

Student Health Center and Wellness Program
Site Review Team Report
Site Review November 15 & 16, 2018

Site Review Team Members

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Coordinators and stakeholders that met with the review team

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Summary of overall strengths and areas of improvement:

SHC and SW staff understand and perform their roles with professionalism and compassion. They care about their work, the students they serve, and each other. Staff support each other and many are willing to go above and beyond their roles to help each other during busy times. They show genuine concern for each other on the job (health challenges, family concerns, educational plans, burnout, etc.).

SW staff stretch to manage multiple important priorities for the department and the division. They pay particular attention to legal compliance and mandates. ASAP appears to be very helpful for students and the university. SW provides a necessary connection to campus and seeks collaboration and feedback from others.

The SHC has a long history of financial responsibility. They provide free or low cost services to students. This certainly continues to be a strength, though students do not always understand, value, and access services. Existing SA technology and marketing staff continue to support change in the departments. The new leadership model seems to be working well and everyone is open to change. Staff of the SHC have been working the best they can with the space and

funding for a long time. Medical providers work well together and support staff are passionate and have great ideas for the future of the department.

Summary of challenges

SHC is staffed by devoted individuals who are doing the best they can with significant limitations including a cramped, dark, small clinic located in an out of the way place without any external signage guiding folks to the services; hampered by a budget with limited internal possibilities of increasing funding; working without clear consensus across campus about what services are essential to support the students at WSU; faced with an ever increasing need for mental health services; working with a diverse student population requiring ever diverse needs such as transgender care.

The current status of the clinic is tenuous. Continuing the SHC operations in its current form without any substantive changes is likely not viable in the long run due to limitations in personnel, space, and finances.

The clinic is so limited in number of personnel that the absence of one provider or one or two clinical staff severely impacts the ability of the clinic to provide clinical services.

The physical office space is small and not designed for efficient use which limits possibilities for increasing number of patient visits in the current layout.

The financial status of the clinic is so constrained that there are not many options to improve the clinical space and/or increase the provider numbers in order to expand services to students.

Just yearly salary increases will cause the budget to be in the red.

Without some expansion of services, the role and function of SHC will continue to be limited.

The upcoming changes in personnel within the clinical operations provide a unique opportunity for WSU administration to review the purpose, objectives, and future direction of SHC on campus.

Critical decisions about the role of the medical director need to be made by end of January 2019 in order for the recruitment of a new medical director to be completed by early Summer 2019.

WSU is at a crossroads with regard to SHC and its future.

SHC can continue to function in its current setting and within the limitations of space and financing. It can continue to be a small operation serving a limited number of students. This seems less than ideal and not an optimal outcome.

SHC could be a larger operation with a more vital impact on the student body; however, this would require investment of more resources – both financial, personnel, and physical space.

In the end, this is an excellent opportunity for WSU administration to review the basic questions about SHC and its place on campus.

What is it that WSU wishes to have the SHC do?

What are the objectives for having a SHC on campus?

What unique opportunities can be developed to better support students through SHC services on campus?

Findings and Recommendations:

Management Structure and decision making processes for day to day operations of SHC

With the staff changes that will be occurring in the near future, decisions need to be made about the assignment of specific tasks related to SHC management.

When WSU seeks a new medical director, what are the specific tasks of the position that the new director will need to perform?

Some of this will depend on the skills and talents of the medical director

These specific tasks need to be clearly delineated prior to a search for the new director

Range of job responsibilities for medical director: This is for administration at WSU to decide:

- Provides medical care only – hired to see patients, nothing more
- Oversees other provider care
- Makes decisions about care services available
- Makes decisions about pricing of medical care and ancillary services
- Manages budget of all operations
- Responsible for supervision, hiring, firing of all clinic personnel
- Builds liaisons with other departments on campus, e.g. nursing, radiology
- Builds liaisons with off campus groups, e.g. health department, Family Medicine residency
- Part of higher level administrative team setting needs, goals and objectives of department

Wellness operations oversight

- Oversees wellness activities
- Manages and develops wellness activities
- Hires and fires wellness staff

Basic questions

- How to structure the medical director and executive director functions to most efficiently utilize the skills of both individuals?
- How to maximally use medical director to do both admin and patient care and be cost efficient?

Recommendations:

- The medical director needs to be in charge of the specific operations of the clinic that require the specialized knowledge of medicine.
- The budgets and cost decisions within clinic could be co-managed by the executive director and the medical director.
- Wellness center finances, staffing, goals and objectives could be co-managed
- The executive director performs the tasks in seeking finances, liaison work with other departments, building relationships with local entities that might have a stake in the provision of medical care, investigating relationships with other medical providers in Ogden, seeking new revenue streams such as grants and increased student fees

If it is decided the medical director takes on all duties noted above in “Range of job responsibilities”, then we question the need for and efficiency of the multiple layers of oversight i.e. Executive director, then dean of students, then VP SA.

