

Overview of Performance Report for Grants and Cooperative Agreements

# Children's Hospitals Graduate Medical Education

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration  
Bureau of Health Workforce

## Training Program – Setup

The Training Program Setup form captures general information about the types of training programs that were supported with BHW funds during the reporting period. Please complete this setup page for each training program that was offered during the reporting period and was supported with BHW funds. Enter each training program separately by selecting from the drop-down menu under the ‘Add Training Program’ section. Once selected, click the ‘Load Program Details’ button and complete the remaining follow-up question(s) related to your selection. Once you have answered all follow-up questions, click on ‘Add Record’ to save your entry. **Note:** You must enter each training program that was supported with BHW funds separately. Do not include any information about faculty development or continuing education offerings in this form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer.

[View Prior Period Data](#)

* Add Training Program					
<b>Select Type of Training Program Offered</b>  (Click the ‘Load Program Details’ button after selecting your training program)	<table border="1"> <tr> <td><b>Select One</b></td> <td><b>V</b></td> </tr> <tr> <td colspan="2">                     Fellowship program                      Residency program                      Major Participating Site/Rotation Site                 </td> </tr> </table> <input type="button" value="Load Program Details"/>	<b>Select One</b>	<b>V</b>	Fellowship program Residency program Major Participating Site/Rotation Site	
<b>Select One</b>	<b>V</b>				
Fellowship program Residency program Major Participating Site/Rotation Site					
<b>For a Fellowship, Residency, Practicum/Field Placement, Internship or 1-year Retraining Program, Select the Primary Discipline of Individuals Trained</b>	<input type="text" value="Single Select"/>				
<b>For a Major Participating Site/Rotation Site, Select the Program Name</b>	<input type="text" value="Single Select"/>				
<input type="button" value="Add Record"/>					

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Fellowship   Medicine—Internal Medicine	Active	Delete
2	Prior Record	Major Participating Site/Rotation Site   Medicine—Internal Medicine/Pediatrics	Active	Delete
4	New Record	Residency   Medicine—General Pediatrics	Active	Delete
5	New Record	Major Participating Site/Rotation Site   Medicine—Neurology	Inactive	Delete

## PC: Program Characteristics

### PC-6: Program Characteristics – Fellowship Programs

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. Each of the subforms corresponds to a different type of training program. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. If you wish to view data that were submitted in the prior reporting period, click on the ‘View Prior Period Data’ link and a read-only version of your most recent prior performance report will pop-up in a new screen. Also, records about ongoing training programs or activities from the prior reporting period will auto-populate into this form and are identified as ‘Prior Records’ under the column labeled "Record Status".

Note:  
The PC-6 subform collects information specific to Fellowship Programs only.

PC-6	PC-8	PC-9	PC-10
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[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Primary Discipline of Individuals Trained	Select Type(s) of Partners/Consortia Used to Offer this Training
		(1) Block 1	(2) Block 1I	(3) Block 2
1	Prior Record			

## PC-8: Program Characteristics – Residency Programs

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. Each of the subforms corresponds to a different type of training program. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. Note: The PC-8 subform collects information specific to Residency Programs only.

PC-6	PC-8	PC-9	PC-10
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[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Primary Discipline of Individuals Trained	Select Type(s) of Partners/Consortia Used to Offer this Training	Enter # of Core Physician Faculty as Reported to ACGME or AOA
		(1) Block 1	(2) Block 1I	(4) Block 2	(12)
1	Prior Record	Residency   Medicine—Family Medicine			
2	New Record	Residency   Medicine—General Pediatrics			

## PC-9: Program Characteristics –Positions Description

The Program Characteristics (PC) subforms are designed to collect additional information about training programs that were offered during the reporting period and were supported with BHW funds. Each of the subforms corresponds to a different type of training program. Please complete the required subforms for each program that was entered in the Training Program Setup form. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer. Note: The PC-9 subform collects information specific to positions or slots for certain types of primary care training programs.

PC-6	PC-8	PC-9	PC-10
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[View Prior Period Data](#)

* Add Academic/Training Year	
Select Training Program	<input type="text" value="Single Select"/>  (The residency programs entered in the setup page will be populated in this dropdown box)
Select Training Year	<input type="text" value="Multi Select"/>
<input type="button" value="Add"/>	

No.	Record Status	Type of Training Program	Training Year	Enter Total # of Accredited Positions	Enter Total # of Positions Recruited For	Enter Total # of Positions Filled	Enter # of Residents in FTE Positions	Option(s)
		(1) Block 1	(2)	(3) Block 4	(4) Block 5	(5) Block 6	(7)	
1	Prior Record	Residency   Medicine—Family Medicine	Residency Year 1					Delete
2	Prior Record	Residency   Medicine—Family Medicine	Residency Year 2					Delete
3	New Record	Residency   Medicine—Family Medicine	Residency Year 3					Delete
4	New Record	Residency   Medicine—General Pediatrics	Residency Year 1					Delete
5	New Record	Residency   Medicine—General Pediatrics	Residency Year 2					Delete

