

Program Review Action Plan **Draft**
 Student Health Center
 2012

Category	Recommendation	Plan of Action	Target Date
Space & Facilities	<ol style="list-style-type: none"> 1. Space is needed; however, there is virtually no opportunity for expansion. 2. Focus on technology upgrades. 3. Acquire digital x-ray technology. <ol style="list-style-type: none"> 1. The services need a private restroom for patients. The NP could also use an office to ensure more privacy and confidentiality over her work. 	<p style="text-align: center;"><u>Ogden Campus:</u></p> <ol style="list-style-type: none"> 1. Look for expanded space opportunities in the future 2. Acquisition of digital EKG and spirometry equipment, which will interface with the current electronic medical records system due to aging equipment. 3. Acquisition of digital x-ray equipment <p style="text-align: center;"><u>Davis Campus:</u></p> <ol style="list-style-type: none"> 1. Additional space is “projected” for the clinic which may be sufficient to accommodate both of these requests. This possibility would include the disabilities space at the Davis Campus. 	<ol style="list-style-type: none"> 1. SAMC will be consulted as additional space becomes available. 2. Equipment has been identified, vendors being identified, funds available, completion projected <u>by September 2012.</u> 3. Denise is working with potential donors to secure such equipment. <ol style="list-style-type: none"> 1. This project is in process and discussion from SAMC will be necessary when the space conversations occur at Davis.

<p>Leadership and Organizational Structure</p>	<p>1. Discontinue the dual reporting structure.</p> <p>2. Revise the job descriptions of both the clinical and medical directors. Specific details of how this can be approached are detailed in the recommendations.</p>	<p>1. Adjustments to reporting structure for clinic personnel should be coordinated with both directors, Dean of Students, and SAMC</p> <p>2. Review, make revisions as appropriate to job descriptions to reflect Program Review Recommendations. Initial reviews/proposed changes to be made by each director, then reviewed and finalized with Dean of Students, (current supervisor) and SAMC if necessary. Also reviewed, approved by HR.</p>	<p>1. This is a SAMC level decision; however, information has been shared with the DOS in regards to feedback from individual staff.</p> <p>2. Position descriptions can be drafted; <u>by December 2012</u>; however, final determination of changes is a SAMC level decision.</p>
	<p>Conduct a facilitated retreat to discuss mission in terms of care for the student population, organizational core values, personal and professional expectations of the work group, and collective strategic initiatives that will build the team.</p>	<p>After decisions are made regarding leadership/structure/organization, a facilitated workshop/retreat to discuss mission, who we serve, core values, collective strategic initiatives should be conducted <u>facilitated</u> by the <u>Student Affairs Assessment Coordinator</u> Dean of Students with Health Center staff.</p>	<p>Academic Year 2012-2013 <u>(Date to be determined by availability of Assessment Coordinator.)</u></p>
	<p>Reconsider the amount of admin time.</p>	<p>Redefine frequency of “admin time/staff meetings/in-service trainings, guest speakers.</p>	<p>Fall Semester 2012 <u>Begin discussions on this</u></p>

		Define responsibilities related to Continuing Education.	<u>project beginning of Fall Semester during staff meetings with decisions being made/implemented before end of Fall Semester 2012.)</u>
	A long-term strategic plan should be developed by the Health Center.	Define, clarify, "Leadership" of clinic, work towards a 5 yr. strategic plan for the clinic by working with the Dean of Students and Vice President of Student Affairs.	Define "Leadership" by <u>end of Fall Semester</u> of 2012 and begin work on 5 yr. strategic plan for 2012-2013 in the 6 column model.
	Regarding data integrity, agreement needs to be reached on what elements to count and that all data is purposefully entered into the practice management software.	*With staff, "discuss what data measures they need to evaluate organizational performance and make sure that those data elements are captured in their practice management software system." *Enhance available data by increasing Banner information being fed to the electronic medical records system. Requires help of Student Affairs IT staff with support from Dean of Students and Vice President of Student Affairs.	Initiate in Fall of 2012 Meetings to gather the appropriate <u>Banner</u> data have been <u>held and Student Affairs IT is moving this request forward to appropriate university IT resources.</u>
	A set of specific, repeatable reports should be identified within the system and used.	Work with all staff to ensure that the system is used to provide standardized reports useful to staff in providing services and in future strategic planning.	Academic Year 2012-2013
	Assess performance on an annual basis.	In addition to annual preps and in accordance with risk management procedures the following should be	Academic year 2012-2013, <u>beginning Fall Semester do chart audits on all clinic staff.</u>

