FCC Rural Pilot Program
University Health Systems of Eastern Carolina
Quarterly Data Report Requirements

APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations. -

Project Coordinator:

- Name – Stuart James
- Title – Chief Information Officer (CIO), University Health Systems of Eastern Carolina (UHS)
- Mailing Address – 2100 Stantonsburg Road, PO Box 6028, Greenville, NC 27835-6028
- E-mail Address – stjames@pcmh.com
- Telephone Number – 252-847-4976

Associate Project Coordinator:

- Name – Andy Anderson
- Title – Administrator IT Operations, University Health Systems of Eastern Carolina (UHS)
- Mailing Address – 2100 Stantonsburg Road, PO Box 6028, Greenville, NC 27835-6028
- E-mail Address – andy.anderson@pcmh.com
- Telephone Number – 252-847-4977
- Delineation of responsibilities:
    - The Project Coordinator will have signature authority and will be the individual named and responsible on each Letter of Agency for the project
    - The Associate Project Coordinator will have all other responsibilities, including, but not limited to:
        - Managing the administrative aspects of the build-out of the approved network
        - Completing and submitting program forms and supporting documentation
        - Communicating any requirements/requests to participating entities

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

- 2100 Stantonsburg Rd PO Box 6028, Greenville, NC 27834
- 252-847-4977 (voice), 252-847-5561 (fax)
- stjames@pcmh.com

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

- University Health Systems of Eastern Carolina (UHS)

d. Explain how project is being coordinated throughout the state or region.

- UHS is providing leadership for the project and coordinating across the other partner agencies through regular e-mails, conference calls, and meetings. To date funding as not been requested, as UHS continues to work with USAC to provide information in an acceptable format.

2. Identify all health care facilities included in the network.

Facility	Address	Zip Code	RUCA	Phone
Bertie County Rural Health Association	104 Rhodes Ave. Windsor, NC	27983	10	252-794-1835
Columbia Clinic	208 N. Broad St. Columbia, NC	27925	10	252-796-0689
Duplin Medical Association	600 S. Sycamore St. Rose Hill, NC	28458	10	910-289-3027
Elgelhard Medical Center	34575 US Hwy 264 Engelhard, NC	27824	10	252-925-7000
Gates County Medical Center	501 Main St. Gatesville, NC	27938	10	252-357-1226
Ocracoke Health Center	305 Back Road Ocracoke, NC	27960	10	252-928-1511
OIC Medical Center	111 South Fairview Rd. Rocky Mount, NC	27801	1	252-977-3730
Scotland Neck Family Medical Center	921 Junior High School Rd. Scotland Neck, NC	27874	7	252-826-3143
Beaufort County Hospital	628 E. 12th Street Washington, NC	27889	4	252-975-4100
Duplin General Hospital	401 N. Main St. Duplin, NC	28349	10	910-296-0941
Nash General Hospital	2460 Curtis Ellis Dr. Rocky Mount, NC	27804	1	252-443-8000
Onslow Memorial Hospital	317 Western Blvd. Jacksonville, NC	28546	2	910-577-2345
Pitt County Memorial Hospital	2100 Stantonsburg Rd. Greenville, NC	27834	1	252-847-4100
Pungo District Hospital	202 E. Water St. Belhaven, NC	27810	10	252-943-2111
Wayne Memorial Hospital	2700 Wyane Memorial Dr. Goldsboro, NC	27534	1	919-736-1110
Wilson Medical Center	1705 Tarboro St. SW Wilson, NC	27893	4	252-399-8040

3. Network Narrative:

- Not applicable, given competitive bidding process has not begun for UHS and its partner agencies.

4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

- Not applicable, given competitive bidding process has not begun for UHS and its partner agencies.

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

- Not applicable, given competitive bidding process has not begun for UHS and its partner agencies.

6. Describe how costs have been apportioned and the sources of the funds to pay them:

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

- Each partner will pay for their individual connections into the existing UHS network.

b. Describe the source of funds from:

i. Eligible Pilot Program network participants
   - Partners will pay for their portion of the network out of normal operating budgets.

c.. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

- Partners will pay for their portion of the network out of normal operating budgets.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

- Not applicable. All partners are eligible.

8. Provide on update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

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        - Managing the administrative aspects of the build-out of the approved network
        - Completing and submitting program forms and supporting documentation
        - Having signatory authority for Forms, Certifications, Invoices, and other project documentation
        - Communicating any requirements/requests to participating entities

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

- Schedule and project plan remains as submitted in original applications. Dates will be adjusted when we successfully work through USAC process and are able to see some movement with project.

