DCH Health System, Tuscaloosa, Alabama

Pilot Program Participants Quarterly Data Report

October 2010

1) Project Contact and Coordination Information

a) Bill Cassels, Administrator, DCH Regional Medical Center;
Wayne McElroy, Administrator, Pickens County Medical Center; and
Barry Cochran, Administrator, Fayette Medical Center.

The DCH Health System operates DCH Regional Medical Center, Northport Medical Center and Fayette Medical Center. DCH Health System has a management agreement with the Pickens County Medical Center.

b) Project Coordinator
H. Wayne McElroy
Pickens County Medical Center, Administrator

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Associate Project Coordinator
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Pickens County Medical Center

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Carrollton Alabama, 35447

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c) This will be a joint project between DCH Health System and the Pickens County Medical Center. DCH Health System is the applicant for the grant funds. Each hospital in the network is a non-profit organization; there are no for-profit organizations at this time.

d) DCH Regional Health System (Alabama) – The network will connect a regional medical center to two rural hospitals, using video conferencing and remote diagnostics over leased fiber optic networks, to improve patient care.

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

i-ii) Pickens County Medical Center (public, non-profit)
241 Robert K. Wilson Drive, Carrollton, AL 35447
Pickens County, Alabama
RUCA Code #10.0
205/367-8111

Fayette Medical Center (public, non-profit)
1653 Temple Avenue N., Fayette, AL 35555
Fayette County, Alabama
RUCA Code #7.0
205/932-1104

DCH Regional Medical Center (public, non-profit)
809 University Blvd. E., Tuscaloosa, AL 35401
Tuscaloosa County, Alabama
RUCA Code #1.0
205/759-7111

iii) Pickens County Medical Center, Fayette Medical Center and DCH are all public, non-profit hospitals. Pickens County Medical Center and Fayette Medical Center are located in rural counties in west Alabama. Pickens County is one of Alabama's Black Belt counties.

3) Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results of its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

a) Brief description of the backbone network of the dedicated health care network, *e.g.*, MPLS network, carrier-provided VPN, a SONET ring;
b) Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
c) Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
d) Number of miles of fiber construction, and whether the fiber is buried or aerial;
e) Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

a-e: We have not reached this part of the process. However, DCH Health System has engaged the services of Callahan & Associates Incorporated (Mr. Joseph E. DeCastra III, Senior Consultant) to identify any existing high-speed connections between Pickens County Medical Center, Fayette Medical Center and DCH Regional Medical Center and investigate the possibility of leasing space on such lines.

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

a) Health care provider site;
b) Eligible provider (Yes/No);
c) Type of network connection (*e.g.*, fiber, copper, wireless);
d) How connection is provided (*e.g.*, carrier-provided service; self-constructed; leased facility);
e) Service and/or speed of connection (*e.g.*, DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
f) Gateway to NLR, Internet2, or the Public Internet (Yes/No);
g) Site Equipment (*e.g.*, router, switch, SONET ADM, WDM), including manufacturer name and model number.
h) Provide a logical diagram or map of the network.

a-h: We have not reached that part of the process.

5) <u>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.</u>

a) Network Design
b) Network Equipment, including engineering and installation
c) Infrastructure Deployment/Outside Plant:
   i) Engineering
   ii) Construction
d) Internet2, NLR, or Public Internet Connection
e) Leased Facilities or Tariffed Services
f) Network Management, Maintenance, and Operation Costs (not captured elsewhere)
g) Other Non-Recurring and Recurring Costs

a-g: We have not reached that part of the process.

6) <u>Describe how costs have been apportioned and the sources of the funds to pay them:</u>

a) Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.
b) Describe the source of funds from:
   i) Eligible Pilot Program network participants
   ii) Ineligible Pilot Program network participants
c) Show contributions from all other sources (*e.g.*, local, state, and federal sources, and other grants):
   i) Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
   ii) Identify the respective amounts and remaining time for such assistance.
d) Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

a-d: To be determined.

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

We have not reached that part of the process.

8) Provide an 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.

No changes since the 1st Quarterly report.

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.

We have not reached that part of the process.

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

The funds that are currently being spent for lower bandwidth connectivity between the three campuses will be used to fund the new fiber network. We also hope to take advantage of the regular Rural Healthcare program. Until the final costs of the project are determined, we will not be able to state whether we will undertake this project or not. If the after project costs are more than we can afford, the proposal will not be accepted. If the cost is something we can afford, the network costs will be included in the annual operating budget as needed.

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

a) Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;

b) Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
c) Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
d) Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
e) Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

a-e: We have not reached that part of the process.

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

a) Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
b) Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
c) Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
d) Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
e) Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and
f) Explain how 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.

a-f: We have not reached that part of the process.

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.

We have not reached that part of the process.