

ANNUAL PERFORMANCE PROGRESS REPORT FOR SUSTAINABLE BROADBAND ADOPTION

General Information

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Commerce, National Telecommunications and Information Administration	2. Award Identification Number 19-43-B10575	3. DUNS Number 075844548
4. Recipient Organization Central Iowa Hospital Corporation 1200 Pleasant St, Des Moines, IA 503091406		
5. Current Reporting Period End Date (MM/DD/YYYY) 12-31-2012	6. Is this the last Annual Report of the Award Period? <p style="text-align: center;"> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>	
7. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.		
7a. Typed or Printed Name and Title of Certifying Official Tracy D Warner Director, Rural Health Resourc	7c. Telephone (area code, number and extension) 515 241-3499	
	7d. Email Address WarnerTD@ihs.org	
7b. Signature of Certifying Official Submitted Electronically	7e. Date Report Submitted (MM/DD/YYYY): 02-27-2013	

PROJECT INDICATORS				
<p>1. Does your Sustainable Broadband Adoption (SBA) project foster a particular broadband technology or technologies? If so, please describe this technology (or technologies) (600 words or less).</p> <p>The Rural Iowa Telehealth Initiative seeks to promote sustainable broadband adoption in our surrounding rural communities through implementation of a telehealth platform that will deliver affordable healthcare and education to our medically underserved communities. This project fosters the use of video-conferencing technology to provide health education and information to schools and community members. Furthermore, video-conferencing technology, deployed with other medical diagnostic equipment, allows for enhanced medical services to patients in remote areas by enabling physicians from secondary or tertiary institutions to provide care for patients that would not otherwise have access to adequate treatment due to physical proximity.</p>				
<p>2a. Please list all of the broadband equipment and/or supplies you have purchased during the most recent calendar year using BTOP grant funds or other (matching) funds, including any customer premises equipment or end-user devices. If additional space is needed, please attach a list of equipment and/or supplies. Please also describe how the equipment and supplies have been deployed (100 words or less).</p>				
Manufacturer	Item	Unit Cost per Item	Number of Units	Narrative description of how the equipment and supplies were deployed
see attached	see attached	0	0	see attached spreadsheet
Totals		0	0	
<input type="button" value="Add Equipment"/>			<input type="button" value="Remove Equipment"/>	
<p>2b. To the extent you distribute equipment/supplies to beneficiaries of your project, please describe the equipment/supplies you distribute, the quantities distributed, and the specific populations to whom the equipment/supplies are distributed (600 words or less).</p> <p>Over the last year, we have distributed equipment to various community anchor institutions, including healthcare providers, two campuses of a community college, emergency medical services, schools, and other community partners. The physician population equipment typically consists of a laptop, speaker, and webcam. The community EMS installments are primarily the same set up. However, the community college installment was different, to include an E60. All of these endpoints were provided Cisco teleconferencing equipment (of differing models). A total of nine mobile video conferencing systems were deployed to a combination of elementary schools, middle schools, high schools, emergency medical service groups, and healthcare providers. These mobile systems included a cart, television, camera shelf, and a Cisco telepresence video system. The software-based Cisco Jabber Video product was deployed to four of the healthcare providers, and two laptops were provided to two healthcare providers. In addition, we deployed a desktop-based piece of video conference equipment to four different hospitals/healthcare providers on our plan. Forty six of this total are mobile "Jabber" solutions while thirty seven Cisco Codecs have been deployed on carts and in fixed rooms. A total of eleven cart systems have been implemented in our telehealth program which utilize the Jabber and/or Codec solution.</p>				
<p>3. For SBA access and training provided with BTOP grant funds, please provide the information below. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent calendar year. For each type of training (other than open access), please count only the participants who completed the course.</p>				
Types of Access or Training	Number of People Targeted	Number of People Participating	Total Training Hours Offered	
Open Lab Access	0	0	0	
Multimedia	0	0	0	
Office Skills	0	0	0	
ESL	0	0	0	
GED	0	0	0	
College Preparatory Training	0	0	0	
Basic Internet and Computer Use	0	0	0	
Certified Training Programs	0	0	0	
Other (please specify): User/Community Outreach, training technology, distance learning, equipment installation	10,334	5,874	6,456	

Types of Access or Training	Number of People Targeted	Number of People Participating	Total Training Hours Offered
Total	10,334	5,874	6,456

4. Please describe key economic and social successes of your project during the past year, and why you believe the project is successful thus far (600 words or less).