On many campuses with a medical director who also oversees all operations of the clinic, the medical director directly reports to VP SA

Reason for SHC to exist and be funded:

In schools with large residential populations, providing a trusted location for students to easily access student oriented high quality medical care is essential as those students do not have relationships with providers in the community.

With a small residential population such as at WSU, the reason for the existence of SHC on campus is not so easy to define. This needs to be defined so that services, staffing, and physical work space can be tailored to meet the need.

What are the goals of the SHC? Whom does the SHC seek to serve?

This is for administration at WSU to decide, this is a list of some possible goals:

- Providing medical care to all students
- Providing a wide range of medical care
- Providing limited medical care for student specific issues – STI, mental health, adjustment to new life,
- Making care affordable for students
- Providing care to the students without other opportunities to access medical care due to financial limitations
- Focusing on the marginal students who need support to stay in school
- Providing urgent care services so students can stay on campus and not miss classes
- Providing care to the residential population primarily
- Providing mental health services in conjunction with on campus counseling services

How to measure success? How will administration know the SHC is achieving success?

This is for administration at WSU to decide, a list of some possible measures:

- By the total number of clinic visits
- By the number of unique students seen
- By the quality of care
- By demonstrating student retention
- By being cost effective, e.g. the highest number of students seen for the least cost
- By running operations without financial losses

Recommendations:

- Residential students are a priority, providing services to them and supporting housing personnel in dealing with difficulties is important
- Maintain clinical services for all students to use as convenience and their needs dictate
- Investigate and consider opportunities noted in sections below

SHC clinical operations

The current situation with 3 exam rooms, small clinic, irregular hours, irregular times when a provider is available due to walk in rather than appointments, one full time provider and one provider who is there less frequently leads to low patient volumes and limitation of available patient services. With current staffing, the absence of one provider or one or two other staff members severely impacts the ability of the clinic to function

The physical clinical space

The problems are already known to everyone. There are likely no easy or immediate solutions. These issues will be reiterated for clarity

SHC location is problematic

- Difficult to find the office even if one is specifically looking for it
- Small hallway
- No outside signage
- Away from main traffic areas on campus

SHC facility physical internal structure is very problematic

- 3 exam rooms makes it difficult to efficiently see patients by two providers
2 rooms/provider is minimum required for efficiency
- Lighting is dim, seemed wrong color spectrum for bright cheery working environment
Investigate other lights, color spectrum, and locations to improve atmosphere
- Entrance Doorway is intimidating, covered with notices, closed, can't see into office
 - i. Remove all the notices saying what is not available
 - ii. Maybe keep door open during business hours
 - iii. Glass door so can see through
 - iv. Frosting on glass that is decorative and comes only partway up the windows
 1. Another office we reviewed had these, looked good
 - v. Find some way to feel like one is welcomed to come in during business hours
- No breakroom for staff to relax, get away, etc. people are eating lunch at work desk
Maybe have MD office redesigned into break room
MD office smaller in another location
- Need external windows, for staff to have some daylight exposure
Can external walls be modified?
Emergency exit doors changed to glass doors
- Back room of radiology, where film processor was located could be used for other purposes in a redesign of space
- If X Ray machine moved to another location, that whole space becomes available for clinical use
- Lab area is too large for the needs of the lab
Only need area for centrifuge, microscope, space to perform CLIA waived tests
Potential space for offices, storage

- Remove shelves and tracking from back area of the reception area
Redesign for best work flow
- Redesign corner of the intake area – post that obstructs view of door from reception desk
 - i. Is the corner post a structural beam, can it be removed?
 - ii. There is no need for the slider metal doors any longer as there are no paper charts
 - iii. There is need for privacy in that office, for phone calls, appointments being made this will require some sort of closable glass window or the like
- Use the long thin room across from the entrance to the reception area for MA(s) office

Recommendation

- Make at least one more exam room so 2 providers full time can be working at full capacity at the same time
- Redesign internal spaces to make the clinic more usable as long term relocation or partnering solutions are investigated.
- Redesign entry area and reception area

Hours of Operation

Strongly recommend:

- Open at all times the rest of the university is open
 - i. all breaks between semesters
 - ii. same hours as rest of university
- this is needed to have continuity of care and to have known and stable hours for student visits

Appointment Management

This is already well recognized. Moving to an appointment based system with flexibility to allow 'same day' visits and some urgent walk ins is critical to the success of the clinic

Student Wellness

The Wellness program is managed by a dynamic individual who has made substantial contributions to Wellness awareness at WSU. She has skills and energy to drive program development and to promote Wellness awareness and SHC services.

The ASAP programmatic management requires substantial percentage of her time. This is a University wide commitment for federally mandated supervision of individuals who have entered the program as well as the mandated reporting.

