

# Student Life

UNIVERSITY OF MINNESOTA DULUTH

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## ANNUAL REPORT

2019-2020

### *Unit/Department*

#### HEALTH SERVICES

##### *Describe your department's year.*

Efforts to build upon programming and services reported in the previous annual report include: procuring equipment to increase on-site laboratory testing; expanded mental health services and programming between Health Services (HS) and Athletics; and additional collaboration between HS and Applied and Human Services.

HS purchased an instrument called a Cepheid Analyzer which performs Polymerase Chain Reaction assays for influenza, strep, GC, Chlamydia and COVID. Due to the limited supply nationally of the reagent needed for COVID testing, HS is currently sending COVID samples to off site laboratories for results. We anticipate full implementation of testing capability by December 2020. The counseling department expanded collaboration with Athletics by conducting weekly "Let's Talk" drop in sessions in the Sports/Health building, working with the Assistant Athletic Director and an Athletic Trainer to bring awareness of mental health issues to coaches and trainers, and engaging student athletes through the Green Bandana project to inform students of mental health resources available on campus. In response to the George Floyd killing, HS obtained funding from the Chancellor's office for counseling staff to meet with students of color over the summer months. Health Education expanded their collaboration with Public Health majors and faculty by serving as topic experts and mentors in research methods classes fall and spring semester and conducted assessment on cannabis, vaping, bystander intervention, and sleep.

In addition, the initiatives below reflect identified objectives listed in the 2019-20 HS Strategic Plan:

1. Set a date for the implementation of a digital PACS system at HS.

A vendor named Infnit was identified, meeting the security standards set by the U of M, followed by a bid which was accepted, however, the company's travel and implementation timelines have been delayed due to COVID. For these reasons, the objective was partially met.

*Department year in review, continued*

2. Begin preparation for AAAHC Re-Accreditation site survey in fall 2020.

Health Services holds a three year accreditation by the Accreditation Association for Ambulatory Health Care which expires in October 2020. A reapplication for survey review was submitted in May 2020 with a date for the site visit pending. This accreditation body reviews policies, procedures, programming, credentialing and quality improvement for medical, counseling and health education. This objective was met.

3. Complete Action Plan for 1-2 Opportunities for Growth identified on the 2019 Employee Engagement Survey

One of the areas from the Employee Engagement Survey, which is of primary importance to HS is, "the cooperation and teamwork" of our four sections within the department. While this was not listed as a deficient area on the Employee Engagement Survey, we determined to focus on improving this further by having the Professional Standards Committee conduct a review of HS meeting processes and provide recommendations to the Management team based on the findings. In September 2020 a survey was distributed electronically to all staff to learn about the perceived goals, benefits and challenges to All-Staff, Section, and Cross Section meetings. Common themes were identified for each type of meeting with recommendations presented to the Management team in October 2020. Implementation is set to begin before the end of the semester. This objective has been met.

4. Health Education: Create a survey instrument to measure the impact of the earlier homework/exam deadline intended to improve student relaxation and sleep patterns. Health Education initiated a Healthy Sleep pilot project with the Applied and Human Services Department during the 2019-20 academic year. A summary of the project can be found in the Assessment section of this report. This objective has been met.

5. Health Education: 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.

Three students out of 46 students receiving BASICS meetings cited stress as the primary reason for cannabis use. Additional one on one meetings were conducted in place of an electronic survey as a means of obtaining a deeper understanding of strategies utilized, and as a way to provide additional support. In addition, an electronic survey was developed in Spring 2020 to gain a broader picture of the number of students who use cannabis for this purpose and the additional relaxation/coping techniques they utilize to manage stress. Results are listed in the Assessment section of this report. This objective has been modified and met.

6. Medical Section: 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.

Provider compliance with use of Centor criteria for the screening of pharyngitis was over 90% (exceeding our goal of 85%). Providers attributed this to the ease of use in the electronic medical record. However, a review of charts and peer review revealed an ongoing

*Department year in review, continued*

limited comfort level of treatment of pharyngitis based on Centor alone and not treating with antibiotics. A slight decrease in antibiotic use was noted from 28% to 25%. This year we are adding molecular strep testing, which has a higher sensitivity and specificity than the current rapid tests we use. It is hoped that the enhanced reliability of this test will offer providers more reassurance that a negative molecular strep truly means a non bacterial cause of pharyngitis and thus fewer antibiotic prescriptions will be written. This objective was partially met.

