

SMALL HOSPITAL IMPROVEMENT PROGRAM

YEAR-END EXPENSE & ACTIVITY REPORT

Due Date: June 30, 2019

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

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 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.**

2018-2019 SHIP Purchasing Menu

Amount Spent on
Selected Activity

Quality Reporting Data Collection/Training	
HCAHPS Data Collection Training	
Provider-Based Clinic Quality Measures Education	
Alternative Payment Model and Merit-Based Incentive Payment Training/Education	
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	
Health Information Technology Training for Value and ACOs	
ICD -10 Software/Training	
S-10 Cost Reporting Training Project	
Pricing Transparency Training	
Efficiency or Quality Improvement Training – Focus: Lean Six Sigma	
Efficiency or Quality Improvement Training – Focus: Patient Safety	
Efficiency or Quality Improvement Training – Focus: Patient Satisfaction	
Efficiency or Quality Improvement Training – Focus: Reducing Readmissions Infections	
Efficiency or Quality Improvement Training – Focus: Antibiotic Stewardship	
Efficiency or Quality Improvement Training – Focus: Clinical Care Delivery	
Efficiency or Quality Improvement Training – Focus: Board Organization Operation	
Efficiency or Quality Improvement Training – Focus: Care Coordination	
Efficiency or Quality Improvement Training – Focus: Population Health	
Efficiency or Quality Improvement Training – Focus: Financial Operations	
Efficiency or Quality Improvement Training – Focus: Non-Clinical Operations	
<u>Total Amount =</u>	

1. Explain how SHIP funds were used to address a need or overcome a barrier (share a success story).

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 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?

Submitted By:

Email:

Phone:

Please email completed report to ship@kha-net.org no later than June 30, 2019.