Rural Health Network Development Planning Program
Performance Improvement and Management System (PIMS) Measures

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Table 1: Network Infrastructure

Table Instructions: Please provide information about the network members and network operations. Network members are defined as members who have signed a Memorandum of Understanding or Memorandum of Agreement or have a letter of commitment to participate in the network.

	Identify the types and number of organizations in the consortium or network for your project:		
		Type of Member Organizations in the Consortium/Network	**Number**
	Non-Profit Organization	Area Health Education Center	
		Behavioral/Mental Health Organization	
		Community College	
		Community Health Center	
		Critical Access Hospital	
		Faith-based organization	
		Free Clinic	
		Health Department	
		Hospice	
		Hospital	
		Migrant Health Center	
		Private Practice	
		Rural Health Clinic	
		School District	
		Social Services Organization	
		University	
		Other – Specify type	
		TOTAL for non-profit organization	(Automatically calculated by system)
	For-Profit Organization	Critical Access Hospital	
		Hospice	
		Private Practice	

		Rural Health Clinic	
		Other – Specify Type	
		TOTAL for-profit organization	(Automatically calculated by system)
2		Total number of **NEW** member organizations that joined the consortium/network during this project period:	**Number**
3		**Indicate the total number of full-member (all members that signed MOU, MOA, or letters of commitment) network meetings conducted during the reported budget year by meeting type:**	
		Meeting Type	**Number**
		Meeting conducted face-to-face	
		Meeting conducted via teleconference	
		Meeting conducted via webinar	
		Meeting conducted in a manner not listed above (please specify type)	
4		**From the beginning of this budget year, assess the following overall Network changes (check one answer for each type of network change):**	

	Type of Network Change	**Increased**	**No Change**	**Reduced**
	Financial Cost Savings			
	Access to Educational Opportunities			
	Access to Equipment			
	Access to Subject Matter Experts			
	Understanding of community health needs			
	Other (Please Specify):			

5	**What area(s) was the network focusing on for this project period? (Check all that apply)**	
	Cardiovascular disease	
	Care coordination	
	Care transition	
	Children's health	
	Diabetes	
	Elderly/Geriatric care	
	Emergency Medical Services	
	Health information technology	
	Health promotion/disease prevention	
	Increase access and/or quality of care	
	Mental/Behavioral health	
	Obesity	
	Primary care	
	Telehealth/telemedicine	

	Workforce	
	Other – Specify type	

Table 2: Network Collaboration

Table Instructions: Please provide information about collaboration and/or integration among the network members. Refer to the activities listed in the project work plan for this project period.

6	**How many activities from the project work plan were <u>initiated</u> by at least two or more network members?**	*Number*
7	**How many activities from the project work plan were <u>completed</u> by at least two or more network members?**	*Number*
8	**Did the network develop the following (this does not include a needs assessment)?**	
	Strategic Plan	*(Y/N)*
	Business Plan	*(Y/N)*
	Sustainability Plan	*(Y/N)*
	Other (please specify)	
9	**What type of Network Planning activities were done during the project period (check all that apply):**	
	Conduct needs assessment	
	Develop a plan (ex: strategic, business)	
	Develop network bylaws	
	Develop network mission statement	
	Develop network governance structure	
	Conduct community engagement activities	
	Conduct a SWOT analysis	
	Other (please specify)	

Table 3: Sustainability

Table instructions: Please provide information about the contribution by network members and the network's sustainability efforts.

10	**Annual Program award** Please provide the annual program award based on box 12a of your Notice of Award	
11	**Additional funding secured to assist in sustaining the network** Please provide the amount of additional funding that has already been secured during this current project period to	

	sustain the program.	
12	**Estimated amount of cost savings due to participation in the network during this current project period**	
13	**Sources of Revenue (check all that apply)**	
	Network revenue	
	In-kind contributions	
	Member Fees	
	Fundraising	
	Contractual Services	
	Other – specify type	
14	**How many of the network members have provided the following in-kind services:**	
	Goods (Ex: equipment, food)	Number
	Services (ex: meeting space)	Number
	Staff support	Number
	Expertise (ex: legal, business, website/marketing development)	Number
	Other (please specify)	
15	**How many network policies or procedures were created during this budget period:**	Number
16	**How many network policies or procedures were amended during this budget period:**	Number
17	**How many network policies or procedures were implemented during this budget period:**	Number
18	**As a result of being part of the network, how many network member organizations were able to integrate joint policies/procedures within their respective organizations during this budget period?**	Number
19	**Will the activities of the Network/Consortium continue to operate after the Federal grant funding period?**	Y/N

Table 4: Network Assessment

Table instructions: Please provide information regarding the network's assessment during this project period.

20	**Does the network include a process or tool to assess effectiveness of network performance?**	Y/N
21	**If yes, how is network performance assessed?**	open-ended response
22	**Does the network include a process or tool to assess effectiveness of network director?**	Y/N
23	**If yes, how is the network director assessed?**	open-ended response
24	**Did the network meet its program objectives?**	Y/N