

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: Bedside Medication Verification

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

Reporting Period: October 1, 2010 – December 31, 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 _____

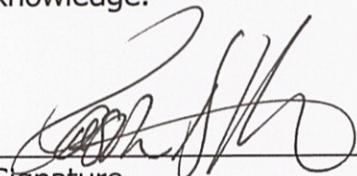
Description of Milestone Or Activity	Anticipated Completion Date
1. Project Preliminary Planning	10-25-10
2. Project Official Start	10-29-10
3. Hardware Trial	11-15-10
4. Core Team System eMAR/BMV Admin Training	12-03-10
5. Order Hardware	01-20-11
6. eMAR/BMV Configuration and Testing	02-18-11
7. eMAR/BMV OB User Training	02-25-11
8. eMAR/BMV Live in OB	03-01-11
9. BMV Policy and Procedure Development	02-14-11
10. eMAR/BMV Med/Surg & ICU User Training	03-11-11
11. eMAR/BMV Live in Med/Surg & ICU	03-16-11
12. 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:
BMV System Purchase				System software purchase agreement excuted on 2/28/10. Software was delivered 11/16/10.
Consultant Fees			04-01-11	Consultant services were secured and have been engaged since November 29th.
Training Travel Expenses			12-02-10	Expected expenses were decreased by hosting training onsite 11/30-12/3 versus original plan for 6-7 team members to travel to Boston, MA.
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

January 10th, 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 System Implementation

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

Reporting Period: October 1, 2010 - December 31, 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 December 31, 2010? (Please list all project phases completed or milestones achieved during the reporting period.)** *Consultant services were secured to keep project on schedule. Admin training was completed December 2nd. Hardware evaluation/trials were completed in ICU, MedSurg, and OB departments.*
- 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?** *The project completion date is still on target. Purchase of hardware is behind schedule, however, ordering process should be completed the third week in January. Slight modifications have been made to milestone anticipated completion dates based upon recommendations from the core implementation team.*
- 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?**
- 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:*

- a request for an Advance against our Project Grant Award Funds; **or**
- 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).