Hospital Name _____Sunflower General_____

Date Submitted __Dec. 20_____, 2024

All three sections are required regardless of expenditure of funds. The total grant award is \$11,922.31

SECTION 1 INSTRUCTIONS: Put an X in the box to the right of the most appropriate statement for your hospital related to this

Mid-year Report.

My hospital is reporting no funds expended. All funds will be reported on the Year-End Report.	
My hospital is reporting partial funds expended.	
My hospital is reporting all funds expended on this Mid-Year Report.	

SECTION 2 INSTRUCTIONS: Indicate items/services purchased with grant funds. Attach documentation showing receipt of goods/services purchased during the grant period.

	Started/	Amount spent on	Describe each activity (how did you use	Please list vendor and/or name of
2024-2025 SHIP Purchasing Menu Item	Completed	selected activity	the money?)	education program.
Quality reporting data collection/related				
training or software				
MBQIP data collection process/related				
training (including HCAHPS)	Started	\$2,000.00	HCAHPS Vendor Fees	Press Ganey
Provider based clinic-based (Rural Health				
Clinic) quality measures education				
Alternative payment model and quality				
payment program training/education				
Computerized provider order entry				
implementation and/or training				
Pharmacy services training,				
hardware/software and machines (not				
pharmacist services or medications)				
Population health or disease registry training	0	#0.000.00	Demolection I is althe FLID Medicie	
and/or software/hardware	Started	\$2,000.00	Population Health EHR Module	Cerner
Social determinants of health screening	Other when all	¢500.00		0
software/training	Started	\$500.00	SDOH screening tool	Cener
Systems performance training in support of				
ACO or shared savings related initiatives				
Telehealth and mobile health hardware/				
software (not telecommunications)				
Community paramedicine training and/or				
hardware/software				
Health information technology training for				
value and ACOs, including training/ software				
or cybersecurity risk assessment with training				

	Started/	Amount spent on	Describe each activity (how did you use	Please list vendor and/or name of
2024-2025 SHIP Purchasing Menu Item	Completed	selected activity	the money?)	education program.
ICD-11 software				
ICD-11 training	Completed	\$25.00	ICD-11 Webinar Training	Healthworks
S-10 Cost Reporting training (not software)				
Pricing Transparency Training/ Chargemaster training (software allowed)				
Quality improvement Training – no projects (List category	see below). If you have n	nore than three, please add a sheet of paper.	
patient experience	Started	\$150.00	patient satisfaction learning collaborative particpation fee	Healthworks
Quality improvement Software - no projects	(List category	- see below). If you have	more than three, please add a sheet of paper.	
health information exchnage	Started	\$6,000.00	Health information exchange fees	KHIN/KONZA
Efficiency Training – no projects (List categor	y see below).	If you have more than th	ee, please add a sheet of paper.	
340 B	Completed	\$25.00	340B Updates Webinar	КНА

Total Amount Spent (no more than \$11,922.31) \$10,700.00

Quality Improvement TRAINING	Quality Improvement SOFTWARE	Efficiency Training
Patient experience	Lean	Financial operational strategies
Discharge planning	PDSA	340B
Patient Safety	Team STEPPS	
Reducing readmissions	CMS abrstration tool	
Antibiotic stewardship	Medicare spending per benficiary	
Immunization	Non-clinical operations	
Hospital safety/emergency preparedness	Swing-bed utilization/measures	
Reducing disparities in readmissions	Care Coordination	
Lean	Population Health	
PDSA	Health Information Exchange	
Team STEPPS	Social determinants of health	
CMS abrstration tool		
Medicare spending per benficiary		
Non-clinical operations		
Swing-bed utilization/measures		
Care Coordination		
Population Health		
Health Information Exchange		
Social determinants of health		

Small Hospital Improvement Program Mid-year Expense and Activity Report

SECTION 3 INSTRUCTIONS: Fully answer the questions below for this report to be considered complete.

1. Do you anticipate expending all FY24 SHIP funds by May 31 2025?	Yes
If no, please explain	

Submitted by:	Sally Jones

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Phone number:

785-233-7436

Email completed report to ship@kha-net.org no later than Dcember 31, 2024.