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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

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Grantee Information

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

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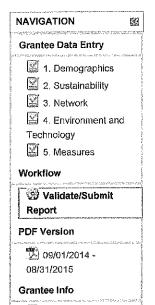
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Grantee Information



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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.

Submit Cancel

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

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Welcome Recently A	ccessed What's New Guide Me	Friday 25" September 2015 01:39:35 P.M. ET
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You are here:		
NAVIGATION S		Varus assairan will avaire in E00
Grantee Data Entry	Rural Health Network Development	Your session will expire in: 59:
1. Demographics	Instructions: For help on this page, please click the ORHP Instructions link under Support at the top right o	f the nage
2. Sustainability	For italy on this page, prease click the Ord it manuactions link did of cupport at the top right of	Title page.
🖾 3. Network	D06RH27789: SAMARITAN NORTH LINCOLN HOSPITAL	Report Status: In Progress
4. Environment and	Grant Number: D06RH27789 Grantee: SAMARITAN NO	RTH LINCOLN HOSPITAL
Technology ☑ 5. Measures	Current Report Period: 9/1/2014 - 8/31/2015 Report	
Workflow	Domographics	
√ Validate/Submit	Demographics	
Report	Program Activities by Type Direct Clinical Services Insurance Status/Coverage Staffing	
PDF Version	Program Activities by Type	
2 09/01/2014 -	Number of People Served By the Program	
08/31/2015	Please provide the total number of people who were served by the activities of your program over the	e nact hudget waar. This number consents the total number of
Grantee Info	people served by all of the activities [more]	e past budget year. This number represents the total number of
Grantee Information	Number of people served by the program	126963
Dana resperantes a desta de en 1900 de la compaño de la co	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]
	•	10448
	Not Hispanic or Latino	108621
	Unknown	7894
	Total:	126963
	Number of people served by race	
	American Indian or Alaska Native	2824
	 	1473
		8887
		2538 107076 1
		4165
		0
		126963
	Number of people served by age group	
	Children (9-12)	0
	Adolescents (13-17)	0
	Adults (18-64)	102950
		24013
	Challowa	0 1
	Total: Return to Top (Index)	126963
	Direct Clinical Services	
	If your program provides direct clinical services, please fill out the following table. Numbers provided clinical services funded through this [more]	here are based only on the number of people receiving direct
	Direct Services	
	Number of people receiving direct clinical services by the program	296
	Number of people served by ethnicity	

	Rural Health Network Develo	pment - Demograpl	hics EU	HRSA EHBs
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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	11
Not Hispanic or Latino	233
Unknown Total:	296
	200
Number of people served by race	
American Indian or Alaska Native	4
Asian	0
Black or African American	2
Native Hawaiian/Other Pacific Islander White	225
More than one race	1
Unknown	63
Total:	296
Number of people served by age group	
Children (0-12)	0
Adolescents (13-17)	0
Adults (18-64)	159
Elderly (65 and over)	83
Unknown	54
Total:	296
Return to Top (Index)	
Insurance Status/Coverage	
If your program provides direct clinical services, please fill out the following table. Individuals sho	ould only be counted once.
Insurance Status	
Number of uninsured people	228
Uninsured is defined as those without health insurance.	\
Number of people covered through Medicare	68
Medicare is defined as Federal insurance for the aged, blind, and disabled (Title XVIII of the Soc	cial Security Act).
Number of people covered through Medicaid	О
Medicaid is defined as State-run programs operating under the guidelines of Titles XIX (and XXI	
Number of people covered by both Medicare and Medicaid (Dual Eligible)	0
Number of people covered through the Children's Health Insurance Program (CHIP)	0
The Children's Health Insurance Program (CHIP) provides primary health care coverage for child	<u> </u>
Number of people covered through other state-sponsored insurance or public assistance	
program	0
Other state-sponsored or public assistance program includes State and/or local government pro	grams.
Number of people covered by private insurance	0
Private insurance is health insurance provided by commercial and not for profit companies. Indiv	riduals may obtain insurance through employers or on their own.
Unknown	0
Total:	296
Return to Top (Index)	
Staffing	
Please provide the number of clinical and non-clinical positions funded by this grant. Please India response since all questions are applicable. [more]	cate a numerical figure. There should not be a N/A (not applicable)
Number of positions funded by grant dollars	
Part-Time Full-Time	
Clinical 0	
Non-Clinical 6 1	
Return to Top (Index)	
-Any Comments About this Form or the Data You Entered	
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NAVIGATION 🖫		
Grantee Data Entry	Rural Health Network Development	Your session will expire in: 59:5
1. Demographics	Instructions:	
2. Sustainability	For help on this page, please click the ORHP Instructions link under Support at the top right of the p	page.
3. Network	▶ D06RH27789: SAMARITAN NORTH LINCOLN HOSPITAL	Report Status: In Progress
a. Environment and	Grant Number: D06RH27789 Grantee: SAMARITAN NORTH	•
Technology 5. Measures	Current Report Period: 9/1/2014 - 8/31/2015 Report Due	
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Workflow	Sustainability	
₩ Validate/Submit Report	Sustainability Impact	
PDF Version	Out of the hilling	
09/01/2014 -	Sustainability	er
08/31/2015	Please provide information about the contribution by network members and the network's sustainability ef	TOTIS.
Grantee Info	In-Kind Services	
Grantee Information	How many of the network members have provided the following in-kind services during this budget period	!?
VII NOTES COMES (ATES ATES ATES ATES ATES ATES ATES ATES	☑ Goods (Ex; equipment, food)	
	☑ Services (ex: meeting space)	
	☑ Staff support [6]	
	Expertise (ex: legal, business, website/marketing ☑ development) 16	
	☑ Other- Please Specify: MOU	
	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 p	eriod?
	□All (100%)	
	☑ Most (50-99%)	
	☐ Some (less than 50%)	
	□None	
	Sustainability After Funding Ends	
	Terofile and contains out camerally	res No
	Return to Top (Index) Impact	
	Information collected in this table provides an aggregate count of the number of people targeted within the residing within the service area. [more]	e service area, which may or may not be the total population
	Impact	
	Number of people in the target population 27330	0
	Denotes the number of people your program is trying to serve (not necessarily the number of people who network focuses its mission on serving [more]	availed themselves of your services). For example, if the
	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 DK	
	MANAGE AND HIGH CA OFFICE	 '

