

UMD

Health Services

UNIVERSITY OF MINNESOTA DULUTH

**Driven to Discover™**

# Annual Report 2018-2019



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# HS Executive Summary 2018-19

12,000 PATIENT ENCOUNTERS

>17,000 SERVED BY OUTREACH PROGRAMS LIKE PAWS, LETS TALK, HEALTH CHECK & GOT YOUR BACK

>2000 Influenza Vaccinations Given  Flu Survey Completed

 CLIA Re-Certified 

> 2/3 HS Staff Have Completed ILD Training

100% of HS Staff Received Performance Coaching New Homework Deadline Adopted 

All Performance Evaluations Completed On Time

SSF Request=Allocation of \$1,542,000 

2 Lunch on A Mission Presenters

Implicit Bias Campus Climate Initiative Completed

4 Staff Departures 

## Guiding Statements



*I. Vision The vision of Health Services focuses on the development of an inclusive health care model including medical, counseling and health education services which is collaborative in nature with campus and community partners. This concept is consistent with the UMD's Core Value of Engagement, Learning and Inclusiveness; Campus Goals 1,2,5 and 6 as well as Division Goals 1,2, 3, 4, 5.*

*II. Mission The mission of Health Services is to provide students the opportunity to develop healthy personal lifestyles, help ensure their retention at UMD, and contribute to the overall excellence of their educational experience by providing services which address the physical, emotional, social and intellectual well-being of our students.*

**III. Goals**

*Health Services Goals Mapped to the UMD and Student Life Strategic Plans*

Health Services Goal	Mapping to University Goals	Mapping to Student Life Goals
1. Ensure that the HS facility provides an inclusive, educational and service oriented space which supports students and staff	1, 2 and 6	1.1, 2.1, 3.2 and 5.1
2. Develop intentional collaborative relationships between HS, campus and community partners, including health care organizations, for the benefit of UMD students	1,5 and 6	1.1 and 5.3
3. Develop and support and organizational culture which facilitates professional and personal growth, best practices and the ideals of Goal 2.	1,2 and 6	2.1, 3.2, 4.3, 5.1
4. Strive for optimal efficiency in developing accessible and high quality healthcare services while balancing the need for campus and community outreach programming.	1,5 and 6	3.2, 4.3

5. Provide programming and services which help students develop healthy, successful and sustainable lifestyles.	1 and 6	1.1, 3.1 and 5.3
6. Practice responsible, transparent and accountable stewardship of the fiscal, human and physical resources of UMD.	6	5.1

*V. Objectives/Outcomes/Assessment*

<b>Objective/Outcome</b>	<b>Mapping to Department/Committee Goal</b>	<b>Assessment Strategy</b>
1. Set a date for the implementation of a digital PACS system at Health Services	3 and 6	Meet with stakeholders fall '18 to set implementation timeline
2. Complete the Campus Climate Initiative objective set by HS for 2018-19	1 and 3	Email link to Implicit Association Test to HS staff in August. Invite staff to complete one or more IATs by early October and have a facilitated discussion of results by end of fall semester '18.
3. Complete Action Plan for 1-2 Opportunities for Growth identified on the latest Employee Engagement Survey.	1,2,3,4,5 and 6	Review survey results. Opportunities for Growth will be identified in August with action plan developed and submitted to VC SL by early September.

<p>4. Generate and implement 1-2 initiatives designed to increase HS revenue or lower expenditures.</p> <p>5. Further investigate the process of creating and implementing a branch of the Reserve Medical Corp at UMD.</p>	<p>6</p> <p>1 and 2</p>	<p>Revenue Generation Committee will help select initiatives by December '18 and implementation of initiatives will begin no later than June '19.</p> <p>Hold two meetings with stakeholders in 18-19 using the planning matrix to guide and document progress.</p>
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<p>1. HS Section Specific Objectives 18-19</p> <p><b>Medical Section:</b> Implement a practice of responsible antibiotic stewardship focusing on four high priority conditions: pharyngitis, sinusitis, bronchitis and the common cold.</p>	<p>3,4 and 6</p>	<p>1) We aim to demonstrate a dedication to and a commitment to optimizing antibiotic prescribing and patient safety related to antibiotics. a. We will place visual materials in the clinic stating this commitment. 1. This can be measured by whether or not we have such materials in the clinic and on our website b. We will have informational sessions about antibiotics and antibiotic stewardship at the Health Check event in October, as well as at a Medical Outpost tabling event on campus. 1. This will be measured by whether these occur. c. We will have a leader directing antibiotic stewardship activities. This will be the QI Coordinator or a designee.</p> <p>2) 1. This can be measured by whether or not there is a designated leader of such activities d. We will</p>
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<p><b>Counseling Section Specific Objectives</b></p> <p>1. To welcome, orient and incorporate our new staff member(s) into the team.</p> <p>2. Explore ideas, as a team, for creative partnerships with campus/community partners, outreach ideas and additional support services</p> <p><b>Health Education Section Objectives</b></p> <p>1. Offer a weekly support group on campus for students struggling with a loved one's substance use or addiction. The Drug and Alcohol Educator will work with a student intern, who will serve as the group's facilitator, to develop the group's mission and objectives, meeting structure, meeting promotion and program evaluation.</p> <p>2. Provide sexual assault awareness and prevention programming to UMD Athletes. 1) Facilitate a By-Stander Intervention presentation for team captains and Student Athlete Advisory Council members 2) Facilitate a one hour presentation on sexual misconduct, alcohol, and consent to all UMD athletes</p>	<p>1,3 and 6</p> <p>2 and 5</p> <p>1 and 5</p> <p>3 and 5</p>	<p>1.This will be measured by completed orientation checklist, assignment of a mentor, regular meetings with mentor, individual or group "get to know you" meetings with team members, phased introduction into the clinical schedule and self report of new staff member of a successful transition</p> <p>2.Meet as a team and develop a list of ideas, potential partnerships, viability and potential action steps to move forward with implementation.</p> <p>1.This objective will be evaluated by noting the completion of each of the steps identified above. 2.This objective will be evaluated by noting the date of completion for each of these presentations. Written evaluations will also be collected to identify topics and language that resonated with students as well as topics that require further education.</p>
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<p>3.Develop a survey tool which assesses the information and knowledge gained through this initiative.</p>		<p>3.Use Campus Labs, People Soft and eCW to help design a simple electronic survey which can be sent to new patients at UMD HS gathering data on usefulness of the initiative. Survey will be sent by March 2019 and data analyzed by May '19.</p>
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## Health Services Objectives 2018-19

1. Set a date for the implementation of a digital PACS system at Health Services. Maps to Department Goals 3 and 6.  
Assessment Plan for Objective: Meet with stakeholders fall '18 to set implementation timeline.  
**Status:** Partially met. Health Services Director and Administrative Director sought confirmation from Director of Health Sciences Technology for University of Minnesota, Colby Reese, that PACS vendor, 7 Medical, would be an acceptable vendor for UMD HS. 7 Medical had previously been researched as favorable candidate for UMD HS PACS in 2016. The confirmation process took over 6 months and recommendations from Director Reese are that 7 Medical is not an ideal vendor since its PACS system has an exception for use currently with Boynton. Recommendation given from Director Reese to consider vendor called Infinitt for PACS. This vendor will be used by University of Minnesota Dental School and does meet all security requirements.
  
