



FY 2010 Evaluation Annual Performance Report

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Office of Educational
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Kan-ed Fiscal Year 2010 Evaluation
Annual Performance Report
(July 1, 2009 - June 30, 2010)

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This report provides summary information of the evaluation activities for Kan-ed that were conducted between July 1, 2009 and June 30, 2010. The data collection methods and analyses are reported and compiled with the data collection instruments in the attached appendices so that essential information is easily accessible.

A variety of activities were conducted during Fiscal Year 2010, including:

- Developed and administered surveys to K-12 and library sites to collect feedback about the Kan-ed 2.0 connection process and the impact of network and other member services.
- Documented usage of E-Rate consultant services.
- Completed the Annual Membership Verification.
- Documented usage of Kan-ed Live Tutor services in Fiscal Year 2010.
- Developed a protocol for conducting a comparative case study targeting two cases in high Kan-ed service usage areas and two non-cases in low usage areas to assist in documenting impact of Kan-ed services on its membership.
- Finalized and conducted *Kan-ed Telemedicine Capacity and Readiness Survey* with Kansas hospitals regarding telemedicine application usage and connection needs.
- Coordinated the 2010 KAP Subsidy program for members connecting through a Kan-ed Authorized Provider (KAP).
- Completed verification of latitude and longitude coordinates to facilitate the ability to make the Kan-ed Membership Database Geographic Information System (GIS) compatible and prepared GIS maps for Kan-ed staff use.
- Conducted additional state network research with peer networks to collect organizational structure and salary data.
- Provided requested data during the 2010 Kansas Legislative Session.
- Re-designed and expanded the online administrative interface to the site survey form. This interface is now used as the primary means of tracking information related to Kan-ed 2.0 connected sites.
- Coordinated the collection of Letter of Agency (LOA) and CIPA compliance (form 479) forms from connected members for Kan-ed E-Rate application.
- Developed legislator-specific data sheets that were distributed during the 2010 Kansas Legislative Session.
- Developed a Kan-ed Advocacy Packet and a Push Card, and updated a Fact Card in preparation for the 2010 Kansas Legislative Session.
- Created an interactive online form to conduct Annual Member Record Update, completed Annual Member Record Update, and imported changes in Kan-ed Membership Database.
- Completed biannual Membership Verification to verify eligibility of members in preparation for the 2010 Kansas Legislative Session.
- Prepared and distributed letter to former potential members to inform them of their new membership status.

- Provided evaluation services and technical assistance for the Kan-ed Membership Conference, including documentation of Discovery Day.
- Developed and administered evaluation forms for the Kan-ed Membership Conference overall as well as for the individual sessions.
- Documented E-Rate applications and funding, including calculations of how much E-Rate funding is potentially being left on the table by Kansas K-12 schools and libraries.
- Created database to track funds distributed for Kan-ed 2.0 network at member and site levels.
- Documented status of EMResource users in Kansas.
- Documented Rural Health Funds applicants and funding by Kansas hospitals.
- Observed E-Rate training workshops and administered E-Rate training feedback form to workshop participants.
- Conducted a study of state educational networks to identify “peer” networks and investigate alternative organization, funding, and service models.
- Released version 2.0 of the Kan-ed Membership Database, which includes a number of new features.
- Provided feedback and updated data for documents prepared by Kan-ed staff for the legislature and other organizations.
- Provided requested data and updates and attended required meetings.

Project Description

The Kan-ed Act was signed into law on April 21, 2001. Through the Kan-ed Act, the Kansas Board of Regents (KBOR) was charged with providing a “broadband technology-based network to which schools, libraries and hospitals may connect for broadband Internet access and intranet access for distance learning.”

Kan-ed provides a private statewide network to which members connect for video conferencing, distance learning, training, professional development, and virtual meetings. An enhanced version of this network, Kan-ed 2.0, was launched in Fiscal Year 2009. In addition, Kan-ed provides access to educational and research databases; an authenticated portal called the Kan-ed Empowered Desktop that consolidates a variety of teaching and learning applications in one location, E-Rate consulting services; and EMResource, a trauma diversion and resource tracking system that has been used in Kansas to address trauma care, emergency preparedness, and state-wide communication. Additionally, Kan-ed provides grant funding for private network access and video conferencing equipment.

The Executive Director of Kan-ed contracted with the Office of Educational Innovation and Evaluation (OEIE) during FY 2010 to serve as the external evaluator of Kan-ed. OEIE has served Kan-ed in this capacity since 2003. As demonstrated in the bullets above, a wide variety of evaluation and coordination tasks were performed by OEIE from July 1, 2009 through June 30, 2010. A brief summary of each activity is included on the following pages, while complete results are reported and data collection instruments are included in the attached appendices.

Kan-ed 2.0 Connect Program Update

OEIE continually tracks which members are connected to the Kan-ed network to keep this information up-to-date in the Kan-ed Membership Database and for reporting to Kan-ed staff and stakeholders. As of June 15, 2010, a total of 545 sites are directly connected to the Kan-ed 2.0 network, and 109 sites are in the process of being connected. Each Kan-ed member may have multiple sites connected to the network; these 545 sites correspond to 425 unique Kan-ed members, and the 109 in process sites correspond to 66 unique Kan-ed members that do not have any existing connections. OEIE also has re-designed the administrative interface to the site survey to provide a more user-friendly and centralized means of tracking connection data. The breakdown of currently connected active members by constituent group and region is displayed in Appendix 1, along with a list of connected and in process members and a full description of the site survey administrative interface.

Membership Status Update

Kan-ed membership is tracked on a continual basis by OEIE. In addition, OEIE conducts a biannual Membership Verification during which the eligibility of members is verified based on the Kan-ed legislative statute. Based on a review of the Kan-ed statute and determination that membership has exceeded the 75% threshold indicated in the statute, Kan-ed declared that all organizations eligible for membership are considered members. Prior to this determination, Kan-ed reported two membership groups, which were members and potential members. Now, potential members are referred to as “newly assigned members.” The current Kan-ed membership, as of June 15, 2010, is 840 active members out of a total of 890 eligible members. Current membership numbers are broken down in Appendix 2 along with the results of the 2010 Membership Verification and more information about the membership determination and letter.

Expanded Membership Database

The Kan-ed Membership Database, housed at OEIE, contains a profile for each member and site including contact information, funding received, etc. This information is updated on a regular basis with results from the annual Member Record Update and biannual Membership Verification, as well as updates provided by members throughout the year. In addition, the organization of the database is updated in an effort to be responsive to Kan-ed needs. Ten major updates were made to the organization of the Database in Fiscal Year 2010. In addition, a new Kan-ed Billing Database was developed, primarily as a way to associate all charges related to the Kan-ed 2.0 network to specific members and sites. A complete description of these updates and the new billing database is included in Appendix 3.

Annual Member Record Update

An annual Member Record Update is conducted by OEIE to verify and update contact information for each Kan-ed member organization’s Kan-ed contacts. The contacts serve as the principal contacts in a member organization for any Kan-ed related communication. These contacts are updated on an annual basis due to frequent changes in positions and/or their contact information. Based on the migration to the new Kan-ed 2.0 network and to further efficiencies in

updating, the 2009 Member Record Update process was modified to an interactive online form. A complete description of the new process and the results of the 2009 Member Record Update are included in Appendix 4.

2009 Kan-ed Membership Conference

The Kan-ed Membership Conference was held on November 9th and 10th, 2009 in Wichita. Sessions were offered in four tracks: Libraries, Health Care, Education, and What's Up?. Discovery Day was offered as part of the Library Track. In addition to assisting with the conference and documentation of Discovery Day, OEIE also developed and managed the administration of the *Session Feedback Form* and the *Conference Evaluation Survey*. The full report is located in Appendix 6 of the December 2009 Biannual Evaluation Report and a summary of the full report is included in Appendix 5 of this report.

Proposed Kan-ed Case Study Protocol

To enhance collection of impact data for Fiscal Year 2011, OEIE proposes to conduct a comparative case study targeting two cases in high Kan-ed service usage areas and two non-cases in low usage areas. The study will collect evidence of impact that can be incorporated into impact stories and statements that may be shared with legislators during the Kansas Legislative Session. The study also will serve to assist in the identification of facilitators and barriers to usage of Kan-ed 2.0 and other Kan-ed funded member services that Kan-ed can incorporate into marketing campaigns targeting different groups within its membership. The proposed protocol is located in Appendix 6 of this report.

Telemedicine Capacity and Readiness Survey

In spring 2010, OEIE developed and implemented a survey to assess current telemedicine application usage in Kansas hospitals, interest in expansion of telemedicine usage, technology needs for current and anticipated telemedicine application usage, and attitudes toward telemedicine implementation. The purpose of this data collection was to create a profile of Kansas hospitals related to telemedicine usage and related technology requirements. This information was intended to put Kan-ed in a better position to respond to the current and future needs of Kansas hospitals in terms of telemedicine usage. The *Kan-ed Telemedicine Capacity and Readiness Survey* was sent to 146 hospitals, and a response was received from 113 hospitals (77.4% response rate). A complete report of the data is located in Appendix 7.

Kan-ed Live Tutor Services and Usage

Kan-ed Live Tutor, also referred to as Homework Kansas and tutor.com, is an online tutoring service provided for students in Kindergarten through 12th grade, college introductory students, adult GED students, and other adult learners. In addition to providing one-on-one online assistance in real time with a certified tutor through Live Homework Help® (of Tutor.com, Inc.), Kan-ed Live Tutor also provides the SkillsCenter™ Resource Library. The SkillsCenter™ Resource Library maintains a database of thousands of tutorials, study guides, worksheets, samples of standardized tests, college entrance practice tests, and graduate school entrance practice tests. Kan-ed began funding the Live Tutor service in Fiscal Year 2010. As

documentation of the impact of this Kan-ed funded service, a summary of the Kan-ed Live Tutor usage during Fiscal Year 2010 (July 2009 through May 2010) is located in Appendix 8 of this report.

Kan-ed Authorized Provider (KAP) Subsidy Program

OEIE coordinated the 2010 Kan-ed Authorized Provider (KAP) Subsidy program for members connecting to the Kan-ed 2.0 network through a KAP. Under the program, funds are available for actual monthly costs up to and no greater than \$229.87 for a 1.5 megabit (T1) circuit or \$186.26 for a 3 megabit circuit. Overall, a total of 48 subsidy forms and required bills were submitted to the program. At the time of this report, a total of 39 sites have already received or will soon receive subsidy funds from Kan-ed through this program. A full description of the program and the results can be found in Appendix 9.

E-Rate Consultant Services Summary and Kansas Status

To maximize the impact of federal E-Rate funds in Kansas, Kan-ed provides E-Rate support services to Kan-ed members by contracting the services of the Dietrich Lockhard Group, Inc. The Dietrich Lockhard Group provides year round training, outreach, and Hotline support to Kan-ed members as they apply for E-Rate funding. In October 2009, OEIE administered a post E-Rate training feedback form to measure participants' experiences at the training sessions. Also, in May 2009, OEIE analyzed all calls logged to the Hotline. A summary of the services provided during Fiscal Year 2010 (July 2009 through May 2010) and a description of Kansas E-Rate applicants and funding for years 2008 and 2009 are included in Appendix 10.

EMResource and Rural Health Funds Report

As part of their mission to expand and enhance collaboration among and between hospital member institutions, Kan-ed has provided funding to support the EMResource program, a web-based program that serves as a real-time communication tool for hospitals across the state by providing information on hospital emergency department status, hospital patient capacity, availability of staffed beds, and available specialized treatment capabilities. Kan-ed also provides hospitals with assistance with Rural Health Fund applications. An update on the usage of EMResource as well as a report of Rural Health Funding received for funding year 2008 are located in Appendix 11.

Kan-ed 2.0 Connection Process and Impact Surveys

OEIE annually collect feedback about the impact of Kan-ed services on its membership. Periodically, information is collected regarding members' usage of, and satisfaction with, Kan-ed services. In spring 2010, OEIE developed and administered surveys to K-12 and library sites to collect feedback about the Kan-ed 2.0 connection process and the impact of network and other member services. The procedures for conducting this survey and next steps are described in Appendix 12. Data from these surveys will be analyzed and reported in the December 2010 Biannual Evaluation Report.

State Network Research Update

Operation of the Kan-ed network continues to evolve as technology changes and connectivity needs grow. As part of the efforts to best meet the needs of its constituents and stakeholders, Kan-ed is interested in periodically reviewing how other state broadband networks function. In fall 2009, OEIE conducted a research study of state networks to identify “peer” networks to Kan-ed to provide a framework for examining how other state networks are organized and how Kansas compares to other states. Kan-ed requested additional state network research in spring 2010 with the peer networks identified in the fall to collect organizational structure and salary data. In-depth research of these networks could potentially identify alternative models of services, organizational structures, and funding mechanisms for Kan-ed to explore in the future. A detailed description of the procedure and summarized results of the studies can be found in Appendix 13.

2010 Legislative Session

The 2010 Legislative Session began January 11, 2010. During this session, full funding was retained in the amount of \$10 million from the Kansas Universal Service Fund (KUSF) for Fiscal Year 2011. In preparation for the Legislative Session, OEIE assisted Kan-ed with four specific legislative tools, including a Push Card, Fact Card, Advocacy Packet, and legislator-specific Data Sheets. Additionally, throughout the legislative session, OEIE provided data to Kan-ed staff to support their testimony and respond to legislator questions. One specific request of Kan-ed was a study related to the costs and cost savings of distance education. Descriptions of the legislative tools, distance education cost study, and other Kan-ed data requests, along with examples, can be found in the report located in Appendix 14.

Evaluation Snapshot: Fiscal Year 2004-2010

Evaluation has played a key role in Kan-ed since its inception. Evaluation activities to date include: creating and maintaining essential databases, generating and revising forms and protocols for data collection, and conducting research on issues relevant to the Kan-ed initiative, including use of distance education and availability of broadband services. In order to facilitate easy access to the volumes of information collected over the past seven years, an “Evaluation Snapshot” was developed in fall 2007 that indexes evaluation activities by fiscal year. Tables providing a summary of the evaluation activities implemented throughout the Kan-ed initiative beginning with FY 2010 and continuing back through its inception in FY 2004 are included in Appendix 15.

APPENDICES

APPENDIX 1

Kan-ed 2.0 Connect Program
Update

Kan-ed 2.0 Connect Program Update

Background

In 2008, Kan-ed contracted with AT&T to provide an Advanced Virtual Private Network (AVPN), called Kan-ed 2.0. The Kan-ed 2.0 network allows members to have one integrated connection to receive both commercial Internet and private network connectivity for video conferencing. The new network was introduced to Kan-ed members in March 2008 through an email from Kan-ed Executive Director, Brad Williams.

In fall 2008, the Office of Educational Innovation and Evaluation (OEIE) began working with Kan-ed and Network Operations Center (NOC) staff to develop a streamlined process for connecting members to the Kan-ed 2.0 network. Members were invited to participate in the Kan-ed 2.0 Connect Program in December 2008. For a full description of the process, see Appendix 1 of the Fiscal Year 2009 Kan-ed Evaluation Annual Performance Report.

Results

OEIE has developed an online administrative interface to the online site survey forms that are required to be completed by members prior to connection to the Kan-ed 2.0 network. A detailed explanation with screenshots of the online administrative interface begins on page 9 of this report. The connection numbers reported below are the result of on-going use of this online interface by NOC staff, the Kan-ed Network Access Manager, and OEIE to ensure accuracy of the numbers.

As of June 15, 2010, a total of 545 sites are directly connected to the Kan-ed 2.0 network, and 109 sites are in process of being connected. “In process” status indicates that the member has begun the process to connect to Kan-ed 2.0 but either has not made the final decisions necessary to complete their connection (e.g., what connection speed they need, which Internet Service Provider they plan to use, or whether or not they even plan on connecting) or has not yet been connected via AT&T or a Kan-ed Authorized Provider (KAP). Each Kan-ed member can have multiple sites connected to the network; these 545 connected sites correspond to 425 unique Kan-ed members, and the 109 in process sites correspond to 66 unique Kan-ed members that do not have any existing connections. It is important to note that many members have only one direct connection to the Kan-ed network, yet all of their sites may be connected to Kan-ed through the use of a local area network (LAN) or wide area network (WAN). Sites connected indirectly through a LAN or WAN are not captured in the figures reported above. The 425 members with a direct connection to the network and the 66 members in process represent a total of 1540 active sites that are either connected already or have the potential to have access to Kan-ed 2.0 through their member’s LAN or WAN.

OEIE began the process of capturing the actual number of active sites that are able to access Kan-ed 2.0 either directly or indirectly. During the fall 2009 Member Record Update, members had the ability to select whether each site within their organization had access to the Kan-ed 2.0 network. Several members made changes to the status of their organization’s sites; however, the data is self-report and has not been verified, so it is not reported here. For more information

about the Member Record Update process, please see Appendix 4 of this report or Appendix 5 of the December 2009 Biannual Report.

The current breakdown of the connected and in process members is displayed by constituent group and region in the table below. Currently, there are 840 active Kan-ed members. Of the total active membership, connections to the Kan-ed 2.0 network have been established by 74% of the higher education members, 62% of the hospital members, 65% of the K-12 members, and 48% of the library members. Total connected members have increased from 292 connected members (35% of active members) on Kan-ed 1.0, as last reported in the December 2008 Biannual Evaluation Report, to 425 connected members (51% of active members) on Kan-ed 2.0. A current list of connected and in process members begins on page 3.

Kan-ed 2.0 Connections as of June 15, 2010									
Constituent Groups	Regions								TOTAL
	Central	North Central	North East	North West	South Central	South East	South West		
Higher Education									
2.0 Connected Members	4	5	6	1	9	6	3	34	
2.0 In Process Members	0	0	2	0	1	0	0	3	
Total Potential for 2.0	4	5	8	1	10	6	3	37	
Total Active Kan-ed Members	5	6	11	2	16	7	3	50	
Percent	80%	83%	73%	50%	63%	86%	100%	74%	
Hospitals									
2.0 Connected Members	13	7	9	11	10	6	14	70	
2.0 In Process Members	3	1	1	0	3	3	3	14	
Total Potential for 2.0	16	8	10	11	13	9	17	84	
Total Active Kan-ed Members	20	14	27	11	25	16	22	135	
Percent	80%	57%	37%	100%	52%	56%	77%	62%	
K-12									
2.0 Connected Members	25	21	33	13	50	24	28	194	
2.0 In Process Members	4	0	8	1	5	6	0	24	
Total Potential for 2.0	29	21	41	14	55	30	28	218	
Total Active Kan-ed Members	43	35	68	22	78	48	43	337	
Percent	67%	60%	60%	64%	71%	63%	65%	65%	
Libraries									
2.0 Connected Members	2	38	41	3	5	8	30	127	
2.0 In Process Members	11	0	1	5	0	7	1	25	
Total Potential for 2.0	13	38	42	8	5	15	31	152	
Total Active Kan-ed Members	52	41	48	22	63	55	37	318	
Percent	25%	93%	88%	36%	8%	27%	84%	48%	
Total Active Kan-ed Members	120	96	154	57	182	126	105	840	
Total Connected Members	44	71	89	28	74	44	75	425	
Total In Process Members	18	1	12	6	9	16	4	66	
Percent Connected Members	37%	74%	58%	49%	41%	35%	71%	51%	
Percent In Process Members	15%	1%	8%	11%	5%	13%	4%	8%	
Combined Percent of 2.0 Members	52%	75%	66%	60%	46%	48%	75%	58%	

Kan-ed 2.0 “Connected” and “In Process” Members

* indicates members that are 'in process'

Abilene Public Library
Abilene USD 435
Allen County Community College
Americus Township Library
Andover USD 385
Anthony Medical Center
Anthony-Harper USD 361
ANW Special Ed Cooperative #603
Argonia Public Schools USD 359
Arkansas City USD 470
Arma City Library*
Ashland City Library
Ashland Health Center*
Ashland USD 220
Atchison County Community Schools USD 377
Atchison Public Library
Atchison Public Schools USD 409
Attica USD 511
Auburn Washburn USD 437
Axtell Public Library
Axtell USD 488
B&B USD 451
Baldwin City Public Library
Baldwin City USD 348
Barber County North USD 254
Barnard Library*
Barnes Reading Room (Public Library)
Barnes USD 223
Barton County Community College
Basehor Community Library
Basehor-Linwood School Dist USD 458*
Beattie Public Library
Beck-Bookman Library
Belle Plaine USD 357
Beloit USD 273
Benedictine College*
Bern Community Library
Bethany College*
Bethel College
Bird City Library*
Bison Community Library*
Blue Rapids Public Library
Blue Valley USD 384
Bob Wilson Memorial-Grant County Hospital
Bonner Springs City Library
Brewster USD 314
Bronson Public Library
Bucklin Public Library
Bucklin USD 459
Buhler USD 313
Burlingame Community Library
Burlington USD 244
Burnley Memorial Library
Burns Public Library
Burton USD 369
Butler Community College
Caldwell USD 360
Canton-Galva USD 419*
Carbondale City Library
Cedar Vale USD 285
Central Christian College of Kansas
Central Heights USD 288
Central Kansas Library System
Central Kansas Medical Center
Central USD 462
Centralia Community Library
Chanute Public Library
Chanute Public Schools USD 413
Chapman Public Library
Chapman USD 473
Chase County USD 284
Chase-Raymond USD 401
Cheney USD 268
Cherokee USD 247
Cherryvale-Thayer USD 447*
Cheyenne County Hospital
Cheylin USD 103
Children's Mercy South
Cimarron City Library, Gray County
Cimarron-Ensign USD 102
Circle USD 375

Citizens Medical Center
Claflin USD 354
Clara Barton Hospital
Clay Center Carnegie Library
Clay County Medical Center*
Clay County USD 379
Clifton Public Library
Cloud County Community College
Cloud County Health Center
Coffey County Hospital
Coffey County Library
Coffeyville Community College
Coffeyville Regional Medical Center*
Coffeyville USD 445
Coldwater-Wilmore Regional Library
Comanche County USD 300
Community HealthCare System Inc Hospital-Onaga
Community Memorial Healthcare
Concordia USD 333*
Conway Springs USD 356
Copeland USD 476
Corning City Library
Council Grove Public Library
Cowley County Community College
dba F.W. Huston Medical Center (Jefferson County Memorial Hospital)
Decatur County Hospital
Deerfield USD 216
Delaware Township Library
Dexter USD 471
Diocese of Kansas City
Diocese of Salina
Diocese of Wichita
Dodge City Community College
Dodge City USD 443
Doniphan West USD 111
Donnelly College
Dorothy Bramlage Public Library
Douglass Public Schools USD 396
Dudley Township Public Library*
Dwight Public Library
Education Services and Staff Development Association of Central Kansas (ESSDACK) #622
Edwards County Hospital
Effingham Community Library
El Dorado USD 490
Ellinwood District Hospital*
Ellinwood Public Schools USD 355*
Ell-Saline USD 307
Ellsworth County Medical Center
Ellsworth USD 327
Elm Creek Township Library
Elmendaro Township Library
Elwood USD 486
Emporia Public Library
Enterprise Public Library
Erie City Public Library*
Erie-Galesburg USD 101*
Eudora Public Library
Eudora Unified School District USD 491*
F. Lee Doctor Library [Agra City Library]*
Fairfield USD 310
Flint Hills Technical College
Flinthills USD 492
Florence Public Library
Ford City Library
Formoso Public Library*
Fort Hays State University
Fort Scott Community College
Fowler Public Library
Fowler USD 225
Frankfort City Library
Fredonia Regional Hospital
Fredonia USD 484
Frontenac Public Schools USD 249
Galena USD 499
Garden City Community College
Garden City USD 457
Garnett USD 365*
Girard USD 248
Goddard USD 265
Goessel Public Library
Golden Plains USD 316
Goodland Regional Medical Center
Gove City Library*
Gove County Medical Center
Graham County Hospital
Graham County USD 281
Graves Memorial Library
Great Bend USD 428

Greeley County Health Services
Greeley County Library
Greeley County Schools USD 200
Greensburg USD 422
Grenola Public Library*
Grinnell Public Schools USD 291
Grisell Memorial Hospital District #1*
Hamilton County Hospital
Hamilton County Library
Hamilton USD 390
Hanover Hospital
Hanover Public Library
Hanston City Library
Harper Hospital District #5
Haskell Indian Nations University*
Haskell Township Library
Haven Public Schools USD 312
Haviland USD 474
Hays Medical Center, Inc.
Haysville Community Library
Healy Public Schools USD 468
Herington Municipal Hospital
Herington Public Library
Hiawatha Community Hospital*
Hiawatha USD 415
Hillsboro Community Hospital
Hillsboro Public Library
Hodgeman County Health Center
Holcomb USD 363
Holton Community Hospital
Holton USD 336
Hope Community Library
Horton Community Hospital
Horton Public Library
Hospital District #1 of Rice County
Hugoton Public Schools USD 210
Humboldt Public Library*
Hutchinson Community College
Independence Community College
Independence Public Library
Ingalls USD 477
Inman USD 448
Jamestown City Library*
Jayhawk USD 346*
Jefferson County North USD 339
Jefferson West USD 340

Jetmore Public Library
Jetmore USD 227
Jewell County Hospital
Jewell Public Library*
Johnson County Community College
Kansas City Kansas Community College
Kansas State School for the Blind
Kansas State School for the Deaf*
Kansas State University
Kansas Wesleyan University
Kaw Valley USD 321
Kearny County Hospital
Kearny County Library
Kickapoo Nation Schools*
Kingman Community Hospital (Ninnescah Valley Health Systems, Inc.)*
Kingman-Norwich USD 331
Kinsley Public Library
Kinsley-Offerle USD 347
Kiowa County Library
Kiowa County Memorial Hospital
Kismet Public Library
Kismet-Plains USD 483
Labette County Medical Center*
Labette County USD 506*
LaCrosse USD 395
Lakin USD 215
Lane County Hospital
Lane County Library
Lang Memorial Library*
Lansing Community Library
Lansing USD 469*
Larned State Hospital
Lawrence USD 497
Leavenworth City Library
Lebo-Waverly USD 243
Lenora Public Library*
Leonardville City Library
LeRoy-Gridley USD 245
Liberal Memorial Library
Library District #1, Doniphan County*
Library District #1, Lyon Co.
Library District #2, Linn County
Lincoln Carnegie Library
Lincoln USD 298
Lindsborg Community Hospital

Linn County Library Dist #1
Linwood Community Library Dist #1
Little River USD 444
Logan County Hospital
Logan USD 326
Lorraine USD 328
Louisburg USD 416
Louisburg/Library District #1, Miami Co
Lyndon Carnegie Library
Lyndon USD 421
Lyons USD 405
Macksville USD 351*
Madison-Virgil USD 386
Maize USD 266
Manhattan Area Technical College
Manhattan Christian College
Manhattan Public Library
Mankato City Library*
Marais des Cygnes Valley USD 456
Marion City Library
Marmaton Valley USD 256
Mary Cotton Public Library
Marysville Public Library
McLouth Public Library
McLouth USD 342*
McPherson College
McPherson Memorial Hospital
Meade District Hospital/Artesian Valley Health System
Meade Public Library
Meade USD 226
Meadowlark Library
Medicine Lodge Memorial Hospital*
Memorial Health System (Hospital District #1 Dickinson)
Mercy Hospital (Moundridge)*
Meriden Community Library
Mill Creek Valley USD 329
Minimally Invasive Surgical Hospital
Minneola City Library
Minneola District Hospital
Minneola USD 219
Mission Valley USD 330
Mitchell County Hospital
Montezuma Township Library
Montezuma USD 371

Moore Family Library
Morrill Public Library
Morris County Hospital
Morris County USD 417
Morton County Public Library
Mt. Carmel Regional Medical Center
Mulvane USD 263
Nemaha Valley Community Hospital
Nemaha Valley Schools USD 442
Neodesha USD 461
Neosho County Community College
Neosho Memorial Regional Medical Center
Ness City Public Library
Ness City USD 303
Ness County Hospital District #2*
Newton Public Library
Nickerson USD 309
North Jackson USD 335
North Lyon County USD 251
North Ottawa County USD 239
Northeast Kansas Education Service Center #608 (Keystone Learning Services)
Northeast Kansas Library System
Northeast USD 246
Northwest Kansas Educational Service Center #602
Northwest Kansas Library System
Northwest Kansas Technical College
Norton Community Schools USD 211*
Norton County Hospital
Nortonville Public Library
Oakley USD 274
Oberlin USD 294
Onaga-Havensville-Wheaton USD 322
Osage City Public Library
Osawatomie Public Library
Osawatomie USD 367*
Osborne County Memorial Hospital*
Osborne County USD 392
Oskaloosa Public Library
Oskaloosa Public Schools USD 341
Oswego Community Hospital
Oswego USD 504
Otis Community Library*
Otis-Bison USD 403
Ottawa County Health Center

Ottawa Library
Ottawa University
Overbrook Public Library
Oxford USD 358
Palco USD 269
Paola Free Library
Paradise USD 399
Pawnee Heights USD 496
Peabody Township Library
Perry Public Schools USD 343
Phillips County Hospital
Phillipsburg USD 325
Pioneer Memorial Library
Piper-Kansas City USD 203
Pittsburg Public Library
Pittsburg State University
Pittsburg USD 250
Plains Community Library
Plainville USD 270
Pleasanton USD 344
Pottawatomie Wabaunsee Regional Library
Prairie View USD 362
Pratt Community College
Pratt Regional Medical Center
Pratt USD 382
Prescott City Library*
Pretty Prairie USD 311
Protection Township Library
Quinter Public Schools USD 293
Ransom Public Library
Rawlins County Health Center
Remington-Whitewater USD 206
Renwick USD 267
Republic County Hospital
Richmond Public Library
Riley City Library
Riverton USD 404*
Rock Creek USD 323
Rock Hills USD 107
Rolla USD 217
Rose Hill Public Schools USD 394
Rossville Community Library
Rural Vista USD 481
Rush County Memorial Hospital*
Russell County USD 407
Russell Regional Hospital
Sabetha Community Hospital
Sabetha USD 441
Santa Fe Trail USD 434
Satanta District Hospital
Scott County Hospital
Scott County USD 466
Seaman USD 345
Sedan City Hospital
Sedan Public Library*
Sedgwick Public Schools USD 439*
Selden Public Library*
Seneca Free Library
Seward County Community College
Sharon Springs Public Library*
Sheridan County Health Complex
Silver Lake Library
Silver Lake USD 372
Smith County Memorial Hospital
Smoky Hill/ Central Kansas Education Service Center #629
Smoky Valley USD 400
Solomon Public Library
Solomon USD 393
South Barber USD 255
South Brown County USD 430
South Central Kansas Education Service Center #628
South Central Kansas Library System
South Central Kansas Special Education Cooperative #605*
South Haven USD 509
Southeast Kansas Education Service Center #609 at Greenbush
Southeast of Saline USD 306
Southern Cloud USD 334
Southern Lyon County USD 252
Southwest Kansas Library System
Southwest Medical Center
Southwest Plains Regional Service Center #626
Southwestern College
Spearville Township Library
Spearville USD 381
St Francis Community Schools USD 297
St John-Hudson USD 350*
St. Catherine Hospital

St. Francis Health Center
Stafford County Hospital
Stanton County Library
Stevens County Library
Stormont-Vail Healthcare Inc.
Sublette USD 374
Sumner County Educational Services
Interlocal #619
Sunshine City Library*
Sylvan Grove Public Library*
Sylvan Grove USD 299*
Tabor College
Technology Excellence in Education Network
(TEEN) #632
Three Lakes Educational Cooperative #620
Thunder Ridge USD 110
Tonganoxie Public Library
Trego County Lemke Memorial Hospital
Triplains USD 275
Troy Public Schools USD 429
Twin Valley USD 240*
Udall USD 463
Ulysses USD 214
Uniontown USD 235
University of Saint Mary
Utica Public Library
Valley Center Public Schools USD 262
Valley Falls USD 338
Valley Heights USD 498
Vermillion Public Library
Vermillion USD 380
Via Christi Regional Medical Center
Victoria USD 432
Wamego Public Library
Washburn University
Washington County Schools USD 108
Washington Public Library
Waterville Public Library
Wathena USD 406
Wellington Christian Academy
Wellington USD 353
Wellsville City Library
Wellsville USD 289*
Weskan USD 242
Wesley Medical Center
Wetmore Public Library
Wheatland USD 292
White City Public Library
Wichita Area Technical College
Wichita County Health Center
Wichita Public Library
Wichita USD 259
Williamsburg Community Library
Wilson Medical Center*
Winchester Public Library
Winfield USD 465
Woodson USD 366
Yates Center Public Library*

Site Survey Updates

For the initial 2008 rollout of the new Kan-ed 2.0 network, OEIE worked with Kan-ed and the NOC to develop an online site survey to collect information from each site wanting to connect. More information about, and a copy of, the online site survey form can be found in Appendix 1 of the Fiscal Year 2009 Evaluation Annual Performance Report. This form continues to be utilized as a means of tracking information related to connected sites. In 2010, OEIE re-designed the administrative interface to the site survey to provide a more user-friendly and centralized means of ongoing tracking. Both Kan-ed and NOC staff now can update site and connection information directly in the online site surveys. Because all site survey data are linked to the Kan-ed Membership Database, these updates are immediately available for queries and reports. The administrative interface is located at: <http://www.kan-eddata.org/sitesurvey/admin/> and requires a unique user-name and password for each individual. Changes made to this interface in 2010 include:

1. Filters at the top of the *Manage Site Surveys* screen now allow for filtering of the list of site surveys displayed by up to three combined criteria. For example, the *Connected* filter can be used to show only site surveys of connected sites. Prior to this change, the administrative screen always showed every site survey in the database.
2. The ability to directly edit an entire site survey on a single page has been added. Prior to these updates, a site survey had to be edited one page at a time as if the person editing it were actually submitting the initial survey. Seeing the entire survey on one page from the administrative screen means fewer steps to get to the sections of interest during the editing process.
3. The review box now has editable fields for connection information and data. Previously, the review box allowed only the ability to review, not to edit. Data and connection information can be edited in real-time by authorized Kan-ed or NOC staff. Because of this, the site survey is now the “official” data source for the most up-to-date information about Kan-ed 2.0 connectivity.
4. Any changes made in review or edit mode are now automatically tracked in a separate database table. This table contains information about when the data was changed, who changed it, and pre and post values. A complete history of changes made to any site survey can be seen using the *Show History of Changes to this Form* button. In addition, those users authorized to make changes to site surveys are keeping a detailed list of comments in the *Detailed Notes* section explaining the changes made.
5. The statistics and reports have been moved and now are on a separate page. This page shows some overall statistics related to connections to Kan-ed 2.0, followed by a summary table that disaggregates site survey status by constituent group and member type. Also available are two export functions that create Microsoft Excel spreadsheets of all site survey data.

Below are a few screenshots of the new administrative interface. The first screenshot shows the main management screen with filters selected for connected sites (Filter 1) using the City of Chanute as an Internet Service Provider (ISP) (Filter 3). The second is a partial screenshot of the edit page for an individual site survey. Next is an example of the screen showing a history of changes (i.e., Change Log), followed by a screenshot of the statistics and reports page.

Kan-ed 2.0 Site Survey - Admin

Signed in as: Aaron Schroeder

Manage Site Surveys

Manage Users **Change Password** **Logout**

Filter 1: [Any Connection Status \(722\)](#), [Connected \(548\)](#), [In Process & Draft \(135\)](#), [Not Connecting \(36\)](#), [Disconnected \(3\)](#)

Filter 2: [Any Survey Status \(722\)](#), [Verified Surveys \(400\)](#), [Submitted Surveys \(271\)](#), [Draft Surveys \(51\)](#)

Filter 3: [City of Chanute \(5\)](#)

Reset Filters **Statistics, Reports & Exports**

Total surveys for these filters: 5

SS ID	Member Name [ID] Site Name [ID]	Connection Status	Provider(s) (as specified in SS)	SS Status / Reviewer	Actions
89314672	Chanute Public Library [11622] [del] Chanute Public Library [5908]	Connected 7/29/09	City of Chanute	Submitted - 3/07/09 8:39pm	review edit
28375941	Chanute Public Schools USD 413 [12102] [del] Chanute Public Schools USD 413 [6310]	Connected 7/29/09	City of Chanute	Submitted - 2/09/09 1:51pm	review edit
91376285	Neosho County Community College [11500] [del] Neosho County Community College [5786]	Connected 7/29/09	City of Chanute	Submitted - 2/09/09 11:16am	review edit
53128679	Neosho County Community College [11500] [del] Ottawa Campus [5371]	Connected 7/29/09	AT&T AND City of Chanute	Verified - 3/24/09 11:44am Charmine Chambers	review edit
57681432	Neosho Memorial Regional Medical Center [11822] [del] Neosho Memorial Regional Medical Center [6108]	Connected 7/29/09	City of Chanute	Submitted - 2/17/09 8:37am	review edit

Total surveys for these filters: 5

Note: A status of *In Process* means a site survey has been submitted or verified but the NOC has not reported the site as connected and Kan-ed has not reported it as not connecting.

Statistics, Reports & Exports

Logout

[Return to List \(Discard any Changes\)](#)**Administration - Site Survey Review**

Site Survey ID:	47258316
Member Name:	ANW Special Ed Cooperative #603
Site Name (as entered):	ANW Special Ed Cooperative #603
Site Name (from Database):	ANW Special Ed Cooperative #603
Link:	http://www.kan-eddata.org/sitesurvey/login.php?id=47258316
Password:	zrx5
Name of Submitter:	Jay Parker
Email Address of Submitter:	jparker@anwcoop.com

[Show History of Changes to this Form](#)Caller: **Charmine Chambers** (person who contacted the site initially)

Last saved: 5/13/10 4:13pm

Detailed Notes - Add new comments underneath existing ones. Please enter a date/time associated with each set of comments, be as specific as possible, and include your name or initials. Others will be relying on this information for a history of contacts that have occurred, questions asked regarding this site survey, and changes made to the connection status or mamba data fields.

2/22/10: verified order info with Jay Parker.
 2/23/10: changed profile to C. Developed WA and sent to NOC for additional info.
 05/13/10 bz: site turned up today so updating connection status, bandwidth, ip range

Connection Information - This is the *official* connection status of the current site survey according to NOC & Kan-ed records. The information below is used to report total connection numbers, type, bandwidth, etc.

NOC Connection Status:	Connected
NOC ACL Date:	05/13/2010 (mm/dd/yyyy)
Connection Type:	Direct Connection (AT&T)
Service Provider 1:	AT&T
Service Provider 2:	-- Not Selected --
IP Address Range:	69.77.122.113/28
Total Bandwidth:	1.5 Mbps (enter a numeric value only)
Dedicated Bandwidth:	1.5 Mbps (enter a numeric value only)

[Return to Survey](#)

Change Log

Site Survey ID:	47258316
Member Name:	ANW Special Ed Cooperative #603
Site Name (as entered):	ANW Special Ed Cooperative #603
Site Name (from Database):	ANW Special Ed Cooperative #603
Link:	http://www.kan-eddata.org/sitesurvey/login.php?id=47258316
Password:	zrx5
Name of Submitter:	Jay Parker
Email Address of Submitter:	jparker@anwcoop.com

Date/Time	Editor	Field	Old Value	New Value
5/13/10 4:13pm	Heather Zoeller	IPAddressRange		69.77.122.113/28
5/13/10 3:45pm	Heather Zoeller	IPAddressRange		69.77.122.113/28
5/13/10 3:44pm	Heather Zoeller	ReviewerComments	2/22/10: verified order info with Jay Parker. 2/23/10: changed profile to C. Developed WA and sent to NOC for additional info.	2/22/10: verified order info with Jay Parker. 2/23/10: changed profile to C. Developed WA and sent to NOC for additional info. 05/13/10 hz: site turned up today so updating connection status, bandwidth, ip range
5/13/10 3:44pm	Heather Zoeller	BandwidthDedicatedMbps		1.5
5/13/10 3:44pm	Heather Zoeller	IPAddressRange		69.77.122.113/28
5/13/10 3:44pm	Heather Zoeller	ConnectionStatusID	In Process (Submitted or Verified Site Survey)	Connected
5/13/10 3:44pm	Heather Zoeller	DateAddedACL		05/13/2010
3/24/10 4:43pm	Charmine Chambers	BandwidthTotalMbps		1.5
3/24/10 4:43pm	Charmine Chambers	ConnectionTypeID		Direct Connection (AT&T)
3/24/10 4:43pm	Charmine Chambers	MambaWANumber		7383
3/24/10 4:43pm	Charmine Chambers	MambaWADate		03/24/2010
3/24/10 4:43pm	Charmine Chambers	MambaSiteAlias		ANW Co-op #603 CO

Total updates made: 12

[Return to Site Survey List](#)

General Statistics

Total Service Initiation Forms Submitted: 773

Total Site Surveys Submitted: 671 = 86.8% of service initiation forms.

Total unique members with 1 or more connected sites: 426

Total connected sites: 548 -- 379 via AT&T, 24 via Peered Networks, 142 via KAPs, and 3 not specified.

Report Tables

Connection Status by Site

In the following table each site is counted individually. The totals represent every physical connection to the Kan-ed 2.0 network. Connections via members' internal WAN or LAN are not included in these totals. Note that these are connection totals and do not represent the total number of members that are connected as some members may have multiple sites connected.

	Connection Status					Total
	Connected	Disconnected	Not Connecting	Draft or In Process SS		
K-12 Sites	252	2	13	70	337	
Library Sites	145	0	12	38	195	
Hospital Sites	99	1	7	23	130	
Higher Ed Sites	50	0	4	3	57	
Other Member Sites	0	0	0	0	0	
Total Member Sites	546	3	36	134	719	
Vendor Sites	1	0	0	0	1	
Other Sites	1	0	0	1	2	
Total Sites	548	3	36	135	722	

Data Exports

[Export All Site Survey Data](#)[Export Service Init. Forms with No Site Surveys Yet](#)[Return to Site Survey List](#)

APPENDIX 2

Membership Status Update

Membership Status Update

The current Kan-ed membership, as of June 15, 2010, is 840 active members out of a total of 890 eligible members (i.e., 94% of eligible organizations are active members). Based on a review of the Kan-ed statute and determination that membership has surpassed the 75% threshold indicated in the statute, Kan-ed has declared that all organizations eligible for membership are now considered to be members. A letter to this effect was sent to all eligible organizations that had yet to join Kan-ed as of December 2009. This letter can be found on page 8.

For the purposes of this report, the membership is discussed in two categories: *active* members and *newly assigned* members. In past reports, the two membership groups were referred to as members and potential members. The table on page 2 displays the current membership numbers. Membership updates are summarized below by constituent group and detailed in the Membership Verification beginning on page 3.

Higher Education: There were no changes to the Higher Education membership between June 2009 and June 2010.

Hospital: One newly assigned member became an active member between June 2009 and June 2010.

K-12: K-12 membership decreased by three organizations as a result of consolidations and closures and two newly assigned members became active members.

Library: There were no changes to the Library membership between June 2009 and June 2010.

Current Membership Numbers

The current Kan-ed membership, as of June 15, 2010, is 840 active members out of a total of 890 eligible members. The table below displays the breakdown of current membership by constituent group and region.

Kan-ed Membership as of June 15, 2010								
Constituent Groups	Regions							
	Central	North Central	North East	North West	South Central	South East	South West	TOTAL
Higher Education								
Active Members	5	6	11	2	16	7	3	50
Newly Assigned Members	1	0	2	0	0	0	0	3
Total Higher Education	6	6	13	2	16	7	3	53
	83%	100%	85%	100%	100%	100%	100%	94%
Hospitals								
Active Members	20	14	27	11	25	16	22	135
Newly Assigned Members	2	1	9	0	7	1	0	20
Total Hospitals	22	15	36	11	32	17	22	155
	91%	93%	75%	100%	78%	94%	100%	87%
K-12								
Active Members	43	35	68	22	78	48	43	337
Newly Assigned Members	0	0	5	0	1	1	0	7
Total K-12	43	35	73	22	79	49	43	344
	100%	100%	93%	100%	99%	98%	100%	98%
Libraries								
Active Members	52	41	48	22	63	55	37	318
Newly Assigned Members	4	0	1	0	13	1	1	20
Total Libraries	56	41	49	22	76	56	38	338
	93%	100%	98%	100%	83%	98%	97%	94%
Total Active Members	120	96	154	57	182	126	105	840
Total Newly Assigned Members	7	1	17	0	21	3	1	50
Total Eligible Members	127	97	171	57	203	129	106	890
Percent Active Members	94%	99%	90%	100%	90%	98%	99%	94%
Percent Newly Assigned Members	6%	1%	10%	0%	10%	2%	1%	6%

2010 Membership Verification

An annual Kan-ed Membership Verification is conducted each spring to confirm the eligibility status, based on Kansas Statute, of each member in the Kan-ed database. A mid-year membership verification was conducted in December 2009 for the purpose of updating membership numbers in preparation for the 2010 Kansas Legislative Session. The results of that verification can be found in Appendix 4 of the December 2009 Kan-ed Biannual Evaluation Report. For the purposes of this report, all annual membership comparisons are between June 2009 and June 2010. Please note that all current membership numbers included in this report are as of June 15, 2010.

For each constituent group, the following information is provided:

- 1) Legislative **definition** of constituent group.
- 2) **Interpretation** of the statute by representatives within the constituent group.
- 3) Official listing of institutions for each constituent group obtained from the agencies that govern or license each and utilized as the **resource** for the verification process.
- 4) The verification **process** utilized including detailed results obtained at each step during verification.

Higher Education

Definition of Higher Education

“School”, as defined in Senate Substitute for House Bill 2035, means: any community college, technical college, area vocational school, area vocational-technical school, or Kansas educational institution, as defined in K.S.A. 2000 Supp. 74-32,120 and amendments thereto.

Interpretation of Statute by Representatives from the Board of Regents

An entity must fall into one of the following classifications and be accredited by the North Central Association to be eligible for Kan-ed membership:

1. Kansas Board of Regents Universities
2. Private Postsecondary Colleges and Universities
3. Municipal University
4. Community Colleges, Technical Colleges, and Area Technical Schools

Resource

Kansas Educational Directory 2009-10, published by the Kansas State Department of Education

Process

Higher education members listed in the Kan-ed database were verified against lists of Kansas Board of Regents Universities; Private Postsecondary Colleges and Universities; Municipal Universities; and Community Colleges, Technical Colleges, and Area Technical Schools reported in the *Kansas Educational Directory 2009-10*.

Result:

- There were no updates to the higher education membership.

Hospitals

Definition of Hospital

Senate Substitute for House Bill 2035 defines “Hospital” as a “licensed hospital, as defined in K.S.A. 65-425 and amendments thereto”.

Interpretation of Statute by Representatives from the Kansas Hospital Association

Representatives from the Kansas Hospital Association interpreted the Kan-ed Statute and KSA 65-425 as: hospital is defined as "general hospital", "critical access hospital", or "special hospital". These categories of hospitals are directly linked to how they are licensed with the Kansas Department of Health and Environment Bureau of Health Facilities (KDHE). In summer 2006, this definition was expanded by Kan-ed staff to include additional categories of hospitals licensed by KDHE, including Psychiatric Hospitals and Mental Retardation Hospitals. In addition, private psychiatric hospitals licensed by Social and Rehabilitation Services (SRS) are also included in the expanded definition.

Resource

The *Directory of Hospitals and Medical Care Facilities*, December 1, 2009 version, published by the Kansas Department of Health and Environment Bureau of Health Facilities, was used for verification. This directory can be obtained in hard copy from the Kansas Department of Health and Environment Bureau of Health Facilities and also is available online at the following link: http://www.kdhe.state.ks.us/bhfr/fac_list/index.html. The Department of Health and Environment updates the web site as there are changes in license status.

Process

Hospital members listed in the Kan-ed database were verified against the list of “General”, “Critical Access”, and “Special” hospitals reported in the *Directory of Hospitals and Medical Care Facilities*.

Result:

- The following institution became an active member since the June 2009 verification:
 - Olathe Medical Center

K-12

Definition of K-12

“School”, as defined in Senate Substitute for House Bill 2035, means: any unified school district, school district interlocal cooperative, school district cooperative, and/or nonpublic school accredited by the State Board of Education.

Interpretation of Statute

An entity must fall into one of the following classifications and/or be accredited to be eligible for Kan-ed membership:

1. Unified school districts
2. Accredited non-public elementary and secondary schools
3. Interlocals
4. Service centers
5. Interactive Distance Learning (IDL) centers (those that were associated with USDs, Cooperatives, and service centers were not counted as individual members)
6. Special Purpose Schools (accredited only)

Resource

Kansas Educational Directory 2009-10, published by the Kansas State Department of Education

Process

1. K-12 members listed in the Kan-ed database were verified against the list of K-12 organizations reported in the *Kansas Educational Directory 2009-10*.

Results:

- The following institutions became active members since the June 2009 verification:
 - ANW Special Ed Cooperative #603
 - Doniphan West USD 111
 - Heartspring
 - The Learning Consortium Educational Cooperative #631
- The following active member institutions were removed from the Kan-ed membership database:
 - Highland USD 425 (consolidated with USD 433 to form Doniphan West USD 111)
 - Midway Schools USD 433 (consolidated with USD 425 to form Doniphan West USD 111)
 - Jewell USD 279 (dissolved prior to the 2009-10 school year)
- The following newly assigned member institution was removed from the Kan-ed membership database:

- Beloit Juvenile Correctional Facility: Lawrence Gardner High School (Girls) ceased operations on August 19, 2009. The Kansas Juvenile Correctional Complex West now serves female youth sentenced by the district courts of Kansas and is listed as a site under the Kansas Juvenile Correctional Complex.
2. Summaries of the K-12 membership numbers by region for June 2009 and June 2010 are shown in the following tables. Updated numbers are shaded in the June 2010 table.

