

SMALL HOSPITAL IMPROVEMENT PROGRAM

MID YEAR EXPENSE & ACTIVITY REPORT

Due Date: February 15, 2016

GRANT PERIOD: September 1, 2015 – May 31, 2016

HOSPITAL NAME: _____ DATE: _____

Select appropriate statement for your Hospital related to this **mid-year report**.

- My Hospital is Reporting No Funds Expended
- My Hospital is Reporting Partial Funds Expended
- My Hospital is Reporting All Funds Expended in Mid-Year Report

*Section 1 INSTRUCTIONS: Please indicate items/services purchased with grant funds below.
Attach documentation showing receipt of goods/services purchased.*

2015-2016 SHIP Purchasing Menu

Selected Activity

Quality Reporting Data Collection/ Training	
HCAHPS Data Collection/Training	
Efficiency or Quality Improvement Training - Focus: Lean Six Sigma	
Efficiency or Quality Training - Focus: Patient Satisfaction	
Efficiency or Quality Training - Focus: ER or Clinical Care Delivery	
Efficiency or Quality Training – Focus: Non-Clinical Operations or Board Organization/Operation	
Efficiency or Quality Training- Focus: Financial Operations Organization/Operations	
Computerized Provider Order Entry Implementation/Training	
Consultant Pharmacy Service Implementation/Consultant Pharmacy Services	
Disease Registry Training/Software or Hardware	
System Performance Training	
Emergency Department Transfer Communication Improvement	
Medical Provider Quality Improvements	
Training to Reduce Readmissions or Infections	
Telemedicine or Mobile Health Equipment Installation/Use	
Community Paramedicine Training and/or Equipment Installation/Use	
HIE Subscription within State or Region or Adding Direct Address	
ICD -10 Software/Training	
Revenue Cycle Management Training/ Project and/or Hardware/Software	
S-10 Cost Reporting Training/Project	
Chargemaster Review and or Update	
Total Amount =	_____

1. Explain how SHIP funds were used to address your hospital's need.

2. Did your hospital use funds toward a different activity from what was proposed in your SHIP 2015-2016 application? Yes No

If yes, please explain:

3. Did your hospital use SHIP funds toward a group or network activity during the fiscal year? Yes No

If Yes, List Group/Network Name and Point of Contact:

If No, describe what type of Group/Network activity your hospital would be interested in?

Submitted By:

Email:

Phone:

Please email completed report to ship@kha-net.org no later than Feb.15, 2016.