

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health DepartmentContact Person & Phone No: Dr. Jennifer Freiheit 5060

Category of Request

 New Grant Grant Continuation Change in Previously Approved Grant

Previous Council File No. _____

Previous Council File No. _____

Project/Program Title: EMRGrantor Agency: Center for Disease Control and PreventionGrant Application Date: 1.1.19Anticipated Award Date: 7.31.19

1. Description of Grant Project/Program (Include Target Locations and Populations):

This grant will allow the Health department to select an Electronic Medical Records (EMR) vendor. Electronic interfaces of data between our clinics and the laboratory as well as other reportable public health data elements for reporting internally as well as to the residents of Milwaukee.

2. Relationship to City-Wide Strategic Goals and Departmental Objectives:

This program relates to the City-wide goal to enhance the health and well-being of Milwaukee residents by improving access to health data records.

3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):

The funds support the three Health Clinics, Laboratory and Data Evaluation.

4. Results Measurement/Progress Report (Applies only to Programs):

Workgroups will be created to ensure EMR interfaces and data to be transferred electronically meet requirements MHD needs. The workgroups will oversee the vendor selection process, and coordination of the development and implementation of the EMR plan. Timelines will be established by the workgroups to support the EMR process.

5. Grant Period, Timetable and Program Phase-Out Plan:

The funding period of this one-time grant is January 1, 2019-July 31, 2019

6. Provide a list of Subgrantees:

N/A

7. If Possible, complete Grant Budget Form and attach to back.

Grant budget form is attached.