June 2009 Kan-ed K-12 Members and Potential Members (Disaggregated by Region)								
	Central	North Central	North East	North West	South Central	South East	South West	Total
Verified Members	44	35	69	22	76	47	43	336
Verified Potential Members	1	0	5	0	3	2	0	11
Total	45	35	74	22	79	49	43	347

June 2010 Kan-ed K-12 Active Members and Newly Assigned Members (Disaggregated by Region)								
	Central	North Central	North East	North West	South Central	South East	South West	Total
Verified Active Members	43	35	68	22	78	48	43	337
Verified Newly Assigned Members	0	0	5	0	1	1	0	7
Total	43	35	73	22	79	49	43	344

Updates that have occurred since the June 2009 Membership Verification include:

- One (1) K-12 entity from the following region was added to the database as the result of a consolidation:
 - North East – 1
- Three (3) newly assigned members from the following regions became active members:
 - South Central – 2
 - South East – 1

- Three (3) active members and one (1) newly assigned member from the following regions were removed from the database because they are no longer active organizations:
 - Central – 2
 - North East – 2

Libraries

Definition of Library

“Library”, as defined in Senate Substitute for House Bill 2035, means:

1. the State Library,
2. any public library established and operating under the laws of this state; or
3. any regional system of cooperating libraries, as defined in K.S.A. 75-2548, and amendments thereto. K.S.A. 75-2548 further defines “regional system of cooperating libraries” as two or more libraries cooperating in a system approved by the state commission and officially designated as a regional system of cooperating libraries under this act.”

Interpretation of Statute

The following definition of a legally established public library was obtained from the State Library of Kansas. Any library listed in the *Directory of Public Libraries in Kansas* (available in a printable PDF version at the link provided below) with the last bit of data in a library's listing as C/1, C/2, C/3, Co, D, R, or T is legally established as a City (of the # Class), County, District, Regional, or Township library. The only exception is the Kansas City Public Library that is legally established under the Kansas City Public School District USD 500. This clarified definition does not recognize libraries classified as “Club” or “Endowed” Public Libraries.

Resource

The *Directory of Public Libraries in Kansas*, October 9, 2009 version published by the Kansas State Library was used for verification. This directory can be obtained online by selecting the printable PDF version of the directory available at the following link: <http://skyways2.lib.ks.us/kld>. The Kansas State Library updates the PDF version as changes occur.

Process

The library members listed in the Kan-ed database were verified against the list of libraries reported in the *Directory of Public Libraries in Kansas*.

Result:

- There were no updates to the library membership.



KANSAS BOARD OF REGENTS

1000 SW JACKSON • SUITE 520 • TOPEKA, KS 66612-1368

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FAX – 785-296-0983

www.kansasregents.org



December 8, 2009

Dear <Contact Name>,

Congratulations, I am happy to let you know that <insert member name> is now a Kan-ed member. There are several opportunities and resources that are now available to you and your organization.

As of June 15, 2009, 94% of eligible organizations had joined Kan-ed. Kan-ed has reviewed the statute, specifically in regards to updating and validating any data collected for periodic revisions of the plan, standards and priorities. Kan-ed has determined that membership is above and beyond the 75% threshold as indicated in the statute and therefore, all eligible members of Kan-ed are now members.

Kan-ed is a program created and funded by the Kansas Legislature and administered through the Kansas Board of Regents. The purpose of the program is to expand the collaboration capabilities of Kan-ed's member institutions, specifically K-12 schools, higher education, libraries and hospitals. Kan-ed provides a private statewide network to which our members connect for video conferencing, distance learning, training, professional development, and virtual meetings. In addition, Kan-ed provides funding and support for internet access, private network access, and video conferencing equipment and provides access to research and education databases.

There is **no membership fees** associated with being a Kan-ed member. I would like to ask that you take a few minutes and go to the link below to complete an online Kan-ed membership form. By completing the membership form, your institution will be able to enjoy access to all Kan-ed services and funding programs.

http://www.kan-ed.org/index.php?option=com_form&form_id=2

If you have any questions regarding what role Kan-ed can play for your organization, please do not hesitate to contact us (kan-ed@ksbor.org) or our Membership Services Coordinator, Chrisy Madden (cmadden@ksbor.org).

Sincerely,

Bradley S. Williams, M.S.
Chief Information Officer
Kan-ed Executive Director

APPENDIX 3

Expanded Membership
Database

Kan-ed Membership and Billing Databases

This appendix contains information regarding two topics related to the Kan-ed Membership Database. The first topic is an update on the changes made to the Kan-ed Membership Database since July 1, 2009. This section begins on the following page.

The second topic covered is a new Kan-ed Billing Database. This billing database is primarily used to associate all charges related to the Kan-ed 2.0 network to specific members and sites. The data is stored in such a way as to make importing it into the Kan-ed Membership Database a quick and seamless process. This section begins on page 11 of this appendix.

Expanded Membership Database

The Kan-ed Membership Database contains information related to each Kan-ed member, as well as other organizations that interact with Kan-ed members and facilitate the mission of Kan-ed. The design of the database has been developed over time to reflect the types of information requested by Kan-ed staff and stakeholders. Updates to the content and organization of the database are made on an on-going basis in response to staff needs. A complete description of the database can be found in the Fiscal Year 2009 Kan-ed Evaluation Annual Performance Report. Changes made to the Kan-ed database since July 1, 2009 are summarized below with more detailed description and screenshots provided on the following pages.

- 1) The *Branch* tab was renamed *Sites*. All buildings/physical locations that exist as part of a member are included on the *Sites* tab. For example, the *Sites* tab for the Weskan USD 242 record includes the following sites: Weskan Elementary School, Weskan High School, and Weskan USD 242 District Office.
- 2) A primary site is designated on the *Sites* tab for each member record. The primary site corresponds to the overall member. For example, the primary site for Weskan USD 242 is Weskan USD 242 District Office.
- 3) In addition to being able to view each record at the member level, it is now possible to view the information housed in the database at the site level. The opening screenshot of the database now has a “View/Edit by Site” button. More specific information related to a sites’ connection to the Kan-ed network can be viewed through this entry point.
- 4) An *Associated Members* tab was added to the database. Many Kan-ed members maintain relationships with one another in the form of Service Centers, Interlocals, Consortiums, Alliances, etc. The *Associated Members* tab allows this information to be collected in the database for easy access.
- 5) A *Forms* tab was added to the database, and it contains information about and links to forms required by Kan-ed. Since Kan-ed applies for E-Rate funding, it must collect a Letter of Agency (LOA) and Children's Internet Protection Act (CIPA) form from each K-12 and library member that is connected to the Kan-ed network. Members connecting to the Kan-ed 2.0 network through a Kan-ed Authorized Provider (KAP) who meet certain eligibility requirements also may complete a form in order to receive subsidy funds. The *Forms* tab displays which forms are on file for a particular member and provides access to the most recent PDF version of each.
- 6) Additional Membership Status options were added. The original status category of Affiliate applied to all organizations in the database that were not eligible as Kan-ed members and were not vendors (service providers). The category of Affiliate was broken into three separate statuses: Affiliate/State Agency, Network Consortium, and KanREN Member Only.
- 7) The new Membership Type category of Non-member was added. This category was assigned to all organizations that have a Membership Status of Vendor, Affiliate/State

Agency, Network Consortium, or KanREN Member Only. This new option allows all entities that are not eligible for Kan-ed membership to be easily sorted in the database.

- 8) Guidelines regarding the treatment of consolidated school districts, school district closures/dissolutions, sites sharing the same physical address, and Interactive Distance Learning (IDL) networks were developed and implemented. These general guidelines are captured in the Database Notes section of the database.
- 9) Kan-ed 2.0 network connection information was consolidated into a new block of information stored at the site level. Network connection information comes from several sources including the original site survey required to connect to Kan-ed 2.0, the Network Operations Center (NOC) Access Control List (ACL), and the member record update online form. This connection information is displayed both on the *General* tab (for the primary site) and the *Sites* tab.
- 10) The method of tracking funding per member was re-designed to be more flexible and to allow for automatic importing of data from the new billing database. Each type and amount of funding now is displayed as a separate row on the *Funding* tab. Funding can be associated with either a specific site or the member in general. The new billing database is described in detail beginning on page 10 of this report.

Screenshots are included below for each section of the database that contains one or more of the updates listed above.

Database Entry Screen

The opening screenshot of the Kan-ed Membership Database is shown below. Note the new “View/Edit by Site” button. A screenshot of the View/Edit by Site section can be seen on the following page.



View/Edit by Site

The View/Edit by Site section can be accessed from the opening screen of the database, and it contains information specific to each site. There are ten tabs of information included with each site record. The *Site Info* tab contains general contact information for the site, as well as GIS coordinates and Kan-ed 2.0 connection information. The *Parent Member* tab refers back to the member record to which the site belongs. The *Service Initiation*, *Site Survey*, *SS-Contacts*, and *SS-Network* tabs all contain data specifically related to a site's connection to Kan-ed 2.0 that is stored in the current site's on-line site survey. The remaining tabs of *Funding*, *Forms*, *Evaluation*, and *History* contain the same type of information housed on these tabs in the View/Edit by Member section; however, the information is specific to the site.

The screenshot below is for Abe Hubert Middle School, a site of Garden City USD 457. The site name, member name, and site ID can be seen at the top of the screen.

The screenshot shows the 'Kan-ed Sites (View / Edit)' application window. At the top, the site name 'Abe Hubert Middle School' and member information ('Member: Garden City USD 457', 'ID: 2316') are displayed. Below this is a navigation bar with tabs: Site Info, Parent Member, Service Initiation, Site Survey, SS-Contacts, SS-Network, Funding, Forms, Evaluation, and History. The 'Site Info' tab is selected. The main content area is divided into several sections:

- Physical & Mailing Address:** Fields include Physical address (1205 A St), Mailing address (1205 A St), City, St (Garden City, KS), Zip Code (67846), Email (bspringston@gckschools.com), Phone (620-805-8400), Fax (620-805-8498), Title (Principal), Contact (Brad Springton), and Web (http://www.gckschools.com/schools/gateway/gat).
Status: Connected
Type: Connected through Member LAN/WAN
Through:
Source: Self Report - Unverified
ISP:
ACL Date: 12/28/2009
Bandwidth: (Mbps Total) (Mbps Dedicated)
Comments: Per 2009 On-line Member Record Update
- GIS Data:** Fields include X (-100.872554), Y (37.976036), and Verified (3/12/2010).
Source: KSDHS / ESRI
Status: Within a Block
Verified: 3/12/2010

On the right side of the window, there are filters, actions (Print Details), search (Site Name, FIND, Next..., Prev...), and navigation buttons (Back, Forward, Home, Return to Menu).

View/Edit by Member

The “View/Edit by Member” button on the opening screen is the entry point to all member records. Once in member records, data for a specific member can be accessed by selecting various tab headings. Regardless of which tab is selected, the Member Name and Identification (ID) number, Membership Status, and Constituent Group for that specific record are always included at the top right-hand corner of the screen. This is the area that displays, when applicable, the new status options of Affiliate/State Agency, Network Consortium, or KanREN

Member Only. The new Membership Type option of Non-Member can be seen, when applicable, on the *General* tab.

Sites tab

The screenshots on the following page display the *Sites* (formerly called Branches) tab for two member records. The total number of sites is given at the top of the screen. For Abilene Public Library, there is only one site because there is only one physical location for this organization. Because there are multiple physical locations for Abilene USD 435, the *Sites* tab states that there are eight sites for that member record. Also note that the Abilene Public Library site displayed is designated as the Primary Site (see red font at the top, center of the screenshot) for that Member Record, while the Abilene High School has no such designation. The Primary Site for Abilene USD 435 is Abilene USD 435 district office.

The new Kan-ed 2.0 Connection Information box indicates the connection status of the site displayed. Abilene Public Library is connected to the network directly through AT&T with a total bandwidth of 1.5 Mbps based on the NOC ACL list. Abilene High School does not have a site survey but reported on the 2009 member record update that it is connected through the member's WAN. The source says "unverified" because it has not been specifically confirmed that the member's self-reported information is indeed accurate.

Kan-ed Members (View / Edit)

Name: Abilene Public Library

ID: 11599

Total Number of Sites: 1

Primary Site		Site ID: 5885
Name: Abilene Public Library		Active? : Yes
Region: North Central	FEIN:	Empowered Desktop? : Yes
County: Dickinson	(if different than Member's FEIN)	
EM Resource User? : No		
Physical & Mailing Address		
Physical: 209 NW 4th		
Mailing: 209 NW 4th		
City, St: Abilene, KS	Zip: 67410-2690	
Email: jburgess@abilenelibrary.org		
Phone: 785-263-3082		
Fax: 785-263-2274		
Title: Director		
Contact: Judy Burgess		
Web: abilene.mykansaslibrary.org		
GIS Data		
X: -97.214927777778	Source: KSDHS / ESRI	
Y: 38.9184138888889	Status: Correct City	
Open in Google Maps		
Verified: 3/15/2010		
Kan-ed 2.0 Connection Information		
Status: Connected		
Type: Direct Connection (AT&T)		
Through:		
Source: NOC ACL		
ISP: AT&T		
ACL Date: 1/22/2010	Last Updated: 5/26/2010	!
Bandwidth: 1.5 (Mbps Total) 1.5 (Mbps Dedicated)		
Comments:		
Actions		
Print Details		
Add Delete		
Administrative Tools		
Copy as New Record		
Move Member's Sites		
Update 2.0 Info.		
Search		
Member Name		
FIND Next... Prev...		
Return to Menu		

Record: 14 1 of 1 ► ▲ ▼ No Filter Search

Kan-ed Members (View / Edit)

Name: Abilene USD 435

ID: 11291

Total Number of Sites: 8

Make Primary Site		Site ID: 1938
Name: Abilene High School		Active? : Yes
Region: North Central	FEIN:	Empowered Desktop? : No
County: Dickinson	(if different than Member's FEIN)	
EM Resource User? : No		
Physical & Mailing Address		
Physical: 1300 N Cedar		
Mailing: 1300 N Cedar		
City, St: Abilene, KS	Zip: 67410	
Email: mford@abileneschools.org		
Phone: 785-263-1260		
Fax: 785-263-3327		
Title: Principal		
Contact: Michael Ford		
Web: http://techlab.abileneschools.org/ahs/		
GIS Data		
X: -97.216506	Source: KSDHS / ESRI	
Y: 38.928457	Status: Within a Block	
Open in Google Maps		
Verified: 3/15/2010		
Kan-ed 2.0 Connection Information		
Status: Connected		
Type: Connected through Member LAN/WAN		
Through:		
Source: Self Report - Unverified		
ISP:		
ACL Date:	Last Updated: 12/28/2009	!
Bandwidth: (Mbps Total) (Mbps Dedicated)		
Comments: Per 2009 On-line Member Record Update		
Actions		
Print Details		
Add Delete		
Administrative Tools		
Copy as New Record		
Move Member's Sites		
Update 2.0 Info.		
Search		
Member Name		
FIND Next... Prev...		
Return to Menu		

Record: 14 1 of 8 ► ▲ ▼ No Filter Search

Associated Members tab

The *Associated Members* tab screenshot shown below is for the Pioneer Health Network (PHN). In the upper right hand corner, the Membership Status is denoted as Network Consortium. This is the location where any Membership Status can be viewed. The members of the PHN are listed on this tab along with their constituent group and member type. If additional members join the PHN, they can be added to the screen using the dropdown at the bottom of the page. It is important to note that PHN is listed on the *Associated Members* tab for each of the organizations listed below.

Kan-ed Members (View / Edit)

Associated Member Name	Const. Group	Member Type	del
Greeley County Health Services	Hospitals	CAH	del
Wichita County Health Center	Hospitals	CAH	del
Ashland Health Center	Hospitals	CAH	del
Hamilton County Hospital	Hospitals	CAH	del
Meade District Hospital/Artesian Valley Health System	Hospitals	CAH	del
Scott County Hospital	Hospitals	CAH	del
Hodgeman County Health Center	Hospitals	CAH	del
St. Catherine Hospital	Hospitals	GH	del
Lane County Hospital	Hospitals	CAH	del
Satanta District Hospital	Hospitals	CAH	del
Stevens County Hospital	Hospitals	CAH	del
Kearny County Hospital	Hospitals	CAH	del
Bob Wilson Memorial-Grant County Hospital	Hospitals	GH	del
Morton County Health System	Hospitals	GH	del
Southwest Medical Center	Hospitals	GH	del
Stanton County Health Care Facility	Hospitals	CAH	del

Network Consortium Hospitals

Member Filters

Site Filters

Actions

Administrative Tools

Search (1 of 1)

Return to Menu

Funding tab

Funding tab data has been re-structured to make continued tracking easier. The new data format also is now compatible with the billing database used by Kan-ed to track all funding at the site level. In the screenshot below, there is one row of information for each funding received that indicates year and type of funding. As an aid to viewing totals, two new funding filters are available above the list of funding amounts, which allow filtering all funding for a member or site based on fiscal year, funding type, or both.

Kan-ed Members (View / Edit)

Name: Barton County Community College

ID: 11484

Member
Higher Ed

General | Contacts | Sites | Assoc. Members | Governance | Kan-ed 2.0 | Funding | Legislative | Forms | Evaluation | History |

Funding Filters: ** All FY's ** | ** All Funding Types **

FY	Date	Site	Funding Type	Amount \$	Comments	del
2009			Subsidy	\$3,000.00		del
2008			Enhancing Technology	\$20,000.00		del
2007			Subsidy	\$3,000.00		del
2006			Higher Education Connect	\$30,000.00		del
2006			Parity	\$80,000.00		del
2005			Subsidy	\$3,000.00		del
2004			Enhancing Technology	\$55,605.00		del
2003			Subsidy	\$4,135.00		del

Total \$: \$198,740.00

Member Filters

Record: 52 (of 997)

Site Filters

Active Sites Only

Actions

Print Details | Add | Delete

Administrative Tools

Copy as New Record | Move Member's Sites | Update 2.0 Info.

Search (2 of 2)

Member Name

FIND | Next... | Prev... |

Return to Menu

Forms tab

As the screenshot below shows, the *Forms* tab allows Kan-ed staff and stakeholders to easily determine which forms have been collected for each Kan-ed member. Currently, this tab includes data pertaining to Letter of Agency (LOA), Children's Internet Protection Act (CIPA), and Kan-ed 2.0 subsidy forms. The type of form is designated along with the date collected and the date range for which it is applicable. If the form is specific to a site instead of the member as a whole, there is a drop-down menu available that allows for site selection. An *Open PDF* link appears to the right of the most recent form in each category. Clicking this link will download the associated PDF file from a secure web-site for viewing. An [on file] indicator is used for older forms that are not on the secure web-site but are on file with OEIE. The screenshot below shows that six forms (two CIPAs, three LOAs, and one Subsidy) have been collected from Blue Valley USD 384.

The screenshot displays the 'Kan-ed Members (View / Edit)' application window for 'Blue Valley USD 384'. The 'Forms' tab is selected. The main area shows a list of collected forms:

Type of Form	Date Sent	Date Collected	Applicable Dates	Site (Optional)	Actions
Subsidy	1/14/2010	3/22/2010	7/1/2009 - 6/30/2010	Randolph Middle School	[Open PDF] [edit] [del]
LOA		12/10/2009	7/1/2010 - 6/30/2012		[Open PDF] [edit] [del]
CIPA		12/10/2009	7/1/2010 - 6/30/2011		[Open PDF] [edit] [del]
CIPA		2/1/2009	7/1/2009 - 6/30/2011		[on file] [edit] [del]
LOA		2/1/2009	7/1/2009 - 6/30/2011		[on file] [edit] [del]
LOA		4/1/2006	7/1/2007 - 6/30/2011		[on file] [edit] [del]

On the right side, there are several filter and action panels:

- Member Filters:** Includes dropdowns for Member and K-12.
- Record:** Shows 75 (of 997).
- Site Filters:** Set to Active Sites Only.
- Actions:** Includes Print Details, Add, Delete, Copy as New Record, Move Member's Sites, and Update 2.0 Info.
- Search:** Set to (2 of 2) with a Member Name dropdown, FIND, Next..., Prev..., and Return to Menu buttons.

General Guidelines

In Fall 2009, several general guidelines were established in order to achieve consistency in how specific organizations and situations were treated in the database. Specifically, the topics addressed include school district consolidations, school district closures, sites that share the same physical address, and Interactive Distance Learning (IDL) networks. The general guidelines developed for each of these topics are listed below.

School district consolidations: When two school districts consolidate to form one district, a new record is created in the database for the consolidated district. The records of the two original districts are maintained in the database but marked as removed. Any sites that remain open under the new district are "moved" to that district's record. All remaining sites are marked as closed. The information pertaining to the consolidation is included in both the comments section on the *General* tab and in a note on the *History* tab. All funding that has been received by either original district prior to the consolidation is combined and included with the new consolidated district's record so that funding is still included in all data requests. This guideline also can be applied to consolidations that occur outside the K-12 constituent group.

School district closures/dissolutions: When a school district dissolves, the member record is marked as removed. A note is added in both the comments section on the *General* tab and in a note on the *History* tab. If it is known which school district(s) the students are going to, this information should be included in the note(s). In these cases, the funding is maintained with the record of the dissolved district. This guideline also can be applied to closures that occur outside the K-12 constituent group.

Sites sharing the same physical address: There are many situations that exist in which two or more sites housed in the database share the same physical address. In order to determine if the sites should maintain separate listings in the database, these general guidelines are followed:

- If the sites have different contacts, there should be two separate listings in the database.
- If the sites are listed under separate constituent groups, there should be two separate listings in the database.
- If the sites are listed under separate members, there should be two separate listings in the database.
- If the sites have separate building IDs (as designated by the Kansas State Department of Education), there should be two separate listings in the database.
- If the sites have the same building ID and same contact, there should be one listing in the database.

Interactive Distance Learning (IDL) Networks: Prior to 2009, most IDL networks did not have a record in the Kan-ed database because they aligned closely (shared a name and/or address) with an existing member, specifically a school district, service center, or interlocal. After the addition of the Network Consortium membership status option, it was determined that each IDL Network listed in the Kansas State Department of Education Educational Directory should have a record in the database with a designated status of Network Consortium.

Kan-ed Billing Database

In August 2009, OEIE released the first version of a billing database for use by Kan-ed to track all member-specific grants and funding. The database is primarily used to associate all charges related to the 2.0 network to specific members and sites. The data is stored in such a way as to make importing it into the Kan-ed Membership Database a quick and seamless process. The database itself is made up of a single data file, which is stored on the Kan-ed network, and a *front-end* MicroSoft Access database, a copy of which is installed on each computer needing access to the database. Kan-ed staff manages all aspects of data entry, while OEIE provides developmental and programming support. Development of this database is on-going, but as of June 2010, the database consists of the following components:

Data Entry

The data entry screen allows for hand-entering invoice amounts. An initial screen provides a list of all invoices created along with the total amount represented by that invoice. A filter drop-down at the top provides the ability to show only certain sub-sets of information.

Vendor Invoices & Member Reimbursements						 Close Form
Filter: *** All Records ***		Reset Filter 17 invoice record(s) missing 1 or more Kan-ed sites.				
DB ID	Vendor Invoice #	Invoice Date	Service Date Range	Description of Invoice	Amount	
210	7810906	1/15/2009	1/15/2009 - 2/15/2009	Managed internet - February 2009	\$3,932.70	 Details  DELETE
211	GJ07072	8/1/2009	7/1/2009 - 7/31/2009	AVPN charges - July 2009	\$76,610.27	 Details  DELETE
212	GJ28602	9/1/2009	8/1/2009 - 8/31/2009	AVPN charges - August 2009	\$94,658.63	 Details  DELETE
213	GJ28603	9/1/2009	8/1/2009 - 8/31/2009	AVPN charges - August 2009 (credit memo) used against inv no. GJ28602	(\$10,434.70)	 Details  DELETE
216	GJ50157	10/1/2009	9/1/2009 - 9/30/2009	AVPN charges - September 2009	\$125,195.87	 Details  DELETE
217	GJ50158	10/1/2009	10/1/2009 - 10/31/2009	AVPN charges - September 2009 (credit memo) used against inv. No. GJ50157	(\$1,682.45)	 Details  DELETE
218	GJ71912	11/1/2009	10/1/2009 - 10/31/2009	AVPN charges - October 2009	\$86,534.83	 Details  DELETE
219	GJ71913	11/1/2009	10/1/2009 - 10/31/2009	AVPN charges - October 2009 used in conjunction with inv. No. GJ71912	\$44,155.95	 Details  DELETE
220	123456789012345	2/1/2010	2/1/2010 - 2/28/2010	AVPN Bill for February, 2010	\$132,837.95	 Details  DELETE
221	GK60402	2/1/2010	2/1/2010 - 2/28/2010	February TEST	\$139,472.24	 Details  DELETE
222	3315	3/16/2010	2/1/2010 - 2/28/2010	AT&T Router Bill for February, 2010	1 \$389.26	 Details  DELETE
223	5198	3/1/2010	10/1/2009 - 10/31/2009	AT&T Router Bill for October, 2009	\$389.26	 Details  DELETE
224	5198	3/1/2010	10/1/2009 - 10/31/2009	AT&T Router Bill for October, 2009	\$389.26	 Details  DELETE
225	5198	3/1/2010	10/1/2009 - 10/31/2009	AT&T Router Bill for October, 2009	\$389.26	 Details  DELETE
226	561	3/1/2010	2/1/2010 - 2/28/2010	AT&T Router Bill for February, 2010	\$12,186.74	 Details  DELETE
227	561	3/1/2010	2/1/2010 - 2/28/2010	AT&T Router Bill for February, 2010	\$11,748.14	 Details  DELETE
228	561	3/1/2010	2/1/2010 - 2/28/2010	AT&T Router Bill for February, 2010	\$13,729.74	 Details  DELETE
229	561	3/1/2010	2/1/2010 - 2/28/2010	AT&T Router Bill for February, 2010	\$13,729.74	 Details  DELETE
230	6515	3/1/2010	2/1/2010 - 2/28/2010	AT&T Router Bill for February, 2010 - Non-E-Rate	\$39,705.00	 Details  DELETE
(New)						 Details  DELETE

Each invoice is made up of one or more record details, each of which corresponds to an individual line item on the invoice. Each record detail is linked to a specific site as listed in the Kan-ed Membership Database. The screenshot on the next page shows a few record details for an AT&T bill.

Edit Invoice/Reimbursement Details

Vendor/Payee: AT&T
 Vendor Invoice #: 6515
 Customer/Acct #: 1651
 Date: 3/1/2010
 Payment Type: Kan-ed 2.0 Connections
 Service Dates: 2/1/2010 - 2/28/2010
 Payment Ref. #:
 Payment Vouch. #:
 Description: AT&T Router Bill for February, 2010 - Non-E-Rate

Other Comments:
 Date Payment Sent:
 Date Payment Cleared:

DB ID	WA Number	Kan-ed Member	Kan-ed Site	Category	E-Rate?	Amount (\$)
6497	WA7073	Cloud County Community College	Cloud County Community College	Router Bill	No	\$389.26
		Service Dates: 2/1/2010 - 2/28/2010	Vendor Site ID: 90118808	ICORE: 1643052	Circuit #: DNEC.766689..ATI	Circuit Size: 20.0 MB
		Description: router rental				Activity Acct. #: VPSOKE
6498	COR7030A	Stormont-Vail Healthcare Inc.	Cotton O'Neil Clinic-Lawrence	Router Bill	No	\$389.26
		Service Dates: 2/1/2010 - 2/28/2010	Vendor Site ID: 90130288	ICORE: 1658683	Circuit #: DHEC.223174..ATI	Circuit Size: 1.5 MB
		Description: router rental				Activity Acct. #: VPSK21
6499	COR7113A	Logan County Hospital	Logan County Hospital	Router Bill	No	\$389.26
		Service Dates: 2/1/2010 - 2/28/2010	Vendor Site ID: 90123645	ICORE: 1677678	Circuit #: DHEC.435975..ATI	Circuit Size: 1.5 MB
		Description: router rental				Activity Acct. #: VPS758
6500	COR7332	Butler Community College	McConnell AFB Campus	Router Bill	No	\$389.26
		Service Dates: 2/1/2010 - 2/28/2010	Vendor Site ID: 90154064	ICORE: 1702847	Circuit #: DHEC.409512..ATI	Circuit Size: 1.5 MB
		Description: router rental				Activity Acct. #: KAN210
6501	WA7000	Butler Community College	Marion Campus	Router Bill	No	\$389.26
		Service Dates: 2/1/2010 - 2/28/2010	Vendor Site ID: 90093030	ICORE: 1502270	Circuit #: DHEC.250918.811..ATI	Circuit Size: 3.1 MB
		Description: router rental				Activity Acct. #: VPSOK3
6502	WA7001	Butler Community College	Butler of Council Grove	Router Bill	No	\$389.26
		Service Dates: 2/1/2010 - 2/28/2010	Vendor Site ID: 90093003	ICORE: 1502581	Circuit #:	Circuit Size: 3.1 MB
		Description: router rental				Activity Acct. #: VPSOK3
Total: \$39,705.00						

Import Data

OEIE is working with Kan-ed staff to create automated imports for various billing components. The screenshot below shows instructions for an import that takes an electronic version of a monthly AT&T bill and automatically creates an invoice and associated detail records.

Import Bills

[Close Import/Export Form](#)

1. Import AVPN Bill from AT&T to an Invoice Record

Initial Version for Testing

Step 1: Prepare MS Excel Spreadsheet

In order to import the AVPN bill without errors, data in the MS Excel spreadsheet must be in a specific order/format and saved as an .xlsx file. Use the template linked above and follow the procedure below to prepare the file for import:

1. Insert a new worksheet to the far left called "Import".
2. Copy/Paste columns from the SITE_DETAIL_REPORT tab one at a time in the order shown on the template / step 2 tab.
3. Copy/Paste the header row from the template / step 3 tab into the first row of your new import tab.
4. Make sure all the headings in row 1 align with the original field names in row 2, then delete row 2 entirely.
5. Save the spreadsheet.
6. Press ctrl-end to take you to the bottom-rightmost cell. Delete any extra blank rows or columns entirely.
7. Check for and fix missing data such as dates, WA Numbers, etc.
8. Save and close the spreadsheet.

Step 2: Perform the Automated Import

1. File Name: [Browse](#)
 2. Invoice Date:
 3. Vendor/Payee: AT&T
 4. Description:

[Import the MS Excel File](#)

Step 3: Check the New Invoice Record

The import should have provided you with a list of missing data. You can either hand-enter this, or update the Excel spreadsheet then delete and re-import the invoice. The most important data is the MemberID and SiteID as any funding not linked to a record in the Kan-ed Membership Database will not be reported.

This and other imports are still in the testing process but should greatly reduce the amount of time required to track various funding elements.

Export Data

One goal for creating this database was to provide a quick means of generating customized funding reports. Currently, a single export that generates a summary list of all invoices is available. In the future, more reports that are customized to the needs of Kan-ed staff will be added to the billing database. These will provide quick real-time funding data in pre-defined formats.

Database Administration

The database uses pre-defined drop-down lists wherever possible to ensure consistency in data entry. The elements that appear in these lists can be modified in the *Database Administration* form on the *Drop-down Lists* tab. As an example, the screenshot below shows a list of all available circuit sizes. In addition, the *Database Administration* form allows for viewing local and remote database options, seeing a history of programming changes made to the database, and creating a snapshot of the entire database.

Database Administration - Drop-down Lists					Close Administration Form
Drop-down Lists					
Choose Table:			Note: Changes made here will affect all linked tables. Please be very careful about deleting or editing any existing records.		
ID	CircuitSize	Created	Comments	Lock	
16	1.0 GB	1/28/2010 12:54:44 PM		<input type="checkbox"/>	<input type="checkbox"/>
1	1.5 MB	1/12/2010 9:21:37 AM		<input type="checkbox"/>	<input type="checkbox"/>
7	10.0 MB	1/12/2010 9:22:36 AM		<input type="checkbox"/>	<input type="checkbox"/>
8	10.8 MB	1/12/2010 9:22:38 AM		<input type="checkbox"/>	<input type="checkbox"/>
9	15.0 MB	1/12/2010 9:22:40 AM		<input type="checkbox"/>	<input type="checkbox"/>
15	155.0 MB	1/26/2010 4:00:35 PM		<input type="checkbox"/>	<input type="checkbox"/>
10	20.0 MB	1/12/2010 9:22:44 AM		<input type="checkbox"/>	<input type="checkbox"/>
13	200.0 MB	1/12/2010 9:22:52 AM		<input type="checkbox"/>	<input type="checkbox"/>
2	3.1 MB	1/12/2010 9:22:22 AM		<input type="checkbox"/>	<input type="checkbox"/>
11	30.0 MB	1/12/2010 9:22:46 AM		<input type="checkbox"/>	<input type="checkbox"/>
14	300.0 MB	1/12/2010 9:22:53 AM		<input type="checkbox"/>	<input type="checkbox"/>
3	4.6 MB	1/12/2010 9:22:25 AM		<input type="checkbox"/>	<input type="checkbox"/>
12	45.0 MB	1/12/2010 9:22:48 AM		<input type="checkbox"/>	<input type="checkbox"/>
4	6.2 MB	1/12/2010 9:22:28 AM		<input type="checkbox"/>	<input type="checkbox"/>
5	7.7 MB	1/12/2010 9:22:31 AM		<input type="checkbox"/>	<input type="checkbox"/>
6	9.2 MB	1/12/2010 9:22:33 AM		<input type="checkbox"/>	<input type="checkbox"/>
(New)		6/1/2010 11:31:11 AM		<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX 4

2009 Member Record Update

2009 Member Record Update

Purpose

A Kan-ed Member Record Update (Record Update) is conducted each year by the Office of Educational Innovation and Evaluation (OEIE). The Record Update ensures that the Kan-ed Membership Database, which houses information relating to Kan-ed members, remains accurate. This accuracy is critical as Kan-ed strives to communicate effectively with its members.

The purpose of the Record Update is to verify and update contact information for each member organization's three Kan-ed contacts. In addition, during the 2009 Record Update, Kan-ed requested a fourth contact, a Communications Contact, along with site information for each member. The Communications Contact serves as an individual Kan-ed could contact regularly with general Kan-ed announcements, events, and updates, including future Member Record Updates. Kan-ed contacts are updated on an annual basis due to frequent changes in contacts and/or their contact information.

Methodology

The 2009 Record Update was conducted in fall 2009. Due to the migration to the new Kan-ed 2.0 network and the desire to streamline the verification process for the Record Update, the process was modified in 2009. OEIE staff developed a process through which each Kan-ed member could update their contact information by accessing a pre-populated online form through a specific web link. Each member could access the link to verify and make changes to their contact information. In addition, all member sites were listed on the form with contact information and a drop-down list that allowed an indication of whether or not each site within that particular organization was able to access the new Kan-ed 2.0 network. An example of the online form can be found on page 7 of this section.

As of November 1, 2009, there were 837 active Kan-ed members. Of the 837 members included in the update, there were 50 higher education institutions, 134 hospitals, 335 K-12 organizations, and 318 libraries. The administrative contact for each Kan-ed member was contacted via email and asked to confirm their organization's contact information. The expectation was that the administrative contact would be able to verify information and submit the updates. They also could then forward the specific web link to another individual to verify other information as necessary. Contacts were asked to verify and/or update their organization's contact information as well as their website address. Replacement or updated e-mail addresses were located, if possible, for all undeliverable emails. Reminder emails were sent periodically to those who did not reply. Samples of the initial and reminder emails are included beginning on page 4. If repeated efforts to reach a contact by email were unsuccessful, then contact by telephone was attempted.

Results of the Record Update

Of the 837 Kan-ed members, contact information for 819 was verified and/or updated, for a response rate of 98%. Contacts at 13 K-12 organizations, two higher education institutions, two libraries, and one hospital could not be reached to verify contact information after several attempts via email and telephone.

Member Record Update Response Rate (Disaggregated by Constituent Group)					
	Higher Education	Hospitals	K-12	Libraries	Total
Update Not Completed ¹	2 (4%)	1 (1%)	13 (4%)	2 (1%)	18 (2%)
Database Update Completed	48 (96%)	133 (99%)	322 (96%)	316 (99%)	819 (98%)

¹ Indicates that one or more contacts (administrative, technical, or content and services) at an organization could not be reached to verify contact information.

Of the 819 members that completed the record update, one or more changes were made for 632 (77%), while no changes were required for 187 (23%). A total of 3,252 changes were imported into the Kan-ed database in December 2009; almost half (48%) of these changes related to updating site contact information and connection status. These numbers exclude the addition of the communications contact, which was required of all members. The table below displays the Record Update results per constituent group.

Member Record Update Results (Disaggregated by Constituent Group)					
	Higher Education	Hospitals	K-12	Libraries	Total
No changes required	6 (13%)	39 (29%)	68 (21%)	74 (23%)	187 (23%)
One or more changes required	42 (88%)	94 (71%)	254 (79%)	242 (77%)	632 (77%)

The trends below were observed during the update process. Percentages have been rounded for ease in reporting, so percentages may not sum exactly to the total percent.

- The fall 2009 record update indicates that one or more changes were necessary for 632 Kan-ed members (77%). This number is higher than in previous years, which may be due to the ease of use in the pre-populated online form.

- Higher education members required the highest percentage of updates (88%).
- Of the 1,696 member changes that did not involve site level changes, 25% were updated email addresses, 20% were updated contact names, 19% were updated titles, 16% were updated phone numbers, and 11% were updated fax numbers. There also were 122 organization website address updates (7%) and 11 organization name updates (1%).

2009 Kan-ed Database Update of Membership Records Email Correspondence

Initial email sent to Kan-ed administrative contacts (November 5, 2009)

Subject: 2009 Kan-ed Member Record Update

Dear <Contact Name>,

Kan-ed has begun the annual process of verifying and updating contact information for its membership and has asked our office, the Office of Educational Innovation and Evaluation (OEIE), to gather this information. It is important that Kan-ed has accurate contact information for its members in order to communicate effectively regarding upcoming initiatives, legislative updates, funding opportunities, and provided services. We are trying to collect all updates by November 12, 2009.

At the link provided below, you will find an online form containing the contact information Kan-ed currently has on file for <Organization Name> along with specific instructions for completing the form. Using this link and instructions, please update and/or verify your organization's contact and connection information. As will be mentioned in the form, you may submit updates related to information you are knowledgeable about and forward this link on to another individual to verify any remaining information if necessary.

<Record Update Web Link>

If you have any questions about this process, feel free to contact Sarah Bradford at OEIE (785-532-5677, kaned@k-state.edu).

If you would prefer to update this information by phone, call Sarah Bradford (785-532-5677) between 8 am and 5 pm Monday through Friday.

Thank you for updating your organization's contact information. We appreciate your time!

Reminder email sent to Kan-ed administrative contacts (November 19, 2009)

Subject: Reminder: 2009 Kan-ed Member Record Update

Dear <Contact Name>,

This is a friendly reminder that we have not received your verified contact information for the 2009 Kan-ed Membership Record Update. Please follow the link below to update your organization's information at your earliest convenience.

Kan-ed has begun the annual process of verifying and updating contact information for its membership and has asked our office, the Office of Educational Innovation and Evaluation (OEIE), to gather this information. It is important that Kan-ed has accurate contact information for its members in order to communicate effectively regarding upcoming initiatives, legislative updates, funding opportunities, and provided services. We are trying to collect all updates by November 25, 2009.

At the link provided below, you will find an online form containing the contact information Kan-ed currently has on file for <Organization Name> along with specific instructions for completing the form. Using this link and instructions, please update and/or verify your organization's contact and connection information. As will be mentioned in the form, you may submit updates related to information you are knowledgeable about and forward this link on to another individual to verify any remaining information if necessary.

<Record Update Web Link>

If you have any questions about this process, feel free to contact Sarah Bradford at OEIE (785-532-5677, kaned@k-state.edu).

If you would prefer to update this information by phone, call Sarah Bradford (785-532-5677) between 8 am and 5 pm Monday through Friday.

Thank you for updating your organization's contact information. We appreciate your time!

Final reminder email sent to Kan-ed administrative contacts (November 30, 2009)

Subject: Needed Information: 2009 Kan-ed Membership Record Update

Dear <Contact Name>,

This is a friendly reminder that we have not received your verified contact information for the 2009 Kan-ed Membership Record Update. This is the final email reminder we will send, however, we will be placing telephone calls the week of December 7th-11th for those who have not completed their organization's record update. Please follow the link below to update your organization's information as soon as possible.

Kan-ed has begun the annual process of verifying and updating contact information for its membership and has asked our office, the Office of Educational Innovation and Evaluation (OEIE), to gather this information. It is important that Kan-ed has accurate contact information for its members in order to communicate effectively regarding upcoming initiatives, legislative updates, funding opportunities, and provided services. **We need all updates completed by Friday, December 4, 2009.**

At the link provided below, you will find an online form containing the contact information Kan-ed currently has on file for <Organization Name> along with specific instructions for completing the form. Using this link and instructions, please update and/or verify your organization's contact and connection information. As will be mentioned in the form, you may submit updates related to information you are knowledgeable about and forward this link on to another individual to verify any remaining information if necessary.

<Record Update Web Link>

If you have any questions about this process, feel free to contact Sarah Bradford at OEIE (785-532-5677, kaned@k-state.edu).

If you would prefer to update this information by phone, call Sarah Bradford (785-532-5677) between 8 am and 5 pm Monday through Friday.

Thank you for updating your organization's contact information. We appreciate your time.

2009 Kan-ed Member Record Update



Kan-ed has begun the annual process of verifying and updating contact information for its membership and has asked our office, the Office of Educational Innovation and Evaluation (OEIE), to gather this information. It is important that Kan-ed has accurate contact information for its members in order to communicate effectively regarding upcoming initiatives, legislative updates, funding opportunities, and provided services.

Please provide your name, title/position and email address. This will be used if we have any specific questions related to any updates provided via this form.

Your Name (first & last):	<input type="text"/>
Your Title/Position:	<input type="text"/>
Your Email Address:	<input type="text"/>

This information was last updated by **Sarah B** on **12/14/09** at **7:22am**.

The following information is what Kan-ed currently has on file for your organization. **Please make updates to correct missing or inaccurate information.** For any changes you wish to make to the information, please delete the incorrect information and insert the correct information in its place. Once you've completed a section, please be sure to address the confirmation drop-down by selecting whether the section has been verified, updated, or is still awaiting verification. You may submit updates and forward this link on to another individual to verify other information if necessary.

Member Name:	Minneola District Hospital	
Physical Address:	212 Main	
Mailing Address:	PO Box 127	
City, State:	Minneola	, KS
Zip Code:	67865-0127	
Phone #:	620-885-4264	(format: 000-000-0000)
Fax #:	620-885-4602	(format: 000-000-0000)
Web Site:	None	
Please confirm this section has been verified or updated	Verified - No changes necessary	

Administrative Contact - This is someone who has decision-making authority within your organization. It is typically a Superintendent, Director, Chief Information Officer, President, Chief Executive Officer or some other high ranking official.

Position Title:	Administrator/CEO	
First Name:	Brian	
Last Name:	Roland	
Phone #:	620-885-4264	(format: 000-000-0000)
Fax #:	620-885-4602	(format: 000-000-0000)
Email Address:	broland@mdh2.org	

**Please Confirm this Section
has been Verified or
Updated**

Awaiting Verification

Technical Contact - This individual is considered the highest level authority on technical issues at your site. It is typically the Director of Information Technology, Chief Security Officer, or other technical staff member.

Position Title:	IT	
First Name:	Michele	
Last Name:	Stevens	
Phone #:	620-885-4264	(format: 000-000-0000)
Fax #:	620-885-4602	(format: 000-000-0000)
Email Address:	mstevens@mdh2.org	
Please Confirm this Section has been Verified or Updated	Awaiting Verification	

Content & Service Contact - This person should be knowledgeable about the types of content and services that the organization uses on a regular basis. This person is typically the Director of Curriculum and Instruction, Associate Superintendent, Director of Information and Media Services or Librarian.

Position Title:	Education	
First Name:	Michele	
Last Name:	Stevens	
Phone #:	620-885-4264	(format: 000-000-0000)
Fax #:	620-885-4599	(format: 000-000-0000)
Email Address:	mstevens@mdh2.org	
Please Confirm this Section has been Verified or Updated	Awaiting Verification	

Communications Contact [NEW] - This individual is someone whom Kan-ed could contact regularly with general Kan-ed announcements, events, and updates.

Position Title:	Administrator/CEO	
First Name:	Brian	
Last Name:	Roland	
Phone #:	620-885-4264	(format: 000-000-0000)
Fax #:	620-885-4602	(format: 000-000-0000)
Email Address:	broland@mdh2.org	
Please Confirm this Section has been Verified or Updated	Verified - Updates have been made	

Below is a list of all sites that are associated with your member record. In order to help secure on-going funding for the Kan-ed initiative, it is important to have accurate information about member sites and their use of the Kan-ed 2.0 network. The Kan-ed 2.0 network is an advanced virtual private network through which member sites can transmit and receive

videoconferences or interactive distance learning and access Internet2. Please scan through the list below and make any updates to existing sites. Specifically, **please mark whether or not each site has access to the Kan-ed 2.0 network**. This will help greatly in Kan-ed's ability to report on overall network usage. Again, you may wish to forward this link on to another individual (ex: technology support person) to verify Kan-ed 2.0 connectivity information. Also, if any sites are missing or no longer exist, please make a note in the comment box provided at the bottom of this list.

Site/Building Name	Administrative Contact Title	Administrative Contact Name	Email Address	Can Access Kan-ed 2.0?
Bucklin Community Clinic	IT	Michele Stevens	mstevens@mdh2.org	Yes
Fowler Community Clinic	IT	Michele Stevens	mstevens@mdh2.org	Yes
Minneola District Hospital	Administrator/CEO	Brian Roland	broland@mdh2.org	Yes

If there are new sites to add or existing sites that have closed, please list them in the box below, including the date the change took place.

Please confirm these sites and their connectivity to Kan-ed 2.0 has been verified or updated Verified - Updates have been made

If you have any other general comments about this update, please share them here:

In preparation for the upcoming **2010 Legislative Session**, we would greatly appreciate it if you would share any statements or stories about how Kan-ed funding or services have impacted your organization in the box below. If there are additional contacts at your organization that may have a story to share, please leave their contact information in the following box.

Submit Record Update

If you have any questions about this form, please contact Sarah Bradford at kaned@k-state.edu or by calling 785-532-5677.

APPENDIX 5

Kan-ed Membership
Conference

Kan-ed Membership Conference Summary

Purpose

The Kan-ed Membership Conference, *High Speed Connections: Experience the Fast Lane with Kan-ed*, was held November 9th and 10th, 2009 in Wichita. Twenty-two individual sessions were offered during the 2009 Membership Conference, with 14 of these being unique sessions. Sessions were offered in four tracks: Libraries, Health Care, Education, and What's Up?.

A Discovery Day forum was included within the Libraries track at the conference. Discovery Day was a facilitated forum to focus on best practices in statewide library, and related institutional, purchasing consortiums. The purpose of a library purchasing consortium in Kansas is to collaboratively acquire, organize, preserve, and expand access to information resources for the Kansas academic community, which in turn could allow for greater efficiencies. Discovery Day was designed to allow library directors an opportunity to discuss the benefits and challenges of a potential statewide library consortium.

Procedure

Kan-ed contracted with the Office of Educational Innovation and Evaluation (OEIE) to develop and manage the administration of the *Kan-ed Membership Conference Session Feedback Form (Session Feedback Form)* and the *Kan-ed Membership Conference Evaluation Survey (Conference Evaluation Survey)*. OEIE also assisted in the documentation process during Discovery Day.

Session Feedback Forms were distributed to attendees at the beginning of each session. Participants were instructed to complete the form at the end of the session and return it to a Kan-ed representative or the *Session Feedback Form* box located at the registration table. The *Session Feedback Form* is located on pages 4-5 of this section.

Following the conference, the *Conference Evaluation Survey* was launched separately to three groups who had participated in the conference: members, presenters, and vendors. The *Conference Evaluation Survey* was launched by email the morning of Thursday, November 12, 2009 and was available until November 25, 2009. During this time, conference participants received three reminder emails, spaced four days apart, encouraging them to complete the survey. The *Conference Evaluation Surveys* begin on page 6 of this section.

OEIE provided documentation of the Discovery Day sessions held by the library constituent group as a part of the Kan-ed conference. Documentation consisted of a written record of the key aspects of the forum and questions asked by participants. Gillian Harrison Cain, Director of Marketing and Program Development at Bibliographical Center for Research (BCR), served as facilitator in the afternoon session.

Summary of the Membership Conference Evaluation

Highlights of the results from the *Session Feedback Form* and *Conference Evaluation Survey*, as well as the documentation of Discovery Day, are summarized in the bullets below, and a full report of the results is located in Appendix 6 of the December 2009 Biannual Report.

