

## 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: Petersburg Medical Center CR Reader

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

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

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 as of December 31, 2010? (Please list all project phases completed or milestones achieved during the reporting period.)**

The CR Reader was delivered in October and installed in November, 2010. The reader is fully functional and operational.

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 is still on schedule. The last component for the project involves the PAC/Transcription interface which will provide bi-directional transfer of information between the EHR systems. It appears the Healthland PAC may not provide the necessary function initially indicated. There is consideration concentrating interface efforts with Centricity/Healthco versus Healthland (two EMR systems are utilized in the lab/imaging department). Further discussion will occur to address this issue.

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?**

As mentioned in prior reports, the interface cost was not accurate at the time the grant proposal was written. The additional cost of the interface (if we wish to purchase) will be absorbed by PMC.

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

None at this time.

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

We are requesting ASHSHA to release \$ 27,387.50 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. /X/ 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).

**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, 2010 – December 31, 2010

**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
  - 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:  
\$27,387.00
- 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: \$27,387,50
- 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):  
\$54,775.00

**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):

\_\_\_\_\_  
\$3,500.00

**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

**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 1, 2010 \_\_\_\_\_

End date: \_\_\_\_\_ July 1, 2011 \_\_\_\_\_

Description of Milestone Or Activity	Anticipated Completion Date
---	--------------------------------

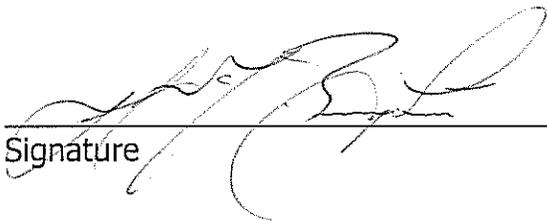
1. Purchase and install ADT interface – part of the PCA/Transcription interface: June 2010.
2. Purchase and install CR reader, cassettes, monitors, computers: Sept/Oct 2010.
3. Purchase and install PAC/Transcription interface: through July 1, 2011 (timeline dependent on manufacturer development of software)

**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	\$58,275	July 1, 2011	Purchase & installation of CR Reader and monitor; purchase of imaging cassettes.
<b>Totals:</b>	\$73,466.00			

**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.

  
 \_\_\_\_\_  
 Signature

7 Jan 2011  
 \_\_\_\_\_  
 Date

John F. Bringhurst, CEO  
 \_\_\_\_\_  
 Printed Name and Official Title

(Last Revised 12.9.2010)

Petersburg Medical Center  
 Box 589  
 Petersburg, AK 99833

REMITTANCE ADVICE

039351

VENDOR NO.: 100527

VENDOR NAME: ADVANCED DIAGNOSTICS, INC

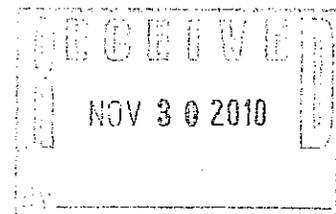
TRANSACTION DATE	REFERENCE	GROSS AMOUNT	DEDUCTION	NET AMOUNT
11/22/10	264984-00	54,775.00	.00	54,775.00
CHECK DATE	CHECK NO	TOTAL GROSS	TOTAL DEDUCTION	CHECK AMOUNT
12/03/10	000039351	54,775.00	.00	54,775.00

On Register #: 1163

ITEM # / DESCRIPTION	QTY ORDERED	QTY SHIPPED	BACK ORDERED	UNIT	PRICE	AMOUNT
XCRBN-X-NOIP-00: Carbon X Pkg no IIP	1.00	1.00	0.00	Ea	35400.00	35400.00
XCARBON-CART-S: Carbon Cart, each	1.00	1.00	0.00	Ea	0.00	0.00
XCASS-14X17-CC: 14x17 IP Cassette type CC each	4.00	4.00	0.00	Ea	510.00	2040.00
R230147ST6SPKG: 14x17 ST-VI Imaging Plate Single, each	4.00	4.00	0.00	Ea	450.00	1800.00
XCASS-10X12-CC: 10x12 IP Cassette type CC each	4.00	4.00	0.00	Ea	330.00	1320.00
R230102ST6SPKG: 10x12 ST-VI Imaging Plate Single, each	4.00	4.00	0.00	Ea	255.00	1020.00
XCASS-8X10-CC: 8x10 IP Cassette type CC each	4.00	4.00	0.00	Ea	300.00	1200.00
R230180ST6SPKG: 8x10 ST-VI Imaging Plate Single, each	4.00	4.00	0.00	Ea	180.00	720.00
K9601576: Nio Fusion Color/Gray 4MP with MXRT 5200 graphic card+ QA Sftw	1.00	1.00	0.00	Ea	9895.00	9895.00
K9601576-SLP-5Y: 5-year Hot Spare+ QA Web Supprt Nio Fusion 4MP	1.00	1.00	0.00	Ea	1380.00	1380.00
Freight: Freight (nonstock item)	1.00	1.00	0.00	Ea	0.00	0.00
included						
Parts: Monitor Wall mount & hardware	1.00	1.00	0.00	EA	0.00	0.00

