

RECIPIENT NAME: Central Iowa Hospital Corporation

AWARD NUMBER: 19-43-B10575

DATE: 08/10/2012

OMB CONTROL NUMBER: 0660-0037

EXPIRATION DATE: 12/31/2013

QUARTERLY 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) 06-30-2012	6. Is this the last Report of the Award Period? <input type="radio"/> Yes <input checked="" type="radio"/> 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 Stephanie Young	7c. Telephone (area code, number and extension) X	
	7d. Email Address YoungSJ@ihs.org	
7b. Signature of Certifying Official Submitted Electronically	7e. Date Report Submitted (MM/DD/YYYY): 08-10-2012	

Project Indicators (This Quarter)

1. Please describe significant project accomplishments completed during this quarter (600 words or less).

During this quarter, Grundy County Memorial Hospital (GCMH) conducted community outreach, equipment installations at two CAIs, telehealth equipment testing, development of EMS and school education, staff competency development and training on equipment usage. Also, outreach and planning activities with four of their upcoming healthcare providers were underway, GCMH continued to plan and develop educational programs to be delivered via video conference to schools and EMS. A total of 20 hours of education were delivered in the quarter to 10 Emergency Medical Services staff. Additionally, our facility delivered 784 hours of instruction to approximately 325 individuals in the schools. Staff skills training was initiated, totaling 78 staff members with 71.5 hours of training. Iowa Health-Des Moines (IH-DM) continued to plan, coordinate, and assist with the implementation of specialty services/providers for the BTOP rural hospital partners as well as with IH-DM departments/services. Video conference equipment install and training at IH-DM facilities in critical care and staffing office was completed to facilitate daily 'staffing meetings' with Emergency Department (ED) managers. Telemedicine presentation with patient exam equipment demonstration was provided for Iowa Methodist and Methodist West ED staff, Iowa Lutheran shift leaders as well as IH-DM case management staff at a number of meetings. Video conference connection was used for IH-DM staff to participate in Guthrie County and Clarke County Hospital Quality Improvement and Policy Review committee meetings allowing attendance while avoiding a number of trips to those facilities. BTOP partner hospitals (6 presenters) provided "Understanding the Utility and Value of Telehealth" at the Iowa Health System Leadership Symposium. Video conference equipment connection with all IH-DM facilities was made for employee information meetings, "Coffee with Eric", providing simultaneous presentation for the first time (2 one-hour sessions). Initial video calls of the BTOP Technical Advisory Committee and Clinical Advisory Team were held for telemedicine equipment research, review, and recommendation to the CEO Advisory Committee. Continued discussion through meetings with management/staff from IH-DM departments: case management, ED, women's services, wound care, behavioral health and occupational medicine has resulted in further development of plans for video/patient exam equipment needs, providing training for providers and staff, and future implementation of the telemedicine project between IH-DM facilities and with the rural BTOP hospitals. A two-day site visit occurred in May that included the NTIA program officer and staff from NTIA. The visit included interaction with the project sub-recipients via video conference with equipment funded by the grant. A budget modification was submitted this quarter, with expectations of receiving approval early in the next quarter. Clarke County Hospital brought on an Endocrinologist. Clarke County now has 8 physicians utilizing telemedicine outpatient and inpatient visits. Through the telemedicine equipment, patients at Clarke County Hospital have been able to access a video language interpreter. Since the implementation of the interpreter, one Spanish speaking patient and one Deaf patient have used the service. Finalization meetings took place with Occupational Medicine, who plan to begin seeing patients in August. Podiatry will begin in September with live clinics. Once the patient base is established, care will move to telemedicine visits. Case Management with skilled patients from Methodist hospital to Clarke County Hospital has been established. During the patient visit, the IH-DM Social Worker was present with the patient. Patient was able to see and meet the staff that would be providing care on arrival to skilled care. Staff from both hospitals were able to conference and best plan for patients transfer. Guthrie County Hospital met with two different groups and demonstrated equipment for outpatient telemedicine clinics. Greene continues to provide training and continued outreach activities along with equipment installs at CAI locations.

2. Please provide the percent complete for the following key milestones in your project. Write "0" in the Percent Complete column and "N/A" in the Narrative column if your project does not include this activity. If you provided additional milestones in your baseline report, please insert them at the bottom of the table. Figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the percent complete is different from the target provided in your baseline plan (300 words or less).