Session Evaluation

- OEIE received 402 usable *Session Feedback Forms*.
- Most of the sessions received positive feedback, with relatively few participants indicating dissatisfaction with components of the sessions.
- Some sessions were better attended and received (e.g., Kan-ed Empowered Desktop, Kan-ed Research and Education Databases) than others.
- Across sessions, respondents frequently agreed or strongly agreed that the session provided relevant information for them and their organization (349 responses).
- Across sessions, respondents tended to be satisfied or extremely satisfied with the presenters' knowledge about the session topics (339 responses) and the overall quality of the session (324 responses).
- In general, participants offered few suggestions for improvement to the sessions. However, participants' responses indicated that it may be helpful at future conferences to allot more time for the sessions (41 responses).

Conference Evaluation

- OEIE received 108 responses to the *Conference Evaluation Survey*.
- Ninety-four of 153 members (61%), six of 15 presenters (40%), and eight of 16 vendors (50%) who attended the conference responded to the survey.
- Most responding conference attendees (68 respondents) thought the quality of the conference was similar to other conferences, while several (29 respondents) thought that it was better or significantly better than other conferences.
- Responding conference attendees most frequently rated as "High Quality" the conference facilities (80 respondents), food service (75 respondents), and oral presentations (40 member respondents – this item was asked only of members).
- Most attendees indicated that they would attend a Kan-ed conference if held next year (94 respondents) and would recommend the conference to others (99 respondents).
- Members, on average, rated the educational content of the conference as Good to Very Good, and they most frequently agreed or strongly agreed with the statement "This conference provided relevant information for me and my organization." (77 member respondents).
- Many members offered that they thought the conference was well organized and enjoyable (20 member respondents).

Discovery Day Documentation

- Approximately 50 library directors attended Discovery Day.
- Marc Galbraith and Patti Butcher from the State Library of Kansas provided an overview including the history and current status of a statewide consortium in Kansas.
- Alan Bearman, Chair of Deans and Directors of Regent Libraries (CODDL) and Jean Redeker, Associate Vice-President of Academic Affairs for the Kansas Board of Regents (KBOR) shared the perceived benefits and barriers to a statewide consortium as defined by CODDL.
- Gillian Harrison Cain presented information on the structures and operations of multi-type consortium models and how they combine forces to effectively purchase and manage statewide databases, electronic/digital and other resources.
- After breaking for lunch, the group reconvened with participants placed in small groups to allow for discussion regarding participant expectations for a consortium.
- Many participants left immediately after the session. Several mentioned they did not see a need to complete an evaluation form as they only came for Discovery Day and not for the Kan-ed Membership Conference.



Membership Conference Session Feedback Form

Thank you for your involvement in this session at the 2009 Kan-ed Membership Conference. We hope you have found the activities valuable to your organization. To help Kan-ed staff assess the impact of the information provided throughout the session, and to help plan for future events, we ask that you please fill out this brief evaluation form. Kan-ed is collecting this information so that we can continue to meet the needs of Kan-ed members and Kansans alike. The information you provide will assist Kan-ed in tailoring future events to better meet your needs.

1. Please select the name of this session from the list below.

Track 1: Libraries

- Discovery Day 9:30-10:20am
- Discovery Day 10:30-11:20am
- Discovery Day: Next Steps?
- Kan-ed Live Tutor Suite!
- E-Rate

Track 3: Education

- Kan-ed Empowered Desktop
- Kan-ed Research & Education Databases
- Kan-ed Live Tutor Suite!
- E-Rate
- LS Testbuilder

Non-Track

- Opening Keynote: Regent Gary Sherrer
- Legislative Topics & Discussion
- Video 202
- Closing Keynote: Elaine Karr

Track 2: Health Care

- Regional Hospital Networks Discussion
- Telemedicine in Kansas Panel
- Kan-ed Empowered Desktop
- Statewide HIT Initiative
- Case Study: Tennessee E-Health Network

Track 4: What's Up?

- Kan-ed 2.0: Want to Connect?
- Kan-ed Authorized Providers (KAP) Meeting
- Kan-ed Video Resources: Scheduling & MCU
- Kan-ed Research & Education Databases
- Kan-ed Live Tutor Suite!

2. Please consider your experiences during this session when responding to the following statements. Please rate your level of agreement with each statement using a scale of 1 (Strongly Disagree) to 4 (Strongly Agree).

This session...	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply
Informed me of Kan-ed's future plans for the network.	1	2	3	4	N/A
Provided me new information about Kan-ed initiatives.	1	2	3	4	N/A
Furthered my understanding of the Kan-ed program.	1	2	3	4	N/A
Provided relevant information for me and my organization.	1	2	3	4	N/A
Answered questions I had about Kan-ed.	1	2	3	4	N/A
Provided me with a broader understanding of how my organization can use Kan-ed services.	1	2	3	4	N/A

3. Please consider your experiences during this session when responding to the following statements. Please rate your level of satisfaction with each aspect of the session using a scale of 1 (Extremely Dissatisfied) to 5 (Extremely Satisfied).

How satisfied are you with...	Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied
the overall quality of the session?	1	2	3	4	5
the scope of information presented?	1	2	3	4	5
the usefulness of the information?	1	2	3	4	5
the overall quality of the presentation(s)?	1	2	3	4	5
the amount of time you had to network and share ideas with your peers?	1	2	3	4	5
the presenters' communication skills?	1	2	3	4	5
the presenters' knowledge of the material being presented?	1	2	3	4	5
the session's overall value in helping you improve your professional effectiveness?	1	2	3	4	5

4. How would you suggest that this session be improved? (Check all that apply.)

- Clarify the session objectives.
- Improve the instructional methods.
- Allot more time for session.
- Reduce the content covered.
- Improve organization of session.
- Shorten the time for session.
- Increase the content covered.
- Slow down pace of session.
- Improve the examples used.
- Update the content covered.
- Speed up pace of session.
- Add more videos/multimedia.
- Provide better information before the session.
- Provide more stimulating activities.

5. What did you find most valuable about this session?

6. What did you find least valuable about this session?

7. Please provide any additional comments you may have about this session.

8. To which constituent group do you belong?

- Hospitals
- K-12
- Higher Education
- Libraries
- Other:

9. Would you recommend this session to others?

- Yes
- No

Kan-ed Membership Conference Evaluation Survey

Survey Description

On behalf of the Kan-ed staff, thank you for attending and making the 2009 Kan-ed Membership Conference a real success.

To help us better evaluate the event, please complete this very short post-event survey. It should take only a few minutes.

Opening Instructions

When completing this survey, please consider the conference as a whole.

Page 1

Question 1

Using the following scale, please rate the educational content of this event.

- Excellent
- Very Good
- Good
- Fair
- Poor

Question 2

Compared to other conferences, how would you rate this conference?

- Significantly Better
- Better
- Similar
- Worse
- Significantly Worse

Question 3

Please indicate your agreement with the following statements, using the scales to the right.

1 - Strongly Disagree | 2 - Disagree | 3 - Neutral | 4 - Agree

5 - Strongly Agree

6 - Not Applicable

	1	2	3	4	5	6
3.1 This conference informed me of Kan-ed's future plans for the network.	<input type="radio"/>					
3.2 This conference provided me new information about Kan-ed initiatives.	<input type="radio"/>					
3.3 This conference furthered my understanding of Kan-ed services.	<input type="radio"/>					
3.4 This conference provided relevant information for me and my organization.	<input type="radio"/>					
3.5 This conference answered questions I had about Kan-ed.	<input type="radio"/>					
3.6 This conference provided me with a broader understanding of how my organization can use Kan-ed services.	<input type="radio"/>					

Question 4

Please evaluate the following aspects of the conference, using the scales to the right.

1 - Low Quality | 2 - Acceptable Quality | 3 - Good Quality

4 - High Quality

5 - Not Applicable

	1	2	3	4	5
4.1 The oral presentations at the conference	<input type="radio"/>				
4.2 The vendor displays	<input type="radio"/>				
4.3 The conference facilities	<input type="radio"/>				
4.4 The food service (breakfast, lunch)	<input type="radio"/>				
4.5 The evening reception	<input type="radio"/>				

Page 2**Question 5**

To which constituent group do you belong?

- Hospitals
- Higher Education
- K-12
- Libraries
- Other: _____

Question 6

Would you attend a Kan-ed Membership Conference next year, if offered?

- Yes
- No

Question 7

Would you recommend this Kan-ed Membership Conference to others?

- Yes
- No

Question 8

Please use this space to provide any further feedback you may have about the conference.



The image shows a large, empty rectangular text input field. In the bottom-left corner of this field, there is a small black text label that reads "Characters Remaining: 2000". To the right of the text field, there is a vertical grey scroll bar with a small triangular arrow at the top and a small square at the bottom.

Characters Remaining: 2000

Closing Message

Thank you again for attending the conference, and thank you for taking the time to provide this very valuable feedback. If you have any stories to share about how Kan-ed has impacted your organization, please contact Sarah Bradford, (785-532-5677 or sbradfor@ksu.edu).

- End of Survey -

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Kan-ed Membership Conference Evaluation Survey

Survey Description

On behalf of the Kan-ed staff, thank you for attending and making the 2009 Kan-ed Membership Conference a real success.

To help us better evaluate the event, please complete this very short post-event survey. It should take only a few minutes.

Opening Instructions

When completing this survey, please consider the conference as a whole.

Page 1

Question 1

Compared to other conferences, how would you rate this conference?

- Significantly Better
- Better
- Similar
- Worse
- Significantly Worse

Question 2

Please indicate your agreement with the following statements, using the scales to the right.

1 - Strongly Disagree | 2 - Disagree | 3 - Neutral | 4 - Agree

5 - Strongly Agree

6 - Not Applicable

	1	2	3	4	5	6
2.1 My presentation met the needs of Kan-ed members.	<input type="radio"/>					
2.2 My presentation provided Kan-ed members with new information about Kan-ed initiatives.	<input type="radio"/>					
2.3 My presentation provided relevant information of how my organization serves Kan-ed members.	<input type="radio"/>					
2.4 My presentation answered questions members had about Kan-ed.	<input type="radio"/>					
2.5 My presentation provided Kan-ed members with a broader understanding of how they can use Kan-ed services.	<input type="radio"/>					

Question 3

Please evaluate the following aspects of the conference, using the scales to the right.

1 - Low Quality | 2 - Acceptable Quality | 3 - Good Quality

4 - High Quality

5 - Not Applicable

--	--	--	--	--	--

	1	2	3	4	5
3.1 The vendor displays	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2 The conference facilities	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.3 The food service (breakfast, lunch)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.4 The evening reception	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.5 The raffle prizes	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 2

Question 4

To which constituent group do you serve?

- Hospitals
- Higher Education
- K-12
- Libraries
- Other:

Question 5

Would you present at a Kan-ed Membership Conference in the future, if offered?

- Yes
- No

Question 6

Would you recommend this Kan-ed Membership Conference to others?

- Yes
- No

Question 7

Please use this space to provide any further feedback you may have about the conference.

Characters Remaining: 2000

Closing Message

Thank you again for presenting at the conference, and thank you for taking the time to provide this very valuable feedback.

- End of Survey -

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Kan-ed Membership Conference Evaluation Survey

Survey Description

On behalf of the Kan-ed staff, thank you for attending and making the 2009 Kan-ed Membership Conference a real success.

To help us better evaluate the event, please complete this very short post-event survey. It should take only a few minutes.

Opening Instructions

When completing this survey, please consider the conference as a whole.

Page 1

Question 1

Compared to other conferences, how would you rate this conference?

- Significantly Better
- Better
- Similar
- Worse
- Significantly Worse

Question 2

Please indicate your agreement with the following statements, using the scales to the right.

1 - Strongly Disagree | 2 - Disagree | 3 - Neutral | 4 - Agree

5 - Strongly Agree

6 - Not Applicable

	1	2	3	4	5	6
2.1 My vendor display informed members of Kan-ed's future plans for the network.	<input type="radio"/>					
2.2 My vendor display provided new information about Kan-ed initiatives.	<input type="radio"/>					
2.3 My vendor display furthered members' understanding of the Kan-ed program.	<input type="radio"/>					
2.4 I answered member questions about Kan-ed.	<input type="radio"/>					
2.5 My vendor display informed members about how my organization can help support their Kan-ed services.	<input type="radio"/>					

Question 3

Please evaluate the following aspects of the conference, using the scales to the right.

1 - Low Quality | 2 - Acceptable Quality | 3 - Good Quality

4 - High Quality

5 - Not Applicable

	1	2	3	4	5

3.1 The oral presentations at the conference.	<input type="radio"/>				
3.2 The vendor displays.	<input type="radio"/>				
3.3 The conference facilities.	<input type="radio"/>				
3.4 The food service (breakfast, lunch).	<input type="radio"/>				
3.5 The evening reception.	<input type="radio"/>				

Page 2

Question 4

Which constituent group(s) do you primarily serve (check all that apply)?

- Higher Education Institutions
- Hospitals
- K-12 Schools
- Libraries

Question 5

Would you attend a Kan-ed Membership Conference next year, if offered?

- Yes
- No

Question 6

Would you recommend this Kan-ed Membership Conference to others?

- Yes
- No

Question 7

Please use this space to provide any further feedback you may have about the conference.

Characters Remaining: 2000

Closing Message

Thank you again for participating as a vendor at this conference, and thank you for taking the time to provide this very valuable feedback.

- End of Survey -

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APPENDIX 6

Proposed Kan-ed Case Study
Protocol

Kan-ed Case Study Protocol

Purpose

Kan-ed contracts annually with the Office of Educational Innovation and Evaluation (OEIE) to collect evidence of the impact of the Kan-ed network on its membership. One way that OEIE has traditionally collected impact data is through telephone interviews with the top users of various Kan-ed funded services (e.g., Empowered Desktop, Research and Educational Databases, EMResource) and grant programs (e.g. Enhancing Technology Grant Program). Data collected through these interviews have been incorporated into impact stories and statements shared with Kansas legislators for the purpose of providing additional evidence of the impact that Kan-ed services has had on constituents served in the state of Kansas.

Given that the impact stories have been well received and appreciated, OEIE proposes to augment the current data collection with a case study model to provide additional evidence of impact (Stake, 1995; Yin, 2003). Such a study involves in-depth research with one or a small group of entities to identify underlying reasons for their behavior (in this case, the behavior studied will be usage of Kan-ed services). A case study presents descriptions of the behaviors or activities occurring in a specific location and contributing factors (e.g., facilitators, barriers). A comparative case study (Yin, 2003) using cases and non-cases is proposed to collect in-depth information related to usage of Kan-ed services in high usage areas (case) as well as low usage (non-case) areas.

This research is based on the theoretical assumption that certain facilitators are present (or barriers absent) in some locations to allow these locations to engage in high usage of Kan-ed funded services; further, certain barriers must be present (or facilitators absent) at locations with low usage of Kan-ed funded services. Comparing information gathered from the cases conducted in high and low usage areas will assist in identifying reasons that Kan-ed services are being used in some areas and not being used in other areas. This in-depth investigation will allow OEIE to provide Kan-ed with information that can be used to target marketing efforts to non-users. Below is a proposed procedure to be implemented during the next fiscal year to collect in-depth impact data using case study methodology.

Proposed Procedure

OEIE proposes to conduct, in fall 2010, a comparative case study studying two cases in high Kan-ed service usage areas and two non-cases in low usage areas to assist in documenting impact of Kan-ed services on its membership. The cases in high usage areas will be conducted with Kan-ed members who make frequent use of the Kan-ed 2.0 network and other member services; one case will be explored in a rural area, and one will be in an urban area. Two non-cases will be in low usage areas with Kan-ed members who are not connected to the Kan-ed 2.0 network and do not frequently use other Kan-ed services; again, one of these non-cases will be in a rural area and one in an urban area. While OEIE is proposing to study four cases during the next fiscal year, the proposed procedure could be replicated in numerous locations.

Selection Criteria

OEIE will aggregate existing Kan-ed service usage data to identify prime locations in which to conduct the case study. Locations for the cases to be studied will be selected based on four criteria. These selection criteria are described below.

1. Connection Status – For cases in high usage areas, OEIE will select locations in which members are connected to the Kan-ed 2.0 network. For non-cases in low usage areas, OEIE will select locations in which members are not connected to the Kan-ed 2.0 network.
2. Service Usage Level – For cases in high usage areas, OEIE will select locations in which members use multiple Kan-ed funded services, and use them frequently. Alternately for the non-cases in low usage areas, OEIE will select locations that do not use Kan-ed services.
3. Clustering of Multiple Constituents with Similar Service Usage Levels – Geographic areas that contain clusters of multiple constituent groups (K-12, Higher Ed, Libraries, Hospitals) with high (or, alternately, low) Kan-ed service usage will be selected for the cases.
4. Proximity to an ELMeR Library – Locations near an ELMeR Library will be selected when possible.

A map of *Kan-ed 2.0 Connected Members by County* is included at the end of this report; this map indicates numbers of members with connections to Kan-ed 2.0 by each constituent group for each county in the state, along with locations of ELMeR sites that are connected to Kan-ed 2.0. Similar maps for *Kan-ed 2.0 Connected Members by Region*, *Kan-ed 2.0 Connected Sites by County*, and *Kan-ed 2.0 Connected Sites by Region* also are included. These maps will assist with preliminary selection of both the case and non-case locations.

Data Collection Strategies

The comparative case study may involve data collection strategies including site visits, observations, face-to-face and telephone interviews, and focus groups. Refer to page 4 for sample questions that may be asked during interviews and focus groups.

OEIE will conduct site visits to the four case locations to gather information about the impact of Kan-ed services within the settings in which they are used. During the site visits, OEIE will visit with each of the identified constituent groups to learn more about their Kan-ed service usage or non-usage. The OEIE team will schedule the site visits to facilitate observations of Kan-ed service usage, when possible. Site visits will be conducted for the non-cases in low usage areas, in addition to the cases in high usage areas, to maintain consistency in research strategy between the studies.

Individual face-to-face interviews will be conducted with Kan-ed service users at each identified member location to assess impact of the network and identify facilitators and barriers to use of Kan-ed services. OEIE will request that interviewees share information related to how Kan-ed 2.0 and other services are used, how frequently the services are used, if and how the Kan-ed

member has been able to expand partnerships and networking due to usage of Kan-ed 2.0 and other services, the types of partnerships/connections the Kan-ed member has been able to form due to usage of Kan-ed services (e.g., working with other constituent groups, local government, the city, and other stakeholders), enhancement of the community (economic development) and beyond. If Kan-ed members identify new partnerships with other Kan-ed constituent groups or non Kan-ed entities due to the Kan-ed 2.0 connection, efforts also will be made to contact these organizations for information related to impact. In locations where it is feasible, focus groups may be conducted with several individuals within one Kan-ed member organization or with individuals across multiple Kan-ed member organizations. Telephone interviews will be conducted when face-to-face interviews are not feasible for interviewees.

Data Analysis

Initially, data will be aggregated for each of the four cases separately to conduct a within-case analysis. OEIE will make connections in the data (i.e., identify themes) within member institutions and between the various constituent groups and other potential Kan-ed partners identified in the case location. Next, data will be aggregated using pre-determined indicators (type and frequency of use, partnerships, etc.) in a cross-case analysis to assist in identifying themes in responses from the constituents in high and low Kan-ed service usage locations.

Summary

To enhance collection of impact data, OEIE proposes to conduct a comparative case study that explores two cases in high usage areas and two non-cases in low or no usage areas, in terms of usage of the Kan-ed 2.0 network and other member services. The study will collect evidence of impact that can be incorporated into impact stories and statements that may be shared with legislators during the Kansas Legislative Session. The study also will serve to assist in the identification of facilitators and barriers to usage of Kan-ed 2.0 and other Kan-ed funded member services that Kan-ed can incorporate into marketing campaigns targeting different groups within its membership.

References

- Stake, R. (1995). *The Art of Case Study Research*. Thousand Oaks, CA: Sage Publications.
- Yin, R.K. (2003). *Applications of Case Study Research (2nd Edition)*. Thousand Oaks, CA: Sage Publications.

Sample Interview Questions for Proposed Case Studies

Connection

- Who are you connected through (ISP or AT&T)? Please describe the availability and quality of support services.
- Please describe the reason you connected to the Kan-ed 2.0 network.

Usage

- Are you using any Kan-ed network services? Which services do you use? (videoconferencing, interactive distance learning - IDL, Renovo Scheduler, Network Operations Center –NOC, Internet2 – *list as appropriate to constituent*)
- Are you using any other Kan-ed member services? Which services do you use? (Empowered Desktop, Educational and Research Databases, EMResource, E-Rate Consultant Services, Homework Kansas/Live Tutor – *list as appropriate to constituent*)
- In what ways do you use the Kan-ed 2.0 network and services?
- How frequently do you use each of the services (daily, weekly)?
- How long have you been using the services (months, years)?
- Generally, how satisfied are you with the Kan-ed services?
- Please describe any factors that facilitate, or that you think would facilitate, your usage of the Kan-ed 2.0 network and other services.
- Please describe any barriers or challenges you have encountered related to using the Kan-ed 2.0 network or other services. Please describe any reasons you may not be using some of the Kan-ed services.

Awareness

- How did you become aware of the Kan-ed services you use?
- Had you heard of any of the other Kan-ed services before (the services you don't use)?
- Are you aware of how other organizations are using Kan-ed services?

Impact

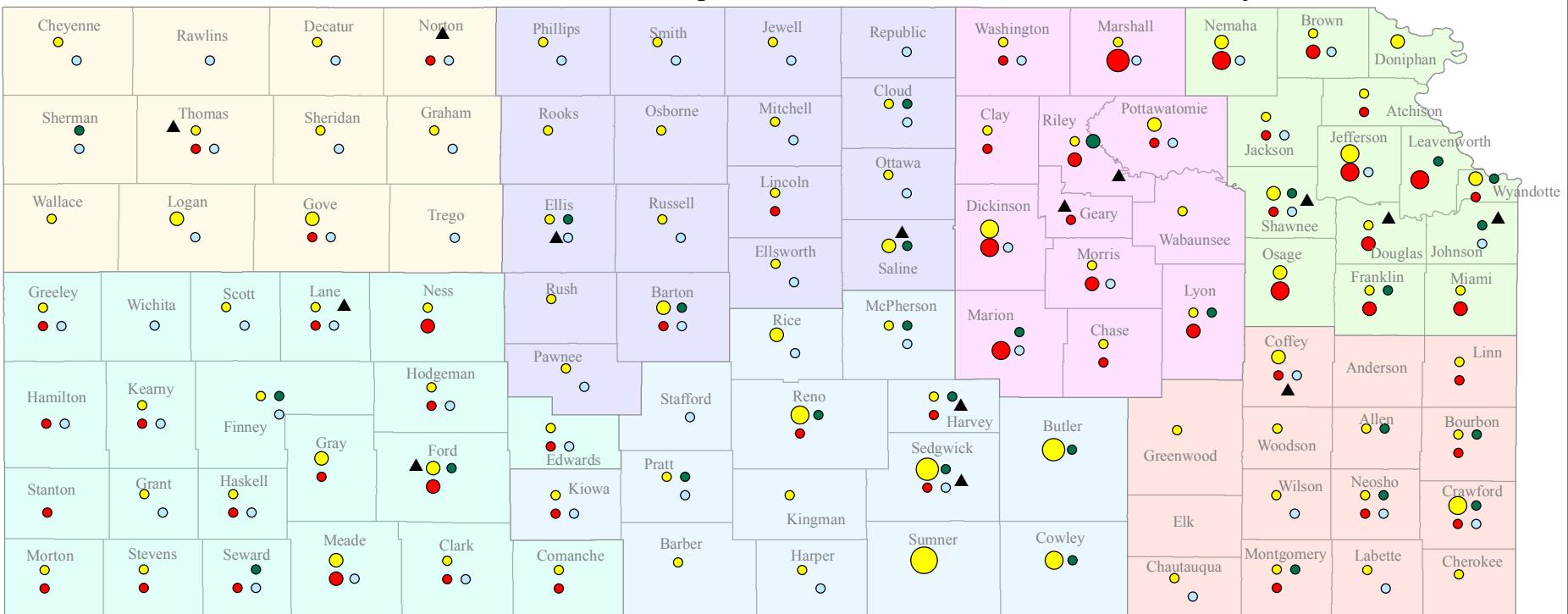
- Approximately how many people in your organization are impacted by Kan-ed services? How many individuals use Kan-ed services?
- How has the use of Kan-ed services impacted your organization? What are you able to do because of the Kan-ed services that you were unable to do before you had access? (please consider impact on - *list stakeholders appropriate to constituent group* - Students? Teachers? Parents? Patients? Healthcare staff? Community? Library Patrons?)
- Can you describe any specific stories of success? What reactions have you observed?
- Have any new partnerships developed due to your connection to Kan-ed 2.0 and the services available (e.g., connecting with others through videoconferencing, such as other Kan-ed members, local government, private corporations)?

Wrap Up

- Do you have any additional comments that the previous questions did not address?
- Please provide the names of any other individuals at your organization that you think would be interested in discussing Kan-ed 2.0 and other services with us.

Kan-ed 2.0 Connected Members by County

Includes Kan-ed members with one or more sites having a status of "Connected" in their site survey as of June 15, 2010.

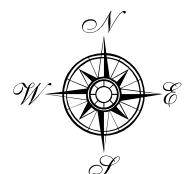


Legend

- ▲ ELMeR Sites
- Central
- North Central
- North East
- North West
- South Central
- South East
- South West

This map displays the number of connected members within each county (based on circle size) per constituent group (based on circle color). Included are members with a direct connection to Kan-ed 2.0 via AT&T or a Kan-ed Authorized Provider. The 14 ELMeR sites located in member libraries are indicated by a black triangle near the location of each site.

Note: A Kan-ed member with multiple connected sites is only counted once for purposes of this map.



0 12.5 25 50 75 100 Miles

Key for Number of Connected Members

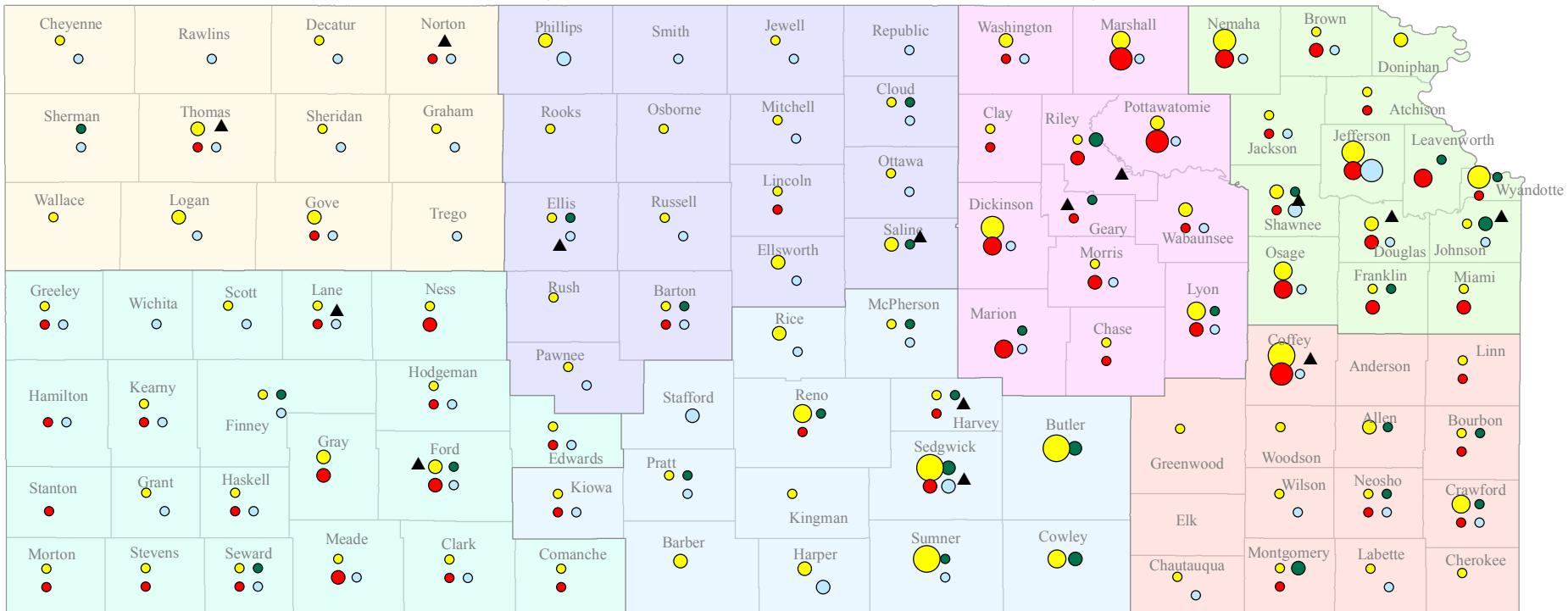
K-12	Higher Ed.	Libraries	Hospitals
● 1-2	● 1-2	● 1-2	○ 1-2
● 3-4	● 3-4	● 3-4	● 3-4
● 5-6		● 5-6	
● 7-8		● 7-8	
● 9-10			

Kan-ed

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Kan-ed 2.0 Connected Sites by County

Includes all Kan-ed sites having a status of "Connected" in their site survey as of June 15, 2010.

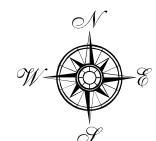


Legend

- ▲ ELMER Sites
- Central
- North Central
- North East
- North West
- South Central
- South East
- South West

This map displays the number of connected sites within each county (based on circle size) per constituent group (based on circle color). Included are all sites with a direct connection to Kan-ed 2.0 via AT&T or a Kan-ed Authorized Provider. The 14 ELMER sites located in member libraries are indicated by a black triangle near the location of each site.

Note: Sites are smaller entities within member organizations (i.e., a USD has multiple schools that are labeled as sites). Multiple sites of a Kan-ed member may be directly connected to the Kan-ed 2.0 network; all connected sites are counted for the purposes of this map.



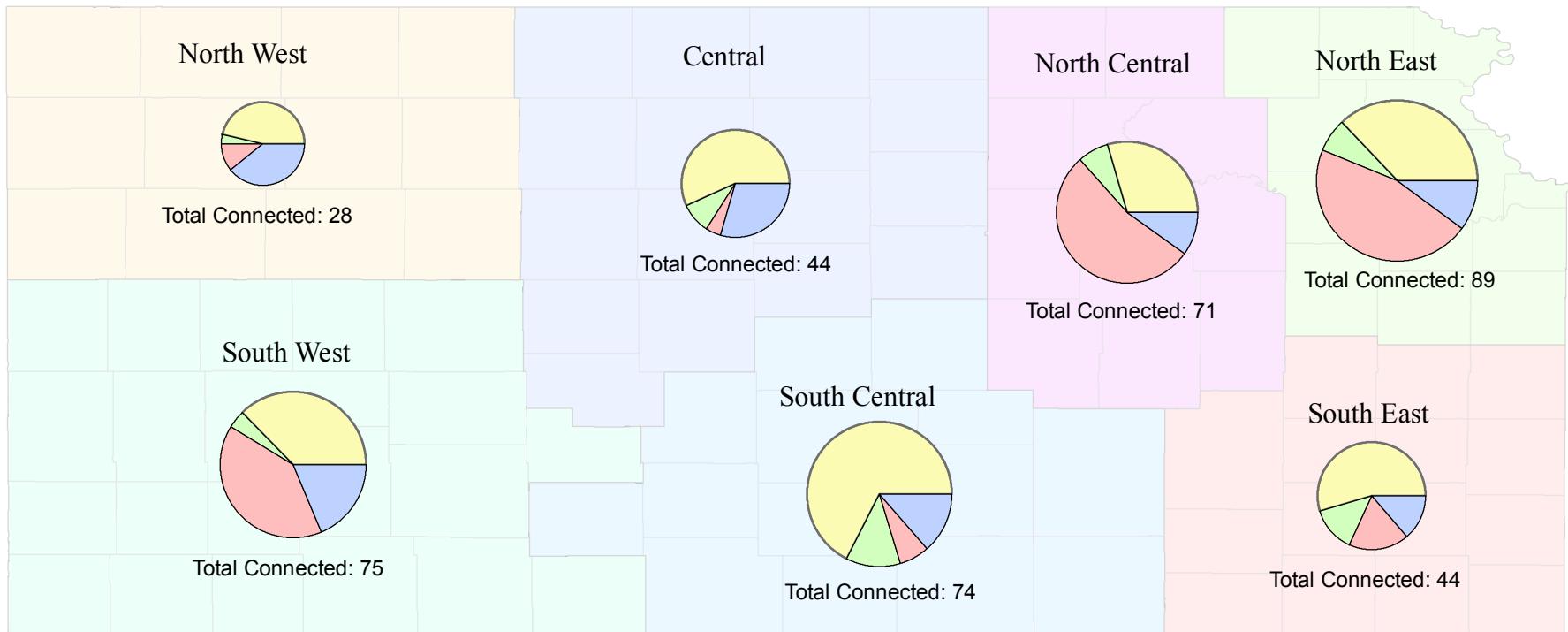
0 12.5 25 50 75 100 Miles

Key for Number of Connected Sites

Hospitals	Libraries	K-12	Higher Ed.
○ 1-2	● 1-2	● 1-2	● 1-2
○ 3-4	● 3-4	● 3-4	● 3-4
○ 5-6	● 5-6	● 5-6	● 5-6
○ 7-8	● 7-8	● 7-8	● 7-8
		● 9-14	

Kan-ed 2.0 Connected Members by Region

Includes Kan-ed members with one or more sites having a status of "Connected" in their site survey as of June 15, 2010.

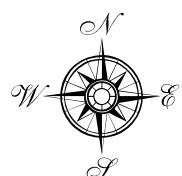


Regions

Central
North Central
North East
North West
South Central
South East
South West

The pie chart in each region is sized proportionate to the number of members in that region with a direct connection to Kan-ed 2.0 via AT&T or a Kan-ed Authorized Provider. Each pie chart shows the division of the number of connections by the four constituent groups (see key to the right).

Note: A Kan-ed member with multiple connected sites is only counted once for purposes of this map.

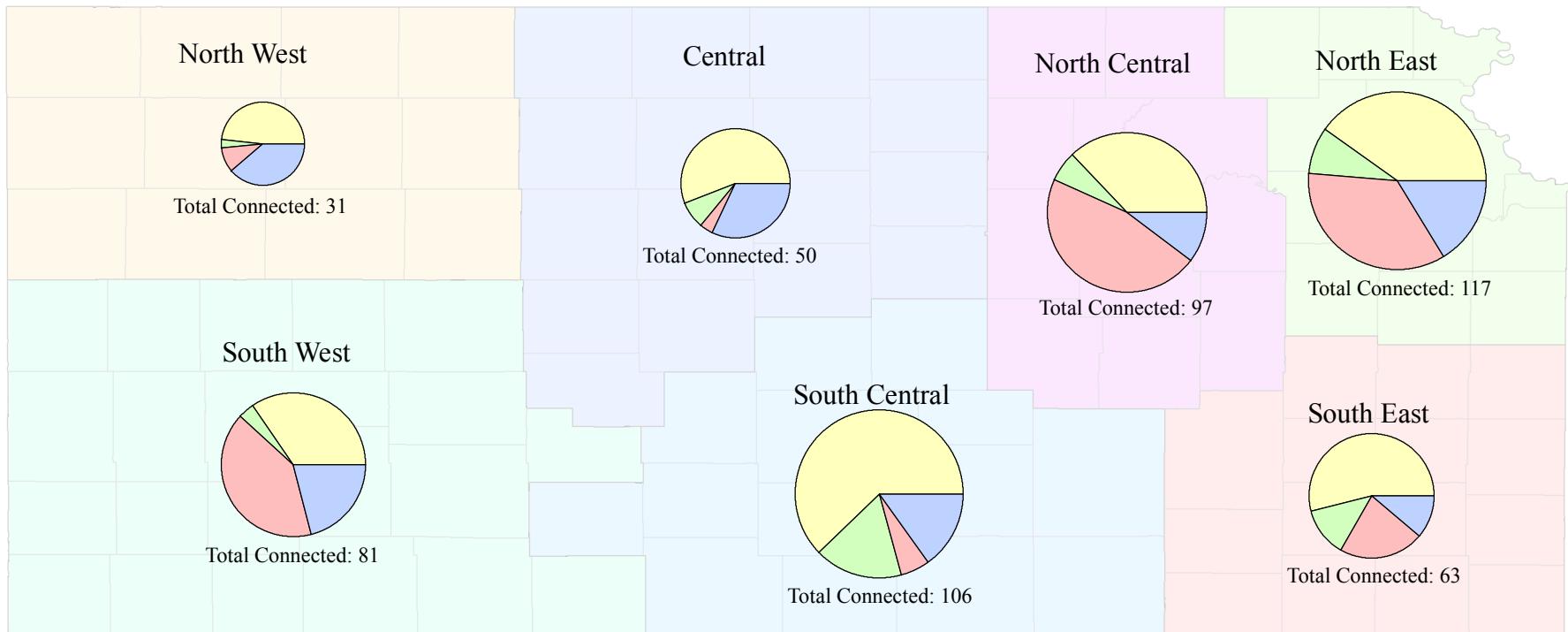


Pie Chart Key

K-12
Higher Ed.
Library
Hospital

Kan-ed 2.0 Connected Sites by Region

Includes all Kan-ed member sites having a status of "Connected" in their site survey as of June 15, 2010.

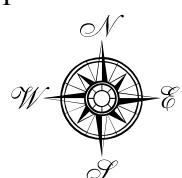


Regions

- [Blue square] Central
- [Pink square] North Central
- [Light Green square] North East
- [Orange square] North West
- [Light Blue square] South Central
- [Red square] South East
- [Teal square] South West

The pie chart in each region is sized proportionate to the number of sites in that region with a direct connection to Kan-ed 2.0 via AT&T or a Kan-ed Authorized Provider. Each pie chart shows the division of the number of connections by the four constituent groups (see key to the right).

Note: Sites are smaller entities within member organizations (i.e., a USD has multiple schools that are labeled as sites). Multiple sites of a Kan-ed member may be directly connected to the Kan-ed 2.0 network; all connected sites are counted for the purposes of this map.



0 12.5 25 50 75 100 Miles

Pie Chart Key

- [Yellow square] K-12
- [Light Green square] Higher Ed.
- [Red square] Library
- [Blue square] Hospital

Kan-ed

Prepared by the Office of Educational Innovation and Evaluation - June 15, 2010

APPENDIX 7

Telemedicine Capacity and Readiness Survey

Kan-ed Telemedicine Capacity and Readiness Survey

Purpose

In January 2010, Kan-ed requested for the Office of Educational Innovation and Evaluation (OEIE) to conduct a survey to assess current telemedicine application usage in Kansas hospitals, interest in expansion of telemedicine usage, technology needs for current and anticipated telemedicine application usage, and attitudes toward telemedicine implementation. The purpose of this data collection is to create a profile of Kansas hospitals related to telemedicine usage and related technology requirements. This information was intended to put Kan-ed in a better position to respond to the current and future needs of Kansas hospitals in terms of telemedicine usage.

Procedure

OEIE worked with Kan-ed staff to develop the *Kan-ed Telemedicine Capacity and Readiness Survey*. Starting with the Centers for Medicare & Medicaid Services (CMS) Hospital Leadership/System Improvement (HLSI) *Telehealth/Telemedicine Site Assessment Tool*, OEIE and Kan-ed staff collaborated on reducing, modifying, and adding items appropriate to Kan-ed's intended usage of the data. The survey was sent for two expert reviews with telemedicine experts in the state to gain suggestions for improvement in terms of ease of completion. The survey was modified based on expert feedback.

On February 19, 2010, a pilot of the survey was sent to 16 Kan-ed member hospitals to allow an opportunity for additional feedback about the survey prior to launching to all Kansas hospitals. Each Kan-ed region was represented in the pilot. The pilot survey contained 83 items; however, extensive conditional branching was incorporated to decrease the number of items received by any given survey respondent. Conditional branching allows survey items to be tailored to individual respondents' previous answers, which avoids having the respondents answer many questions that are not relevant to their facility. The survey was sent as an open survey link to allow the contact to forward it to a more appropriate person in the organization if necessary. Surveys were sent by email invitation to the hospital administrative contact. Two reminders were sent, spaced approximately one week apart; the technical contact was copied on these reminders. This pilot closed on March 10. OEIE placed phone calls to non-responding hospitals to make sure they had received the email request and extended the survey completion date for some hospitals to allow them additional time to complete it. Based on feedback received from individuals receiving this pilot survey and an additional expert review, the survey was again modified.

On April 15, the modified 72-item survey was launched to the remaining 130 hospitals, with a request to complete it by May 6. Surveys were sent by email invitation with an open survey link to the hospital administrative contact. The email suggested that the administrative contact may need to collaborate with others in the facility due to the range of information being requested. The technical contact was copied on the email invitation so that more than one individual at the facility would be aware of the survey, and it was expected that the technical contact would be knowledgeable about much of the information requested on the survey. The email

communications related to this survey are located on pages 22-24 of this report. Each contact received three reminder emails, spaced approximately a week apart, until the survey closed. The final reminder sent May 4 extended the survey deadline to May 9 and informed contacts that if they had not submitted a response by that time, they would receive a telephone call the next week with an offer to complete it by phone. OEIE called the non-responding contacts the week of May 10 and extended the deadline to May 21 for those who requested additional time to complete the survey.

The 72-item survey used in the main launch and the 83-item pilot survey can be found at the end of this appendix. Please note that the appearance of the surveys located at the end of this report are not fully illustrative of the interactive version that survey recipients receive (i.e, the survey received is much easier to read, has clearly defined page breaks, etc).

Results

Given that the purpose of the data collection was to create a profile of Kansas hospitals related to telemedicine usage, the responses obtained through the pilot and the main survey launchings have been analyzed together. The items that were removed from the pilot prior to launching the main survey are reported at the end of the results section.

Response Rates

Of the 146 hospitals invited to participate in the survey, responses were received from 113 hospitals, for an overall response rate of 77.4%. The table below presents response rates, as well as percentages of responses received, by region. The highest response rate was obtained for the North West region (10 of 11 hospitals responded, 90.9%), although that region composed the smallest percentage of responses received (8.8% of responses came from the North West).

Frequency of Responses and Response Rates by Kan-ed Region				
Region	Total Number Launched	Number of Survey Responses	Response Rate	Percent of Responses
North East	34	25	73.5	22.1
South West	22	18	81.8	15.9
Central	21	17	81.0	15.0
South Central	26	17	65.4	15.0
South East	17	14	82.4	12.4
North Central	15	12	80.0	10.6
North West	11	10	90.9	8.8
Total	146	113	77.4	100.0

Demographic Information

Respondents were asked to indicate the name of their facility (Q1) and the town in which it was located (Q2); all 113 respondents provided this information. Respondents also were asked to indicate their position title (Q3), by selecting all applicable position titles from a list of response

options and a write-in response option. The survey was most frequently completed by the Information Technology Director ($n = 37$) or the Chief Executive Officer (CEO, $n = 24$). The positions indicated by survey respondents are presented in the table below.

Q3. Please indicate your title.		
Title	Frequency	Percent of Respondents
President	3	2.7
Administrator	12	10.6
Chief Executive Officer (CEO)	24	21.2
Chief Information Officer (CIO)	10	8.8
Chief Financial Officer (CFO)	3	2.7
Chief Operating Officer (COO)	1	0.9
Vice President	4	3.5
Information Technology Director	37	32.7
Chief Nursing Officer (CNO)	6	5.3
Director	9	8.0
Coordinator	3	2.7
Other*	12	10.6

Note. Frequencies sum to more than 113, and percentages sum to more than 100%, because respondents were allowed to select all applicable position choices. Percentages are based on $n = 113$.

* Other responses include: Center for Telemedicine and Telehealth, ENG, Executive Assistant, Finance Officer, IS Manager, Network Administrator (2), Nurse Educator, Physician Relations, Technical Services Analyst, Technical Support Manager, and Telehealth.

Describe Your Facility

The next question asked respondents to indicate whether their facility has any satellite clinics (Q4). An equal number of respondents indicated their facility has satellite clinics as did those that indicated their facility does not have satellite clinics (both $ns = 55$). The table below presents the frequency of responses to this item.

Q4. Does this facility have any satellite clinics?		
Response	Frequency	Percent of Respondents
Yes	55	48.7
No	55	48.7
I don't know.	1	0.9
Did not answer	2	1.8

Percentages based on $n = 113$.

The main survey included an item that asked those who responded that their facility does have satellite clinics to indicate the names and locations of those satellite clinics (Q5). This item was not included in the pilot survey. Of the 44 respondents in the main survey launching that were asked to provide the names and locations of the satellite clinics associated with their organization, a total of 143 satellite clinics were indicated. The number of satellite clinics indicated by the respondents ranged between 1 and 34, with a mode of 1 and a median of 2. The frequencies associated with number of satellite clinics reported by hospitals are presented in the table on the following page.

Q5. Number of Satellite Clinics Indicated by Hospitals Responding in the Main Survey Launching

Number of Satellite Clinics	Frequency
One	14
Two	10
Three	7
Four	3
Five	3
Seven	2
Thirteen	1
Thirty-four	1
Did Not Provide an Answer	3

Next, respondents were asked if the physicians in their facility are employed by the hospital (Q6). Responses to this item are presented in the table below. Most ($n = 74$, 65.5%) indicated that physicians were employed by the hospital, while 36 respondents indicated that physicians were not employed by the hospital.

Q6. Are physicians in this facility employed by the hospital?

Response	Frequency	Percent of Respondents
Yes	74	65.5
No	36	31.9
Did not answer	3	2.7

Percentages based on $n = 113$.

The 36 respondents who indicated that the physicians in their facility are not employed by the hospital were asked to indicate how many physicians were located within 20 miles of the hospital (Q7) and how many physicians were located more than 20 miles away from the hospital (Q8). A total of 1,804 physicians were located within 20 miles of these hospitals, and a total of 582 physicians were located more than 20 miles from the hospital. Descriptive statistics related to these items are displayed in the table below.

Distance from the Hospital of Physicians that Are Not Employed by the Hospital				
Distance	Total Number	Range	Median	Mode
Within 20 Miles	1,804	0 - 700	4.5	2
More Than 20 Miles	582	0 - 200	1.0	0

Participants were asked to list the specialties available through physicians in the hospital (Q9). Eighty-seven respondents provided an answer. The specialties listed most frequently were family practice/primary care ($n = 52$) and Surgery ($n = 40$). Specialties listed by respondents are presented in the table on the following page.

Q9. Please list the specialties available through physicians at your facility.	
Specialties	Frequency
Family Practice/Primary Care	52
Surgery	40
Cardiology	35
Obstetrics/Gynecology	27
Orthopedics	26
Urology	16
Internal Medicine	16
Neurology	16
Oncology	13
Nephrology	13
Ear, Nose, and Throat (ENT)	13
Podiatry	12

*Note. Themes of specialties listed by fewer than 10 respondents include: Pulmonary (8), Radiology (8), Emergency Medicine (7), Ophthalmology (7), Pain Management (7), Allergy/Immunology (6), Endocrinology (6), Gastroenterology (6), Dermatology (5), Psychiatry (5), Anesthesia (4), Audiology (4), Infectious Disease (4), Occupational Therapy (3), Physical Therapy (3), Rheumatology (3), Speech Therapy (3), Wound Clinic (3), CT/MRI (2), Kidney/Dialysis (2), Optometry (2), Plastic Surgery (2), and VA outreach (2).

Equipment Resources

Participants were asked to indicate the uplink and downlink rates of the Internet connection at their hospital (Q10). To assist survey respondents in answering the question related to Internet uplink and downlink rates, the survey contained a website link to The Argonne National Laboratory to allow respondents to complete a 20-second diagnostic speed test. Seventy-seven provided these figures. Uplinks ranged from 174 Kbps to 100 Mbps, with a median of 3 Mbps; downlinks ranged from 512 Kbps to 100 Mbps, with a median of 3 Mbps.

Next, participants were asked if their facility has videoconferencing equipment (Q11). Most respondents indicated that their facility has video conferencing equipment ($n = 74$, 65.5%). Responses to this item are presented in the table below.

Q11. Does your facility have video conferencing equipment?		
Response	Frequency	Percent of Respondents
Yes	74	65.5
No	33	29.2
Did not answer	6	5.3

Please Tell Us About Your Community

Participants were asked whether there are visiting specialists that come to their community (Q12). Most respondents indicated that their community has visiting specialists ($n = 86$, 76.1%). Responses to this item are presented in the table below.

Q12. Do you have “visiting specialists” that come to your community?		
Response	Frequency	Percent of Respondents
Yes	86	76.1
No	20	17.7
Did not answer	7	6.2

The 86 respondents who indicated that their community has visiting specialists were asked to list the specialties of the visiting specialists and indicate the frequency at which they visit (Q13). Eighty responded. The specialties mentioned by respondents are presented in the table below. Cardiology was, by far, the most frequently cited specialty. Respondents most frequently indicated that specialists visit monthly ($n = 30$), weekly ($n = 24$), and bi-weekly ($n = 17$). Fewer reported bi-monthly ($n = 6$) or multiple weekly ($n = 5$) visits.

Q13. What are the specialties of these visiting specialists, and at what frequency do they visit?	
Specialty	Frequency
Cardiology	59
Orthopedist	32
Podiatry	32
General Surgery	29
Urology	25
Ear, Nose, Throat	22
Oncology	19
Ophthalmology	17
Obstetrics/Gynecology	14
Nephrology	12
Neurology	11
Pulmonary	11

Note. Themes of specialties listed by fewer than 10 respondents include: Audiology (9), Pain Management (9), Gastroenterology (8), Dermatology (7), Allergy/Immunology (5), Diabetes (5), Family Practice (4), Radiology (4), Rheumatology (4), Internal Medicine (3), Plastic Surgery (3), VA outreach (3), Wound Clinic (3), CT/MRI (2), Endocrinology (2), Otolaryngology (2), and Speech Therapy (2).

