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?
12-31-2011	◯ 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	01-30-2012

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 rural Iowa communities through the implementation of a telehealth platform that will deliver affordable health care and education to 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
N/A	N/A	0	0	See attachment.
Totals		0	0	

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).**

In fiscal year 2011, GCMH installed equipment at 13 different community anchor institutions. All of these endpoints were provided Cisco teleconferencing equipment (of differing models). A total of 11 mobile video conferencing systems were deployed to a combination of: elementary schools, middle schools, high schools, and emergency medical service groups. These mobile systems included a cart, television, camera shelf, and a Cisco telepresence video system. In addition, we deployed a desktop-based piece of video conference equipment as well as the Cisco Telepresence MOVI software to two different hospitals/healthcare providers on our plan.

In addition to completing the installation of video conferencing equipment in 16 patient and conference rooms at Greene County Medical Center in fiscal year 2011, GCMC installed video conferencing equipment at 5 different CAIs. GCMC also deployed 2 cart systems within our hospital. These mobile systems included a cart, television, camera shelf, and a Cisco telepresence video system. All of these endpoints were provided Cisco teleconferencing equipment. Additionally, a total of 11 mobile video conferencing systems were deployed within our hospital.

Video conference equipment was deployed at three conference room locations within the Iowa Health-Des Moines 3 hospital campuses but IH-DM did not distribute any equipment/supplies to any other beneficiaries of our project during 2011.

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 <u>cumulatively</u> 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 <u>completed</u> 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): Outreach, technology training, distance learning, equipment installation	1,736	1,552	1,139
Total	1,736	1,552	1,139

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).

While our project has not generated any tangible economic successes thus far, we anticipate such successes during the upcoming year since both community and medical partners have embraced the telehealth technology. Several subrecipients have realized significant social successes on several fronts. Working with six different school systems, Grundy County Memorial Hospital was able to implement video equipment in ten different school buildings to reach students as far as 30 miles away from their hospital. Many of these schools currently have Iowa Communications Network (ICN) rooms that are underutilized. The mobility of the equipment GCMH was able to provide them allows connection to virtually any classrooms for video programming; thus, increasing the schools' willingness to participate in these types of programs. Another success encountered in the year is simply related to the increased awareness and support of telecommunications and telehealth technology among the Hospital staff and community members in the project's service area. GCMH recently showcased the telehealth equipment at a county-wide Wellness Fair and the feedback from community participants was very positive. Moreover, the city of Grundy Center has incorporated into its strategic plan an objective to position the community to become a prototype telehealth community. We recognize we still have much work to do in terms of community awareness, but we have seen forward progress.

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).
15	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)?

Most of the video conference equipment the project has deployed requires a hard-wired ethernet connection in order to work. The obstacle is several of the target CAIs in the sub-recipient communities do not have readily-accessible ethernet connections because they are older facilities running on a wireless network, or they lack adequate internet speeds. Therefore, the hospital's Information Technology technicians have worked judiciously to develop and integrate wireless capabilities with the technologies we are purchasing. Another significant barrier 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.

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 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).

The degree of local information technology expertise is essential to having a successful telehealth program.