

**ASHNHA
Denali Commission
Project Close-out Report**

Please attach photos of your completed project to this report

Project Name: CT Scanner

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

Close-out date: February 10, 2012

Sub-Recipient Grant No.: 1150-G

Part 641 – A. Project Budget Summary

1. Original Project Budget Information:

The *original* total approved project budget:

a. Amount of Denali Commission Grant Award: \$366,676.00

b. Amount of Facility Cost Share Match (CSM): \$366,677.00

c. Original Total Project Cost [line 1(a) plus line 1(b)]: \$733,353.00

2. Actual Project Costs:

a. Total amount of the Facility's project cost share match expended (non-reimbursed expenditures):

\$369,294.46

b. Total amount of Denali Commission funds expended for this project:

\$366,676.00

c. Total Project Cost: (add lines 2a & 2b):

\$735,970.46

3. Explain any differences between the original budgeted project cost and the actual project costs.

The \$2,517.46 difference between costs came chiefly from 'tweaking' of the electrical system so that the CT had power supply backup.

4. Project Schedule:

Please provide a list of appropriate milestone dates completed for the major phases or activities of your project.

Start date: June 1, 2009

End date: Feb 10, 2012

<u>Description of Milestone or Activity</u>	<u>Completion Date</u>
1. Feasibility and Conceptual Design	08/31/2009
2. Signed contract & deposit made on CT Scanner from MIR	12/14/2010
3. Completed all site/electrical work for CT placement	6/30/2011
4. Balance paid on CT, equipment arrives in Wrangell, staff trained	8/20/2011
5. Final electrical connections made, equipment installation finished	12/1/2011
6. Connection between CT Trailer and WMC building completed	2/10/2012

5. Lesson Learned: Provide a summary of lessons learned through the completion of this project including any obstacles encountered and how they were overcome.

The Radiology (Imaging) Department at WMC really stepped up to the plate in their training and took on a very steep learning curve in getting up to speed on and becoming proficient in the use of the CT Scanner. In a department of just 3 staff, there was no room to hire a CT Technician and they did an admirable job of covering for one another when one or more of their department was away at training, and of taking full advantage of the training that came with the machine. In hind sight, the intensity in the training schedule, along with the time required to learn the machine well, could have become a difficulty for the department, but they handled it with flying colors.

If another project of this type (requiring construction to house an instrument) were to come up, the timeline would be adjusted to take into account winter weather and its effect on setting a foundation.

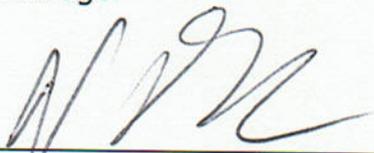
Part 641 – B. Project Performance Analysis (add line items to the chart as appropriate):

2010 Project Budget Line Items:	Approved Budget:	Actual Cost:	Completion Date:	Actual Work Performed:
Conceptual & Architecture Design, Electrical and Building Permits, Site Survey & Excavation, Concrete Pad, Electrical Hookup, Jersey Barriers		\$50,314.03	6/30/11	Conducted feasibility study for CT Scanner placement and developed conceptual drawings for project. Completed all necessary electrical work for CT placement with protective barriers.
Deposit for CT Scanner from MIR		\$210,350	12/14/2010	Signed contract with Medical Imaging Resources for a CT Scanner and paid a deposit on the scanner.
16-slice GE Lightspeed CT Scanner Balance		\$390,650	6/20/11	Equipment purchased and arrived in Wrangell, staff trained.
Installation, final electrical, equipment completion		\$84,656.16	2/10/2012	Connection from CT trailer to building made, project complete.
Totals:		\$735,970.46		

Please submit pictures of your completed project with this close-out report.

