

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? Oyes of Yes of 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, etc.)	### Return to Top Indicol Sustainability If the total amount of additional funding secured is zero (0), please put zero in the appropriate section. Do not leave any section Funding Revenue	Number of hospitals	
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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 Incorporate clinical lab test results as structured data Generate lists of patients by specific conditions Send reminders to patients per patient preference for preventive/follow up care Provide patients with timely electronic access to their health information Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate Medication reconciliation Summary of care record for each transition of care/referrals Capability to submit electronic data to immunization registries/systems Capability to provide electronic syndromic surveillance data to public health agencies Hospitals - 10 Menu Objectives Drug-formulary checks Record advanced directives for patients 65 years or older Incorporate clinical lab test results as structured data Generate lists of patients by specific conditions Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate Medication reconcilitation Summary of care record for each transition of care/referrals Capability to submit electronic data to immunization registries/systems Capability to provide electronic submission of reportable lab results to public health agencies Capability to provide electronic submission of reportable lab results to public health agencies Capability to provide electronic syndromic surveillance data to public health agencies Capability to provide electronic syndromic surveillance data to public health agencies		University/College	
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Is this Form Complete?			
If selected "No", you're not required to fill in all fields before you save.		● No ○ Yes	
		File Attachments	
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If selected "No", you're not required to fill in all fields before you save. No Yes File Attachments File to Upload: Browse Attach File		If Adobe Reader is not installed on your computer, please download to view PDF files.	·@hrsa.gov