2. Complete the Campus Climate Initiative objective set by HS for 2018-19. Maps to HS Goals 1 and 3.  
Assesment Plan for Objective: Email link to Implicit Association Test to HS staff in August. Invite staff to complete one or more IATs by early October and have a facilitated discussion of results by end of fall semester '18.  
**Status:** Fully met. Staff were emailed link to IATs and allowed time to complete these. Approximately half HS staff completed tests. Paula Pedersen was invited to give an overview discussion on Implicit Bias in Spring of 2019. Approximately one third of HS staff attended this open discussion.
  
3. Complete Action Plan for 1-2 Opportunities for Growth identified on the Employee Engagement Survey. Maps to HS Goals 1,2,3,4, 5, and 6.  
Assessment Plan for Objective: Survey was reviewed and Action Plan was developed which included:
  1. Post meeting minutes to S drive for all staff to see and review within one week of the meeting date. This will begin in August 2018.  
Maps to Opportunity for Growth: There is good cooperation and sharing of ideas between departments.
  2. Management Updates will be provided at each monthly All Staff meeting. This will begin in August 2018.  
Maps to Opportunities for Growth: My department proactively identifies and eliminates barriers to getting work done efficiently and There is good cooperation and sharing of ideas between departments.
  3. Coaching sessions this year will focus on a conversation with each staff regarding the impact of absenteeism on the work he or she does. Input gathered by supervisors will be collected and PSC will present the data with suggestions on next steps.  
Maps to Opportunity for Growth: There is an equitable distribution of workload within my department.

Status: Fully met. Meeting minutes for all HS meetings have consistently been placed on the Shared Drive within one week of meeting date as confirmed by Director audit. Management updates given at all staff meetings by creating placeholder on meeting agenda. PSC reviewed comments on absenteeism gathered in coaching sessions and presented findings at all staff meeting in November '18. Suggestions for each section were noted regarding operational and contingency issues related to a staff absence as well as the need to limit negative reaction, including conversation, with staff absences.

4. Generate and implement 1-2 initiatives designed to either increase HS revenue or lower HS expenditures. Maps to HS Goal 6.  
Assessment Plan for Objective: Revenue Generation Committee will help select initiatives by December '18 and implementation of initiatives will begin no later than June '19.  
Status: Fully met. With two staff departures on the HS budget, an opportunity for cost savings was realized. A 12 month MD position primarily providing women's health services was modified to a 9 month Women's Health Nurse Practitioner position. Both changes to this position will result in significant cost savings without sacrificing access to care or quality of care.  
In addition, the mental health case manager position was also filled after a retirement with some cost savings gained based on differences in clinical experience.

5. Further investigate the process of creating and implementing a branch of the Reserve Medical Corp at UMD. Maps to HS Goals 1 and 2.  
Assessment Plan for Objective: Hold two meetings with stakeholders in 18-19 using the planning matrix to guide and document the progress.  
Status: Fully met. Meetings were held with members of the medical and pharmacy school including Dean of the Medical School, Paula Termulen. Meeting was also held with Jill DeBoer and Kathy Berlin from the AHC and who oversee the University of Minnesota Medical Reserve Corp. Funding was requested by Jill DeBoer, through their annual budget request, to fund a part time administrative position to support the Medical Reserve Corp at UMD. This request was denied and currently the Medical Reserve Corp at UMD has been tabled.

6. HS Section Specific Objectives:

Medical: Implement a practice of responsible antibiotic stewardship focusing on four high priority conditions: bronchitis, pharyngitis, sinusitis and the common cold. Maps to HS Goals 3, 4 and 6.

Assessment Plan for Objective: 1) We aim to demonstrate a dedication to and a commitment to optimizing antibiotic prescribing and patient safety related to antibiotics. a. We will place visual materials in the clinic stating this commitment. 1. This can be measured by whether or not we have such materials in the clinic and on our website b. We will have informational sessions about antibiotics and antibiotic stewardship at the Health Check event in October, as well as at a Medical Outpost tabling event on campus. 1. This will be measured by whether these occur. c. We will have a leader directing antibiotic stewardship activities. This will be the QI Coordinator or a person or persons designated by the QI Coordinator 1. This can be measured by whether or not there is a designated leader of such activities. d. We will train clinic staff on how to set patient expectations. We will have staff trainings during medical section meetings on the common conditions in which antibiotics are overprescribed and we will have two such trainings over the course of each semester, as well as one peer review session each semester involving this topic. 1. This can be measured by documenting clinic staff training and peer review sessions. 2) We will track and report on antibiotic prescribing.

a. We will choose one or more high priority conditions to track this academic year. 1. We will look at the percentage of visits leading to antibiotic prescribing for these high priority respiratory conditions and compare that to a similar time period last year prior to implementation of antibiotic stewardship activities 2. We will track how we are doing with adhering to current guidelines for pharyngitis in relationship to ordering of strep tests and strep cultures for our patient population. We will compare charts from this academic year to last academic year and look at guideline adherence pertaining to ordering of strep tests. We will also look at how many strep cultures are done with a similar comparison. It is anticipated that we will be ordering fewer cultures which will result in resource conservation and be more in line with recommendations. 3. We will look at whether we can accurately track our rate of antibiotic prescribing for these conditions and will measure this by documenting assessment of our electronic record.

Status: Fully met. See Attachments pages 18-21 for full details of project.

## Health Services Section Objectives 2018-19 Continued

### Counseling Objectives:

1. To welcome, orient and incorporate our new staff members into the team. Maps to HS Goals 1, and 6.

Assessment Plan for Objective: This will be measured by completed orientation checklist, assignment of a mentor, regular meetings with mentor, individual or group get to know you meetings with team members, phased introduction into the clinical schedule and self report of new staff member of a successful transition

Status of Objective: Fully met. Both of our new staff completed their orientation checklist, worked with their assigned mentor as well as other team members as appropriate and carried their own caseload throughout the year. Sara Carlson, saw a full caseload as she started at the beginning of spring semester, 2018. Nomcebo Nkosi was scheduled at one less client per day to accommodate learning the EMR system and allowing time to work with her supervisor/mentor. She will hold a full schedule when she returns in the fall.

2. Explore ideas, as a team, for creative partnerships with campus/community partners, outreach ideas and additional support services. Maps to HS Goals 2 and 5.

Assessment Plan for Objective: Meet as a team and develop a list of ideas, potential partnerships, viability and potential action steps to move forward with implementation.

Status of Objective: Fully Met. Collaborated with Karen Stromme and Charla Bauxbaum to add a section of Lets Talk in Athletics in the Spring of 2019. We piloted a program that was specific to student athletes that semester, did outreach to athletic training staff and coaches. At the end of the semester we met again with our athletic partners and made the decision to continue the session this year but we will regularly advertise the time/location to all UMD students as utilization was low. Our goal is to continue to work with athletics including the Student Athlete Advisory Committee SAAC to address their concerns about student mental health.

