ANNUAL PERFORMANCE PROGRESS REPORT FOR SUSTAINABLE BROADBAND ADOPTION

General Information

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Award Identification Number	3. DUNS Number
Department of Commerce, National Telecommunications and Information Administration	19-43-B10575	075844548

4. Recipient Organization

Central Iowa Hospital Corporation 1200 Pleasant St, Des Moines, IA 503091406

5. Current Reporting Period End Date (MM/DD/YYYY)	6. Is this the last Annual Report of the Award Period?
12-31-2010	◯ Yes ⦿ No

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	7c. Telephone (area code, number and extension)
Tracy D Warner	(515) 263-2487
	7d. Email Address
Director, Rural Health Resourc	WarnerTD@ihs.org

7b. Signature of Certifying Official	7e. Date Report Submitted (MM/DD/YYYY):
Submitted Electronically	01-28-2011

PROJECT INDICATORS

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).

The Rural Iowa Telehealth Initiative seeks to promote sustainable broadband adoption in our rural Iowa communities through the implementation of a telehealth platform that will deliver affordable health care 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 anchor institutions. 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.

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).

Manufacturer	Item	Unit Cost per Item	Number of Units	Narrative description of how the equipment and supplies were deployed
TeraRecon	Aquarius iNtuition	104,300	1	allows viewing of CT/Angiography images for physician remotely using broadband technology
Spacelabs Healthcare	Software	149,985	1	System that allows viewing and monitoring of patients (EKG or telemetry) through broadband technology
Totals		254,285	2	

Add Equipment	Remove Equipment

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).**

Our project has not yet expended any BTOP funds directly, so we have not distributed equipment/supplies to beneficiaries of our project. The amounts reported in question 2a above are those items that represent a match with a unit cost of over $5000, and are necessary to the infrastructure and systems necessary to deploy broadband technology.

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 underlined 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.

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):	0	0	0
Total	0	0	0

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).

Since our project began late in year, there are few notable accomplishments to report thus far. The majority of the progress made on the project relates to planning and preparation for executing grant objectives and developing the infrastructure consistent with the grant plan. One economic success to report so far however is the creating 1.31 jobs since the inception of the grant, including 1.0 FTE of a clinical telehealth coordinator at Clarke County Hospital and a .31 FTE representing an information technology support technologist added at Grundy County Memorial Hospital in mid-December 2010. At other facilities, the hiring process is underway for more job creation. Although we do not have further measurable economic or social successes to report, we have learned that one of the critical

success factors is the support our project has received from its stakeholders. A number of staff members, community members, and key players from the physician community have come forward expressing an interest in championing the effort to adopt the technology and to keep it moving forward. This will evolve into successes as health care becomes more readily available, at a decreased cost, to the patients and medical care providers our project is designed to serve. Telemedicine will allow more diagnostic testing procedures to be done at the local rural hospitals involved in the project, thus fostering economic growth in the community. This foundation will also foster increased educational opportunities, again at the local level.

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)**.
0	Equipment purchasing and installation has not yet begun. We will measure adoption level by community anchor institutions (CAIs) or end points installed, in future quarters.

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)?

We received our grant award on September 13, 2010 so most of our activity for 2010 was spent on putting together the infrastructure to administer the grant, and the initiation of planning the steps that needed to be completed before purchasing the video conferencing equipment, rather than seeking to increase broadband adoption. However, very few notable barriers were experienced. Prior to the beginning of the grant we were substantially preparing for adopting the technology. Our biggest hurdle was not having the equipment that is the backbone of our plan. This situation will be rectified in 2011 as we acquire and implement the infrastructure and the equipment. Another barrier we encountered is the lack of public knowledge regarding telehealth technology and its benefits. Due to a proactive approach, however, including focused needs assessments, various marketing and educational activities through local and regional media, we have began preparing outreach programs that will attempt mitigate the deficiency in public knowledge regarding telehealth and minimize any potential negative perceptions of telemedicine in our communities.

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 made any sub awards to SDBs but have initiated sub award contracts with each of our four subrecipients in the project which are small, rural hospitals in the state of Iowa. These include Clarke County Hospital in Osceola, Greene County Medical Center in Jefferson, Grundy County Memorial Hospital in Grundy Center, and Guthrie County Hospital in Guthrie Center.

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

Process discussions prior to implementation of a specialty clinic are key (scheduling, billing, diagnostic test ordering) as well as the need to include physician office staff and physician in these discussions. We recommend that clinicians follow physician to determine work flow and routine assessment techniques. The use of different electronic medical records (EMRs) systems at physician clinics provides a challenge to clinicians staffing specialty clinics. We have learned that it is best to have all documentation in these EMRs done by physician clinic staff. Physician clinics need access and education on each hospital's clinical results viewer and PACS systems. When scheduling patient visits, some limitations to consider include: consults, frequency of telehealth appointment, types of patient visits that may not be best suited for telehealth. At onset, set up a mock inpatient room and outpatient exam room to test lighting, wall color, extraneous light sources such as windows that may affect the video portion of the visit.
Use the American Telemedicine Association website which is an excellent resource for information, various list serves, and contacts. During the first telemedicine clinic, consider using an Information Technology resource at the physician site for troubleshooting with the equipment. Prior to implementation of a clinic, set up a time with physician and office staff to conduct a "mock" visit and examination to work out any potential issues prior to the actual clinic. Educating the patient that the visit will be conducted via telemedicine at time of scheduling is critical. Patient education at the time of the visit on how the telemedicine visit will proceed is critical, too, to make the patient comfortable with the telemedicine procedure, ease anxiety and minimize potential negative perceptions about the visit. Having a clinician in the room with the patient prior to, and during the physician exam portion of the visit is also very important.