The portion of this position that is serving the federally mandated services should be paid from administration budgets

Another individual is needed in order to further expand the services, outreach, and marketing for Wellness services and SHC services

SW and SHC under the same oversight and budget affords benefits

- Opportunities for referrals between organizations
- SW as the marketing and outreach face of SHC
- Allows SHC to focus on patient care while SW helps with evidence based outreach
- Collaborative care and wellness interactions

SW location problematic

- Long distance from affiliated programs, i.e. SHC
- Not in a visible place
- Some students want no part of being in rec facility and are put off by SW being in the rec center.
- Difficult to coordinate with SHC because of the physical distance

Opportunities

- Relocate SW services into a more visible and accessible space(s)
- Relocate to location closer to SHC
- Hire another health education/outreach individual for the program
- Shift funding for the federally mandated portion of the work to WSU administrative budgets
- Investigate combined programs for faculty, staff, and student wellness that might afford economy of scale and eliminate service duplication

Utilization of SHC by students:

WSU supplies SHC visits to about 13% of its student population in a year. This is low.

Where are the students going for care?

- Patients being sent to other places as it is less expensive
 - a. Health department
 - b. Planned parenthood
- Patients being sent out for
 - a. transgender care
 - b. ADD meds
 - c. Any controlled substance
 - d. Pap smears
 - e. Contraception
- Many likely have established relationships with local providers already and don't need SHC

Challenges

- If advertise or expand services, will get more patients with limited increased revenue generation
- Serving more students means increasing costs of operations without a change in funding resources
- not enough space in the clinic or staffing to handle the increased patient volume
- Several constituents expressed that the lack of diversity in SHC personnel limits comfort of students of diversity.

Opportunity

- To set goals for services as noted above
- To modify clinical space to allow for more patient visits

Davis campus SHC

With many challenges and opportunities at Ogden campus, there is a need to rebuild Ogden campus SHC services before investing resources in services at Davis campus

What to do with the Davis physical space?

Two options, seems like choice depends on financial cost to SHC to maintain current space

- Hold on to space for now.
 - a. See what happens as campus grows.
 - b. Utilize space if scheduling in PNC allows efficient use of provider time in Davis.
 - c. Is there some programming that could be done in conjunction with NUAMES School nurse?
- Give up space, await relocation in a student services building if one is built in the future
-

Changes that might help improve utilization and financial stability of SHC

With the caution that the current staffing and physical space will not allow much expansion as it is now

Outside advertising

- Banner on external wall south side noting entrance brings one into the health center
- On entry to the hall from the atrium area, signage like as was done at Davis
- Something to let people who walk by know the health center is there
- Hanging sign in hallway with name of Health Center

PNC changes and upgrades and maintenance

A fully functional, stable PNC platform needs to be established and maintained so as to provide the full suite of PNC capabilities and to have as minimal downtime as possible
This is critical to the future success of SHC

Unfortunately, these changes won't happen until late in Spring semester, but the changes will make a big difference in operations

- iPad check in
- open communicator with portal features allows students and staff to communicate more efficiently
- scheduling of appointments will solve many issues
- Consider doing scheduled appointments with "same day" slots saved for urgent visits
- Can still see urgent patients as a walk in

PNC operations

Employee time is required to maintain and manage the day to day activities and interactions with PNC. This cost and staffing needs to be included in the budgets. The data management committee chair, Dan Hayward, will be leaving this Spring.

There must be some division of employee responsibilities for PNC operations
Whom to have with knowledge of PNC operations and maintenance of systems?

- Who will fix problems as they arise
- Who will run reports for QA, patient numbers
- Who will set up system and modify as needed for appointments same day, blocking time
- Is there a continued need for 'data management committee and chair'?

Recommend

- formal training and assigned responsibility for PNC operations to specific employees
- include these employee costs in budgets and cost analyses
- Utilize Dan to train others prior to his departure
- Visit another campus that is fully utilizing PNC to learn about PNC applications in a clinic
- Decide how to structure the data management committee or similar group in SHC

Revenue generation

Charging for items

There are a number of items that are being done at no charge to students, yet these items cost money to SHC. It would be possible to recoup some of these costs.

- Flu shots at least the cost of the shot, maybe add \$5
 - could provide these to faculty and staff, and could bill insurance,
 - Most insurances pay \$30 for the vaccine that costs \$12
- TB tests \$10
- Basic labs within clinic e.g. strep, mono, pregnancy, UA, Wet prep, KOH
- Rapid HIV tests would be a benefit to have
 - Health department collaboration?
- Find a way to have in house STI testing cost affordable rather than sending patient to health department
 - Collaboration with outside lab? Health Department?
- Investigate all other in house services and possible charges for those services

Change other service parameters

Is there another mode of operations that may be more efficient or raise more revenue?

- Partnering with local care provider, e.g. IHC, Tanner Clinic, Ogden regional, FP residency

Does one of these entities want to have an on campus presence i.e. a building or office for SHC and faculty/staff to receive care?