		<p>reviewed each semester based on standard medical practices: chart audits for providers, review of nursing notes, entries (consult with what CPSC has done for guidance so that processes can be mirrored within the institution; provider chart audits to be done can be conducted by other college health “peers”)</p> <p>Overall approach can be discussed in a meeting with the Dean of Students; cost of bringing in a third party consultant will need to be considered; however, peers at institutions within the state may be willing to assist at a minimal cost.</p>	<p><u>Audit reports/findings to be discussed with staff, Dean of Students and other administrators as appropriate.</u></p>
Utilization and Staffing	Compared to the benchmarks provided, there is a deficit in staffing at the SHC in Ogden.	<p>*if use 1 exam room for each provider, provider could be limited to using 1 exam room only</p> <p>*currently using student employee at front desk during busy hours seems to be working.</p> <p>* look at the Davis space by investigating the time of usage and hours of classes and the possibility of changing the hours to evening operating hours as that’s when most students take classes on that campus .</p>	<p>Discuss staffing and space with SAMC in spring of 2013</p> <p><u>Review available, new and current data, regarding class schedules and student requests for this change with suggested changes in place by Fall 2013-2014 academic year.</u></p>
	An alternative might be to have the Davis campus NP work on the Ogden campus.	<p>*Davis NP is also FT Ogden Campus Nursing faculty</p> <p>* will be explored based on faculty status, teaching load, and “meshing” availability with clinic hour needs.</p> <p>*final approval for recommended changes</p>	<p>During Academic year 2012-2013, <u>explore options for expanded provider hours on Ogden Campus via reallocation of Davis Campus NP hours and possible addition</u></p>

		finalized by Dean of Students and VP Student Affairs	<u>of another part-time hourly NP at Davis.</u>
	Investigate adding rotating specialist physicians from the community.	*explore this possibility based on space and community interest while working with administration and university legal to identify and meet policy and legal parameters for offering this service. Providing space for these providers will also be an issue to contend with. May need to look at alternative possibilities to having specialist physicians available to students, <u>ie., have students seen at off campus provider's offices.</u>	Explore possibilities beginning academic year 2013
	Replace EKG unit.	*product identified with EMR interface capabilities *order placed through purchasing office *interface with EMR (PNC) initial and annual charges identified *once equipment received/installed, activation through the EMR system (PNC) will occur.	<u>Completion by end of Summer Semester 2012</u>
Who is using the Health Center?	The Health Center must get demographic information on patients.	*enhance patient demographic information by increasing patient (student) data provided to the electronic medical record (EMR) *work with Student Affairs IT team and university IT to identify needed information and increase transfer of Banner information relating to patient (student) demographics	<u>Complete Banner download process by the end of fall semester 2012.</u>
	The Health Center should use the demographic information to drive decisions.	Utilize demographic data to explore services specific to ethnic populations, ages of students and identifying health issues for specific categories of students. Attempt to deal with "disparities in	Academic year 2013-2014

		health care” where they are identified. Utilize data gathered through the help of the Student Affairs Assessment coordinator and identification of best survey methods and tools.	
Scope of Services	An increase in the scope of care is warranted if it can be done on a cost-effective basis and is more economical than students can obtain on their own in the local community.	*increases in services including “more extensive lab” need to be evaluated based on cost of equipment and tests, numbers of each category of test performed, costs associated with proficiency testing and quality control	<i>Evaluate</i> during academic year 2012-2013 to determine cost effectiveness
	“Having specialists from the community rotate through the service with discount pricing.....”	*compare feasibility of in clinic services to agreements with off campus community specialists to provide decreased cost of services at their offices (may be legal issues in using only specific external providers – private sector competition) *work with university legal to determine correctness for this process *need to have support of Dean of Students and Vice President of Student Affairs to proceed with this process	<i>Review of possibilities during academic year 2013 with recommendation in place for academic year 2013-2014.</i>
Walk-in v/s Appointments	Evaluate provider schedule and support staffing to prevent over-selling of patient access.	*evaluate the possibility of “shoring up the provider schedule and support staff” *determine level of resources and space available to accommodate this request *actions on these items will require support from the Dean of Students and the Vice President of Student Affairs.	Evaluate in 2012-2013 for possible actions by Academic Year 2013-2014
	Since a prepaid fee is assessed to students, they should have more access to care than the more	*continue education for students through marketing, and communications processes to teach them when/how to use health	Evaluate in 2012-2013 Academic Year with implementations of changes