Partnered with RSOP to increase involvement of counseling clients with their programming. Two staff, Sara Carlson and Barbara Miron, worked with their staff on this initiative which initially included planning some half day programming and due to low turnout changed to participating with already planned events with RSOP. In exchange for RSOP staff time/equipment our staff offered two workshops to RSOP student leaders/staff on working with students experiencing mental health crises. A plan for a transition trip in the fall was not realized due to end of the year scheduling issues but this is being looked at for the semester break 2019-20.

Provided strong outreach to the student groups in the Office of Diversity & Inclusion including a number of group sessions with student leaders on how to recognize and manage stress. These workshops were well received and students/staff expressed interest in ongoing development of this partnership.

Worked with Student Association on two events to address mental health and substance use issues. Nomcebo Nkosi presented on looking at Mental Health Through a Cultural Lens to kick off Student Association's Band Together campaign to look at ways to reduce stigma around mental health. This was followed by a presentation offered by Jean Baribeau-Thoennes and Laretta Perry on Trends in Student Mental Health and Substance Use.

The counseling staff had an end of the year half day retreat meeting to discuss additional ideas for outreach in the coming year.



## Health Services Section Objectives 2018-19 Continued

### Health Education:

1. Offer a weekly support group on campus for students struggling with a loved one's substance use or addiction. The Drug and Alcohol Educator will work with a student intern, who will serve as the group's facilitator, to develop the group's mission and objectives, meeting structure, meeting promotion and program evaluation. Maps to Health Services Goals 1 and 5.

Assessment Plan for Objective: This objective will be evaluated by noting the completion of each of the steps identified above.

Status of Objective: Fully met. An undergraduate student worked with HS Drug and Alcohol Educator and a faculty member from the Communications department as an intern (2 credits per semester) for the duration of the 2018-19 academic year developing, marketing and implementing the support group Hope and Help. The mission of the group was to provide support for students who were struggling with a loved one's substance use or addiction. The support group meetings were conducted on Monday nights in Kirby at 7PM and averaged 1-3 participants each week. The Communications faculty member was in attendance at each meeting. The group was marketed by posters, Alcohol Peer Educators during UMD Seminar presentations, and business cards which were distributed by UMD HS counseling staff, when appropriate, during individual sessions. The meetings followed a format of a reading or writing exercise at the beginning to introduce a weekly topic, discussion of that topic by group members for the majority of the meeting, and concluded with a moment of gratitude. The student intern graduated in May 2019 and will attend the Hazelden Graduate School of addiction studies in the fall of 2019. We are currently in the process of recruiting for another student to run the program through the Communications and Psychology department.

2. Provide sexual assault awareness and prevention programming to UMD Athletes. This maps to HS Goals 3 and 5.

1. Facilitate a one hour presentation on sexual misconduct, alcohol, and consent to all UMD athletes.

2. Facilitate a By-Stander Intervention presentation for team captains/Student Athlete Advisory Council.

Assessment Plan for Objective: This objective will be evaluated by noting the date of completion for each of these presentations. Written evaluations will also be collected to identify topics and language that resonated with students as well as topics that require further education.

Status of Objectives: Partially met. On October 19, 2018 at 9 PM all varsity athletes were required to attend a presentation facilitated by the Drug and Alcohol Educator on sexual misconduct, alcohol and consent. A follow up survey was administered electronically through Campus Labs immediately following the presentation and ran until 11/7/18. 146 students responded to the survey providing a 37% response rate. The information obtained by the survey results was shared with the Sexual Violence Response Team and Athletics.

2. Health Services initiated emails with athletics on 11/2/18 and 3/6/19 regarding the facilitation of a By-Stander Intervention presentation for team captains and Student Athlete Advisory Council Member. In another email exchanged with VC Erwin, L. Perry and K. Stromme on 12/4/18, Assistant Athletic Director Karen Stromme stated coaches had identified Bystander Intervention as the most effective programming strategy for student athletics and were interested in pursuing this. Each time athletics enthusiastically responded, however, no days/times were identified by Athletics solidifying a date. In the last correspondence, 3/6/19, Athletics suggested conducting the presentation in April during Sexual Assault Awareness month yet did not provide dates when asked to do so by HS as part of that email exchange.

## Health Services Section Specific Objectives 2018-19 Continued

### **Business Support Section Objective 2018-19**

The support section will continue with its implementation of a systematic process focusing on welcoming new patients, and providing them with the information needed to navigate the healthcare system on their own. This consists of 3 Objectives noted below. Links to HS Goals 1 and 5.

#### **Objective 1: Continue distributing welcome packets to new patients.**

**Assessment Strategy for Objective:** We have been handing out new patient packets that include a welcome letter from the clinic manager, a list of upcoming events, contact information for the clinic, brochure explaining the services available at UMD Health Services as well as providing a place to keep their HIPAA brochure. The number of packets given has been tracked. We have created scripted language to explain the required Assignment of Insurance Benefits form, as well as concise language to explain what rights they have under the HIPAA laws.

**Status of Objective:** Fully met.

**Objective 2: Add a tab to the Health Services Web page just for new patients to the clinic. This will include downloadable forms needed to establish care at the clinic as well as information regarding the purpose of these forms (HIPAA, AIB, etc).**

**Assessment Strategy for Objective:** Make all forms needed as a new patient available as downloadable forms on the website and include educational information about the nature of these forms as well as provide links to other sites with Health Information references. This will be completed on the HS website by March 2019.

**Status of Objective:** Partially met. The HS website now has links to the University's Board of Regents Policy and Procedure for Health Information as well as a link to HS posted Policy Practices. More detailed explanations of the information included on downloadable forms found on the website, however, needs further development.

**3. Develop a survey tool which assesses the information and knowledge gained through this initiative.**

**Assessment Strategy for Objective:** Use Campus Labs, People Soft and eCW to help design a simple electronic survey which can be sent to new patients at UMD HS gathering data on usefulness of the initiative. Survey will be sent by March 2019 and data analyzed by May '19.

**Status of Objective:** Not met.

A survey, which was to have been given to new patients regarding the usefulness of the HS Welcome Packets has not been done. Many new patients present acutely ill and are unlikely to use the Welcome Packet or complete a survey. Since this population would represent a significant percentage of patients receiving Welcome Packets, a survey tool assessing the effectiveness of the Welcome Packets amongst new patients would be biased. The survey tool will not be considered as a future objective.

## Attachments



## UMD Health Services Antibiotic Stewardship QI Project Fall 2019- Spring 2019

### **Purpose**

“The CDC recommends that outpatient care facilities take steps to implement antibiotic stewardship activities. The goal of stewardship is to ensure appropriate antibiotic selection and overuse.”

As an ambulatory health clinic, it is quite common to encounter patients seeking care for respiratory tract infections including pharyngitis, bronchitis, sinusitis and nonspecific upper respiratory tract infections such as the common cold. The majority of these infections are caused by viruses and other non-bacterial factors.

However, these conditions represent a large proportion of inappropriate antibiotic use in ambulatory clinics. At UMD Health Services last year from Sept through May we had over 1600 visits in which these conditions were frequently seen (ST/ear/cold/urgent 20 and urgent 30). Patients received antibiotic prescriptions for these visits about 20% of the time. Overuse of antibiotics is the most important factor that contributes to antibiotic resistance. Antibiotic resistance is a serious problem that causes illness and death. Antibiotic stewardship programs are effective ways to optimize use of antibiotics in order to decrease the problem of antibiotic resistance and to limit potential for medication reactions and side effects.

