	Due Da	ate: Jan	uary	15,	2025
Grant Period:	June 1.	2025 -	Mav	31.	2026

Facility Information				
Hospital Name				
application on behalf of all Kansas h	uplete the 2025-2026 SHIP Grant Application. KDHE Office of Primary nospitals. The dates for this program will be June 1, 2025 through Ma ust be completed by Wednesday, Jan. 15 for inclusion in the 2025-20	y 31, 2026. This applicatin should take no more		
If you have any questions about the surve	ry, please contact Jennifer Findley at jfindley@kha-net.org or Susan Runyan at	srunyan@kha-net.org.		
Please indicate below who you would like to b	e your hospital's primary contact for all SHIP related communications. We will update	our database with the information provided.		
Hospital SHIP Contact Name				
Hospital SHIP Contact Email				
	g priorities before using resources to support investments in other areas. The SF cipation requirements in order to improve hospital quality outcomes. (L			
Is your hospital pooling SHIP funds with other hospitals in the form of a network or consortium?				
If you are a PPS hospital, please list the number of beds per line 14 of the most recent Medicare Cost Report.				
Please provide any recommendations	you may have for improving the SHIP program in the box below.			

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SHIP Budget

Hospitals may use 2025-2026 SHIP grant funds towards activities listed in the SHIP purchasing menu below.

Please indicate the dollar amount and brief description of the activities your hospital intends to implement during the 2025-2026 grant period.

Each hospital should allocate SHIP grant funds assuming that the total amount will equal \$13,382.

Hospitals must allocate some funds in MBQIP Data Collection/Training (HCAHPS) category.

	Amount		Please list vendor and/or name of	
2025-2026 SHIP Purchasing Menu Item	Budgeted	Describe the planned activity (how will you use the money?)	education program.	
Quality reporting data collection/related				
training or software				
MBQIP data collection process/related				
training (including HCAHPS)				REQUIRED
Provider based clinic-based (Rural Health				
Clinic) quality measures education				
Alternative payment model and quality				
payment program training/education				
Computerized provider order entry				
implementation and/or training				
Pharmacy services training,				
hardware/software and machines (not				
pharmacist services or medications)				
Population health or disease registry training				
and/or software/hardware				_
Social drivers of health screening				
software/training				_
Systems performance training in support of				
ACO or shared savings related initiatives				_
Telehealth and mobile health hardware/				
software (not telecommunications)				
Community paramedicine training and/or				
hardware/software				4
Health information technology training for				
value and ACOs, including training/ software				
and risk assessments for cybersecurity				

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	Amount			Please list vendor and/or name of
2025-2026 SHIP Purchasing Menu Item	Budgeted	Describe the plant	ned activity (how will you use the money?)	education program.
ICD-11 software				
ICD-11 training				
S-10 Cost Reporting training (not software)				
Pricing Transparency Training (software				
allowed)/ Chargemaster training				
Quality improvement Training – no projects	List category s	ee below).		
Quality improvement Software - no projects	(List category	see below).		
Efficiency Training – no projects (List categor	y see below).			
			_	
Total Amount Budgeted (should equal S	\$13,382)			
Quality Improvement TRAINING	Quality Improve	ement SOFTWARE	Efficiency Training	
Discharge planning	Medicare spending		Financial operational strategies	
Patient Safety	Non-clinical opera		340B	
Reducing readmissions Antibiotic stewardship	Swing-bed utilizati			
Immunization	Care Coordination			
Hospital safety/emergency preparedness	Population Health Health Information			
Reducing disparities in readmissions	Health information	i Excilatige		
Lean				
PDSA				
Team STEPPS				
CMS abristration tool				
Medicare spending per benficiary				
Non-clinical operations				
Swing-bed utilization/measures				
Care Coordination				
Population Health				
Health Information Exchange				

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Affirmation	A 6 1 1 1 1 1	
Affirmation	OT INTO	ormation

I affirm that my hospital will adhere to all FY25 SHIP eligibility and program requirements, including selected menu investment(s) based upon the specific selection priorities listed in the SHIP Purchasing Menu Instructions. Hospitals that do not follow the purchase priorities and/or purchase hardware and/or software or services that are not listed on the SHIP Purchasing Menu will be subject to penalties including suspension from the next SHIP funding opportunity.

I am submitting this application on behalf of my hospital.

Name	
Title	
Date	
Email	
Phone number	

Email completed application to ship@kha-net.org no later than January 15, 2025.