7. Counseling: To welcome, orient and incorporate our new staff member(s) into the team Senior counseling staff stepped up to mentor and teach new staff members about UMD specific resources and processes in addition to the nuances of college mental health. By Spring semester the new staff were up to full capacity in meeting with students, participated fully in team discussions, shared their expertise by providing in house presentations to the other, and had each engaged with the larger campus community. The new case manager quickly became an effective Student Care Team member and put her own mark on this position that was appreciated by SCT members and the larger campus community. One new staff's expertise in ADHD testing resulted in him consulting with others and developing a pre-screening process which is conducted before referring students for costly testing for this diagnosis. This objective has been met.

8. Counseling: Transition to Titanium Schedule as the new Counseling Center EMR. When the university transitioned to distance learning in March 2020, HS Counseling department utilized Zoom for individual student sessions, which met the criteria for HIPAA compliance. Titanium was also introduced during this time enabling counseling sessions to be documented in the new electronic medical record system. Staff continue to work on phase II of the roll out (completion of demographic information forms, intake templates and general progress notes as the notes used this spring and through summer have been created specifically for Telehealth). The rest of the processes and forms will be completed and developed by the end of fall semester. This objective was partially met.

9. Support Section: Work with HS' web page developer to add more detailed, educational information for patients to the HS website regarding AIB (Assignment of Insurance Benefits) Concise information was added to the 'Forms' section of the HS website to inform students on services which were billable under insurance, billing processes and policies, and the conditions under which students may receive a bill. This objective has been met.

10. Support Section: Improve processing of Flexible Spending Account and Health Account transactions for patients.

Health Services credit card terminal has been re-designated from a school account to a health care account to allow for processing of credit cards and flexible spending accounts as payment for services at Health Services. Our billing statements also reflect acceptance of credit card payments. This objective has been met.

*Summarize the impact of COVID-19 on your unit's operations.*

COVID has impacted the normal operating procedures of each section within Health Services. To meet the needs presented by remote operations, HS purchased eleven laptop computers for Counseling, Health Education and Medical. Permission was received from ITSS for utilization of the Cloud based version of EClinicalWorks allowing Health Services to offer a portal for the sharing of medical information; and telehealth, whose virtual visits minimize risk of COVID exposure to students and staff. Our Counseling department utilized Zoom for individual student sessions, which met the criteria for HIPAA compliance, with sessions documented in the new electronic medical record Titanium. Health Education utilized the new laptop computers to continue BASICS meetings, marketing, intern, graphic design, and student group supervision.

In spring semester our Medical session transitioned to remote service delivery whenever possible to reduce the flow of traffic in and out of the clinic, thereby reducing the risk of COVID transmission. As a result of these process changes, the dispensary saw a reduction in use and revenue (see question #4 for details on revenue). Patients requiring lab or x-ray services continued to be seen in person.

In anticipation of an increase in COVID related calls and traffic for fall 2020 the physical design of HS Reception was adjusted to ensure six feet distance between patients registering and reception staff. In addition, plexiglass was installed to create a physical barrier between these parties. Patient entrances were modified to allow a separate entrance and waiting area for students presenting with COVID symptoms from those receiving other services. Health Services also hired a RN COVID Coordinator using central funds to secure a full time position from September 2020 through June 2021.

HS Medical Director has been temporarily removed from provider care as much as possible to accommodate the development and implementation of systems related to COVID. These include regular, on-going meetings and additional job responsibilities as follows: UMD Housing and Residence Life regarding a notification system of on-campus students who test positive, have quarantine and isolation needs, and when individual students can safely return to their residence hall or campus apartment following negative tests; a testing strategy developed collaboratively with University of Minnesota and MDH involving a reference lab contract with Mayo Clinic for COVID testing beyond our contract with Quest labs; Minnesota Department of Health Higher Education for a collaborative approach to address COVID within residential colleges; submitting the number of COVID positive cases weekly to UMD Public Relations for the electronic Dashboard; and weekly zoom meetings with the St. Louis County Community Testing Work Group, U of M Campus Wide COVID Operational group, and St. Luke's hospital.

