



Tasks Organizations Grants Free Clinics FQHC-LALs

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NAVIGATION

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- 1. Demographics
- 2. Sustainability
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- 5. Measures

PDF Version

09/01/2014 - 08/31/2015

Grantee Info

Grantee Information

Rural Health Network Development

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D06RH27789: SAMARITAN NORTH LINCOLN HOSPITAL

Report Status: Submitted

Grant Number: D06RH27789 | Grantee: SAMARITAN NORTH LINCOLN HOSPITAL

Current Report Period: 9/1/2014 - 8/31/2015 | Report Due Date: 9/30/2015

Report Submitted Successfully for Grant D06RH27789

Your report has been successfully submitted. Your confirmation number is: 11792

View Report Close

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Product: PIMS | Platform #: 2.35.25 | Build #: 6.1.x | Environment: Production

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# Electronic Handbooks

Tasks Organizations Grants Free Clinics FQHC-LALs

Welcome Recently Accessed What's New Guide Me

Friday 25<sup>th</sup> September 2015 01:41:59 P.M. ET

## Getting Started with the Handbooks

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#### Workflow

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09/01/2014 - 08/31/2015

#### Grantee Info

Grantee Information

## Rural Health Network Development

Your session will expire in: 59:10

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### ► D06RH27789: SAMARITAN NORTH LINCOLN HOSPITAL

Report Status: In Progress

Grant Number: D06RH27789 | Grantee: SAMARITAN NORTH LINCOLN HOSPITAL

Current Report Period: 9/1/2014 - 8/31/2015 | Report Due Date: 9/30/2015

## Report Submission for Grant D06RH27789

Your report has been successfully validated.

### Submit Report to Project Officer

The following message will be sent to your Project Officer if the submission is confirmed. Please change the message as needed.

#### Message to Project Officer

We are happy to submit the PIMS report for 2014-2015. Please let us know if you have any questions. Thank you.

## CERTIFICATION

I certify that I am authorized to submit this report for grant D06RH27789.

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Rural Health Network Development

Your session will expire in: 59:57

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D06RH27789: SAMARITAN NORTH LINCOLN HOSPITAL

Report Status: In Progress

Grant Number: D06RH27789 | Grantee: SAMARITAN NORTH LINCOLN HOSPITAL

Current Report Period: 9/1/2014 - 8/31/2015 | Report Due Date: 9/30/2015

Demographics

Program Activities by Type | Direct Clinical Services | Insurance Status/Coverage | Staffing

Program Activities by Type

Number of People Served By the Program

Please provide the total number of people who were served by the activities of your program over the past budget year. This number represents the total number of people served by all of the activities [more]

Number of people served by the program

Number of people served by ethnicity

Number of people served by ethnicity (Hispanic or Latino/Not Hispanic or Latino) is defined as:

• Hispanic or Latino origin includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban and other [more]

Hispanic or Latino

Not Hispanic or Latino

Unknown

Total:

Number of people served by race

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

More than one race

Unknown

Total:

Number of people served by age group

Children (0-12)

Adolescents (13-17)

Adults (18-64)

Elderly (65 and over)

Unknown

Total:

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Direct Clinical Services

If your program provides direct clinical services, please fill out the following table. Numbers provided here are based only on the number of people receiving direct clinical services funded through this [more]

Direct Services

Number of people receiving direct clinical services by the program

Number of people served by ethnicity

--	--	--	--	--	--	--	--	--	--

Number of people served by ethnicity (Hispanic or Latino/Not Hispanic or Latino) is defined as:

• Hispanic or Latino origin includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban and other [more]

Hispanic or Latino	<input type="text" value="11"/>
Not Hispanic or Latino	<input type="text" value="233"/>
Unknown	<input type="text" value="52"/>
<b>Total:</b>	<b>296</b>