Rural Health Network Development - Sustainability | EU | HRSA EHBs

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	3 _	No @ Yes	-	•							
	1	elected "No", you're not	required to fill in all fiel	lds before you	save.						
	_f S	this Form Complete?									
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		Significant									
		Moderate									
		None Limited									
	_	ease check all that apply	. (At least one required	4/							
			-		o avuvitica tullu	idotod by your	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		None- Explain: discounted services	currently ovellable co	a result of the	activities cond	hicted by your	network				
		Other- Specify:									
		Primary Care									
		Workforce									
		Transportation									
		Telehealth / Telemedic	cine								
	_	Substance Abuse Trea									
	_	Pharmacy									
		Oral Health									
		Nutrition									
		Mental / Behavioral He	ealth								
		Maternal and Child He	ealth/Women's Health	School Board							
	V	Health Promotion / Dis	sease Prevention								
		Health Literacy / Trans	slation Services								
	\square	Health Education									
		Emergency Medical S	ervices (EMS)								
		Elderly / Geriatric Car									
		Diabetes / Obesity Ma	nagement								
		Case Management									
		Cardiovascular Disea	se (CVD)								
	Ple	ease check all that apply	. (At least one required	d)							
	Ту	pe(s) of new and/or ex	panded services prov	vided by the ne	etwork as a resu	It of the Rural I	Health Network Dev	relopment grant fur	iding		
	Us	se the HRSA's Economic	c Impact Analysis Tool	(http://www.rac	conline.org/econto	ool/) to identify y	our ratio.				
	=	at is your ratio for Ecc					1.35				
		mber of new programs int funding from the Ru				s a result of	5				
	Nie	mbas of saw oscasoma	lannilana implamente	nd by the netw	ork this year a	e a recult of					