- Having faculty of health professions programs staff current SHC clinic
 - Benefit – faculty maintain skills
 - Detriment – part time positions fractionate care and lose the continuity of care for patient comfort, staff morale, and quality of care
- Consideration of provision of acute care services to faculty and staff to have a financial revenue stream for SHC. (the problem is the severe limitation of the clinic size which does not allow for significantly increased numbers of patient visits)

WSU administration financial support

- Wellness coordinator time spent on federally mandated programs should be paid by administration budgets as this work is serving WSU as a whole
- Higher level administration to seek out other funding such as
 - a. grants,
 - b. programs developed and supported in conjunction with other local or regional health care entities, such as Ogden Regional, IHC, Health Department
- Temporarily financially support SHC and SW services now in order to make needed changes immediately, then decrease this support as other students fees, grants, etc. become available
- Support increased student fees for SHC

Random issues

Confidentiality of information shared with providers during medical visits is critical in order to have meaningful provider/patient interactions.

CLERY reporting needs to be changed at WSU

Currently, CLERY is listed as an exception in intake privacy agreements, that is, if the student reveals a CLERY reportable event to the provider, that provider must report it to WSU CLERY authorities with protected health information included.

SHC MUST NOT be CLERY reporting in order to protect student privacy and to protect the provider/patient confidentiality essential to medical care and the psychological counseling that occurs during medical care visits.

Better options are

1. designate SHC as NON CSA (campus security authority)
2. SHC provider advises the student to report to CLERY authority on campus
3. At most, report aggregate data only. The dilemma is then there is no way to evaluate if one event is being reported twice

While there is some disagreement in the interpretation of CLERY as it applies to SHC, there is enough published opinion and standard of care at other universities to reassure WSU that denoting SHC as NOT a CSA (campus security authority) is reasonable.

References:

From the 'white house task force to protect students from sexual assault, April 2014' page 5

Non-professional counselors or advocates

➤ Individuals who are not professional or pastoral counselors, but work or volunteer in on-campus sexual assault centers, victim advocacy offices, women's centers, or health centers, including front desk staff and students, and provide assistance to students who experience sexual violence, should report aggregate data, but are not required to report, without the student's consent, incidents of sexual violence to the school in a way that identifies the student.

University of California Office of the President. On this webpage, lower right corner, "clery act campus security officer training", click on link, see slide 15

<https://www.ucop.edu/ethics-compliance-audit-services/compliance/clery-act/index.html>

FERPA

In current FERPA rules, a student record in the SHC is called "medical record" and cannot be released to parents or any WSU administrative personnel.

Once anyone other than a medical provider sees any part of the record, (e.g. a student looks at their lab results), the "medical record" now becomes an "educational record" which allows individuals with a legitimate claim of a 'need to know' to access to the record.

This then opens the SHC to claims from parents or WSU administrative that they have a right to see the information in the student 'educational' record.

In order to close this loophole, universities may, at the university level, have more restrictive rules in place

Recommend an internal WSU policy that states something like

"medical records that are deemed FERPA education records will not be released to parents or WSU non-SHC personnel without the written, or SHC staff documented verbal permission, of the student" with the other exceptions as already noted in the policy, which includes immediate harm to self or others, etc.

Campus wide vaccine policy

The potential impact on SHC of a campus wide vaccine policy needs to be thoroughly evaluated. VP SA needs to analyze SHC vaccine policy responsibilities and to be protective of SHC staffing and budgets as they would be heavily impacted by a vaccine policy.

From the discussions, it seems that higher administration is looking at developing a required vaccine policy for matriculating students at WSU.

It was not clear if there are medical professionals involved in this discussion

It was not clear if there is discussion of the cost to WSU to institute a policy

This is a very complicated area and requires substantial thought and care before instituting a new policy. This is something that must include medical professionals with meaningful and substantial knowledge about the costs of a policy and the impact of the policy not only on health of the campus but also on the financial costs to the university and the SHC.

Campus vaccine policies sound like something simple that will safeguard students, faculty, and staff as well as insulate the university from negative legal outcomes in the case of an outbreak of a vaccine preventable disease. What seems an obvious conclusion, is not so obvious when one looks at the details of individual diseases, risks of diseases, and cost of the enforcement of the policy to students and to the university.

There are several difficulties with a campus vaccine policy if it includes required vaccines that will be monitored and enforced prior to matriculation

- 1) Which department will have the staffing and resources to monitor the enforcement?
This commonly falls to SHC to perform these duties which are very time consuming and costly in terms of employees. For example, Univ of Wisconsin has a full time employee whose job it is to review and enter data
- 2) The return on investment for additional vaccines in the general student population is low. The improvement in health outcomes is quite low compared to the cost of additional vaccines. But the cost of the vaccines is borne by the student, not a cost to WSU, so this may not be a concern to administration
- 3) One higher risk population is residential students. The ROI is better, especially meningitis ACYW135 vaccine
- 4) TB screening of students from high risk countries or high risk environments may be worthwhile as TB cases are more likely to occur on campus than are measles, mumps, or meningitis.

