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**Action Item #1:**

**Sample:** *By the end of Quarter 1, ABC Health Center will educate and implement a diabetes care plan for XX number of patients to improve a lower patients HbA1c.*

	Report 1 Progress Note	Report 2 Progress Note	Report 3 Progress Note	Report 4 Progress Note
<p><b>Sample Progress Note:</b> <i>ABC Health Center has educated and implemented a diabetes care plan for XX patients. The health center has seen a decrease in their patients with a HbA1c &gt;9 from 40% to 38%.</i></p>				

**Action Item #2:**

	Report 1 Progress Note	Report 2 Progress Note	Report 3 Progress Note	Report 4 Progress Note

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<b>Action Item #3:</b>				
	<b>Report 1 Progress Note</b>	<b>Report 2 Progress Note</b>	<b>Report 3 Progress Note</b>	<b>Report 4 Progress Note</b>

**After monitoring the Actions for one year, the health center answers the following in addition to the Q4 Progress Note:**

- 1) Were all the action steps completed? Why or why not?
- 2) What had the greatest impact on improving patient diabetes, and improving the UDS diabetes measure?

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 2 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).