

Form 641 – Parts A, B & C

ASHNHA Quarterly Project Budget Summary
& Performance Analysis Reporting Form

For All Remaining 2009 Denali Commission Approved Projects:

Projects No. 1150 – A1 through 1150 – A4; 1150 – C; or 1150 – G

Project Name: Pyxis Machines

Name of Hospital / Grant Sub-Recipient: Norton Sound Health Corporation

Reporting Period: January 01, 2011 – March 31, 2011

Sub-Recipient Grant No.: 1150 – C

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: 185,140

ii. Amount of Facility Cost Share Match (CSM): 185,141

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: 370,281

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:

-0-

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: 43,351

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):

43,351

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):

[92,244 + 3,036 = 95,280] 93,726

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):

186,415

5. Project Schedule:

Please state the anticipated start and end dates of this funded 2009 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: September, 2009

End date: June 30, 2011

Description of Milestone Or Activity	Anticipated Completion Date
1. Order Cardinal Health Pyxis System	09/30/09
2. Pyxis Unit Arrived on site at NSHC	10/31/09
3. Pyxis representative made visit	11/05/09
4. Pyxis unit implementation and training	12/08/09
5. Pyxis Medication dispensing "Go Live" Date	12/15/09
6. Pyxis medication machines operational with interface issues resolved	06/14/11

Form 642 – Parts A & B

ASHNHA's Quarterly Project Reporting Form

**Covering 2009 Denali Commission Projects
Numbered 1150 – A1 through 1150 – A4; 1150 – C; or 1150 – G**

Please Use this Form to File the Quarterly Narrative Progress Report And / Or Make a Fund Disbursement Request

Project Name: Pyxis

Name of Hospital / Grant Sub-Recipient: Norton Sound Health Corporation

Reporting Period: January 1, 2011 – March 31, 2011

Denali Commission Grant No.: **1150 - C**

Part 642 – A. Project Narrative (use additional pages as necessary) :

1. What is the status of your D/C 2009 "Primary Care Improvements in Hospitals" project as of March 31, 2011? (Please list all project phases completed or milestones achieved during the report period.) The medication Pyxis machines are operational and dispensing medications. The interface for billing has been purchased, installed, and is in the final phases of testing for the medication side. Automatic billing is near completion. The supply Pyxis towers are storing supplies, but the Meditech interface still needs to be purchased to complete automatic billing for supplies on the units.

2. Is your 2009 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 9/30/2011?

We anticipate that automatic billing will be completed by June 14, 2011 for medications. The vendor has completed their commitment for training and support and final invoicing can take place. Automatic billing for the supply side is contingent on the purchase of the Meditech interface. The decision to purchase may be delayed if we decide that Meditech is not our vendor of choice for the new medical record.

3. Is the 2009 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?

The project is anticipated to exceed budget by \$1,274 which will be paid out of NSHC operations.

4. Other comments, problems and solutions:

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

We are requesting ASHNHA to release \$ 43,351 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).



CareFusion

CareFusion Solutions, LLC / Pyxis® Products
Lockbox #771952
1952 Solutions Center
Chicago, IL 60677-1009

Invoice No. 1851570-2
Account No. 105380
Invoice Date 12/04/10
Due Date 01/01/11
Total Due 759.00

Attn: ACCOUNTS PAYABLE
NORTON SOUND HEALTH CORP
PO BOX 966
NOME AK 99762-0966

Equipment Located At:
NORTON SOUND REGIONAL HOSPITAL
306 W 5TH AVE
NOME AK 99762

PLEASE CALL 1-800-438-6789 IF YOU HAVE ANY QUESTIONS AREA: West

LOCATION: CW105380
6059827-011 PO 053908 CIISafe IntMnDBio XP S/N 12984792 CW105380
DUE 01/01/11 SYSTEM SUPPORT 106.00

106.00

Location: CW105380 106.00

LOCATION: ER
6059827-001 PO 053908 4000Aux 1col 0drwr S/N 12968228 ER
DUE 01/01/11 SYSTEM SUPPORT 35.00

35.00

6059827-008 PO 053908 4MS Mn6dr4PremBio S/N 12970953 ER
DUE 01/01/11 SYSTEM SUPPORT 106.00

106.00

Location: ER 141.00

LOCATION: INPT
6059827-005 PO 053908 4000Aux 7 drwr+3CuM S/N 12970951 INPT
DUE 01/01/11 SYSTEM SUPPORT 50.00

50.00

6059827-006 PO 053908 4RXMn6dr4PremBio S/N 12970948 INPT
DUE 01/01/11 SYSTEM SUPPORT 106.00

106.00

Location: INPT 156.00

LOCATION: PHARMACY



CareFusion

CareFusion Solutions, LLC / Pyxis® Products

Invoice No. 1851570-2
Account No. 105380
Invoice Date 12/04/10
Due Date 01/01/11
Total Due 759.00

PLEASE CALL 1-800-438-6789 IF YOU HAVE ANY QUESTIONS

AREA: West

6059827-010	PO 053908	4Rx Console only	S/N 12971053	PHARMACY	
		DUE 01/01/11 SYSTEM SUPPORT			215.00

					215.00
		Location: PHARMACY			215.00
LOCATION: QCC					
6059827-002	PO 053908	4000Aux 1col 0drwr	S/N 12968259	QCC	
		DUE 01/01/11 SYSTEM SUPPORT			35.00