Chart Reviews for Providers

Peer chart reviews are part of standard operating procedures at medical clinics. Peer chart reviews are specifically not discoverable in legal cases as long as that chart review is clearly identified as Peer Review. There likely are specific regulations in Utah with regard to how those records are stored and handled to assure they are not discoverable.

Usually a specific number of charts are reviewed periodically, for example 30 random charts twice yearly. Forms such as the one borrowed from a website and attached in the files with this document can be helpful as a template for the review.

In addition, it can be helpful to providers to identify specific charts for an outside review for consultation.

There are several ways to accomplish both forms of chart reviews:

- 1) Internal chart review wherein providers review each other's charts and give feedback to each other.
 - a. This is difficult when there are only 2 providers on staff as disagreements are difficult to manage and settle. The providers are working colleagues and peers and frank reviews may cause conflict.
 - b. This can be valuable for internal quality control, that is providers can discuss how specific diseases will be managed and come to consensus about these evaluation and management issues
- 2) Outside chart reviews
 - a. Hire a local respected clinician to come to clinic to do chart reviews
 - b. Hire a respected clinician and allow access to PNC remotely for reviews
- 3) Provider requested reviews of charts and cases that are difficult or problematic
 - a. Hire a local respected clinician
 - b. Hire a respected clinician who can do remote chart access and review

Pharmacy audits should be done intermittently to assure proper record keeping, financial records are accurate, and Utah Pharmacy regulations are being followed.

As there is only one pharmacist, this should be done by an outside consultant

Emotional support animals

ESA is meant for individuals with a defined disability which impairs the individual's ability to function in a specific arena of normal activities AND for which the ESA will perform a specific function to compensate for the disability AND allow the individual to function in that specific arena.

ESA are a conflict for the provider. All providers want to support the patient, now the patient is asking for something from the provider. The decision to grant an ESA to a patient involves a determination of disability, this is not something providers have training in or are good at.

There are consequences for the rest of the university, campus housing, airlines, other buildings on campus from an ESA designation from the SHC

Recommend

- a policy that says SHC does not write notes for ESA
- Only service animals allowed in clinic

Marketing

Summer would be a good start time for intensive marketing

But must have operations fully functional in case of large increases in patients

Outside building labeling/advertising

Postcards to all new student home addresses advertising services

ADA

Providers are currently writing notes that specify accommodations. The ADA has been told that they are not to override or modify an accommodation received from or written by any other WSU person or department. This in itself is a problematic policy, as the ADA office needs to have authority over ADA decisions on campus. That is for WSU administration to sort out for the campus as a whole.

Recommendation for SHC

- NEED to have Provider training on writing diagnoses and limitations from diagnoses
- Leave it to ADA to make disability determinations and accommodations

Program Review Template

Unit Mission, Goals, and Outcomes

Strengths

- Stated mission, goals, and outcomes are appropriate and all team members seem to understand and work together to accomplish these items. The team has historically met student needs despite limited staff.

Challenges

- Measureable objectives don't seem to exist related to the goals
- No formal chart reviews or oversight related to department goal for high professional quality of service
- Diverse student population access is needed including minority students and transgender care
- Measuring service effect on student retention and success is difficult
- Satisfaction surveys do not reach all students, particularly those who do not or cannot use services.

Opportunities

SHC and SW can better address Access, Learning, and Community through improved assessment of services and outreach to underrepresented populations. They can also continue to improve upon existing and create new partnerships on campus and in the local community to serve "as a leader for the region" in student health and wellness (as stated in the WSU Mission and Core Themes). SHC and SW leadership might consider developing a strategic plan for improving their presence and showcasing their expertise in student learning and practical applications in health and wellness.

Specific, measurable objectives might also focus on strengthening the relationship between SHC and SW and improving specific referrals or joint appointments for wellness coaching. This

could focus on specific learning outcomes for student patients and better sharing of outreach and individualized education to students.

- Create measurable objectives, action steps, indicators that can be appropriately assessed
- Review report from previous graduate student (Teresa Martinez) to reach out to diverse student needs
- Rebranding of center to tell students more about holistic services of SHC and SW.

Programs and Services

Strengths

- SHC and SW provide quality and professional services consistent with mission and goals
- Students utilizing services report high satisfaction.
- SW identifies evidence-based programs and best practices
- Campus partners feel supported by the SHC and SW, particularly CPSC and LGBT Center
- SW uses student survey data to identify benchmarks/priorities and responds to student and staff needs on campus
- Campus constituents are aware of and support SW objectives (Wellness Wheel and Eight Dimensions).

