

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: Electronic Health Records

Name of Hospital / Grant Sub-Recipient: Providence Seward Medical and Care Center

Reporting Period: May 1, 2010 – September 30, 2010

Sub-Recipient Grant No.: 1265 – F

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: \$100,000

ii. Amount of Facility Cost Share Match (CSM): \$499,984

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$599,984

2. Actual Project Costs Recorded During the Current 5 Month Reporting Period:

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

\$61,000

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):

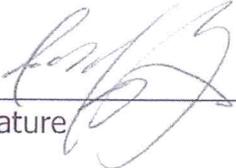
\$61,000

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

Software	448,900	112,108	2/28/2011	Purchased licensing 2010
Hardware	82,850	0	n/a	n/a
Interface Engine Configuration	39,209	0	n/a	n/a
Training	144,000	47870	2/28/2010	Began march 2010, ongoing
Conversion	25,000	0	n/a	n/a
Discounts	-100,015	0	n/a	n/a
Implementation	0	265,000	2/28/2010	
Additional Application software		50,000	2/28/2010	
Totals:	599,984	474,978		

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.



 Signature

10/15/10

 Date

CHRISTOPHER BOLTON ADMINISTRATOR

 Printed Name and Official Title

(Last Revised 8.31.2010)

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 File the Quarterly Narrative Progress Report And / Or Make a Fund Disbursement Request

Project Name: Electronic Health Records

Name of Hospital / Grant Sub-Recipient: Providence Seward Medical and Care Center

Reporting Period: May 1, 2010 – September 30, 2010

Sub-Recipient Grant No.: 1265 - F

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 as of September 30, 2010? (Please list all project phases completed or milestones achieved during the reporting period.)**

Licensing was acquired by Providence in spring 2010. Training of personnel commenced in March 2010 and will continue through implementation in February 2011.

2. **Is your 2010 project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with? Will the delay potentially extend the project beyond 9/30/2012?**

Project is on schedule. Projected end date is February 28, 2011.

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?**

Project budget is lower than anticipated due to the switch from CPSI to EPIC.

4. **Other comments, problems and solutions:**

Project has been modified as we have switched from CPSI to EPIC electronic health records. EPIC is less costly, interfaces with other Providence Health Systems EHR and offers a patient portal.

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. /_0_/ a request for an *Advance* against our Project Grant Award Funds; **or**
2. /_0_/ a request for *Reimbursement* from Project Grant Award Funds in order to cover project expenses incurred by our hospital during the reporting period.

(Copies of all invoices submitted and checks written in payment must accompany any request for reimbursement; copies of purchase orders or other commitment documents must accompany any request for an advance).

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):

\$0

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):

\$61,000

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: March 2010

End date: February 28, 2011

Description of Milestone Or Activity	Anticipated Completion Date
1. Electronic Health Records licensing acquired by Providence Health Systems	3/2010
2. Training and Certification of PSMCC personnel	began 3/2010 ongoing until full implementation of EHR
3. Project End - full implementation of EHR at PSMCC	2/28/2011
4.	

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

Project Name: Bedside Medication Verification

Name of Hospital / Grant Sub-Recipient: Central Peninsula Hospital

Reporting Period: May 1, 2010 – September 30, 2010

Sub-Recipient Grant No.: 1265 – I

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: \$97,976

ii. Amount of Facility Cost Share Match (CSM): \$200,000

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$297,976

2. Actual Project Costs Recorded During the Current 5 Month Reporting Period:

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

 In planning stage – no funds expended during the reporting period.

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):

None

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):

None

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: October 25, 2010

End date: April 1, 2011

Description of Milestone Or Activity	Anticipated Completion Date
1. Project Preliminary Planning	10-25-10
2. Project Official Start	10-29-10
3. Hardware Trial	11-15-10
4. Order Hardware	11-20-10
5. Core Team System eMAR/BMV Admin Training	12-3-10
6. eMAR Configuration and Testing	12-10-10
7. eMAR OB User Training	12-13-10
8. eMAR Live in OB	12-20-10
9. BMV Configuration and Testing	02-14-11
10. BMV Policy and Procedure Development	02-14-11
11. eMAR/BMV Med/Surg & ICU User Training (BMV for OB Users)	02-25-11
12. eMAR/BMV Live in Med/Surg & ICU (BMV for OB)	03-15-11
13. Live Support/Project Completion	04-01-11

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:
N/A until direct expenses are incurred beginning in November				
Totals:				

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.



 Signature

October 11, 2010

 Date

Jason Paret, Chief Financial Officer

 Printed Name and Official Title

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 File the Quarterly Narrative Progress Report And / Or Make a Fund Disbursement Request

Project Name: _____ Bedside Medication Verification _____

Name of Hospital / Grant Sub-Recipient: _____ Central Peninsula Hospital _____

Reporting Period: _____ May 1, 2010 – September 30, 2010 _____

Sub-Recipient Grant No.: 1265 - I _____

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 as of **September 30, 2010**? (Please list all project phases completed or milestones achieved during the reporting period.)

The planning and implementation team meetings began in mid September and the project timeline has been established. Nursing and Pharmacy hardware reviews and testing also began in September.

2. Is your 2010 project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with? Will the delay potentially extend the project beyond 9/30/2012?

Yes, the project is on schedule for completion in April 2011.

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?

On budget at this time. Any budget overages, if incurred, will be funded from Hospital operations.

4. Other comments, problems and solutions:

Project team is meeting bi-weekly and has set timeline targets. We will request disbursement at the conclusion of the reporting period in which expenses are incurred.

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

We are requesting ASHNHA to release \$ _____ 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.

(Copies of all invoices submitted and checks written in payment must accompany any request for reimbursement; copies of purchase orders or other commitment documents must accompany any request for an advance).