					35.00
6059827-007	PO 053908	4RXMn6dr4PremBio	S/N 12970949	QCC	
		DUE 01/01/11 SYSTEM SUPPORT			106.00

					106.00
		Location: QCC			141.00

Totals By Location:

		TOTAL
	CW105380	106.00
	ER	141.00
	INPT	156.00
	PHARMACY	215.00
	QCC	141.00

		759.00

	TOTAL DUE THIS INVOICE	759.00

14



CareFusion

CareFusion Solutions, LLC / Pyxis® Products
Lockbox #771952
1952 Solutions Center
Chicago, IL 60677-1009

Invoice No. 1865101-9
Account No.105380
Invoice Date 01/05/11
Due Date 02/01/11
Total Due 835.00

Attn: ACCOUNTS PAYABLE
NORTON SOUND HEALTH CORP
PO BOX 966
NOME AK 99762-0966

Equipment Located At:
NORTON SOUND REGIONAL HOSPITAL
306 W 5TH AVE
NOME AK 99762

PLEASE CALL 1-800-438-6789 IF YOU HAVE ANY QUESTIONS AREA: West

LOCATION: CW105380

6059827-011 PO 053908 CIISafe IntMnDBio XP S/N 12984792 CW105380 106.00
DUE 02/01/11 SYSTEM SUPPORT

Location: CW105380

106.00

LOCATION: ER

6059827-001 PO 053908 4000Aux 1col 0drwr S/N 12968228 ER 35.00
DUE 02/01/11 SYSTEM SUPPORT

6059827-008 PO 053908 4MS Mn6dr4PremBio S/N 12970953 ER 106.00
DUE 02/01/11 SYSTEM SUPPORT

Location: ER

141.00

LOCATION: INPT

6059827-005 PO 053908 4000Aux 7 drwr+3CuM S/N 12970951 INPT 50.00
DUE 02/01/11 SYSTEM SUPPORT

6059827-006 PO 053908 4RXMn6dr4PremBio S/N 12970948 INPT 106.00
DUE 02/01/11 SYSTEM SUPPORT

6063343-002 PO 053908 Cnnct2.9plsScnStn4 S/N 13193226 INPT 21.00
DUE 02/01/11 SYSTEM SUPPORT

21.00



CareFusion

CareFusion Solutions, LLC / Pyxis® Products

Invoice No.	1865101-9
Account No.	105380
Invoice Date	01/05/11
Due Date	02/01/11
Total Due	835.00

PLEASE CALL 1-800-438-6789 IF YOU HAVE ANY QUESTIONS

AREA: West

Location: INPT 177.00

LOCATION: PHARMACY

6059827-010	PO 053908	4Rx Console only	S/N 12971053	PHARMACY	215.00
		DUE 02/01/11 SYSTEM SUPPORT			-----
					215.00

6063343-001	PO 053908	Cnntc2.9 BaseSysExp	S/N 13194279	PHARMACY	34.00
		DUE 02/01/11 SYSTEM SUPPORT			-----
					34.00

6063343-003	PO 053908	Cnnct2.9 RxOrderStn	S/N 13194277	PHARMACY	21.00
		DUE 02/01/11 SYSTEM SUPPORT			-----
					21.00

Location: PHARMACY 270.00

LOCATION: QCC

6059827-002	PO 053908	4000Aux 1col 0drwr	S/N 12968259	QCC	35.00
		DUE 02/01/11 SYSTEM SUPPORT			-----
					35.00

6059827-007	PO 053908	4RXMn6dr4PremBio	S/N 12970949	QCC	106.00
		DUE 02/01/11 SYSTEM SUPPORT			-----
					106.00

Location: QCC 141.00

Totals By Location:

	TOTAL	
CW105380		106.00
ER		141.00
INPT		177.00
PHARMACY		270.00
QCC		141.00

		835.00

14



CareFusion

CareFusion Solutions, LLC / Pyxis® Products
Lockbox #771952
1952 Solutions Center
Chicago, IL 60677-1009

Page 1

Invoice No. 1865102-7
Account No. 105389
Invoice Date 01/05/11
Due Date 02/01/11
Total Due 41,757.00

Attn: ACCOUNTS PAYABLE
NORTON SOUND HEALTH CORP
PO BOX 966
NOME AK 99762-0966

Equipment Located At:
NORTON SOUND REGIONAL HOSPITAL
306 W 5TH AVE
NOME AK 99762

PLEASE CALL 1-800-438-6789 IF YOU HAVE ANY QUESTIONS AREA: West

LOCATION: INPT

6063343-002 PO 053908 Cnct2.9plsScnStn4 S/N 13193226
DUE 02/01/11 PURCHASE

INPT
11,159.00

11,159.00

Location: INPT

11,159.00

LOCATION: PHARMACY

6063343-001 PO 053908 Cnct2.9 BaseSysExp S/N 13194279
DUE 02/01/11 PURCHASE

PHARMACY
20,185.00

20,185.00

6063343-003 PO 053908 Cnct2.9 RxOrderSta S/N 13194277
DUE 02/01/11 PURCHASE

PHARMACY
10,413.00

10,413.00

Location: PHARMACY

30,598.00

Totals By Location:

INPT
PHARMACY

TOTAL
11,159.00
30,598.00

41,757.00

TOTAL DUE THIS INVOICE

41,757.00

11627580