

**SMALL HOSPITAL IMPROVEMENT PROGRAM  
MID-YEAR EXPENSE & ACTIVITY REPORT  
Due Date: January 4, 2019**

**GRANT PERIOD: June 1, 2018 – May 31, 2019**

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 during the grant period.*

2018-2019 SHIP Purchasing Menu

Current Status

Selected Activity    To be Initiated    In Progress

	<u>Selected Activity</u>	<u>To be Initiated</u>	<u>In Progress</u>
Quality Reporting Data Collection/ Training			
HCAHPS Data Collection/Training			
Efficiency or Quality Improvement Training – Focus: Lean   Six Sigma			
Efficiency or Quality Improvement Training – Focus: Patient Satisfaction			
Efficiency or Quality Improvement Training – Focus: Clinical Care Delivery			
Efficiency or Quality Improvement Training – Focus: Non-Clinical Operations			
Efficiency or Quality Improvement Training – Focus: Board Organization   Operation			
Efficiency or Quality Improvement Training – Focus: Financial Operations			
Efficiency or Quality Improvement Training – Focus: Patient Safety			
Efficiency or Quality Improvement Training – Focus: Reducing Readmissions   Infections			
Efficiency or Quality Improvement Training – Focus: Antibiotic Stewardship			
Efficiency or Quality Improvement Training – Focus: Care Coordination			
Efficiency or Quality Improvement Training – Focus: Population Health			
Computerized Provider Order Entry Implementation   Training			
Pharmacy Services Implementation			
Disease Registry Training   Software or Hardware			
System Performance Training			
Telemedicine health equipment installation   use			
Community Paramedicine Training and/or Equipment Installation   Use			
ICD -10 Software/Training			
S-10 Cost Reporting Training/Project			
Pricing Transparency Training			
<b><u>Total Amount =</u></b>			

Section 2 INSTRUCTIONS: Fully answer the questions below for this report to be considered complete.

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 2018-2019 application?    Yes    No If yes, please explain:
  
3. Did your hospital use SHIP funds toward a group or network activity?    Yes    No  
If Yes, List Group/Network Name and Point of Contact:
  
4. Please provide information below for the Antibiotic Stewardship Team Leader in your hospital.  
Name:  
E-mail address:
  
5. Please provide information below for the Antibiotic Stewardship Physician Champion in your hospital.  
Name:  
E-mail address:

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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 Jan. 4, 2019.**