### **Identification of Performance Goal**

- 1) We aim to demonstrate a dedication to and a commitment to optimizing antibiotic prescribing and patient safety related to antibiotics.
  - a. We will place visual materials in the clinic stating this commitment.
    1. This can be measured by whether or not we have such materials in the clinic and on our website
  - b. We will have informational sessions about antibiotics and antibiotic stewardship at the Health Check event in October 2018, as well as at a Medical Outpost tabling event on campus.
    1. This will be measured by whether these occur.
  - c. We will have a leader directing antibiotic stewardship activities. This will be the QI Coordinator or a person or persons designated by the QI Coordinator
    1. This can be measured by whether or not there is a designated leader of such activities

d. We will train clinic staff on how to set patient expectations. We will have staff trainings during medical section meetings on the common conditions in which antibiotics are overprescribed and we will have two such trainings over the course of each semester, as well as one peer review session each semester involving this topic.

1. This can be measured by documenting clinic staff training and peer review sessions.

2) We will track and report on antibiotic prescribing.

a. We will choose one or more high priority conditions to track this academic year.

1. We will look at the percentage of visits leading to antibiotic prescribing for these high priority respiratory conditions and compare that to a similar time period last year prior to implementation of antibiotic stewardship activities.

2. We will track how we are doing with adhering to current guidelines for pharyngitis in relationship to ordering of strep tests and strep cultures for our patient population.

We will compare charts from this academic year to last academic year and look at guideline adherence pertaining to ordering of strep tests. We will also look at how many strep cultures are done with a similar comparison. It is anticipated that we will be ordering fewer cultures which will result in a resource conservation and be more in line with current recommendations.

Measurable outcome: We will compare number of RAST and cultures done fall 2018 and fall 2017.

3. We will look at whether we can accurately track our rate of antibiotic prescribing for these conditions and will measure this by documenting assessment of our electronic record

#### **Data to be Collected to Determine Current Performance:**

- Chart review of academic year 2017-18 with conditions including sore throat, cough/bronchitis, and sinusitis/URI to assess percentage of visits leading to antibiotic prescribing

Chart review of same time period to look at ordering or rapid strep tests and strep cultures for sore throat. Review will also assess whether any documentation of criteria for ordering strep tests was utilized.

Assessment of patient education in exam rooms will be done to assess whether there is any information about antibiotic prescribing, virus vs bacteria as cause of respiratory illness, etc.

Quiz to assess medical provider and nurse level of knowledge about sore throat causes and treatment will be done during a medical section meeting in fall 2018

## **Evidence of Data Collection:**

- Chart review: completed chart review 3/14/19. Time period of 9/1/18 to 3/13/19 and compared to 9/1/17 to 3/13/18. Urgent 20 and Urgent 30 visits for all providers and ICD10 codes for Acute URI (J06.9), acute sinusitis (J01.90), chronic sinusitis (J32.9), cough (R05), and acute bronchitis, unspecified (J20.9) were selected. Attention to whether or not antibiotics were prescribed and how many return visits.

Chart review: completed chart review 3/14/19. Time period was 9/1/18 to 3/13/19 and compared to 9/1/17 to 3/13/18. 100 of each reviewed and tallied with attention to whether Centor criteria documented, whether strep culture done, whether antibiotics were prescribed, and whether strep culture was positive, and whether strep screen was positive.

Exam rooms inspected by Susan Nordin MD to look for any visible patient information pertaining to antibiotic prescribing: This was completed on 1/21/19.

Quiz hard copy filed under QI Project Tools

## **Data Analysis :**

- Overall antibiotic prescribing for these common acute respiratory conditions for medical providers remained the same (43%) for each study period. Nurse visits were not evaluated. Number of return visits (or visits that were a return visit within 10 days of another related visit) were most common for the diagnosis of cough (R05). For 2017-18 time period there were 8 return visits for 35 total visits (23% ). For the year 2018-19 there were 3 return visits for 22 total visits (14%). Antibiotics were most commonly prescribed for acute sinusitis and for cough. In 2017-18 rate of prescribing antibiotics for sinusitis for the selected visits was 14 of 20 visits or 70% of visits. In 2017-18, rate of prescribing antibiotics for cough was 12 of 35 visits or 34% of the time. In 2018-19, rate of prescribing antibiotics for sinusitis was 11 of 16 visits or 69% of the visits. In 2018-19 rate of prescribing antibiotics for cough was 9 of 22 visits or 41% of the visits.

It is known that acute sinusitis is caused by viral etiology over 90% of the time or more, and so our rate of 69-70% of acute sinusitis resulting in antibiotic prescribing seems high compared to what is known about this condition. Particularly since our patient population tends to be a healthy population with few risk factors for developing ABS (acute bacterial sinusitis).

Also, for cough and causes of prolonged cough in our population, typically post-viral cough and post nasal drainage are top etiologies, in addition to viral bronchitis. Again, our rate of prescribing 34-41% for cough visits seems higher than warranted for our population. Current guidelines advise symptomatic treatment unless pneumonia is present. Using a large database, a 2009 study showed that the overall incidence of community acquired pneumonia in a population of working adults was 10.6 per 1000 person-years. This means that over one year, per 1000 of the working adults in the

study, 10.6 had CAP. If we borrow this incidence data and apply it to our population, that means that we should have about one case of pneumonia per 100 patients. The student population at UMD is around 11,000 persons, which means that per year approximately 11 students will have community acquired pneumonia.

Data regarding use of the Centor criteria and ordering of rapid strep tests, strep cultures, and antibiotic prescribing for pharyngitis did show a change from the year 2017-18 to 2018-19.

- **Comparison of Current Performance to the Performance Goal:**

- **Implementation of Corrective Action to Resolve Identified Problem:**

- **Re-measurement:**

- **Communication of Findings to the Organization:**

**Chemical Health Advisory Committee  
Annual Report 2018-19**

**Members:** Ana Hammerschmidt, Gary Holquist, Sean Huls, Katie Jackson, Kathleen MacLeay, Laretta Perry

**CHAC Mission**

The mission of the Chemical Health Advisory Committee is to develop campus collaborative efforts to assess and address current issues of students’ alcohol and other drug use in the Duluth and UMD communities.

**CHAC Goals**

<b>CHAC Goal</b>	<b>Mapping to University Goals</b>	<b>Mapping to Student Life Goals</b>
<b>GOAL 1:</b> CHAC will regularly review and analyze current alcohol and other drug use and trends both locally and nationally.	5, 6	2.6
<b>GOAL 2:</b> CHAC will provide a venue for creating campus collaborations on alcohol and drug education programming and prevention efforts.	1, 2, 5	3.1, 4.2
<b>GOAL 3:</b> CHAC will make recommendations for the UMD campus concerning alcohol and other drug issues.	1, 5	6.2
<b>GOAL 4:</b> CHAC will share information and data with appropriate stakeholders.	5.2	5.2, 6.2

**GOAL 1:** CHAC will regularly review and analyze current alcohol and other drug use and trends both locally and nationally.