Challenges

- Hours of Operation
SHC hours vary based on days and semester and they are not open during the breaks.
- SW also faces challenges based on limited staff to cover office hours and programming/outreach.
- SHC has limited capability to identify and respond to constituent needs through survey, assessment, etc.
- SHC hours do not consistently meet constituent needs? (early closures, full clinic, semester breaks)
- SW has multiple priorities which are beyond the current capacity of staffing and which limit programming and individual wellness coaching/education
- Limited scope of practice related to some diversity needs (transitioning students, specialists)
- Davis Campus staffing and utilization

Opportunities

- Campus-wide coalitions for health and wellness (director led) that ties faculty, staff, and students together with specific campus priorities and effective use of services without duplication
- The PNC system needs to be completed ASAP to allow an appointment-driven system. This will facilitate more predictable provider schedules in SHC.

- SW should use the support/infrastructure of SHC office staff and scheduling system, when it is available, to improve focused individualized services for students.
- Investigate collaboration with local health departments and Intermountain Healthcare system in innovative ways for mutual benefit
- Increase presence on campus and in community, particularly with medical staff
- Work with established relationships with campus health professions to continue and improve collaboration (Athletic Training, Nursing, upcoming PA program, Radiological Sciences, Medical Lab Sciences, Athletics).
- Review effective use of wellness staff – about 50% of current time is spent on ASAP and reporting for the university's federal requirements, this is a position funded by SHC doing work that is required for the university as a whole.
- Seek finances from other budgets, e.g. university administration, to compensate SHC for the time spent by wellness personnel on federally required programs and reporting
- Investigate opportunities for high level partnering with IHC, Ogden Regional, Health Department, etc. for provision of care on campus, e.g. big picture of building clinic space, collocating services for both faculty, staff, and students on campus,
- The relationship between SHC and SW could provide ideal student learning and engagement opportunities. The location and time commitments of SW limits the best referrals and coordinated efforts between entities. Priorities and objectives could be discussed together to create an effective and efficient plan for overall wellness. This collaboration could then roll out across campus in a broader wellness program (as supported and possibly funded by administration).
- Are SHC medical providers and staff engaged with the SW Advisory Board? This might be a place to start coordinating efforts and planning strategically for campus.

Leadership and Staffing

Strengths

- Executive Director provides support to staff and encourages change. All staff and partners noted improvements stemming from new Executive Director (Dianna is a positive change agent).
- SW Coordinator provides significant outreach support for the department and brings energy and passion to her work. She is significantly engaged with campus partners to improve services across campus.
- Executive Director, Medical Director, and NP have a supportive and collaborative relationship for the department. This is significant in health care settings.
- Administrative Assistant provides new and refreshing ideas for the department and is self-motivated.

Challenges

- Changing staff and reorganization.
- Small numbers and lack of personnel to cross train effectively. Specialization of personnel limits cross training opportunities.

- Inability to maintain clinical functions operating in the facility if even one or two people are out.
- Some services are limited leading to a lack of expertise and unnecessary expense.
- Current staffing does not reflect the diverse population they serve.
- Some services are limited such as transgender care, contraception management leading to a lack of expertise and extra expense or difficulty in accessing care for students
- A considerable challenge is that the clinic isn't open at regular times or at the hours needed to serve the students.

Opportunities

- Increased Student Affairs VP recognition of departmental successes and needs. Increased awareness of department, programs, and staff. Engagement with department and stakeholders to establish campus and community coalitions and partnerships (President's Council). Emphasis on building relationships between Student Affairs, HR, Academic Affairs, Facilities, Development, Facilities).
- Create a health and wellness committee at the President's Council level linking campus resources for faculty, staff, and students.
- Staffing changes provide opportunities for new ideas for growth, staffing models, realignment of priorities.
- Consider consolidating lab and x-ray needs by hiring two MAs instead to cover multiple needs for lab, x-ray, patient support (cross trained).
- Consider relocating x-ray to Athletics with support from Department of Radiological Sciences or PRN.
- Consider off-campus pharmacy benefits, including subsidies for students with financial needs, instead of continuing on campus services.
- Improved usage of LPN and future MAs, allowing them to maximize their allowed scope of practice.
- Recruiting diverse staff (person of color and language competencies) when hiring all staff (future medical director, MAs, administrative staff).
- For hiring future medical director, consider important items brought up by stakeholders - proponent of electronic health records and technological innovation, supportive of diverse and inclusive practice (transgender in particular), engaged with campus and community partners. Advise Executive Director and department to clearly define the role of medical director in administrative duties (chart reviews, assessment, quality improvement, financial stability, priorities, staffing, etc.).
- Additional personnel in Wellness to create and carry out programming
- Medical providers could better utilize their excellent support staff. To improve their operations, they could delegate many tasks to their trained nurses and other staff. Perhaps SW and SHC leadership could receive training on supervision and delegation (WSU managers training through HR?). They have excellent knowledge and skills, but need to identify aspects of their current job that could be performed by their support staff.