Participants were asked to indicate the most significant health service shortages in their service area (Q14). Participants were instructed to choose all applicable options from the provided list, and they also could write-in an “Other” response. Responses to this question are presented in the table below. The most frequently reported health shortages were Dermatology ($n = 41$), Neurology ($n = 32$), and Endocrinology ($n = 29$).

Q14. What are the most significant health service shortages in your service area?		
Health Service Shortage	Frequency	Percent of Respondents
Dermatology	41	36.3
Neurology	32	28.3
Endocrinology	29	25.7
Psychiatry	24	21.2
Rheumatology	23	20.4
Oncology	19	16.8
Infectious Disease	16	14.2
Internal Medicine	16	14.2
Occupational Therapy	16	14.2
Pediatrics	15	13.3
Cardiology	14	12.4
Otolaryngology	14	12.4
Gynecology	13	11.5
Family Practice	12	10.6
Pain Management	12	10.6
Obstetrics	11	9.7
Critical Care	9	8.0
Nursing	9	8.0
Podiatry	9	8.0
General Surgery	8	7.1
Physical Therapy	8	7.1
Ophthalmology	7	6.2
Wound Management	7	6.2
Pathology	6	5.3
Pharmacy	6	5.3
Emergency/Trauma Medicine	5	4.4
Mammography	5	4.4
Home Health	3	2.7
Radiology	3	2.7
Long-Term Care	2	1.8
Other*	9	8.0

*Other responses include Urology ($n = 4$), med techs, orthopedics, physical medicine and rehabilitation (PM&R), “most of this,” and “none” (all $ns = 1$).

Next, participants were asked to reflect on how important increasing access to telemedicine services would be for their community (Q15). An open response box was available. Ninety-two respondents provided an answer. These responses were coded into themes, which are presented in the table below. More than half of respondents believe it to be somewhat or very important.

Q15. In your opinion, how important would increasing access to telemedicine services be to your community?		
Coded Theme	Frequency	Percent of Respondents
Very Important	38	33.6
Somewhat Important	33	29.2
Not Important	21	18.6
Did not answer	21	18.6

Administrative Culture

Participants were asked to indicate the groups in their facility that are supportive of telemedicine (Q16). They were instructed to select all applicable groups from a list of options. Responses are presented in the table below. The most frequent response was CEO (66.4%).

Q16. Please indicate the groups in your facility that are supportive of telemedicine.		
Response Option	Frequency	Percent of Respondents
CEO	75	66.4
Nursing Staff	67	59.3
Physicians	64	56.6
Administrative Support Staff	62	54.9
Board of Trustees	59	52.2
Other Health Care Professionals	49	43.4
None of these groups	17	15.0

The 64 respondents that selected the “Physicians” response to the previous question were asked to identify the physician champions of telemedicine in their facility (names and email addresses) (Q17). These individuals provided a total of 47 names; 23 email addresses and five mailing addresses were provided.

Next, participants were asked to indicate barriers that exist to implementing telemedicine in their community (Q18). They were able to select all applicable choices from a list of barriers, and they could also select an “Other” option and write in a response. The most frequently selected barriers were cost related, including initial costs ($n = 51$), reimbursement ($n = 51$), and ongoing costs ($n = 38$). Responses to this item are presented in the table on the following page.

Q18. What, if any, barriers exist to implementing telemedicine in your community?		
Response Option	Frequency	Percent of Respondents
Initial costs	51	45.1
Reimbursement	51	45.1
Ongoing costs	38	33.6
Patient acceptance	31	27.4
Training	27	23.9
Time commitment	24	21.2
Patient flow	20	17.7
Medical staff resistance	17	15.0
Lack of technical staff	16	14.2
Confidentiality	14	12.4
Licensure issues	11	9.7
Lack of medical staff	8	7.1
Competition	6	5.3
Attitudes of employer	5	4.4
Other*	13	11.5

*Other responses include: willingness of offsite physicians (2), space (2), unsure (2), corporate ownership, equipment, physicians are not used to using it, referral patterns, reliability of data lines, proximity to a city, interest.

Participants were asked if their facility was currently providing telemedicine services (Q19). The definition of telemedicine was available to help participants provide an answer. There was a similar split between facilities that are currently providing telemedicine services ($n = 51$) and those that are not ($n = 54$). Responses are displayed in the table below.

Q19. Is your facility currently providing telemedicine services?		
Response	Frequency	Percent of Respondents
Yes	51	45.1
No	54	47.8
Not sure	2	1.8
Did not answer	6	5.3

The 54 participants who indicated that their facility is not currently providing telemedicine were asked if their facility was planning on implementing telemedicine services in the future (Q20). Again, responses were fairly evenly split between those facilities that had plans to implement telemedicine in the future ($n = 18$) and those that did not have plans ($n = 19$), while 16 respondents were unsure. The table below presents responses to this item.

Q20. Is your facility planning to implement telemedicine services in the future?		
Response	Frequency	
Yes	18	
No	19	
Not sure	16	
Did not answer	1	

The 18 respondents that indicated their facility had plans to implement telemedicine services in the future were asked to respond to a set of scaled items to indicate the types of services their facility may be willing to pursue (Q21). Responses are presented in the table below. Very few respondents indicated being unwilling to pursue types of activities; the exceptions were referring patients to a distant health care provider and providing health care services at a distance.

Q21. When your facility implements telemedicine services in the future, what telemedicine services would you be willing to pursue?			
Type	No	Not Sure/ Maybe	Yes
21.1 Referring patients to distant health care providers	2	4	11
21.2 Participating in consults at a distance	0	3	14
21.3 Attending training at a distance (over video)	0	2	15
21.4 Acquiring telemedicine (video conferencing) equipment	0	5	13
21.5 Providing health care services at a distance	2	4	12

Note. One individual did not respond to the first three types of services.

Education/Training Experience and Needs

Please note for this section that the questions in the pilot used the term “continuing education” rather than “education/training.” Responses to the pilot and the main survey did not appear to differ due to this difference in terminology, so responses are reported together. Participants were asked if their health care staff travels for education/training (Q22). The majority indicated that their health care staff does travel for education/training ($n = 90$). Responses are presented in the table below.

Q22. Does your health care staff travel for education/training?		
Response	Frequency	Percent of Respondents
Yes	90	79.6
No	7	6.2
Not sure	6	5.3
Did not answer	10	8.8

Next, participants were asked to estimate the number of times per year their staff members travel for education/training (Q23). Seventy-five individuals provided an estimate. Responses ranged between one to 200 times, the average was 29 times, and the median was 12. Ten respondents indicated that they are unsure, and 28 did not respond.

The next question asked participants to indicate, if they do not travel for education/training, if there were adequate opportunities for education/training offered in their area (Q24). The most frequent response was that there were not adequate opportunities in their area ($n = 52$). Responses are presented in the table on the following page.

Q24. If they do not travel for these needs, are there adequate opportunities for education/training offered in your area?

Response	Frequency	Percent of Respondents
Yes	35	31.0
No	52	46.0
Did not answer	26	23.0

Next, participants were asked if their facility has a training/education coordinator, and if so, to provide the contact information of that coordinator (Q25). Fifty-six respondents shared the name of the coordinator, and 47 provided contact information for the coordinator. Twenty indicated that there was no coordinator. Thirty-seven respondents did not provide an answer.

Participants were then asked if their facility is currently offering education/training by way of video conferencing (Q26). About half of respondents do offer education/training by video conferencing ($n = 56$). Responses are presented in the table below.

Q26. Are you currently offering education/training to your staff by way of video conferencing?

Response	Frequency	Percent of Respondents
Yes	56	49.6
No	46	40.7
Not Sure	2	1.8
Did not answer	9	8.0

Next, the 56 respondents that indicated that their facility does currently offer education/training by video conferencing were asked how frequently education/training was offered by video conferencing (Q27). Forty-four respondents provided an estimate. Responses ranged from one or two times a year to 240 times a year, with a median of 24 times a year (2 times a month). There were two modes: 12 times a year (monthly) and 52 times a year (weekly).

Those 46 respondents that indicated that their facility does not currently offer education/training by video conferencing were asked if their staff would be interested in participating in education/training by video conferencing (Q28). The majority ($n = 29$) indicated that their staff would be interested in education/training through video conferencing. Responses are presented in the table below.

Q28. Would your health care staff be interested in participating in education/training through video conferencing?

Response	Frequency
Yes	29
No	1
Not Sure	16

Provider Utilization and Impact

Participants were asked if their facility was currently providing telemedicine services (Q29). This question contained conditional branching such that the 66 respondents who indicated “No” or “Not Sure” were directed to the end of the survey (where they could provide additional comments and their contact information). The seven who did not answer at this point were understood to have dropped out of the survey prior to its completion. The remaining 40 respondents who indicated their facility was currently providing telemedicine services continued with the survey. Responses are presented in the table below.

Q29. Is your facility currently providing telemedicine services?		
Response	Frequency	Percent of Respondents
Yes	40	35.4
No	62	54.9
Not Sure	4	3.5
Did not answer	7	6.2

The 40 participants who indicated that their facility was currently providing telemedicine services were asked to indicate the types of telemedicine services being pursued in their facility (Q30). The most frequently indicated type of telemedicine being pursued was attending training at a distance (over video) ($n = 29$), with referring patients to distant health care providers being pursued least ($n = 12$). Responses are presented in the table below.

Q30. What telemedicine services/activities are currently being pursued in your facility?			
Type	No	Not Sure/ Maybe	Yes
30.1 Referring patients to distant health care providers	20	4	12
30.2 Participating in consults at a distance	13	2	23
30.3 Attending training at a distance (over video)	8	1	29
30.4 Acquiring telemedicine (video conferencing) equipment	16	5	18
30.5 Providing health care services at a distance	17	3	19

Note. Not all individuals responded to each item.

Next, those 40 respondents were asked how often telemedicine applications are being used in their facility (Q31). Over half indicated that telemedicine applications are used daily in their facility ($n = 22$). Responses are presented in the table below.

Q31. How often are telemedicine applications being utilized in your facility?	
Response	Frequency
Daily	22
Weekly	8
Monthly	10

The 22 respondents who indicated that telemedicine applications are utilized daily in their facility were asked how many times a day they are used (Q32) and to describe the daily use of telemedicine applications (Q33). Twenty-one respondents provided an answer, although one said they did not know. The remaining respondents provided answers that suggested that telemedicine applications may be used multiple times per day, but the frequency of use varies each day. A low range given was 1 to 2 times per day, and the high end estimate was about 50 times per day. Telemedicine applications were most frequently used for teleradiology ($n = 14$). Two respondents each mentioned picture archiving and communication system (PACS), CT, MRI, video consultations, cardiology, and training; one respondent each mentioned sonograms, remote access to files, surgery, psychology, psychiatry, mental health, nutrition, diabetes, and pain management.

The eight respondents who indicated that telemedicine applications are utilized weekly in their facility were asked how many times a week they are used (Q34) and to describe the weekly usage of telemedicine applications (Q35). Three individuals indicated using telemedicine applications 1 or 2 times a week, and three individuals indicated using them 2 to 5 times a week. Two individuals each mentioned using telemedicine for oncology and education; one respondent each mentioned radiology, psychiatry, psychology, mental health, cardiology, genetic counseling, and video conferencing.

The ten respondents who indicated that telemedicine applications are utilized monthly in their facility were asked how many times a month they are used (Q36) and to describe the monthly usage of telemedicine applications (Q37). Three respondents indicated using telemedicine applications minimally, and three others indicated using them 1 or 2 times a month. One respondent indicated using telemedicine 4 to 6 times a month, and three individuals indicated using it over 20 times a month (two of these respondents indicated daily usage). Five individuals mentioned using telemedicine for education. Two respondents each mentioned diabetes, behavioral health, and radiology. One respondent each mentioned oncology, geropsychology, e-ICU, mental health, and consults.

Next, participants were asked to indicate, from a list provided, which telemedicine applications are utilized in their facility (Q38). They were instructed to select all applicable telemedicine applications. By far, TeleRadiology was most frequently indicated as being utilized ($n = 34$), followed by Web-streamed Medical Education and Access to remotely hosted EMRs, PACS, and other HIT systems (both $ns = 20$).

The next series of questions (Q39 to Q53) asked about the bandwidth requirements for the telemedicine applications utilized. This series of questions involved conditional branching so respondents were only asked about the bandwidth requirements of those telemedicine applications they had already selected as being utilized in their facility. Respondents were instructed to indicate whether the current bandwidth was adequate if they did not know the actual bandwidth requirement. The results to this series of questions also are presented in the table on the following page, along with the frequency of utilization gathered from Question 38 (previous paragraph).

Telemedicine Applications Utilized and Bandwidth Requirements				
Application	Frequency of Utilization	Frequency of Adequate Bandwidth	Frequency of Inadequate Bandwidth	Bandwidth Requirements*
TeleRadiology	34	17	5	512 Kbps 1.5 Mbps/T1 (3) 3 Mbps (3) 4 Mbps 6 Mbps 10 Mbps
Web-streamed Medical Education	20	11	-	0.5 Mbps 1 Mbps 3 Mbps
Access to remotely hosted EMRs, PACS, and other HIT systems**	20	8	3	1-2 Mbps 3 Mbps 4 Mbps: inadequate 6 Mbps: inadequate 20 Mbps
TeleConsults using video conferencing	16	11	1	1 Mbps 384 Kbps-1.5 Mbps
Remote Desktop Management	13	9	-	0.5 Mbps
Offsite data, medical, and billing backups	13	8	-	3 Mbps
eICU	5	4	-	-
Home Telehealth	4	3	-	1-5 Mbps: adequate
Voice-over-IP	4	3	-	-
File and Print Services	3	2	-	-
TelePathology	2	1	-	-
TeleEchocardiology	2	-	-	384 Kbps
Other store-and-forward	2	1	-	-
TeleDiabetic Retinopathy Screening	1	1	-	-
Other	4	2	-	-

*If multiple individuals indicated the same bandwidth requirement for an application, that number of individuals is included in parentheses after the bandwidth. Also, when adequacy or inadequacy is indicated in the “Bandwidth Requirements” column, this adequacy/inadequacy also is represented in the “Frequency of Adequacy” and “Frequency of Inadequacy” columns.

**EMRs are electronic medical records, PACS are picture archiving and communication systems, and HIT is health information technology.

Note. Some respondents who indicated utilizing applications did not respond to subsequent items related to bandwidth requirements, so numbers indicated in the final three columns will not sum to the same number reported in the “Frequency of Utilization” column.

Four individuals had indicated utilizing “Other” telemedicine applications in Question 38. Question 53 asked them to indicate what the telemedicine application is along with its bandwidth

requirements. One respondent indicated using mental health consults and orthopedic consults, and one indicated using secondary rounding in ICU and general surgery as well as behavioral health consults and demos (and indicated adequate bandwidth).

Following that series of questions, participants were asked to indicate how many physicians, nurses, and other health care staff members utilize telemedicine equipment (Q54). Twenty-nine provided a response, but four of these individuals did not provide numbers (i.e., several, I don't know). A total of 311 staff members were indicated as using telemedicine equipment. Numbers ranged between 1 and 150, with an average of 8.3, and a median of 15 staff members utilizing telemedicine equipment.

Next, participants were asked to indicate the proportion of patient sessions in their facility that involves telemedicine (Q55). Twenty-five respondents provided an answer, although six individuals could not provide an estimate (i.e., minimal, I don't know). The average percent of patient sessions involving telemedicine was 23%. Percents ranged from 0% to 100%. The median was 10%.

Next, participants were asked to describe any positive clinical outcomes resulting from the use of telemedicine in their facility, and the quality of these outcomes (Q56). Seventeen respondents provided an answer. Responses were coded into themes; two themes emerged: it is convenient (e.g., saves on traveling) and it allows for a quicker response (i.e., diagnosis, treatment) (both $n = 8$). Two individuals provided contact information of another person in their facility that they thought could share positive clinical outcomes. Some comments shared include:

- *By using teleradiology, we are able to submit immediate radiology images to the radiologist for interpretation for critical patients or patients that present to the Emergency Room with emergent situations. This allows for an immediate interpretation from the radiologist, allowing our facility to evaluate and treat the patient at our facility instead of transferring to another community. Or, just as important, allowing us to transfer the patient much quicker if the patient requires services we cannot provide.*
- *Saves the client from traveling 60 miles to a Mental Health visit. If law enforcement is involved, it saves transporting a client 60 miles for the consultation and then traveling another 60 miles for placement. With tele Mental Health consult, placement can be determined locally and then the transfer made. With low staff and budgets this is a big asset. TeleRadiology - Radiologists do not travel to small communities like they used to in order to read exams. By transmitting exams, the report can be read immediately, whereas before an exam was physically taken by vehicle at least 60 miles to be interpreted the next day.*

Respondents then were asked how health care providers in the facility are encouraged to use telemedicine services (Q57). Twenty-two respondents provided an answer. Responses were grouped into themes, which include: they are provided information and told about the benefits of telemedicine ($n = 8$), given suggestions or referrals to use telemedicine ($n = 5$), given demonstrations related to telemedicine ($n = 3$), and provided help when attempting to use telemedicine applications ($n = 1$). Two respondents indicated that it was encouraged, but they did

not explain how this was done. Three respondents indicated that telemedicine is not encouraged in their facility.

Next, respondents were asked how health care staff in the facility were educated and/or trained to use telemedicine services (Q58). Twenty-four individuals provided a response. Two indicated training was available, but did not explain further. Three individuals indicated that training is not available. The remaining individuals described training was delivered through training sessions and meetings ($n = 8$), by other staff members in the facility ($n = 7$), and through on the job training ($n = 6$).

Participants were asked what they would like to see hospital staff do to enhance the telemedicine capacity in the facility (Q59). Seventeen respondents provided an answer. Themes include: promote it/make the opportunities known ($n = 6$), a need for funding ($n = 2$), use the equipment more ($n = 2$), achieve more participation ($n = 2$), and upgraded equipment ($n = 1$). One person was unsure, and three respondents stated that there is no need to enhance telemedicine capacity because it is good as is.

Participants were asked to indicate whether there were plans to implement additional telemedicine applications in their facility in the future (Q60). Most respondents indicated “Yes” ($n = 15$) or that they were unsure ($n = 14$). Responses to this item are presented in the table below.

Q60. Are there plans to implement additional telemedicine applications in your facility in the future?	
Response	Frequency
Yes	15
No	7
Not Sure	14
Did not answer	4

The 15 respondents who indicated their facility plans to implement additional telemedicine applications in the future (on Q60) were asked to identify the additional telemedicine applications that would be pursued (Q61). Fourteen responded, although one stated being unsure about the telemedicine applications. Two respondents each mentioned video conferencing, neonatology, cardiology, and education. One respondent each mentioned EHR, x-ray, cell phone applications, wound care, psychiatry, home telehealth, oncology, trauma, surgery, pharmacy, and dermatology.

These same 15 respondents also were asked to indicate how much total bandwidth will be required when these additional telemedicine applications are implemented (Q62). Eleven responded, although four indicated that they do not know the answer. Three indicated a T1/1.5 Mbps would be needed, one person each said 3 to 10 Mbps, 12Mbps, DS3, six more Mbps, and one said, “We think we can only support 3 units at one time without compromising other system applications.”

Participants were asked to indicate whether their facility received reimbursement for services provided via telemedicine (Q63). Almost half indicated that they do not receive reimbursement ($n = 17$). Responses are displayed in the table below.

Q63. Does your facility receive reimbursement for services provided via telemedicine?	
Response	Frequency
Yes	9
No	17
Not Sure	10
Did not answer	4

Next, respondents were asked to identify the types of telemedicine that contribute the most revenue in their facility (Q64). Fifteen provided responses. Two individuals were unsure, and two others indicated that telemedicine contributes no revenue. Five listed teleradiology, and two listed oncology. Each of the following types was mentioned once: cardiology, mental health, psychology, psychiatry, and consultations. One person remarked that they charge a room fee, and one person identified “Kan-ed.”

Participants were asked to indicate whether their facility currently reaches out to the community to promote telemedicine activities (Q65). Most respondents indicated that their facility does not reach out to the community to promote telemedicine activities ($n = 27$). Responses are presented in the table below.

Q65. Does your facility currently reach out to the community to promote the telemedicine activities?	
Response	Frequency
Yes	6
No	27
Not Sure	3
Did not answer	4

The six respondents that reported that their facility currently reaches out to the community to promote telemedicine activities (on Q65) were asked to describe how their facility reaches out (Q66). All six individuals provided a response; responses include:

- Newspaper advertisements
- Presentations
- Grant activities
- Referrals
- Contacting rural providers to gauge interest
- Making telemedicine equipment available to other community health care groups
- Outreach clinics

Participants were asked to indicate whether there has been sufficient telemedicine equipment training of personnel and health care professionals at the facility (Q67). While the most frequent response was that staff had sufficient training ($n = 16$), a larger group indicated that they have

not received sufficient training or that they are unsure (combined $n = 20$). Responses are presented in the table below.

Q67. Has there been sufficient telemedicine equipment training of personnel and health care professionals at the facility?	
Response	Frequency
Yes	16
No	12
Not Sure	8
Did not answer	4

The 20 respondents who indicated that there has not been sufficient telemedicine equipment training in their facility or that they were unsure if there had been sufficient training (on Q67) were asked to describe what telemedicine equipment training is needed (Q68). Seven individuals provided a response; themes include: training through general usage ($n = 3$), training sessions and refresher courses ($n = 3$), and expanding the availability of equipment ($n = 1$). Two individuals indicated that no additional training was needed.

The 16 individuals who indicated that there has been sufficient telemedicine equipment training in their facility (on Q67) were asked to describe how that training occurs (Q69). Fourteen individuals provided a response. Most indicated training occurs in-house by staff who know how to use the equipment ($n = 10$), and some mentioned one-on-one training ($n = 3$) and training through vendors ($n = 2$).

For their next to last question, the 40 individuals who had indicated that their facility is currently utilizing telemedicine services (on Q29) were requested to provide any additional comments they may have about their facility's telemedicine usage and technology requirements (Q70). Ten individuals responded, and themes include: concerns about cost ($n = 5$), and others mentioned needs related to implementing telemedicine ($n = 5$), such as need for more applications, more bandwidth, more equipment, and information about specialists willing to work with their facility through telemedicine. Three provided descriptions of telemedicine services offered through their facility, and one individual expressed appreciation for Kan-ed, stating, "We appreciate the assistance that Kan-ed provides in allowing us to have this ability in our hospital."

For their next to last question, the 66 individuals who had indicated that their facility is not currently utilizing telemedicine services or that they were unsure whether it was (on Q29) also were requested to provide additional comments they may have about their facility's telemedicine usage and technology requirements (Q71). Thirteen individuals provided a response, and themes include: concerns about the financial aspects of telemedicine ($n = 4$) and interest in getting more access to telemedicine ($n = 4$). One individual each expressed need for additional information about telemedicine and for a reliable connection if pursuing telemedicine, and one stated, "Kan-ed is a needed agency!!!!!!!"

All survey participants received the final question, which asked the respondent to provide his/her name and contact information, if they were willing to be contacted for any follow-up purposes (Q72). Fifty-seven of the 113 respondents (50%) provided contact information.

Results of Questions Only Included in Pilot (Removed Prior to Main Launch)

As was mentioned on page 1 of this report, some items that were included in the pilot survey were removed prior to the main survey launching. This section contains results of the items that were removed. Therefore, responses to each of these items only have the potential to have a maximum of 15 responses.

Pilot participants were asked to provide their Health Care Provider Number (PQ2). Nine respondents provided a number, although participants appeared to be providing different types of numbers.

Question 5 of the pilot (PQ5) asked respondents to indicate their facility type; they were allowed to select all options that were applicable. The table below presents responses to this item. Most hospitals participating in the pilot indicated their facility type was Critical Access Hospital ($n = 11$).

PQ5. Facility Description Provided by Survey Respondents	
Type of Facility	Frequency
General Hospital	2
Critical Access Hospital	11
Rural Clinic	4
Regional Hospital	2
Post Secondary Educational Institution offering Health Care	0
Community Health Center	0
Local Health Dept or Agency	0
Not for Profit Hospital	1
Consortium	0
Dedicated ER of Rural, For Profit Hospital	0
Urban Health Clinic	0
Other*	1

Note. Frequencies sum to more than 15 because respondents were allowed to select all applicable facility types.

*The “other” write-in response was “sole community, county government.”

The pilot asked respondents to indicate the number of beds (PQ6) and number of acute care beds (PQ7) in their facility. The majority of respondents’ facilities ($n = 11$) contained ten to twenty-five beds, with three facilities ($n = 3$) indicating they had 204 to 344 beds, and one facility maintaining 78 beds ($n = 1$). In terms of acute care bed numbers (PQ7), the same eleven respondents of the smaller facilities above ($n = 11$) indicated they had ten to thirty-six acute care beds, and two other respondents ($n = 2$) indicated they had slightly over 200 acute care beds (204 and 210). Two respondents did not provide an answer to this survey question.

Pilot participants were asked to indicate whether their facility had an emergency room and/or outpatient clinics (PQ8). All respondents indicated their facilities had emergency rooms and outpatient clinics (both $ns = 15$).

Pilot participants were asked to indicate the number of physicians that have admitting privileges in their facility (PQ9). Three respondents had three physicians that have admitting privileges;

five respondents indicated between 4 and 9, and three respondents indicated between 10 and 20. The respondents from the three largest facilities indicated they had 90, 300, and 500 physicians with admitting privileges. One respondent did not answer this question.

Pilot participants were asked to indicate the number of specialists (non primary care) in their facility (PQ10). Four respondents indicated they have 0 non-primary care specialists. Three respondents indicated having 3 to 5 specialists, and four respondents had between 17 and 21; the remaining hospitals had 40, 100, and 165. Again, one respondent did not answer this question.

Pilot participants also were asked to indicate the number of full-time equivalent (FTE) nurses in their facility (PQ12). Numbers reported ranged from 6 to 900. The median number of nurses was 25 nurses, and the mode was 12.

Pilot participants were asked if their facility has Internet access (PQ16). All 15 respondents indicated having Internet access in their facility.

Thirteen pilot participants were asked to indicate which video conferencing standards are used within their facility (PQ19), based on their previous indication on the survey that their facility does have video conferencing equipment. Participants could select all that apply from the choices presented in the table below. Ten participants responded. The most frequent response was H.323 (Internet Video Protocol), selected by eight respondents.

PQ19. Video Conferencing Standards Used in the Pilot Facilities	
Type of Standard	Frequency
H.323 (Internet Protocol Video)	8
H.320 (ISDN Video)	3
H.264 (Video Compression)	1
Video Conferencing Bridge (Multi-point Control Unit, or MCU)	1
Other*	1

*Other response was polycom.

Pilot participants were asked to provide their IP address (PQ20). Eight provided their IP address.

Pilot participants were asked to indicate the size of their service area in square miles (PQ21) and in population served (PQ22). Nine respondents provided square mileage, with responses ranging between 20 and 4,000 square miles; the median was 150 square miles. Eleven respondents provided a population estimate, with responses ranging between 1,200 and 180,000 people in their service area; the median was 5,500 people.

Summary

The *Kan-ed Telemedicine Capacity and Readiness Survey* was sent to 146 hospitals in Kansas in spring 2010 to assess current telemedicine application usage in Kansas hospitals, interest in expansion of telemedicine usage, technology needs for current and anticipated telemedicine application usage, and attitudes toward telemedicine implementation. The purpose of this data collection is to create a profile of Kansas hospitals related to telemedicine usage and related technology requirements, to put Kan-ed in a better position to respond to current and future needs of Kansas hospitals for telemedicine usage. Highlights of the survey results include:

- A response was received from 113 hospitals, achieving a 77.4% response rate.
- Seventy-four facilities (65.5%) reportedly have video conferencing equipment.
- Eighty-six facilities (76.1%) have visiting specialists. Respondents indicated specialists most frequently visit monthly ($n = 30$), weekly ($n = 24$), and bi-weekly ($n = 17$).
- Respondents at 71 facilities (62.8%) believe increasing access to telemedicine in their community is somewhat or very important.
- The majority of respondents (85.0%) indicated there were one or more groups in their hospital that are supportive of telemedicine, with the CEO ($n = 75$), nursing staff ($n = 67$), and physicians ($n = 64$) cited most frequently.
- The most frequently cited barriers to implementation of telemedicine were cost related, including initial costs ($n = 51$), reimbursement ($n = 51$), and ongoing costs ($n = 38$).
- Ninety respondents indicated that staff in their facility travel for education/training (79.6%). Respondents reported that staff members travel for education/training an average of 29 times per year, with a median of 12 per year (i.e., monthly).
- Fifty-six respondents (49.6%) reported that their facility provides education/training by video conferencing. The median frequency of this training was twice a month.
- Of the 46 respondents that indicated that their facility does not currently offer education/training by video conferencing, 29 indicated that their staff would be interested in education/training through video conferencing.
- Respondents from 40 facilities (35.4%) indicated that telemedicine applications are currently being utilized in the facility. Over half ($n = 22$) indicated telemedicine applications are used daily. By far, TeleRadiology was most frequently indicated as being utilized ($n = 34$), followed by Web-streamed Medical Education and Access to remotely hosted EMRs, PACS, and other HIT systems (both $n = 20$).
- Fifteen of the 40 respondents that indicated their facility currently utilizes telemedicine shared that there are plans to implement additional telemedicine services in the future.
- Sixteen of the 40 respondents that indicated their facilities currently utilize telemedicine shared that their facilities provide sufficient training on telemedicine equipment; this training most frequently occurs in-house by staff who know how to use the equipment ($n = 10$). Twenty others shared that their facility does not provide sufficient training on telemedicine equipment or that they were unsure whether it did; these individuals suggested the types of training needed include: training through general usage ($n = 3$), training sessions and refresher courses ($n = 3$), and expanding the availability of equipment ($n = 1$).

Kan-ed Telemedicine Capacity and Readiness Survey Email Correspondence

Initial email sent to Kan-ed hospital administrative and tech contacts (April 15, 2010)

Subject: Kan-ed Telemedicine Capacity and Readiness Survey

Dear <Contact Name>,

Kan-ed is in the process of collecting information about telemedicine capacity and readiness in Kansas hospitals, specifically related to how hospitals are currently utilizing telemedicine and distance education opportunities and the connectivity requirements for these applications. Kan-ed has asked our office, the Office of Educational Innovation and Evaluation, to gather this information. Kan-ed is gathering this information to assess the current state of telemedicine in Kansas and prepare for grant opportunities that we believe will be made available to assist in expanding telemedicine in our state. Kan-ed needs information about how (and if) <Name of Hospital> uses telemedicine applications regardless of whether or not your organization is utilizing the Kan-ed network. We understand that you are very busy; if necessary, please forward this survey request to another knowledgeable hospital staff member.

As you may know, Kan-ed works closely with more than 150 hospitals in Kansas to support and/or expand the secure, reliable, high speed connectivity platform for telemedicine and distance education. Your response to this survey is very valuable even if your facility is not currently utilizing telemedicine applications. We need to get a response from every hospital to have a complete and accurate profile of Kansas hospitals. We are aware that there is currently a proliferation of surveys being sent to Kansas hospitals for many comprehensive purposes; this survey complements those surveys with its focus on telemedicine capacity and readiness. The survey items have been reviewed and endorsed by the Kansas Hospital Association (KHA) and Kansas Department of Health and Environment's (KDHE) Bureau of Local and Rural Health.

Kan-ed requests that you please complete this survey, which is accessible at the link below, by May 6, 2010. Survey completion is expected to take approximately 30 minutes. **Because this survey seeks to gather a range of information, including details about facilities, technology equipment, and education/training opportunities, it may be necessary to collaborate with co-workers so that the information you provide is complete and accurate.** If you would prefer to complete this survey by phone, please respond to this email with three dates and times (Wednesday, April 21 at 10am) that you would be available to speak with us along with the best telephone number to reach you. Once we receive your availability and contact information, we will send you a confirmation email with the final details.

<Survey Link>

We look forward to hearing about your facility's usage of telemedicine and distance education, and we truly appreciate your assistance in helping us gather this vital information.

Reminder email sent to Kan-ed hospital administrative and tech contacts (April 21, 2010)

Subject: Reminder: Kan-ed Telemedicine Capacity and Readiness Survey

Dear <Contact Name>,

This is a friendly reminder to please complete the Kan-ed survey we sent last week related to telemedicine application usage and technology requirements. As was stated in the original email (see below), your response to this survey is very valuable even if your facility is not currently utilizing telemedicine applications. Kan-ed is gathering this information to assess the current state of telemedicine in Kansas and prepare for grant opportunities that we believe will be made available to assist in expanding telemedicine in our state. **If you've already responded to this survey, please disregard this message.**

Kan-ed requests that you please complete this survey, which is accessible at the link below, by **May 6, 2010**.

<Survey Link>

We look forward to hearing about your facility's usage of telemedicine and distance education, and we truly appreciate your assistance in helping us gather this vital information.

Reminder email sent to Kan-ed hospital administrative and tech contacts (April 28, 2010)

Subject: Reminder: Kan-ed Telemedicine Capacity and Readiness Survey

Dear <Contact Name>,

This is a friendly reminder to please complete the Kan-ed survey related to telemedicine application usage and technology requirements. So far, we have received responses from 1 out of every 3 hospitals. We need to get a response from every hospital to have a complete and accurate profile of Kansas hospitals. Kan-ed will use this information for grant opportunities that we believe will be made available to assist in expanding telemedicine in our state.

Your response is very important even if your organization does not currently use telemedicine applications. Please respond to this survey, which can be accessed at the link below, by **May 6, 2010**. If necessary, please forward this request to another knowledgeable individual in your organization. A pdf of the survey is available upon request.

<Survey Link>

Thank you in advance for your time in supporting our efforts. We truly appreciate your assistance in helping us gather this vital information.

Reminder email sent to Kan-ed hospital administrative and tech contacts (May 4, 2010)

Subject: FINAL EMAIL REMINDER: Kan-ed Telemedicine Capacity and Readiness Survey

Dear <Contact Name>,

This is the final email request to please complete the Kan-ed Telemedicine Capacity and Readiness Survey. **The survey closes Sunday, May 9 at midnight.** If we have not heard from your organization by this time, we will call you next week and offer to complete the survey over the phone. We understand that you are busy, so if necessary, please forward this request to another individual that is knowledgeable about telemedicine usage in your organization.

At this point, we have received responses from over 50% of Kansas hospitals. However, we need to get a response from every hospital to have a complete and accurate profile of Kansas hospitals. Kan-ed will use this information for grant opportunities that we believe will be made available to assist in expanding telemedicine in our state. Your response is very valuable even if your organization does not currently use telemedicine applications.

Please respond to this request by clicking on the link below and completing the survey. A pdf of the survey is available upon request.

<Survey Link>

Thank you in advance for your time in supporting our efforts. We truly appreciate your assistance in helping us gather this vital information.

Kan-ed Telemedicine Capacity and Readiness Survey

Survey Description

Kan-ed works closely with more than 150 community hospitals to support a secure, reliable, high speed connectivity platform for telemedicine and distance education for Kansas health care providers. Kan-ed is collecting information about current utilization of telemedicine and distance education in health care facilities. We are interested in hearing from you about how your facility uses telemedicine applications, whether or not your organization is utilizing the Kan-ed network. Kan-ed is gathering this information to assess the current state of telemedicine in Kansas and prepare for grant opportunities that we believe will be made available to assist in expanding telemedicine in our state.

Kan-ed requests that you please complete this survey by May 6, 2010. Survey completion is expected to take approximately 30 minutes. **Because this survey seeks to gather a range of information, including details about facilities, technology equipment, and education/ training opportunities, it may be necessary to collaborate with co-workers so that the information you provide is complete and accurate.** The survey items have been reviewed and endorsed by the Kansas Hospital Association (KHA) and Kansas Department of Health and Environment's (KDHE) Bureau of Local and Rural Health.

Opening Instructions

When answering the following questions, keep in mind that 'telemedicine' includes a variety of applications and services using two-way video, email, wireless phones, and other forms of telecommunications technology to provide health care to patients who are geographically distant from the health care provider.

Examples of telemedicine include a consultation with a specialist over video conference, completing a health screening via email, monitoring and managing heart disease and diabetes remotely, diagnosing a rash from a cell phone picture, and teleradiology (i.e., sending patient images such as x-rays to a different location for interpretation or consultation).

Page 1

Demographic Information

Question 1

Name of Hospital/Agency

Characters Remaining: 50

Question 2

Town/City

Characters Remaining: 50

Question 3

Please indicate your title (Select all that apply.)

- President
- Administrator
- Chief Executive Officer (CEO)
- Chief Information Officer (CIO)
- Chief Financial Officer (CFO)
- Chief Operating Officer (COO)
- Vice President
- Information Technology Director
- Chief Nursing Officer (CNO)
- Director
- Coordinator
- Other:

Further comments about your response:

Page 2

Describe Your Facility

Question 4 **** required ****

Does this facility have any satellite clinics?

- Yes
- No
- I don't know

Page 3

Fill out this page only if you answered:

- **Yes** on question **4. Does this facility have any satell..** on **page 2** .

Question 5

Please list the names and locations of any satellite clinics associated with your facility.

Characters Remaining: 400

Page 4

Fill out this page only if you answered:

- Yes OR I don't know OR No on question **4. Does this facility have any satellite..** on **page 2**.

Question 6 ** required **

Are physicians in this facility employed by the hospital?

*We are asking because if physicians are not employed by the hospital and are therefore based at a different location, there may be an increased need for telemedicine in this facility.

- Yes
 No

Page 5

Fill out this page only if you answered:

- No on question **6**.

Are physicians in this facility..

on **page 4**.

Question 7

How far away from the hospital are the physicians' offices? Estimate the number of physicians within 20 miles of, and at more than 20 miles from, the facility, in the blanks below.

Number of physicians that are within 20 miles of the facility.

Characters Remaining: 50

Question 8

Number of physicians that are more than 20 miles from the facility.

Characters Remaining: 50

Page 6

Fill out this page only if you answered:

- **Yes OR No** on question **6**.

Are physicians in this facility..

on **page 4**.

- AND **No OR Yes OR I don't know** on question **4. Does this facility have any satellites..** on **page 2**.

Question 9

Please list the specialties available through physicians at your facility.

Characters Remaining: 300

Page 7

Fill out this page only if you answered:

- **No OR Yes** on question **6**.

Are physicians in this facility..

on **page 4**.

Equipment Resources

Question 10

To assist you in answering this item, you can take a 20-second diagnostic speed test at the Argonne National Laboratory by clicking on this link to their website.

<http://ndt.anl.gov:7123/>

If you are not able to answer this item, please provide the name and email address of a tech person at your facility who will know.

What is the Internet uplink and downlink rate (Mbps) at your facility?

Characters Remaining: 100

Question 11

Does your facility have video conferencing equipment?

- Yes
 No

Page 8

Please Tell Us About Your Community

Question 12 *** required ***

Do you have "visiting specialists" that come to your community?

- Yes
 No

Page 9

Fill out this page only if you answered:

- **Yes** on question **12. Do you have "visiting special..** on **page 8** .

Question 13

What are the specialties of these "visiting specialists" and at what frequency do they visit?

Characters Remaining: 300

Page 10

Fill out this page only if you answered:

- **Yes** OR **No** on question **12. Do you have "visiting special..** on **page 8** .

Question 14

What are the most significant health service shortages in your service area? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Critical Care |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Emergency/Trauma Medicine |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Family Practice |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Gynecology |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Long-Term Care |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Obstetrics |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Wound Management |
| <input type="checkbox"/> Other: <input type="text"/> | |

Question 15

In your opinion, how important would increasing access to telemedicine services be to your community?

Characters Remaining: 300

Page 11

Administrative Culture

Question 16 *** required ***

Please indicate the groups in your facility that are supportive of telemedicine. (Select all that apply.)

- Board of Trustees
- CEO
- Administrative Support Staff
- Nursing Staff
- Physicians
- Other health care professionals
- None of these groups

Page 12

Fill out this page only if you answered:

- **Physicians** on question **16**.

Please indicate the groups in y..

on **page 11**.

Question 17

Please identify the physician champions of telemedicine in your facility (names and email addresses), in the space below.

Characters Remaining: 300

Page 13

Fill out this page only if you answered:

- **Administrative Suppo...** OR **Board of Trustees** OR **CEO** OR **Physicians** OR **Other health care pr...** OR **None of these groups...** OR **Nursing Staff** on question **16**.

Please indicate the groups in y..

on **page 11**.

Question 18

What, if any, barriers exist to implementing telemedicine in your community? (Select all that apply.)

- attitudes of employer
- competition
- confidentiality
- initial costs
- lack of medical staff
- lack of technical staff
- licensure issues
- medical staff resistance
- ongoing costs
- patient acceptance
- reimbursement
- time commitment
- training
- patient flow

Other:

Question 19 ** required **

'Telemedicine' includes a variety of applications and services using two-way video, email, wireless phones, and other forms of telecommunications technology to provide health care to patients who are geographically distant from the health care provider.

Examples of telemedicine include a consultation with a specialist over video conference, completing a health screening via email, monitoring and managing heart disease and diabetes remotely, diagnosing a rash from a cell phone picture, and teleradiology (i.e., sending patient images such as x-rays to a different location for interpretation or consultation).

Is your facility currently providing telemedicine services?

- Yes
- No
- Not sure

Page 14

Fill out this page only if you answered:

- **No** on question **19. Is your facility currently pr..** on **page 13**.

Question 20 ** required **

Is your facility planning to implement telemedicine services in the future?

- Yes
- No
- Not sure

Page 15

Fill out this page only if you answered:

- **No** on question **19. Is your facility currently pr..** on **page 13**.
- AND **Yes** on question **20. Is your facility planning to imple..** on **page 14**.

Question 21

When your facility implements telemedicine services in the future, what telemedicine services would you be willing to pursue?

1 - No | 2 - Not Sure/Maybe | 3 - Yes

<input type="checkbox"/>	1	2	3
21.1 Referring patients to distant health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21.2 Participating in consults at a distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.3 Attending training at a distance (over video)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.4 Acquiring telemedicine (video conferencing) equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.5 Providing health care services at a distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 16

Fill out this page only if you answered:

- **Not sure** OR **No** OR **Yes** on question **19. Is your facility currently pr..** on **page 13** .
- AND **Yes** OR **Not sure** OR **No** on question **20. Is your facility planning to imple..** on **page 14** .

Education/Training Experience and Needs

Question 22

Does your health care staff travel for education/training?

- Yes
 No
 Not Sure

Question 23

Estimate the average number of times per year your staff members travel for education/training.

Characters Remaining: 50

Question 24

If they do not travel for these needs, are there adequate opportunities for education/training offered in your area?

- Yes
 No

Question 25

Do you have a education/training coordinator? If so, please provide their contact information.

Characters Remaining: 200

Question 26 **** required ****

Are you currently offering education/training to your staff by way of video conferencing?

- Yes
- No
- Not sure

Page 17

Fill out this page only if you answered:

- **Yes** on question **26. Are you currently offering ed..** on **page 16** .

Question 27

How frequently do you offer education/training through video conferencing?

Characters Remaining: 50

Page 18

Fill out this page only if you answered:

- **No** on question **26. Are you currently offering ed..** on **page 16** .

Question 28

Would your health care staff be interested in participating in education/training through video conferencing?

- Yes
- No
- Not sure

Page 19

Provider Utilization and Impact

Question 29 **** required ****

Is your facility currently providing telemedicine services?

- Yes
- No
- Not Sure

Page 20

Fill out this page only if you answered:

- Yes on question 29. Is your facility currently providing telemedicine services/activities? on page 19.

Question 30

What telemedicine services/activities are currently being pursued in your facility?

1 - No | 2 - Not Sure | 3 - Yes

	1	2	3
30.1 Referring patients to distant health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.2 Participating in consults at a distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.3 Attending training at a distance (over video)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.4 Acquiring telemedicine (video conferencing) equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.5 Providing health care services at a distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 31 ** required **

How often are telemedicine applications being utilized in your facility?

- daily
- weekly
- monthly

Page 21

Fill out this page only if you answered:

- daily on question 31. How often are telemedicine applications being utilized in your facility? on page 20.
- AND Yes on question 29. Is your facility currently providing telemedicine services/activities? on page 19.

Question 32

How many times per day are telemedicine applications being utilized in your facility?

Characters Remaining: 200

Question 33

Please describe the daily usage of telemedicine applications.

Characters Remaining: 200

Page 22

Fill out this page only if you answered:

- **weekly** on question **31. How often are telemedicine applica..** on **page 20** .
- AND **Yes** on question **29. Is your facility currently providi..** on **page 19** .

Question 34

How many times per week are telemedicine applications being utilized in your facility?

Characters Remaining: 200

Question 35

Please describe the weekly usage of telemedicine applications.

Characters Remaining: 200

Page 23

Fill out this page only if you answered:

- **monthly** on question **31. How often are telemedicine applica..** on **page 20** .
- AND **Yes** on question **29. Is your facility currently providi..** on **page 19** .

Question 36

How many times per month are telemedicine applications being utilized in your facility?

Characters Remaining: 200

Question 37

Please describe the monthly usage of telemedicine applications.

Characters Remaining: 200

Page 24

Fill out this page only if you answered:

- **weekly** OR **daily** OR **monthly** on question **31. How often are telemedicine applica..** on **page 20** .
- AND **Yes** on question **29. Is your facility currently providi..** on **page 19** .

Question 38 ** required **

Please indicate which of the following telemedicine applications are utilized in your facility.
(Select all that apply.)

- TeleRadiology
- TelePathology
- TeleEchocardiology
- TeleDiabetic Retinopathy Screening
- TeleConsults using video conferencing
- Web-Streamed medical education
- File and Print Services
- Remote Desktop Management
- Voice-over-IP
- Off-site data, medical, and billing backups
- Access to remotely-hosted EMRs, PACS, and other HIT systems
- Home Telehealth
- eICU
- Other store-and-forward
- Other
- None of these

Page 25

Fill out this page only if you answered:

- **Yes** on question **29. Is your facility currently providi..** on **page 19** .
- AND **TeleRadiology** on question **38. Please indicate which of the follo..** on **page 24** .

Question 39

Please indicate how much bandwidth is required for the TeleRadiology application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 26

Fill out this page only if you answered:

- Yes on question [29. Is your facility currently providing medical services via the Internet?](#) on [page 19](#).
- AND [TelePathology](#) on question [38. Please indicate which of the following applications are used at your facility?](#) on [page 24](#).

Question 40

Please indicate how much bandwidth is required for the TelePathology application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 27

Fill out this page only if you answered:

- Yes on question [29. Is your facility currently providing medical services via the Internet?](#) on [page 19](#).
- AND [TeleEchocardiology](#) on question [38. Please indicate which of the following applications are used at your facility?](#) on [page 24](#).

Question 41

Please indicate how much bandwidth is required for the TeleEchocardiology application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 28

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently provid..** on **page 19**.
- AND **TeleDiabetic Retinop...** on question **38. Please indicate which of the follo..** on **page 24**.

Question 42

Please indicate how much bandwidth is required for the TeleDiabetic Retinopathy Screening application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 29

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently provid..** on **page 19**.
- AND **TeleConsults using v...** on question **38. Please indicate which of the follo..** on **page 24**.

Question 43

Please indicate how much bandwidth is required for the TeleConsults application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 30

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently providi..** on **page 19**.
- AND **Web-Streamed medical...** on question **38. Please indicate which of the follo..** on **page 24**.

Question 44

Please indicate how much bandwidth is required for the Web-Streamed Medical Education application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 31

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently providi..** on **page 19**.
- AND **File and Print Servi...** on question **38. Please indicate which of the follo..** on **page 24**.

Question 45

Please indicate how much bandwidth is required for the File and Print Services application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 32

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently providi..** on **page 19**.

- AND *Remote Desktop Manag...* on question **38. Please indicate which of the follo...** on **page 24** .

Question 46

Please indicate how much bandwidth is required for the Remote Desktop Management application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 33

Fill out this page only if you answered:

- *Yes* on question **29. Is your facility currently providi...** on **page 19** .
- AND *Voice-over-IP* on question **38. Please indicate which of the follo...** on **page 24** .

Question 47

Please indicate how much bandwidth is required for the Voice-over-IP application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 34

Fill out this page only if you answered:

- *Yes* on question **29. Is your facility currently providi...** on **page 19** .
- AND *Off-site data, medic...* on question **38. Please indicate which of the follo...** on **page 24** .

Question 48

Please indicate how much bandwidth is required for the application that allows off-site data, medical, and billing backups.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 35

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently providi..** on **page 19**.
- AND **Access to remotely-h...** on question **38. Please indicate which of the follo..** on **page 24**.

Question 49

Please indicate how much bandwidth is required for the application that allows access to remotely-hosted EMRs, PACS, and other HIT systems.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 36

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently providi..** on **page 19**.
- AND **Home Telehealth** on question **38. Please indicate which of the follo..** on **page 24**.

Question 50

Please indicate how much bandwidth is required for the Home Telehealth application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 37

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently providi..** on **page 19**.
- AND **eICU** on question **38. Please indicate which of the follo..** on **page 24**.

