Evidence of Improvement

Outcome #1

Results from Presentation Evaluations have been consistently high so a follow up evaluation of actual behavior change was added this year.

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% students that learned something new</td>
<td>96%</td>
<td>97%</td>
<td>96%</td>
</tr>
<tr>
<td>% students able to name positive health behavior</td>
<td>87%</td>
<td>90%</td>
<td>91%</td>
</tr>
<tr>
<td>% of students that adopted new health behavior</td>
<td>n/a</td>
<td>n/a</td>
<td>48%</td>
</tr>
</tbody>
</table>

Outcome #2

Previously the SHC looked at patient satisfaction survey results to determine the effectiveness of the appointment system. Those results have been stable (4.0 or higher on a 1-5 scale) for several years. This year a new method of counting actual students who were able to successfully get appointments was created. The baseline data from the new method is shown below.

<table>
<thead>
<tr>
<th></th>
<th>Fall 2009</th>
<th>Spring 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>% students able to get appointment when needed</td>
<td>77%</td>
<td>70%</td>
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</tbody>
</table>

Outcome #3

Results from analysis of Psychiatry Clinic.

<table>
<thead>
<tr>
<th>Prior to changes</th>
<th>FY 07</th>
<th>FY 08</th>
<th>FY 09</th>
<th>FY 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg wait time for initial eval (days)</td>
<td>12-13</td>
<td>7</td>
<td>8-9</td>
<td>6-8</td>
</tr>
<tr>
<td>% longer than 2 wks for initial eval</td>
<td>50-63%</td>
<td>22-33%</td>
<td>19-40%</td>
<td>18-30%</td>
</tr>
<tr>
<td>Range of wait time for initial eval (days)</td>
<td>0-35</td>
<td>0-24</td>
<td>0-24</td>
<td>0-27</td>
</tr>
<tr>
<td>No show rates</td>
<td>23-35%</td>
<td>11-22%</td>
<td>9-23%</td>
<td>13-27%</td>
</tr>
</tbody>
</table>

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 learned something new, if they can identify a positive health behavior they learned and if they are likely to adopt the new health behavior. 90% of the students should report learning new information from the presentation and 75% should be able to identify a positive health behavior they learned.

Result 1

Almost all the health education presentations occur in the fall semester when the Health Education Coordinator does presentations for University Seminar classes, which have predominately freshmen students. 208 students attended a sexual health presentation in Fall 2009. 100% of the students completed the evaluation form right after the presentation. 96% of students reported learning new information from the presentation (goal was at least 90%) and 91% identified a positive health behavior that they would like to adopt in the future (goal was at least 75%). Therefore, both of these goals were met for this year. This is consistent with results from previous years, which show high percentages of students learning new information. Because these health education presentations appear to be highly effective, possible future improvements in this area would include either delivering more presentations each year or expanding the topics available for presentation.

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 the new health behavior as a result of the presentation. 50% of students should report adopting a new health behavior.

Result 2

For Fall 2009, 86 students received a follow up evaluation form 1-2 months after the initial health education presentation. The forms were distributed in a few classes where the presentations were held and all students (100% response rate) completed the follow up evaluation. 48% of students reported "adopted and still practicing" their new health behavior. This is just slightly below the goal of 50% of students. This is a very encouraging result, since the 50% goal for behavior change was set intentionally high because one time interventions, like the presentations, do not typically have high success rates for actual behavior change. In addition to offering more presentations next year (since they appear to be highly effective) a possible future improvement would be to track behavior change for recommended behavioral outcomes for each presentation.

Action Plan

• Next year, health presentations will be conducted in both the fall and spring semesters and will be expanded beyond just the University Seminar classes (will do other classes, Residence Halls, Greek organizations, etc.).
• The SHC will conduct at least 30 extra presentations next year and offer both sexual health and alcohol education presentations.
• The follow up evaluation will be enhanced next year. Recommended behavioral outcomes will be set for each program and we will measure the number of students who report practicing those specific behaviors at follow up.

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
The last week in October 2009, 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). Some students made online appointments and did not need to call the appointment nurses. For this week, the total number of appointments wanted was calculated (online appts, phone appts made and phone appts not made). The number of successful appointments (phone and online) were divided by the total number of appointments wanted to determine the percentage of successful appointments. Results showed that for the whole week 77% of patients who wanted an appointment were able to get an appointment. The success rate was highest on Monday and Friday (85% each) and fell to a low of 58% on the Wed of that week (two medical providers were absent, so the number of available appointments was much lower than normal). The goal of 90% able to get an appointment when needed was not met in the fall semester.

The nurses conducted an additional tracking survey the third week of February. The spring semester and February in particular is a time of higher demand for service at the Health Center. For this week, 70% of the students who wanted an appointment were able to get an appointment. The % was highest on Monday again at 85%, but fell to a low of 57% on Thursday of that week. Unlike the fall, there were no providers absent that day and an extra peak time provider was available.