Number of people served by race

American Indian or Alaska Native	<input type="text" value="4"/>
Asian	<input type="text" value="1"/>
Black or African American	<input type="text" value="0"/>
Native Hawaiian/Other Pacific Islander	<input type="text" value="2"/>
White	<input type="text" value="225"/>
More than one race	<input type="text" value="1"/>
Unknown	<input type="text" value="63"/>
<b>Total:</b>	<b>296</b>

Number of people served by age group

Children (0-12)	<input type="text" value="0"/>
Adolescents (13-17)	<input type="text" value="0"/>
Adults (18-64)	<input type="text" value="159"/>
Elderly (65 and over)	<input type="text" value="83"/>
Unknown	<input type="text" value="54"/>
<b>Total:</b>	<b>296</b>

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**Insurance Status/Coverage**

If your program provides direct clinical services, please fill out the following table. Individuals should only be counted once.

**Insurance Status**

Number of uninsured people	<input type="text" value="228"/>
----------------------------	----------------------------------

Uninsured is defined as those without health insurance.

Number of people covered through Medicare	<input type="text" value="68"/>
---	---------------------------------

Medicare is defined as Federal insurance for the aged, blind, and disabled (Title XVIII of the Social Security Act).

Number of people covered through Medicaid	<input type="text" value="0"/>
---	--------------------------------

Medicaid is defined as State-run programs operating under the guidelines of Titles XIX (and XXI as appropriate) of the Social Security Act.

Number of people covered by both Medicare and Medicaid (Dual Eligible)	<input type="text" value="0"/>
--	--------------------------------

Number of people covered through the Children's Health Insurance Program (CHIP)	<input type="text" value="0"/>
---	--------------------------------

The Children's Health Insurance Program (CHIP) provides primary health care coverage for children.

Number of people covered through other state-sponsored insurance or public assistance program	<input type="text" value="0"/>
---	--------------------------------

Other state-sponsored or public assistance program includes State and/or local government programs.

Number of people covered by private insurance	<input type="text" value="0"/>
---	--------------------------------

Private insurance is health insurance provided by commercial and not for profit companies. Individuals may obtain insurance through employers or on their own.

Unknown	<input type="text" value="0"/>
---------	--------------------------------

<b>Total:</b>	<b>296</b>
---------------	------------

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**Staffing**

Please provide the number of clinical and non-clinical positions funded by this grant. Please indicate a numerical figure. There should not be a N/A (not applicable) response since all questions are applicable. [more]

**Number of positions funded by grant dollars**

	Part-Time	Full-Time
Clinical	<input type="text" value="0"/>	<input type="text" value="0"/>
Non-Clinical	<input type="text" value="6"/>	<input type="text" value="1"/>

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Report Status: In Progress

Grant Number: D06RH27789 | Grantee: SAMARITAN NORTH LINCOLN HOSPITAL

Current Report Period: 9/1/2014 - 8/31/2015 | Report Due Date: 9/30/2015

Sustainability

Sustainability | Impact

Sustainability

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

In-Kind Services

How many of the network members have provided the following in-kind services during this budget period?

- Goods (Ex: equipment, food)
- Services (ex: meeting space)
- Staff support
- Expertise (ex: legal, business, website/marketing development)
- Other- Please Specify:

Network Policies and Procedures

- How many network policies or procedures were created during this budget period:
- How many network policies or procedures were amended during this budget period:
- How many network policies or procedures were implemented during this budget period:
- 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?

Will the activities of the Network/Consortium continue to operate after the Federal grant funding period?

- All (100%)
- Most (50-99%)
- Some (less than 50%)
- None

Sustainability After Funding Ends

Does the network have a written long-range strategy (3-5 years) for obtaining future network revenue and economic self-sufficiency  Yes  No

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Impact

Information collected in this table provides an aggregate count of the number of people targeted within the service area, which may or may not be the total population residing within the service area. [more]

Impact

Number of people in the target population

Denotes the number of people your program is trying to serve (not necessarily the number of people who availed themselves of your services). For example, if the network focuses its mission on serving [more]

Number of people in the target population with access to new or expanded programs/services this year as a result of network activities funded by the Rural Health Network Development Program

Number of new programs/services implemented by the network this year - as a result of grant funding from the Rural Health Network Development Program

5

What is your ratio for Economic Impact vs. HRSA Program Funding?

1.35

Use the HRSA's Economic Impact Analysis Tool (<http://www.raconline.org/econtool/>) to identify your ratio.

Type(s) of new and/or expanded services provided by the network as a result of the Rural Health Network Development grant funding

Please check all that apply. (At least one required)

- Cardiovascular Disease (CVD)
- Case Management
- Diabetes / Obesity Management
- Elderly / Geriatric Care
- Emergency Medical Services (EMS)
- Health Education
- Health Literacy / Translation Services
- Health Promotion / Disease Prevention
- Maternal and Child Health/Women's Health School Board
- Mental / Behavioral Health
- Nutrition
- Oral Health
- Pharmacy
- Substance Abuse Treatment
- Telehealth / Telemedicine
- Transportation
- Workforce
- Primary Care
- Other- Specify:
- None- Explain:

Are discounted services currently available as a result of the activities conducted by your network

Please check all that apply. (At least one required)

- None
  - Limited
  - Moderate
  - Significant
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No  Yes

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Current Report Period: 9/1/2014 - 8/31/2015 | Report Due Date: 9/30/2015

Network

Network Infrastructure | Network Benefits | Network Collaboration | Network Assessment

Network Infrastructure

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 [more]

Non-Profit Organization

Please check all that apply (at least one Non-Profit Organization or For-Profit Organization is required)

- Area Health Education Center (AHEC)
  - Behavioral/Mental Health Organization
  - Community College
  - Community Health Center
  - Critical Access Hospital
  - Faith-based Organization
  - Free Clinic
  - Health Department
  - Hospice
  - Hospitals
  - Migrant Health Center
  - Private Practice
  - Rural Health Clinics
  - School District
  - Social Services Organization
  - University
  - Other- Specify:
- Total: 21

For-Profit Organization

Please check all that apply (at least one Non-Profit Organization or For-Profit Organization is required)

- Critical Access Hospital
  - Hospice
  - Private Practice
  - Rural Health Clinics
  - Other- Specify:
  - None
- Total: 0

Meeting Type

--	--	--	--	--	--	--	--	--	--



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 (At least one is required)

- Meeting conducted face-to-face
- Meeting conducted via teleconference
- Meeting conducted via webinar
- Meeting conducted in a manner not listed above

**Number of Meetings**

Total number of meetings conducted in any manner

Number of meetings conducted in any manner that were attended by at least 75% of board members

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**Network Benefits**

Please provide information about the overall Network benefits that have occurred during the current budget year. Please refer to the detailed definitions and examples in answering the following measures.

**Network Changes**

During the current budget year, assess the following overall Network benefits (check one answer for each type of network change) The "Other" field is optional. If checked, add an explanation for [more]

- Financial Cost Savings**  Increased  No Change  Reduced  
A reduction in historical or projected cost. Examples may include: reduced operational costs, cost sharing, and reduced cost of services.
- Access to Educational Opportunities**  Increased  No Change  Reduced  
Educational experience where new knowledge is acquired. Examples may include: webinars, conferences, workshops.
- Access to Equipment**  Increased  No Change  Reduced  
Newly acquired ability to utilize equipment. Examples may include: access to shared software, in kind use of equipment.
- Access to Subject Matter Experts**  Increased  No Change  Reduced  
Newly acquired ability to utilize the skills or knowledge of a person who is an authority in a particular area. Examples may include: access to a program evaluator, Health Information Technology [more]
- Understanding of community health needs**  Increased  No Change  Reduced
- Other**  Increased  No Change  Reduced

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**Network Collaboration**

Please provide information about collaboration and/or integration among the network members. Refer to the activities listed in the project workplan for this project period.

**Project Workplan**

How many activities from the project workplan were initiated by at least two or more network members

How many activities from the project workplan were completed by at least two or more network members

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**Network Assessment**

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

Did the network meet its program objectives:

- All (100%)
- Most (50-99%)
- Some (less than 50%)
- None

**Network Assessment**

Does the network include a process or tool to assess effectiveness of network performance?

