Texas State University-San Marcos

Administrative and Educational Support Outcomes Assessment

Year: 2010-2011
College/Division: Student Affairs
Department/Unit: Counseling Center
Program Name/Department: Student Health Center
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Mission Statement

The mission of the Student Health Center is to provide high-quality health care and health education that meets the needs of Texas State students.

Evidence of Improvement

Outcome #1 A follow up question on actual behavior change was added last year and this year the question was modified to ask if the participants adopted a specific health behavior that would prevent pregnancy or STIs. The new question yielded a significantly higher percentage of students reporting positive behavior change as a result of attending the presentation (70% versus 48% last year). Outcome #2 Last year a new method of counting actual students who were able to successfully get an appointment was implemented. Changes in the clinic this year to increase the amount of appointments available (increase medical provider hours) and decrease wasted appointment slots (added no show fee) appear to have had a significant impact on access. Last year the success rate for appointments was 70-77%, but this year it increased to 90-93%. Outcome #3 Results from analysis of Psychiatry Clinic show improvement over the baseline, but new strategies will be needed to show additional improvement. During the baseline period, 50-65% of patients waited longer than 2 weeks for an initial evaluation. This year the number was 23% in the fall and 40% in the spring. The total range for wait time for an initial evaluation has decreased from 0-35 days (baseline) to 0-18 days this year. Additional slots have been added for initial evaluations and this is decreasing the wait time. The no show charge added this year did decrease no shows slightly from 13-27% (last year) to 11-21% for this year.

Outcome Number 1

Students who participate in sexual health presentations adopt a positive health behavior that prevents pregnancy or sexually transmitted infections.

Method 1

Presentation evaluations will be completed by all participants at the time of the presentation. The evaluation form asks students if they can identify a positive health behavior they learned and if they are likely to adopt the new health behavior. 90% of the participants should be able to identify a positive health behavior they learned.

Result 1

This year, health education presentations were expanded significantly. Presentations were offered in the fall and spring semesters and there were a total of 66 sexual health presentations completed (37 more than last year’s total of 29 presentations). As planned, the presentations were offered in university seminar classes, but also in other academic classes, student organizations, and in residence halls. 1,874 students attended a sexual health presentation this year. Approximately 100% of these students completed an evaluation form right after the presentation. 75% (1,472) of the students reported learning positive health behaviors from the presentation, which did not meet the goal of 90%. This is not consistent with past years results of 90% or greater. However, there were several changes this year including moving the presentations into much larger classes and residence halls and adding new staff and peer health educators as presenters. With these changes, the evaluation forms were not always passed out at a time that would allow the attendees to write in the new behaviors learned. The content of the presentation did not change this year, so the change in method for collecting the forms appears to have contributed to a decline in students writing out a new behavior that they learned. More consistent collection methods across all presenters will be implemented next year.

Method 2

For a sample of the presentations completed each semester (3–4 classes), a follow-up evaluation will be completed in the same classroom at the end of the semester. This evaluation will ask students if they did adopt specific health behaviors that will prevent pregnancy and STIs as a result of the presentation. 50% of students should report adopting one of the preventive health behaviors.

Result 2

This year 350 students who attended a sexual health presentation received a follow up evaluation form 1-2 months after the initial health education presentation. The forms were distributed in a sample of classes where the presentations were held and all students (100% response rate) completed the follow up evaluation. As planned, the follow up evaluation form was changed this year to ask students if they adopted specific behaviors that would prevent pregnancy or STIs as result of the presentation. 70% of the students adopted at least one of the positive health behaviors listed on the evaluation form. This result far exceeded the goal of 50% and is higher than last year’s results of 45%. It appears that listing the specific health behaviors was helpful for the students and this also allowed the Health Center to see which specific behaviors were being adopted or not being adopted. This information will be used to enhance future presentation content. Overall, the sexual health presentations have been very successful. Most students report adopting positive health behaviors as a result of the presentation. The Student Health Center will continue to offer these presentations by professional staff and peer health educators.

Action Plan

Next year a new focus will be placed on alcohol presentations for student leaders. The purpose of the training will be to provide student leaders (Resident Assistants) with bystander training that will protect their health and also allow them to have a positive impact on the behavior and health of others. The goal will be to reduce risky behavior and consequences related to alcohol use on campus. A targeted evaluation form will be developed for a follow up to determine if the training sessions are having an impact on the behavior of student leaders.

Outcome Number 2

The majority of students seeking healthcare services are able to access services when they need them.

Method 1

For at least one week during the fall and spring semesters, the phone appointment nurses will track each phone call they receive. They will record if they were able to give the student an appointment, unable to give the student an appointment they wanted or if they were able to give self-care advice or answer questions. The results will be
summarized to determine if 90% of students who want an appointment are able to get one.