**Objective:** *CHAC will review, analyze and share data, as appropriate, from the 2018 Boynton college student Health Survey. This will include information related to student use of prescription drugs.*

The Boynton College Student Health Survey was administered electronically to 2,799 UMD students in the spring of 2018 with a 43.4% completion rate. Compiled data was obtained and ready for distribution in the fall of 2018. The information was initially shared electronically via email with the departments of: Housing and Residence Life, Office for Student Conduct and Conflict Resolution, Recreational Sports Outdoor Program, Athletics, faculty with



Applied Human Sciences, Student Life, and the UMD Dietician before being put on the UMD Health Services web-page. In addition, Health Services staff presented data findings at the Lunch on a Mission series, to the Chancellor's leadership cabinet and the Council of Deans and Academic Advisors. Data was used to drive Health Services programming and was incorporated into presentations related to sleep, sexual violence prevention, stress, and drugs & alcohol. Data related to prescription drug use was compared to 2015 findings and indicated minimum abuse by UMD students (0.2%). CHAC remains committed to monitoring student abuse of prescription drugs.

*CHAC will explore data collection for repeat drug violations in an effort to be consistent with alcohol statistics reviewed by the committee.*

Drug case data was compiled by the Office of Student Conduct and Conflict Resolution (OSCCR) from academic years 2015-16 to present and included: possession of cannabis, possession of drug paraphernalia, distribution/sale of cannabis, possession of a legend drug, and the number of cases of driving while under the influence of a substance. In addition, a category was added for the monthly number of instances when students possessed a small amount of cannabis and no citation is given. At this time, police are providing OSCCR with the names of students involved in these situations for educational/therapeutic follow up.

**GOAL 2:** CHAC will provide a venue for creating campus collaborations on alcohol and drug education programming and prevention efforts.

**Objectives:**

*CHAC will meet monthly to allow for networking and collaboration to occur on a regular basis*

CHAC met September through May of this academic year and currently holds a committee member opening until the Student Organization/Greek Life Coordinator position is filled, scheduled for the fall of 2019.

*Select CHAC members will serve on the Tri Campus Coalition on College Student Drinking*

Two members of CHAC served on the Tri Campus Coalition; the UMD Police Chief, and the Drug and Alcohol Educator, with the later serving as one of the group's co-coordinators.

*UMD will offer a weekly support group meeting, similar to Al-Anon for students struggling with the substance use of others.*

A weekly support group was held on campus Monday evenings beginning in September called "Hope and Help" and ran for the duration of the academic year. The meeting was facilitated by an undergraduate intern working under the guidance of a faculty member from the Communications department. The mission of the group was to increase understanding of addiction as a disease,

develop strategies for assertiveness and self-care, and empowerment through peer to peer support.

*UMD will explore the community resources available for substance use screenings and Rule 25 assessments.*

CHAC members met with St. Louis County social workers to discuss the process and flow of DUI cases within the city of Duluth and to learn more about the anticipated changes to Rule 25 assessments scheduled for July 2020. In addition, a community organization was identified to work with UMD for substance use screenings sanctioned by the Office of Student Conduct and Conflict Resolution.

*UMD Police will be trained on the use of, and carry, Naloxone to reverse the effects of an opioid overdose.*

UMD Police began collaborating with the School of Pharmacy in 2017-18 to be trained on nasal administration of Naloxone. By September 2018 all officers had completed training and obtained doses to carry on their person.

*Risk reduction presentations regarding alcohol and cannabis will be provided on campus by selected CHAC members and students, and student organizations. This will include messaging on medical amnesty.*

In addition to the 2018 Boynton Survey instrument, UMD data was collected from electronic assessments and interviews of students over the last 2 years with findings used to guide cannabis curriculum development. The curriculum was implemented beginning in the fall of 2018 and received consistently positive feedback from post presentation evaluations. Based on current trends of cannabis use, risk reduction presentations are now being evenly distributed between the topics of alcohol and cannabis.

The Drug and Alcohol Peer Educators assisted the Drug and Alcohol Educator in providing 27 classroom presentations throughout the academic year to UMD Seminar classes. In addition, presentations were conducted in Health and Wellness Classes (HLTH1100), and the course Women's Health Issues. All classroom presentations included the signs/symptoms of alcohol overdose and information regarding the state law Medical Amnesty. In addition, the entire freshman class was provided this information during Bulldog Welcome Week during the 360 Stay Safe presentation. Magnets providing the symptoms of alcohol overdose and action steps required were placed on the refrigerators of all UMD housing units. CHAC remains committed to this practice, recognizing the continuous change in our population requires on-going programming efforts

*Presentations will be provided to area high schools on alcohol and other drugs from a risk reduction standpoint.*

Presentations occurred in the Health class of Harbor City High School each quarter, increasing the total number of presentations from 2 to 4 for the

academic year. These classes contain students ranging from sophomore to senior class rank.

The Drug and Alcohol Educator met with the parents of seniors at Marshall High School in April to discuss current alcohol and drug trends on US college campuses and provided suggestions for ways to initiate the conversation with their children emphasizing a harm reduction approach. Three sessions were also conducted with the senior class prior to prom to provide presentations on risk reduction, sexual assault, and by-stander intervention.

*CHAC will create student subcommittees, as needed, from a cross section of student organizations and positions to address select topics/issues, share data, and elicit feedback.*

To review and improve our efforts educating students about alcohol poisoning and medical amnesty, CHAC sought to learn from those who had served as the caller in a medical amnesty incident. Based on the low number of students' involved (25 callers since 2016) and the potential for some to have left UMD, an electronic survey was created to assess how students learned about the law, the factors that influenced their decision to call, and whether they would have taken the same initiative if the medical amnesty law did not exist. Results of the survey are included in the assessment section of this document.

**Goal 3:** CHAC will make recommendations for the UMD campus concerning alcohol and other drug issues

### **Objectives**

*Continue to monitor and respond, as appropriate, to efforts to legalize marijuana in the state of Minnesota as it relates to the public health lens of driving under the influence, curriculum and public service announcements.*

A bi-partisan bill was introduced in the Minnesota House of Representatives this legislative session to legalize cannabis for recreational use for individuals ages 21 and over. CHAC submitted a letter to the authors of the bill utilizing science based research and national and UMD specific data to address driving under the influence, the lack of devices to accurately measure THC levels, required modifications to middle school and high school curriculum, and social norming and public health campaigns. One of the authors of the bill responded directly to UMD staff informing us that our material would be made part of public record and discussion about the bill. The bill was defeated in the House.

*CHAC will revise written messaging for parents regarding student substance use.*

CHAC created a guide to replace the Parent Alcohol Brochure with the intent of using UMD specific data and extending messaging to include other substances. The guide "Student Substance Use - A Guide for Parents" is available on-line on the UMD Drug/Alcohol web-page.

*UMD will initiate a meeting with local ER staff to discuss the release and transportation of students following an alcohol/drug related emergency.*

Facilities in the region made more beds available creating space at the Center for Drug and Alcohol Treatment facility in Duluth for UMD students. Based on this change, a meeting was not required with ER staff for this purpose.

