

Texas State University-San Marcos
 Administrative and Educational Support Outcomes Assessment

Year 2008-2009
College/Division Student Affairs
Department/Unit Multicultural Student Affairs
Program Name/Department Student Health Center
Contact Emilio Carranco

Mission Statement

The Texas State Student Health Center will strive to meet the health needs of the university's diverse student community by providing high-quality, comprehensive, and affordable health care services. Health education services will also be provided to promote good health and the prevention of illness and injury. The Student Health Center will support the educational mission of the university by effectively addressing the health and wellness concerns that may interfere with a student's attainment of academic and personal success.

Evidence of Improvement

Outcome #1

Results from Patient Satisfaction Survey

	FY 08	FY 09
% patients that received MAPS information	29%	67%
% patients able to correctly recall one concept	25%	63%

Changes to the MAPS program in FY 09 resulted in dramatic improvements in the outcome measures. However, the results still fell short of the 75% goal. Complaints about the program caused it to be discontinued mid-year. Please see discussion in Action Plan below.

Outcome#2:

Results from Presentation Evaluations

	Spring 2008	Fall 2008	Spring 2009
% students that learned something new	96%	96.3%	97%
% students able to name positive health behavior	NA	87.1%	90%

The % of students learning new information has remained high, at 96% or better, for the past two years. A major improvement was made in FY 09 to also ask students to identify a specific positive health behavior they learned. The goal of 75% was exceeded in both the fall and spring semesters. Additionally, 54-65% of students reported that they were *very likely* to adopt the positive health behaviors within the next year.

Outcome #3:

Patient satisfaction results for phone and online appointments have remained constant over the past three years, with phone satisfaction generally scoring at 4.0 or higher (on a 1-5 Likert scale) and online appointments scoring just below 4.0 (at 3.8 – 3.9).

However, changes to the appointment system have resulted in significant improvements to the no show rates, same day access and the % of appointments made online.

	FY 07 (prior to changes)	FY 08	FY 09
No show rates Womens Clinic	13-16%	6-9%	4-8%
No show rates Medicine Clinic	12-13%	5-10%	5-7%
% same day appointments	29-59%	NA	71-78%
% online appointments	3%-22%	22-34%	22-29%

Outcome #4:

The significant changes to the Psychiatry Clinic in FY 08 have resulted in improved performance over the baseline period. See results below.

	FY 07 (prior to changes)	FY 08	FY 09
Avg wait time for initial eval(days)	12-13	7	8-9
% longer than 2 wks for initial eval	50-63%	22-33%	19-40%
Range for wait time for initial eval (days)	0-35	0-24	0-24
No show rates	23-35%	11-22%	9-23%

Outcome Number 1

Students will learn how to prepare for clinical visits and participate effectively in their healthcare.

Method 1

Direct Assessment: MAPS program information (Medical History, Allergies, Participate, See Us Again) will be provided to students in a variety of methods before and during their clinical visit. Two questions will be asked on the patient satisfaction survey conducted each semester. 1. Did you see information about MAPS before or during your visit to the Student Health Center? (75% should say yes) 2. What is one idea MAPS taught you about preparing for a clinical visit? (75% should be able to recall one concept).

Result 1

From the Patient Satisfaction Survey conducted in Nov. 2008:

- 67% of patients said they received information about MAPS
- 63% of patients were able to correctly recall one concept from MAPS

Method 2

Indirect Assessment: Medical providers will be asked if their patients are prepared for their medical visits (goal is 90% of patients prepared) and if they believe that the MAPS program is improving patient participation in their healthcare (goal is for 75% of providers to report improvement).

Result 2

Informal feedback was gathered from staff and supervisors during the program. Formal survey was not completed because the program was discontinued mid-year. See Action Plan below.

Action Plan

Several changes were made to the MAPS program this year that resulted in a significant increase in the percentage of patients who both received MAPS information and were able to correctly recall at least one concept from the program. Some of the changes this year included:

- Training for all staff that included a review of results and feedback from the first year of the program
- Encouraging all medical providers to use the follow-up postcards with patients
- Including information about the MAPS program in the summer parent orientation sessions and on the Student Health Center website
- Creating a new "ready card" with MAPS concepts that the patients completed at each visit
- Providing rewards for the Nurse and Medical Provider team with the best results

With these increased efforts, the results for this year improved, but still fell short of the goal of 75% of patients receiving the information and recalling concepts. In addition, the increased efforts had the unintended negative effect of creating increased complaints from patients and medical providers.