Result 1
For one week in October and one week in March, all phone nurses recorded the outcome of each call received (e.g., able to make appointment, could not make appointment, or gave self-care advice). The number of successful appointments was divided by the number of appointments wanted to get the% of successful appointments. For the fall semester, 751 appointments were made out of 830 requests for a 90% success rate. For the spring semester, 955 appointments were made out of 977 requests for a 93% success rate. The goal of 90% success was met for both the fall and spring semesters. The number of students each day who were not able to get an appointment they wanted ranged from zero to 38 (a Monday in the fall). This is a significant improvement over last year’s range of 30-80 students per day unable to get appointments. The two major changes made this year were to increase appointment slots (have 11 FTE of medical providers available each day in the fall and spring semesters) and to implement a no show fee to decrease wasted appointment slots. The SHC also enhanced the appointment reminder system by adding more e-mail confirmations and reminders. All of the changes appear to have contributed to success in meeting the goal for this year. Next year, the SHC will continue all these strategies in order to maintain these high levels of appointment access.

Method 2
Once in the fall and spring semester, a sample of students who visited the Health Center will complete an online, anonymous patient satisfaction survey. Approximately 1,700 students receive the survey each semester and about 260 (450 students) complete the survey. One question on the survey will ask the students to rate how frequently they are able to get an appointment at the Student Health Center when they want it (answer choices are: always, frequently, sometimes or never). 90% of students should report that they frequently can get an appointment.

Result 2
For the Fall 2010 semester, 2,299 patients received the e-mail survey and 367 completed the survey for a response rate of 16%. 91% of students reported that they are able to get an appointment when needed (50% said “always” and 41% said “frequently”). For the Spring 2011 semester, 2,121 students received the survey and 457 completed the survey for a response rate of 22%. 91% of students reported that they are able to get an appointment when needed (51% said “always” and 40% said “frequently”). The goal of 90% was met for both semesters. Again, it appears that increasing appointment slots (adding extra FTE of medical providers) and implementing the no show fee have helped improve appointment access. Next year, the SHC will continue the extra FTE of providers and the no show fee in order to maintain high levels of patient satisfaction with the appointment system.

Action Plan
Next year the goal will be changed to focus on phone wait times, which have been identified as a problem in the patient satisfaction surveys. Steps will be taken to reduce the need for phone calls: increase use of the Online Student Health secure web portal, add automated phone system in Pharmacy to handle prescription refills, have medical providers make future appointments during the visit time and offer more prescription refills. All these changes should reduce demand on the phone system and improve waiting times.

Outcome Number 3
Students seeking psychiatric services are able to access them in a timely manner.

Method 1
In the fall and spring semester, appointment data will be taken from the practice management system and analyzed. The report will show the wait time for an appointment (in business days) for every initial psychiatric evaluation appointment. The percentage of appointments longer than 2 weeks will be calculated. 80% of the appointments should be within the two week time period.

Result 1
According to appointment data pulled from the practice management system, there were 112 psychiatric initial evaluation appointments made in the Fall 2010 semester. 77% of the appointments were made within two weeks. The goal of 80% of appointments made within two weeks was not met for the fall semester. The average wait time was 6.96 business days and the range was 0-27 days. This was an improvement over the previous year when the range was 0-27 days. Data from the practice management system showed that 93 psychiatric initial evaluation appointments were made in the Spring 2011 semester. 60% of the appointments were made within two weeks, so the goal of 80% was not met for the spring semester. The average wait time for an appointment was 8.33 days and the range was 0-18 days, which was also an improvement over the previous year when the range was 0-66 days. The addition of the no show charge appears to have helped reduce wasted appointments in the Medicine Clinic, but not as much in the Psychiatry Clinic. Staff members who work with psychiatry patients have indicated the no show fee of $10 is not as much of a consequence to psychiatry patients since the cost of keeping their appointment is $35. In addition, there are barriers to keeping psychiatry appointments that are not present in Medicine Clinic, such as the stigma of mental illness or denial about the need for assistance. Specific strategies just for the Psychiatry Clinic will need to be developed in the future to address these issues.

Method 2
Once in the fall and spring semesters, a sample of students who visited the Health Center will complete an online, anonymous patient satisfaction survey. A large sample of psychiatric patients (approximately 150) will be sent the survey. One question on the survey will ask the students to rate how frequently they are able to get an appointment when they want it (answer choices are always, frequently, sometimes or never). 80% of psychiatric patients should report that they frequently can get an appointment.

Result 2
For the Fall 2010 semester, 132 psychiatry patients received the e-mail survey and 21 completed the survey for a response rate of 16%. 81% of students reported that they are able to get an appointment when needed (38% said “always” and 43% said “frequently”). For the Spring 2011 semester, 68 psychiatry patients received the survey and 9 completed the survey for a response rate of 13%. 78% of students reported that they are able to get an appointment when needed (22% said “always” and 56% said “frequently”). The goal of 80% was met for the fall and fell just short for the spring semester. For the psychiatry patients who keep their appointments, it appears that most are satisfied with the appointment access. However, there is still a significant problem with no shows, especially for initial evaluations. The addition of more initial evaluation slots did not have the intended benefit this year because of the no shows. The SHC will try increasing the no show fee for these appointments next year.

Action Plan
Next year, in an effort to reduce wasted appointment slots in the Psychiatry Clinic, the no show fee for those patients will be increased to $20. In addition, a group of stakeholders who refer patients for initial evaluation appointments (SHC medical providers and counselors from the Counseling Center) will meet to develop a targeted intervention to help patients understand the importance of making and keeping their initial evaluation appointment. Additional initial evaluation slots were already added this year and if all the slots could be used and not wasted, there should be sufficient access for timely appointments.