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

March 6, 2012

Date

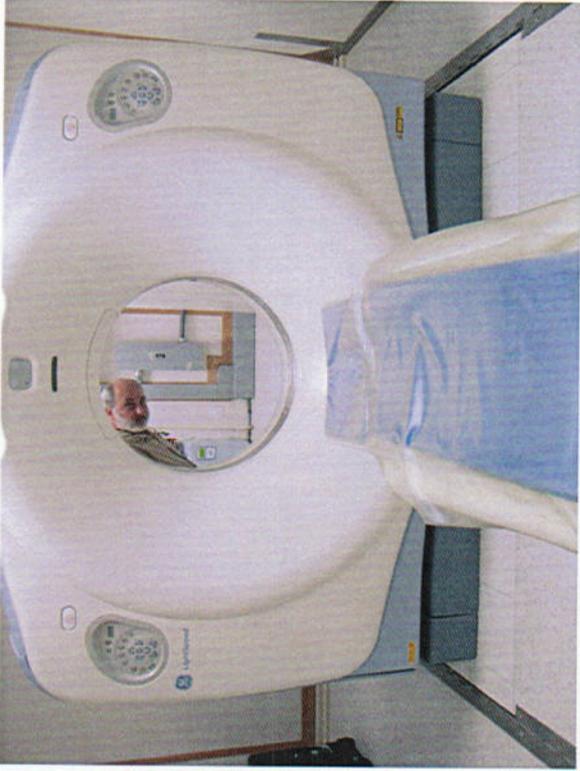
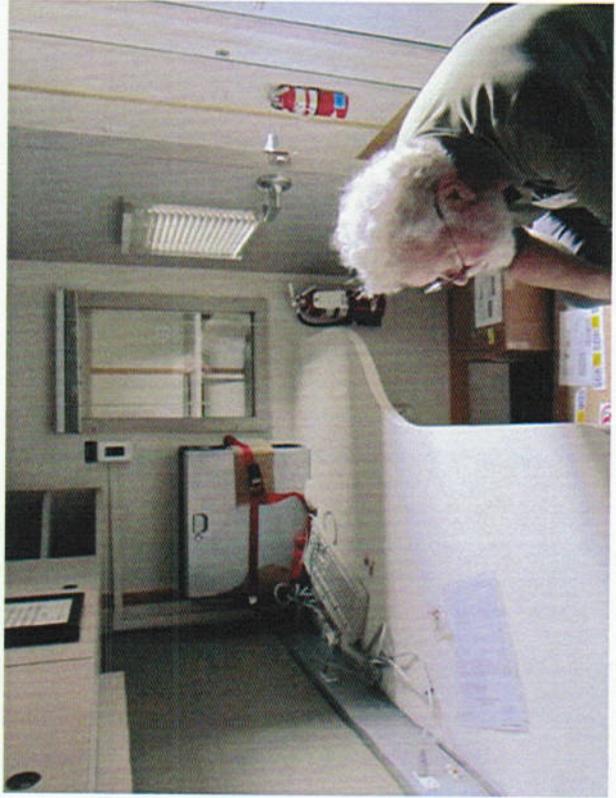
Noel Selle-Rea, CEO

Printed Name and Official Title

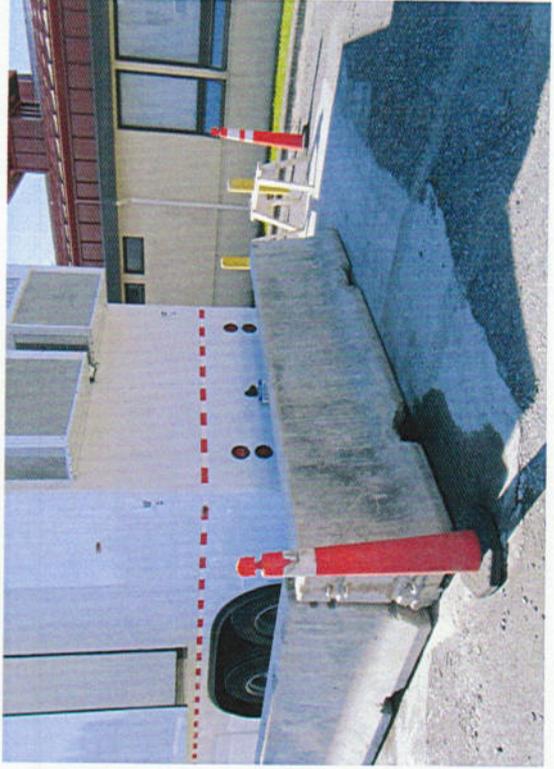
(Last Revised 6.27..2011)



