# IBH Project data sheet

## Pre-Project and Milestone Outcomes Worksheet

## Hospital Name:

* Contact Person:
* Contact Phone Number:
* Initial Completion Date:
* Target Population:
* Project Goal:

## Anticipated Outcomes and Project Measures

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure Area and Hospital’s specific chosen measure** | **Pre-Project Values and time frame** | **November Values** | **February Values** | **May Values** | **August Values** |
| **Utilization of services measure**Hospital’s specific chosen utilization of services measure: |  |  |  |  |  |
| **Cost of services measure**Hospital’s specific chosen cost of services measure: |  |  |  |  |  |
| **Health Outcomes**Hospital’s specific chosen health outcomes measure: |  |  |  |  |  |
| **Measure of choice**Hospital’s specific chosen individual measure: |  |  |  |  |  |