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Grantee Data Entry	🛪 Rural Health Network Development	Your session will expire in: 58:1
	Instructions:	
1. Demographics 2. Sustainability	For help on this page, please click the ORHP Instructions link under Support at t	he top right of the page.
3. Network	▶ D06RH27789: SAMARITAN NORTH LINCOLN HOSPITAL	Report Status: In Progress
4, Environment and		
Technology	Grant Number: D06RH27789 Grantee: SAN Current Report Period: 9/1/2014 - 8/31/2	
5. Measures		
Workflow	Network	
₩ Validate/Submit Report	Network Infrastructure Network Benefits Network Collaboration Network Assessmen	nt
PDF Version	Network Infrastructure	
② 09/01/2014 - 08/31/2015	Please provide information about the network members and network operations. Netwo Understanding or Memorandum of Agreement or have a letter [more]	ork members are defined as members who have signed a Memorandum of
Grantee Info	<u>-</u>	
Grantee Information	Non-Profit Organization	ation in mayings
	Please check all that apply (at least one Non-Profit Organization or For-Profit Organiza	uson is required)
	☐ Area Health Education Center (AHEC)	
	L_I Behavioral/Mental Health Organization	
	☐ Community College	4
	☑ Community Health Center	<u></u>
	☑ Critical Access Hospital ☐ Faith-based Organization	3
	☐ Faith-based Organization ☑ Free Clinic	<u> </u>
	☑ Health Department	3
	☐ Hospice	<u></u>
	⊡ nospice ☑ Hospitals	2
	☑ nospitals ☐ Migrant Health Center	[]
	☑ Migrant Health Center ☑ Private Practice	1
	☐ Rural Health Clinics	<u></u>
	☑ School District	2
	☑ Social Services Organization	[2]
	☑ University	2
	☑ Other-Specify: OR Office of Rural Health, IHNCCO,	4
	Total:	21
	For-Profit Organization	
	Please check all that apply (at least one Non-Profit Organization or For-Profit Organiza	ition is required)
	☐ Critical Access Hospital	
	Hospice	
	☐ Private Practice	
	☐ Rural Health Clinics	
	Other- Specify:	Auditive statement
	☑ None	No. of the contract of the con
	Total:	0
	Meeting Type	

Indicate the total number of full-member (all members that signed MOU, MOA, or letters of comm by meeting type (At least one is required))	ilment) network meetings conducted during the reported b	oudget yea
✓ Meeting conducted face-to-face	[2	
Meeting conducted via teleconference	<u> </u>	
☐ Meeting conducted via webinar	<u> </u>	
Meeting conducted in a manner not listed above	<u></u>	
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	1	
Return to Top (Index)		
Network Benefits		
Please provide information about the overall Network benefits that have occurred during the curro in answering the following measures.	ent budget year. Please refer to the detailed definitions and	i example:
Network Changes		
During the current budget year, assess the following overall Network benefits (check one answer The "Other" field is optional. If checked, add an explanation for [more]	for each type of network change)	
Financial Cost Savings	O Increased No Change O Reduced	
A reduction in historical or projected cost. Examples may include: reduced operational costs, cost	t 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, co	nferences, workshops.	
Access to Equipment	● Increased ○ No Change ○ Reduced	
Newly acquired ability to utilize equipment. Examples may include: access to shared software, in		
	⊚ Increased O No Change O Reduced	
Access to Subject Matter Experts Newly acquired ability to utilize the skills or knowledge of a person who is an authority in a partic Examples may include: access to a program evaluator, Health Information Technology [more]		
Understanding of community health needs	Increased O No Change O Reduced	
Other	O Increased No Change O Reduced	
Return to Top (Index)	- Majoubba - No onangs - Notice	
Network Collaboration		
Please provide information about collaboration and/or integration among the network members. It period.	Refer to the activities listed in the project workplan for this p	oroject
Project Workplan		
How many activities from the project workplan were initiated by at least two or more netwomembers	rk 7	
How many activities from the project workplan were completed by at least two or more network members Return to Top (Index)	4	
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 performant • Yes O No If yes, how is network performance assessed?	;e?	
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 a Yes O No Page the actuary below a recess of actuary of page of	east annually	
Does the network include a process or tool to assess effectiveness of network director? O Yes No.		

Rural Health Network l	Development - Network	EU	HRSA EHBs
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ork Development - Network EU HRSA EHBs	Page 3 of 3
If yes, how is the network director assessed?	
A	
Return to Top (Index)	
Any Comments About this Form or the Data You Entered	
يشو	
V	
- Is this Form Complete?	
If selected "No", you're not required to fill in all fields before you save.	
O No ® Yes	
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File to Upload: Browse Browse Attach File	·
Save Cancel	
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Grantee Data Entry	Rural Health Network Development	Total 3633601 mile capito ita 6656
1. Demographics	Instructions: For help on this page, please click the ORHP Instructions link under Support at the top rig	aht of the page
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3. Network	D06RH27789: SAMARITAN NORTH LINCOLN HOSPITAL	Report Status: In Progress
4. Environment and		•
Technology	Grant Number: D06RH27789 Grantee: SAMARITAN Current Report Period: 9/1/2014 - 8/31/2015 Re	
5. Measures		port du Date. Monte l'O
Workflow	Environment and Technology	
Valldate/Submit Report	Health Information Technology Quality Improvement	
PDF Version	Health Information Technology	
2 09/01/2014 -	Type(s) of technology implemented, expanded or strengthened through this program	
08/31/2015		Of look and in servine of
Grantee Info	Please select all types of technology implemented, expanded or strengthened through this prog	ram. At least one is required.
Grantee Information	☐ 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 Meaningfo	ul 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	n and/or providers received incentive payments?
	O Yes O No	the standard falls and discount of
	If no stages were selected above, answer the following: Is your organization and/or provi ○ Yes ② No	iders planning to attest in the next 12 months?
	Return to Top (Index)	
	Quality Improvement	
	Please report on quality improvement activities and initiatives implemented, expanded or streng	athened 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	e 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	
p-12-12-12-12-12-12-12-12-12-12-12-12-12-	Participation in Medical Home	
	Is your organization participating in a Medical Home or Patient Centered Medical Home (PCMH) initiative