Above, the CT Scanner arrives in Wrangell. Below, Bob Shymanski installs the computers.



Above, CT technician, Ernie Bliss, looks through the machine. Below, the Jersey barriers are in place.





Left, CT Scanner Tech Ann Kramer and Bob Shymanski ready to welcome patients. Below the connection between the building and CT allows patients to transfer without having to go through the rain or snow.



Above, CT prior to building connection being started, below the connection is complete.



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; 1150 – C; or 1150 – G

Project Name: CT Scanner

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

Reporting Period: FY 12 Quarter 2 January 1 – March 31, 2012

Sub-Recipient Grant No.: 1150 – G

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: \$366,676.00

ii. Amount of Facility Cost Share Match (CSM): \$366,677.00

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$733,353.00

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:

\$14,400.00

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:

\$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):

\$14,400.00

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):

\$366,676.00 _____

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):

\$369,294.46 _____

5. Project Schedule:

Please state the anticipated start and end dates of the 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: June 1, 2009

End date: March 31, 2012

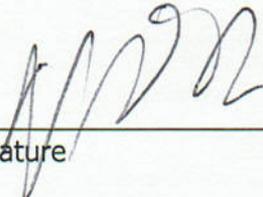
Description of Milestone Or Activity	Anticipated Completion Date
1. Finishing connection of CT trailer to building	February 10, 2012
2.	
3.	
4.	
5.	

Part 641 – B. Project Performance Analysis (add line items to the chart as appropriate):

2009 Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Conceptual and Architecture Design, Electrical and Building Permits, Site Survey and Excavation, Concrete Pad, Electrical Hookup, Jersey Barriers		\$50,314.03	6/30/11	Conducted feasibility study for CT Scanner placement and developed conceptual drawings for project. Completed all necessary electrical work for CT placement with protective barriers.
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Installation, final electrical, equipment completion		\$84,656.16	2/10/2012	Connection from CT trailer to building made, project complete.
Totals:		\$735,970.46		

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

March 6, 2012

Date

Noel D. Selle-Rea, CEO

Printed Name and Official Title

Invoice

Attention: Wrangell Medical Clinic Project Title: Covered Breezeway
Title: Kevin Young Project Description: Metal Structure
Company Name: S.E.A. Island Construction P.O. Number:
Address: 3333B South Tongass Hwy. Invoice Number: 1055
City, State Zip Code: Ketchikan, Alaska 99901 Term:
Date: 2/116/12

Description	Quantity	Unit Price	Cost
Materials and Labor			\$14,400.00
Total			\$14,400.00

Accounts Payable - Checks

Checks

WRANGELL MEDICAL CENTER

Number: 049646

Date: 022712

Pay to the Order of: S.E.A. ISLAND CONSTRUCTION

\$ 14400.00

Fourteen Thousand Four Hundred Dollars and No Cents

Bank: WFO

Check

CS#: 0142

Batch: 0476

Sequence: 0003

Trans Date: 022712

Vendor#: 01088

Discount:

Invoices

Amount: 14400.00

Discounts:

Count: 1

Invoices

Inv Number	Trans Dt	Batch-Seq	Inv Dt	Bank	Due Dt	Code	Amount	Discount
1055	120227	1420475-005	021612	WFO		P	14400.00	.00