Overall the results show that between 30 to as many as 80 students a day are unable to get an appointment when wanted. Adding additional peak time providers at the beginning of the weeks helped to have a higher % of successful appointments. It appears that additional provider FTE [1 to 2 more providers] will be needed on a consistent basis to meet patient demand for service. Special peak demand strategies will be needed for the spring semester, when 40 or more patients were not able to get appointments even with 11 health care providers available.

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 26% (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 can frequently get an appointment.

Result 2
For the Fall 2009 semester, 1,754 patients received the e-mail survey and 452 completed the survey for a response rate of 26%. 80% of students reported that they are able to get an appointment when needed (39% said “always” and 41% said “frequently”). 20% of patients reported that they were only “sometimes” able to get an appointment. Only two students out of 452 reported that they were never able to get an appointment when needed.

For the Spring 2010 semester, 1830 patients received the e-mail survey and 307 completed the survey for a response rate of 17%. 79% of students reported that they are always able to get an appointment when needed (36% said “always” and 43% said “frequently”). 20% of patients reported that they were only “sometimes” able to get an appointment. 1% of patients (3 patients) said that they were “never” able to get an appointment when needed.

The goal of 90% (always or frequently get an appointment when needed) was not met for either semester. However the vast majority of students answering the survey did indicate that the appointment system was working for them. The results were a little higher than expected; however, this feedback was from the patient satisfaction survey, which is a sample of patients who were able to successfully get an appointment. Since the goal was not met this year, two options would be available for improvement in the future: 1) have more appointment slots available or 2) reduce the no show rate, which would reduce the number of wasted appointment slots each day. As many as 20 appointment slots can be lost to no shows during peak demand periods.

Action Plan
• The SHC will offer increased provider availability (11 per day, M-F) in the fall and spring semesters next year.
• One of the Nurse Practitioner positions was expanded from 9 months to 12 months to allow for increased access to Women’s Health appointments over the summer.
• A new no show/cancellation policy and charge will be implemented next year.
• The SHC will begin using e-mail and text appointment reminders.

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 106 psychiatric initial evaluation appointments made in the Fall 2009 semester. 82% of appointments were made within two weeks. The goal of 80% of appointments made within two weeks was met for the fall semester. The average wait time was 6.41 business days and the range was 0 days (5 appointments were made same day) to 27 days (1 patient).

Data from the practice management system showed that 88 psychiatric initial evaluation appointments were made in the Spring 2010 semester. 70% of the appointments were made within two weeks. Unlike the fall semester, the 80% goal was not met in the spring. The average wait time for an appointment was 7.94 business days and the range was 0 days (5 appointments were made same day) to 26 days (1 patient). During the spring semester, the psychiatry residents were unavailable more days (10 days versus only 6 in the fall), which limited appointment availability and caused appointments to be pushed farther out into the future. Initial evaluation appointments are only offered at certain times and have a limited amount per day (2) which might be limiting access as well. A possible future improvement would be to increase the number of psychiatry appointments available, especially in the spring semester. Appointments could be increased by increasing provider availability or by decreasing the number of appointment slots wasted by no shows or late cancellations.

Method 2
Concerns from providers who refer patients to the psychiatry clinic will be tracked each semester to determine if the providers are having any problems with timely referrals for initial evaluations. Once a month, medical providers at the Student Health Center and counselors from the Counseling Center will be sent a message asking if they have had any problems with getting appointments for an initial evaluation within two weeks. No more than 2 concerns should be recorded from either the Counseling Center or the Student Health Center each semester.

Result 2
In Fall 2009, two e-mails message were sent to all Student Health Center and Counseling Center providers to determine if they reported any problems getting timely appointments (within 2 weeks) for psychiatric evaluations. There was one concern noted in November from the Counseling Center and one concern in December from an SHC provider. Both replies stated that the problem was short term due to provider absences in the psychiatry clinic and had already been corrected. In Spring 2010, three e-mails messages were sent to all referring providers and no concerns about appointment access were noted. Therefore, the goal of 2 or less concerns per semester was met for both the fall and spring semesters. However, the results of this assessment did not provide the SHC with information that was very useful. To improve in the future, a possible change would be to have any referring provider or counselor contact the Psychiatry Clinic Coordinator directly if they have a problem getting an initial evaluation appointment within two weeks. This will provide more accurate and detailed information that can be used to make improvements.

Action Plan
- A new no show/cancellation policy and charge will be implemented next year
- The SHC will begin using e-mail and and text appointment reminders.

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<th>Unit Head</th>
<th>Vice President</th>
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<td>Outcomes Status</td>
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