**Goal 4:** CHAC will share information and data with appropriate stakeholders.

### **Objectives**

*Using the data collected from the 2016 Alcohol Trends Survey, an article will be submitted for publication.*

This objective was initially listed for 2017-18. The article *Effects of Social Capital on the Culture of College Drinking* by UMD Masters Of Social Work intern Jessie Peterson was submitted on March 5, 2018 and was accepted/published in April 2019 in the Journal of Alcohol and Drug Education. Ms. Peterson served as a CHAC member for the duration of her one year internship.

*CHAC members will share research findings related to UMD student cannabis use with UMD staff and faculty at a Lunch on a Mission event.*

CHAC members submitted the topic for consideration and were declined in favor of sharing the 2018 Boynton Survey data which highlighted alcohol and drug trends in addition to other topics relevant to college health.

*CHAC members will share findings from the alcohol and sexual assault/misconduct focus groups with members from the Sexual Violence Response Team, the Sexual Health Peer Educators and the Alcohol Peer Educators.*

A document was created summarizing themes and findings from the combined focus groups and shared with each of the above committees/organizations. In addition, material from the focus groups was used to expand curriculum related to the role of alcohol in sexual misconduct/assault.

### **Assessment**

CHAC launched an electronic survey through Campus Labs technology in March, 2019 to twenty five UMD students who called for medical assistance in an alcohol related emergency between 2016 to present. Of the twenty five, nine students completed the survey, yielding a 36% response rate. The questions/responses were as follows:

How did you learn about the Medical Amnesty Law? (Select all that apply)

High School = 20%

Friends = 20%

Welcome Week = 27%

UMD Seminar Class = 7%

RA = 27%

(9 respondents, 15 responses)

Would you have called for help if the Medical Amnesty Law did not exist?

Yes = 67%

No = 22%

Unsure 11%

What factors influenced your decision to call? (Select all that apply)

Person was unresponsive = 54%

Someone else told me I should = 7%

I knew I wouldn't get in trouble = 14%

I was scared = 21%

(9 respondents, 14 responses)

Who did you call first?

911 = 11%

RA = 67%

Parent = 0%

Friend = 11%

Housing Information Desk = 11%

### **Budget**

CHAC does not have a budget, or assigned EFS number. Appropriate departments contribute for specific costs.

Alcohol Overdose Magnets - \$403.10 Fee covered by Health Services

Alcohol Edu - \$35,850 Fee covered by Coca Cola monies

E-chug/E-toke (on-line assessment tools) - \$2,150. Fees are equally distributed between the departments of Health Services, Housing, and the Office of Student Conduct and Conflict Resolution.

## Budget



## Health Services Budget Executive Summary

Health Services submits three budgets for funding each year. The operational and capital improvement budgets for Health Services are funded through the Student Service Fee and the Counseling Program budget is funded by O&M resources.

In January 2019, Health Services submitted its annual budget requests to the Student Service Fee committee. These requests were for funding during the 2019-20 academic year. In brief, the operational request was \$1,701,820 and the capital request was \$100,000. The SSF Committee graciously allocated \$1,650,000 and \$75,000 for operational and capital expenses respectively. The continued support of the Committee is critical to the success of Health Services and helps the unit to maintain services and programming vital for student wellbeing and success.

Compared with 2018-19, the allocation for the operational budget for 2019-20 is \$108,000 more, however, the capital allocation is actually smaller than the previous year by \$15,000. The SSF Committee, HS Leadership and the VC of Student Life all recognized the greater need for funding support in the operational area of HS' budget. Monies which had been allocated for a new HS facility through the capital budget were not felt to be critical in the next 5-10 years since the likelihood of a new facility in that time frame is low. The SSF Committee instead supports the idea of a much more substantial request for new facility funding when approval for that project moves beyond the current stage of its completed needs assessment.

Health Services was able to realize some cost savings this year with respect to staffing changes as one of its physician providers left in April and the Mental Health Case Manager retired as well. The physician position was refilled but with a Nurse Practitioner instead of physician and for a 9 month rather than 12 month appointment. This will reduce expenditures going forward. Cost savings will also be realized with the Mental Health Case Manager position as well based on differences in compensation due to clinical experience.

Health Services was able to end the fiscal 18-19 year in the black for the first time in several years and it is hoped that this trend will continue. See spreadsheet on page 31.

# UMD HEALTH SERVICE 2019-2020 SSF REQUEST

<u>RESOURCES</u>	2017-2018 ACTUAL	2018-2019 BUDGET	ACTUAL THROUGH 12/31/18	2019-2020 REQUEST	% Chg from prior yr	SSF DISTRIBUTION
Prior Year Carryforward	16,995	16,128	16,099	<b>12,356</b>		
Student Service Fee Income	1,452,300	1,542,000	772,086	<b>1,701,820</b>	10%	1,701,820
Student Service Fee Summer	27,405	35,000	0	<b>35,000</b>	0%	35,000
QuickCare support	18,000	18,000	0			
Seed money-Case Mgr position		0				
1 time trfr from Ops Reserves	100,000	0		<b>20,000</b>		
Other Income	324,418	400,000	182,216	<b>300,000</b>	-25%	
Flu shot reimbursement		\$0	6,010	<b>6,000</b>		
<b>TOTAL RESOURCES</b>	<b>\$1,939,118</b>	<b>\$2,011,128</b>	<b>\$976,411</b>	<b>\$2,075,176</b>	<b>3%</b>	<b>\$1,736,820</b>

<u>PAYROLL EXPENSES</u>						
Payroll - Staff	1,141,725	1,184,325	562,843	<b>1,232,511</b>	4%	1,200,000
Payroll - Students	0	500	0	<b>3,900</b>	680%	3,900
Fringe Benefits	346,082	378,347	177,060	<b>411,673</b>	9%	223,920
<b>Total Payroll Expense</b>	<b>\$1,487,807</b>	<b>\$1,563,172</b>	<b>\$739,903</b>	<b>\$1,648,084</b>	<b>5%</b>	<b>\$1,427,820</b>

<u>OPERATING EXPENSES</u>						
Gen Oper Supplies & Serv	58,410	60,000	6,715	<b>60,000</b>	0%	30,000
Lab, Xray, & Medical Sup & Serv	197,165	200,000	131,948	<b>200,000</b>	0%	200,000
Enterprise & Cost Sharing Exp	25,611	24,000	9,850	<b>24,000</b>	0%	
Telephone/Wireless Access	6,178	6,000	372	<b>6,000</b>	0%	
Travel/Staff Development	13,968	10,000	1,210	<b>15,000</b>	50%	
Dues / Licenses / Insurance	19,953	15,000	6,404	<b>12,000</b>	-20%	
Equip / Computer Support	24,175	30,500	18,507	<b>23,000</b>	-25%	
Programs	7,000	5,000		<b>5,000</b>	0%	5,000
Custodial Expenses	57,541	56,100	30,651	<b>56,500</b>	1%	56,000
Utilities	16,985	19,000	5,532	<b>18,000</b>	-5%	18,000
Maintenance & Repair	8,227	10,000	3,686	<b>7,500</b>	-25%	
<b>Total Operating Expense</b>	<b>\$435,213</b>	<b>\$435,600</b>	<b>\$214,874</b>	<b>\$427,000</b>		<b>\$309,000</b>
<b>TOTAL EXPENSES</b>	<b>\$1,923,020</b>	<b>\$1,998,772</b>	<b>\$954,778</b>	<b>\$2,075,084</b>	<b>4%</b>	<b>\$1,736,820</b>

