and risk assessments associated with

cybersecurity

Due Date: December 31, 2025
Grant Period: June 1, 2025 - May 31, 2026

Hospital Name, 202	<u></u>					
, 202	5					
All three sections are required regardless of expenditure of funds. The total grant award is \$10,477.09						
SECTION 1 INSTRUCTIONS: Put an X in t	he box to the r	ight of the most appi	opriate statement for your hospital related	to this		
Mid-year Report.						
	ended All fun	ds will be reported	on the Year-End Report] 🗇		
My hospital is reporting no funds expended. All funds will be reported on the Year-End Report. My hospital is reporting partial funds expended.						
My hospital is reporting all funds expended on this Mid-Year Report.						
SECTION 2 INSTRUCTIONS : Indicate iter the grant period.	ทร/services pเ	ırchased with grant f	unds. Attach documentation showing rece	ipt of goods/services purchased during		
					Were funds used as	
					part of a network	
	Started/	Amount spent on	Describe each activity (how did you use	Please list vendor and/or name of	group activity?	
2025-2026 SHIP Purchasing Menu Item	Completed	selected activity	the money?)	education program.	(yes/no)	
Quality reporting data collection/related	1				()	
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 drivers 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						

Due Date: December 31, 2025 Grant Period: June 1, 2025 - May 31, 2026

				T	
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 s	see below). If you have r	nore 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). I	f you have more than th	ree, please add a sheet of paper.		

Quality Improvement SOFTWARE

Medicare spending per benficiary

Non-clinical operations

Swing-bed utilization/measures
Care Coordination

Reducing readmissions Care Coordination
Antibiotic stewardship Population Health

Total Amount Spent (no more than \$10,477.09)

Antibiotic stewardship Population Health Immunization Health Information Exchange

Hospital safety/emergency preparedness

Quality Improvement TRAINING

Lean PDSA

Team STEPPS

CMS abrstration tool

Patient experience

Discharge planning

Patient Safety

Medicare spending per benficiary

Non-clinical operations

Swing-bed utilization/measures

Care Coordination

Population Health

Health Information Exchange

Efficiency Training

Financial operational strategies

340B

SECTION 3 INSTRUCTIONS: Fully answer the questions below for this report to be considered complete. 1. Do you anticipate expending all FY25 SHIP funds by May 31 2026? If no, please explain 2. Did your hospital use funds toward a different activity than what was proposed in your SHIP 20025-2026 application? If yes, please explain. 3. Briefly describe at least one significant lesson learned/or activity outcome or impact. 4. Did your hospital use SHIP funds toward a group or network activity during the fiscal year? If yes, please list group/network name and point of contact below. 5. Please provide information below for your Chief Nursing Officer/Director of Nursing. Name: Title: Email: How long have they been in this position?

Small Hospital Improvement Program
Mid-year Expense and Activity Report

Due Date: December 31, 2025
Grant Period: June 1, 2025 - May 31, 2026

Submitted by:	
Email:	
Phone number:	
Hospital CEO:	
CEO email:	

Email completed report to ship@kha-net.org no later than December 31, 2025.