ORDER COMMENTS: per quotations #4233R & 4234R  
 payment terms: 30% due with order (\$16,432.50)  
 60% due upon delivery (\$32,865.00)  
 10% due upon installation (\$5,477.50)  
 installation completed on 11/10/10  
 balance of \$54,775.00 due in full  
 no payments have been received

CONTINUED ON THE NEXT PAGE



100527



2440 Cinnabar Loop \* Anchorage, AK 99507  
Phone: 907-344-3456 \* Fax: 907-349-8417

DATE	CUST #	INVOICE #	PAGE
11/22/10	P112	264984-00	1

# INVOICE

(Customer Copy)

SOLD TO  
**Petersburg Medical Center**  
**ATTN: Accounts Payable**  
**PO Box 589**  
**(103 Fram Street)**  
**Petersburg AK 99833**

SHIP TO  
**Petersburg Medical Center**  
**ATTN: Receiving/Radiology**  
**103 Fram Street**  
**Petersburg AK 99833**

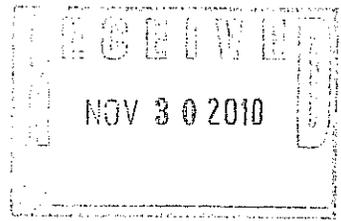
CUSTOMER ORDER #	21090	SHIP VIA	BEST WAY
DATE SHIPPED	11/22/10	SALES CONTACT	Bob
TERMS	30% w/order, 60%, 10%	ENTERED BY	Kim Oltum
SPECIAL INSTRUCTIONS			

ITEM # / DESCRIPTION	QTY		BACK		U/M	PRICE	AMOUNT
	ORDERED	SHIPPED	ORDERED				
XCRBN-X-NOIP-00: Carbon X Pkg no IIP	1.00	1.00	0.00		Ea	35400.00	35400.00
XCARBON-CART-S: Carbon Cart, each	1.00	1.00	0.00		Ea	0.00	0.00
XCASS-14X17-CC: 14x17 IP Cassette type CC each	4.00	4.00	0.00		Ea	510.00	2040.00
R230147ST6SPKG: 14x17 ST-VI Imaging Plate Single, each	4.00	4.00	0.00		Ea	450.00	1800.00
XCASS-10X12-CC: 10x12 IP Cassette type CC each	4.00	4.00	0.00		Ea	330.00	1320.00
R230102ST6SPKG: 10x12 ST-VI Imaging Plate Single, each	4.00	4.00	0.00		Ea	255.00	1020.00
XCASS-8X10-CC: 8x10 IP Cassette type CC each	4.00	4.00	0.00		Ea	300.00	1200.00
R230180ST6SPKG: 8x10 ST-VI Imaging Plate Single, each	4.00	4.00	0.00		Ea	180.00	720.00
K9601576: Nio Fusion Color/Gray 4MP with MXRT 5200 graphic card+ QA Sftw	1.00	1.00	0.00		Ea	9895.00	9895.00
K9601576-SLP-5Y: 5-year Hot Spare+ QA Web Supprt Nio Fusion 4MP	1.00	1.00	0.00		Ea	1380.00	1380.00
Freight: Freight (nonstock item)	1.00	1.00	0.00		Ea	0.00	0.00
included							
Parts: Monitor Wall mount & hardware	1.00	1.00	0.00		EA	0.00	0.00

ORDER COMMENTS: per quotations #4233R & 4234R  
 payment terms: 30% due with order (\$16,432.50)  
 60% due upon delivery (\$32,865.00)  
 10% due upon installation (\$5,477.50)

Installation completed on 11/10/10  
 balance of \$54,775.00 due in full  
 no payments have been received

CONTINUED ON THE NEXT PAGE





2440 Cinnabar Loop \* Anchorage, AK 99507  
 Phone: 907-344-3456 \* Fax: 907-349-8417

DATE	CUST#	INVOICE#	PAGE
11/22/10	P112	264984-00	2

# INVOICE

(Customer Copy)

SOLD TO  
**Petersburg Medical Center**  
**ATTN: Accounts Payable**  
**PO Box 589**  
**(103 Fram Street)**  
**Petersburg AK 99833**

SHIP TO  
**Petersburg Medical Center**  
**ATTN: Receiving/Radiology**  
**103 Fram Street**  
**Petersburg AK 99833**

CUSTOMER ORDER #	21090	SHIP VIA	BEST WAY
DATE SHIPPED	11/22/10	SALES CONTACT	Bob
TERMS	30% w/order, 60%, 10%	ENTERED BY	Kim Otram
SPECIAL INSTRUCTIONS			

ITEM # / DESCRIPTION	QTY	QTY	BACK	PRICE	AMOUNT
	ORDERED	SHIPPED	ORDERED		

Thank you for 23 years serving the  
 Alaska Medical Community!

*Apply Dendri Grant. — OK to Pay 7120. Cap. Inv. Eq. D.M. 2/ 12/1/10*

**PAY THIS AMOUNT** **54775.00**

*1260001*  
*H2000? Minor Eq?*