**ENDING BALANCE**      **\$16,098**      **\$12,356**      **\$92**

SSF as % of total budget      75%      77%      82%



**Health Services year end balances 06/30/2019**

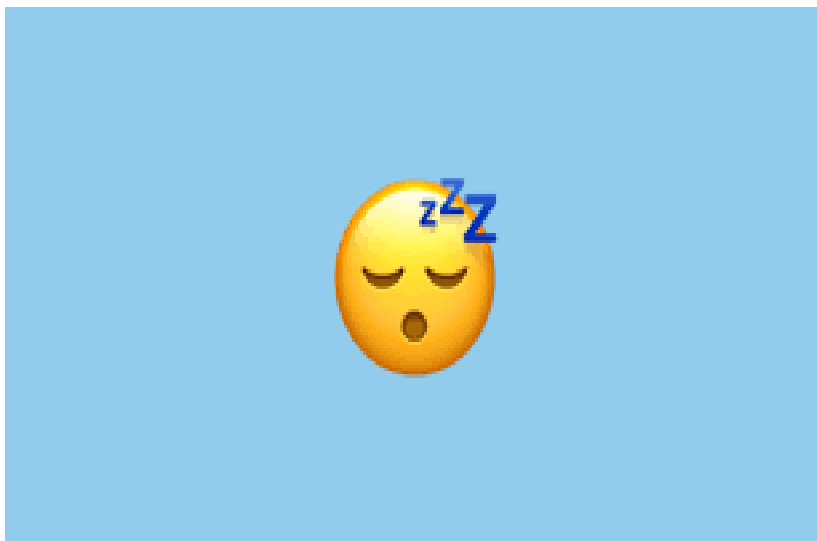
<b>Operating</b>	<b>1026</b>	<b>10453</b>	<b>20407</b>	<b>All CF2s</b>	<b>\$</b>	<b>17,164</b>
New building funds	1026	10453	20710	1000015190	\$	349,375
Other reserves	1026	10453	20710	All other CF2s	\$	835,490
<b>Total reserves</b>					<b>\$</b>	<b>1,184,865</b>
<b>Capital budget</b>	<b>1026</b>	<b>10453</b>	<b>20846</b>		<b>\$</b>	<b>179,618</b>
<b>TOTAL 10453 D HEALTH SERVICES ADMIN</b>					<b>\$</b>	<b>1,381,647</b>
Health Ed admin	1026	10454	20407		\$	1,868
Health Ed events	1026	10454	20417	All CF2s	\$	1,705
Health Ed gift funds	1701	10454	20407		\$	1,766
<b>TOTAL 10454 D HEALTH EDUCATION</b>					<b>\$</b>	<b>5,339</b>

From Chartfield String Budget Status through p 915, accessed 08/17/19 snf

## *Telling Our Story*

Health Services mission is to support the well-being of UMD students. This is a simple statement but in reality it is a complex and multifaceted endeavor. We do this by providing primary care medical services, mental health services and health education within our building, on campus and in the community.

Sleep is widely accepted as a critical element of well-being. In 2018-19, a project which began using survey data from 2017 and evolved and developed over the past two years to support better sleep for students reached a level which epitomizes one of the core tenets of this unit: collaboration with academic partners on campus to promote student well-being. What follows is a synopsis of the work of many individuals, but special merit to Dori Decker, MS, Health Educator, in leading this project to its current status : **The Healthy Sleep Program.** This is our story.



## **Sleep Education and Initiatives, 2017-present**

The National Sleep Foundation recommends getting 7-9 hours of sleep each night, but according to the College Student Health Survey data, only 6.2% of UMD students report getting adequate sleep 6-7 nights of the past 7 nights. In fall semester 2017, Dori Decker, UMD Health Services Health Educator, started working with public health interns and the Student Health Advisory Committee to explore what we could do to promote the importance of sleep through education and campus initiatives. These efforts aligned with a review of sleep science and research; inquiry into what other colleges were doing, including St. Thomas and CSS; as well as a clinic quality improvement project on sleep.

**Survey on student sleep behaviors:** In the fall of 2017, we began by developing and administering (at UMD Health Check) an informal needs assessment to measure student reported barriers to sleep and methods for sleep support that students would use. We learned a lot from this initial survey, and have been putting the information into practice with a series of initiatives on campus:

- **Sleep Kit Education/Distribution:** Health Services has distributed over 750 sleep kits to students. We created kits as an (educational) incentive for student filling out our 2017 survey, and based on the survey responses from students, we have continued distribution of the kits during academic presentations and at educational tabling events. The kits include an eye mask, ear plugs, tea, along with education on "ten tips for getting better sleep" and Health Services information and resources.
- **Calm Sessions: Unpacking a busy mind before bed:** About 50% of the 2017 survey respondents reported that having a busy mind and stress is a barrier to getting a full night of sleep. This information inspired facilitators of the Calm program (drop in relaxation sessions) to provide sessions that impart strategies for unpacking a busy mind before bed, to include, journaling and meditation. These techniques are also practiced in stress reduction presentations in academic classrooms.
- **Sleep apps poster campaign:** One of the most frequent responses from students on our survey for supportive measures was that students would use sleep apps. Student interns and SHAC researched the iPhone platform for programs that might help support sleep. They created posters providing education on the Bedtime and Night Shift programs. We posted these throughout campus and in the Nap Zone (see next initiative!).
- **Designated Nap Zone Project:** The top response for supportive measures that students would use for sleep was for a nap zone. In spring of 2018, we researched areas on campus that might make for a conducive environment for napping on campus. The Kirby Underground is a commonly quiet space where students spend time studying and well, napping! We submitted a proposal to the Kirby Student Center to partner on creating a Designated Nap Zone in the Kirby Underground. The proposal was accepted by Kirby, and the nap zone was established, along with educational posters on the benefits of sleep and recommendations for napping. The posters also include the recommendation for students with insomnia to meet with a counselor for techniques for managing insomnia. The nap zone initiative was featured in The Bark, and on KUMD.
- **Developed sleep Education and Initiatives Webpage:** <http://www.d.umn.edu/health-services/health-education/sleep-education>

**Homework Deadlines Assessment:** In fall semester 2018, we started looking at homework deadlines as one means of creating a systems-level public health policy that can support effective sleep habits. We developed another student survey to specifically look at preferences for homework deadlines and how deadlines impact sleep behaviors. We learned from students that if they had homework deadlines that are earlier than the default deadline of 11:59pm, they would use that time to participate in behaviors that support sleep, to include unwinding with family and friends, and going to bed earlier. Students indicated an overall preference for a 10pm deadline. Also in the fall of 2018, the Rothenberger Institute at UMN rolled out a homework deadline of 5pm in support of social engagement and student wellbeing. This helped serve as a model for working with departments at UMD.

