

Form 641 – Parts A, B & C
ASHNHA Quarterly Project Budget Summary
& Performance Analysis Reporting Form

For All 2010 Denali Commission Approved Projects –
Projects No. 1265 – A through 1265 – L

Project Name: Petersburg Medical Center CR Reader

Name of Hospital / Grant Sub-Recipient: Petersburg Medical Center

Reporting Period: October 1 – December 31, 2011

Sub-Recipient Grant No.: 1265 – A

Part 641 – A. Project Budget Summary (provide the following information requested; use additional pages as necessary):

1. Original Project Budget Information:

a. The *original total* approved project budget:

i. Amount of Denali Commission Grant Award: \$36,733.00 Award 316-7 \$21,455 Award 1265-A \$15,278

ii. Amount of Facility Cost Share Match (CSM): \$36,733.00

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$73,466.00

2. Actual Project Costs Recorded During the Current Reporting Period:

a. Amount of the Facility's own Project CSM Expended (non-reimbursed expenditures) during the current reporting period:

0

b. Amount of Facility funds expended during the current reporting period for which Denali Commission grant funds are being requested this period on Form 642 (Part B) to reimburse your hospital for its project expenditures:

0

c. Total amount of project costs recorded during the reporting period, whether expended facility CSM or reimbursement for facility expenditures is being sought (add lines 2a & 2b):

0

3. Total Denali Commission Grant Funds Received to Date:

Please report the **total** amount of Denali Commission grant funds **received** (whether received as an advance or as reimbursement for expenses) as of the end of the current reporting period (i.e., the total grant funds received to-date):

\$30,827.50 Award 316-7 \$21,395 Award 1265-A \$9,432.50

Funds remaining in Award 1265-A = \$5845.5

4. Total Facility Cost Share Match Funds Expended to Date:

Please report the **total** amount of hospital funds **expended** (i.e., the hospital's share of the cost of the project *for which reimbursement was not and cannot be sought* from the Denali Commission) as of the end of the current reporting period (i.e., the total hospital matching funds expended to-date for which you did not seek reimbursement):

\$27,387.50 Award 316-7 \$17,995 Award 1265-A \$9,432.50

5. Project Schedule:

Please state the anticipated start and end dates of this funded 2010 Denali Commission Primary Care Improvements in Hospitals project, and provide a list of appropriate milestone dates for the major phases or activities of your project.

Start date: June 2, 2010

End date: October 2011

<u>Description of Milestone Or Activity</u>	<u>Anticipated Completion Date</u>
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1. Purchase and install ADT interface – part of the PCA/Transcription interface: June 2010. Completed.
2. Purchase and install CR reader, cassettes, monitors, and computers: September/October 2010. Completed.

The Computed Radiology Equipment is installed and fully functionally, however we are unable to complete the final interface between the clinic EMR and the CR Reader. The cost of the interface is more than previously expected and there is not enough funds remaining in the grant to cover the cost. Due to a current operating loss, Petersburg Medical Center does not have the funds to pay for the additional cost. We will have to forgo the final planned interface for the near future.

This means that the grant funds allocated for this project will not be fully expended. There is \$5,845.50 remaining in Project 1265-A. Petersburg Medical Center will not be requesting any additional reimbursements from this award and will be submitting the project close out report.

Part 641 – B. Project Performance Analysis (add line items to the chart as appropriate):

2010 Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
PMC CR Reader	\$73,466.00	\$58,215.00		
Totals:	\$73,466.00	\$58,215.00		

Part 641 – C. Facility Certification:

The preparer of this report, by signing below, certifies on behalf of his or her employer, that the information contained herein is accurate and complete to the best of his or her knowledge.

Liz Woodyard - approval

Signature

1/16/2012

Date

Elizabeth Woodyard, CEO

Printed Name and Official Title

Project Fund Disbursement Request

Form 642 – Parts A & B

ASHNHA's Quarterly Project Reporting Form

Covering All 2010 Denali Commission Approved Projects
Projects No. 1265 – A through 1265 – L

Please Use this Form to Make a Fund Disbursement Request

Project Name: Petersburg Medical Center CR Reader

Name of Hospital / Grant Sub-Recipient: Petersburg Medical Center

Reporting Period: FY12 Q1 October 1 – December 31, 2011

Sub-Recipient Grant No.: 1265 - A

Part 642 – A. Project Narrative (use additional pages as necessary) :

1. What is the status of your D/C 2010 "Primary Care Improvements in Hospitals" project? (Please list all project phases completed or milestones achieved during the reporting period.)

A third party vendor to provide the Centricity (Clinic EMR) and RAPC (radiology group) has been discontinued.

2. Is your 2010 project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with?

The Computed Radiology Equipment is installed and fully functionally, however we are unable to complete the final interface between the clinic EMR and the CR Reader. The cost of the interface is more than previously expected and there is not enough funds remaining in the grant to cover the cost. Due to a current operating loss, Petersburg Medical Center does not have the funds to pay for the additional cost. We will have to forgo the final planned interface for the near future.

3. Is the 2010 project on budget, or over or under budget? If over budget, how will this be dealt with? What funds is your facility using to cover the additional project costs?

The grant funds allocated for this project will not be fully expended. There is \$5,845.50 remaining in project 1265-A. Petersburg Medical Center will not be requesting any additional reimbursements from this award and will be submitting the project close out report.

4. Other comments, problems and solutions:

Part 642 – B. Project Fund Disbursement Request (Advance or Reimbursement)

We are requesting ASHNHA to release \$ 0 in Denali Commission Grant Funds for our project at this time. *This funding request is:*

1. a request for an *Advance* against our Project Grant Award Funds; **or**
2. a request for *Reimbursement* from Project Grant Award Funds in order to cover project expenses incurred by our hospital during the reporting period.