## PC-10: Program Characteristics – Major Participating Sites/Rotation Sites

The Program Characteristics (PC) subforms are designed to collect additional information about the training programs that were offered during the reporting period and were supported with BHW funds. The PC-10 subform collects information specific to the Major Participating Sites/Rotation Sites identified in the Training Program Setup form. Each line of this subform contains one of the training programs (rotation sites) that was entered in the Training Program Setup form. Please complete the information requested for each identified Major Participating Site/Rotation Site. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer.

PC-6	PC-8	PC-9	PC-10
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[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Program Name	Select Type(s) of Partners/Consortia Used to Offer this Training	Enter # of Approved Positions	Enter # of Recruited Positions	Enter # of Approved Positions Filled	Enter # of Residents Rotating Through Programs	Enter # of Trainees Spending >= 75% under Children's Hospital Supervision	Enter # of Core Physician Faculty as Reported to ACGME or AOA
		(1) Block 1	(2)	(3) Block 2	(4)	(5)	(6)	(7)	(8)	(9)
1	Prior Record	Major Participating Site/Rotation Site   Medicine—Internal Medicine/Pediatrics	Medicine—Internal Medicine/Pediatrics							
2	New Record	Major Participating Site/Rotation Site   Medicine—Neurology	Medicine—Neurology							

## IND-GEN: Individual Characteristics

The IND-GEN form captures individual-level information about students, faculty, or other types of awardees who either received direct financial support (e.g., loans, loan repayment, scholarships, or stipends) through a HRSA grant or participated in specific types of primary care-related training. Please complete this form in its entirety. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer.

<p>* Do you have either a) students, trainees or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for students or trainees who received direct financial support in a previous reporting period? <b>Yes</b></p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid gray; border-radius: 10px; padding: 5px 15px; background-color: #f0f0f0;">Yes</div> <div style="font-size: small;">(complete IND-GEN)</div> <div style="border: 1px solid gray; border-radius: 10px; padding: 5px 15px; background-color: #f0f0f0;">No</div> <div style="font-size: small;">(click Save and Validate button to proceed to the next form)</div> </div>
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[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
		(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
1	Prior Record	Residency   Medicine—Family Medicine										
2	Prior Record	Residency   Medicine—Family Medicine										
3	Prior Record	Residency   Medicine—Internal Medicine/Pediatrics										
4	New Record	Residency   Medicine—General Pediatrics										

(Contd)

Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)	Enter # of Academic Years the Individual has Received BHW Funding	Enter % FTE paid for through BHW Financial Award	Select Individual's Academic or Training Year	Select Individual's Primary Discipline
	Salary and Benefits				
(12) Block 11	(12a) Block 11	(22) Block 12	(25) Block 14	(26) Block 15	(27) Block 16

(Contd)

Training in a Primary Care Setting			Training in a Medically Underserved Area		Training in a Rural Area		Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Individual's Post-Graduation/Completion Intentions	Select whether Employment Data is available?	City	State	Zip Code	Type of Employment
Select Whether Individual Received Training	Enter # of Contact Hours	Enter # of Patient Encounters	Select Whether Individual Received Training	Enter # of Contact Hours	Select Whether Individual Received Training	Enter # of Contact Hours								
(28) Block 17	(29) Block 17a	(30) Block 17b	(31) Block 18	(32) Block 18a	(33) Block 19	(34) Block 19a	(36) Block 21	(37) Block 22	(39) Block 22b	(56)	(57)	(58)	(59)	(60)

**INDGEN-PY: Individual Prior Year**

The INDGEN-PY subform captures 1-year follow-up information about individuals who received direct financial support (e.g., loans, loan repayment, scholarships, or stipends) through a HRSA grant or participated in specific types of primary care-related training programs and have since graduated or completed their training. Please complete this form for each individual listed below. If you have any questions about how to complete this form, please refer to the instruction manual and/or contact your Government Project Officer.

[View Prior Period Data](#)

No	Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Post-Graduation/Completion Intentions	Select whether status/employment data are available for the individual 1-year post graduation/completion	Select Individual's Current Training/Employment Status
				(1) Block 2	(2) Block 3	(3) Block 4	(4) Block 5	(5) Block 6	(6) Block 7	(7) Block 8	(8) Block 9	(9) Block 22b	(10) Block 23	(11) Block 23a
1	Prior Record	Residency   Medicine— Family Medicine												
2	Prior Record	Residency   Medicine— Family Medicine												

## EXP: Experiential Characteristics

### EXP-1: Training Site Setup

The EXP-1 Setup form captures information about the names of sites used by grantees to provide trainees with clinical or experiential training. Please enter each site used separately by typing in a site's name and clicking the 'Add Record' button. Please complete this setup form for each training site used. If you have any questions about how to complete this setup form, please refer to the instruction manual and/or contact your Government Project Officer.