- **The Healthy Sleep Program, Applied Human Science Department:** Spring 2019, we requested a partnership with the Applied Human Sciences Department, and surveyed the faculty to measure what deadlines they were using. While many AHS faculty had already implemented earlier deadlines, 14% (homework)-21% (exams/quizzes) of responses indicated an 11-11:59pm deadline. At this point, we created a project proposal for a homework deadline pilot project with AHS, and presented to a group of faculty. We are currently working with the Applied Human Sciences Department on this pilot project for fall 2019, a project we are calling the Healthy Sleep Program. The program is optional, and asks faculty to implement, or continue to use a previously implemented deadline of 10pm or earlier. We have 12 faculty enrolled in the program and will send a reminder email to faculty seeking additional participation. We will survey students to gauge the effectiveness of earlier homework deadlines on sleep behaviors. We crafted a rationale for the Healthy Sleep Program, and encourage faculty to use the rationale on syllabi to provide awareness to students. We aim for this pilot program to be a model for a campus-wide initiative for 2020-2021.

### **Healthy Sleep Program rationale intended for syllabi:**

This course participates in the Healthy Sleep Program

The Healthy Sleep Program recognizes that sleep is important for wellbeing and academic performance. The National Sleep Foundation recommends 7-9 hours of sleep per night. Therefore, this course has implemented a 10 pm (or insert deadline) deadline for assignments, quizzes and tests with the goal of improving student sleep behaviors. The deadline also encourages students to manage their time effectively; advanced planning is a skill that will serve students in their professional lives after college. For more information about sleep, and resources at UMD, visit: <https://z.umn.edu/UMDsleeeep>

### **Rothenberger Institute, syllabus statement**

The Rothenberger Institute has decided on a 5:00 p.m. deadline for assignments and quizzes throughout the term. Turning your assignment in at 5:00 p.m. means that the evening is available for you to practice habits that foster wellbeing and engage socially with your community; this deadline also encourages you to plan and work on assignments in advance, which is one effective strategy for reducing academic stress. Public health professionals work to change policies to make the world a healthier place; by building a system that supports health, we are improving health outcomes for students!

# **UMD Health Services Strategic Plan 2019-20**

Guiding Statements

Objectives

Assessment  
Strategies

*I. Vision The vision of Health Services focuses on the development of an inclusive health care model including medical, counseling and health education services which is collaborative in nature with campus and community partners. This concept is consistent with the UMD's Core Value of Engagement, Learning and Inclusiveness; Campus Goals 1,2,5 and 6 as well as Division Goals 1,2, 3, 4, 5.*

*II. Mission The mission of Health Services is to provide students the opportunity to develop healthy personal lifestyles, help ensure their retention at UMD, and contribute to the overall excellence of their educational experience by providing services which address the physical, emotional, social and intellectual well-being of our students.*

**III. Goals**

*Health Services Goals Mapped to the UMD and Student Life Strategic Plans*

Health Services Goal	Mapping to University Goals	Mapping to Student Life Goals
1. Ensure that the HS facility provides an inclusive, educational and service oriented space which supports students and staff	1, 2 and 6	1.1, 2.1, 3.2 and 5.1
2. Develop intentional collaborative relationships between HS, campus and community partners, including health care organizations, for the benefit of UMD students	1,5 and 6	1.1 and 5.3
3. Develop and support and organizational culture which facilitates professional and personal growth, best practices and the ideals of Goal 2.	1,2 and 6	2.1, 3.2, 4.3, 5.1
4. Strive for optimal efficiency in developing accessible and high quality healthcare services while balancing the need for campus and community outreach programming.	1,5 and 6	3.2, 4.3

5. Provide programming and services which help students develop healthy, successful and sustainable lifestyles.	1 and 6	1.1, 3.1 and 5.3
6. Practice responsible, transparent and accountable stewardship of the fiscal, human and physical resources of UMD.	6	5.2

*V. Objectives/Outcomes/Assessment*

<b>Objective/Outcome</b>	<b>Mapping to Department/Committee Goal</b>	<b>Assessment Strategy</b>
1. Set a date for the implementation of a digital PACS system at Health Services	3 and 6	Meet with stakeholders fall '19 to set implementation timeline
2. Begin preparation for AAAHC Re-Accreditation site survey in fall 2020.	1,2,3,4,5 and 6	Complete and submit the on-line application materials for AAAHC Re-Accreditation by May 2020.
3. Complete Action Plan for 1-2 Opportunities for Growth identified on the 2019 Employee Engagement Survey.	1,2,3,4,5 and 6	Review survey results in winter '20. Opportunities for Growth will be identified and action plan developed and submitted by spring/summer '20.

<p>Section Specific Objectives 2019-20:</p> <p>Health Education:</p> <p>1. Create a survey instrument to measure the impact of the earlier homework/exam deadline intended to improve student relaxation and sleep patterns.</p> <p>2. Discuss and document relaxation and stress management techniques during BASICS meetings for students who self-disclose cannabis use for purposes of relaxation and self-medication.</p>	<p>2 and 5</p> <p>5</p>	<p>1. Distribute electronic survey to all participating students from Applied and Human Service courses by December'19. Compile and analyze data from survey to determine effectiveness of intended outcomes by May'20.</p> <p>2. Survey students electronically 6 wks post final BASICS meeting completion to evaluate implementation of relaxation and stress management techniques and the frequency of cannabis use by May'20.</p>
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<p>Section Specific Objectives Continued</p> <p><b>Medical Section:</b>Continue the Antibiotic Stewardship Project started in 2018. Specifically we will attempt to further decrease the use of antibiotics in the treatment of pharyngitis/sore throat/tonsillitis.</p>	<p>3,4,5 and 6</p>	<p>Centor criteria for evaluation of pharyngitis/sore throat/tonsillitis will be added to the HS EMR to further increase the probability of staff using this tool which can help delineate viral vs bacterial etiology of pharyngitis/sore throat/tonsillitis. Charts will be reviewed(peer review) from Sept 19 to March 2020 and data regarding use of Centor criteria, rapid strep tests ordered, strep cultures ordered and antibiotics prescribed will be compared with data sets from 2017-18 and 2018-19 during similar time periods. Goals are to increase the documented use of Centor criteria to 90% of chart reviewed pharyngitis visits and to reduce antibiotic usage to 20% of chart reviewed pharyngitis visits.</p>
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<p>Section Specific Objectives Continued</p> <p>Counseling:</p> <p>1. To welcome, orient and incorporate our new staff member(s) into the team.</p>	<p>1,2, 3,4,and 6</p>	<p>This will be measured by completed orientation checklist, assignment of a mentor, regular meetings with mentor, individual or group “get to know you” meetings with team members, phased introduction into the clinical schedule and self report of new staff member of a successful transition</p>
<p>2. Transition to Titanium Schedule as the new Counseling Center EMR.</p>	<p>1, 2, 4, and 6</p>	<p>The Counseling section will transition to Titanium by May 2020. Progress will be measured by all staff completing training, accessing/utilizing the new system and the development of templates for intake and progress notes for the therapists and clinical case manager. Successful transition will also be measured by training support staff in the utilization of Titanium's scheduling system.</p>
<p>Business Support Objectives:</p> <p>1. The support section will work with HS' web page developer to add more detailed, educational information for patients to the HS website regarding AIB(Assignment of Insurance Benefits)</p>	<p>1 and 5</p>	<p>Designated Business Support staff will develop verbiage/script which provides detailed and educational information on</p>