1) Patient concerns: Patients felt like the ready card was an additional and unnecessary step. They already give the reason for visit when making their appointment and then again during the nurse intake procedure. Students who had other forms to fill out at their visit, such as a medical history form, felt rushed with the additional step.

2) Medical Provider concerns: Medical Providers were very concerned about the extra steps and time required during the visit for the implementation of the MAPS program. Medical Providers also reported that the follow up cards seemed to duplicate work they were already doing, such as distributing patient education and reviewing follow up instructions. The Medical Providers in general were not supportive of the program and did not feel that the benefits were worth the extra time and disruption during the medical visit.

As a result of these significant concerns, the program was discontinued early in the spring semester. The Medical Providers will meet in the summer to determine a new Student Learning Outcome to implement next year.

Outcome Number 2

Students who participate in health education presentations will learn new information about important health issues for college students and be able to identify positive health behaviors to address those issues.

Method 1

Direct Assessment: Evaluation forms will be completed by all participants. 90% of participants should report learning new information from the presentation and 75% should be able to identify a positive health behavior they learned.

Result 1

Results taken from presentation evaluations completed by all participants in fall and spring semesters:

	Fall 2008	Spring 2009
Students able to list one new concept learned	96.3%	97%
Students able to name a positive health behavior	87.1%	90%

Method 2

Indirect Assessment: The NCHA (National College Health Assessment) survey conducted at Texas State every other year should show positive trends in health behaviors for college students. (Note: the survey was significantly revised in 2008 and therefore comparisons to past years will not be available. Baseline data for this measure will be collected in Spring 2009.)

Result 2

Baseline data will be collected in 2009. A summary of baseline results will be available in 2010.

Action Plan

Results from the presentation evaluations show that students are learning new information from the presentations and are able to recall positive health behaviors that they learned. The target goals of 90% learning new information and 75% naming a positive health behavior were exceeded in both semesters. The assessment of this program was also enhanced this year and students were asked how likely they were to adopt the positive health behavior within the next year. 54-65% of students reported that they were *very likely* to adopt the positive health behaviors.

The Student Health Center had a new Health Education Coordinator this year that did academic presentations in the fall and spring semesters. This year a new presentation on Cancer Prevention was added and an additional campus program, the Athletic Training Department, utilized the Health Education presentations.

Further improvements to the program planned for next year include:

- Train a Health Education intern to deliver additional presentations
- Coordinate with Greek Affairs to offer presentations to fraternities and sororities
- Give all Residence Hall staff a menu of current presentations that could be offered to their residents
- Send targeted information to US 1100 professors about SHC tours and presentations available for their first year students
- Add two new presentation topics: Nutrition and Healthy Eating Habits, Physical Exercise
- Continue use of the current evaluation tool with enhanced questions on potential behavior changes

Outcome Number 3

Students will be satisfied with the SHC appointment system.

Method 1

Direct Assessment: Once in the fall and spring semester, a sample of students who visited the health center will be sent an e-mail with an invitation to complete an online, anonymous patient satisfaction survey. One question will ask about their satisfaction with the phone appointment system and another about their satisfaction with the online appointment system. Both the phone and online system should receive a satisfaction rating of at least 4.0 on a 1-5 Likert scale.

Result 1

	Fall 2008	Spring 2009
Ease of making appt by phone		
Avg satisfaction	4.13	4.17
% excellent	48.3%	49.9%
% poor	4.8%	3.2%
Ease of making appt online		
Avg satisfaction	3.85	3.95
% excellent	46.7%	44.4%
% poor	13.3%	7.6%

Method 2

Indirect Assessment: The daily appointment no-show % should remain under 7% in the Women's and Medicine Clinics. At least 30% of all appointments should be made online. 70% of appointments should be same-day appointments.

