WISCONSIN OFFICE OF
Rural Health

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WISCONSIN OFFICE OF
Rural Health

Small Rural Hospital Improvement Grant Program (SHIP)

Progress Report for June 1, 2025 - January 2026
and
Grant Application for June 1, 2026 - May 31, 2027

Due back to the Wisconsin Office of Rural Health by January 21st , 2026

The Wisconsin Office of Rural Health will submit one SHIP application on behalf of all eligible hospital applicants to the Federal Office of Rural Health Policy (FORHP). This form must be completed and submitted to WORH for inclusion in the June 1, 2026 - May 31, 2027 SHIP application.

Hospital Information and Eligibility

Hospital Legal Name	Packers Health Hospital and Clinics
CMS Certification Number (CCN)	262011
Former Name (if changed since 6/1/25-5/31/26 SHIP Application)	
Address	1265 Lombardi Avenue
City	Green Bay
State	Wisconsin
Zip	54307

Please enter hospital contact information.

Administrator/CEO **Name**	Matt LaFleur
Administrator/CEO **Email**	matt@packershealth.org
Hospital SHIP Project Director **Name**	Jordan Love
Hospital SHIP Project Director **Email**	jordy@packershealth.org
Hospital SHIP Project Director **Phone**	9205697302

If contract signatory is different from contacts above, please enter information here.

Contract Signatory **Name**	
Contract Signatory **Email**	

Is your hospital a Critical Access Hospital (CAH)?

- (●) **Yes**
- ( ) No

Is your hospital Tribally operated hospital under Titles I and V of P.L. 93-638?

- ○ Yes
- ● **No**

Number of beds per Line 14 of the most recently filed Medicare Cost Report:

12

*The following questions are regarding your **CURRENT** SHIP activities for FY25 (June 1, 2025 - May 31, 2026).*

Which investment did your hospital select for 2025/26?

- ● **HCAHPS (or other approved reimbursable investment)**
- ○ A Network Project (Kaavio Rural Health Dashboard, RWHC Quality Indicators and Clarity SafetyZone Reporting, or Stratis Health MBQIP Improvement) - specify:

Do you anticipate using all of your FY2025 funds by the end of the current budget period (May 31, 2026)?

- ● **Yes**
- ○ No (explain)

Please select the option that best describes your progress:

- ○ None - this purchase has been abandoned (explain)
- ○ Not Started - Not yet working on the activity but have good faith plans to complete by 5/31.
- ● **Started - Currently and actively working on the activity in good faith to complete by 5/31.**
- ○ Completed – The activity has been fully implemented and impact/outcome can be determined.

Briefly describe at least one lesson learned and/or activity outcome or impact:

Patients are highly satisfied when our team comes together to bring home the win. We will continue to work on improving interdisciplinary communication to ensure community members in and around Green Bay receive the best results possible.

*The following selection is regarding your **FUTURE** SHIP activities for FY26 (June 1, 2026 - May 31, 2027).*

You may choose **ONE** of the options below for your full SHIP award for 2026-27. If you select HCAHPS, you will be required to submit invoices for HCAHPS vendor reimbursement up to the value of $12,500*. If you select any of the other options, WORH will pay the contractor for $12,500* worth of services and programming on your behalf.

*Estimated 2026 award amount, subject to change based on Federal award.

- ○ HCAHPS vendor
- ○ WHA-IC Rural Health Dashboard
- ○ RWHC Coordinated Quality and Coding programming
- ○ Stratis Health Social Drivers of Health technical assistance
- ● **Other - discussed and pre-approved by SHIP program manager (Samantha Peck) - please specify**

HIT training

Signature (electronic/typed signatures are acceptable)

By signing this application, you are affirming adherence to all FY 2026 SHIP eligibility and program requirements including the selection of investment activities based on FY 2026 SHIP Allowable Investment instructions. Hospitals that purchase hardware, software, or training services that are not listed on the SHIP Purchasing Menu will be subject to penalties which may include suspension from the next SHIP funding opportunity. Prior approval from your state SHIP Coordinator is required before changing investments; no changes can be made after the mid-year point.

Administrator/CEO Signature: *Please type name.*	Matt LaFleur
Date:	01/07/2026
SHIP Project Director Signature: *Please type name.*	Jordan Love
Date:	01/07/2026