

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

Site Review Team Members

Ken Johnson
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Coordinators and stakeholders that met with the review team

Brett Perozzi, VP for Student Affairs
Jeff Hurst, Dean of Students
Dianna Abel, Executive Director Counseling, Health, Wellness
Shawn McQuilkin, MD, Medical Director and University Physician
Marilee Rohan, Nurse Practitioner
Erin Morris, Pharmacist

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 –

SHC clinical operations

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

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Opportunity

To set goals for services as noted above

To modify clinical space to allow for more patient visits

Davis campus SHC

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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

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

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 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

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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

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

- 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

- 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 inte

Challenges

- Process for increasing funds, replacing equipment
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- Pillar in the front office area obstructs staff view of people entering clinic

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)?

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