EXP-1	EXP-2	EXP-3	EXP-4
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[View Prior Period Data](#)

<b>* Add Site</b>	
<b>Enter the Site's Name</b>	Textbox, 200 characters
<input type="button" value="Add Record"/>	

No.	Record Status	Site Name	Select Whether the Site was Used in the Current Reporting Period	Option(s)
		(1) Block 1	(2)	
1	Prior Record	Site Name 1		Delete
2	New Record	Site Name 2		Delete
3	New Record	Site Name 3		Delete

## EXP-2: Training Site Characteristics

The EXP-2 subform collects general information about each site that was entered in the EXP-1 Setup form. Please complete this subform for each training site listed below. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer.

EXP-1	EXP-2	EXP-3	EXP-4
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Design note: Following table will be implemented in embedded Excel format.

[View Prior Period Data](#)

No.	Record Status	Type of Training Program	Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site	Option(s)
		(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4	
1	Prior Record	Residency   Medicine—Family Medicine	Site Name 1					Delete
2	New Record	Residency   Medicine—General Pediatrics	Site Name 1					Delete
3	New Record	Residency   Medicine—General Pediatrics	Site Name 2					Delete

### EXP-3: Experiential Characteristics - Trainees by Profession/Discipline

The EXP-3 subform collects information about the profession and discipline of individuals trained at each site that was entered in the EXP-1 Setup form. Please complete this subform for each site listed below. If you have any questions about how to complete this subform, please refer to the instruction manual and/or contact your Government Project Officer. Note: Individuals reported in this subform should be those captured in LR-1a or IND-GEN.

EXP-1	EXP-2	EXP-3	EXP-4
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Design note: Following table will be implemented in embedded Excel format.

[View Prior Period Data](#)

No.	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Option(s)
	(1)	(2) Block 1	(3) Block 3	(4) Block 3	
1	Residency   Medicine—Family Medicine	Site Name 1			Delete
2	Residency   Medicine—General Pediatrics	Site Name 1			Delete
3	Residency   Medicine—General Pediatrics	Site Name 2			Delete

## CHGME Hospital Data

### CHD-1: CHGME Hospital Data – Hospital Discharge Data

Please provide the requested general information and answer the lead question below. If your children’s hospital has any residency program where at least one resident spent greater than or equal to 75% time under children’s hospital supervision, please answer ‘Yes’ and complete the table below with hospital-level data. If not, please answer ‘No’, and click ‘Save and Validate’ to proceed to the next required form. If ‘Yes’ was answered, please provide the number of hospital discharges for the most recently completed academic year (July 1 – June 30) for each of the following payment groups. Include all Medicaid payments including Medicaid managed care and any other Medicaid payments under the Medicaid and/or CHIP category. Self-pay refers to patients who have made out-of-pocket payments for services. Uncompensated care means care for which the hospital receives no payment. Do not include lab services under Outpatient visits. Please refer to the instruction manual and/or contact your Government Project Officer if you have any questions about how to complete this form.

CHD-1	CHD-2	CHD-3
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All fields with \* are required

[View Prior Period Data](#)

General Information	
Medicare Provider Number	<input type="text"/>
* Year hospital first received funding	<input type="text" value="Text Box"/>
* How many outside institutions send residents to your hospital?	<input type="text" value="Text Box"/>

* Did any of your residency programs have at least one resident spending >= 75% under Children’s Hospital Supervision? <b>Yes</b>	<input type="button" value="Yes"/> (complete table below) <input type="button" value="No"/> (Click Save and Validate to proceed to the next form)
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* Hospital Discharge Data by Payor				
No.	Payor (1)	Enter # of Inpatient Discharges (2)	Enter # of Outpatient Visits (3)	Enter # of Emergency Department Visits (4)
1	Private Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Medicaid and/or CHIP	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Medicare	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Other Public (TRICARE, Indian Health Service)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Self-Pay	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Uncompensated Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>				

**CHD-2: CHGME Hospital Data – Hospital Discharge and Safety Data**

Please answer the lead question below. If your children’s hospital has any patient safety initiatives in place during the most recently completed academic year, answer ‘Yes’ and proceed to complete this form. If not, please answer ‘No’ and click ‘Save and Validate’ to proceed to the next required form. If ‘Yes’ was answered, please select all patient safety initiatives your children’s hospital utilized. You may add additional ones not listed. Please click ‘Add Record’ after each selection. Each selected initiative will form a line on the table. Then indicate whether your children’s hospital utilized the selected initiatives in the most recently completed academic year (July 1 – June 30) and if any changes in the initiatives have occurred since the previous academic year. Also, please select all applicable reasons for the change and resulting benefits from any change(s) in the following columns. Please refer to the instruction manual and/or contact your Government Project Officer if you have any questions about how to complete this form.

