SMALL HOSPITAL IMPROVEMENT PROGRAM MID-YEAR EXPENSE & ACTIVITY REPORT Due Date: December 31, 2023

GRANT PERIOD: June 1, 2023 – May 31, 2024

HOSPITAL NAME:	DATE:	
Select appropriate statement for your hospital related to this mid-year report. Questions 3-5 on Page 2 are required regardless of expenditure of funds. My Hospital is Reporting No Funds Expended. All funds will be reported on the Year-End Report. My Hospital is Reporting Partial Funds Expended. The remainder will be reported on the Year-End Report. My Hospital is Reporting All Funds Expended on this 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.		
Quality reporting data collection/related training or software		
MBQIP data collection process/related training (including HCAHPS)		
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		
Social determinants 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 or cybersecurity risk assessment with training ICD-11 software/training		
S-10 Cost Reporting training (charity care)		
Pricing Transparency Training/Chargemaster training (no software)		
Efficiency or quality improvement training — no projects (circle area(s) of interest) Patient experience of care, patient safety, immunizations, reducing readmissions, reducing readmission disparities, antibiotic stewardship, discharge planning, hospital safety and emergency preparedness, Lean, IHI Plan/Do/Study/Act root cause analysis, Team STEPPS, care coordination, health information exchange, swing bed utilization and quality measures, population health, social determinants of health, Medicare spending per beneficiary, financial and operational improvements, 340B Efficiency or quality improvement software (circle area(s) of interest Medicare spending per beneficiary, non-clinical operations, health information exchange, swing bed utilization and quality measures, care coordination, population health, social determinants of health		
Total Amount Reported on the Mid-Year Report		

1.	Please describe <u>each activity</u> listed above (how did you use the money?) Attach a second sheet if necessary.
2.	Please list outcomes, impacts or lessons learned resulting from each activity listed above. Attach a second sheet if necessary.
NOTE: T	he following questions are required regardless of expenditures reported for the Mid Vear Depart to be complete
	the following questions are required regardless of expenditures reported for the Mid-Year Report to be complete.
3.	Do you anticipate expending all FY23 SHIP funds by May 31, 2024? ☐ Yes ☐ No If no, please explain.
4.	Are you currently using a vendor or software platform to assist with social drivers of health or health equity? If yes, list the name of the vendor/software.
5.	Help us update our records. Please provide the name, title and email for the following individuals. If no one has been identified yet, circle N/A for that category.
	A. Social Drivers of Health contact
	Name or N/A
	Title
	Email
	B. Health Equity contact
	Name or N/A
	Title
	Email
Submit	ted By:
Email:	
Phone:	

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

Please email completed report to ship@kha-net.org no later than Dec. 31, 2023.