

10.6.120

Colorado Rural Health Care GRANT PROGRAM



Final Report Template

This form must be signed and returned with the Grant Report Narrative. Please complete and return this report by July 28, 2011. No further grant requests from your organization can be considered until this report has been completed and returned.

Name of organization reporting: Dr. McDermott's Family Practice, PC

Dates covered by this grant: from 08/02/10 to 07/15/11

Executive Director: Dr. Martin McDermott

Phone and Email: 303-857-2711 MDMcDermMD@aol.com

Contact person (if different from Executive Director): Mary Weis-Fout

Title: Family Nurse Practitioner

Phone and Email: 303-857-2711 mwffnp@yahoo.com

Mailing Address: 327 N. Park

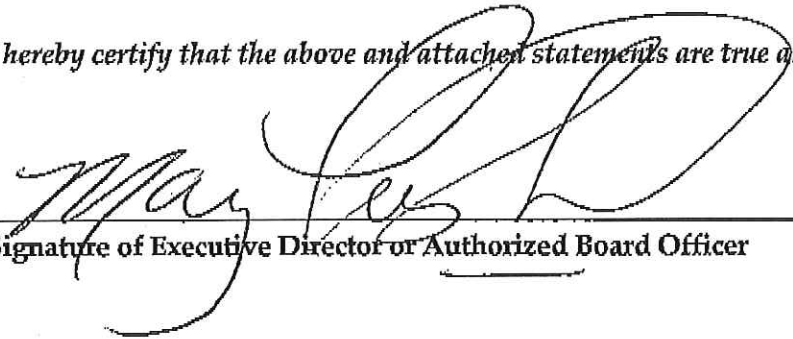
City/State/Zip: Fort Lupton, Co, 80621

Fax Number: 303-857-1408

Amount of Grant: \$5,000.00

Purpose of Grant: To replace outdated Xray processer

I hereby certify that the above and attached statements are true and accurate.



Signature of Executive Director or Authorized Board Officer

7/25/11
Date

I. NARRATIVE (maximum of 3 pages, exclusive of photographs and testimonials)

A. Results/Outcomes

- 1. Please describe the progress made toward the stated goals and objectives related to this specific grant.
- 2. What difference did this grant make in your community or neighborhood and for the population you are serving? Please discuss evidence of effect (e.g. numbers served, demographic information, community indicators, outcomes, client satisfaction survey results, etc.). *Note: If you have evaluation materials that document outcomes and impacts of your work, feel free to attach in lieu of answering this or other questions.*
- 3. Describe collaborations, if any, related to the work funded by this grant and how it impacted your efforts.

B. Photographs and Testimonials

- 1. Please provide any photographs or testimonials that demonstrate the impact the project has had on the community.
- 2. Please provide an example of a success story that demonstrates the benefit of the project to your community.

C. Future Plans

- 1. What are the plans for sustaining the impact of the use of these funds?
- 2. What plans do you have to communicate your outcomes and lessons learned with others?
- 3. If you have identified areas where increased collaboration between organizations or sectors would lead to increased positive outcomes for your constituents, briefly describe your ideas.

D. Other Comments

- 1. Please share with us any recommendations you have for our grant making or reporting process.

II. FINANCIALS

- 1. Please provide income and expenditure information compared to the approved budget for that project or program. If there are any major variances, please explain.

I. 2010 Colorado Rural Health Care Grant Final Report Narrative

A. Results/Outcomes

1. Our goal of purchasing the new SRX 101A X-ray processor from Medical Imaging Technologies in Colorado Springs was completed on 07/21/10. On 08/02/10 the processor was installed by the same company. Our old processor was disposed of by Medical Imaging.
2. Difference in Community: As of 07/11/11 a total of 437 X-rays were done using our new processor. Of these, 91 or 20.8% were done on Medicare patients and 68 or 15.6% were performed on Medicaid patients. There were 10 patients or 2.3% that were self pay (uninsured) patients. This total of 38% reveals our commitment to serving the uninsured and under insured. We don't keep documents regarding specific demographics such as age, sex, race and ethnicity at this time. No patients were forced to go the Platte Valley Medical Center-the closest X-ray facility which is 12 miles away.
3. Collaboration: We continue to offer X-ray services to our adjoining office. Dr. Green sent 10 patients for x-rays in the previous year.