- Yes  No

If yes, how is network performance assessed?

Network performance is defined by the effectiveness of the programs it oversees. Grant funds support an external Evaluator who conducts implementation and outcome evaluation. The Evaluator provides oral feedback on program activities at each CCCWN meeting and with an annual written report.

Are network performance measures and outcomes disseminated in writing to member at least annually

- Yes  No

Does the network include a process or tool to assess effectiveness of network director?

- Yes  No

If yes, how is the network director assessed?

[Empty text area for assessment details]

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[Empty text area for comments]

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No  Yes

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D06RH27789: SAMARITAN NORTH LINCOLN HOSPITAL

Report Status: In Progress

Grant Number: D06RH27789 | Grantee: SAMARITAN NORTH LINCOLN HOSPITAL

Current Report Period: 9/1/2014 - 8/31/2015 | Report Due Date: 9/30/2015

Environment and Technology

Health Information Technology | Quality Improvement

Health Information Technology

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

Please select all types of technology implemented, expanded or strengthened through this program. At least one is required.

- Computerized provider order entry (CPOE)
- Electronic entry of prescriptions/e-prescribing
- Electronic medical records
- Health Information exchange (HIE)
- Patient/Disease Registry
- Telehealth / Telemedicine
- None
- Other - Specify:-

Have your organization and/or any of your organization's providers attested to Meaningful Use

Please select all that apply. At least one is required.

- Stage 1
- Stage 2
- Stage 3
- None

Attested to Meaningful Use

If one or more stages were selected above, answer the following: Have your organization and/or providers received incentive payments?

Yes  No

If no stages were selected above, answer the following: Is your organization and/or providers planning to attest in the next 12 months?

Yes  No

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Quality Improvement

Please report on quality improvement activities and initiatives implemented, expanded or strengthened through this program.

Participation in Accountable Care Organization (ACO)

Is your organization participating in an ACO? If yes, please check all that apply and at least one is required.

An Accountable Care Organization (ACO) is a group of doctors, hospitals, and other [more]

- Medicare Shared Savings Program
- Advanced Payment ACO Model
- Pioneer ACO Model
- Non-Medicare ACO
- None

Participation in Medical Home

Is your organization participating in a Medical Home or Patient Centered Medical Home (PCMH) initiative

Yes  No

*A Medical Home is defined as comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes. To become a medical home an organization generally gains a level [more]*

**If yes, have you achieved or are you pursuing certification or recognition?**

*If yes, please check all that apply and at least one is required.*

- National Committee for Quality Assurance (NCQA)
- Accreditation Association for Ambulatory Health Care (AAAHC)
- The Joint Commission
- State/Medicaid Program
- Other - Specify:-

None

**Care Coordination Activities**

*Check all that apply and at least one is required.*

*Care coordination is defined as the deliberate organization of patient care activities between two or more participants (including the patient) [more]*

- Referral tracking system
- Patient support and engagement
  - Integrated care delivery system (agreements with specialist, hospitals, community organizations, etc. to coordinate care)
- Case management
- Care plans
- Medication management
- Other - Specify:-

None

**Participation in Quality Initiatives**

**Participation in Partnership for Patients**

Yes  No

*The Partnership for Patients is a public/private partnership focused on making hospital care safer, more reliable, and less costly through two goals: reducing preventable hospital-acquired conditions [more]*

**Participation in Million Hearts**

Yes  No

*Million Hearts is a national initiative to prevent 1 million heart attacks and strokes by 2017. <http://millionhearts.hhs.gov/index.html>*

**Critical Access Hospitals: Participation in Medicare Beneficiary Quality Improvement Project (MBQIP)**

Yes  No

*The Medicare Beneficiary Quality Improvement Project (MBQIP) is a Flex Grant Program activity within the core area of quality improvement for Critical Access Hospitals (CAH). [http://www.hrsa.gov/ruralhealth/about/hospitalstate/medicareflexibility\\_.html](http://www.hrsa.gov/ruralhealth/about/hospitalstate/medicareflexibility_.html)*

