patients 65 years or older  | <input type="text"/> |
| Incorporate clinical lab test results as structured data   | <input type="text"/> |
| Generate lists of patients by specific conditions  | <input type="text"/> |
| Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate | <input type="text"/> |
| Medication reconciliation  | <input type="text"/> |
| Summary of care record for each transition of care/referrals   | <input type="text"/> |
| Capability to submit electronic data to immunization registries/systems  | <input type="text"/> |
| Capability to provide electronic submission of reportable lab results to public health agencies                      | <input type="text"/> |
| Capability to provide electronic syndromic surveillance data to public health agencies                               | <input type="text"/> |

[Return to Top \(Index\)](#)

[Any Comments About this Form or the Data You Entered](#)

**Is this Form Complete?**

If selected "No", you're not required to fill in all fields before you save.

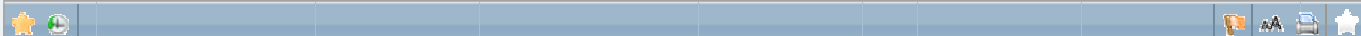
No  Yes

**File Attachments**

File to Upload:   [Attach File](#)

For technical help please call HRSA Call Center 1-877-Go4-HRSA (1-877-464-4772) or email CallCenter@hrsa.gov  
 If Adobe Reader is not installed on your computer, please [download](#) to view PDF files.

Copyright © HRSA. All Rights Reserved.



[Acceptable Use Policy](#) | [Accessibility](#) | [Site Map \(Coming Soon\)](#) | [Viewers And Players](#) | [Contact Us](#)

**Product:** PAMS | **Platform #:** 2.7.1 | **Build #:** 1.0.0 | **Environment:** Integration