	Milestone	Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2.a.	Overall Project	55	The variance from the baseline report is due to the length of time to generate interest and implement technology. The variance is also caused due to the needed budget modification that is anticipated to be submitted to NIST in Q3 2012. The process for moving through education, planning, training and implementation continues to take significantly more time than originally planned. In addition, technology changes and the need for approval of the budget modification to reflect more up-to-date estimates of the cost of video conferencing equipment, is necessary. The length of time to generate interest and implement technology at the projected institutions is much longer than expected. Newer technology solutions are also significantly less expensive than the technology originally planned.
2.b.	Equipment / Supply Purchases	-	Progress reported in Question 4 below
2.c.	Awareness Campaigns	-	Progress reported in Question 4 below

	Milestone	Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2.d.	Outreach Activities	-	Progress reported in Question 4 below
2.e.	Training Programs	-	Progress reported in Question 4 below
2.f.	Other (please specify):	-	Progress reported in Question 4 below

3. Please describe any challenges or issues faced during this past quarter in achieving planned progress against the project milestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be useful (600 words or less).

The IH-DM electronic medical record implementation and initial training is complete but continued meetings have been required. Scheduling education and training for leadership and staff in IH-DM departments/services has continued to present challenges for availability. Continued discussion of patient examination device options and telemedicine equipment deployment has continued. With the budget modification complete, approved and communicated to the BTOP rural hospital partners, the project plan will be further facilitated. It has been common within the project to augment time lines to accommodate specialty offices in order to successfully start telemedicine clinic.

4a. In the chart below, please provide the requested information on your BTOP grant-funded SBA activities. Please also provide a short description of the activity (600 words or less). Figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please ensure that the numbers of new household subscribers and business or community anchor institution (CAI) subscribers reflected in the "Total" row represent the unduplicated number of new subscribers that can be attributed to your SBA project as a whole.

Name of the SBA Activity	Location of SBA Activity	Description of Activity (600 words or less)	Size of Target Audience	Actual Number of Participants	New Subscribers: Households	New Subscribers: Businesses and/or CAIs
N/A	N/A	See attached SBA Activity Spreadsheet	32,196	27,553	0	41
Total:			32,196	27,553	0	41

4b. Please describe your method for determining the number of households, businesses, and/or (CAIs) subscribing to broadband as a result of your SBA programs (600 words or less).

The number of CAIs subscribing to broadband is determined by the number of points of presence where video-conferencing technology has been implemented as a result of SBA activities.

4c. Please provide a narrative explanation if the total number of new subscribers is different from the targets provided in your baseline plan (600 words or less).

We are encountering a longer implementation period than what was originally anticipated for many of our subscribers. We have a six-to eight-week lead time to acquire equipment for subscribers which, coupled with a lengthy process for creating and finalizing contractual agreements, significantly slows down the adoption process.

4d. Please provide the number of households and the number of businesses and CAIs receiving discounted broadband service as result of BTOP funds.

Households: 0	Businesses and CAIs : 0
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Project Indicators (Next Quarter)

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).

Grundy County Memorial Hospital (GCMH) will focus on outreach and implementation efforts for several of the healthcare providers on our project plan. Much of the initial outreach with these institutions has already been completed; however, GCMH will still need to do a great deal of work to educate them on the uses and benefits of the telehealth technology for both medical providers and patients. GCMH has secured interested with several providers as well and the GCMH Telehealth Team will continue work in the upcoming quarter to develop the plan for the telehealth connection. This involves developing the contractual agreements, implementing and testing the technology at the provider offices, formalizing the telehealth policies and procedures for each office and developing the provider and staff skills using the technology. GCMH's information technology staff will be integrally involved with the testing and evaluation of new telehealth technologies as we look to enhance our telehealth infrastructure. GCMH will continue piloting the Emergency Department telehealth connection with Allen Hospital in the quarter. As GCMH conducts trial visits in the quarter, they will be examining and evaluating each visit to adapt our processes accordingly. GCMH Telehealth Nurse will be engaged with several GCMH staff to develop and begin executing educational programs for the schools. Iowa Health Des Moines (IH-DM) will continue to facilitate and provide telemedicine training and education for departments directly included in the BTOP project as identified in the