B. Photographs and Testimonials:

1. Photographs: please see attached before and after pictures. (old and new x-ray processor)
2. Testimonials: We have several examples of success stories that demonstrate the benefit of the project in our community:
 1. "LISA" (last name protected) is a 36 year old patient who was in a severe car accident 3 years ago and is wheelchair bound with a TBA (traumatic brain injury) She was having a lot of back pain and needed x-rays of her spine and hips which were performed in our office. Since she lives with her mother (who works full time in addition to being Lisa's caregiver) it would have been very inconvenient for her to be transmitted to another facility for the x-rays.
 2. BARB (last name protected) is a 56 year old developmentally delayed Spanish Speaking adult with epilepsy who lives with her 85 year old father (her caregiver.) Barb had a seizure and fell; her dad didn't want to call the ambulance (cost) and doesn't drive outside of the town-so her x-rays were performed in our office.
 3. MARY is an 84 year old with severe COPD. She walked in our office looking blue-her oxygen saturation was 69%. This was a respiratory emergency and we likely saved critical time by giving immediate treatment including a chest x-ray in our office. We prevented a hospital admission by following her and performing the x-ray in our office.
 4. Eulalio is a 77 year old gentleman who is mono lingual Spanish and walked in on Friday July 1st with a foot fracture-diagnosed by doing an x-ray in our office. He didn't want to go to the hospital due to language barriers and transportation problems.
 5. LISA is a 36 year old developmentally and mentally delayed adult who has no transportation. Her husband is in jail and she walks 2 blocks to her appointments at our office. She has severe asthma and recently needed a chest X-ray to rule out Pneumonia.

6. YOLANDA is a 94 year old who had a fall at her home a couple of weeks prior to her appointment with us. She mentioned it, and we detected a broken hip which can be life threatening for this age group. She is cared for by her daughter who is juggling full time work and a husband who has disabling health conditions. Due to our office detection of the fracture, she is healing well. The above are all examples of how our new x-ray processor provided care to those with barriers to health care.

C. Future Plans:

1. Plans for sustaining the impact of the use of these funds: Yearly maintenance costs to maintain the X-ray machine and processor for 2011 were \$2,716.62. We plan to continue to cover these costs.
2. Plans to communicate the outcomes and lessons learned with others: The new processor allowed us to do less repeat x-rays which resulted in less X-ray exposure to the patients. This information was immediately available to the patient. Training for the new developer was given to all office staff.
3. Collaboration between organizations: We have the ability to train new staff to take and process x-rays. Our new updated equipment funded by the grant will allow the instructors of the Limited Scope x-ray program to teach the classes in our office.