Support staff have excellent ideas for change, but how are these ideas considered by leadership? Do all staff have opportunities to affect the ongoing operations of SHC or SW? Some of the ideas expressed during our meetings include:

- Current x-ray and lab work does keep employees busy, not intellectually stimulating, could be covered by student lab aide or someone with a limited use license (MA?).
- Process/system needed for updating equipment and following OSHA standards in the office. Review, way to request funding, outreach to the Development Office for grants/funding.
- Cross training of support staff to help during peak times. Some days are not as busy and would allow for this under the supervision of LPN or medical providers.
- Considerations for other student learning opportunities rather than full-time employee. Rotating internships or practical hours could be beneficial to all parties. Coordination with College of Health Professions programs (radiology, health administration, nursing, nurse practitioner, etc). Medical director and providers would need time in the schedule to facilitate student learning opportunities. Positions have been held by long-term employees who may retire soon, but that may not be the case in the future. Adapting to short-term employment models needs to be considered.
- Better use of space in the clinic. Outsourced pharmacy and use space for SW (close to the waiting room for marketing of events and programs) or break room, redesign of lab space to allow for additional patient rooms, use of long “bowling alley” for MAs or other cross-trained support staff, redesign of medical provider offices to create, outsourced x-ray and use of space of any of the above.
- X-ray space and employee. used by Athletics by Athletic Training staff (referred by Dr. Sharman). Increased space in Athletic complex might allow for use at stadium? Athletic Training faculty seemed to think this would be readily accepted in their area, and they could staff and maintain to allow use by SHC as needed. Something to consider with current growth in Athletic facilities.
- Point person for technology (including updates and training) and website.
- Using community for rotating or PRN staff to assist with schedules (allowing for vacations, training, emergencies, etc.).
- NP could better use support staff for call backs, reviews, pharmacy referrals, labs, and holistic care. She needs to feel comfortable by training these staff and spending time discussing collaboration. This time would help her delegate aspects of the holistic care she cares so much about.
- Needs more overlap or outreach (on call) for things that “come up” that she cannot handle on her own. That doesn’t mean that the MD needs to be there all the time, but can be reached as needed.

Financial Resources/ Budget

Strengths

- Continued support from student fees.
- Fiscally responsible with available resources
- Working as best possible with limited resources
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Challenges

- Process for increasing funds, replacing equipment
- Budget loss is related to salary. Expense budgets have not increased with cost of living.
- Limited revenue sources
- Increasing services, increasing number of students seen in clinic does not lead to an increase in revenues
- Fixed budget and fixed space limit ability to grow and encourage finding alternative ways to get services to students, e.g. referring students to other locations for care, limiting available services, not advertising services
- Recent budget issues seem to be connected to salary/benefit adjustments for staffing changes (retirement, family vs. individual coverage, etc.).
- Limited budgetary reserves to cover benefits expenditures

Opportunities

- Increase fees where it makes sense (minimal fees that will not affect demand)
- Insurance billing, dental clinic might be a resource to help with this
- Reallocation of funds with changes in staff. Additionally, there is a need for support from SA division or HR when budget issues related to staffing comes up. The department either needs a budget cushion to manage salary/benefit changes or needs to seek funding from other sources. SHC and SW cannot make important hiring decisions based on whether or not budget can support benefits for individuals and families.
- Access to free or inexpensive marketing

Facilities, Equipment, and Technology

Strengths

- Improved aesthetics on Davis campuses. Davis Campus facility excellent rebuild of the space, very welcoming and open
- Internal reworking of the Ogden clinic in the waiting area is good
- Making do with space and equipment

Challenges

- Separation of SHC and SW, physical separation makes coordination of projects difficult
- Student's perception of "fitness" as SW in current location. Some students avoid going to wellness because of their discomfort of or dislike of "fitness" area.
- IT issues and inadequate equipment rotation, servers are being transitioned into the server facilities at IT
- Limited capacity PointnClick (PNC) with limited modules available
- Likely won't have full PNC capabilities until summer
- PNC requires a fair amount of ongoing maintenance for updates and full utilization of the program, limited number of staff in SHC means little time for staff to be trained and to maintain skills in PNC maintenance – template modifications, drop down menu updates, pick list management, security reviews,
- Poor lighting in SHC, makes the facility fairly gloomy for all

- Pillar in the front office area obstructs staff view of people entering clinic
- Limited space in existing clinic, limited exam rooms limits the number of patients seen
- Privacy for check in – the check in area at reception is audible to people in the waiting area, screens have to be turned and have limited angle vision overlays to keep information private in current reception workplace layout
- Workplace ergonomics for reception staff is problematic with screens needing to be at awkward angles to maintain privacy from patients standing at the counter
- Corner post in reception area limits view of the individuals coming into the clinic.
- Remodels of the reception area with removal of shelving
- Breakroom? Space for interaction of staff is important, and space for breaks apart from sitting in workspace