**Other Quality Initiatives**

Yes  No

*If yes, list the other quality initiatives in comment box below.*

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No  Yes

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Measures

Clinical Measures | Optional Measures | Program Initiative

Clinical Measures

National Quality Forum (NQF) Measures

If applicable, enter information into the Numerator and Denominator for the NQF Measures below. Please use your health information technology system to extract the clinical data requested. Please refer [more]

Percentage of patients aged 18 years and older who were screened for tobacco use at least once during the two-year measurement period AND who received cessation counseling intervention if identified as a tobacco user

/  %

NQF 0028: Preventive Care & Screening

Numerator: Patients who were screened for tobacco use\* at least once during the two-year measurement period AND who received tobacco cessation counseling [more]

Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented

/  %

NQF 0418: Screening for clinical depression

Numerator: Patient's screening for clinical depression using an age appropriate standardized tool AND follow-up plan is documented.

Denominator: [more]

The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year

/  %

NQF 0018: Controlling High Blood Pressure:

Numerator: The number of patients in the denominator whose most recent BP is adequately controlled during the measurement year. For a patient's BP to be [more]

The percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result <100 mg/dL OR patients who have a LDL-C result >=100 mg/dL and have a documented plan of care to achieve LDL-C <100mg/dL, including at a minimum the prescription of a statin

/  %

NQF 0074: Chronic Stable Coronary Artery Disease:

Numerator: The number of patients who have a LDL-C result <100 mg/dL OR Patients who have a LDL-C result >=100 mg/dL and have a documented [more]

The percentage of patients 18 - 75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is less than 8.0% during the measurement year

/  %

NQF 0575: Comprehensive Diabetes Care:

Numerator: Patients whose HbA1c level is <8.0% during the measurement year.

Denominator: Patients 18-75 years of age by the end of the measurement [more]

Percent of adult patients, 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C less than 100 mg/dL

/  %

NQF 0064: Comprehensive Diabetes Care:

Numerator: Patients whose most recent LDL-C test is <100 mg/dL during the measurement year.

Denominator: Patients 18-75 years of age by the [more]

--	--	--	--	--	--	--	--	--	--

Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the measurement year  /  %

NQF 0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Numerator: Body mass index (BMI) percentile documentation, counseling for nutrition and counseling [more]

Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the encounter  /  %

NQF 0421: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up: Numerator: Patients with a documented BMI during the encounter or during the previous six months, AND when [more]

Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HIB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates  /  %

NQF 0038: Childhood Immunization Status (CIS): Numerator: Children who have evidence showing they received recommended vaccines by their second birthday.

Denominator: Children who turn [more]

Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization  /  %

NQF 0041: Influenza immunization: Numerator: Patients who received an influenza immunization OR who reported previous receipt\* of an influenza immunization.

\*Previous receipt can include: [more]

Assesses how many preventive dental visits during the previous 12 months  /  %

NQF 1334: Children Who Received Preventive Dental Care: Numerator: Percentage of children who had one or more preventive dental visits in the past 12 months.

Denominator: Children age [more]

Assesses if children age 1-17 years have had a toothache, tooth decay or cavities in the past 6 months  /  %

NQF 1335: Children Who Have Dental Decay or Cavities: Numerator: Whether child had toothache, cavities or decayed teeth in past 6 months.

Denominator: Children and adolescents age 1-17 [more]

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Optional Measures

Optional Measures

Is your program addressing an NQF not provided in the table above?

Yes  No

If yes, please provide the information in the field below.

Please provide the NQF Number(s), Numerator, Denominator and Percent.

If yes, please provide the information in the field below

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Program Initiative

Please fill out the following table regarding your program's initiative

Program Initiative

Does your program focus on an initiative not covered by these measures

Yes  No

If yes, what is your program's initiative?

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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

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Product: PIMS | Platform #: 2.35.25 | Build #: 6.1.X | Environment: Production

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