As we continue to add physicians we see where our community is pleased with access to specialty health care. Many community members have voiced satisfaction and gratefulness to have local options to receive care. It is noted that through the use of our inpatient consultations, more patients have been able to remain in their local community, avoiding a transfer to a larger hospital. This is good for our patients, as well as our rural facilities. The technology also allowed more patients throughout the year to be connected to the medical provider they needed, increasing access to care from a broader base of specialists than ever before. Patients and providers do not have to travel as long of distances for care, which increases the availability of care overall for the entire population. The local community college has been providing two instructional classes via the equipment. This option has enabled students to stay in their home campus, and avoid driving to the alternative campus, to receive instruction. For spring of 2013, Southwestern Community College has 7 classes planned. The distance programming we have done with the schools has provided students in the classroom a more comprehensive learning opportunity - regardless of the topic that is being covered. The students are learning about healthcare careers, and many topics within the healthcare field directly from the healthcare experts themselves, which fosters a valuable connection with the students and the healthcare field. They are learning more about health and nutrition and we are building interest in health careers, thereby growing our own force of potential employees. We've reached out to local emergency medical services squads to allow them to have equipment to help with their training and education which has saved time and the cost of travel by accessing continuing education programming from their home station, as opposed to leaving their community attend education offerings. Nurses at the Grundy County Memorial Hospital were able to reduce the risk of patient medication errors by utilizing the technology 125 times to enable a remote pharmacist to verify medications being removed from the pharmacy at our hospital.

5. Please estimate the level of broadband adoption in the community(ies) and/or area(s) your project serves, explain your methodology for estimating the level of broadband adoption, and explain changes in the broadband adoption level, if any, since the project began.

5a. Adoption Level (%):	Narrative description of level, methodology, and change from the level at project inception (600 words or less).
61	Level is based on total number of community anchor institutions that have been successfully implemented in the year as a percent of the total number of CAIs in our project plan.

6. Please describe the two most common barriers to broadband adoption that you have experienced this year in connection with your project. What steps did you take to address them (600 words or less)?

The ability to deploy endpoints in a timely manner is difficult. This is mainly due to the time constraint that the endpoints (physician offices) endure. The staff turn over in those areas can also create lengthy gaps of time. For example, you may have worked out details with an office manager, only to find that office manager left the practice. To deal with these barriers, we pay close attention to our time line. If we see that one end point is taking too long, we look ahead to our next deployment to get that started. We also watch for opportunities to move end points up in the time line. Most of the video conference equipment we have deployed requires a hard-wired ethernet connection in order to work. The obstacle is several of our target community anchor institutions do not have readily-accessible ethernet connections because they are older facilities running on a wireless network. Therefore, our Information Technology technicians have worked judiciously to develop and integrate wireless capabilities with the technologies we are purchasing. Another significant barrier we have encountered is the willingness of physicians to adopt telehealth technology as an acceptable means of providing patient care. To thwart these types of concerns, we thoroughly present to them all of the benefits to the providers and patients of using this technology, and we give them every possible opportunity to test the equipment and give feedback. In addition, we've had lengthy dialogue and multiple conversations regarding the reliability and cost of our current technology which in some cases has negatively impacted our ability to deploy technology with our community anchor institutions. The future success of our telehealth program will be determined by our ability to adopt an alternative video conferencing system and integrated telehealth solution that reduces endpoint and information technology costs and that will allow us to move our program in a sustainable direction.

7. To the extent that you have made any subcontracts or sub grants, please provide the number of subcontracts or sub grants that have been made to socially and economically disadvantaged small business (SDB) concerns as defined by section 8(a) of the Small Business Act, 15 U.S.C. 647, as modified by NTIA's adoption of an alternative small business size standard for use in BTOP. Please also provide the names of these SDB entities. (150 words or less)

We have not provided any subcontracts or sub grants to socially and economically disadvantaged small businesses.

8. Please describe any best practices / lessons learned that can be shared with other similar BTOP projects (900 words or less).

We are constantly learning and utilizing resources of established best practice guidelines to ensure our program is on track.

RECIPIENT NAME:Central Iowa Hospital Corporation

AWARD NUMBER: 19-43-B10575

DATE: 02/27/2013

OMB CONTROL NUMBER: 0660-0037

EXPIRATION DATE: 12/31/2013

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