

**Small Health Care Provider**

Your session will expire in: 58:45

**Instructions:**  
For help on this page, please click the ORH-IP Instructions link under Support at the top right of the page.

**G20RH30122: ADVENTIST HEALTH SYSTEMWEST**

Review Status: Not Started

Grant Number: G20RH30122  
Current Report Period: 8/1/2017 - 7/31/2018

Grantee: ADVENTIST HEALTH SYSTEMWEST  
Report Due Date: 8/31/2018

Submitted Date: N/A

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 currently valid OMB control number. The OMB control number for this project is 0915-0387. Public reporting burden for this collection of information is estimated to average 22 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information, sending comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HHS Reports Clearance Office, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

**Demographics**

This report is read only.

Access To Care | Population Demographics

**Access To Care**

This table collects information about an aggregate count of the number of people served through the program and the types of services that were provided during the budget period. Please report responses [none]

**Number of People**

Direct Services to Intervention Population/ Initial Projected Direct Services to Intervention Population

%

Numerator: Number of unique individuals from your project's intervention patient population who received direct services during this budget period. Please report the number [none]

**Direct Service Encounters Across Partner Organizations**

Please provide information to the following based off the available data for project's partner organizations.

Are all Project Partner Sites Contributing to Direct Service Encounter Data?

Yes  No  N/A

Please indicate whether all grant funded project partner sites are contributing to the direct service encounter values included for the purposes of this reporting.

Number of Project Partner Sites Contributing Direct Service Encounter Data

Please provide the total number of grant funded project partner sites contributing to the direct service encounter values included for the purposes of this reporting.

**Types of Direct Service Encounters**

Please specify the type of services received by your project's intervention patients as part of your project's quality improvement intervention by selecting from the list below:

\*\*\*Required Selections\*\*\*