

Hospital Name __Sunflower General_____

Date Submitted __Dec. 20____, 2025

All three sections are required regardless of expenditure of funds. The total grant award is \$10,477.09

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.	<input type="checkbox"/>
My hospital is reporting partial funds expended.	<input checked="" type="checkbox"/>
My hospital is reporting all funds expended on this Mid-Year Report.	<input type="checkbox"/>

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

2025-2026 SHIP Purchasing Menu Item	Started/ Completed	Amount spent on selected activity	Describe each activity (how did you use the money?)	Please list vendor and/or name of education program.	Were funds used as part of a network group activity? (yes/no)
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	No
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 and/or software/hardware	Started	\$2,000.00	Population Health EHR Module	Cerner	No
Social drivers of health screening software/training					
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 and risk assessments associated with cybersecurity					

ICD-11 software					
ICD-11 training					
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 more than three, please add a sheet of paper.					
patient experience	Started	\$150.00	Patient Satisfaction Learning Collaborative participation fee	Healthworks	No
Quality improvement Software – no projects (List category -- see below). If you have more than three, please add a sheet of paper.					
health information exchange	Started	\$3,000.00	HIE fees	KHIN/KONZA	No
Efficiency Training – no projects (List category -- see below). If you have more than three, please add a sheet of paper.					

Total Amount Spent (no more than \$10,477.09)

\$7,150.00

<u>Quality Improvement TRAINING</u>	<u>Quality Improvement SOFTWARE</u>	<u>Efficiency Training</u>
Patient experience	Medicare spending per beneficiary	Financial operational strategies
Discharge planning	Non-clinical operations	340B
Patient Safety	Swing-bed utilization/measures	
Reducing readmissions	Care Coordination	
Antibiotic stewardship	Population Health	
Immunization	Health Information Exchange	
Hospital safety/emergency preparedness		
Lean		
PDSA		
Team STEPPS		
CMS abstraction tool		
Medicare spending per beneficiary		
Non-clinical operations		
Swing-bed utilization/measures		
Care Coordination		
Population Health		
Health Information Exchange		

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

1. Do you anticipate expending all FY25 SHIP funds by May 31 2026? Yes
If no, please explain

2. Did your hospital use funds toward a different activity than what was proposed in your SHIP 20025-2026 application? *If yes, please explain.* Yes

We were going to use funds for a quality confernece, but that is no longer being held

3. Briefly describe at least one significant lesson learned/or activity outcome or impact.
HCAHPS surveys allow our staff to identify quality improvement opportunities

4. Did your hospital use SHIP funds toward a group or network activity during the fiscal year? *If yes, please list group/network name and point of contact below.*

5. Please provide information below for your Chief Nursing Officer/Director of Nursing.	
Name:	Sally Smith
Title:	CNO
Email:	ssmith@email.com
How long have they been in this position?	6 months

Submitted by:	Frank Wise
Email:	fwise@email.com
Phone number:	785-123-4567
Hospital CEO:	John Jones
CEO email:	jjones@email.com

Email completed report to ship@kha-net.org no later than December 31, 2025.