

## SMALL HOSPITAL IMPROVEMENT PROGRAM

### YEAR-END EXPENSE & ACTIVITY REPORT

**Due Date: June 30, 2018**

**GRANT PERIOD: June 1, 2017 – May 31, 2018**

HOSPITAL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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

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

2017-2018 SHIP Purchasing Menu	Selected Activity	Status	
		In Progress	Completed
Quality reporting data collection/ training			
HCAHPS data collection/training			
Provider-Based Clinic quality measures education			
Efficiency or quality improvement training/project - Lean Six Sigma			
Efficiency or quality improvement training/project - Patient Satisfaction			
Efficiency or quality improvement training/project - Clinical Care Delivery			
Efficiency or quality improvement training/project – ER Efficiencies			
Efficiency or quality improvement training/project – Non-Clinical Operations			
Efficiency or quality improvement training/project – Board Organization/ Operation			
Efficiency or quality improvement training/project - Financial Operations			
Computerized Provider Order Entry implementation/training			
Alternative payment model and merit-based incentive payment training/education			
Pharmacy services implementation			
Disease registry training/software or hardware			
System performance training			
Mobile health equipment installation/use			
Community paramedicine training and/or equipment installation/use			
Health Information Technology training for value and ACOs			
ICD-10 software/training			
S-10 cost reporting training/project			
Pricing transparency training			
<b><u>Total Amount =</u></b>			

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 2017-2018 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:

4. Please provide information below for the person in your hospital responsible for quality reporting.

Name:

E-mail address:

How long have they been in this role?

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Submitted By:

Email:

Phone:

Please email completed report to [ship@kha-net.org](mailto:ship@kha-net.org) no later than June 30, 2018.