Question 51

Please indicate how much bandwidth is required for the eICU application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Page 38

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently providi..** on **page 19**.
- AND **Other store-and-forw...** on question **38. Please indicate which of the follo..** on **page 24**.

Question 52

Please indicate how much bandwidth is required for the other store-and-forward application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently providi..** on **page 19**.
- AND **Other** on question **38. Please indicate which of the follo..** on **page 24**.

Question 53

Please indicate what this "Other" application is and how much bandwidth is required for the application.

*If your organization is unaware of the bandwidth requirements for this application, please indicate whether or not your current bandwidth is adequate for this application (i.e., you do or do not have problems using the application).

Characters Remaining: 200

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently providi..** on **page 19**.
- AND **TeleDiabetic Retinop...** OR **TelePathology** OR **Web-Streamed medical...** OR **File and Print Servi...** OR **TeleConsults using v...** OR **Remote Desktop Manag...** OR **TeleEchocardiology** OR **Other store-and-forw...** OR **Other** OR **Off-site data, medic...** OR **Access to remotely-h...** OR **TeleRadiology** OR **eICU** OR **Home Telehealth** OR **None of these** OR **Voice-over-IP** on question **38. Please indicate which of the follo..** on **page 24**.

Question 54

How many physicians/nurses/other health care staff members utilize telemedicine equipment?

Characters Remaining: 75

Question 55

Please indicate the proportion of patient sessions that involve telemedicine in your facility? (for example, 1 out of 4 sessions)

Characters Remaining: 75

Question 56

Please describe positive clinical outcomes, if any, resulting from the use of telemedicine in your facility, and the quality of these outcomes.

If you know of someone else that could provide a story about positive clinical outcomes from the use of telemedicine, please provide their name and contact information.

Characters Remaining: 2000

Question 57

How are health care providers in the facility encouraged to use telemedicine services?

Characters Remaining: 200

Question 58

How are health care providers in the facility educated and/or trained to use telemedicine services?

Characters Remaining: 200

Question 59

What would you like to see hospital staff do to enhance the facility's telemedicine capacity?
Please describe.

Characters Remaining: 200

Question 60 ** required **

Are there plans to implement additional telemedicine applications in your facility in the future?

- Yes
- No
- Not Sure

Page 41

Fill out this page only if you answered:

- **Yes** on question **29. Is your facility currently providi..** on **page 19** .
- AND **Yes** on question **60. Are there plans to imple..** on **page 40** .

Question 61

What are these additional telemedicine applications?

Characters Remaining: 200

Question 62

Please indicate how much total bandwidth will be required when these additional telemedicine applications are implemented.

Characters Remaining: 200

Page 42

Fill out this page only if you answered:

- **Yes** on question **29. Is your facility currently providi..** on **page 19** .
- AND **Yes** OR **Not Sure** OR **No** on question **60. Are there plans to imple..** on **page 40** .

Question 63

Does your facility receive reimbursement for services provided via telemedicine?

- Yes
- No
- Not sure

Question 64

Please identify the types of telemedicine services contributing the most revenue.

Characters Remaining: 200

Page 43

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently providi..** on **page 19**.

Community Relations

Question 65 ** required **

Does your facility currently reach out to the community to promote the telemedicine activities (for example, a consultation over video with an expert about a special health topic)?

- Yes
 No
 Not sure

Page 44

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently providi..** on **page 19**.
- AND Yes on question **65. Does your facility currently reach..** on **page 43**.

Question 66

How does your facility reach out to the community to promote the telemedicine activities?

Characters Remaining: 200

Page 45

Fill out this page only if you answered:

- Yes on question 29. Is your facility currently providi.. on page 19 .

Personnel Training on Equipment

Question 67 ** required **

Has there been sufficient telemedicine equipment training of personnel and health care professionals at the facility?

- Yes
- No
- Not sure

Page 46

Fill out this page only if you answered:

- Yes on question 29. Is your facility currently providi.. on page 19 .
- AND Not sure OR No on question 67. Has there been sufficient telemedi.. on page 45 .

Question 68

Please explain what telemedicine equipment training is needed.

Characters Remaining: 200

Page 47

Fill out this page only if you answered:

- Yes on question 29. Is your facility currently providi.. on page 19 .
- AND Yes on question 67. Has there been sufficient telemedi.. on page 45 .

Question 69

How does this telemedicine equipment training occur?

Characters Remaining: 200

Page 48

Fill out this page only if you answered:

- Yes on question **29. Is your facility currently provid..** on **page 19** .
- AND Yes OR Not sure OR No on question **67. Has there been sufficient telemedi..** on **page 45** .

Question 70

If you have any additional comments about your facility's telemedicine usage and technology requirements, please provide them here.

Characters Remaining: 500

Page 49

Fill out this page only if you answered:

- No OR Not Sure on question **29. Is your facility currently provid..** on **page 19** .

Question 71

If you have any additional comments about your facility's telemedicine usage and technology requirements, please provide them here.

Characters Remaining: 500

Page 50

Fill out this page only if you answered:

- Not Sure OR Yes OR No on question **29. Is your facility currently provid..** on **page 19** .

Question 72

If you are willing to be contacted for follow-up purposes, please provide your name and the best way to contact you.

Characters Remaining: 100

Closing Message

Thank you for sharing information about your facility's capacity and readiness for telemedicine. This information will be valuable as Kan-ed further attempts to meet needs in health care facilities. If you have any questions about this survey, please contact Valerie York (kaned@ksu.edu, 785-532-5266). Thanks again.

- End of Survey -

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**Kan-ed Technology Needs for Telemedicine Application
Usage Survey**

Survey Description

Kan-ed works closely with more than 150 community hospitals to support a secure, reliable, high speed connectivity platform for telemedicine and distance education for Kansas health care providers. Kan-ed is collecting information about current utilization of telemedicine and distance education in health care facilities. We are interested in hearing from you about how your facility uses telemedicine applications, whether or not your organization is utilizing the Kan-ed network. Your responses to this survey are very important and will provide Kan-ed with a more complete view of Kansas hospitals that they can leverage as they seek additional funding for Kansas hospitals to assist with health information exchange (HIE) initiatives.

Kan-ed requests that you please complete this survey by March 10, 2010. Survey completion is expected to take approximately 30 minutes. **Because this survey seeks to gather a range of information, including details about staffing, facilities, technology equipment, and continuing education/ training opportunities, it may be necessary to collaborate with co-workers so that the information you provide is complete and accurate.**

Opening Instructions

When answering the following questions, keep in mind that 'telemedicine' includes a variety of applications and services using two-way video, email, wireless phones, and other forms of telecommunications technology to provide health care to patients who are geographically distant from the health care provider.

Examples of telemedicine include a consultation with a specialist over video conference, completing a health screening via email, monitoring and managing heart disease and diabetes remotely, diagnosing a rash from a cell phone picture, and teleradiology (i.e., sending patient images such as x-rays to a different location for interpretation or consultation).

Page 1

Demographic Information

Question 1

Name of Hospital/Agency

Characters Remaining: 50

Question 2

Health Care Provider #

Characters Remaining: 50

Question 3

Town/City

Characters Remaining: 50

Question 4

Please indicate your title (Select all that apply.)

President

- Administrator
- Chief Executive Officer (CEO)
- Chief Information Officer (CIO)
- Chief Financial Officer (CFO)
- Chief Operating Officer (COO)
- Vice President
- Information Technology Director
- Chief Nursing Officer (CNO)
- Director
- Coordinator
- Other:

Further comments about your response:

Page 2

Describe Your Facility

Question 5

Type of facility

- General Hospital
- Critical Access Hospital
- Rural Clinic
- Regional Hospital
- Post Secondary Educational Institution offering Health Care
- Community Health Center
- Local Health Dept. or Agency
- Not for Profit Hospital
- Consortium
- Dedicated ER of Rural, For Profit Hospital
- Urban Health Clinic
- Other:

Question 6

Number of beds

Characters Remaining: 50

Question 7

Number of acute care beds

Characters Remaining: 50

Question 8

This facility has... (Check all that apply.)

- an emergency room
- an outpatient clinic
- satellite clinics

Question 9

Please provide the following information about the medical staff in your facility.

Number of physicians that have admitting privileges

Characters Remaining: 50

Question 10

Number of specialists (non primary care)

Characters Remaining: 50

Question 11

Please list their specialties.

Characters Remaining: 300

Question 12

Number of full-time equivalent (FTE) nurses

Characters Remaining: 50

Question 13 ** required **

Are physicians employed by the hospital?

- Yes
 No

Page 3

Fill out this page only if you answered:

- **No** on question **13. Are physicians employed by the hos..** on **page 2** .

Question 14

How far away from the hospital are the physicians' offices? Estimate the number of physicians within 20 miles of, and at more than 20 miles from, the facility, in the blanks below.

Number of physicians that are within 20 miles of the facility.

Characters Remaining: 50

Question 15

Number of physicians that are more than 20 miles from the facility.

Characters Remaining: 50

Fill out this page only if you answered:

- **No** OR **Yes** on question **13. Are physicians employed by the hos..** on **page 2**.

Equipment Resources

Question 16

Do you have Internet access?

- Yes
 No

Question 17

To assist you in answering this item, you can take a 20-second diagnostic speed test at the Argonne National Laboratory by clicking on this link to their website.

<http://ndt.anl.gov:7123/>

If you are not able to answer this item, please provide the name and email address of a tech person at your facility who will know.

What is the Internet uplink and downlink rate (Mbps)?

Characters Remaining: 100

Question 18 **** required ****

Does your facility have video conferencing equipment?

- Yes
 No

Fill out this page only if you answered:

- **Yes** on question **18. Does your facility have video..** on **page 4**.

Question 19

Please indicate the types of video conferencing standards used within your facility. (Select all that apply.)

- H.323 (Internet Protocol Video)
 H.320 (ISDN Video)
 H.264 (Video Compression)
 Video conferencing bridge (Multi-point Control Unit, or MCU)
 Other:

Question 20

Internet IP address for video conferencing equipment (If you do not know, please provide the name and email address of a person in your facility that will know).

Characters Remaining: 75

Page 6

Fill out this page only if you answered:

- Yes OR No on question **18. Does your facility have video..** on **page 4**.

Please Tell Us About Your Community

Question 21

What is the size of your service area in square miles?

Characters Remaining: 50

Question 22

What is the size of the population served?

Characters Remaining: 50

Question 23 ** required **

Do you have "visiting specialists" that come to your community?

- Yes
 No

Page 7

Fill out this page only if you answered:

- Yes on question **23. Do you have "visiting special..** on **page 6**.

Question 24

What are the specialties of these "visiting specialists" and at what frequency do they visit?

Characters Remaining: 300

Page 8

Fill out this page only if you answered:

- No OR Yes on question **23. Do you have "visiting special..** on **page 6**.

Question 25

What are the most significant health service shortages in your service area? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Critical Care |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Emergency/Trauma Medicine |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Family Practice |

- | | |
|---|---|
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Gynecology |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Long-Term Care |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Obstetrics |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Wound Management |
| <input type="checkbox"/> Other: <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/> | |

Question 26

In your opinion, how important would increasing access to telemedicine services be to your community?

Characters Remaining: 300

Page 9

Administrative Culture

Question 27 ** required **

Please indicate the groups in your facility that are supportive of telemedicine. (Select all that apply.)

- Board of Trustees
- CEO
- Administrative Support Staff
- Nursing Staff
- Physicians
- Other health care professionals
- None of these groups

Page 10

Fill out this page only if you answered:

- **Physicians** on question 27.

Please indicate the groups in y.. on page 9 .

Question 28

Please identify the physician champions of telemedicine in your facility (names and email addresses), in the space below.

Page 11

Fill out this page only if you answered:

- **Physicians OR Board of Trustees OR CEO OR None of these groups... OR Other health care pr... OR Administrative Suppo... OR Nursing Staff** on question **27**.

Please indicate the groups in y.. on page 9 .

Question 29

What, if any, barriers exist to implementing telemedicine in your community? (Select all that apply.)

- attitudes of employer
- competition
- confidentiality
- initial costs
- lack of medical staff
- lack of technical staff
- licensure issues
- medical staff resistance
- ongoing costs
- patient acceptance
- reimbursement
- time commitment
- training
- patient flow
- Other: _____

Question 30 ** required **

'Telemedicine' includes a variety of applications and services using two-way video, email, wireless phones, and other forms of telecommunications technology to provide health care to patients who are geographically distant from the health care provider.

Examples of telemedicine include a consultation with a specialist over video conference, completing a health screening via email, monitoring and managing heart disease and diabetes remotely, diagnosing a rash from a cell phone picture, and teleradiology (i.e., sending patient images such as x-rays to a different location for interpretation or consultation).

Is your facility currently providing telemedicine services?

- Yes
- No
- Not sure

Page 12

Fill out this page only if you answered:

- **No** on question **30. Is your facility currently pr..** on **page 11** .

Question 31 ** required **

Is your facility planning to implement telemedicine services in the future?

- Yes
- No

Not sure

Page 13

Fill out this page only if you answered:

- **No** on question **30. Is your facility currently pr..** on **page 11**.
- AND **Yes** on question **31. Is your facility planning to imple..** on **page 12**.

Question 32

When your facility implements telemedicine services in the future, what telemedicine services would you be willing to pursue?

1 - No | 2 - Not Sure/Maybe | 3 - Yes

	1	2	3
32.1 Referring patients to distant health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.2 Participating in consults at a distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.3 Attending training at a distance (over video)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.4 Acquiring telemedicine (video conferencing) equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.5 Providing health care services at a distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 14

Fill out this page only if you answered:

- **Yes OR Not sure OR No** on question **30. Is your facility currently pr..** on **page 11**.
- AND **Yes OR Not sure OR No** on question **31. Is your facility planning to imple..** on **page 12**.

Continuing Education Experience and Needs

Question 33

Does your health care staff travel for continuing education?

- Yes
 No
 Not Sure

Question 34

Estimate the average number of times per year your staff members travel for continuing health education.

Characters Remaining: 50

Question 35

If they do not travel for these needs, are there adequate opportunities for continuing education offered in your area?

- Yes
 No

Question 36

Do you have a continuing education coordinator? If so, please provide their contact information.

Characters Remaining: 200

Question 37 ** required **

Are you currently offering continuing health education to your staff by way of video conferencing?

- Yes
- No
- Not sure

Page 15

Fill out this page only if you answered:

- **Yes** on question [37. Are you currently offering continu..](#) on [page 14](#) .

Question 38

How frequently do you offer continuing education through video conferencing?

Characters Remaining: 50

Page 16

Fill out this page only if you answered:

- **No** on question [37. Are you currently offering continu..](#) on [page 14](#) .

Question 39

Would your health care staff be interested in participating in continuing education through video conferencing?

- Yes
- No
- Not sure

Page 17

Provider Utilization and Impact

Question 40 ** required **

Is your facility currently providing telemedicine services?

- Yes
- No
- Not Sure

Page 18

Fill out this page only if you answered:

- Yes on question 40. Is your facility currently providi.. on page 17 .

Question 41

What telemedicine services/activities are currently being pursued in your facility?

1 - No | 2 - Not Sure | 3 - Yes

	1	2	3
41.1 Referring patients to distant health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41.2 Participating in consults at a distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41.3 Attending training at a distance (over video)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41.4 Acquiring telemedicine (video conferencing) equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41.5 Providing health care services at a distance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 42 ** required **

How often are telemedicine applications being utilized in your facility?

- daily
- weekly
- monthly

Page 19

Fill out this page only if you answered:

- **daily** on question 42. How often are telemedicine applica.. on page 18 .
- AND **Yes** on question 40. Is your facility currently providi.. on page 17 .

Question 43

How many times per day are telemedicine applications being utilized in your facility?

Characters Remaining: 200

Question 44

Please describe the daily usage of telemedicine applications.

Characters Remaining: 200

Page 20

Fill out this page only if you answered:

- **weekly** on question 42. How often are telemedicine applica.. on page 18 .
- AND **Yes** on question 40. Is your facility currently providi.. on page 17 .

Question 45

How many times per week are telemedicine applications being utilized in your facility?

Characters Remaining: 200

Question 46

Please describe the weekly usage of telemedicine applications.

Characters Remaining: 200

Page 21

Fill out this page only if you answered:

- **monthly** on question **42. How often are telemedicine applica..** on **page 18**.
- AND **Yes** on question **40. Is your facility currently providi..** on **page 17**.

Question 47

How many times per month are telemedicine applications being utilized in your facility?

Characters Remaining: 200

Question 48

Please describe the monthly usage of telemedicine applications.

Characters Remaining: 200

Page 22

Fill out this page only if you answered:

- **weekly** OR **daily** OR **monthly** on question **42. How often are telemedicine applica..** on **page 18**.
- AND **Yes** on question **40. Is your facility currently providi..** on **page 17**.

Question 49 ** required **

Please indicate which of the following telemedicine applications are utilized in your facility. (Select all that apply.)

- TeleRadiology
- TelePathology
- TeleEchocardiology
- TeleDiabetic Retinopathy Screening
- TeleConsults using video conferencing
- Web-Streamed medical education
- File and Print Services

- Remote Desktop Management
- Voice-over-IP
- Off-site data, medical, and billing backups
- Access to remotely-hosted EMRs, PACS, and other HIT systems
- Home Telehealth
- eICU
- Other store-and-forward
- Other
- None of these

Page 23

Fill out this page only if you answered:

- Yes on question **40. Is your facility currently providi..** on **page 17**.
- AND **TeleRadiology** on question **49. Please indicate which of the follo..** on **page 22**.

Question 50

Please indicate how much bandwidth is required for the TeleRadiology application.

Characters Remaining: 200

Page 24

Fill out this page only if you answered:

- Yes on question **40. Is your facility currently providi..** on **page 17**.
- AND **TelePathology** on question **49. Please indicate which of the follo..** on **page 22**.

Question 51

Please indicate how much bandwidth is required for the TelePathology application.

Characters Remaining: 200

Page 25

Fill out this page only if you answered:

- Yes on question **40. Is your facility currently providi..** on **page 17**.
- AND **TeleEchocardiology** on question **49. Please indicate which of the follo..** on **page 22**.

Question 52

Please indicate how much bandwidth is required for the TeleEchocardiology application.

Characters Remaining: 200

Page 26

Fill out this page only if you answered:

- Yes on question [40. Is your facility currently providi..](#) on [page 17](#) .
- AND [TeleDiabetic Retinop...](#) on question [49. Please indicate which of the follo..](#) on [page 22](#) .

Question 53

Please indicate how much bandwidth is required for the TeleDiabetic Retinopathy Screening application.

Characters Remaining: 200

Page 27

Fill out this page only if you answered:

- Yes on question [40. Is your facility currently providi..](#) on [page 17](#) .
- AND [TeleConsults using v...](#) on question [49. Please indicate which of the follo..](#) on [page 22](#) .

Question 54

Please indicate how much bandwidth is required for the TeleConsults application.

Characters Remaining: 200

Page 28

Fill out this page only if you answered:

- Yes on question [40. Is your facility currently providi..](#) on [page 17](#) .
- AND [Web-Streamed medical...](#) on question [49. Please indicate which of the follo..](#) on [page 22](#) .

Question 55

Please indicate how much bandwidth is required for the Web-Streamed Medical Education application.

Characters Remaining: 200

Page 29

Fill out this page only if you answered:

- Yes on question [40. Is your facility currently providi..](#) on [page 17](#) .

- AND [File and Print Servi...](#) on question [49. Please indicate which of the follo..](#) on [page 22](#) .

Question 56

Please indicate how much bandwidth is required for the File and Print Services application.

Characters Remaining: 200

Page 30

Fill out this page only if you answered:

- [Yes](#) on question [40. Is your facility currently providi..](#) on [page 17](#) .
- AND [Remote Desktop Manag...](#) on question [49. Please indicate which of the follo..](#) on [page 22](#) .

Question 57

Please indicate how much bandwidth is required for the Remote Desktop Management application.

Characters Remaining: 200

Page 31

Fill out this page only if you answered:

- [Yes](#) on question [40. Is your facility currently providi..](#) on [page 17](#) .
- AND [Voice-over-IP](#) on question [49. Please indicate which of the follo..](#) on [page 22](#) .

Question 58

Please indicate how much bandwidth is required for the Voice-over-IP application.

Characters Remaining: 200

Page 32

Fill out this page only if you answered:

- [Yes](#) on question [40. Is your facility currently providi..](#) on [page 17](#) .
- AND [Off-site data, medic...](#) on question [49. Please indicate which of the follo..](#) on [page 22](#) .

Question 59

Please indicate how much bandwidth is required for the application that allows off-site data, medical, and billing backups.

Characters Remaining: 200

Page 33

Fill out this page only if you answered:

- Yes on question **40. Is your facility currently providi..** on **page 17**.
- AND **Access to remotely-h...** on question **49. Please indicate which of the follo..** on **page 22**.

Question 60

Please indicate how much bandwidth is required for the application that allows access to remotely-hosted EMRs, PACS, and other HIT systems.

Characters Remaining: 200

Page 34

Fill out this page only if you answered:

- Yes on question **40. Is your facility currently providi..** on **page 17**.
- AND **Home Telehealth** on question **49. Please indicate which of the follo..** on **page 22**.

Question 61

Please indicate how much bandwidth is required for the Home Telehealth application.

Characters Remaining: 200

Page 35

Fill out this page only if you answered:

- Yes on question **40. Is your facility currently providi..** on **page 17**.
- AND **eICU** on question **49. Please indicate which of the follo..** on **page 22**.

Question 62

Please indicate how much bandwidth is required for the eICU application.

Characters Remaining: 200

Page 36

Fill out this page only if you answered:

- Yes on question **40. Is your facility currently providi..** on **page 17**.

- AND *Other store-and-forw...* on question **49. Please indicate which of the follo..** on **page 22** .

Question 63

Please indicate how much bandwidth is required for the other store-and-forward application.

Characters Remaining: 200

Page 37

Fill out this page only if you answered:

- *Yes* on question **40. Is your facility currently providi..** on **page 17** .
- AND *Other* on question **49. Please indicate which of the follo..** on **page 22** .

Question 64

Please indicate what this "Other" application is and how much bandwidth is required for the application.

Characters Remaining: 200

Page 38

Fill out this page only if you answered:

- *Yes* on question **40. Is your facility currently providi..** on **page 17** .
- AND *Remote Desktop Manag...* OR *Other* OR *TeleDiabetic Retinop...* OR *Other store-and-forw...* OR *TelePathology* OR *None of these* OR *File and Print Servi...* OR *TeleConsults using v...* OR *Voice-over-IP* OR *TeleEchocardiology* OR *eICU* OR *Web-Streamed medical...* OR *TeleRadiology* OR *Access to remotely-h...* OR *Home Telehealth* OR *Off-site data, medic...* on question **49. Please indicate which of the follo..** on **page 22** .

Question 65

How many physicians/nurses/other health care staff members utilize telemedicine equipment?

Characters Remaining: 75

Question 66

Please indicate the proportion of patient sessions that involve telemedicine in your facility? (for example, 1 out of 4 sessions)

Characters Remaining: 75

Question 67

Please describe positive clinical outcomes, if any, resulting from the use of telemedicine in your facility, and the quality of these outcomes.

If you know of someone else that could provide a story about positive clinical outcomes from the use of telemedicine, please provide their name and contact information.



Characters Remaining: 2000

Question 68

How are health care providers in the facility encouraged to use telemedicine services?



Characters Remaining: 200

Question 69

How are health care providers in the facility educated and/or trained to use telemedicine services?



Characters Remaining: 200

Question 70

What would you like to see hospital staff do to enhance the facility's telemedicine capacity? Please describe.



Characters Remaining: 200

Question 71 ** required **

Are there plans to implement additional telemedicine applications in your facility in the future?

- Yes
- No
- Not Sure

Page 39

Fill out this page only if you answered:

- Yes on question **40. Is your facility currently providi..** on **page 17**.

- AND Yes on question [71. Are there plans to imple..](#) on [page 38](#) .

Question 72

What are these additional telemedicine applications?

Characters Remaining: 200

Question 73

Please indicate how much total bandwidth will be required when these additional telemedicine applications are implemented.

Characters Remaining: 200

Page 40

Fill out this page only if you answered:

- Yes on question [40. Is your facility currently providi..](#) on [page 17](#) .
- AND No OR Yes OR Not Sure on question [71. Are there plans to imple..](#) on [page 38](#) .

Question 74

Does your facility receive reimbursement for services provided via telemedicine?

- Yes
 No
 Not sure

Question 75

Please identify the types of telemedicine services contributing the most revenue.

Characters Remaining: 200

Page 41

Fill out this page only if you answered:

- Yes on question [40. Is your facility currently providi..](#) on [page 17](#) .

Community Relations

Question 76 ** required **

Does your facility currently reach out to the community to promote the telemedicine activities (for example, a consultation over video with an expert about a special health topic)?

- Yes
 No
 Not sure

Page 42

Fill out this page only if you answered:

- Yes on question **40. Is your facility currently providi..** on **page 17**.
- AND Yes on question **76. Does your facility currently reach..** on **page 41**.

Question 77

How does your facility reach out to the community to promote the telemedicine activities?

Characters Remaining: 200

Page 43

Fill out this page only if you answered:

- Yes on question **40. Is your facility currently providi..** on **page 17**.

Personnel Training on Equipment

Question 78 ** required **

Has there been sufficient telemedicine equipment training of personnel and health care professionals at the facility?

- Yes
- No
- Not sure

Page 44

Fill out this page only if you answered:

- Yes on question **40. Is your facility currently providi..** on **page 17**.
- AND **Not sure** OR **No** on question **78. Has there been sufficient telemedi..** on **page 43**.

Question 79

Please explain what telemedicine equipment training is needed.

Characters Remaining: 200

Page 45

Fill out this page only if you answered:

- Yes on question **40. Is your facility currently providi..** on **page 17**.

- AND **Yes** on question **78. Has there been sufficient telemedi..** on **page 43** .

Question 80

How does this telemedicine equipment training occur?

Characters Remaining: 200

Page 46

Fill out this page only if you answered:

- **Yes** on question **40. Is your facility currently providi..** on **page 17** .
- AND **Yes** OR **Not sure** OR **No** on question **78. Has there been sufficient telemedi..** on **page 43** .

Question 81

If you have any additional comments about your facility's telemedicine usage and technology requirements, please provide them here.

Characters Remaining: 500

Page 47

Fill out this page only if you answered:

- **Not Sure** OR **No** on question **40. Is your facility currently providi..** on **page 17** .

Question 82

If you have any additional comments about your facility's telemedicine usage and technology requirements, please provide them here.

Characters Remaining: 500

Page 48

Fill out this page only if you answered:

- **Yes** OR **Not Sure** OR **No** on question **40. Is your facility currently providi..** on **page 17** .

Question 83

If you are willing to be contacted for follow-up purposes, please provide your name and the best way to contact you.

Characters Remaining: 100

Closing Message

Thank you for sharing information about your facility's telemedicine application uses and technology needs. This information will be valuable as Kan-ed further attempts to meet needs in health care facilities. If you have any questions about this survey, please contact Valerie York (kaned@ksu.edu, 785-532-5266). Thanks again.

- End of Survey -

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APPENDIX 8

Live Tutor Services and
Usage

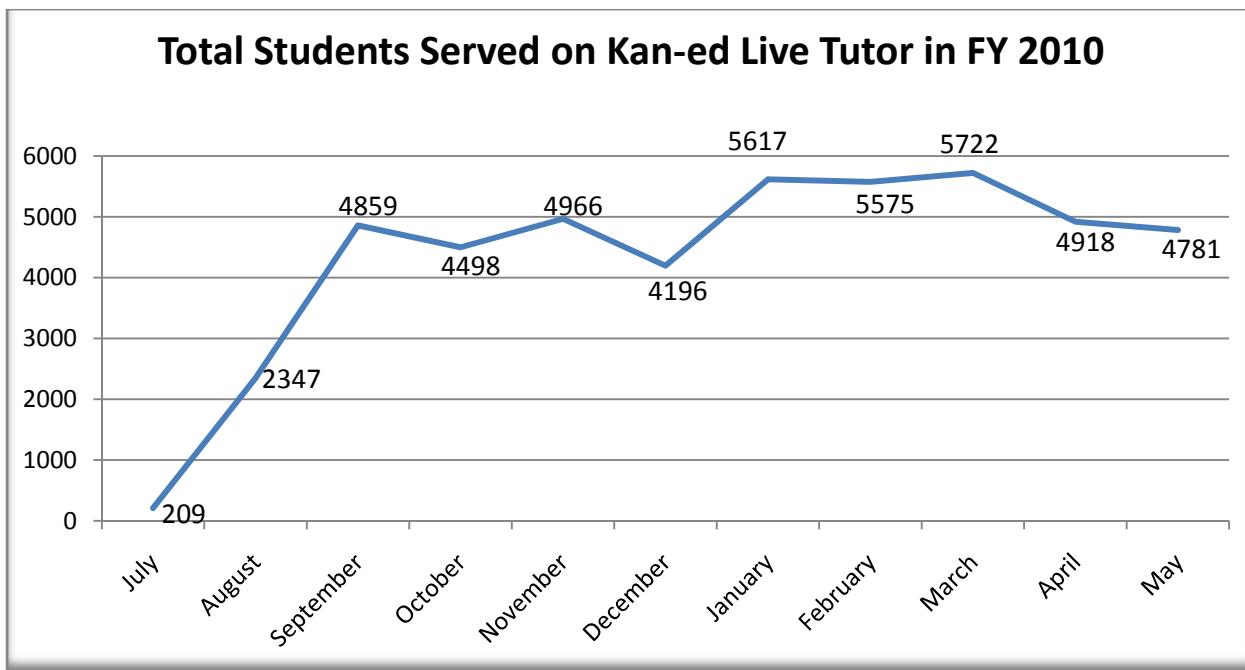
Kan-ed Live Tutor Services 2010 Documentation of Usage

Kan-ed Live Tutor, also referred to as Homework Kansas and tutor.com, is an online tutoring service provided for students in Kindergarten through 12th grade, college introductory students, adult GED students, and other adult learners. In addition to providing one-on-one online assistance in real time with a certified tutor through Live Homework Help® (of Tutor.com, Inc.), Kan-ed Live Tutor also provides the SkillsCenter™ Resource Library. The SkillsCenter™ Resource Library maintains a database of thousands of tutorials, study guides, worksheets, samples of standardized tests, college entrance practice tests, and graduate school entrance practice tests. The SkillsCenter™ Resource Library is available around-the-clock, while the Live Homework Help® is available every day from 8:00 a.m. to 11:00 p.m. for English learners and from 1:00 p.m. through 11:00 p.m. for Spanish learners. Connection to Kan-ed Live Tutor may be accessed via the Kan-ed homepage (www.kan-ed.org) or at <http://lhh.tutor.com/>.

Kan-ed began funding the Live Tutor service in Fiscal Year 2010. As documentation of the impact of this Kan-ed funded service, a summary of the Kan-ed Live Tutor usage during Fiscal Year 2010 (July 2009 through May 2010) is provided in this section of the report. The data reported in this section were collected through the Live Tutor service. The Office of Educational Innovation and Evaluation (OEIE) obtained monthly usage reports through Kan-ed staff. This data has not been verified by OEIE.

Kan-ed Live Tutor Usage

Kansas students accessed Kan-ed Live Tutor 47,685 times between July 1, 2009 and May 31, 2010. Usage data, as presented in the figure on the following page, reveal that January, February, and March were the months of greatest use, with students accessing the service an additional 672 times, on average, in those months compared to the next highest usage month (i.e., November). Maps of Kan-ed Live Tutor Usage by House District and Senate District provide visual representation of the total students served in Fiscal Year 2010 and are located on the last two pages of this report.



Live Homework Help®

The Live Homework Help® provides connections to live tutors available to assist in Mathematics (elementary, algebra I, algebra II, geometry, trigonometry, calculus, and statistics), Science (elementary, earth science, biology, chemistry, and physics), Social Studies (American history, world history, and political science), and English (spelling, grammar, book reports, essay writing, vocabulary, and literature). It also provides document review and proofreading through Proof Point™. Live Homework Help® tutors are employed by tutor.com and are United States or Canadian residents who pass subject exams and background checks during the employment application process. The Live Homework Help® provides anonymous real time interactions in a designated chat room space and allows students to download the entire interaction once the session is complete. By selecting the subject area in which they need assistance, students are directed to a screen (e.g., the Science screen is represented below) that requests they select a more specific subject area, their grade level, level of assistance desired (e.g., “I have no clue what to do,” “I’m started but stuck on one part,” or “I’m done. Can you make sure it’s right?”), and provide a statement of their exact question. Students also are able to upload relevant files and draw or diagram their problem on the whiteboard provided.

Live Homework Help® - Science

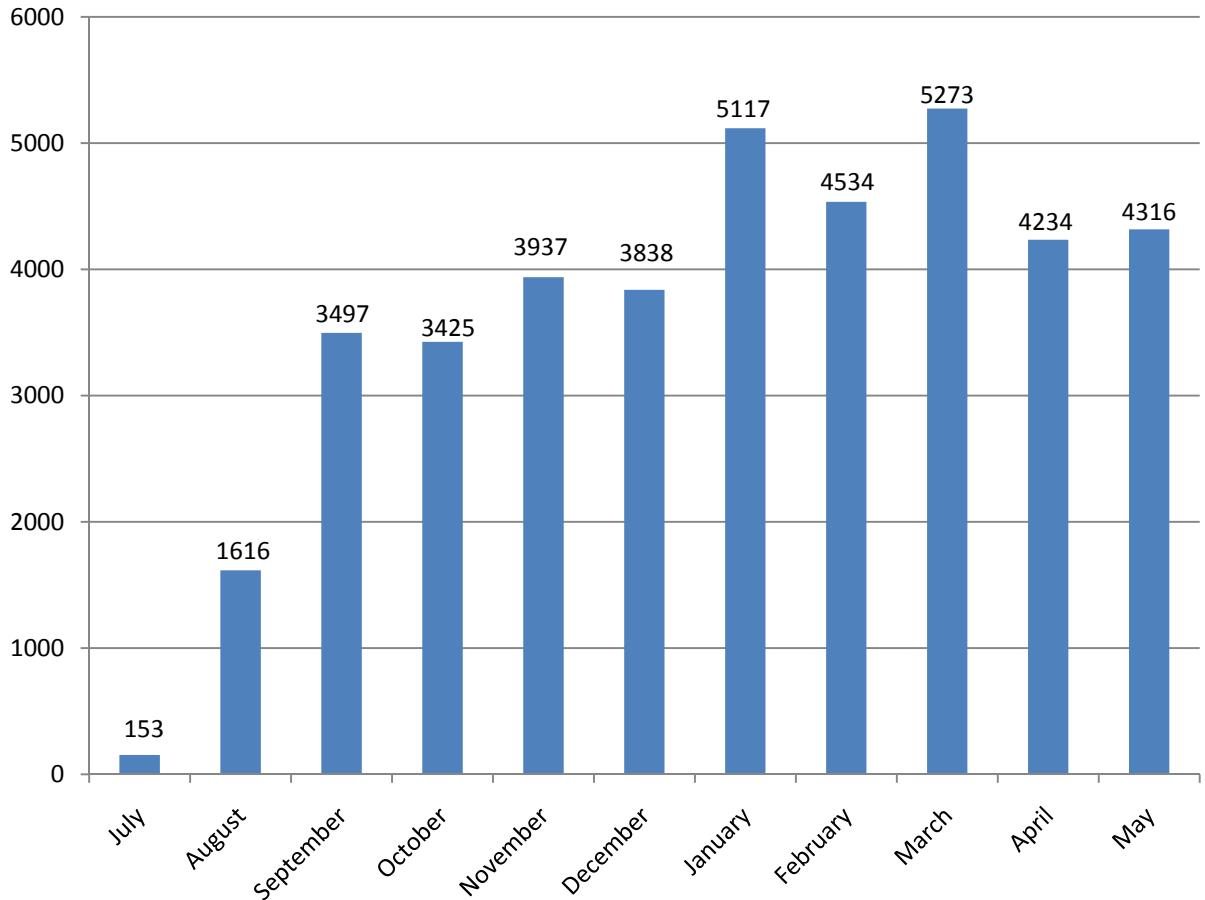
To connect to a tutor, follow the steps below. Required fields are marked with an asterisk (*).

- 1** Select your grade level: *
- 2** Select the subject you want help in: *
- 3** How much help do you need? * I want my tutor to help me: (optional)
- What's your question? * ([Tips](#))
-  [Draw your problem on the whiteboard \(optional\)](#)
- Upload a file (optional)
 [Browse...](#) [Remove](#)
Accepted file formats are: bmp, doc, docx, gif, htm, html, jpg, jpeg, pdf, ppt, pptx, txt, xls, xlsx, zip
The maximum file size is 1MB.
- What is your 5-digit Zip Code? *

[Connect](#)

Kansas students sought tutorial assistance from the Live Homework Help® 39,940 times between July 2009 and May 2010. The months of greatest usage were January and March, as illustrated in the figure on the following page. The average number of sessions provided per month from September through May (standard school year) was 4,241.

Number of Tutoring Sessions Provided on Kan-ed Live Tutor in FY 2010

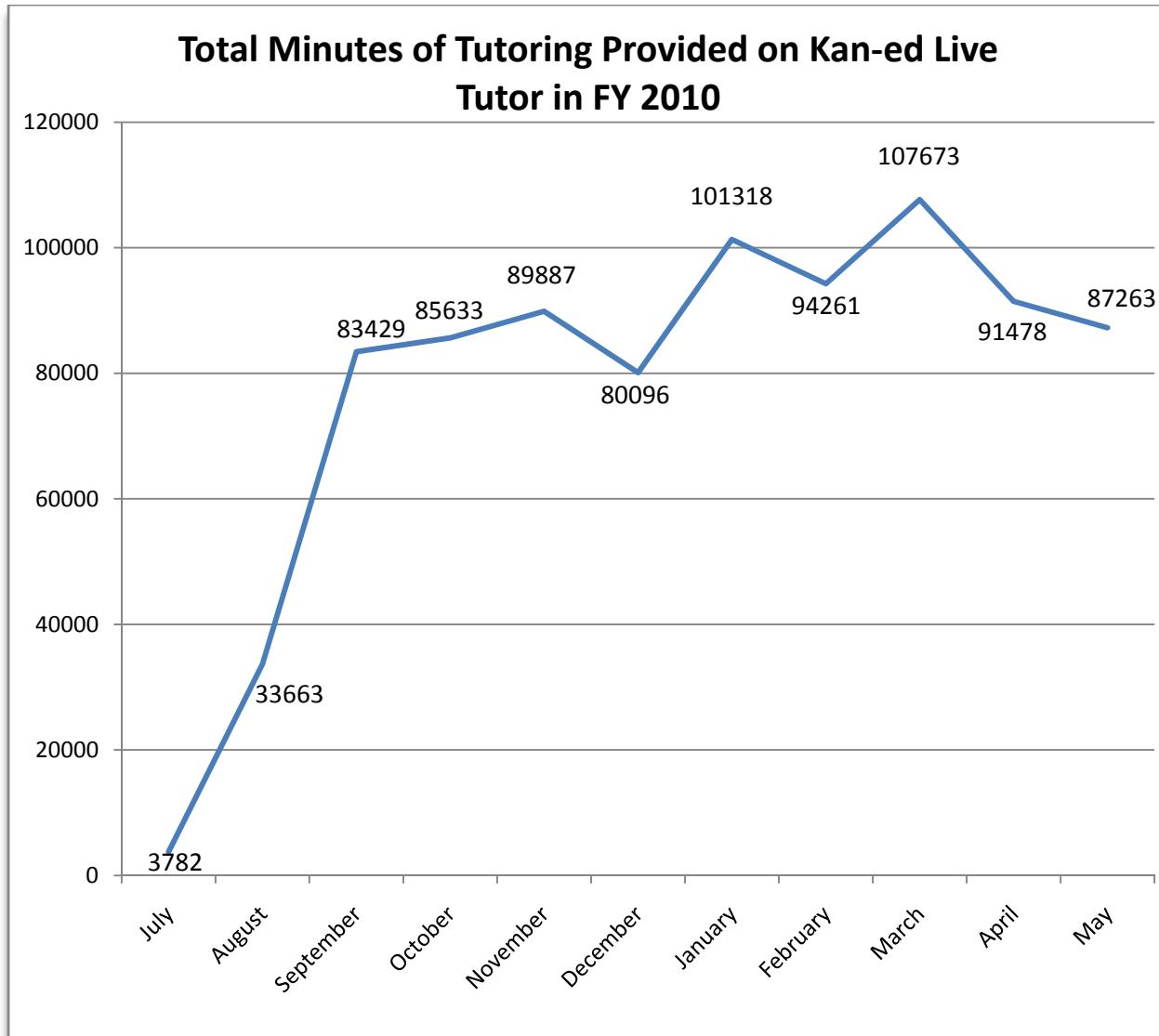


While the tutorial assistance from the Live Homework Help® was greatest in January and March, tutoring sessions by grade level show that January and March were only the highest usage months for 8th, 9th, and 10th graders, as indicated in the table on the following page. The grade level that utilized tutorial assistance the most was 11th grade, with 6,907 total uses between July 2009 and May 2010. Actually, beginning in 2nd grade, tutorial assistance usage consistently increased through the 11th grade; then, usage in 12th grade dropped to a level observed for pre-9th grade (i.e., under 5,970 sessions). The single month and grade level with the greatest usage was by 11th graders in March, at 936 sessions. Second graders and adults accessed tutorial assistance the least; these groups accessed the service only 45 and 51 times, respectively, during the year.

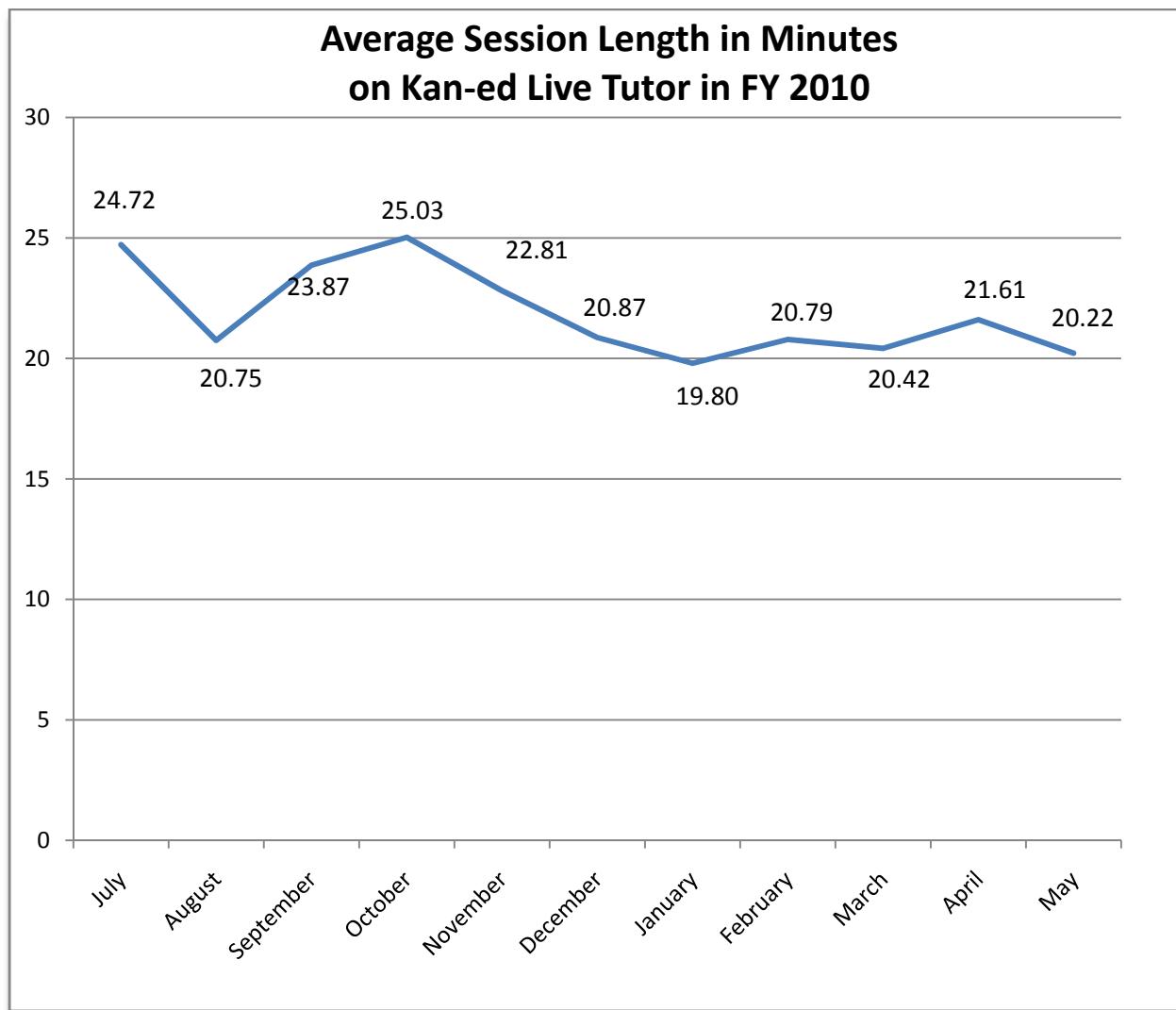
The majority of tutorial assistance occurred with 9th through 12th graders, who accessed the Live Homework Help® 24,459 times. Students in the middle grades (6th, 7th, and 8th) accessed tutoring 9,777 times, Kindergarten through 5th grade accessed 1,713 times, and college introductory students accessed 3,943 times. The table below provides data showing the tutoring session usage by grade level and month.

Live Tutor Usage in Fiscal Year 2010 (Jul 2009 – May 2010): Tutoring Sessions by Grade Level and Month												
	Month											
Grade Level	Jul '09	Aug '09	Sep '09	Oct '09	Nov '09	Dec '09	Jan '10	Feb '10	Mar '10	Apr '10	May '10	Total
Kindergarten	0	2	6	11	12	35	21	17	17	14	15	150
1st	0	0	2	7	8	9	4	6	19	8	5	68
2nd	0	0	1	2	4	7	8	4	6	7	6	45
3rd	0	2	3	5	5	17	21	8	17	9	19	106
4th	2	5	29	27	64	28	51	28	43	29	55	361
5th	0	26	56	72	105	123	104	125	200	113	59	983
6th	8	68	219	200	247	255	378	326	271	173	183	2328
7th	4	154	262	319	296	475	542	413	277	304	327	3373
8th	31	112	278	251	298	409	894	493	493	341	476	4076
9th	2	295	552	598	527	478	713	698	874	604	629	5970
10th	7	345	531	469	664	640	802	771	786	518	775	6308
11th	11	255	608	500	677	641	857	720	936	805	897	6907
12th	37	224	548	545	638	524	501	525	659	638	435	5274
Adult	0	4	5	8	6	3	4	3	10	2	6	51
College - Intro	51	130	395	407	389	194	217	397	665	669	429	3943

Total minutes of tutoring provided in Fiscal Year 2010 were 858,483, or 14,308 hours. This is an average of 78,044 minutes, or 1,301 hours per month. Consistent with the highest numbers of sessions, January and March also yielded the greatest total minutes of tutoring provided, with 101,318 and 107,673 minutes, respectively.

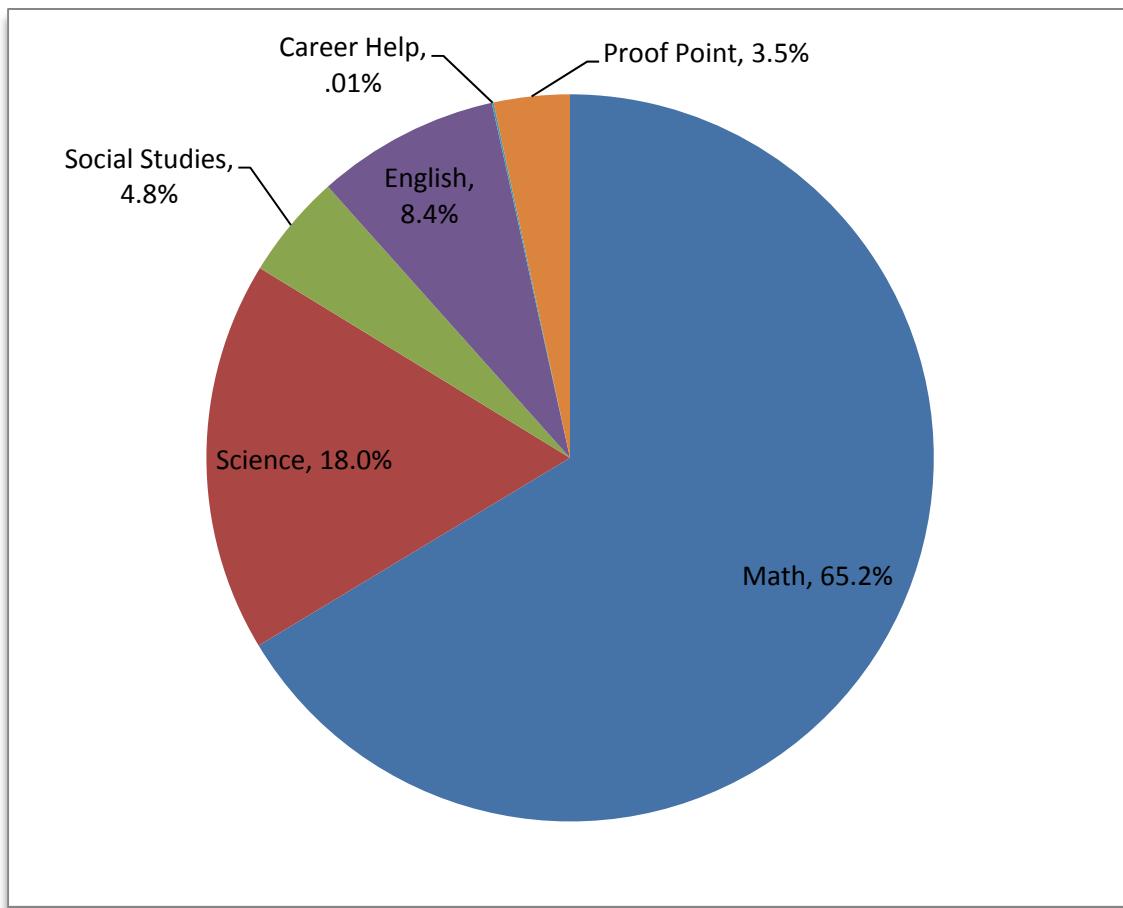


The average monthly session length for tutoring in Fiscal Year 2010 ranged between a minimum of 19.8 minutes in January and a maximum of 25.0 minutes in October. The overall average session length across the 11 months of data is 21.5 minutes, while averaging the monthly figures below results in 21.9 minutes.