	traditional fees-for-service alternative.	<p>services</p> <ul style="list-style-type: none"> *Encourage faculty to incorporate a piece about the Health Center in the syllabi. Revisit classes such as FYE to get information out to student as well as share information in university housing. *Investigate the use of social media to promote events with monthly health topics. *Evaluate possibility of 1-2 presentations, panel discussions of health topics. 	for 2013-2014 Academic year.
	Discontinue posting of sign saying that no more appointments will be accepted that day.	*evaluation of current practices to determine a correct balance between available services and student expectations	<u>Discontinue practice of putting up signs beginning Fall 2012</u>
	Implement the usage of the online appointment system.	<ul style="list-style-type: none"> *evaluate appointment system, compare to student expectations for walk-in visits and explore solutions *evaluate/assess current patient “load” status, determine current numbers of appointments and explore solutions 	<p>Evaluate feasibility in 2012-2013</p> <p><u>Academic Year for possible implementation in 2013-14 dependent upon readiness.</u></p>
	Staff lunch times should be evaluated for best customer care	*revisit current clinic practices relating lunch time coverage, determine if “staggering” lunch breaks provides any consistency to help alleviate waiting room congestion	<u>Evaluate in 2012-2013 Academic Year implementing changes as identified in process.</u>
	“The EMR system should be used to its fullest potential.	<ul style="list-style-type: none"> *assess staff understanding and use of the EMR patient care programs to assure data is being regularly and accurately entered. *provide further training as needed/identified *recognize EMR system has capability to do on-line appointments, may not be ready at this time to utilize *investigate purchasing the PNC interface 	<u>Evaluate in 2012-2013 Academic Year including further staff training with system and identification of standard reports to be used.</u>

		between the pharmacy and exam room computers.	
Quality Assessment Measures	All SHC staff should be given economic opportunity and encouraged to attend regional and national conferences.	*continue to remind staff of availability of continuing education resources and encourage them to identify opportunities in their field which could include purchasing membership in one professional organization.	<u>Fall Semester 2012 identify/implement policy for staff continuing education resources.</u>
	Satisfaction surveys should include non-users.	*health center surveys should also be asking questions regarding appts v/s walk ins, satisfaction, usage, of students who are not users of the service *plans are underway to incorporate administration of the annual satisfaction survey to "non users" through Student Voice and help of Student Affairs Assessment Coordinator	<u>During Academic Year 2012-2013 continue with user/non-user satisfaction surveys developed in coordination with the Student Affairs Assessment Coordinator which will be administered students from both Ogden and Davis campus.</u>
	The SHC should consider testing its readiness to be an accredited organization.	*this can be revisited after the Program Review has been completed.	<u>Explore this as an option for academic year 2013-2014 by reviewing accreditation requirements and evaluating SHC readiness to proceed with</u>

			<u><i>the process during spring semester 2013.</i></u>
Financial	<p>“The practice of billing third-party payers is dependent on several factors.</p> <p><i>“if</i> there is no significant pressure to limit increases on the student fees (health service portion), then the added expense to begin third-party billing doesn’t seem cost-effective.”</p>	<p>*insurance billing options need to be evaluated based on expectations of institution, numbers of students who are under or uninsured, other revenue sources</p>	<p><u><i>Billing insurance is not a viable alternative at this time. This can be revisited in the future if the administration sees it as necessary.</i></u></p>
	<p>In spite of the aversion to revenue generation, it was identified that there are several possibilities.</p>	<p>*sources of potential revenue should be evaluated based on actual revenue generated from source after expenses, impact on students without insurance. Suggestions from the review team include increasing prices, billing insurance, charging more for external services.</p>	<p><u><i>During Fall Semester 2012, review current charges for any item/service the SHC currently charges for and make adjustments as appropriate to attempt to generate additional revenue.</i></u></p>
Students, Marketing, and Communications	<p>The SHC should supplement its staffing pattern and seek out additional ways to ‘market’ its presence.</p>	<p>*assess possibilities of supplementing staffing based on funding and available clinic space</p> <p>*provide patient educational offerings about insurance, healthy lifestyle habits, to help them utilize services to the fullest</p> <p>*educate faculty more fully about the health center and its offerings for students</p> <p>*continue to work with faculty to educate them about the health center and its functions</p>	<p>Fall Semester 2012</p>
	<p>The Health Center should create an advisory committee comprised of</p>	<p>*consult with other university health centers with currently operational advisory</p>	<p><u><i>Implement Fall Semester 2013</i></u></p>

	Health Center staff, other Student Affairs staff, Faculty, and students	committees to determine mission, organization, composition, functions, goals to determine if this would be functional at WSU	
Immunization Requirements	<p>ACHA recommends an enforced immunizations requirement including TB screening for all students, including those that are International.</p> <p>WSU should at least consider the requirement for international students, but it would be more equitable to screen domestic students as well since there are higher risk populations for this group as well.</p>	*revisit what the university has in place regarding immunizations for any, all attending populations for potential changes to the process/procedure	<u>Work with stakeholders beginning in 2013 academic year to discuss current university/department policies.</u>
Student Insurance	It is recommended that WSU create a Student Health Insurance Office to manage the federal health insurance requirements for international students with support from the International Students and Scholars Center.	<p>*For universities in the state of Utah, WSU included, this has been an on-going issue.</p> <p>The health center would be supportive of discussions regarding this issue with Dean of Students, Director of International Students Office and the Vice President of Student Affairs to determine future plans.</p>	<u>Hold an initial meeting to discuss these plans during Fall 2013.</u>
	WSU should explore requiring health insurance as a condition of enrollment.	This is an upper level administration decision as requiring insurance could be seen as an impediment to enrollment at an open enrollment institution.	