CHD-1	CHD-2	CHD-3
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All fields with \* are required

<p>* Did your children’s hospital have any patient safety initiatives in place in the most recently completed academic year? <b>Yes</b></p>	<p><input type="button" value="Yes"/> (complete CHD-2)    <input type="button" value="No"/> (Click Save and Validate to proceed to the next form)</p>
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[View Prior Period Data](#)

Add Patient Safety Initiative (add all that apply)	
* Patient Safety Initiative	<div style="border: 1px solid #ccc; padding: 2px; width: 100%;">Single Select Dropdown Box</div> <p>If Other, specify <input style="width: 80%;" type="text" value="Text Box"/></p>
<input type="button" value="Add Record"/>	

No.	Patient Safety Initiative	Select Whether Initiative is Part of the Hospital’s Patient Safety Program in Most Recent Academic Year	Select Whether the Hospital has made Changes in Initiative since the Previous Academic Year	Reasons for Change	Benefits of Initiative	Option(s)
	(1)	(2)	(3)	(4)	(5)	
1	Root cause or error analysis					Delete
2	Chart audits					Delete
3	Mandatory error disclosure					Delete
4	Reducing hand-offs					Delete
5	Other: test initiative					Delete

### CHD-3: CHGME Hospital Data – Hospital Discharge Data by Zip Code

Please complete the following steps to enter locality data identifying the number of hospital discharges by zip code. First, download the excel template to enter the required data (see link below; alternatively, you can contact your Government Project Officer to acquire this template). Note that the structure of the Excel template must not be altered (i.e., do not add/remove/edit/rearrange columns or column headers). Complete each row of data entry by reporting (a) each zip code used by your program and (b) the corresponding number of hospital discharges. If you are reporting an overseas zip code, use code “88888”. If the zip code is unknown, enter “00000”.

When you have completed data entry using the template, save your work to a local folder and follow the instructions to upload this file into BPMH (e.g., using the browse function to select your file from your local folder). Once your file has been uploaded, select the “Process Data” button, which will populate the table below with the data you entered into the excel template (i.e., zip codes and discharge counts). Next, select the “Save” button to automatically populate the city and state fields (based on the zip codes you have provided) and run the form validations. Errors in editable fields will be identified with a “Row” number and can be corrected either (a) within the BMPH system or (b) corrected in the original excel template and then re-uploaded. (Note- once uploaded into BMPH, template data cannot be downloaded back into an Excel format). After you have verified that all data are present and accurate, select the Save/Validate button to proceed to the next subform. Please refer to the instruction manual and/or contact your Government Project Officer if you have any questions about how to complete this form.

CHD-1	CHD-2	CHD-3
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[View Prior Period Data](#)

Document Name	Size	Date Attached	Description
ZipCode.xls	10 KB	11/26/2011	

No.	Zip Code	City	State	Number of Inpatient Discharges	Option(s)
	(1)	(2)	(3)	(4)	
1	20105	Aldie	VA	120	Delete
2	20170	Herndon	VA	400	Delete
3	20857	Rockville	MD	560	Delete

**PCC: Program Curriculum Changes**

Please list all courses and training activities implemented by your residency or fellowship program as part of its training/curriculum in the most recent academic year. Be sure to list all courses and training activities related to quality improvement and measurement, cultural competency, primary care, underserved populations, oral health, community health, diversity, etc. You do not need to list standard curriculum mandated for accreditation unless it falls into a category mentioned above. For all identified training activities/curriculum, indicate whether the topic was newly developed or enhanced since the previous year, select the standard topic area, and delivery mode. Also, please select the training sites where the curriculum was implemented from the list you indicated on the EXP form.

[View Prior Period Data](#)

No.	Select Residency Program Name	Enter the Name of Course or Training Activity	Select Type of Course or Training Activity	Select whether Course or Training Activity was Newly Developed or Enhanced	Select Topic Area	Select Topics in Quality Improvement and Measurement	Enter the Curriculum the Course or Training Activity is Associated With	Select Delivery Mode Used to Offer this Course or Training Activity	Select Site Name from EXP-1 Where Implemented	Option(s)
	(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5)	(6)	(7) Block 5	(8) Block 6	(9)	
1	Residency   Medicine—Family Medicine	Course 1								Delete
2	Major Participating Site/Rotation Site   Medicine—Neurology	Course 2								Delete
3	Residency   Medicine—Family Medicine	Course 3								Delete
4	Major Participating Site/Rotation Site   Medicine—Neurology	Course 4								Delete
5	Major Participating Site/Rotation Site   Medicine—Neurology	Course 5								Delete