Activity 1: Partner Identification			
Goal(s)	Objective(s)	Action Steps & Due Dates	Responsible Member(s)
Identify partner	Identify no less	* Agreement	* UHS Chief

healthcare organizations with the greatest need and desire to work together to create a network that enables leveraging of best practice strategies, facilitates the sharing of information, knowledge and expertise, while also reducing the cost of providing healthcare.	than a combination of 10 large and small healthcare providers with the greatest potential for utilizing and leveraging a broadband network that links them with each other and University Health Systems.	with partner agencies and other providers to coordinate efforts to participate in the FCC Rural Health Pilot Program. March 2007 * Work with partner agencies to draft and submit proposal to the FCC. May 2007.	External Affairs Officer and Chief Information Officer * UHS Information Technology Manager/Administrator and Administrator UHS Grants Office
Long Term Measures	**Short-Term Measures**	**Immediate Measures**	
	* Complete grant application * Submit grant application for approval	* Obtain commitments from partners	
Activity 2: System Assessment and Network Coordination			
Goal(s)	**Objective(s)**	**Action Steps & Due Dates**	**Responsible Member(s)**
Complete needs assessment and develop a plan for coordinating broadband network access among participating partners.	Use needs assessment data to facilitate the development of the Federal Trade Commission to cover the expense of increasing healthcare provider access to broadband network	* Work with partner agencies to identify specific areas of need and technology options. April 2007.	* UHS Information Technology (IT) and Partner Agencies * UHS Information

	services in eastern North Carolina.	* Work with service providers to identify the most robust and secure network options, at the lowest possible cost. April 2007. * Merge the needs of partners with technology options. April 2007.	Technology (IT) * UHS Information Technology (IT)
Long Term Measures	**Short-Term Measures**	**Immediate Measures**	
		* Identify areas of need * Identify technology options * Identify lowest cost option	
Activity 3: System Deployment and Sustainability			
Goal(s)	**Objective(s)**	**Action Steps & Due Dates**	**Responsible Member(s)**
Connect the 10 participating agencies to the broadband "ring" established by the Eastern Carolina Broadband Initiative.	* Develop and nurture ideas from all partner healthcare organizations, to take full advantage of a dedicated broadband network that is more secure, reliable and robust than the	* Work with partners and service providers to complete detailed design activities in preparation for deployment within 1-month of grant start date.	* UHS Information Technology (IT) and Partner Agencies * UHS

	broadband technology available to them today. * Assist broadband service providers in the identification of the most robust and secure technology while stretching their networks geographically as well as ensure pricing that's sustainable by partner agencies long-term. * Migrate partner healthcare organizations from shared public Internet broadband connections to dedicated broadband connections, thus building a secure, reliable, and robust network that links participating healthcare providers.	* Place orders for broadband services, securing best possible pricing, within 2-months of grant start date * Begin deployment, using Plan, Do, Check, Act methodology to complete ongoing/real-time process evaluations within 2-months of grant start date. * Complete deployment of 50% of sites and begin formal internal evaluation of effectiveness of program in meeting defined objectives within 4-months of grant start date * Complete deployment and begin	Information Technology (IT) and Partner Agencies * UHS Information Technology (IT) and Partner Agencies * UHS Information Technology (IT) and Partner Agencies * UHS Information Technology (IT) and Partner Agencies

		internal evaluation of objectives, identifying both successes and lessons learned, within 6-months of grant start date. * Complete final report within 12-months of grant start date. * Confirm partners are able to sustain services post grant funding	* UHS Information Technology (IT) and Partner Agencies * UHS Information Technology (IT)
Long Term Measures	**Short-Term Measures**	**Immediate Measures**	
* 50% of sites deployed within 4-months * 100% of sites deployed within 6-months * Final report due within 12-months * Confirm partners can sustain service	* Complete detailed design * Begin deployment * Implement PDCA * Increase available bandwidth by 10x		

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

- Network will become self-sustaining, because it will support future services that leverage economies of scale.

10. Provide detail on how the supported network has advanced telemedicine benefits:

- Not applicable. No part of network has been installed to date.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

- Once bidding for the design work is done and awarded, every effort will be made to ensure the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary; the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology; the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations; the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology; Pandemic and All Hazards Preparedness Act and coordination with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives has been done; and the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

- Not applicable, as network is not in place. Each partner agencies has existing policies, procedures, and agreements with public health agencies, ensuring solid partnerships in the time of emergency.