Result 2

FY 09 No Show Rates	Womens Clinic	Medicine Clinic
September	7%	6%
October	7%	6%
November	8%	5%
December	6%	6%
January	4%	5%
February	6%	6%
March	6%	6%
April	8%	7%

FY 09	% Appts made online	% Same-day appts
September	23%	73%
October	27%	78%
November	27%	77%
December	28%	75%
January	25%	74%
February	23%	77%
March	29%	76%
April	22%	71%

Action Plan

For the year, Student Health Center phone appointments met the patient satisfaction goal and online appointments fell just short. A significant percentage of students did rate both phone and online appointments as "excellent." There were more poor ratings for online appointments and the lack of flexibility for online appointments (they are used for same day appointments only) is a common complaint in the patient satisfaction survey.

No show rates were very low for the year and met or exceeded the goal for almost every month. The % of same day appointment did exceed the goal each month and remained high. The Health Center did not meet its goal for the number of online appointments made and in fact, it decreased a little from the previous year.

Although not all the goals were met, patient satisfaction with the appointment system does remain strong. No show rates are at an all time low and same day appointments are at an all time high. The major change this year, moving to 100% same day appointments on Mondays, appears to have worked at keeping the no show rates very low and same day access high throughout the week.

The number of appointments made online and the satisfaction with the online system continues to be a challenge. Staffing shortages this year required the use of PRN staff (who are not offered in online appointments), which resulted in fewer appointment slots available online. However, the use of online appointments for same day only, while a concern for some patients, has kept no show rates very low.

The main measure of satisfaction with the appointment system is whether or not there are enough appointments available to meet student demand for same day or future appointments. A tracking system will be developed for next year to measure true demand for appointment slots. Extra staffing will be used when possible to meet demand. In addition a second phase of the Electronic Health Record (EHR) project to be completed this summer includes enhanced online services through a patient portal. These additional services, including secure messaging between patients and medical providers, can help the Health Center provide more follow up services (such as lab results) without having to use appointment slots.

Outcome Number 4

Access to SHC Mental Health Services will improve.

Method 1

Direct Assessment: 80% of patients will get an appointment for an initial psychiatric evaluation in two weeks or less during the fall and spring semesters.

Result 1

Fall 2008	Spring 2009
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Average wait time (days)	8	8.66
% greater than 2 weeks	19%	40%
Range for wait time (days)	0-24	0-18

Method 2

Indirect Assessment: The daily appointment no-show percentage should be 15% or less.

Result 2

FY 09	<u>No Show Rate</u>
September	19%
October	23%
November	17%
December	20%
January	9%
February	16%
March	17%
April	18%

Action Plan

Additional initial evaluation appointment slots were added in the Psychiatry Clinic to increase the availability of appointments for new patients. For the fall semester, this additional availability helped to meet the goal of having 80% of patients get an initial evaluation appointment within two weeks or less. The extra slots were kept in the schedule for the spring semester, however only 60% of patients were able to get an initial evaluation within two weeks. This is a decrease in performance over the previous year. In addition, the no show rates for the year were higher than for the previous year.

Overall, performance in the Psychiatry Clinic is still significantly better than the baseline performance from 2007, which had no show rates of 30% or higher and only 40-50% of patients able to get an initial evaluation within two weeks. However, FY 08 performance scores were better than those for FY 09, with the exception of initial appointment access in the fall semester.

Demand for the Psychiatry service has grown this year, with the highest demand peaking in the spring semester. An analysis of distinct patients for this service shows an 11% increase in FY 09 (316 patients in FY 09 versus 285 in FY 08). Additionally, psychiatry residents were less available due to absences for a variety of reasons. The higher no show rates also impacted appointment availability.

Improvements planned for next year include:

- Using phone call reminders for all patients 48 hrs prior to their scheduled appointment.
- Instituting a new no show policy with charges. 1st no show is a warning, 2nd no show is a charge of 50% of the office visit, 3rd no show is a full office visit charge, and after four no shows within a year, the patient will no longer be allowed to use the Psychiatry service.
- Enhancing training of the new Psychiatry residents so that they will schedule patients appropriately and address no show issues promptly.

Unit Head	Vice President	Unit Head	Vice President
Outcomes Status	Outcomes Status	Results Status	Results Status
		X	X