Broadband Survey for Medical Facilities in Lincoln County
March 2014

In May of 2013, the Lincoln County's Commissioners applied for and were awarded a competitive broadband planning grant from the Washington State Broadband Office (WSBO). The purpose of the WSBO grant program is to advance broadband deployment and adoption in Washington State, especially in rural areas. Lincoln County's award is being used to study the current service environment; to identify the services and infrastructure still needed; and then determine the smartest way to bridge the two – and we need your help.

The goal of this assessment is to determine current broadband access and use as well as barriers needing to be addressed in order to fully use broadband (internet) service at your facility.

A team member from the Lincoln County Local Technology Planning Team (LCLTPT) will contact you to set a time to secure your answers to these questions. The information you provide will be kept confidential and will only be shared in summary form to reveal needs, trends, opportunities and challenges. This interview should take approximately 30 minutes. It can take place in-person; you can answer the questions during a phone call or by simply completing the survey and returning it to the Lincoln County EDC at edcmargie@centurylink.net or mail to PO Box 1304, Davenport, WA 99122.

1. Please identify the medical facility, or facilities, in Lincoln County for which you are completing this broadband survey. (Please select all that apply and indicate if ARRA funded fiber – NoaNet – was built to the facility and if it is in use.)

Location	Fiber built	Fiber in use
☐ Odessa Memorial Healthcare Center	☐	☐
☐ Odessa Rural Health Clinic	☐	☐
☐ Lincoln Hospital	☐	☐
☐ North Basin – Davenport Clinic	☐	☐
☐ North Basin – Reardan Clinic	☐	☐
☐ North Basin – Wilbur Clinic	☐	☐
☐ Other (please describe) _____	☐	☐

2. For those locations where NoaNet fiber is not in use, what is prohibiting you from using the fiber? (Please select all that apply.)

    ☐ Multi-year contract with a provider prior to NoaNet project. (Please indicate when this contract will expire and your future service plans.) _____

    ☐ Lack information about what is needed to activate it

    ☐ Need funding for installation of the service

    ☐ Need funding for equipment needed to use the service (Please list needed equipment.)

    _____

    ☐ Need funding to pay for ongoing, monthly service

    ☐ No provider is available to support the service

    ☐ Other (Please explain) _____

Comments:

_____
_____
_____

3. Which broadband provider do you currently use at this location/these locations?

☐ Air-Pipe
☐ Asisna
☐ AT&T Wireless
☐ CenturyLink
☐ HughesNet
☐ Inland Cellular
☐ Odessa Office
☐ RitzCom
☐ Spectrum Online Services
☐ StarBand Communications
☐ Verizon Wireless
☐ Wild Blue
☐ Other (Please identify.) _____

Comments:

_____
_____

4. What type of internet connection do you use at this location?

☐ Dial up
☐ DSL
☐ Fiber
☐ Satellite
☐ T1
☐ T3
☐ Wireless – Cellular
☐ Wireless – Fixed (microwave)
☐ Don't know
☐ Other _____

Comments:

_____
_____

5. What challenges do you have with your current internet service? (Please select all that apply.)

☐ Internet connection not available
☐ Too slow
☐ Unreliable
☐ Too expensive
☐ Internet benefits not clear/not interested
☐ Other (Please specify.) _____

6. What is the speed you subscribe to? This is the speed your provider states you receive.
   - [ ] Less than 768 Kbps
   - [ ] Over 768 Kbps to <1.5 Mbps
   - [ ] Over 1.5Mbps to <3.0 Mbps
   - [ ] Over 3.0 Mbps to < 5.0 Mbps
   - [ ] Over 5 Mbps to < 10 Mbps
   - [ ] Over 10.0 Mbps < 50 Mbps
   - [ ] Over 50.0 Mbps < 100 Mbps
   - [ ] Over 100 Mbps
   - [ ] Don't know

7. To determine the broadband speed of computers that are directly connected to the internet at this location, please go to the Washington State Broadband Office's website and take a speed test.

   http://wabroadbandmapping.org/SpeedTest.aspx

   Record both your download speed and your upload speed.
   Download speed _____   Upload speed _____

8. How satisfied are you with your current internet service?

	Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied
Price	[ ]	[ ]	[ ]	[ ]	[ ]
Speed	[ ]	[ ]	[ ]	[ ]	[ ]
Reliability	[ ]	[ ]	[ ]	[ ]	[ ]
Customer service	[ ]	[ ]	[ ]	[ ]	[ ]
Overall satisfaction	[ ]	[ ]	[ ]	[ ]	[ ]

9. How much do you pay per month for internet service?
   - [ ] Less than $50
   - [ ] Between $50 and $100
   - [ ] Between $101 and $200
   - [ ] Between $201 and $500
   - [ ] Between $501 and $1000
   - [ ] Over $1000 (Please indicate amount.) _____
   - [ ] Don't know

10. What do staff use broadband for at this location (Please select all that apply.)
    - [ ] Email
    - [ ] Identify/contact vendors
    - [ ] Healthcare system integration
    - [ ] Purchase goods and services
    - [ ] File reports with government agencies
    - [ ] Research grant information
    - [ ] Research telehealth applications/use

☐ General research
☐ Provide information to the public
☐ Seek input from the public
☐ Calendar of events
☐ Community bulletin board
☐ Newsletter
☐ Accept payments
☐ Consultation with specialists in other locations
☐ Patient consultation
☐ Home health monitoring
☐ Robotic surgery
☐ Teleaudiology
☐ Telepharmacy
☐ Teleradiology
☐ Other telehealth services (Please identify.) _____
☐ Videoconferencing with other agencies
☐ Distance education/professional development (Please describe.)

_____
_____

☐ Other (please explain) _____

_____
_____

11. Is WiFi available for use by staff?
   ☐ Yes
   ☐ No
   ☐ Don't know

12. Is WiFi use available for patients and guests at this facility?
   ☐ Yes (Please describe use/uses.) _____
   ☐ No
   ☐ Don't know

13. If additional support/funding was available to increase broadband service or for other needs at your facility, what would be your priorities?

_____
_____
_____
_____

14. Which funding sources are you aware of that support broadband access and use at medical facilities?
   ☐ USDA Distance Learning & Telemedicine (DLT)
   ☐ FCC Healthcare Connect Fund
   ☐ Other federal resources (Please identify.) _____
   ☐ State resources (Please identify.) _____
   ☐ Foundation programs (Please identify.) _____
   ☐ Other (Please identify.) _____

_____

15. Please share any additional comments.

_____
_____
_____
_____

Please provide your contact information in the event that staff has questions or need additional information about your responses.

Name _____

Title/role _____

Email _____

Telephone _____

Thank you for your time and participation in this important project!