Analysis of Fiscal Year 2010 Live Tutor tutoring sessions by subject area reveals that Algebra was the subject for which assistance was most frequently sought, with 6,896 sessions provided (17.3% of all sessions). In fact, assistance in mathematics accounts for 65.2% of all tutoring provided in Fiscal Year 2010, as indicated in the pie chart below; 26.5% of all mathematics tutoring was for Algebra, the subject sought most often.

Tutoring Sessions by Broad Subject Area



Science tutoring sessions account for 18.0% of all tutoring, with half of science sessions providing assistance for Chemistry (50.2%). Among instances of English assistance provided (8.4% of all sessions), 55.7% of the English tutoring was in the English Writing Center. Tutoring sessions provided are broken down by subject area and month in the table on the following page.

Live Tutor Usage in Fiscal Year 2010 (Jul 2009 – May 2010): Tutoring Sessions by Subject Area and Month												
Subject Area	Month											
	Jul ‘09	Aug ‘09	Sep ‘09	Oct ‘09	Nov ‘09	Dec ‘09	Jan ‘10	Feb ‘10	Mar ‘10	Apr ‘10	May ‘10	Total
Back to School – Calculus	0	0	0	0	0	0	0	0	0	0	3	3
Career Help	0	1	3	10	4	1	4	3	6	1	1	34
Citizenship	0	0	0	0	0	0	0	0	0	0	2	2
English	0	0	1	0	0	1	0	1	2	1	1	7
English – Essay Writing	1	1	2	0	6	4	0	1	3	6	1	25
English – Grammar	1	35	66	44	43	77	138	69	81	82	56	692
English – Literature	2	25	21	27	40	43	99	71	73	47	65	513
English – Vocabulary	0	4	21	16	14	31	58	37	26	19	28	254
English – Writing Center	3	47	159	230	193	206	147	115	235	270	270	1875
Math – Algebra	25	221	496	559	499	612	1100	806	978	755	845	6896
Math – Algebra (Spanish)	0	0	1	1	0	0	1	0	0	0	0	3
Math – Algebra II	32	250	524	367	525	422	554	508	569	534	769	5054
Math – Basic Math	0	3	3	2	4	4	4	1	4	14	8	47
Math – Calculus	45	195	345	380	434	259	306	383	496	326	245	3414
Math – Elem	1	41	119	121	176	146	159	174	222	114	71	1344
Math – Elem (Gr. 4-6)	0	0	1	1	0	2	1	0	2	0	0	7
Math – Elem (Spanish)	0	0	0	0	0	0	3	0	1	0	0	4
Math – Geometry	2	287	383	353	431	494	700	581	527	335	500	4593
Math – Middle Grades	22	114	201	269	297	377	428	320	232	197	222	2679
Math – Mid-Level (Gr. 7-8)	0	2	3	4	3	0	2	0	0	6	4	24
Math – Statistics	3	7	26	38	71	24	28	65	68	65	49	444
Math – Trigonometry	0	67	113	99	173	135	242	180	156	224	130	1519
Proof Point	7	25	95	104	181	148	77	153	348	133	124	1395
Science – Basic Science	0	1	3	0	0	0	2	0	0	0	0	6
Science – Biology	1	27	99	79	64	75	155	155	140	101	136	1032
Science – Chemistry	5	116	384	259	328	248	329	472	593	509	359	3602
Science – Earth Science	0	32	54	57	84	94	65	39	40	28	48	541
Science – Elem	1	9	7	17	18	33	20	36	39	21	21	222
Science – Elem (Gr. 4-8)	0	0	0	0	0	0	0	0	0	0	2	2
Science – Physics	0	38	220	191	213	196	255	165	154	198	144	1774
Social Studies	2	72	145	192	137	205	239	195	269	246	212	1914
Social Studies (Spanish)	0	0	0	1	1	0	0	2	3	1	0	8

Note. The following subjects also were accessed once during FY 2010: Back to School – Basic Math, Back to School – Biology (Spanish), Back to School – Chemistry (Spanish), Back to School – Geometry (Spanish), Back to School – Social Studies, Back to School – Trigonometry, GED Prep – Algebra II, GED Prep – Basic Math, GED Prep – Calculus (Spanish), GED Prep – Social Studies, Math – Basic Math (Spanish), Resume Help.

Summary of Feedback on Live Homework Help® Survey

Upon conclusion of the Kan-ed Live Tutor Live Homework Help® tutorial session, students are directed to a brief survey regarding their experiences during the tutor session. The first question asked, “Are you glad your organization offers this service?” A monthly average of ninety-eight percent of survey responses indicated “yes” to this first question. When asked, “Would you recommend this service to a friend?,” a monthly average of 96% of responses were affirmative. To the third question, “Is this service helping you complete your homework assignments?,” a monthly average of 95% of respondents indicated “yes.” A monthly average of ninety-three

percent of students indicated this service is helping them to improve their grades, and a monthly average of 94% indicated the service is helping them to be more confident about their school work.

Finally, the Live Homework Help® Survey requested participants to provide comments about their experiences during the tutoring session. The survey secured 5,437 individually themed comments, the majority of which (96%) were positive and constructive. Twenty-three percent provided general positive comments about the program, while 21% provided general positive comments about their tutor, 21% indicated the session provided guidance and was helpful, 14% expressed appreciation for the program, and 9% mentioned their tutor by name, expressing positive regard. A sample of these themed responses is provided in the bullets below.

- Thank you so much for having this service available and for being FREE! I love how the Tutor took everything step by step and made sure I understood it before moving on! THANK YOU! I'm going to tell all my friends!
- The session was great and I really liked learning this way. My tutor was amazing and helped every step of the way. I know that I will come back to this site if I ever need help with my homework! I am so glad I have this service open to me!
- I usually use homeworkkansas for math. I'm pretty good at math but once in a while i get stuck on some problems so i use homework kansas. I love that you guys are open early in the morning. Whoever is reading this i say thank you to you.
- This has helped me out so much!! I know now how to figure out some of my math. Now that I am starting to understand my math grade will go from an F to hopefully better than a C. My mom and I are so greatful for the tutors that have taken the time to help me with my math. Thanks again
- thank you for all the help!!! i think this will be useful in the future for problems that my parents that cannot help me with too. Thank You!
- I was grateful [tutor name removed] didn't do the work, but he asked questions so I could figure it out...then he showed me an easier way!!! Yipee!
- I am learning a lot and makes a lot more sense to me when I work with the tutor :)
- These tutors have been really great and they are helping me understand my math and other homework... i appreciate all the tutors that have helped me
- YEAH I GOT IT! THANKS TUTOR.COM :)
- [tutor name removed] was very patient, very good. We are SO blessed to have this option because we are those people who cannot afford a tutor. I'm very

happy to see there are options for kids without other choices. THANK YOU!!! Please do not stop doing what you do. We need you!

- Thanks alot this was great as usual!! Helps me get my homework done. They really get you to thinking and they use some wonderful examples and analogies to compare things to. Thanks a million!!
- Thanks for your help! I appreciate it! My math grade was low and this website made it raise from an 82 to a 89! Thanks homework Kansas!
- The tutor helped me a lot, and he/she was very clear and understandable about everything that I had questions on... I love this site. I am going to recommend this to friends that always need help on there homework.. thanks. LOVE YOU SITE!
- i just wanted you guys to know that since i started using homework kansas my math grade shot up two letter grades (i have an A now!) i just understand stuff a lot better and i'm glad too cuz now i have all A's and one C+ (social studies:(not doin so well on quizes) but ya i know it takes a while to wait but it's still really nice and it really helps me a lot. but ya i want to be a vet (decided two days ago!) and you have to have really good grades cuz getting into vet school is so competitive but now i have so much more confidence so thanks a lot for giving it to me! i love you homework kansas!
- My daughter needed help on an algebra problem and I wasn't sure how to help her. (I'm only a 4th grade teacher) so I thought we would try this. It was awesome. She knew for the most part how to figure it out but just needed some reinforcement and guidance and to talk through the problem and get some feedback. The tutor was wonderful and very positive with her and made her feel great! This is awesome and I am going to school tomorrow and tell everyone how great this program is! Thank you soooooo much!
- YOU GUYS HERE ARE ABSOULTLEY AMAZING!! THANK YOU SO MUCH FOR ALL YOU DO!!!! KEEP UP THE GOOD WORK

SkillsCenter™ Resource Library

The SkillsCenter™ Resource Library maintains a database of thousands of tutorials, study guides, worksheets, samples of standardized tests from all 50 United States and the District of Columbia, college entrance practice tests, and graduate school entrance practice tests. The SkillsCenter™ Resource Library is available around-the-clock. As opposed to the Kan-ed Live Tutor Live Homework Help®, the SkillsCenter™ Resource Library is a repository of information that is interactive, but the interaction is systematic and not with a person on the other end. A screenshot of the SkillsCenter™ Resource Library is provided on the following page.

SkillsCenter™ Resource Library

Thousands of worksheets, tutorials, study guides and more!



Search:

GO

Math

[Elementary](#), [Middle Grades](#), [Algebra](#), [Algebra II](#), [Geometry](#),
[Trigonometry](#), [Calculus](#), [Statistics](#)

Science

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[Physics](#)

English

[Elementary](#), [Middle Grades](#), [High School](#), [Writing](#)

Social Studies

[Elementary](#), [Middle Grades](#), [High School](#)

State Standardized Tests

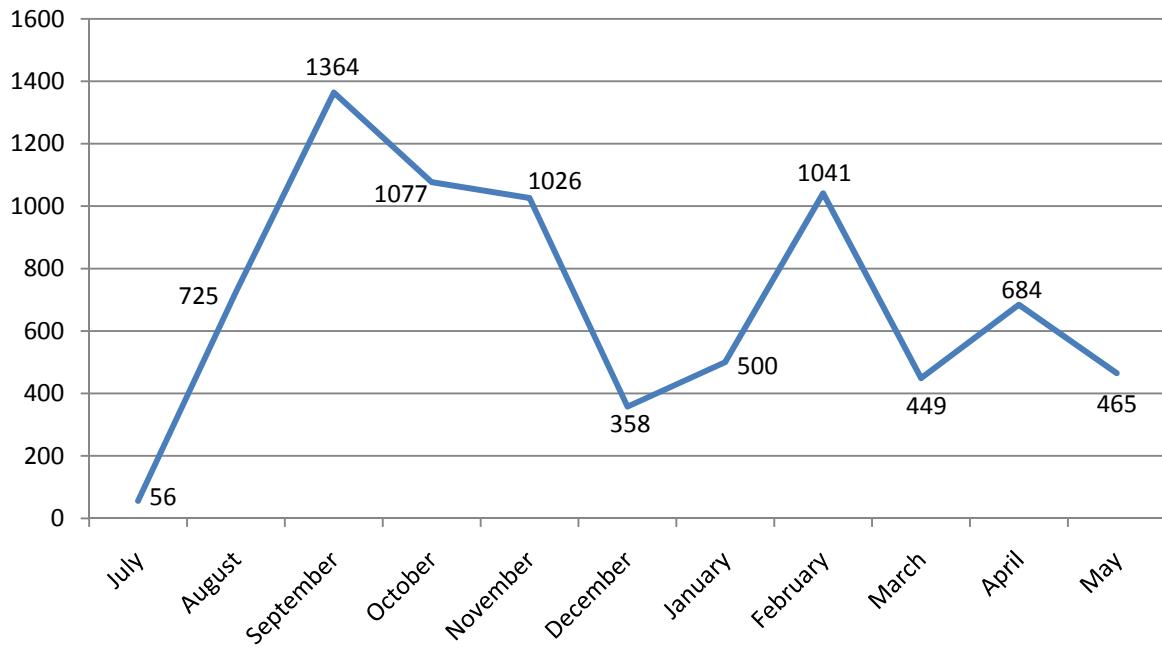
[Alabama](#), [Alaska](#), [Arizona](#), [Arkansas](#), [California](#), [Colorado](#),
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[Wyoming](#)

Standardized Tests Preparation

[College Entrance Exams](#), [Graduate School Entrance Exams](#), [Other](#)
[Tests](#)

Kansas students accessed the SkillsCenter™ Resource Library Kan-ed Live Tutor 7,745 times between July 1, 2009 and May 31, 2010. Usage data, presented in the figure on the following page, reveal that September was the month of greatest use with students accessing the site 1,364 times. On average, students accessed the SkillsCenter™ Resource Library 704 times per month.

Number of Skills Center Sessions Served on Kan-ed Live Tutor in FY 2010



Kindergarten through 12th grade (K-12) students were the primary users of the SkillsCenter™ Resource Library, accessing the site 91.5% of the total site usage. Average use by month for K-12 students was 644 times, as indicated in the table below.

Live Tutor Usage in Fiscal Year 2010 (Jul 2009 – May 2010): Skills Center Access by Grade Level and Month												
Grade Level	Month											
	Jul '09	Aug '09	Sep '09	Oct '09	Nov '09	Dec '09	Jan '10	Feb '10	Mar '10	Apr '10	May '10	Total
K - 12	46	658	1249	975	953	323	438	969	405	628	441	7085
College	6	38	86	72	48	24	35	49	22	28	12	420
Adult	4	29	29	30	25	11	27	23	22	28	12	240
Total	56	725	1364	1077	1026	358	500	1041	449	684	465	7745

Kan-ed Live Tutor Usage Summary

Kan-ed Live Tutor is an online tutoring service provided for students in Kindergarten through 12th grade, college introductory students, adult GED students, and other adult learners. Kan-ed Live Tutor provides one-on-one online tutoring sessions through Live Homework Help®. Kan-ed Live Tutor also provides the SkillsCenter™ Resource Library for students to access a variety of educational resources and tools. Connection to Kan-ed Live Tutor may be accessed via the

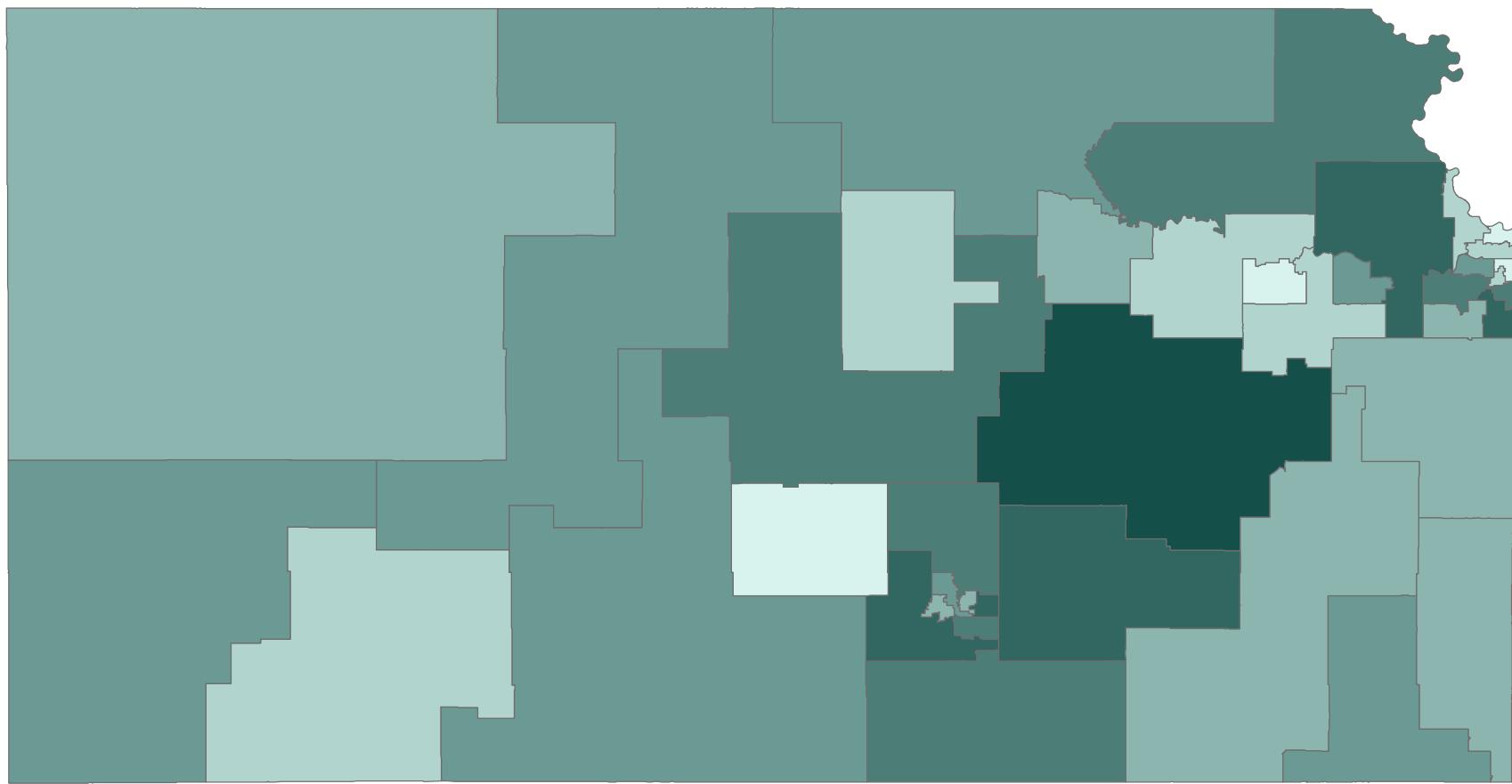
Kan-ed homepage (www.kan-ed.org) or at <http://lhh.tutor.com/>. Key usage findings for Kan-ed Live Tutor include the following:

- Kansas students accessed Kan-ed Live Tutor 47,685 times between July 1, 2009 and May 31, 2010, with January, February, and March as the highest usage months.
- Of the 47,685 times the Kan-ed Live Tutor was accessed, Kansas students sought tutorial assistance specifically from the Live Homework Help® 39,940 times during this same timeframe, with January and March as the highest tutoring usage months. The average number of sessions provided per month from September through May was 4,241.
- The grade level that utilized tutorial assistance the most was 11th grade, with 6,907 total usages throughout July 2009 to May 2010. The greatest single month usage was by 11th graders in March, at 936 sessions.
- Total minutes of tutoring provided in Fiscal Year 2010 were 858,483, or 14,308 hours. This is an average of 78,044 minutes per month or 1,301 hours per month. The average session length for tutoring was 21.5 minutes. Tutoring sessions in mathematics account for 65.2% of all tutoring.
- Kan-ed Live Tutor survey feedback indicated that a monthly average of 93-98% of respondents were glad their organization offers the service, would recommend it to a friend, helps them with their homework, and helps them to improve their grades and is building overall confidence about their school work.
- Kansas students accessed the SkillsCenter™ Resource Library 7,745 times between July 1, 2009 and May 31, 2010. Usage data revealed that September was the month of greatest use with 1,364 times the SkillsCenter™ Resource Library was accessed. The average number of visits to the site per month was 704.

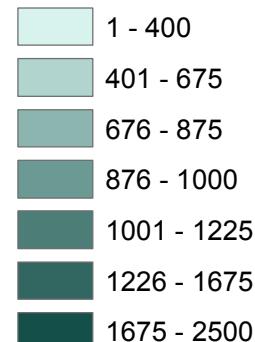
In closing, 5,437 themed comments were provided on the usage survey by student users of the Live Homework Help®. Ninety-six percent of the responses provided were positive and constructive. These comments were grouped into common themes of general positive comments about the program, general positive comments about their tutor, helpfulness, and overall appreciation for Kan-ed Live Tutor.

Kan-ed Live Tutor Usage by Senate District

Total Number of Sessions Between July 1, 2009 and May 31, 2010.



of Sessions



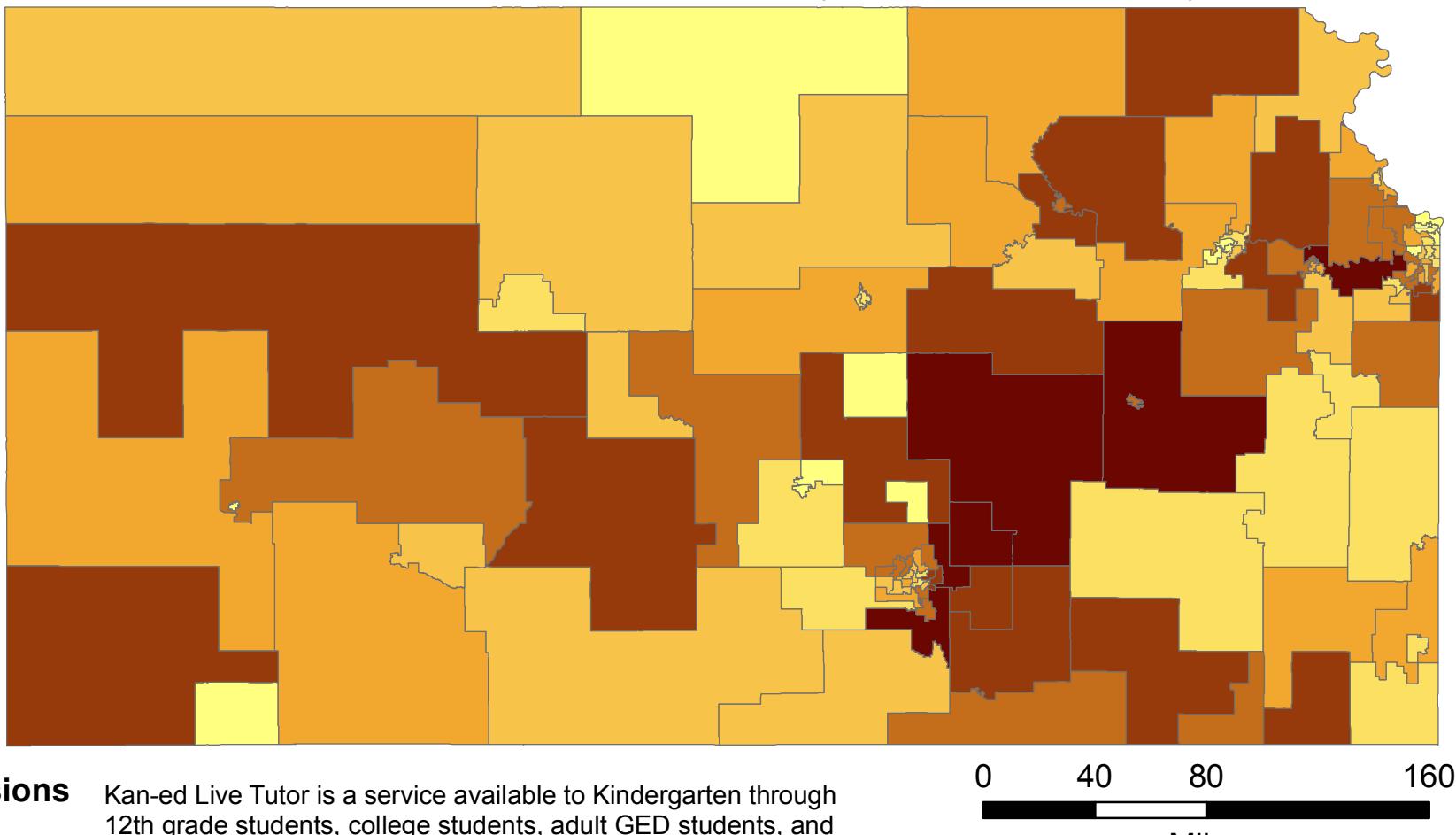
Kan-ed Live Tutor is a service available to Kindergarten through 12th grade students, college students, adult GED students, and other adult learners. Professional tutors are available daily from 8:00 a.m. to 11:00 p.m. with additional Spanish speaking tutors available from 1:00 p.m. to 11:00 p.m. Assistance is available in math, science, social studies, spelling, proofreading and resume building.

Kan-ed Live Tutor can be accessed at:
<http://lhh.tutor.com> or from the Kan-ed homepage (www.kan-ed.org).



Kan-ed Live Tutor Usage by House District

Total Number of Sessions Between July 1, 2009 and May 31, 2010.



of Sessions Kan-ed Live Tutor is a service available to Kindergarten through 12th grade students, college students, adult GED students, and other adult learners. Professional tutors are available daily from 8:00 a.m. to 11:00 p.m. with additional Spanish speaking tutors available from 1:00 p.m. to 11:00 p.m. Assistance is available in math, science, social studies, spelling, proofreading and resume building.

Kan-ed Live Tutor can be accessed at:
<http://lhh.tutor.com> or from the Kan-ed homepage (www.kan-ed.org).



APPENDIX 9

Kan-ed Authorized Provider
Subsidy Program

Kan-ed 2.0 Member Subsidy Program for Members Connecting through a Kan-ed Authorized Provider (KAP)

Purpose

Kan-ed is in the process of implementing the Kan-ed Member Subsidy Program for members connecting to the Kan-ed 2.0 network through a Kan-ed Authorized Provider (KAP). Under the program, funds are available for actual monthly costs up to and no greater than \$229.87 for a 1.5 megabit (T1) circuit or \$186.26 for a 3 megabit circuit. Higher connection speeds are not eligible for receipt of funds under this program. Kan-ed will compensate members for each site that is connected to the Kan-ed 2.0 network. Checks will be prorated based on the actual connection date for the time period of July 1, 2009 through June 30, 2010.

Methodology

Kan-ed contracted with the Office of Educational Innovation and Evaluation (OEIE) to facilitate the subsidy program. In this role, OEIE initiated communication with eligible members to inform them of their eligibility and the steps necessary to receive the subsidy funds as well as notified Kan-ed staff of responding members.

A pilot phase was initiated in September 2009 with members connecting through the KAP *Nex-Tech*. *Nex-Tech* was identified for inclusion in the pilot phase of the Kan-ed Subsidy Program due to the small number of sites connecting through that KAP at the time of the pilot and the good working relationship between *Nex-Tech* and Kan-ed. Seven sites connecting through *Nex-Tech* were identified as eligible for the subsidy program given their connection speed as reported by the Network Operation Center (NOC). The remaining 61 eligible sites connected through other KAPs were contacted in spring 2010 regarding their eligibility for the program.

In both the pilot phase with *Nex-Tech* customers and the subsequent launches with customers of the other KAPs, OEIE sent an email to the site contacts of the eligible sites connected to Kan-ed 2.0 through KAPs. A pre-populated form was attached to the email with information obtained from the site survey form that was completed by the site as a required step for connection to Kan-ed 2.0. The email requested that the site contact verify the information on the attached form, sign the form, and fax it to OEIE along with a copy of a KAP provider bill showing the cost for the connection to the Kan-ed 2.0 network. A copy of the email and form are located on pages 3 to 5 of this report.

After receiving the signed subsidy form and a copy of the KAP provider bill, OEIE uploaded the form and bill into the Kan-ed Member Database and sent a confirmation email to each site. Next, OEIE alerted Kan-ed, who is responsible for verifying eligibility and disbursing funds to the sites. OEIE sent reminder emails to non-responding sites and copied new contacts when possible, to increase the likelihood of receiving a response.

Results

Of the seven pilot sites contacted, five sites verified, signed, and returned the subsidy form and a copy of their provider bill. One site contacted OEIE to clarify that their site is ineligible for the subsidy because they are not connected through a KAP. The other pilot site has not responded to the subsidy program at the time of this report.

Of the 61 sites that were sent communication regarding their eligibility for the subsidy program in spring 2010, 43 responded and sent back their completed form and required bill. The primary reasons non-responding sites gave for not completing the subsidy forms were that they were not actually connected, they were no longer eligible due to a higher connection speed, or they had switched to AT&T. Of the 43 sites that responded, 7 were determined to be ineligible for the subsidy after further review.

Overall, a total of 48 subsidy forms and required bills were submitted for the program. As mentioned, seven sites were determined to be ineligible. Two of the 48 submitted their forms in June 2010 and Kan-ed is currently in the process of verifying for payment. At the time of this report, a total of 39 sites have already received or will soon receive subsidy funds from Kan-ed through this program.

E-mail to Kan-ed members connected through a Kan-ed Authorized Provider sent to Site Contact and CC Kan-ed Admin Contact

Subject: Notice of Eligibility for Kan-ed 2.0 Member Subsidy Program

Dear <site contact name>,

Congratulations on your connection to the Kan-ed 2.0 network! Kan-ed is in the process of implementing the Kan-ed Member Subsidy program for connecting through a Kan-ed Authorized Provider (KAP). All Kan-ed members connected to the Kan-ed 2.0 network through a Kan-ed Authorized Provider (KAP) are eligible to apply for this subsidy program. Under the program, funds are available for actual costs up to and no greater than \$229.87 for a 1.5 megabit (T1) circuit or \$186.26 for a 3 megabit circuit. Higher connection speeds are not eligible for this program. Kan-ed will provide funds to members for each site that is connected to the Kan-ed 2.0 network. Checks will be prorated based on the actual connection date for the time period of July 1, 2009 through June 30, 2010.

According to the Site Survey submitted by Member Name: <member name>, Site Name: <site name>, you are using <KAP name> as your KAP. In order to receive funds through this program, please verify that the information on the attached form is correct and sign the form. Additionally, please attach a copy of the first KAP bill that your organization received after being connected to the Kan-ed 2.0 network showing your monthly cost for the connection to the Kan-ed 2.0 network. If you are unaware of the connection date, please contact your provider to determine when you would have received the first bill reflecting the new Kan-ed 2.0 network connection.

We need to hear from you within the next 30 days because the State of Kansas accounting system is undergoing major changes at the end of this fiscal year, so time is of the essence. If we do not hear from you by <insert 30-day date>, your opportunity to receive Kan-ed funds for your Kan-ed 2.0 connection will have passed. Please return both the signed subsidy form and the copy of your KAP bill by faxing these documents to **(888) 625-7890**. If you do not have access to a fax machine, please contact Sarah Bradford (contact information below) to make arrangements to submit the forms. After we receive both the signed subsidy form and a copy of the KAP bill from your organization, we will send you a confirmation email and will then disburse a check to your institution.

If you have any questions, please contact one of the individuals listed below.

- Logistics: Sarah Bradford, 785-532-5677 or sbradfor@ksu.edu
- Payment Status questions: Chrisy Madden, 785-296-2238 or cmadden@ksbor.org
- Technical questions: Charmine Chambers, cchambers@ksbor.org with the Subject line: Member Subsidy Program

Sincerely,
Bradley S. Williams, M.S.
CIO & Kan-ed Executive Director
Kansas Board of Regents

Kan-ed Member Subsidy Program for Members Connecting through a KAP

Using information from the Site Survey «**MemberName**», «**SiteName**» provided to Kan-ed for the Kan-ed 2.0 connection process, the cells below have been pre-populated. In order to receive funds through the Kan-ed Member Subsidy program for this site, please verify that the information is correct, sign and return this form to Kan-ed by fax, **(888) 625-7890**, along with a copy of your first provider bill. If you do not have access to a fax machine, please contact Sarah Bradford at (785) 532-5677 to make other arrangements to submit this form. Upon receipt and verification of this form, your Kan-ed funds will be processed and sent to your Kan-ed administrative contact listed below.

Member name: «**MemberName**»

Kan-ed administrative contact: «**AdminContactFirstName**» «**AdminContactLastName**»

FEIN: «**FEIN**»

Connected site name: «**SiteName**»

Site Address: «**SiteMailingAddress**»

City/State/Zip: «**SiteCity**», «**SiteState**» «**SiteZip**»

Phone Number: «**SitePhone**»

Site Contact Name: «**SiteAdminContact**»

Site Contact E-mail Address: «**SiteEmail**»

Kan-ed Authorized Provider (KAP): «**KAP name**»

Connection Speed: «**connection speed**»

The Kan-ed Member Subsidy Program for members connecting through a KAP may be used only for the payment of fees to pay for connection to the Kan-ed 2.0 network. By signing below, I hereby attest that the Kan-ed funds will be used as stated in the form for expenses as submitted to Kan-ed by my agency. Further, by accepting these funds, our institution agrees to be bound by the following terms:

- 1) Any remaining funds not used by the close of the fiscal year (June 30, 2010) will be returned to Kan-ed.
- 2) In the event that federal, state, or other funds have been or are used to purchase the services specified in our application, Kan-ed funds will be returned to Kan-ed by June 30, 2010.

- 3) In the event that our institution decides to disconnect from the Kan-ed 2.0 network during the period of July 1, 2009 through June 30, 2010, the full amount (not prorated amount) of the Kan-ed funds will be returned to Kan-ed within 30 days of such determination.
- 4) In the event that our institution decides to change the connection speed of a site, we will inform Kan-ed immediately and return funds in excess of our connection costs.

Name of Entity: _____ Signature: _____
Date: _____ Print Name: _____
Title: _____

APPENDIX 10

E-Rate Consultant Services
Summary and Kansas Status

E-Rate Consultant Services 2010 Documentation of Usage

E-Rate, the Schools and Libraries Program of the Universal Service Fund, is administered by the Universal Service Administrative Company (USAC) under the direction of the Federal Communications Commission (FCC). E-Rate provides discounts to eligible K-12 schools and libraries on telecommunication services, Internet access, and internal connections. The E-Rate program is intended to ensure that schools and libraries have access to affordable telecommunication and information services. The FCC also provides a similar Rural Health Care E-Rate program for rural health care providers.

Kan-ed, in partnership with the Kansas State Department of Education and the State Library of Kansas, provides E-Rate support services to Kan-ed members by contracting the services of the Dietrich Lockard Group, Inc. The Dietrich Lockard Group provides year-round training, outreach, and *E-Rate Hotline* support to Kan-ed members as they apply for E-Rate funding. A summary of the services provided during Fiscal Year 2010 (July 2009 through May 2010) is provided in this section of the report.

For a full summary of Kansas libraries and K-12 entities that have applied for E-Rate for funding years 2008 and 2009, see the report beginning on page 5. The E-Rate funding analysis was conducted in October 2009. As discussed in Appendix 2, the membership status update, in fall 2009 Kan-ed staff declared that all organizations eligible for Kan-ed membership are now considered to be members. This decision was based on a review of the Kan-ed statute and determination that membership has exceeded the 75% threshold indicated in the statute. Since the E-Rate Funding report was produced prior to this decision, it utilizes the former membership groups of members and potential members.

Hotline Assistance

The Dietrich Lockard Group provides a hotline staffed by an E-Rate consultant that is dedicated to Kansas entities. The Information and Assistance Kansas E-Rate Support Hotline (Hotline) is available, toll free, to Kan-ed members by phone (866-372-8302), and may also be accessed through the Dietrich Lockard web-site: <http://www.dietrichlockard.com/subpages/KS-E--rate-Services/>. Information from each Hotline call was logged by the Dietrich Lockard Group. As part of the documentation component of the evaluation services provided to Kan-ed, the Office of Educational Innovation and Evaluation (OEIE) summarized the data from the Hotline call log provided by the Dietrich Lockard Group. The data have been verified to the extent possible by OEIE.

Kan-ed members made 195 calls between July 2009 and May 2010 to the Hotline to request assistance in filing for E-Rate or Rural Health Care funding. Ninety-two entities placed these calls. Compared to last year, there were 20 fewer calls placed to the Hotline, and there were two fewer entities placing those calls (92, vs. 94 last year). A summary including the number of calls,

number of institutions placing calls, average number of calls per institution, and average minutes per call is provided in the table below.

Consistent with last year, the majority of calls to the Hotline were from K-12 school districts. Sixty-six K-12 institutions made 155 calls, which resulted in an average of 2.3 calls per K-12 institution. This average number of calls for K-12 institutions is slightly lower than figures reported last year (average of 2.6 calls per K-12 district last year). Libraries comprised the second highest calling constituency group, with 37 logged calls and an average of 1.6 calls per library. The average length of all Kan-ed member calls to the Hotline was 10.1 minutes. This average length of call is a slight decrease from the 10.5 minute average reported last year, which may suggest that Hotline staff members are more efficiently handling callers' concerns.

Summary of E-Rate Hotline Assistance Logged Calls, July 2009 – May 2010						
	Kan-ed Constituency Group					Total
	Higher Education	Hospital	K-12 ¹	Library	Other ²	
Number of Logged Calls	1	1	155	37	1	195
Number of Institutions Placing Calls	1	1	66	23	1	92
Average Number of Calls per Institution ³	1.0	1.0	2.3	1.6	1.0	2.1
Average Minutes per Call ⁴	4.0	5.0	10.5	8.0	35.0	10.1

¹Consists of 52 School Districts, 10 Private Schools, 3 Service Centers, and 1 Educational Consortium.

²One caller was not identified by institution.

³Determined by dividing the Number of Logged Calls by the Number of Institutions Placing Calls.

⁴Total (bottom right cell) is the average of all logged calls and not determined by averaging the three constituent group averages.

Fall 2009 E-Rate Training

In October 2009, Don Dietrich provided E-Rate training sessions across the state. Trainings were offered at four sites: Dodge City, Hays, Topeka, and Wichita. A summary table of the number of participants attending each of the October 2009 E-Rate training sessions is displayed by training location and constituent group on page 3. The majority of participants (82.6%) were from K-12 school districts, as were those who completed feedback forms (78.5%). The Wichita training session contained the largest number of library representatives. Overall, 86 individuals received E-Rate training.

E-Rate training sessions consisted of information regarding the E-Rate program. Information on the history of E-Rate, technology plans and budgets, as well as a review of the application process were provided. As a part of the application process review, the difference between priority one and priority two requests, eligibility of institutions, eligible items, funding years, and

annual cycles were discussed. Don Dietrich also provided a detailed review of the E-Rate forms and the information required to complete each form.

The E-Rate application approval and acceptance process was also covered. More specifically, the Program Integrity Assurance (PIA) review process, the difference between Billed Entity Applicant Reimbursements (BEAR) and discounts, contract extensions and service substitutions, and Service Provider Identification Number (SPIN) changes were shared. Don Dietrich discussed the importance of record keeping and the process of appeals and audits. He finished with a description of changes to the E-Rate process for 2010.

Immediately following each of the training sessions, OEIE invited everyone who had attended the training session to participate in a pencil and paper survey regarding their experiences at the E-Rate training. A copy of the survey instrument is included beginning on page 5 of this report.

As mentioned, 86 individuals attended the E-Rate training and 65 (75.6%) participants responded to the survey. As the table below illustrates, 51 survey respondents were K-12 school districts, 11 were libraries, and two were in the “Other” category. A summary of the number of participants attending each of the October 2009 E-Rate training sessions is displayed by training location and constituent group in the table below. Under each constituent group, the first column displays the number of individuals that attended the training and the second column displays the number of participants that completed a survey.

E-Rate Training Workshops October 2009 Number of Training Participants and Number of Feedback Form Respondents								
Training Location	K-12		Library		Other*		Total	
	Attended	Survey	Attended	Survey	Attended	Survey	Attended	Survey
Dodge City **	10	7	3	1	0	0	13	9
Hays	13	11	2	2	2	2	17	15
Topeka	28	22	2	2	0	0	30	24
Wichita	19	11	7	6	0	0	26	17
Total**	71	51	13	11	2	2	86	65
Response Rate	71.8%		84.6%		100%		75.6%	

*Other includes a vendor and a participant that indicated representing both K-12 and Library constituent groups.

**One respondent in Dodge City did not indicate his or her constituent group, and thus could not be included in the breakdown by constituent group in the rows for *Dodge City* and *Total*. However, this respondent is included in the *Total* column.

Summary of Survey Results

Feedback collected from the participants at the four October 2009 E-Rate trainings indicates that the workshops continue to meet the needs of the participating Kan-ed members who are applying for E-Rate funds. Survey highlights are summarized in the following bullets, and a full report of the results is located in Appendix 8 of the December 2009 Biannual Evaluation Report.

- The E-Rate training participants who submitted a feedback form rated the session very positively in terms of providing new information that was relevant to their needs, answering pre-existing questions, and enhancing their understanding of the E-Rate application process (Q1). These items garnered over a 94% positive response.
- All survey respondents (100%) were ‘satisfied’ or ‘extremely satisfied’ with the overall quality of the training event, the presenter’s knowledge of the material, the presenter’s communication skills, the overall quality of the presentation, the scope of information presented, the usefulness of information presented, and the overall value of the training (Q2).
- Four themes emerged related to the most valuable aspect of the training (Q4): 1) information about changes to E-Rate for 2010, 2) review of the E-Rate information, 3) opportunity to ask the presenter specific questions, and 4) the USAC site links and sample forms. Few respondents described any least valuable aspects of the training (Q5); however, one theme emerged related to the historical review of the E-Rate program, while another theme related to filling out the forms.
- When asked to provide additional comments (Q6), 17 of the twenty-eight who provided a comment reiterated the high quality of the training and/or the presenter. Three respondents requested Internet access, and two respondents commented negatively on the hotel in Hays.
- Respondents most frequently heard about the E-Rate training through the Kan-ed Membership Listserv (74% of the 65 respondents), the Kan-ed newsletter (5%), and the Kan-ed Website (3%).
- Most respondents reported they would attend an E-Rate training next year if it was offered (91%; Q10), and most would recommend the E-Rate training to others (98%; Q11).

E-Rate Funding Request Data Funding Year 2008

Data Source: Data for funding year 2008 was pulled from the Universal Service Administrative Company (USAC) website (<http://www.usac.org/sl/tools/search-tools/data-retrieval-tool.aspx>) on October 5, 2009.

Number of Kansas libraries/library systems that applied for E-Rate for funding year 2008:

One hundred eighty-eight (188) libraries in Kansas applied for E-Rate for the 2008 funding year (187 were Kan-ed members and one was a potential member). Of the 188 libraries, 187 had at least a portion of their request funded, while one organization did not receive E-Rate funds.

The data were disaggregated into two groups: funded and unfunded applications. Data for funded applications were analyzed to determine the *Committed Amount* and the *Committed Total Cost* information shown below. The Committed Total Cost is the “Total pre-discount charges after review by USAC.” The Committed Amount is the “Total amount committed by USAC.” On the other hand, data associated with Not Funded applications or applications for which a Funding Commitment Decision Letter (FCDL) has not been issued were not included in this analysis. However, this information is included in discussions of applicants.

Total funding received by Kansas libraries/library systems for funding year 2008:

2008 Committed Amount: \$716,168

2008 Committed Total Cost: \$1,087,037

The libraries received an average discount rate of 68%. This figure was calculated by taking the average of the discount rates received by each organization (i.e., the average discount rate for each library were added together and then divided by the total number of funded applicants).

Kansas libraries/library systems that did not apply for E-Rate for funding year 2008:

One hundred thirty-one (131) Library Kan-ed members and nineteen (19) Library Kan-ed potential members did not apply for E-Rate funding for funding year 2008. This reflects a total of 150 eligible public libraries and regional library systems that did not apply for E-Rate funding in 2008.

Potential funding that was left on the table by libraries in funding year 2008:

An estimated \$592,926 in E-Rate funding was left on the table by libraries in funding year 2008. This estimate was calculated by taking the average committed total cost per funded applicant and multiplying it by the number of members that did not apply, and then multiplying by the discount rate. $[\$1,087,037 / 187 \text{ (funded applicants)} = \$5,813; \$5,813 \times 150 \text{ (members and potential members who did not apply)} = \$871,950; \$871,950 \times 68\% \text{ (average discount rate)} = \$592,926]$

Estimated 2008 Non-Applicant Potential Committed Amount: \$592,926
Estimated 2008 Non-Applicant Potential Committed Total Cost: \$871,950

This number is an estimate of how much money was potentially “left on the table” as a result of libraries not applying for E-Rate funding for funding year 2008. Please note that no information regarding the actual costs of the non-applicant libraries was included in this analysis. It is possible that these organizations do not have E-Rate eligible costs or have costs lower than the average cost figure used in the calculation. Therefore, this estimate is possibly inflated.

The table below presents a breakdown of applicant and non-applicant libraries in funding year 2008. The frequencies are disaggregated by region and membership status. A total of 56% of libraries in Kansas applied for E-Rate funding in funding year 2008, with the majority being Kan-ed members. The highest percentage of applicants occurred for libraries in the North East region (90%).

2008 Library E-Rate Applicants and Non-Applicants (Disaggregated by Region and Membership Status)					
	E-Rate Applicants <i>Member*</i>	E-Rate Applicants <i>Potential Member*</i>	Non- Applicant <i>Member</i>	Non- Applicant <i>Potential Member</i>	Total Kan- ed Libraries in Region
Central (41% applied)	23	0	29	4	56
North Central (73% applied)	30	0	11	0	41
North East (90% applied)	44	0	4	1	49
North West (32% applied)	7	0	15	0	22
South Central (14% applied)	10	1	53	12	76
South East (79% applied)	44	0	11	1	56
South West (76% applied)	29	0	8	1	38
Total (56% applied)	187	1	131	19	338

*Total number of Library Kan-ed Members is 318, and the total number of Library Kan-ed Potential Members is 20.

Number of Kansas K-12 entities that applied for E-Rate for funding year 2008:

Three hundred eleven (311) K-12 entities in Kansas applied for E-Rate for the 2008 funding year (310 were Kan-ed members and one was a non-public school, not accredited by the State). For the purposes of this analysis, the school that is not eligible for Kan-ed membership was not included in the final data set. Of the 310 eligible K-12 entities who applied for E-Rate, 309 had at least a portion of their request funded, while one organization did not receive E-Rate funds.

The data were disaggregated into two groups: funded and unfunded applications. Data for funded applications were analyzed to determine the *Committed Amount* and the *Committed Total Cost* information shown below. The Committed Total Cost is the “Total pre-discount charges after review by USAC.” The Committed Amount is the “Total amount committed by USAC.” On the other hand, data associated with Not Funded applications or applications for which a Funding Commitment Decision Letter (FCDL) has not been issued were not included in this analysis. However, this information is included in discussions of applicants.

Total funding received by K-12 entities for funding year 2008:

2008 Committed Amount: \$14,365,842

2008 Committed Total Cost: \$21,886,932

The K-12 entities received an average discount rate of 67%. This figure was calculated by taking the average of the discount rates received by each organization (i.e., the average discount rate for each K-12 entity were added together and then divided by the total number of funded applicants).

K-12 entities that did not apply for E-Rate for funding year 2008:

Twenty-seven (27) K-12 Kan-ed members and ten (10) K-12 Kan-ed potential members did not apply for funding in 2008. This reflects a total of 37 eligible K-12 entities that did not apply for E-Rate funding in 2008.

Potential funding that was left on the table by K-12 entities in funding year 2008:

An estimated \$1,755,913 in E-Rate funding was left on the table by K-12 entities in funding year 2008. This estimate was calculated by taking the average committed total cost per funded applicant and multiplying it by the number of members that did not apply, and then multiplying by the discount rate. $[\$21,886,932 / 309 \text{ (funded applicants)} = \$70,831; \$70,831 \times 37 \text{ (members and potential members who did not apply)} = \$2,620,765; \$2,620,765 \times 67\% \text{ (average discount rate)} = \$1,755,913]$

Estimated 2008 Non-Applicant Potential Committed Amount: \$1,755,913

Estimated 2008 Non-Applicant Potential Committed Total Cost: \$2,620,765

This number is an estimate of how much money was potentially “left on the table” as a result of K-12 entities not applying for E-Rate funding for funding year 2008. It is important to note that no information regarding the actual costs of the non-applicant K-12 entities was included in this

analysis. It is possible that these organizations do not have E-Rate eligible costs or have costs lower than the average cost figure used in the calculation. Therefore, this estimate is possibly inflated.

The table below presents a breakdown of applicant and non-applicant K-12 entities in funding year 2008. The frequencies are disaggregated by region and membership status. A total of 89% of K-12 entities in Kansas applied for E-Rate funding in funding year 2008, with the majority being Kan-ed members. The highest percentage of applicants occurred for K-12 in the North West region (95%), followed closely by North Central (94%).

2008 K-12 E-Rate Applicants and Non-Applicants (Disaggregated by Region and Membership Status)					
	E-Rate Applicants <i>Member*</i>	E-Rate Applicants <i>Potential Member*</i>	Non- Applicant <i>Member</i>	Non- Applicant <i>Potential Member</i>	Total K-12 Entities in Region
Central (89% applied)	40	0	4	1	45
North Central (94% applied)	33	0	2	0	35
North East (85% applied)	63	0	6	5	74
North West (95% applied)	21	0	1	0	22
South Central (90% applied)	71	0	5	3	79
South East (88% applied)	43	0	5	1	49
South West (91% applied)	39	0	4	0	43
Total (89% applied)	310	0	27	10	347

* Total number of K-12 Kan-ed Members is 337, and the total number of K-12 Kan-ed Potential Members is 10.