*Provide assessment results that were important and informative for your department. What did you assess and what did you learn?*

### *Cannabis*

Electronic surveys were conducted in 2017 and 2020 to understand the nuances of UMD student cannabis use, and measure changes in student behavior and the impact of initiatives. Approximately 700 students responded to each of the surveys. In 2017 we learned 4% of our random sample drove under the influence of alcohol. Of this same sample, 46% indicated they drove while under the influence of cannabis. In BASICS meetings and classroom presentations we asked the follow up question "why the difference"? Students responded 1) they had been taught via family and school that drinking/driving was "wrong" and "you will get in trouble"; however, there was no messaging provided regarding driving while high 2) 66% (2017) and 69% (2020) of students perceived cannabis was less dangerous than alcohol and 3) driving while high is a different experience than driving while intoxicated, and "not as risky". In response to these findings Health Education developed curriculum, poster and social media campaigns during the fall of 2017 and began implementing curriculum Spring 2018 to address scientific data on the differences between driving under the influence of each substance and suggested students postpone driving for 2-3 hours following smoking cannabis. 2020 survey results indicated a 10% reduction in the number of students who drove while under the influence of cannabis from 46% to 36%. Other data reflect no significant changes. HS intends to continue development and delivery of curriculum based on the current and evolving science, and continue campaigns focused postponing driving with the intent of reducing this percentage further.

Additional questions were added to the 2020 survey instrument to further explore the relationship between cannabis use and reward, relaxation and self medication. These findings were shared with Drug/Alcohol Peer Educators and HS Counseling staff. Prevention and intervention strategies are being developed.

### *Vaping*

Due to the national rise in lung illness associated with vaping during the late summer and early fall of 2019, Health Education conducted an electronic survey to learn more about UMD student behaviors and attitudes related to vaping. Of the 1132 students participating, we learned 70% of UMD students had vaped with 12% identifying as regular, daily users and 17% using vaping as a method of THC delivery. At the time of our study, black market THC carts were being linked to EVALi (E-cigarette/Vaping Associated Lung Injury). Based on these findings, curriculum was created and implemented for fall semester UMD Seminar classes which incorporated education on Vitamin E Acetate as a lung irritant found in black market THC carts. Additional messaging was aimed at addressing the influence of friends as a primary means of beginning vaping (as indicated by the survey). Health Education partnered with American Lung Association to provide inservice on the topic to the Drug/Alcohol Peer Educators, and collaborated on a senior project with Public Health majors aimed at educating UMD students on vaping. The partnership with American Lung Association continues and today is looking at the impact of vaping on COVID infection in young adults.

*Assessment results, continued**Sleep Study*

Health Education initiated a Healthy Sleep pilot project with the Applied Human Sciences Department during the 2019-2020 academic year. After presenting the proposed project to adopt a 10pm or earlier homework/exam deadline to AHS faculty in the spring of 2019, 15 faculty members agreed to participate in the program in the fall of 2019. Participating faculty were provided a link to a survey in Baseline, which they administered at two timepoints to students in their courses: mid-semester and end-of-semester. Response rates were influenced by how and when the faculty administered the survey to their classes; 441 students participated at mid-term and 285 students participated at the end of the semester. Data indicates a relationship between the number of classes a student has that uses the 11:59pm deadline to the reported hours of sleep. As the number of classes with the default deadline increases, the percentage of students getting the recommended hours of sleep decreases (and the number of students getting 4-6 hours increases). This was most notable in the December survey results.

Next steps are being considered, to include sharing the information with other departments across campus for a campus-wide homework/exam deadline review. The overall data suggests that for the earlier homework deadline to be most effective, it needs to become a campus-wide initiative and implemented by all departments in an effort to create consistency and a new normal.

*Summarize the condition of your departmental budget at the end of the year. Discuss revenues, expenses, and (if applicable) refunds in broad terms.*

End of FY 2020 Operational Balance for HS: \$83,000

End of FY 2020 Budget for Counseling was \$39,000

Amount of SSF Prorated Refund for HS from March to the end of Spring Semester was approximately \$190,000. All of this was covered by the SSF Reserve Fund

End of FY 20 HS Reserve Balances was \$1,436,000 dollars. This number does not include the end of year budget operational balance.

Expenses for Covid thus far would include \$15,000 dollars for a new Cepheid PCR machine for Covid, Influenza, RSV, Strep and GC/Chlamydia tests. It is hoped this will be reimbursed by CARES funds. We are monitoring expenses related to reimbursement by third-party payors for Covid tests we perform. We appear to be losing money on testing sent to Quest and breaking even on tests sent to Mayo/U of M.

We will also be monitoring expenses for use of a medical transport service for students(Wellride)which should start this month. CARES funding could be used for this also.