

Email completed report to ship@kha-net.org no later than June 15, 2025.

Hospital Name:

Date Submitted:

All three sections are required regardless of expenditure of funds. The total grant award is \$11,922.31 .

**SECTION 1 INSTRUCTIONS:** Indicate items/services purchased with grant funds not reported as part of Mid-Year Report. Attach documentation showing receipt of goods/services purchased during the grant period.

2024-2025 SHIP Purchasing Menu Item	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)				
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				
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.				
Quality improvement Software – no projects (List category -- see below). If you have more than three, please add a sheet of paper.				
Efficiency Training – no projects (List category -- see below). If you have more than three, please add a sheet of paper.				

Instructions: Fill in the amount spent on the MidYear Report in the bright yellow box below.

Amount on Year-End Report: \$0.00

Amount on Mid-Year Report: (enter manually from mid-year report)

Total Amount Spent (must be at least \$11,922.31): \$0.00

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

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

1. Did your hospital use funds toward a different activity from what was proposed in your SHIP 2024-2025 application? If yes, explain below.

2. Briefly describe at least one significant lesson learned/or activity outcome or impact.

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

**MBQIP DATA REPORTS:** We will now be posting MBQIP data reports provided by the Federal Office of Rural Health Policy on a non-public webpage. Each hospital will be able to download as needed. Please indicate below the option you would like to use. **(Please only choose one option.)**

I can download my reports from website:

I want to opt-out of downloading reports from website:

**Contact Information:**

Submitted by:

Email:

Phone number:

Hospital CEO:

CEO Email:

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