# Instructions

A final Progress Report for the prior fiscal year (FY) must be submitted to the Federal Office of Rural Health Policy (FORHP) within 90 days of the budget period end date.

**Submission Location**: Submit via the Electronic Handbook System (EHB), no exceptions. If you encounter problems submitting this report, please reach out to the EHB help Desk at 1-877-464-4772.

**Due Date:** 08/29/2019

**Reporting Period:** 06/01/2018-05/31/2019

# What to Upload on EHB

This template, [FY18\_SHIP Annual Report Template](https://www.ruralcenter.org/resource-library/ship-coordinator-resources), includes questions, instructions on how to populate the [FY18\_SHIP Annual Report Excel Workbook](https://www.ruralcenter.org/resource-library/ship-coordinator-resources), and directs readers to EHB resources. Please read the instructions carefully as some of the questions should be addressed on this template and others should be populated on the Excel Workbook.

On EHB, SORHs must upload two files for this deliverable: **1) FY18\_SHIP Annual Report Template** and **2) FY18\_SHIP Annual Report Excel Workbook.**

**FY18\_SHIP Annual Report Template**

* Download the [FY18\_SHIP Annual Report Template](https://www.ruralcenter.org/resource-library/ship-coordinator-resources)
* Address the questions as instructed on Template
* Upload the completed word or pdf version within EHB

**FY18\_SHIP Annual Report Excel Workbook**

* Download the [FY18\_SHIP Annual Report Excel Workbook](https://www.ruralcenter.org/resource-library/ship-coordinator-resources)
	+ Use Table 1: UOB Justification to answer Questions C, D, & E under Question 1
	+ Use Table 2: SHIP Hospital Progress and Outcomes to answer Question 2
* Add information for each hospital, including data in each appropriate table and column
	+ Save spreadsheet routinely when adding detailed hospital information
* Delete example rows on both tables before submitting this spreadsheet
* Upload the final completed workbook within EHB

# Other Upcoming Program Deliverables

**Federal Financial Report (FFR)- Due 10/30/2019**

**Relevant Links**

|  |  |
| --- | --- |
| [EHB Knowledge Based Articles](https://help.hrsa.gov/display/public/EHBSKBFG/Index)[EHB Submission FAQs](https://help.hrsa.gov/display/public/EHBSKBFG/EDM%2BSubmissions%2BFAQs) | EHB Help Desk: 1-877-464-4772YouTube: [HRSATube EHB Modules](https://www.youtube.com/playlist?list=PLEF93841BAEF1FE28) |

# Grantee Information

|  |
| --- |
| **Reporting Period: 06/01/2018-05/31/2019** |
| Grant Number |  |
| SORH Name |  |
| SHIP Coordinator  | Name: |
| Phone number: |
| Email address: |

# Budgetary

1. Do you anticipate an unobligated balance (UOB) for this FY 2018 reporting period, 06/01/2018-05/31/2019?

 [ ]  Yes [ ]  No

*If yes, please address the following:*

1. What is the total estimated UOB amount for this reporting period? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Will you request approval to carry over the UOB to complete any previously approved activities?

[x]  Yes-Projected Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  No

\**Populate Table 1: UOB Justification* on**FY18\_SHIP Annual Report Excel Workbook** *to answer Questions C, D & E.*

1. List the hospitals that did *not utilize* all or part of their SHIP award during this reporting period and provide the reason(s) for unspent funds.
2. Did the hospitals listed in ‘c’, above, receive funding in the current budget period **06/01/2019- 05/31/2020?**
3. What steps has the SORH taken to address unutilization of funds among participating hospitals?

# SHIP Hospital Activities and Outcomes

1. Populate [Table 2](#_Guidance_Table_2:): *SHIP Hospital Activities & Outcomes* on **the FY18\_SHIP Annual Report Excel Workbook** by responding to the following:
2. Describe any activities implemented this reporting period for each SHIP purchasing category: 1) Value-Based Purchasing; 2) Accountable Care Organizations/Shared Savings; and 3) Payment Bundling/PPS
3. List the outcomes resulting from the activities listed for each hospital that applied in FY 2018
4. Describe *below* any successful recognition or acknowledgement received, either local, state or national (e.g. tv, radio, newspaper article, award, community recognition) as a result of this grant funding.
5. Delays or Deviations: Describe *below* any significant project implementation challenges, barriers, and/or unresolved issues that occurred during this reporting period. Include in your description the nature of the issues, and if/how they were overcome.

# Recommendations

1. List *below* any recommendations on how we may improve SHIP- process or programmatically

# Optional Reporting

The following questions ***are optional*** for grantees to answer for this report. The intent of these questions is for grantees to reflect on their programs’ achievements, growth and impact throughout***the entire period of performance*** (FY16 - FY18). FORHP uses this information to justify SHIP’s overall need and impact in rural communities. If grantees have additional information ***not captured*** by the previous questions or ***updated results*** from your FY 18 cycle’s application related to the cumulative impact of your SHIP Program please *add information on this below*. These questions are optional, and grantees are NOT required to answer for this deliverable. There is no set format for these questions.

1. Summarize *below* outcomes for ***the entire period of performance*** (FY16 – FY18). List key outcomes and other evaluation findings specific to the SHIP grant funding. Examples of success may include but not limited to:
	* Provided technical assistance by SORH/Grantee
	* Access to a new or expanded health service
	* Improved quality of health services (e.g., patient use of remote monitoring devices, better medication adherence with text reminders)
	* Integration of process improvement into daily workflow
	* Improved cost saving or costs reduction
	* Enhanced hospital staff capacity, new skills, or education received
	* Strengthened network quality and performance management programs
	* Improved efficiency or participation through the use of SHIP consortium activities or hospital networks
	* Developed new partnerships or relationships for the hospitals and/or the SORH
	* Development of security risk analysis, breach mitigation and response plan
	* Enhanced capacity for data standardization, collection, and management
	* Participation in alternative payment model program (ACO, MSSP, global budget).
2. Discuss *below* the cumulative impact of your SHIP program, which may include changes in the way that partners work together to serve your state, changes in institutional practices, key elements that makes your program unique, or best practices/lessons that other states could learn from efforts. This question is an opportunity for grantees to reflect on their program’s growth and impact and share with other SORHS.