	defined as comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes. To become a on generally gains a level (more)
If yes, have you ac	hieved or are you pursuing certification or recognition?
If yes, please check	all that apply and at least one is required.
	Ittee for Quality Assurance (NCQA)
	sociation for Ambulatory Health Care (AAAHC)
☐ The Joint Comm	
☐State/Medicaid I	
Other - Specify:	
☑None	
Care Coordination	Activities
	and at least one is required. defined as the deliberate organization of patient care activities between two or more participants (including the patient) [more]
Referral tracking	ş system
☐ Patient support	
	delivery system (agreements with specialist, hospitals, community tc. to coordinate care)
Case manageme	ent
Care plans	
☐ Medication man	agement
Other - Specify:	
None	
Participation in Qu	ality Initiatives
Participation in Par ○Yes	rtnership for Patients
	Patients is a public/private partnership focused on making hospital care safer, more reliable, and less costly through two goals: reducin -acquired conditions [more]
Participation in Mil ○ Yes	lion Hearts
Million Hearts is a n	ational initiative to prevent 1 million heart attacks and strokes by 2017. http://millionhearts.hhs.gov/index.html
Critical Access Hos O Yes No	spitals: Participation in Medicare Beneficiary Quality Improvement Project (MBQIP)
	ficiary Quality Improvement Project (MBQIP) is a Flex Grant Program activity within the core area of quality improvement for Critical Act p://www.hrsa.gov/ruralhealth/about/hospitalstate/medicarefiexibilityhtml
Other Quality Initia O Yes ® No	tives
If yes, list the other	quality initiatives in comment box below.
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Any Comments Abo	out this Form or the Data You Entered
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File Attachments	
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Getting Starte	ed with the Handbooks			
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NAVIGATION (S)	🗷 Rural Health Network Development	Your session will expire in: 59:5		
Grantee Data Entry  1. Demographics	Instructions:			
2. Sustainability	For help on this page, please click the ORHP Instructions link under Support at the lop right of the	page.		
3. Network	D06RH27789: SAMARITAN NORTH LINCOLN HOSPITAL	Report Status: In Progress		
4. Environment and Technology	Grant Number: D06RH27789   Grantee: SAMARITAN NORTH LINCOLN HOSPITAL			
5. Measures	Current Report Period: 9/1/2014 - 8/31/2015   Report Due	Date: 9/30/2015		
Workflow	Measures			
Validate/Submit Report	Clinical Measures   Optional Measures   Program Initiative			
PDF Version	Clinical Measures			
图 09/01/2014 -	National Quality Forum (NQF) Measures			
08/31/2015 Grantee Info	If applicable, enter information into the Numerator and Denominator for the NQF Measures below. Please	use your health information technology system to extract to		
Grantee Information	clinical data requested. Please refer [more]  Percentage of patients aged 18 years and older who were screened for tobacco use at least			
The company of the co	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 measuremen [more]	t period AND who received tobacco cessation counseling		
	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 fo	ollow-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:	uring the measurement year. For a national's RD to be impre-		
	Numerator: The number of patients in the denominator whose most recent BP is adequately controlled of The percentage of patients aged 18 years and older with a diagnosis of coronary artery	uning the measurament year. For a patient 5 DF to be imore		
	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	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]			

# Rural Health Network Development - Measures | EU | HRSA EHBs

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/A Numerator: Body mass index (BMI) percentile documentation, counseling for nutrition and couns	
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 simonths of the encounter	
NQF 0421: Preventative 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 mon	
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 pneumococca 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	v) e /%
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 m	nonths.
Denominator: Children age [more]	
Assesses if children age 1-17 years have had a toothache, tooth decay or cavities in the pa 6 months	ist %
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]	,
Return to Top (Index)	
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	
^	
Return to Top (Index)	
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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