



Western Carolina University
Assessment Summary Form
Student Affairs Division

Name of Unit/Area: WCU Health Center

Name of Person(s) Conducting Assessment Activity: Michael C. Jorge, PhD

Other Partners Involved in Activity (e.g., faculty, staff, alumni, other departments, community, etc.):

Health Center staff; other departments; student clients; student peer educators.

Semester & Year of Assessment Activity: Fall, 2006

Objectives for Assessment Activity:

1. Monitor the campus' progress in meeting Healthy Campus 2010 goals.
2. Engage in a process of continuous assessment and data-based administrative decisions.
3. Engage in an outcome-based process of preparing for accreditation (initially: ACHA; in the future: Joint Commission for the Accreditation of Hospitals Organization).
4. Explore a range of options to assess patients' perceived satisfaction with services.
5. Lay the foundation for transparency and accountability as a way to enhance the delivery of healthcare to students.

Nature of Assessment Activity (e.g., survey, focus group, pre/post-test, etc; instruments used to be attached):

1. Chart Audits
2. Wellness Program's Data for Fall '06
3. Nutrition Services
4. Medicat Electronic System Review

Highlights of Significant Findings from Assessment and Comparison to Criteria for Success Established by Area:

1. Chart Audits: Since Spring '06, the following variables of charting have remained at 100% compliance: clarity of documentation; documentation of primary and secondary diagnoses; appropriate follow-up orders documented; documentation of treatments and procedures; documented feedback to the patients of their laboratory results; and signed orders by the clinical providers. The following variables of charting evidenced an increase in percentage of compliance from mid 90's to 100%: nurses and physicians' documentation of history and physical findings; nursing documentation; and successful communication of orders shared by physicians to nurses and vice-versa.
2. Wellness Program Data: 33 wellness programs were completed, the scope of which affected approximately 230 students campus-wide. Between Spring '06 and November 6, 2006, the Wellness Program was without a coordinator. The peer educators group C.L.A.W. conducted 31 of these programs; Ms. Karrie Joseph completed the two additional programs since her arrival. The most requested wellness program related to "Risky Behaviors" (i.e., the interplay of drugs, alcohol, and sexual activity). The other programs related to stress; safer sex behaviors; general wellness; alcohol; and alcohol and other substances. The approximately 230 students surveyed reported the following evaluation: between 90-100% of them stated that the wellness program had met the intended objectives'

between 90-100% of them also reported that the program enhanced their knowledge of the particular topic being taught; and between 85-95% of them reported that the educational program had enhanced their attitude to behave in the healthy manner prescribed. When the same questions were asked of the women students who attended the women's health services education, 100% stated that the education session had met the objectives; while 92% indicated that the session had enhanced their knowledge, and 98% indicated that the session enhanced their attitude to behave in the healthy manner prescribed.

3. Nutrition Services: 62 individual nutrition consultations have taken place during Fall '06; additionally our nutritionist began a weekly weight loss support group. An average number of 8 students have attended the support group in the 10 weeks that it has been offered. The range of attendance has been from 3 to 23 students per meeting, which clearly suggests that it's a valuable Health Center offering. Our nutritionist taught 6 classes to students on healthy eating habits while eating on-campus and off-campus. Two additional programs were tailored to the Kneedler Child Care Center needs; while one program was offered to the campus' athletic trainers on how to refer a student suspected of struggling with eating disorders.
4. Medicat Electronic System Review: 3,162 students have been seen at the Health Center during the period of August 1 – December 1; those visits have generated 6,555 distinct patient encounters (i.e., a number of those unique students have required additional visits). During this same time period, 351 out of 3162 students made appointments for which they did not show. 17 appointments were canceled by staff for reasons related to unexpected staff shortages.

Program Improvements: Specific Use of Findings in Area(s) and Key Changes Made in Area(s):

1. Chart Audits: While our chart audit data is at or near 100% in many areas, we have looked at ways to enhance the process and the outcomes. On January 26, 2007, we will begin the implementation of an electronic medical record, something that we anticipate will improve the flow of patients at the Health Center, as well as minimize documentation errors. Additionally, the capabilities for depth of data analysis are broad. For Spring '07, our chart audits process will be enhanced by virtue of having immediate access to many quality improvement variables.
2. Wellness Program: Fall '06 posed staffing challenges to the range of wellness programs offered and/or sponsored by the Health Center. Not until November were we able to fill the vacancy of Wellness Coordinator; since that time, this individual has been very active in the provision of services. To the credit of our peer education leaders (C.L.A.W), 33 educational programs were offered to the campus community, programs that reached well over 200 students. Key changes that will be effected in Spring '07 relate to updating the content of the Women's Health Services education session to reflect the most current and accurate medical information (conducted in November, 2006); a new survey will be developed as well, and at least 1 focus group will be held during next semester. On December 1, 2006, Health Services, in conjunction with other peers from Student Affairs, presented to the WCU Board of Trustees on "The State of Wellness at WCU", something that was well-received by the audience.
3. Nutrition Services: Greater collaboration with Food and Dining Services has taken place this semester. In Spring '07, we anticipate a stronger collaboration that will result in updated, nutritionally sound information available to student about on-campus dining options. The information will be available on-line as well as on-site. Our nutritionist has also begun to work on a cookbook for dissemination to

students. Once completed, this cookbook will be a very helpful tool to students who must be attentive to healthy eating due to illnesses, as well as to students who wish to foment healthier nutritional habits.

4. *Patient Flow:* Since the beginning of classes this Fall, the Health Center received training in “advanced clinic access” principles of patient flow. This philosophy and practice examines the demand of health services as well as the ‘supply’ of providers and of appointments. With weekly, and sometimes daily analyses of these patterns, we have been able to modify the schedules so that more or less appointments, and more or less “walk-in slots” are available to meet the needs of students. We have been gratified with the adaptation of this system, and we look forward to sharing assessment data during Spring ’07. We anticipate that the rate of no shows/cancellations will diminish to minuscule percentages. We also anticipate that perceived satisfaction with the Health Center will increase.
5. *Quality Improvement/Transparency/Accountability/Patient Satisfaction:* Fall ’06 has marked a period of tremendous transition for the Health Center. Some of these factors have included: a) the implementation of mandatory health insurance; b) the arrival of a new director/administrator; c) the arrival of a new wellness coordinator; d) collaboration with Counseling and Psychological Services on contracting for the provision of psychiatric services once a week; and e) the creation of a quality improvement (QI) program aimed at ensuring accreditation by the ACHA as well as continuous, seamless assessments of important variables such as perceived patient satisfaction and chart audits. In Spring ’07, we will participate in the national bi-ennial Healthy Campus 2010 assessment. We will re-tool our patient surveys as well as conduct at least 1-3 focus groups.

Other Comments:

1. *Electronic Medical Record implementation slated to “go live” on January 26, 2007.*
2. *Second semester of mandatory health insurance coverage(Spring ’07).*
3. *Expansion of women’s health services since November 2006.*
4. *Expansion of psychiatric services since September 2006.*