BTOP application by the rural hospital partners to improve quality of patient care for in-patients and out-patients in those communities. Video conference equipment will continue to provide connection for clinical and professional education within IH-DM facilities and for the rural partner hospitals. Meetings with IH-DM Emergency Department (ED) management and staff will be held to develop work flow processes for telemedicine within IH-DM departments as well as including rural partner hospital ED input. Deployment of desk top video conference equipment and patient care examination carts (where appropriate) will be installed in the IH-DM ED facilities. Planning and communication will continue with IH-DM Women's Services clinical leadership and staff and providers for telemedicine connection and also determining work flow processes for implementation within IH-DM facilities and with BTOP rural hospital partners. Training and education for use of the telemedicine equipment and patient examination devices will be scheduled and provided for all participating department staff, leadership and providers. BTOP video calls will continue to be scheduled every two weeks for all BTOP telemedicine team members. Technical Advisory Committee and Clinical Advisory Committee activities, video calls, and communication with the CEO Advisory Committee will continue as needed. IH-DM case management and wound care telemedicine plans will continue to be developed for a pilot project. Telemental Health discussions and plan development will continue at IH-DM and with the rural partner hospitals for providing acute ED mental health patient assessment and care. We expect to receive approval of the budget modification submitted last quarter. Collaboration with the schools will increase in activity as school resumes in the fall. ED departments will continue to be a part of planning, training, and implementation of telemedicine in the ED's, both rural and from the tertiary hospitals. Project management, planning, needs assessments, communication planning, equipment audits, and skills audits are ongoing. Greene County finalized their telehealth delivery presentation technology. Greene County telehealth R.N. will continue planning and coordinating specialty clinics with their network of providers. They will continue to pursue the required contractual agreements with their CAI targets so they can be linked to the network and deliver telehealth. Guthrie County Hospital plans on continuing expanding the services offered thru telemedicine equipment.

2. Please provide the percent complete anticipated for the following key milestones in your project as of the end of the next quarter. Write "0" in the second column if your project does not include this activity. If you provided additional milestones in your baseline report, please insert them at the bottom of the table. Figures should be reported cumulatively from award inception to the end of the next reporting quarter. Please provide a narrative description if the planned percent complete is different from the target provided in your baseline plan (300 words or less).

	Milestone	Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2.a.	Overall Project		
2.b.	Equipment Purchases	-	Milestone Data Not Required
2.c.	Awareness Campaigns	-	Milestone Data Not Required
2.d.	Outreach Activities	-	Milestone Data Not Required
2.e.	Training Programs	-	Milestone Data Not Required
2.f.	Other (please specify):	-	Milestone Data Not Required

3. Please describe any challenges or issues anticipated during the next quarter that may impact planned progress against the project milestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be useful (600 words or less).

Gaining acceptance of the technology and the required contractual agreements continues to be an obstacle with some of our CAI targets.

Sustainable Broadband Adoption Budget Execution Details

Activity Based Expenditures (Sustainable Broadband Adoption)

1. Please provide details below on your total budget, cumulative actual expenditures (for the period ending the current quarter), and cumulative anticipated expenditures (for the period ending next quarter) for each line item, including detailed disbursements of both matching funds and federal funds from project inception through end of this quarter (actual) or next quarter (anticipated). Actual and anticipated figures should be reported cumulatively from award inception to the end of the applicable reporting quarter.

Budget for Entire Project				Actuals from Project Inception through End of Current Reporting Period			Anticipated Actuals from Project Inception through End of Next Reporting Period		
Cost Classification	Total Cost (plan)	Matching Funds (plan)	Federal Funds (plan)	Total Cost	Matching Funds	Federal Funds	Total Costs	Matching Funds	Federal Funds
a. Personnel	\$2,472,276	\$754,475	\$1,717,801	\$981,848	\$438,389	\$543,459	\$1,320,146	\$535,384	\$784,762
b. Fringe Benefits	\$667,515	\$355,261	\$312,254	\$248,311	\$148,289	\$100,022	\$337,628	\$192,473	\$145,155
c. Travel	\$148,046	\$18,989	\$129,057	\$50,317	\$6,705	\$43,612	\$60,055	\$7,560	\$52,495
d. Equipment	\$10,847,584	\$4,929,263	\$5,918,321	\$6,430,925	\$3,107,063	\$3,323,862	\$7,715,946	\$3,965,946	\$3,750,000
e. Supplies	\$197,085	\$17,703	\$179,382	\$221,459	\$6,085	\$215,374	\$245,325	\$11,487	\$233,838
f. Contractual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g. Construction	\$85,958	\$85,958	\$0	\$86,737	\$86,737	\$0	\$86,737	\$86,737	\$0
h. Other	\$128,280	\$63,280	\$65,000	\$52,545	\$52,545	\$0	\$52,545	\$52,545	\$0
i. Total Direct Charges (sum of a through h)	\$14,546,744	\$6,224,929	\$8,321,815	\$8,072,142	\$3,845,813	\$4,226,329	\$9,818,382	\$4,852,132	\$4,966,250
j. Indirect Charges	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
k. TOTALS (sum of i and j)	\$14,546,744	\$6,224,929	\$8,321,815	\$8,072,142	\$3,845,813	\$4,226,329	\$9,818,382	\$4,852,132	\$4,966,250

2. Program Income: Please provide the program income you listed in your application budget and actuals to date through the end of the reporting period.

a. Application Budget Program Income: \$0 b. Program Income to Date: \$0