Save Print

Indian Health Service
Special Diabetes Program for Indians
Community-Directed Grant Program

FY2014 Annual Progress Report Template: Part 2
Screening for Chronic Kidney Disease Best Practice

Last update: October 2014

Instructions for Using this Template

Provide the information below for this Best Practice if you have selected it for FY 2014. Further template instruction and information are provided on the FY 2014 Annual Progress Report Template: Part 1. **Ensure that you are using the current version of Adobe Reader[1] to complete these templates.**

The Annual Federal Financial Report (SF 425) is also due at this time. Check with your local fiscal office and/or Division of Grants Management Specialist to ensure that this report is submitted for your program.

Section 1: Program Identifiers

1. Program Name:
2. Grant NO./Award NO. (use number found on current NOA):
3. Name of person completing template:
   A. Email address:
   B. Phone number:

Section 2: Target Population and Goal

4. Target Population
5. Goal

[1] Adobe Reader download URL: http://get.adobe.com/reader/otherversions/

Program Name:

Section 3: SMART Objectives

List all objectives for this Best Practice. If there are more than 7 objectives, number (starting with 8) and list them in Section 7 of this template.

A. Objective #	B. Objective (in SMART[2] format)	C. Objective Status	D. Progress Made	E. Briefly Explain Progress Made
1.		Choose one	Choose one	
2.		Choose one	Choose one	
3.		Choose one	Choose one	
4.		Choose one	Choose one	
5.		Choose one	Choose one	
6.		Choose one	Choose one	
7.		Choose one	Choose one	

[2] SMART Objectives "How To" URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsPPSmartObj

Program Name:

Section 4: Required Key Measures

In order to report SDPI outcomes to IHS headquarters, Congress, and others, all grantees must provide data for Required Key Measures for each Best Practice selected in FY 2014.

For an example of how to report the following information in this section, please reference Appendix B, Table 1 in ANY of the 2011 IHS Diabetes Best Practice documents.

A. Measures	B. Objective #	C. Baseline or beginning value and date	D. Most recent value and date	E. Data Source (where did these values come from)
1. Percent of individuals with diabetes in the target population who were screened for CKD by using urine albumin to creatinine ratio (UACR) and creatinine/Glomerular Filtration Rate (GFR) within grantee specified time period.	Select Select	as of	as of	
2. Percent of individuals with diabetes in the target population with mean blood pressure at <140/<90 (or have comorbidities that dictate a higher target) within grantee specified time period. mean BP = mean of most recent 2 or 3 documented BP readings.	Select Select	as of	as of	
3. Percent of individuals with diabetes and hypertension in the target population who are treated with an angiotensin converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB) (or have a documented allergy/intolerance) within grantee specified time period.	Select Select	as of	as of	

Program Name:

Section 5: Additional Measures

Report up to 5 additional measures based on the following criteria:

- Utilized the most grant funding
- Devoted the most program time
- Resulted in the most significant improvement from previous reporting

A. Measures	B. Objective #	C. Baseline or beginning value and date	D. Most recent value and date	E. Data Source (where did these values come from)
4.	Select Select	as of	as of	
5.	Select Select	as of	as of	
6.	Select Select	as of	as of	
7.	Select Select	as of	as of	
8.	Select Select	as of	as of	

Program Name:

Section 6: Major Activities

List major activities completed and planned, the status, the objective that the major activity corresponds to (reference the objective # from Section 3 of this template), and the timeline or date the activity was completed, or target date if planned.

Timeline: Capture activities since your program completed the FY 2014 Continuation Application to end of your FY 2014 budget cycle period date.

A. Major Activities	B. Activity Status	C. Objective #	D. Timeline/Date Activity was Completed or Target Date
1.	Select	Select Select	
2.	Select	Select Select	
3.	Select	Select Select	
4.	Select	Select Select	
5.	Select	Select Select	
6.	Select	Select Select	
7.	Select	Select Select	
8.	Select	Select Select	
9.	Select	Select Select	
10.	Select	Select Select	

Program Name:

Section 7: Other Information

1. Describe any major challenges you encountered in implementing this Best Practice.

   A. How have you or how do you plan to overcome these challenges?

2. If you have any further information to add regarding this Best Practice for FY 2014, such as additional objectives, measures or activities, add it here. **If you do not have any further information to provide, you may leave this item blank.**

You have completed Part 2 of your FY 2014 Annual Progress Report. Next Steps:

1. Ensure that you have completed Part 1 of the FY 2014 Annual Progress Report[3].
2. If there are activities outside of Best Practices, document those using the Other Activities template.
3. **Review** your report for completeness and accuracy.
4. **Save** this document on your computer for your records.
5. **Report** on all selected Best Practices for FY 2014
6. **Submit your completed report (Part 1 and 2)** – attached as PDF documents on GrantSolutions under Grant Notes.
7. **Notify** Your Area Diabetes Consultant[4] that the report has been submitted on GrantSolutions.

Note: Your Annual Progress Report will be considered incomplete if Parts 1 and/or 2 are not included or complete.

The Federal Financial Report (SF 425) is also due at this time. Check with your local fiscal office and/or Division of Grants Management Specialist to ensure that this report is submitted for your program.

[3] FY 2014 Annual Progress Report URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedReportingReq
[4] ADC Directory URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory