STUDENT SERVICES PROGRAM REVIEW: SPRING 2013 SUBMISSION CYCLE

2011-2012rogram Name: Enter Program Name   Academic Year: 2011-2012
Program Contact: 4T   Program Review Submission Date: 3/25/2013

I. Description of Program

The CSM Student Health Center provides comprehensive health services, in order to remove physical and emotional barriers that may impede academic success. Services include, but are not limited to: birth control, diagnosis and treatment of acute illnesses, prescription medications, STD testing, first aid, health education, and referral. The CSM Health Center supports academic programs by providing accessible low-cost screening physicals, immunizations and lab work.

II. Summary of Student and Program Data

A. Student Learning Outcomes Assessment

This year we focused on public health issues. In the fall we provided information on preventing the spread of the Flu virus. 80% of participants were able to verbalize at least three ways to do this. In the Spring, there was an outbreak of Norovirus in the cosmetology department. As a result we provided written health information and gave a lecture on preventing the spread of this virus. 80% of the participants were able to correctly answer the post test. Following these efforts we saw a decrease in the number of students with Norovirus.

B. Student Support Indicators

1. Review student program usage and discuss any differences across demographic variables. Refer to SARS, Banner, Planning, Research and Institutional Effectiveness (PRIE) reports and other data sources as appropriate.

   Fall 2011: 578
   Spring 2012: 488
   Summer 2012: 232
   Total: 1298 clinic visits. In addition to the clinic visits, we had about 600 students attend the health fairs.
   This shows a decline in visits from 2010-2011. This may be the result of:
   Relocating the health center. There was considerable "down time" while we set up a new clinic.
   Relocating all other student services to another building. We have visibility and cross referral.
   Implementing a new data collection system. The system was inoperable for a considerable amount of time.

2. Discuss any differences in student program usage across modes of service delivery.

   It is difficult to determine the significance of the number listed above. We seem busier than ever and the types of visits are much more complex than in the past. In essence we are seeing a higher acuity student.

C. Program Efficiency Indicators. Do we deliver programs efficiently given our resources?

   Our clinics are very efficient. We have a skeleton crew and offer many services. We could possibly reduce the number of "no shows" with the use of email reminders. This may be possible with an EMR system.

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D. Website Review

Review the program's website(s) annually and update as needed.

Program contact(s)	Date of next review/update
Gloria D'Ambra	8/13
	Tab to add rows

III. Student Learning Outcomes Scheduling and Alignment

A. Program SLO Assessment

Next year's SLOs will be focused on Birth Control or Sexually Transmitted diseases (STD). These are the most frequently used services. As a clinic in an educational institution, it is important to not only provide these services, but to utilize our time with the student to educate and empower them. We will be using a tool to measure change in knowledge base.

B. SLO Alignment (if applicable)

Discuss how Course SLOs support Program SLOs. Discuss how Course and/or Program SLOs support Institutional/GE SLOs. Refer to TracDat related Program and Institutional SLO reports.

By addressing Birth Control and STD issues in the clinic, we are supporting the Institutional SLO's by fostering critical thinking skills, increasing social awareness and responsibility, and empowering the student to clearly communicate their needs.

Institutional Planning

A. Results of Plans and Actions

Previous goals:

Consolidation of Health Services

Result: In August of 2011, the health services of the district's three colleges were consolidated into one division. At that time I assumed responsibility of the three health centers. We have successfully implemented advanced services at the other campuses. The following have been implemented and standardized: physician oversight and direct services, Nurse Practitioner/Physician Assistant services, charting system, lab services, prescription medications, practice protocols, the SARS GRID, and expanded hours of operation.

Relocation and expansion of the health center

Result: In September of 2011 the CSM health center relocated to the first floor of building 1. We now have 4 private exam rooms, which provides both privacy and accessibility. At long last the health center is now both visible and accessible.

Refinement of data collection system

Result: In the fall of 2011 we began using the SARS GRID at all three campuses. This system was not designed for a health center, and has required adjustments. We will need to look at a better system for the future.

Increase student feedback

Result: In the Spring of 2012 we ran a pilot satisfaction survey, using Survey Monkey. At the time we had a 20% return. When we attempted to repeat this, we had problems with the program. We will need to continue to work on an effective means of soliciting feedback.

B. Program Vision

What is the program's vision for sustaining and improving student learning and success during the *next six years*? Make connections to the College Mission and Diversity Statements, Institutional Priorities, 2008-2013, and other institutional planning documents as appropriate. Address trends in the SLO assessment results and student program usage and data noted in Section II. Summary of Student and Program Data.