E-Rate Funding Request Data Funding Year 2009

Data Source: Data for funding year 2009 was pulled from the Universal Service Administrative Company (USAC) website (<http://www.usac.org/sl/tools/search-tools/data-retrieval-tool.aspx>) on October 5, 2009.

Number of Kansas libraries/library systems that applied for E-Rate for funding year 2009:

One hundred ninety (190) libraries in Kansas applied for E-Rate for the 2009 funding year (189 were Kan-ed members and one was a potential member). Of the 190 libraries, 187 had at least a portion of their request funded, while three organizations did not receive E-Rate funds

The data were disaggregated into two groups: funded and unfunded applications. Data for funded applications were analyzed to determine the *Committed Amount* and the *Committed Total Cost* information shown below. The Committed Total Cost is the “Total pre-discount charges after review by USAC.” The Committed Amount is the “Total amount committed by USAC.” On the other hand, data associated with Not Funded applications or applications for which a Funding Commitment Decision Letter (FCDL) has not been issued were not included in this analysis. However, this information is included in discussions of applicants.

Total funding received by Kansas libraries/library systems for funding year 2009:

2009 Committed Amount: \$929,916
2009 Committed Total Cost: \$1,390,605

The libraries received an average discount rate of 70%. This figure was calculated by taking the average of the discount rates received by each organization (i.e., the average discount rate for each library were added together and then divided by the total number of funded applicants).

Kansas libraries/library systems that did not apply for E-Rate for funding year 2009:

One hundred twenty-nine (129) Library Kan-ed members and nineteen (19) Library Kan-ed potential members did not apply for E-Rate funding for funding year 2009. This reflects a total of 148 eligible public libraries and regional library systems that did not apply for E-Rate funding in 2009.

Potential funding that was left on the table by libraries in funding year 2009:

An estimated \$770,367 in E-Rate funding was left on the table by libraries in funding year 2009. This estimate is calculated by taking the average committed total cost per funded applicant and multiplying it by the number of members that did not apply, and then multiplying by the discount rate. $[\$1,390,604.96 / 187 \text{ (funded applicants)} = \$7,436; \$7,436 \times 148 \text{ (members and potential members who did not apply)} = \$1,100,528; \$1,100,528 \times 70\% \text{ (average discount rate)} = \$770,367]$

Estimated 2009 Non-Applicant Potential Committed Amount: \$\$770,367
 Estimated 2009 Non-Applicant Potential Committed Total Cost: \$1,100,528

This number is an estimate of how much money was potentially “left on the table” as a result of libraries not applying for E-Rate funding for funding year 2009. It is important to note that no information regarding the actual costs of the non-applicant libraries was included in this analysis. It is possible that these organizations do not have E-Rate eligible costs or have costs lower than the average cost figure used in the calculation. Therefore, this estimate is possibly inflated.

The table below presents a breakdown of applicant and non-applicant libraries in funding year 2009. The frequencies are disaggregated by region and membership status. A total of 56% of libraries in Kansas applied for E-Rate funding in funding year 2009, with the majority being Kan-ed members. The highest percentage of applicants occurred for libraries in the North East region (94%).

2009 Library E-Rate Applicants and Non-Applicants (Disaggregated by Region and Membership Status)					
	E-Rate Applicants <i>Member*</i>	E-Rate Applicants <i>Potential Member*</i>	Non- Applicant <i>Member</i>	Non- Applicant <i>Potential Member</i>	Total Kan- ed Libraries in Region
Central (41% applied)	23	0	29	4	56
North Central (76% applied)	31	0	10	0	41
North East (94% applied)	46	0	2	1	49
North West (27% applied)	6	0	16	0	22
South Central (16% applied)	11	1	52	12	76
South East (77% applied)	43	0	12	1	56
South West (76% applied)	29	0	8	1	38
Total (56% applied)	189	1	129	19	338

*Total number of Library Kan-ed Members is 318, and the total number of Library Kan-ed Potential Members is 20.

Number of Kansas K-12 entities that applied for E-Rate for funding year 2009:

Three hundred fourteen (314) K-12 entities in Kansas applied for E-Rate for the 2009 funding year (312 were Kan-ed members and two were non-public schools, not accredited by the State). For the purposes of this analysis, the two schools that are not eligible for Kan-ed membership were dropped from the analysis. Of the 312 K-12 entities, 279 had at least a portion of their request funded, and 33 organizations either did not receive E-Rate funds or were awaiting a decision

The data were disaggregated into two groups: funded and unfunded applications. Data for funded applications were analyzed to determine the *Committed Amount* and the *Committed Total Cost* information shown below. The Committed Total Cost is the “Total pre-discount charges after review by USAC.” The Committed Amount is the “Total amount committed by USAC.” On the other hand, data associated with Not Funded applications or applications for which a Funding Commitment Decision Letter (FCDL) has not been issued were not included in this analysis. However, this information is included in discussions of applicants.

Total funding received by K-12 entities for funding year 2009:

2009 Committed Amount: \$11,881,986

2009 Committed Total Cost: \$17,783,995

The K-12 entities received an average discount rate of 68%. This figure was calculated by taking the average of the discount rates received by each organization (i.e., the average discount rate for each K-12 entity were added together and then divided by the total number of funded applicants).

K-12 entities that did not apply for E-Rate for funding year 2009:

Twenty-five (25) K-12 Kan-ed members and ten (10) K-12 Kan-ed potential members did not apply for E-Rate funding for funding year 2009. This reflects a total of 35 eligible K-12 entities that did not apply for E-Rate funding in 2009.

Potential funding that was left on the table by K-12 entities in funding year 2009:

An estimated \$1,517,060 in E-Rate funding was left on the table by K-12 entities in funding year 2009. This estimate is calculated by taking the average committed total cost per funded applicant and multiplying it by the number of members that did not apply, then multiplying by the discount rate. $[\$17,783,995 / 279 \text{ (funded applicants)} = \$63,742; \$63,742 \times 35 \text{ (members and potential members who did not apply)} = \$2,230,970; \$2,230,970 \times 68\% \text{ (average discount rate)} = \$1,517,060]$

Estimated 2009 Non-Applicant Potential Committed Amount: \$1,517,060

Estimated 2009 Non-Applicant Potential Committed Total Cost: \$2,230,970

This number is an estimate of how much money was potentially “left on the table” as a result of K-12 entities not applying for E-Rate funding for funding year 2009. It is important to note that

no information regarding the actual costs of the non-applicant K-12 entities was included in this analysis. It is possible that these organizations do not have E-Rate eligible costs or have costs lower than the average cost figure used in the calculation. Therefore, this estimate is possibly inflated.

The table below presents a breakdown of applicant and non-applicant K-12 entities in funding year 2009. The frequencies are disaggregated by region and membership status. A total of 90% of K-12 entities in Kansas applied for E-Rate funding in funding year 2009, with the majority being Kan-ed members. The highest percentage of applicants occurred for K-12 entities in the North Central region (100%).

2009 K-12 E-Rate Applicants and Non-Applicants (Disaggregated by Region and Membership Status)					
	E-Rate Applicants <i>Member*</i>	E-Rate Applicants <i>Potential Member*</i>	Non- Applicant <i>Member</i>	Non- Applicant <i>Potential Member</i>	Total K-12 Entities in Region
Central (87% applied)	39	0	5	1	45
North Central (100% applied)	35	0	0	0	35
North East (82% applied)	61	0	8	5	74
North West (91% applied)	20	0	2	0	22
South Central (90% applied)	71	0	5	3	79
South East (92% applied)	45	0	3	1	49
South West (95% applied)	41	0	2	0	43
Total (90% applied)	312	0	25	10	347

*Total number of K-12 Kan-ed Members is 337, and the total number of K-12 Kan-ed Potential Members is 10.

APPENDIX 11

EMResource and Rural
Health Funds Report

EMResource and Rural Health Funding

This appendix contains information regarding two topics related to the hospital constituent group. The first topic is an update on the usage of EMResource, a communication tool used by Kansas hospitals. This section begins on the following page. The original report in the December 2009 Biannual Report has been updated to reflect changes to membership numbers.

The second topic covered is Rural Health Funding received by Kansas hospitals. This section documents the Rural Health Funding received for funding year 2008. This analysis was conducted in October 2009. This section begins on page 3 of this appendix.

As discussed in Appendix 2, related to the membership status update, in fall 2009 Kan-ed staff declared that all organizations eligible for Kan-ed membership are now members. This decision was based on a review of the Kan-ed statute and determination that membership has exceeded the 75% threshold indicated in the statute. For the purposes of the EMResource update, membership is discussed in two categories: active members and newly assigned members. Given that the Rural Health Funding report was produced prior to this decision, it utilizes the former membership groups of members and potential members.

EMResource Usage Update

EMResource is a web-based program that serves as a real-time communication tool for hospitals across the state. It provides information about hospital emergency department status, hospital patient capacity, availability of staffed beds, and available specialized treatment capabilities. As part of their mission to expand and enhance collaboration between hospital member institutions, Kan-ed has provided funding to support the EMResource program. The table and bullets below provide a picture of current EMResource usage in Kansas. These data were provided by Dan Leong, Project Director for Emergency Preparedness at the Kansas Hospital Association.

For background, of the 155 hospital institutions eligible for Kan-ed membership (consisting of active and newly assigned members), 135 are active Kan-ed members. One hundred thirty-three hospitals in Kansas use EMResource; this number includes 124 active Kan-ed members, one site of an active member, three newly assigned Kan-ed members, and five organizations that are ineligible for Kan-ed membership.

The table below displays the breakdown of Kan-ed-eligible hospitals, Kan-ed active hospital members, and EMResource Users by Hospital Type.

EMResource Users and Kan-ed Hospital Membership (Disaggregated by Type)			
Hospital Type	# Eligible Kan-ed Members	# Kan-ed Active Members	# EMResource Users
Critical Access (CAH)	83	83	83
General (GH)	51	45	43
Special (SH)	17	4	1
Psychiatric/Mental Health (PH/MH)	4	3	0
Veterans Affairs (VA)/Military	0	0	4
Rural Health Clinic	0	0	1
Total	155	135	132*

*One EMResource user is a site of a Kan-ed member and is not included in the table above.

- All Critical Access Hospitals in Kansas are members of Kan-ed and utilize EMResource.
- There are 51 General Hospitals in the state, and 43 utilize EMResource (41 are active members and 2 are newly assigned).
- Only one of 17 Special Hospitals in the state uses EMResource, and that hospital is a newly assigned member.
- There are four VA/Military hospitals and one Rural Health Clinic that use EMResource, although they are not eligible for Kan-ed membership.

Rural Health Fund Recipients Funding Year 2008

Data Source: Data pulled October 14, 2009 for funding year 2008 from the Universal Service Administrative Company (USAC) website (<http://www.rhc.universalservice.org/funding/asc/>).

Number of Kansas hospitals that received Rural Health Funds for funding year 2008: Fifty-one (50) entities in Kansas received Rural Health Funds from Funding Year 2008 (29 are Kan-ed Hospital members and 21 were entities that are not eligible for Kan-ed membership (ex. Great Plains Health Alliance and Family Practice Associates - Hoyt Clinic). For the purposes of this analysis, the hospitals that are not eligible for Kan-ed membership were removed from the data.

Total 2008 funding Kan-ed eligible Hospitals received: \$219,562

Kan-ed eligible Hospitals that did not receive Rural Health Funds for Funding Year 2008: One hundred five (105) Kan-ed Hospital Members and twenty-one (21) Kan-ed Hospital Potential Members did not receive funding. Please note that this statement is based on the list found at the USAC website for funding year 2008. This information has not been verified using any other source.

Potential funding left on the table: Approximately \$953,946. This estimate is calculated by taking the average funded amount and multiplying it by the number of Kan-ed eligible Hospitals that did not receive funds. $\$219,562 / 29$ (funded applicants) = \$7,571; $\$7,571 \times 126$ (members and potential members who did not receive funds) = \$953,946. Please note that no information regarding the number of Hospitals that applied for funding or information pertaining to any unfunded requests was available.

Breakdown of the hospitals:

2008 Hospital Rural Health Recipients (Disaggregated by Region and Membership Status)					
	Rural Health Recipients <i>Member*</i>	Rural Health Recipients <i>Potential Member*</i>	Non- Applicant <i>Member</i>	Non- Applicant <i>Potential Member</i>	Total Kan- ed Hospitals in Region
Central (41% received)	9	0	11	2	22
North Central (0% received)	0	0	14	1	15
North East (6% received)	2	0	24	10	36
North West (55% received)	6	0	5	0	11
South Central (16% received)	5	0	20	7	32
South East (18% received)	3	0	13	1	17
South West (18% received)	4	0	18	0	22
Total (19% received)	29	0	105	21	155

* Total number of Kan-ed Hospital Members is 134 and the total number of Kan-ed Potential Members is 21.

APPENDIX 12

Kan-ed 2.0 Connection
Process and Impact Surveys

Surveys to Collect Feedback about Kan-ed 2.0 Connection Process and Impact of Network and Other Member Services

Purpose

Annually, the Office of Educational Innovation and Evaluation (OEIE) collects feedback about the impact of Kan-ed services on its membership. Periodically, OEIE also collects information about members' usage of, and satisfaction with, Kan-ed services.

In spring 2010, OEIE developed and administered a collection of surveys to K-12 and library members to gather feedback related to the impact of the network. At that time, OEIE also took the opportunity to gather feedback about the Kan-ed 2.0 connection process from those sites who had obtained a connection. Given that some sites are connected to Kan-ed 2.0 and some are not, multiple versions of the survey were necessary. Each survey is described in more detail below and is located at the end of this report. Please note that the appearance of the surveys located at the end of this report are not fully illustrative of the interactive version that survey recipients receive (i.e., the survey received is much easier to read, has clearly defined page breaks, etc).

Procedure

OEIE developed three surveys to collect feedback about the Kan-ed 2.0 connection process as well as usage and impact of, and satisfaction with, Kan-ed 2.0 network services and other Kan-ed member services:

1. *Survey 1:* This is a survey to collect feedback about the Kan-ed 2.0 connection process as well as usage and impact of, and satisfaction with, Kan-ed 2.0 network services (i.e., videoconferencing, Interactive Distance Learning (IDL), Renovo Scheduler, Network Operations Center (NOC), and Internet2). This survey was sent to the primary tech contact, the site admin contact, and in some cases the Site Survey administrative contact at each site that connected to Kan-ed 2.0.
2. *Survey 2:* This is a survey to collect feedback about usage and impact of, and satisfaction with, other Kan-ed member services (i.e., Empowered Desktop, Research and Educational Databases, E-Rate Services, and Homework Kansas/Live Tutor). This survey was sent to the site admin contact and the member level communications contact of those sites not connected to Kan-ed 2.0 (unless any of these contacts is the same as a contact that would receive Survey 1).
3. *Survey 3:* This is a combination of the previous two surveys; this is a survey to collect feedback about the Kan-ed 2.0 connection process as well as usage and impact of, and satisfaction with, Kan-ed 2.0 network services and other Kan-ed member services. This survey was sent to the contacts at sites that are connected to Kan-ed 2.0 that would otherwise have received both Surveys 1 and 2.

On May 12, 2010, a pilot of the three surveys was sent to 58 site-level K-12 contacts. Modifications were made to the survey based on feedback and responses to the initial pilot. Then, on May 21, a second pilot was sent to 72 additional K-12 contacts. Once again, minor

modifications were made to the survey based on feedback and responses. On May 27, the surveys were launched to the remaining 1,883 K-12 contacts. Therefore, a total of 2,013 K-12 contacts received a request to complete a survey. Each contact received three reminder emails, spaced approximately one week apart, until the survey closed. The requested final response date for the May 27 launch was June 18, 2010.

Similar surveys were prepared and launched for the Kan-ed library members. A survey was sent to 361 library contacts on June 9, 2010. Each contact received three reminder emails, spaced approximately one week apart, until the survey closed. The requested final response date for the June 9 launch was June 25, 2010.

Moving Forward

Surveys of the remaining two Kan-ed constituent groups (i.e., higher education and hospitals) may be conducted in the next few months. A review of higher education sites and their contacts will be conducted during summer 2010 to determine the best process for gathering feedback, while hospitals may be contacted at a later date due to the recent Telemedicine Capacity and Readiness Survey data collection with that constituent group (May 2010).

Data from these surveys will be analyzed and reported in the December 2010 Biannual Report. Descriptive statistics related to usage and satisfaction with Kan-ed services as well as feedback about the Kan-ed 2.0 connection process will be provided. Data will be aggregated across the surveys (e.g., feedback about the Kan-ed 2.0 connection process gained through Survey 1 and Survey 3 will be analyzed and reported together).

In each survey, an item was included that requested the respondent share the names and contact information of any other individuals in their organization that they think may have stories to share related to usage of the Kan-ed network and other services. OEIE will follow up with these contacts in fall 2010 by email to gather additional data related to impact of the Kan-ed network. Telephone interviews with these contacts will be pursued at their agreement.

Any data shared related to the impact of Kan-ed services on responding organizations (whether through these surveys, or follow-up emails and telephone interviews) will be utilized to create impact stories and statements. These impact statements and stories are developed to provide to legislators during the Kansas Legislative Session in order to secure continued funding and support of the Kan-ed program. Impact stories will be included in the December 2010 Biannual Report.

Survey Description and Instructions

Kan-ed Survey to Collect Feedback about 2.0 Connection Process and Impact of Network Services

Survey Description and Instructions

Kan-ed is gathering feedback about members' experiences with the Kan-ed 2.0 connection process. We are contacting you because Kan-ed records indicate your organization is currently connected to the Kan-ed 2.0 network. This survey also includes questions related to impact of the Kan-ed network services on your organization. Each year, Kan-ed is required to provide documentation of the impact of its services to the Kansas Legislature and other entities to secure continued funding and support. Thus, the information you provide in response to this survey will put Kan-ed in a better position to gain continued funding, which will in effect prolong your access to Kan-ed services.

The Office of Educational Innovation and Evaluation (OEIE) at Kansas State University is conducting this survey on behalf of Kan-ed. Please complete this survey while keeping in mind each of the Kan-ed funded services that impact you and your organization. Neither you nor your organization will be identified in the report of survey results; only overall themes or trends in responses will be reported.

The information you share may be incorporated into "impact stories" that can be provided to Kansas legislators, so please share as many details as possible about your organization's use and the impact of the services. Thank you in advance for providing us feedback about Kan-ed services to help Kan-ed secure continued funding.

The Kan-ed 2.0 Connection Process

The Kan-ed 2.0 Connection Process

A "connected" member is physically connected or peered to the Kan-ed network, and has the capability to transmit and receive videoconferencing or interactive distance learning (IDL) over the network. The "connection" can be direct or through a Wide Area Network (WAN) connection or a Local Area Network (LAN) connection.

Please assist Kan-ed in better understanding your connectivity by responding to the set of questions in this section of the survey.

Please indicate your agreement with the following statements about the process of connecting to the Kan-ed 2.0 network.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
a. Overall, the process to connect to Kan-ed 2.0 was implemented well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Overall, the number of steps required to complete the connection process was reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Overall, the time it took to complete the connection process was reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The process of completing the service initiation form was clear and straightforward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The process of completing the site survey was clear and straightforward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Eligibility for subsidies available for the Kan-ed 2.0 connection was clearly presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The Kan-ed staff was accessible for any questions I had about the process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The Kan-ed staff was friendly while assisting with the process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The process was successful (you have the connection you requested).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Kan-ed 2.0 Connection Process (continued)

The Kan-ed 2.0 Connection Process (continued)

Please indicate your site's reason(s) for connecting to the Kan-ed 2.0 network. Please select all that apply.

- We needed the connection for video conferencing.
- We needed the connection for commercial Internet.
- We needed the connection for redundancy.
- Opportunity to increase bandwidth at a lower price.
- Other-please explain.

Please describe any resources that facilitated the Kan-ed 2.0 implementation process.

Please describe any challenges or barriers encountered during the Kan-ed 2.0 implementation process.

Please provide any suggestions or advice you may have regarding the implementation process for other organizations that are planning to connect to Kan-ed 2.0.

Kan-ed Network Services

Usage of and Satisfaction with Kan-ed Network Services

The purpose of this section of the survey is to gather feedback regarding the Kan-ed services used by your faculty, staff and students.

Please indicate which network services are used at your site by estimating their usage during the 2010 fiscal year. Also, please indicate your level of satisfaction with each of the services your organization uses.

	Level of Usage						Level of Satisfaction				
	Use several times a year	Use several times a month	Use several times a week	Use daily	I do not know	We do not use this service	Not at all Satisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
Videoconferencing - Allows connected members to participate in video sessions for telemedicine, professional development, meetings, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interactive Distance Learning (IDL) - Used to provide access to interactive classes and coursework; also allows students and teachers to interact with others around the world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renovo Scheduler - Optional tool that is used to automatically schedule videoconferencing and IDL sessions with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Network Operations Center (NOC) - Monitors and troubleshoots the Kan-ed network and provides technical assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet2 - A private, high-speed, research-based Internet geared toward higher education and K-12 institutions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When answering the following questions, please recall that Kan-ed network services include videoconferencing, Interactive Distance Learning (IDL), Renovo Scheduler, Network Operations Center (NOC), and Internet2.

Please remember that providing as much detail as possible will greatly assist us in developing impact stories for Kansas legislators.

Please describe how Kan-ed network services have impacted your organization. (Consider things that your organization can do today with Kan-ed services that you were unable to do before they were available.)

Approximately how many people in your organization (e.g., faculty, staff, students) are impacted by Kan-ed network services?

Please share any specific success stories or experiences related to your organization's usage of Kan-ed network services.

Please share any challenges you have encountered related to your organization's usage of Kan-ed network services.

Additional Feedback

Additional Feedback

Please provide the name and contact information of anyone else (e.g. teachers, community members, parents, students) that you think would have stories to share about the impact of Kan-ed services. We recognize that as the end of the school year approaches this may not be the best time to contact these individuals. We will follow-up with any contacts in Fall 2010 unless you indicate otherwise.

Contact Information

Contact Information

As stated in the introduction to the survey, neither you nor your organization will be identified in the report of survey results; only overall themes or trends in responses will be reported.

As was also mentioned, the information you share may be incorporated into "impact stories" that can be provided to Kansas legislators. We believe that these impact stories are much more powerful when they are tied to individuals and organizations. This way, the impact story can be provided to the legislator representing your region. If you are willing to be identified by name and organization within an impact story that may be created based on the information you shared, please provide your name and position and the name of your organization below.

Your Name

Your Position/Title

Name of Your Organization

Your Contact Information (if you would like to be, or are willing to be, contacted for follow-up on your statements)

If you have any additional comments you would like to share related to Kan-ed, please provide them here.

Survey Description and Instructions

Kan-ed Member Services Usage and Impact Survey

Survey Description and Instructions

Kan-ed is gathering impact data regarding the member services it funds. Each year, Kan-ed is required to provide documentation of the impact of its services to the Kansas Legislature and other entities to secure continued funding and support. Thus, the information you provide in response to this survey will put Kan-ed in a better position to gain continued funding, which will in effect prolong your access to these Kan-ed services.

The Office of Educational Innovation and Evaluation (OEIE) at Kansas State University is conducting this survey on behalf of Kan-ed. Please complete this survey while keeping in mind each of the Kan-ed funded services that impact you and your organization. Neither you nor your organization will be identified in the report of survey results; only overall themes or trends in responses will be reported.

The information you share may be incorporated into "impact stories" that can be provided to Kansas legislators, so please share as many details as possible about your organization's use and the impact of the services. Thank you in advance for your careful consideration and responses to our questions. Your input is instrumental in shaping the future of Kan-ed member services.

Kan-ed Services

Usage of and Satisfaction with Kan-ed Services

The purpose of this section of the survey is to gather feedback regarding the Kan-ed services used by your faculty, staff and students.

Please indicate which member services are used at your site by estimating their usage during the 2010 fiscal year. Also, please indicate your level of satisfaction with each of the services your organization uses.

	Level of Usage						Level of Satisfaction					
	Use several times a year	Use several times a month	Use several times a week	Use daily	I do not know	We do not use this service	Not at all Satisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied	Not Applicable
Empowered Desktop - A portal that consolidates a variety of teaching and learning applications in one location for easy access. Geared toward K-12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational and Research Databases - Five sponsored databases that allow members to access critical research tools with a single login.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-Rate Consultant Services - Provides trainings and telephone hotline support for members applying for federal E-Rate funding (K-12 schools and libraries).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homework Kansas/Live Tutor - Service available to K-12, college students, adult GED students, and other adult learners. Professional tutors are available to assist with math, science, social studies, spelling, proofreading and resume building.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Kan-ed Services Impact

The purpose of this section of the survey is to document the impact of Kan-ed services. The information you share will be used to provide "Impact Stories" to Kansas legislators. In order to accurately capture the true impact of the Kan-ed services, please provide as many details as possible about your organization's use and the impact of the services (Empowered Desktop, Educational and Research Databases, E-rate consultant services, and Homework Kansas/Live Tutor).

Please describe how Kan-ed services have impacted your organization. (Consider things that your organization can do today with Kan-ed services that you were unable to do before they were available.)

Approximately how many people in your organization (e.g., students, faculty, staff) are impacted by Kan-ed services?

Please share any specific success stories or experiences related to your organization's usage of Kan-ed services.

Please share any challenges you have encountered related to your organization's usage of Kan-ed services.

Additional Feedback

Additional Feedback

Please provide the name and contact information of anyone else (e.g., teachers, community members, parents, students) that you think would have stories to share about the impact of Kan-ed services. We recognize that as the end of the school year approaches this may not be the best time to contact these individuals. We will follow-up with any contacts in Fall 2010 unless you indicate otherwise.

Connectivity Access

Connectivity Access

Currently, your organization has access to the Kan-ed member services but is not "connected" to the Kan-ed 2.0 network. A "connected" member is physically connected or peered to the Kan-ed network, and has the capability to transmit and receive videoconferencing or interactive distance learning over the network. The "connection" can be direct or through a Wide Area Network (WAN) connection or a Local Area Network (LAN) connection.

Please assist Kan-ed in better understanding your connectivity by responding to the set of questions in this section of the survey.

The following list of response options are reasons given in the past by Kan-ed members who were explaining why they have not "connected" to the Kan-ed network. Please indicate the reason(s) your organization currently is not "connected" to the Kan-ed network.

(Please select all response options that apply to your organization).

- Do not know how to become a connected member
- Do not know what services are offered to connected members
- Do not have a need for videoconferencing capabilities (e.g. for telemedicine, meetings, etc.)
- Do not have a need for Internet2 (Research and Education Programs) access
- Do not have a need to participate in interactive distance learning (IDL)
- Do not have enough staff with the necessary technical expertise
- Do not have the equipment needed for interactive distance learning
- Do not have the equipment needed for videoconferencing
- Do not have a sufficient connection speed to connect to the Kan-ed network
- Do not have funding available to cover the resources needed to connect to the Kan-ed network

Other:

Do you anticipate that your organization will become "connected" to the Kan-ed network within the next five years?

- Yes
- No
- I do not know

Please select the Kan-ed network services your organization may need in the next five years from the list below.

(Please select all response options that apply to your organization).

- Access to Internet2 (Research and Education Programs)
- Participation in interactive distance learning (IDL)
- Videoconferencing capabilities (e.g. for telemedicine, professional development, meetings, etc.)
- Other:

Please indicate the types of issues your organization would need to address in order to become "connected" to the Kan-ed network within the next five years.

(Please select all response options that apply to your organization).

- Lack of bandwidth necessary to become connected
- Lack of distance learning equipment
- Lack of information regarding connected services
- Lack of staff with the necessary technical expertise
- Lack of training necessary to utilize connected services
- Lack of videoconferencing equipment
- Other:

Please indicate which of the following reasons might prevent your organization from becoming a connected Kan-ed member within the next five years.

(Please select all response options that apply to your organization).

- Do not have a need for videoconferencing capabilities (e.g. for telemedicine, meetings, etc.)
- Do not have a need for Internet2 (Research and Education Programs)
- Do not have a need to participate in interactive distance learning (IDL)
- Do not have enough staff with the necessary technical expertise
- Lack of sufficient funding for videoconferencing equipment
- Lack of sufficient funding for interactive distance learning (IDL) equipment
- Lack of sufficient funding to cover increased Internet (bandwidth) associated with becoming connected
- Other:

Please describe why your organization does not anticipate connecting to the Kan-ed 2.0 network.

Demographic Items

Contact Information

As stated in the introduction to the survey, neither you nor your organization will be identified in the report of survey results; only overall themes or trends in responses will be reported.

As was also mentioned, the information you share may be incorporated into "impact stories" that can be provided to Kansas legislators. We believe that these impact stories are much more powerful when they are tied to individuals and organizations. This way, the impact story can be provided to the legislator representing your region. If you are willing to be identified by name and organization within an impact story that may be created based on the information you shared, please provide your name and position and the name of your organization below.

Your Name

Your Position/Title

Name of Your Organization

Your Contact Information (if you would like to be, or are willing to be, contacted for follow-up on your statements)

If you have any additional comments you would like to share related to Kan-ed, please provide them here.

Survey Description and Instructions

Kan-ed 2.0 Connection Process and Impact of Member Services Survey

Survey Description and Instructions

Kan-ed is gathering feedback about members' experiences with the Kan-ed 2.0 connection process. We are contacting you because Kan-ed records indicate your organization is currently connected to the Kan-ed 2.0 network. This survey also includes questions related to impact of the Kan-ed services on your organization. Each year, Kan-ed is required to provide documentation of the impact of its services to the Kansas Legislature and other entities to secure continued funding and support. Thus, the information you provide in response to this survey will put Kan-ed in a better position to gain continued funding, which will in effect prolong your access to Kan-ed services.

The Office of Educational Innovation and Evaluation (OEIE) at Kansas State University is conducting this survey on behalf of Kan-ed. Please complete this survey while keeping in mind each of the Kan-ed funded services that impact you and your organization. Neither you nor your organization will be identified in the report of survey results; only overall themes or trends in responses will be reported.

The information you share may be incorporated into "impact stories" that can be provided to Kansas legislators, so please share as many details as possible about your organization's use and the impact of the services. Thank you in advance for providing us feedback about Kan-ed services to help Kan-ed secure continued funding.

The Kan-ed 2.0 Connection Process

The Kan-ed 2.0 Connection Process

A "connected" member is physically connected or peered to the Kan-ed network, and has the capability to transmit and receive videoconferencing or interactive distance learning (IDL) over the network. The "connection" can be direct or through a Wide Area Network (WAN) connection or a Local Area Network (LAN) connection.

Please assist Kan-ed in better understanding your connectivity by responding to the set of questions in this section of the survey.

Please indicate your agreement with the following statements about the process of connecting to the Kan-ed 2.0 network.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
a. Overall, the process to connect to Kan-ed 2.0 was implemented well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Overall, the number of steps required to complete the connection process was reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Overall, the time it took to complete the connection process was reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The process of completing the service initiation form was clear and straightforward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The process of completing the site survey was clear and straightforward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Eligibility for subsidies available for the Kan-ed 2.0 connection was clearly presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The Kan-ed staff was accessible for any questions I had about the process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The Kan-ed staff was friendly while assisting with the process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The process was successful (you have the connection you requested).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Kan-ed 2.0 Connection Process (continued)

The Kan-ed 2.0 Connection Process (continued)

Please indicate your site's reason(s) for connecting to the Kan-ed 2.0 network. Please select all that apply.

- We needed the connection for video conferencing.
- We need the connection for commercial Internet.
- We needed the connection for redundancy.
- Opportunity to increase bandwidth at a lower price.
- Other - please explain.

Please describe any resources that facilitated the Kan-ed 2.0 implementation process.

Please describe any challenges or barriers encountered during the Kan-ed 2.0 implementation process.

Please provide any suggestions or advice you may have regarding the implementation process for other organizations that are planning to connect to Kan-ed 2.0.

Kan-ed Network Services

Usage of and Satisfaction with Kan-ed Network Services

The purpose of this section of the survey is to gather feedback regarding the Kan-ed services used by your faculty, staff and students.

Please indicate which network services are used at your site by estimating their usage during the 2010 fiscal year. Also, please indicate your level of satisfaction with each of the services your organization uses.

	Level of Usage						Level of Satisfaction					
	Use several times a year	Use several times a month	Use several times a week	Use daily	I do not know	We do not use this service	Not at all Satisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied	Not Applicable
Videoconferencing - Allows connected members to participate in video sessions for telemedicine, professional development, meetings, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interactive Distance Learning (IDL) - Used to provide access to interactive classes and coursework; also allows students and teachers to interact with others around the world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renovo Scheduler - Optional tool that is used to automatically schedule videoconferencing and IDL sessions with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Network Operations Center (NOC) - Monitors and troubleshoots the Kan-ed network and provides technical assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet2 - A private, high-speed, research-based Internet geared toward higher education and K-12 institutions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Kan-ed Network Services Impact

The purpose of this section of the survey is to document the impact of Kan-ed network services. The information you share will be used to provide "Impact Stories" to Kansas legislators. In order to accurately capture the true impact of the Kan-ed network services, please provide as many details as possible about your organization's use and the impact of the network services (videoconferencing, Interactive Distance Learning (IDL), Renovo Scheduler, Network Operations Center (NOC), and Internet2).

Please describe how Kan-ed network services have impacted your organization. (Consider things that your organization can do today with Kan-ed services that you were unable to do before they were available.)

Approximately how many people in your organization (e.g., faculty, staff, students) are impacted by Kan-ed network services?

Please share any specific success stories or experiences related to your organization's usage of Kan-ed network services.

Please share any challenges you have encountered related to your organization's usage of Kan-ed network services.

Usage of and Satisfaction with Kan-ed Services

The purpose of this section of the survey is to gather feedback regarding the Kan-ed services used by your faculty, staff and students.

Please indicate which member services are used at your site by estimating their usage during the 2010 fiscal year. Also, please indicate your level of satisfaction with each of the services your organization uses.

	Level of Usage					Level of Satisfaction					
	Use several times a year	Use several times a month	Use several times a week	Use daily	I do not know	We do not use this service	Not at all Satisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
Empowered Desktop - A portal that consolidates a variety of teaching and learning applications in one location for easy access. Geared toward K-12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational and Research Databases - Five sponsored databases that allow members to access critical research tools with a single login.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-Rate Consultant Services - Provides trainings and telephone hotline support for members applying for federal E-Rate funding (K-12 schools and libraries).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homework Kansas/Live Tutor - Service available to K-12, college students, adult GED students, and other adult learners. Professional tutors are available to assist with math, science, social studies, spelling, proofreading and resume building.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Kan-ed Services Impact

The purpose of this section of the survey is to document the impact of Kan-ed services. The information you share will be used to provide "Impact Stories" to Kansas legislators. In order to accurately capture the true impact of the Kan-ed services, please provide as many details as possible about your organization's use and the impact of the services (Empowered Desktop, Educational and Research Databases, E-rate consultant services, and Homework Kansas/Live Tutor).

Please describe how Kan-ed services have impacted your organization. (Consider things that your organization can do today with Kan-ed services that you were unable to do before they were available.)

Approximately how many people in your organization (e.g., faculty, staff, students) are impacted by Kan-ed services?

Please share any specific success stories or experiences related to your organization's usage of Kan-ed services.

Please share any challenges you have encountered related to your organization's usage of Kan-ed services.

Additional Feedback

Additional Feedback

Please provide the name and contact information of anyone else (e.g., teachers, community members, parents, students) that you think would have stories to share about the impact of Kan-ed services. We recognize that as the end of the school year approaches this may not be the best time to contact these individuals. We will follow-up with any contacts in Fall 2010 unless you indicate otherwise.

Contact Information

Contact Information

As stated in the introduction to the survey, neither you nor your organization will be identified in the report of survey results; only overall themes or trends in responses will be reported.

As was also mentioned, the information you share may be incorporated into "impact stories" that can be provided to Kansas legislators. We believe that these impact stories are much more powerful when they are tied to individuals and organizations. This way, the impact story can be provided to the legislator representing your region. If you are willing to be identified by name and organization within an impact story that may be created based on the information you shared, please provide your name and position and the name of your organization below.

Your Name

Your Position/Title

Name of Your Organization

Your Contact Information (if you would like to be, or are willing to be, contacted for follow-up on your statements)

If you have any additional comments you would like to share related to Kan-ed, please provide them here.

APPENDIX 13

State Network Research Update

State Network Research Update

Purpose

Operation of the Kan-ed network continues to evolve as technology changes and connectivity needs grow. As part of the efforts to best meet the needs of its constituents and stakeholders, Kan-ed is interested in periodically reviewing how other state broadband networks function. Kan-ed contracted with the Office of Educational Innovation and Evaluation (OEIE) to conduct this research. The data of interest would provide a framework for examining how other state networks are organized and how Kansas compares to other states. The ultimate goal of the task was to identify “peer” networks to Kan-ed. In-depth research of these networks could potentially identify alternative models of services, organizational structures, and funding mechanisms for Kan-ed to explore in the future.

Background

OEIE has conducted two prior state network comparisons for Kan-ed. The initial research was completed in 2004 and reported in the Kan-ed December 2004 Biannual Evaluation Report. In 2007, OEIE updated the comparison, and it was reported in the Kan-ed 2007 Annual Evaluation Report. The information from these reports served as background for the current research. However, given the developments in technology, changes in the economy, etc., it was necessary to review all of the states to capture the latest information available about the various networks.

Procedure

Initial Research to Identify State Networks

The first step of the study involved identification of the current operating state educational networks in the country. To do this, OEIE referred to the previous state network study they had conducted in 2007. Beginning with this list of networks, OEIE staff compiled data about constituents, services, governance, and funding by reviewing the websites from each of the respective state networks. This web research was completed between June 15 and July 20, 2009. In addition to the OEIE report, two other sources were used to initially identify state networks. The first was the StateNets working group on the EDUCAUSE website (<http://www.educause.edu/StateNets>). The second resource was a 2008 report by the Communications Workers of America and the Alliance for Public Technology (<http://www.speedmatters.org/content/statepolicy/>). This report compiled a survey of state broadband initiatives in seven key areas: broadband commissions, task forces, and authorities; public-private partnerships; direct funding programs; state networks; telehealth initiatives; tax policies; and demand-side programs.

Application of Constituents and Services Criteria

Once the list of state networks was verified, OEIE established three sets of criteria to help code state network information to determine how closely each network aligns with Kan-ed. Two of these sets of criteria (i.e., constituents and core services) were used to eliminate “non-peer” states from the list. The third set of criteria (funding) was researched but not used as an elimination criteria given Kan-ed’s interest in reviewing new or different funding models. The criteria are described below.

- *Constituents*. Using the Kan-ed constituent groups [K-12, library, higher ed, and hospitals], networks need to match on three of the four groups (or two if one is education [K-12 or higher ed] and the other is either libraries or hospitals).
- *Services*. Four core services were identified (Commercial Internet [I1], Internet2 [I2], Video, and Support-Network Operation Center [NOC] services). Networks need to match on at least three of these four services.
- *Funding*. Funding was not used as an elimination criterion, but rather to document the different models that are currently being used. These were categorized as: 1) membership fees, 2) user fees, 3) state appropriations, 4) E-Rate, 5) Universal Service Fund [USF] dollars, 6) Federal programs, 7) Other.

After applying the two elimination criteria, OEIE compiled a list indicating the status of each state network in terms of being a match on those criteria. Twenty (20) state networks were identified as Kan-ed “peers.”

OEIE presented these preliminary results to Kan-ed in mid-July 2009. Discussion about ways to further refine the selection process resulted in the identification of an additional criterion of interest: Governance/Organization. Specifically, Kan-ed asked OEIE to identify which state networks, out of the remaining 20 peer networks, have an established Higher Education governance or were a 501(c)3 organization. During the meeting, the Kan-ed Executive Director also identified ten networks that could be considered “preferred” networks for further investigation based on 1) proximity to Kansas, or 2) the network configuration and composition.

Application of Governance/Organization Criterion

After meeting with Kan-ed staff to discuss next steps, OEIE staff researched each of the remaining 20 peer states, which had matched on the services and constituents criteria, to determine their governance structure and organization. There were a total of nine (9) states that had established higher education governance, three (3) states that were 501(c)3 organizations, and the other eight (8) states were either consortiums or state agencies serving higher education and other institutions/organizations. When the Kan-ed Executive Director’s preferred network status was considered, four of the preferred networks had an established Higher Education governance (GA, MO, OH, and OK), and two other preferred networks were 501(c)3 organizations (MI and WI). Of those six preferred networks, MO, OH, OK, MI, and WI matched on the criteria for all four services and all four constituent groups.

Interviews with Seven Peer Networks

At the end of July 2009, OEIE sent the governance update to Kan-ed. After reviewing the data, the Kan-ed Executive Director selected seven state networks for additional research and review. These networks were:

- PeachNet – Georgia
- Merit Network, Inc. – Michigan
- MOREnet – Missouri
- Network Nebraska – Nebraska
- OARnet – Ohio
- OneNet – Oklahoma
- WiscNet – Wisconsin

On July 31, 2009, the Kan-ed Executive Director sent an e-mail to the StateNets CEO listserv explaining that the Kansas Legislature had asked Kan-ed to conduct a detailed analysis of how other states fund their educational broadband networks. His message indicated that Kan-ed's research team would be following up with each of these "peer networks" and requested the networks' assistance in collecting information about funding and operation of their respective organizations.

On August 4, 2009, OEIE sent emails to the executive director of each of the seven peer state networks requesting to schedule a telephone interview between August 6th and 19th, 2009. The email explained that the interview would focus on the network's governance, funding, network structure, administration, membership, and services. Upon receiving a reply from a state network executive director regarding scheduling the interview, the OEIE research team sent a confirmation email with the date and time of the interview along with the list of questions to be asked during the interview. The OEIE research team sent a reminder email on September 10, 2009 to any state networks that had not yet replied with a desired interview time. Copies of the initial email to the state network executive directors and the confirmation email with the list of interview questions are located on pages 6-7.

The telephone interviews were conducted August 7th through the 19th, 2009. When possible, the interviews were conducted with executive directors; some interviews were conducted with other network representatives. While conducting the interviews, an OEIE research team member followed an interview protocol that focused on five key areas: 1) Administration and Governance, 2) Network Structure and Design, 3) Funding, 4) Membership, and 5) Services. The interviews lasted between 30 to 75 minutes; all but one interview was completed in less than one hour.

The OEIE research team compiled the information obtained in each interview into seven individual *State Education Network Summaries* that were organized by the five interview topic areas: 1) Administration and Governance, 2) Network Structure and Design, 3) Funding, 4) Membership, and 5) Services. The OEIE research team also organized information obtained from

all interviews into a matrix, *State Education Network Summary of Seven Peer States*, which was categorized by state network and specific interview topic areas (governance type, governance structure, membership, funding, services, and NOC) to facilitate comparisons between the state networks.

In-Depth Research with Four Peer Networks

On September 2, 2009, the OEIE research team met with the Kan-ed Executive Director to present the results of the state network interviews, including the seven *State Education Network Summaries* and the *State Education Network Summary of Seven Peer States*. The purpose of the meeting was to identify topic areas in need of further research and to again narrow the target of the research to fewer peer state networks. This meeting resulted in cutting three state networks (Nebraska, Michigan, and Wisconsin) from the list due to not being governed by a state higher education structure (e.g., Board of Regents). Therefore, the following “peer” networks with a state higher education governance structure were retained:

- PeachNet – Georgia
- MoreNet – Missouri
- OarNet – Ohio
- OneNet – Oklahoma

At the request of the Kan-ed Executive Director, the OEIE research team followed up by email with the four peer networks to request additional details (i.e., “the nuts and bolts”) of their funding and fee structures. This new information was added to the *State Education Network Summaries* and the *State Education Network Summary of Seven Peer States*. Rate sheets gathered during the original interview or email follow up that present individual state networks’ fee structures were included along with the corresponding *State Education Network Summaries*. Further, additional summary graphics and tables were created to facilitate comparisons between the four peer networks and the Kan-ed network, including pie charts presenting each network’s funding sources; a table presenting information about membership eligibility, membership fees, and constituents served; and a table differentiating services provided by the network with the monthly connectivity fee and those services available for an additional fee. Information collected through this research was compiled, and a report was sent to Kan-ed in October 2009. Further, a summary of the research was included in the Kan-ed December 2009 Biannual Evaluation Report.

Follow Up Research of Peer Network Organizational Structure

In spring 2010, OEIE extended the state network research conducted in 2009 to collect additional information about Kan-ed’s peer state networks in relation to their organizational structure, salaries, and position descriptions.

On March 31, 2010, an email request was sent to representatives at Kan-ed’s four peer state networks to ask for further assistance as Kan-ed explores the possibility of adopting a different

organizational structure and funding model. This email request was sent to contacts at the state networks that had participated in interviews for the initial in-depth state network research during summer 2009. The current request was that the network representatives send a detailed network organizational chart with position titles and salaries, as well as the position descriptions for the top five positions in the network. Attached to this email were 1) a copy of Kan-ed's organizational chart with position titles and salaries, and 2) a report containing the summarized results of the original state network project they had participated in during summer 2009. This initial email request is located on page 8 of this report.

On April 19, 2010, telephone calls were initiated to each network that had not yet responded to the request to determine if they had a chance to review the email request and the best way to move forward with gathering the desired information. At that time, confirmation was gained that each network was in the process of compiling the information and would be sending it when it was complete. The evaluation team continued to follow up periodically by phone and/or email with state network representatives to collect the information from the networks. Information collected through this follow up was compiled, and a draft report was sent to Kan-ed in May 2010.

Summary

The state network research project is summarized in the following bullets.

- In summer 2009, the Kan-ed Executive Director requested a state educational network study be conducted to identify “peer” networks. Peer status was based on similarities in constituents, services, and governance structure.
- Interviews were conducted with seven peer networks to attain details on the funding and operation of the network, and further research was conducted with four of these networks to determine “the nuts and bolts” of network operations.
- In spring 2010, the Kan-ed Executive Director requested a follow up study be conducted to gain more detailed information about the four peer networks’ organizational structure, salaries, and position descriptions. The information gathered will allow Kan-ed to determine how Kansas compares to other states and to consider alternate models for services, organizational structures, and funding mechanisms.

Email Correspondence and Interview Questions

Initial email sent to State Network Interviewees (August 4, 2009)

Subject: Kan-ed Interview for State Network Information

Dear <Name of Contact>,

On July 31, Brad Williams, the Executive Director of Kan-ed, sent an e-mail to the StateNets CEO listserv requesting your assistance in collecting information about funding and operation of various state education networks in the country. As he mentioned in his e-mail, <Name of Network> was identified as one of the seven “peer” networks based on constituent type and governance. We would like to conduct a phone interview with you about your network’s governance, funding, network structure, administration, membership and services. Kan-ed is collecting this information to help with strategic planning in preparation for the 2010 Kansas Legislative Session. We will be conducting the interviews August 6-7, August 10-14, and August 17-19.

Please respond to this email at your earliest convenience, including your name, telephone number, and three times (e.g., Thursday, August 6 at 10am CDT) that best would fit into your schedule during the dates of August 6-7, August 10-14, or August 17-19. If for some reason you are unable to be interviewed during this time frame, please indicate a date and time that would better fit your needs. In addition, please provide the best number to reach you. If you would prefer that we speak with another individual in your network, please provide their contact information.

After you respond, we will send you a message to confirm your interview date and time. In that message, you will also receive a copy of the interview questions for your review.

We look forward to learning more about your network. Thank you in advance for taking time to help us with this project.

Sincerely,

Kan-ed Network Research Team

Confirmation email sent to State Network Interviewees (August 2009)

Subject: Re: Kan-ed Interview for State Network Information

Dear <Name of Contact>,

Thank you for agreeing to our interview. I will call you at <Telephone Number> on <Date and Time>. Below are the questions we will be referring to during the interview process. In preparation for the interview, we will conduct an extensive review of your network's website. Therefore, some of the items below will only need verification based on information included on your website. I look forward to speaking with you!

Sincerely,
Kan-ed Network Research Team

Administration and Governance

1. How long has the network been in operation? (major changes, restructuring?)
2. What is the status of the network? (planned, implemented, phases?)
3. What are the key goals for your network? (i.e., flexibility, high performance comp., etc.)
4. Who governs the organization?
5. Do you have any advisory bodies?
6. How do you report operation/status to a governing body?

Network Structure and Design

1. What is the structure of your network?
2. Are you associated with any other national, regional, state or local networks?
3. Do you collaborate with other state agencies for any aspect of network operation (i.e., NOC services, aggregate purchasing, etc.)?

Funding

1. What is the funding mechanism for your network?
2. What new funding options, if any, are planned for the future?

Membership

1. Who can use the network?
2. How many do you serve (members, users)?
3. How do you document the impact of your network on member institutions/state?

Services

1. What services do you currently provide?
2. What services are you planning to provide in the future?
3. Are there user fees associated with services?

Email Sent to Four Peer State Network Representatives (March 31, 2010)

Subject: Kan-ed Request for State Network Information

Attachments: 1) original state network summary report
2) Kan-ed organizational chart

Good Morning <Contact Name>,

Last August, we contacted you on behalf of Kan-ed to learn about <name of network>'s constituents, governance, services, and funding structure. Attached is a summary of our study. Kan-ed greatly appreciates the assistance you provided previously by participating in an interview last summer as well as your willingness to be contacted for follow up.