Opportunities

- Potential remodel or new location to combine SHC and SW
- Change of name to embrace both programs and identification of services for students
- PNC fully functional in summer, this would be a good time to train all in the new functionalities of the system
- Relocate wellness to offices in the same building as SHC, or better in the student union building with great visibility. Examples is having wellness in an area such as student government offices where it is visible to all and easily accessible
- Investigate relocation of X Ray to another building on campus which would allow more space available in SHC
- Investigate other options for staffing X Ray – does State of Utah allow MA, LPN, RN to have the skills needed to operate an X Ray under the physician, or is there a 'limited license' available to a staff member to take X Rays in the clinic
- Investigate if students or faculty of the Rad Tech program might be available on an on call basis to do X Rays as needed

Clinic Space:

- Comfortable waiting room space with aesthetic updates, but issues with privacy and sound. Recommendations for updates to technology (iPads for check in) that will eliminate the Kiosk (cannot be supported by IT) and ensure confidentiality and mobility for patient care. All staff computer screens can be fitted with screen covers that protect personal information.
- Updates are very much needed to the front desk space. Ergonomics need to be reviewed prior to any redesign of the space to plan for optimal health of employees. Campus Environment Health and Safety can assist with this review. Things to consider in the revamp of space (elimination of unnecessary storage, more space for multiple employees at computers, elimination of outdated overhead metal windows and barriers to viewing waiting room).
- SW is a unique program that has the potential of collaborating with a variety of agencies off and across campus(es). While there are limitations with the current location in terms of inhibiting individualized student education and a supportive relationship with SHC, it does support opportunities for building relationships with other wellness entities on

campus. Vacating this location may limit these opportunities. SW programs might investigate creative uses of spaces across campus(es), collaborating with other divisions, programs, and even Davis Campus. Could SA VP and Executive Director facilitate strategic use of these space for overall campus wellness initiatives, rather than fractured services that currently exist in the spaces? Might SW use multiple locations to provide services for unique campus needs (programming and individual appointments)? Is there a possibility that some staff could be located in gym space (programming, activities, collaboration) and others in SHC (individual appointments, ASAP, confidential meetings, etc.), and even others with outreach (Davis)? This might prove untenable with current staffing, but also is an idea for growth as needed.

Ethical and Legal Responsibilities

Strengths

- Staff all aware of issues, compliance, etc

Challenges

- Hiring student employees is difficult in SHC due to confidentiality and professionalism required in the SHC. Might these be worries be overcome with training and supervision for the benefit of covering schedules with part-time, workstudy or PRN positions, while also contributing much to student learning objectives on campus (connecting with College of Health Professions). Research models on campus (Dental Clinic) and at similar campuses.
- Vaccination Policy for WSU as a whole. There was discussion that WSU is evaluating a vaccine policy for required vaccinations for students matriculating at WSU. If a policy is instituted, there will be major impact on the department and program that enforces this policy

Opportunities

- See notes above on FERPA/HIPAA policy
- CLERY redefinitions and policy
- Secure PNC information – server relocation and management by IT is an excellent step
- SHC and SW need to develop internal policies to address their limited scope of practice, release or sharing of records, and addressing complaints. Administrative Assistant can provide assistance, but leadership needs to research FERPA/CLERY/HIPPA, etc. Front desk staff need assistance with managing requests for return to work/class letters, disability letters, ESA letters, etc. (Model after Boise State or others.)

Assessment and Evaluation

Strengths

- ASAP uses pre and post participation evaluation to measure program impact
- Wellness uses ACHA NCHA surveys periodically to assess student body

Challenges

- Assessment is difficult without clearly defined objectives
- With multiple priorities and limited staff, SHC and SW do not have time to plan and assess. Staff use evidenced-based practices, but need training and support to use PNC and other data gathering methods to improve assessment of program success.
- Choosing specific assessment items is difficult in a Health Center
 - Quality is not easy to measure as outcomes in a health center are not easy to quantify
 - Patient satisfaction surveys only measure the individuals who are happy with and utilizing the services
 - Number of patients seen measures utilization, not outcomes
- Limited staff and time demands for more urgent needs such as patient care makes assessment difficult
- Assessment tools that may be available in PNC require training of staff to effectively utilize
- Low rate of return on any survey of students limits applicability of data

Opportunities:

- Survey all students who don't use SHC and ask why they don't use SHC.
- Develop methods to get adequate sampling
 - Focus groups
 - Table top in high traffic areas
 - Student wellness group where students can informally survey opinions on campus and return feedback to SHC
- Create objectives specific to patient outcomes or student wellness
- Use benchmarks such as ACHA or best-practices of similar programs (e.g. other local universities) to make some decisions. Consider MGMA as a resource.
- Utilize feedback from surveys/student samples to guide new services or alterations in services