[Note: Specific plans to be implemented in the *next year* should be entered in Section V.C.]

My vision for the health center is as follows. The health center will be even more visible and accessible to the students. We will have full coverage by advanced practice providers. Our hours of operation will be expanded again, so that we can better serve all of our student. We will have a full time Health Education Specialist who can focus on providing health information and outreach. We will have a fully integrated Electronic Medical Record system, at all three health centers. This system will enable us to provide a continuity of care in a seamless fashion.

1. To guide future faculty and staff development initiatives, describe the professional enrichment activities that would be most effective in carrying out the program's vision to improve student success.

    The health center staff and adjunct faculty need access to continuing education on a regular basis. Often the topics needed are very specifically health related. We need a way to be able to send a part time adjunct faculty member to a class, without it costing them a day of pay.

2. To guide future collaboration across student services, learning support centers, and instructional programs, describe the interactions that would help the program to improve student success.

    Since Support Services offerings are often in direct conflict with scheduled classes, I would love to see a College Hour established. This would be a time each day in which no classes were

scheduled. During this designated hour general health information fairs could be held…for both faculty and students. It would be easier to collaborate across service areas.

3. To guide the Institutional Planning Committee (IPC) in long-range planning, discuss any major changes in resource needs anticipated in the *next six years*. Examples: faculty retirements, equipment obsolescence, space allocation. Leave sections blank if no major changes are anticipated. Specific resource requests for the next academic year should be itemized in Section VI.A below.

Faculty: In the next 6 years, both the Medical Director (part-time) and the full time Health Services Director will we retiring. Both of these positions will need to be replaced immediately. Additionally, as the health center usage continues to increase, we will need to consider adding a full time Nurse Practitioner position.

Equipment and Technology: Electronic Medical Records are the standard of care. We will need to purchase the hardware and the software to implement this system.

Classified Staff: As the clinics become busier, it becomes more difficult to do outreach and provide needed health information. We know that today's students struggle with issues such as drugs, alcohol, smoking, and obesity. We have a responsibility to focus on prevention. We must move toward hiring a full time Health Education Specialist.

C. Plans and Actions to Improve Student Success

Prioritize the plans to be carried out next year to sustain and improve student success. Briefly describe each plan and how it supports the Institutional Priorities, 2008-2013. For each plan, list actions and measurable outcomes.

Plan 1

Title:

Health Education Specialist

Description

Full time, classified position. Promote health and wellness with an emphasis on prevention.

Action(s)	Completion Date	Measurable Outcome(s)
Establish a Peer Mentor Program	Summer 2015	Establish goals and train peer mentors each semester. They will conduct Alcohol, Tobacco and other drug prevention activities each semester.
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Plan 2

Title:

Electronic Medical Records system

Description

To provide a seamless system for the delivery of health services, at the three colleges.

Action(s)	Completion Date	Measurable Outcome(s)
Evaluate and purchase a system	Summer 2015	The system will be fully operational by summer 2015

For additional plans, cut/paste from above and insert here. Or add an additional page. Number your additional plans accordingly.

[Note: Itemize in Section VI.A. Any additional resources required to implement plans.]

VI. Resource Requests

A. *Itemized Resource Requests*
   List the resources needed for ongoing program operation and to implement the plans listed above.

Faculty

Full-time faculty requests (identify specialty if applicable)	Number of positions

Complete Full-Time Faculty Position Request Form .

Description of reassigned or hourly time for prioritized plans	Plan #(s)	Cost

Equipment and Technology

Description (for ongoing program operation)	Cost

Description (for prioritized plans)	Plan #(s)	Cost
Electronic Medical Records	2	$10-20,000

Instructional Materials

Description (for ongoing program operation)	Cost

Description (for prioritized plans)	Plan #(s)	Cost

Classified Staff

Description (for ongoing program operation)	Cost

Description (for prioritized plans)	Plan #(s)	Cost
Health Education Specialist	1	$55,000 plus benefits

Facilities

For immediate or routine facilities requests, submit a CSM Facility Project Request Form.

Description (for prioritized plans)	Plan #(s)	Cost

B. Cost for Prioritized Plans
Use the resources costs from section VI.A. above to provide the total cost for each plan.

Plan #	Plan Title	Total Cost

1	Health Education Specialist ($55,000 + 40% benefits)	$77,000
2	EMR	$10-20,000
	For additional plans, add rows and number accordingly.	