Kan-ed would like to take this research a step further by gaining more in depth knowledge of <name of network>'s organizational structure including titles and salaries, as well as the job descriptions of your top five positions. Kan-ed is exploring the possibility of adopting a different organizational structure and funding model. Given that we have identified <Name of Network> as a peer network to Kan-ed based on constituents served, governance, and services offered, we would like to be able to consider your organizational structure and salaries (Kan-ed's is attached as an example). We also are interested in reviewing the job descriptions of the top five positions in your network to get an idea of what the head individual does compared to others in the network.

Please let us know your availability to speak over the phone to discuss the best way for us to move forward, or whether you would be comfortable responding through email. We look forward to hearing from you. Please do not hesitate to contact us if you are interested in any information about the Kan-ed network. Thank you in advance. We very much appreciate your continued assistance with this project.

Sincerely,
Kan-ed Network Research Team

APPENDIX 14

2010 Legislative Session

2010 Legislative Session Summary

The 2010 Kansas Legislative Session began January 11, 2010. During this session, full funding was retained in the amount of \$10 million from the Kansas Universal Service Fund (KUSF) for Fiscal Year 2011. Throughout the legislative session, OEIE provided data to Kan-ed staff to support their testimony and respond to legislator questions. In preparation for the session, Kan-ed requested that OEIE develop four specific tools. Below is a description of each of the legislative tools, and examples of each can be found in Appendix 1 of the December 2009 Biannual Report. Following that is a description of other data requests that OEIE assisted with during the 2010 legislative session.

Push Card

The Kan-ed 2010 Push Card highlights legislative priorities for the 2010 legislative session and presents key information about Kan-ed in the format of a 4x11-inch card. Information included on the card includes: Kan-ed history, membership numbers, technology details, state and member benefits, and examples of impact.

Fact Card

Updates were made to the annual Kan-ed Fact Card. The fact card is in a brief, one-page double-sided format to provide a quick summary of Kan-ed highlights. Although a different format than the Push Card, the Fact Card contains similar, yet more detailed content. It includes:

- The history of the Kan-ed network and how it is funded
- Membership numbers and member benefits
- The importance of Kan-ed to the state of Kansas
- Examples of impact stories from hospitals, schools, higher education, and libraries

OEIE worked with the Kansas Board of Regents Associate Director of Communications and Kan-ed staff to finalize the document.

Advocacy Packet

The Kan-ed Membership Advocacy Packet is designed to provide Kan-ed members and other stakeholders with information and tips on how to communicate with their legislators to advocate for Kan-ed. The packet is a 14-page document that contains a letter from the Kan-ed Executive Director inviting members to advocate for Kan-ed during the 2010 legislative session along with resources to assist them in doing so. For example, the Advocacy Packet contains background information about Kan-ed (e.g., what they do and who they serve) and also provides detailed lists of member benefits for each constituent group (i.e., provides a list of benefits specifically for K-12). The Kan-ed Membership Advocacy Packet was designed to:

- Underscore the importance of local constituent-based advocacy, and encourage members to advocate for Kan-ed
- Suggest specific actions any member can perform, present advocacy tools, and provide a boiler plate for emails and other contact

- Provide information members can share with legislators regarding the impact of Kan-ed for the citizens of Kansas related to K-12 schools, higher education, hospitals, and libraries/local communities

Data Sheets

OEIE prepared data sheets for all legislators in both the Kansas House and Senate for the 2010 Kansas Legislative Session to demonstrate the impact of the Kan-ed network on each legislator's district. Each data sheet listed all Kan-ed members located in the specific legislative district by the zip code of the member. Each data sheet also reported all funding received to date by the member as well as all members in the district. It also provided information in regard to whether or not the member is currently connected to the Kan-ed 2.0 network, and whether the member uses the Empowered Desktop and EMResource services. The date at the bottom of each data sheet indicates when the data were retrieved. OEIE also prepared a sheet of impact statements, and an impact story, to accompany the data sheet for each legislator. An example of a data sheet and the accompanying impact statements and impact story can be found at the end of this report.

OEIE staff collected statements and stories from various sites across the different constituent groups (i.e. K-12, Higher Education, Libraries, Hospitals) to gain feedback about their experiences with the Kan-ed 2.0 network. A collection of impact statements, consisting of three to five statements, was compiled for each legislator. Statements were selected to represent each of the four constituent groups from their local region when possible, and to present the highest quality statements. There were more or better quality impact statements to choose from for some legislators compared to others due to the larger size of their district or the magnitude of feedback shared by their constituents.

When a particular site shared an exceptional amount of feedback, this feedback often was developed into an impact story to be included in the legislator packets. There were significantly fewer impact stories than statements because stories require much more substantial detail; therefore, there was greater overlap of impact stories between legislators. To avoid duplication, OEIE staff ensured that legislators did not receive an impact statement that was an excerpt from an impact story they would be receiving or had previously received. The availability of a greater number of impact statements provided more options from which to choose to avoid any repeats or lack of statements for any particular legislator.

After OEIE staff compiled the legislator packets, the packets were sent to Kan-ed staff who put them on the Kan-ed website (www.kan-ed.org) and distributed them to the individual legislators. All legislator packets are available for viewing on the Kan-ed website.

Other Data Requests for the Legislative Session

During the 2010 legislative session, OEIE provided data from time to time as requested by the Kan-ed Executive Director. Most requests could be answered by compiling data housed at OEIE, while one request required extensive research and is described in more detail in the section below. Examples of data requests include:

- Number of members by constituent group
- Lists of K-12 districts connected to the Kan-ed network
- List of K-12 districts using the Kan-ed Empowered Desktop
- Maps of Kan-ed Live Tutor Usage by Legislative District (House and Senate)
- Percentage of members connected, and soon to be connected, to Kan-ed 2.0 network
- Number of connections to Kan-ed 2.0 by constituent group
- Number of T-1's, 3.0 mg, and other circuit sizes
- Profit Status of Hospital Sites Connected to Kan-ed 2.0 Network
- Kan-ed Southeast Region Membership List and Connection Status
- Number of Hospitals Connected to Kan-ed 2.0
- Number of Hospital Sponsored Clinics Connected to Kan-ed 2.0
- Number of Hospital or Clinic Connections Pending
- Kan-ed Grant Funding Received During FY07-FY09 by Member Organization

Study of the Costs and Cost Savings of Distance Education

In March 2010, the Kansas House Education Budget Committee requested that Kan-ed and the Kansas Board of Regents respond to the following question: *What are the costs and cost savings of distance education for K-12 and Higher Education?* OEIE collaborated with Kan-ed to 1) conduct a review of the literature to identify a definition of “distance education” for K-12 and Higher Education; 2) frame the necessary parameters for conducting a full study comparing distance education costs and cost savings compared to a traditional site-based delivery format; and 3) provide rough cost estimates to allow a cursory comparison of the different formats.

Key findings indicated that distance education is defined as having institutionally based instruction, where learner and teacher are separated by distance, time, or both; where communication is interactive; and where instructional technologies and techniques are used to connect learners, resources, and instructors. The preponderance of the literature encompassed cost components in higher education, although some findings addressed distance delivery in K-12. System level of analysis (i.e., classroom- community-, or state-wide) was found to produce different figures across the literature; however, costs associated with initial start-up were consistently higher than costs over time. Year 1 costs for a small video distance format (i.e., one local class and one remote class site) or for a full mesh distance format (e.g., IP VIDEO; 3 Codec/3 Room System) were higher than for a site-based format; however, these distance education costs declined for Year 2. In fact, when considering a model based on cost per contact hour or a model based on cost per student that assumes more students are reached using a distance education format, both distance education formats (i.e., small video and full mesh) were found to be less costly than a traditional class delivery format in Year 2.

Testimony before the Kansas House Education Budget Committee regarding the study was held on April 22, 2010. The full distance education cost study document prepared and presented to the committee immediately follows this page.

Cost and Cost Savings of Distance Education: A Comparative Approach for Addressing Traditional K-12 and Higher Education

Research Question: What are the costs and costs savings of distance education for K-12 and higher education?

Cost / Benefit Issues of K-12 Distance Education Services

Kansas and Community Cost/ Benefits:

- Long-term economic impact on Kansas communities, especially rural Kansas, if students from some schools are not competitive in education and career skills.
- Impact on number of students that go on to college given expanded academic exposure (cost/benefit).
- Impact on number of students eligible for scholarships due to full vs. limited high-school curriculum – especially rural areas (cost/benefit)
- Economic benefit to students graduating with AP credits – do urban students have an advantage? Can distance learning balance this economic variable across Kansas communities?
- Other macro-economic considerations specific to Kansas (e.g. community costs and benefits)

Education System Cost / Benefits:

(including classroom distance education, videoconferencing, databases, distance education, etc.)

- Distance learning classes
- Student field trips
- Staff professional development opportunities (e.g. reduction of travel time)
- Regional & state staff meetings (e.g. reduction of travel time)
- Database resources via Kan-ed
- Curriculum development tools
- Consolidate administrative tasks

Classroom-Level Cost / Benefits

- Cost per student / classroom calculation (see example)
- Small or rural schools – specialized classes with small enrollment (cost of additional or part-time teachers)

Prior to addressing the research question above, a comprehensive literature search of academic and professional organizations related to “distance education” was conducted to determine a commonly accepted definition. The search revealed no universally accepted definition but rather a wide range of definitions and examples. An amalgamation of these is best captured by the definition provided in *The Distance Education: Definition and Glossary of Terms* published by the Association for Educational Communications and Technology (AECT).

“Distance Education includes these four components. If one or more are missing, then the event is something different, if only slightly, than distance education.”

1. Institutionally based instruction
2. Learner and teacher are separated (distance, time)
3. Interactive communication
4. Instructional techniques and technologies (audio, video, computer, and print) are used to connect learners, resources, and instructors.”

While the majority of literature addressed distance education in higher education, many of the findings apply to K-12 education as well. Per pupil cost and cost savings comparisons of traditional education to distance education require micro-economic components as well as comparable infrastructure characteristics. Elements of distance education infrastructure, that are either not in place or are dramatically distinct from those in traditional education, are core to the abundance of controversial cost and quality literature. Some of the micro-analytic factors for consideration include:

- Cost of faculty time and support may have the potential to be similar, but distance education cost of operating is more expensive. Navarro (Navarro, 1998) contends online will never be as cost effective as traditional large classrooms.
- Smith and Mitry (Smith & Mitry, 2008) assert that studies promoting economic equivalence of distance to traditional education assume online classes must be smaller than comparable larger traditional classes (i.e., per capita is “substantially higher”).
- Fixed cost is not an issue in traditional education because physical space aspects (e.g., buildings, maintenance, facilities) have been amortized; Variable cost, such as faculty compensation is primary concern.
- While faculty compensation on a per student basis might be a comparable indicator, as noted by Carr (Carr, 2001), Young (Young, 2000) specifically addressed the necessity of lower student: teacher ratios in distance education to maintain quality for distance and traditional education comparisons.
- Carnevale (Carnevale, 2001) recommends a need for online faculty to have full credentials as traditional tenure-track/tenured professors. Comparisons without attention to varied credentials (as found in the for-profit distance education sector) masks the highly credentialed faculty typically associated with traditional schools.
- In a survey of 40 online schools with highest enrollment noteworthy differences were found between for-profit and not-for-profit distance education institutions: 1) None of the for-profit business schools had AACSB accreditation; 2) Residency requirements must be addressed, as 23% of the not-for-profits have residency requirements; and 3) Larger percent of not-for-profits used latest technology as compared to for-profits (Smith & Mitry, 2008).
- For-profit distance education institutions have flourished, while many major universities have closed, bankrupted, or down-sized their programs.

Macro-level cost and cost savings incorporate those components that are largely societal, more value-oriented, and relatively longitudinally based. By this, a type of *education capital* functions as foundational for social, political, and human capital in the sense that distance education has

the potential provide more equitable access and opportunities for all. A per pupil cost would not be characteristic of macro-level comparisons; however, value-added cost or cost savings must include macro-elements. Some of the macro-analytic factors for consideration include:

- Online distance education opportunities for students who ordinarily would not have access to the highest qualities of education are the most important cost comparison considerations (Green & Baer, 2001).
- There is a key concern for quality in distance education compared to traditional education, primarily due to lack of distance education planning (Smith & Mitry, 2008).
- The academic expertise of the professor is not captured, even in asynchronous environments, because the professor of record may or may not be the expert who interacts online with students.

National Case Studies: Education Systems Costs

Twigg, (Twigg, 2009) in her study of 6 higher education institutions, found that focus on redesign of course delivery and coordination not only increased retention and student learning outcomes, but also reduced course costs by an average of 35% (20 – 42 % range). As the Executive Director of the Center for Academic Transformation at Rensselaer Polytechnic Institute, Twigg' oversight serves to assist in the transformation to information technology-driven course redesign frameworks.

An alternative technique of total synchronous costs per course were estimated by Whalen and Wright (Whalen & Wright, 1999) to be \$752, while asynchronous costs per course were estimated to range from \$95 to \$1,664, representative of total capital fixed costs (licensing fees, platform costs, and hardware). Approximately 1,300 development hours were incurred for asynchronous course development, and 144 hours were required for synchronous development. Including web-based variable testing costs, however, Whalen and Wright (1999) projected the following “breakeven” number of students for each course required for cost equivalence:

- Routing course: 4 students
- Frame relay course: 51 students
- TCP/IP course on WebCT: 111 students
- TCP/IP course on Mentys: 112 students

Taylor and his colleagues (Taylor, Parker, and Tebeaux, E., 2001) developed a formula for conducting a distance education cost analysis for courses offered at Texas A&M University (TAMU). This formula, controlled for varying costs per college, program, and graduate/undergraduate non-resident tuition. While using graduate level costs for the formula example, due to the greatest distance education request, they found the cost per semester credit hour formula to be the same for undergraduate costs as well. The formula is:

$$\text{Cost per Semester Credit Hour} = \text{Teaching Salaries} + \text{Prorated Departmental Operating Expense} + \text{Prorated Master's Dean's Office Operating Expense} = \text{Master's Cost (Total)} \div \text{Number of Master's semester Credit Hours Taught}$$

This formula for TAMU, found administrative costs to be \$24.93 / Semester Credit Hour and a per student cost per course of \$1,303 (inclusive of \$1,005 per course teaching fee).

Classroom Level Cost: Cost-inclusive Analysis Example

A cursory exploration of a cost-inclusive analysis using readily available data is provided to illustrate the multiple approaches to measuring costs. The table below displays typical fixed costs for a full mesh, small video, and traditional site-based classroom for Year 1 and 2. Using commonly accepted teaching loads and prorated salaries (\$45,000 per year for 5 classes = \$9000 per class), two universally accepted cost-inclusive units of analysis were calculated: 1) cost per student and 2) cost per contact hour.

Cost per student for one year-long course was calculated using two different assumptions. The row entitled “1a. Cost per student (constant)” determines the cost of providing one course, using one teacher, to one student based on the assumptions that all delivery systems (full mesh, small video, and site-based) have only the capabilities of serving the same number of students. Using this as a cost measure ignores the unique feature that distance education provides the opportunity for one teacher to reach multiple classrooms at the same time. A better cost per student comparison is captured in the row entitled “1b. Cost per student (variable)”. Here the cost is representative of the number of students served by one teacher based on the features of each delivery system. The second unit of analysis illustrated in the table is “2. Cost per contact hour”. This approach to measuring costs builds off the “Cost per student (variable)” approach by viewing cost through the lens of how much it costs to provide a contact hour of instruction per student.

A review of the values using both cost per student and cost per contact hour yields higher costs for distance education delivery system in Year 1 than for site-based delivery. Most cost-inclusive analysis include more extensive lists of costs (e.g. internet connection fees, enrollment increases/decreases, tutor support, overhead, support services, etc.) than shown in the example; however, the common theme remains the same: Initially, the distance education classroom costs exceed the costs of traditional site-based classrooms (Year 1). When comparing costs across time for larger numbers of students, the cost per student for delivering distance education decreases while site-based instruction remains static (Year 2).

While the example is simplistic, it applies two generally accepted methods to quantify cost and depicts the principle of changes in cost over time. For illustrative purposes, the example focused on a limited number of fixed and variable costs excluding macro-level variables (e.g. access to classes to meet regent's entry requirements, opportunity cost saving time and travel, increased diversity, improved student learning outcomes, etc.) which are also critical components of an accurate cost analysis.

Classroom Costs (for a K-12 example)	Initial Year 1			Year 2		
	Type of Classroom			Type of Classroom		
	Full Mesh*	Small Video**	Site Based	Full Mesh*	Small Video**	Site Based
Codecs & Equipment	\$30,000	\$10,000				
Teacher Salary (1/5 of full teaching load)	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000
Teacher Resources (Technology Training and Curriculum Development)	\$10,000	\$10,000				
3mb Circuit/Router (included)	\$6,000	\$6,000				
Equipment Depreciation (33%/year)	\$10,000	\$3,350		\$10,000	\$3,350	
Total Costs Year 1	\$65,000	\$38,350	\$9,000	\$19,000	\$12,350	\$9,000
1a. Cost per student (constant): Based on the assumption that each one year course serves the same number of students (20). (One Course Taught Year 1 = Total costs / Number of Students)	\$3,250	\$1,918	\$450	\$950	\$618	\$450
1b. Cost per student (variable): Based on the findings that distance education connections allow more students access to the same course using one teacher. Full Mesh supporting 80 students in one class Small Video supporting 40 students in one class Tradition supporting 20 students in one course (One Course Taught Year 1 =Total Costs / Number of Students)	\$812.50	\$958.75	\$450.00	\$238	\$309	\$450
2. Cost per student contact hour per year: Given 32 weeks at 5 contact hours per week, there are 160 contact hours per student in one course. Full Mesh = 12,800 Student Contact Hours Per Year (160 * 80) Small Video = 6,400 Student Contact Hours Per Year (160 * 40) Traditional Site = 3,200 Student Contact Hours Per Year (160 * 20) (One Course Taught Year 1 = Total Costs / Student Contact Hours Per Year)	\$5.08	\$5.99	\$2.81	\$1.48	\$1.93	\$2.81
*Full mesh is defined as: 3 Codec/3 Room System - IP VIDEO						
**Small video is defined as: 1 Local Class and One Remote Class (2 Classes Total)						

Designing an approach that measures cost and cost savings across a variety of institutions and types of distance education delivery systems is currently not found in the literature. As one member of the Kansas Association for Interactive Distance Education (KAIDE), stated when asked how cost is measured by their organization, “This is something we continue to grapple with as we each have different types of costs and missions for our networks.”

As Kansas strives to conduct a cost-inclusive analysis that yields valid and reliable results to the question “What are the costs and costs savings of distance education for K-12 and higher education?” the following should be incorporated:

1. All parties planning to use the results of the analysis need to clearly define what is meant by “distance education” and by “cost-savings.”
2. All types of costs to be included in the analysis should be operationally defined.
3. A comprehensive model for cost-inclusive analysis should be designed that encompasses all ‘costs’.
4. Comparable fixed, variable, and indirect costs should be gathered from all entities that provide distance education while maintaining confidentiality to the institution.
5. Appropriate measures to capture macro-level costs should be determined.

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Ty Masterson - Senate District 16**Total Funding: \$679,103**

Based on the zip code of each organization, there are 29 active Kan-ed members in Senate District 16.

Organization Name (active sites)	Constituent Group	Funding Received to Date ¹	EMResource User ²	Empowered Desktop User ³	Connected to Kan-ed 2.0 ⁴
Andover Public Library (1)	Library	\$10,728	No	No	No
Andover USD 385 (11)	K-12	\$29,135	No	Yes	Yes
Augusta Public Library (1)	Library	\$4,135	No	No	No
Augusta USD 402 (8)	K-12	\$28,216	No	Yes	No
Bluestem USD 205 (4)	K-12	\$21,407	No	Yes	No
Bradford Memorial Library (1)	Library	\$0	No	No	No
Butler Community College (7)	Higher Ed	\$102,815	No	No	Yes
Central USD 462 (3)	K-12	\$42,201	No	Yes	Yes
Circle USD 375 (7)	K-12	\$70,589	No	Yes	Yes
Douglass Public Library (1)	Library	\$660	No	No	No
Douglass Public Schools USD 396 (4)	K-12	\$46,716	No	Yes	Yes
El Dorado USD 490 (12)	K-12	\$27,448	No	Yes	Yes
Eureka Public Library (1)	Library	\$6,572	No	No	No
Eureka USD 389 (3)	K-12	\$20,135	No	Yes	No
Fall River Public Library (1)	Library	\$6,900	No	No	No
Flinthills USD 492 (5)	K-12	\$75,014	No	Yes	Yes
Fredonia USD 484 (4)	K-12	\$16,000	No	Yes	Yes
Greenwood County Hospital (1)	Hospitals	\$20,135	Yes	No	No
Hamilton USD 390 (3)	K-12	\$13,135	No	Yes	Yes
Kansas Medical Center LLC (1)	Hospitals	\$0	Yes	No	No
Madison-Virgil USD 386 (3)	K-12	\$20,135	No	Yes	Yes
Peabody-Burns USD 398 (3)	K-12	\$34,114	No	Yes	No
Potwin Public Library (1)	Library	\$1,751	No	No	No
Remington-Whitewater USD 206 (4)	K-12	\$12,000	No	Yes	Yes

Ty Masterson - Senate District 16**Total Funding: \$679,103**

Rose Hill Public Schools USD 394 (5)	K-12	\$57,133	No	Yes	Yes
Susan B. Allen Memorial Hospital (1)	Hospitals	\$0	Yes	No	No
Towanda Public Library (1)	Library	\$4,135	No	No	No
West Elk USD 282 (5)	K-12	\$3,000	No	Yes	No
Whitewater Memorial Library (1)	Library	\$4,895	No	No	No

¹ Funding received to date does not reflect overall benefits received through Kan-ed. This funding amount represents grants received by the member, but it excludes the amount necessary for network infrastructure and administration.

² EMResource serves hospitals in Kansas.

³ The Kan-ed Empowered Desktop primarily serves K-12 schools and libraries in Kansas.

⁴ A status of "in process" indicates that the member has not made the final decisions necessary to complete their connection to Kan-ed 2.0.

Ty Masterson - Senate District 16

Serving as the external evaluator for Kan-ed, the Office of Educational Innovation and Evaluation (OEIE) has conducted many impact interviews and surveys with Kan-ed members. The follow-up has focused on a variety of topics including the Kan-ed network, EMResource, Empowered Desktop, and Educational and Research databases. This document includes selected impact statements about Kan-ed obtained from Kan-ed members in your area during data collections conducted from 2008 through 2009.

Kan-ed Local Impact Statements:

“The access to Kan-ed's network has been invaluable to our staff. We have made a number of connections via Interactive Distance Learning (IDL) in the past year and a half, expanding the educational opportunities for our students and staff.” ~*K-12, South Central Region*

“We very much appreciate having the databases and hope the state will continue to supply the resources. Not only is it great for our library, but the people I have taught how to use the databases at home have been really excited about the knowledge that they now have with access. The unfortunate thing is our databases are one of our best hidden secrets in Kansas. I try to tell people about them all the time, but if Kan-ed could get some media coverage on what's out there and available to people that would be helpful.” ~*Library, South Central Region*

“Through the use of Kan-ed funds, Butler is contributing to a stronger and better educated local workforce within the communities of Marion and Council Grove by providing more and enhanced distant learning opportunities. Many of the students would not otherwise be able to attend college, due to time and expense of driving. As well as regular course work, stakeholders will be able to use teleconferencing facilities for groups, local organizations, and even businesses. One example of such use, which Butler is piloting in El Dorado and Andover, is through a volunteer organization called Freedom Calls, which offers soldiers in Iraq, Afghanistan, and many other overseas sites the opportunity to visit with family members here in the USA via teleconferencing. This service will be extended to Marion and Council Grove sites, especially due to its proximity to Ft. Riley.” ~*Higher Education, South Central Region*

“The Kan-ed Empowered Desktop is a portal for us, a place where teachers can go all at once or principals or instructional coaches to find applications that they can use in the classroom with kids. It's used all over. Even after school, during school, in classrooms, in the libraries, everywhere.” ~*K-12, South Central Region*

“Kan-ed funding has allowed us to have high speed access at our remote locations. The new connections will allow us to put Electronic Medical Records (EMR) in our remote clinics to better serve our staff and patients. Without the Kan-ed connections we wouldn't have the funds available for the connections.” ~*Hospital, South Central Region*



KAN-ED -- WHERE KANSANS ACCESS THE INFORMATION AGE

Students Becoming Global Citizens through Use of Kan-ed Funded Equipment

Douglass USD 396 and the associated Douglass Global Learning Academy have integrated videoconferencing equipment purchased through Kan-ed funding into the curriculum to provide students with global opportunities and to assist in the development of technology skills.

Starting in the primary school and middle school, students are involved with cultural exchanges that provide opportunities to learn about other cultures, while also learning about themselves. Elementary level activities in 2008-2009 included a creative writing exchange with a school in New York, a reading exchange with students in Ohio, and a year-long pen pal writing project. Middle school activities included connecting with Vanderbilt University to discuss topics such as the Electoral College, Charles Dickens' influence on Christmas, and Black History; connecting to Turks and Caicos to discuss teen issues, school activities, and political viewpoints; and connecting to the Women's Foreign Policy Group to discuss gender issues. In the high school, juniors and seniors participate in in-depth world activities and interactions through the videoconference equipment, during which they develop 21st Century skills to prepare them for future global options.

According to Jim Keller, Superintendent at Douglass USD 396 and the Director of the Douglass Global Learning Academy, "the students at the Douglass Global Learning Academy are able to interact with other societies and cultures, scientists, explorers, leaders, and students; thus, they have the entire world opened to their study. The 2008-2009 academy participants have interacted through videoconferences with students and experts around the United States, Scotland, Afghanistan, Iraq, as well as researchers in Antarctica. Students also designed presentations for use with the equipment on their individual laptops that are provided through the district's one-to-one initiative. Through videoconference, students develop relationships with students in locations around the world and collaborate on projects."



Phone: 785-296-0843
Email: kan-ed@ksbor.org
<http://www.kan-ed.org>

Douglass USD 396
Serves: 800+ students,
70+ educators
Kan-ed member since:
September 23, 2002

The goal of the program is to create global citizens in their students through exposure to diverse perspectives. According to Keller, "Students learn when they can see relationships to real world applications, that is what this program is all about."

APPENDIX 15

Evaluation Snapshot: Fiscal
Years 2004-2010

Evaluation Snapshot: FY 2004-FY 2010

Kan-ed, established by the Kansas Legislature in 2001 and housed within the Kansas Board of Regents, has contracted the Office of Educational Innovation and Evaluation (OEIE) from Kansas State University to serve as the external evaluators for the initiative.

Evaluation has played a key role in Kan-ed since its inception. Evaluation activities to date include creating and maintaining essential databases, generating and revising forms and protocols for data collection, and conducting research on issues relevant to the Kan-ed initiative, including use of distance education and availability of broadband services. Evaluators gather information and seek feedback from Kan-ed staff, members, and other stakeholders. A mixed-method strategy including qualitative and quantitative methods is used for in depth understanding of the process and outcomes of the initiative to date. Data collection measures are designed to gather similar indicators for all regions to allow statewide comparisons. Regional and/or constituent specific data also are collected to capture individual differences. Reports are produced for involved parties, and findings are disseminated at professional meetings and conferences.

Data to support the evaluation findings have been collected from July 2003 to June 2010 using on-line surveys, regional site visits, focus groups, telephone surveys, stakeholder interviews, observations, interviews with Kan-ed staff, and a review of state and technical documents. These data were collected and analyzed according to professionally acceptable standards of practice. The guiding purposes of the evaluation are to:

- Assess activities and outcomes to identify strengths of the program and determine areas of targeted improvement
- Examine important network components to document how the initiative's objectives and activities are being implemented
- Record the successes of specific network activities for program validation
- Communicate evaluation results that comply with requirements set forth by the State of Kansas in the Memorandum of Understanding (MOU) for the Kan-ed Evaluation

In order to facilitate easy access to the volumes of information collected during evaluation activities over the past seven years, the “Evaluation Snapshot” indexes evaluation activities by fiscal year. These tables provide a summary of the evaluation activities implemented throughout the Kan-ed initiative beginning with FY 2010 and continuing back through its inception in FY 2004. Below are the column headings and types of information included in the Evaluation Snapshot tables:

- Month – indicates the month in which the evaluation activity occurred
- Year – indicates the calendar year in which the evaluation activity occurred
- Name of Data Collection – provides the title of the data collection activity
- Audience – indicates the target audience of the specific evaluation
- Data Collection Method – indicates the type of evaluation method implemented
- Kan-ed Report – indicates where the results can be found

Evaluation Snapshot Fiscal Year 2010

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
Summer	2009	State Network Research	Peer State Networks	Online Research; Telephone Interviews	December 2009 Biannual Report
October	2009	E-Rate Training Feedback Form	E-Rate Training Attendees	Hard Copy Survey	December 2009 Biannual Report
October	2009	E-Rate Applications and Funding Analysis	Members	Data Analysis	December 2009 Biannual Report
October	2009	EMResource User Status and Rural Health Funding Analysis	Members	Data Analysis	December 2009 Biannual Report
November	2009	Membership Conference Survey	Conference Attendees	Online Survey	December 2009 Biannual Report
November	2009	Membership Record Update	Members	Online Form	December 2009 Biannual Report
December	2009	Legislative Tools (Push Card, Fact Card, Advocacy Packet)	Members; State Legislators	Document Analysis and Collection	December 2009 Biannual Report
December	2009	Former Potential Member Letter Campaign	Former Potential Members	Letters	December 2009 Biannual Report
December	2009	Expanded Membership Database	Members	Database Development	December 2009 Biannual Report
December	2009	Membership Verification	Members	Document Analysis	December 2009 Biannual Report
December	2009	Connected Member Documentation	Connected Members	Documentation	December 2009 Biannual Report
January	2010	Legislative Information Sheets	State Legislators	Document Analysis and Collection	Distributed to Legislators
January	2010	GIS Maps	State Legislators and Stakeholders	Data Analysis	June 2010 APR
March	2010	GIS Coordinate Verification	Members	Data Analysis	June 2010 APR
April	2010	Expanded State Network Research	Peer State Networks	Online Research; Telephone Interviews	June 2010 APR

Evaluation Snapshot Fiscal Year 2010

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
May	2010	Telemedicine Capacity and Readiness Survey	Hospital Members	Online Survey; Telephone Interviews	June 2010 APR
Spring	2010	Site Survey Updates	Members	Webform Development	June 2010 APR
Spring	2010	KAP Subsidy Program	KAP Connected Members	Online Application	December 2009 Biannual Report and June 2010 APR
Spring	2010	Expanded Membership Database	Members	Database Development	June 2010 APR
June	2010	Membership Verification	Members	Document Analysis	June 2010 APR
June	2010	Connected Member Documentation	Connected Members	Documentation	June 2010 APR
June	2010	E-Rate Consultant Services Update	Members	Documentation; Hard Copy Survey	June 2010 APR
June	2010	Kan-ed Live Tutor Usage Analysis	Members	Data Analysis	June 2010 APR
June	2010	Kan-ed 2.0 Connection Process and Impact Surveys	Members	Online Survey	June 2010 APR

Evaluation Snapshot Fiscal Year 2009

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
July	2008	IDL Impact for Regent Gary Sherrer	KAIDE members	Email	Submitted to Kan-ed Executive Director
July	2008	Potential Member Campaign	Potential Members	Letters and Telephone Calls	December 2008 Biannual Report
August	2008	2008 Broadband Connectivity Subsidy	Connected Members	Email	June 2008 APR/December 2008 Biannual Report
October	2008	Membership Record Update	Members	Email	December 2008 Biannual Report
October	2008	Network Support Services Satisfaction Survey	Connected members	Online Survey	December 2008 Biannual Report
October	2008	E-Rate Training Feedback Form	E-Rate Training Attendees	Hard Copy Survey	December 2008 Biannual Report
November	2008	Connectivity Impact Stories	Connected members	Telephone Interviews	December 2008 Biannual Report
December	2008	Expanded Membership Database	Members and Potential Members	Database Development	December 2008 Biannual Report
December	2008	Membership Verification	Members and Potential Members	Document Analysis	December 2008 Biannual Report
December	2008	Connected Member Documentation	Connected Members	Documentation	December 2008 Biannual Report
December	2008	2008 Enhancing Technology Grant Program	2008 ETGP recipients	Online Application	December 2008 Biannual Report
January	2009	Service Initiation Form	Members	Online Application	June 2009 APR
January	2009	Educational and Research Databases Inventory	Members	Online Survey	June 2009 APR
January	2009	Legislative Information Sheets	State Legislators	Document Analysis and Collection	Distributed to Legislators
February	2009	2008 Kan-ed Sponsored Educational and Research Databases Follow-up	Members	Telephone Interviews	June 2009 APR

Evaluation Snapshot Fiscal Year 2009

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
February	2009	Site Survey	Members	Online Application	June 2009 APR
March	2009	EMResource Impact Interviews	Hospital Members and Non-members	Email and Telephone Interviews	June 2009 APR
March	2009	Enhancing Technology Grant Program Follow-up	Members	Online Survey and Telephone Interviews	June 2009 APR
April	2009	Empowered Desktop Interviews	Members	Telephone Interviews	June 2009 APR
Spring	2009	Membership Verification	Members and Potential Members	Document Analysis	June 2009 APR
June	2009	Connected Member Documentation	Connected Members	Documentation	June 2009 APR
June	2009	E-Rate Consultant Services Update	Members	Documentation and summary from post-training survey results	June 2009 APR

Evaluation Snapshot Fiscal Year 2008

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
July	2007	Kan-ed Legislative Post Audit	State Legislators	Document Analysis and Collection	December 2007 Biannual Report
October	2007	E-Rate Services Survey	E-Rate Training Attendees	Online Survey	December 2007 Biannual Report
October	2007	2007 Enhancing Technology Grant Program	2007 ETGP recipients	Documentation	December 2007 Biannual Report
November	2007	Membership Verification	Members and Potential Members	Document Analysis	December 2007 Biannual Report
November	2007	Connected Member Documentation	Connected Members	Documentation	December 2007 Biannual Report
December	2007	Expanded Membership Database	Members and Potential Members	Database Development	December 2007 Biannual Report
March	2008	Disaster Recovery Research	Kan-ed Staff	Document Analysis	June 2008 APR
March	2008	Legislative Information Sheets	State Legislators	Document Analysis and Collection	Distributed to Legislators
March	2008	EMResource Survey	All hospitals in Kansas connected to EMResource	Online Survey	June 2008 APR
April	2008	2008 Empowered Desktop Follow-up (Top 25 Districts)	Members	Telephone Interviews	June 2008 APR
April	2008	Empowered Desktop Impact Stories	Members	Email	June 2008 APR
April	2008	Potential Member Letter Campaign	Potential Members	Email	June 2008 APR
April	2008	Connectivity and Membership Survey	Connected Members	Documentation and Online Survey	June 2008 APR
May	2008	2008 Kan-ed Sponsored Educational and Research Databases Follow-up	Members	Telephone Interviews	June 2008 APR
Spring	2008	Membership and Membership Branch Verification	Members and Potential Members	Document Analysis	June 2008 APR

Evaluation Snapshot Fiscal Year 2008

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
June	2008	Connected Member Documentation	Connected Members	Documentation	June 2008 APR
June	2008	E-Rate Consultant Services Update	Members	Documentation and summary from previous online survey	June 2008 APR
June	2008	Kan-ed Website Review	OEIE reviewed website	Documentation	June 2008 APR

Evaluation Snapshot Fiscal Year 2007

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
Aug	2006	EMSystem Impact Survey	All Hospitals Connected to EMSystem	Online Survey	September 2006 Status Report
Sept	2006	Connected Kansas Kids Impact Survey	All members who participated in CKK presentations	Online Survey	December 2006 Biannual Report
Oct	2006	Potential Member Survey	Potential Members	Telephone Interviews	December 2006 Biannual Report
Oct	2006	Non-connected Member Preliminary Analysis	Non-connected Members	Data Analysis	December 2006 Biannual Report
Oct	2007	Kan-ed Legislative Oversight Committee	Committee Members	Presentation	December 2006 Biannual Report
Oct	2007	Empowered Desktop Usage Reports	Members Registered on Empowered Desktop	Data Analysis	December 2006 Biannual & March 2007 Status Report
Oct	2006	Interactive Distance Learning Update	KAIDE Members	Email Response	June 2007 APR
Nov	2006	2006 Enhancing Technology Grant Program Status Update	2006 ETGP recipients	Online Survey	December 2006 Biannual Report
Nov	2006	2006 Content & Service Status Update	2006 C&S grant recipients	Telephone Interviews	December 2006 Biannual Report
Dec	2006	Impact Stories	Selected Members	Email/Telephone interviews	December 2006 Biannual Report
Dec	2006	2006 Funding Summary	All 2006 Funding Recipients	Data Analysis	December 2006 Biannual Report
Dec	2006	Kan-ed Annual Report	Stakeholders	Coordination	June 2007 APR
Feb	2007	2006 Enhancing Technology Grant Program Final Report	2006 ETGP Recipients	Telephone Interviews	March 2007 Status Report
Feb	2007	Membership Verification	Members and Potential Members	Document Analysis	March 2007 Status Report

Evaluation Snapshot Fiscal Year 2007

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
Mar	2007	2006 Parity and Supplemental Funding Final Report	2006 Parity and Supplemental Funding Recipients	Telephone Interviews	March 2007 Status Report
Mar	2007	Hospital Initiative Final Report	Hospital Initiative Grant Recipients	Telephone Interviews	March 2007 Status Report
Mar	2007	Higher Education "Connect" Program Final Report	"Connect" Grant Recipients	Telephone Interviews	March 2007 Status Report
Mar	2007	Renovo Scheduler Network Usage Report	Network Usage Scheduled via the Renovo Scheduler	Data Analysis	March 2007 Status Report
April	2007	EMSystem Impact Survey	All Hospitals Connected to EMSystem	Online Survey	June 2007 APR
April	2007	Subsidy Application	Members Eligible for Subsidy	Online Application	June 2007 APR
April	2007	Connected Kansas Kids Impact Survey	All Members who Participated in CKK Presentations June 2006-April 2007	Telephone Interviews	June 2007 APR
May	2007	2006 Content & Service Final Report	2006 C&S grant recipients	Telephone Interviews	June 2007 APR
June	2007	Enhanced Library Meeting Room Final Report	ELMeR grant recipients	Online Survey	June 2007 APR
May	2007	E-Rate Consultant Services	Members Utilizing E-Rate Services	Documentation	June 2007 APR
June	2007	2007 State Network Comparison	Existing State Networks Nationwide	Online Research	June 2007 APR
June	2007	Connected Member Documentation	Connected Members	Documentation	June 2007 APR
June	2007	Empowered Desktop Usage Summary	Members Registered on Empowered Desktop	Data Analysis	June 2007 APR
June	2007	Membership Record Update	Members	Email	June 2007 APR and December 2007

Evaluation Snapshot Fiscal Year 2006

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
Aug	2005	Broadband RFI Final Report and Maps	Kansas Internet Service Providers	Graphic Displays of Data	September 2005 Status Report
Aug	2005	Summary from Regional Meetings	Regional Meeting Attendees	Observation	September 2005 Status and December 2005 Biannual Report
Aug	2005	Higher Education Strategic Connectivity Taskforce (HESCT)	Taskforce Members	Facilitation	May 2006 APR
Sept	2005	Feedback for Development of Membership Survey	Kan-ed Staff, UAC Members, Delegate Assembly Regional Chairs, and Kan-ed Consultants	Online Survey	Not Formally Reported
Sept	2005	2004 Enhancing Technology Grant Program Final Report	2004 ETGP Recipients	Online Survey	December 2005 Biannual Report
Oct	2005	IDL Update	KAIDE Members	Email/Telephone Interviews	December 2005 Biannual Report
Oct	2005	2005 Enhancing Technology Grant Program Project Update	2005 ETGP Recipients	Telephone Interviews	December 2005 Biannual Report
Oct	2005	2005 Content & Service Grant Update	2005 C&S Grant Recipients	Telephone Interviews	December 2005 Biannual Report
Oct	2005	Membership Survey: Access and Usage of Kan-ed Programs and Services	Members	Online Survey	December 2005 Biannual and March 2006 Status Report
Nov	2005	Impact Stories	Selected Members	Email/Telephone Interviews	December 2005 Biannual Report
Dec	2005	2005 Funding Summary	All 2005 funding recipients	Data Analysis	December 2005 Biannual Report
Jan	2006	Professional Organizations Research	Professional Organizations to which Kan-ed members belong	Internet Research	March 2006 Status Report
Jan	2006	Kan-ed Annual Report	Stakeholders	Coordination	May 2006 APR

Evaluation Snapshot Fiscal Year 2006

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
Feb	2006	UAC Self-assessment Survey	UAC members	Online Survey	March 2006 Status Report
Feb	2006	Membership Verification	Members and Potential Members	Document Analysis	March 2006 Status Report
Mar	2006	Membership Record Update	Members	Telephone Calls	May 2006 APR
Mar	2006	Membership Perception Survey	Sample of Members	Telephone Interviews	May 2006 APR
April	2006	Kan-ed Services Evaluation	Representatives of Kan-ed Live, Connected Kansas Kids, and EMSystem	Interviews (Face-to-Face, Marratech)	May 2006 APR
April	2006	2005 Enhancing Technology Grant Program Final Report	2005 ETGP Recipients	Online Survey	May 2006 APR
April	2006	2005 Content & Service Final Report	2005 C&S Grant Recipients	Online Survey	May 2006 APR
April	2006	2006 Subsidy Application	Members Eligible for Subsidy	Online Application	September 2006 Status Report
May	2006	Common Needs Cooperative Survey for Content & Service Workgroup	K-12 Constituent Group	Online Survey	Not Formally Reported
May	2006	Connected Member Documentation	Connected Members	Documentation	May 2006 APR
May	2006	Service Initiation Form Update	Members Completing Service Initiation Forms	Documentation	May 2006 APR
May	2006	Kan-ed Web Presence Updates	Members	Documentation	May 2006 APR
May	2006	FY2006 Funding Summary	All FY2006 Funding Recipients	Data Analysis	May 2006 APR

Evaluation Snapshot Fiscal Year 2006

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
May	2006	E-Rate Consultant Services	Members Utilizing E-Rate services	Documentation	May 2006 APR
May	2006	Utilization of Kan-ed Live Interviews	FY06 Kan-ed Live Host Organizations	Online Survey and Telephone Interviews	September 2006 Status Report
June	2006	Evaluation of 2006 Membership Conference - "Exploring Kan-ed"	Conference Attendees	Observation and Hard Copy Survey	September 2006 Status Report

Evaluation Snapshot Fiscal Year 2005

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
Aug	2004	UAC Technology Survey	UAC members	Hard Copy Survey	Not Formally Reported
Sept	2004	Membership Verification - Hospitals and Libraries	Members and Potential Members	Document Analysis	September 2004 Status Report
Sept	2004	Kan-ed Sponsored Database Survey	All Librarians in Kansas	Online Survey	December 2004 Biannual, March 2005 Status, and May 2005 APR
Sept	2004	Professional Development Needs Survey	Delegate Assembly Members and Kan-ed Members	Online Form	Dec 2004 Biannual
Oct	2004	Analysis of Subsidy program	2003 Subsidy Recipients that Didn't Apply for 2004 Subsidy	Telephone Interviews	December 2004 Biannual and June 2005 APR
Oct	2004	EDUCAUSE Conference Poster Session	Conference Attendees	Poster Presentation	June 2005 APR
Nov	2004	2004 Subsidy Eligibility Analysis	Members	Data Analysis	December 2004 Biannual Report
Nov	2004	Content & Service Presentations at Internet2 Day	2004 Content & Service Grant Recipients	Observation and Documentation	December 2004 Biannual Report
Nov	2004	2004 State Network Comparison	Existing State Networks Nationwide	Online Research	December 2004 Biannual Report
Nov	2004	Membership Verification - K-12 and Higher Education	Members and Potential Members	Document Analysis	December 2004 Biannual Report
Nov	2004	Interactive Distance Learning Interviews	KAIDE members	Face-to-Face Interviews	December 2004 Biannual Report
Nov	2004	2004 Enhancing Technology Grant Program Status Update Interviews (Round I)	Sample of ETGP recipients	Telephone Interviews	December 2004 Biannual Report
Dec	2004	Network Deployment History	Eldon Rightmeier	Face-to-Face Interviews	Not Formally Reported

Evaluation Snapshot Fiscal Year 2005

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
Jan	2005	2004 Enhancing Technology Grant Program Status Update Interviews (Round 2)	2004 ETGP recipients Not Previously Surveyed	Telephone Interviews	March 2005 Status Report
Feb	2005	Vendor Showcase Feedback	Vendor Showcase vendors	Online Survey	March 2005 Status Report
Feb	2005	Vendor Showcase Feedback	Vendor Showcase participants	Online Survey	March 2005 Status Report
Feb	2005	Kan-ed Delegate Assembly	Delegate Assembly members	On-site Documentation	March 2005 Status Report
Feb	2005	2004 Content & Service Awardees Interviews	2004 C&S Grant Recipients	Face-to-Face Interviews	March 2005 Status Report
Feb	2005	Expanded Membership Database	Members and Potential Members	Database Development	March 2005 Status Report
Feb	2005	Connected Member Documentation	Connected Members	Documentation	June 2005 APR
Feb	2005	StateNets Conference Presentation	Conference Attendees	Presentation	June 2005 APR
Mar	2005	Membership Record Update	Members	Telephone Calls	June 2005 APR
Mar	2005	Discovery Day	Higher Education Institutions	Facilitation	June 2005 APR
Mar	2005	Discovery Day Follow-up Survey	Discovery Day Attendees	Online Survey	June 2005 APR
Mar	2005	2005 Subsidy Application	Members eligible for subsidy	Online Application	June 2005 APR
April	2005	Kan-ed Services Evaluation	Representatives of Kan-ed Live, Connected Kansas Kids, and EMSystem	Face-to-Face Interviews	June 2005 APR

Evaluation Snapshot Fiscal Year 2005

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
April	2005	Regional Empowered Desktop Training Follow-up	Training participants	Online Survey and Observation	June 2005 APR
May	2005	Broadband: Request for Information from ISPs	Kansas Internet Service Providers	Online Form	June 2005 APR
May	2005	NCES Distance Education Survey of Superintendents	Kansas Superintendents	Online Survey	June 2005 APR
May	2005	Utilization of Kan-ed Live Interviews	FY05 Kan-ed Live Host Organizations	Telephone Interviews	June 2005 APR
May	2005	EMSystem Impact Interviews	EMSystem Regional Directors	Telephone Interviews	June 2005 APR
May	2005	Service Initiation Form Update	Members Completing Service Initiation Forms	Documentation	June 2005 APR
May	2005	2004 Content & Service Final Report	2004 C&S Grant Recipients	Online Final Report	December 2005 Biannual Report
June	2005	Evaluation of 2005 Membership Conference - "Re-Imagine"	Conference Attendees	Observation and Hard Copy Survey	September 2005 Status Report

Evaluation Snapshot Fiscal Year 2004

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
July	2003	Pilot test Membership Record Update	UAC & Delegate Assembly Members	Online Survey	Not Formally Reported
Oct	2003	Membership Record Update	Members	Online Survey/Telephone Calls	October 2003 Status and December 2003 Biannual Report
Oct	2003	2003 Subsidy Acceptance Survey	Subsidy Recipients	Online Survey	December 2003 Biannual, March 2004 Status, and June 2004 APR
Nov	2003	Kan-ed Membership Database	Members and Potential Members	Database Development	December 2003 Biannual Report
Dec	2003	IP Authentication Survey	Members	Online Survey	December 2003 Biannual Report
Dec	2003	Kansas Technology Leadership Conference	Conference Attendees	Hard Copy Survey	March 2004 Status Report
Jan	2004	Library Consultants Meeting	Regional Library Consultants	Focus Group	March 2004 Status Report
Feb	2004	Kan-ed Network Implementation (Protocol Development)	Technical Workgroup	Documentation	June 2004 APR
Mar	2004	Vendors Showcase Feedback	Vendors & Showcase Attendees	Face-to-Face Interviews	March 2004 Status Report
Mar	2004	Legislative Interviews	Selected State Legislators	Face-to-Face Interviews	March 2004 Status Report
May	2004	Analysis of Subsidy Program	Members who did not Apply for 2003 Subsidy	Telephone Interviews (Docking)	June 2004 APR
May	2004	Non-Member Follow-up	Potential Members	Telephone Interviews (Docking)	June 2004 APR

Evaluation Snapshot Fiscal Year 2004

Month	Year	Name of Data Collection	Audience	Data Collection Method	Kan-ed Report
May	2004	Delegate & Alternate Survey: Effectiveness of Delegate Assembly	Delegate Assembly Members	Online Survey	June 2004 APR
May	2004	2004 Subsidy Application	Members Eligible for Subsidy	Online Application	June 2004 APR
June	2004	Kan-ed Legislative Report (75% Report)	State Legislators	Documentation	June 2004 APR
June	2004	Survey of Industry Invitational Attendees	Industry Invitational Vendor Participants	Online Survey	September 2004 Status Report
June	2004	Delegate & UAC Objective Ranking and Feedback	UAC & Delegate Assembly Members	Focus Group and Online Survey	September 2004 Status Report