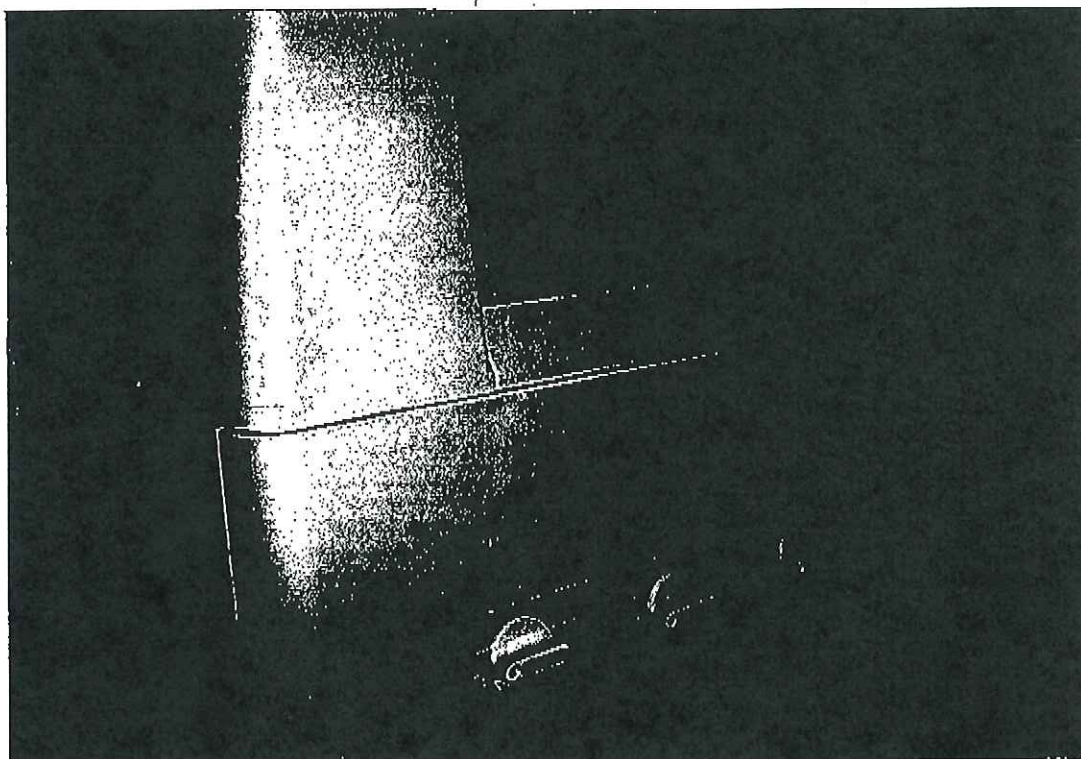
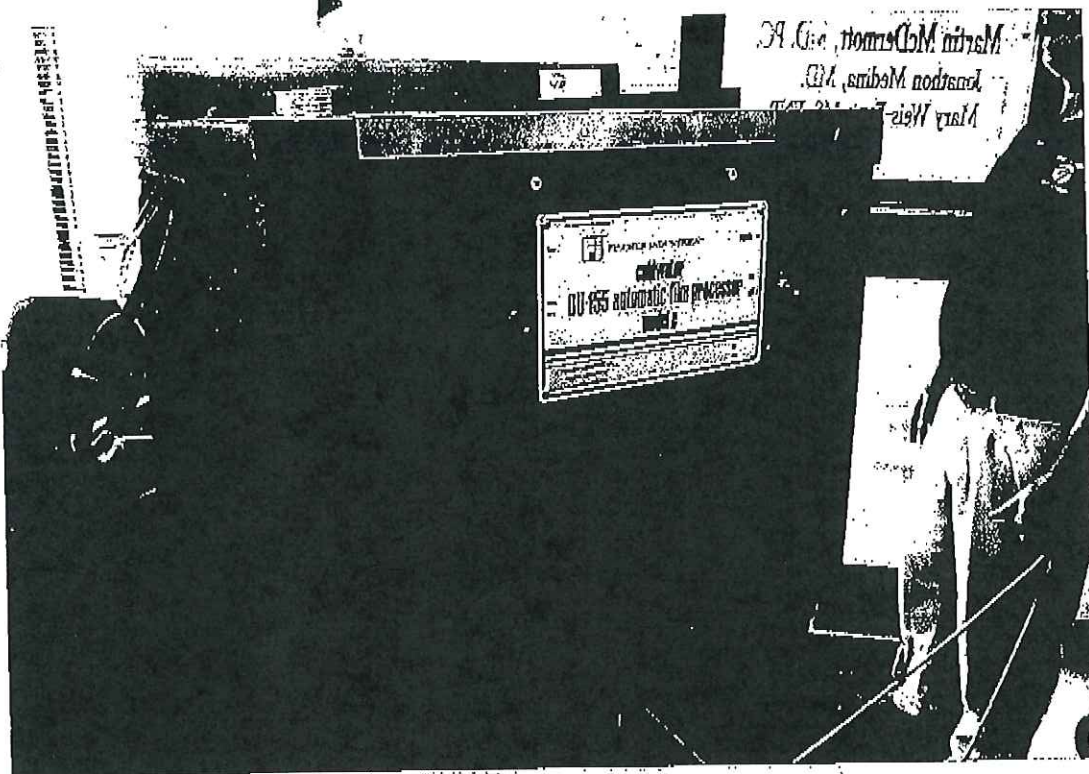
C. Comments:

1. Recommendations: Since we were un-experienced in grant writing, the process was cumbersome. We did not know the "language" or "process" that seemed intuitive for experienced grant writers. Since we don't have staff assigned to grant writing, all of the work was done outside of office hours. We are however grateful for being considered.

II. FINANCIALS

We received \$5,000.00 in grant funds. The quoted priced for the new x-ray processor was \$5,000.00 but unaccounted for costs were tax (345.00) and installation (250.00) these were paid for by Dr. McDermott's Family Practice.

Old Xray Processor: NOTE DUCT TAPE



New Xray Processor