



Cowell Wellness Center

**Health Services
Program Review**

March - April 2010

Summary of Review Committee Findings

**Sorted by Best Practice Standards
Council for the Advancement of Standards in Higher Education (CAS)**

Committee Prioritized Recommendations

Review Committee Members:

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Joseph Woelfel (chair)**

Explanation of Recommendation Prioritization:

Scale: 1 = most important to 5 = least important.

Priority 1 – Most Important – Immediate and Urgent Change Recommended

These include:

- a. Risk and Liability Issues including Corporate Compliance
- b. Financial Loss
- c. Communication
- d. Ongoing Quality Assurance associated with a. – c. above.

Priority 2 – Very Important – As Soon As Possible Change Recommended

These include:

- a. Important System Change to Support Priority 1 Items
- b. Customer Service Enhancements to Support Priority 1 Items

Priority 3 – Important – Routine and Ongoing Change Recommended

These include:

- a. Changes Associated with Maintaining Proactive, Ongoing Sustainability

Priority 4 – Less Important – Possible Change Recommended

Priority 5 – Least important – Less Possible Change Recommended

Council for the Advancement of Standards in Higher Education (CAS) Best Practice Standards

PART 1: MISSION OF THE COWELL HEALTH SERVICES AT PACIFIC

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures	Rating
1.1 CHS develops, disseminates, and regularly reviews its mission.	
1.2 CHS implements its mission.	
1.3 The mission statement is consistent with that of the host institution.	
1.4 The mission statement is consistent with professional standards.	
1.5 CHS incorporates learning and development outcome domains in the mission statement.	
1.6 The mission incorporates healthcare, illness prevention, treatment, education, and public health responsibilities.	
1.7 The mission adheres to all legal requirements.	
1.8 The mission connects health and social justice to enhance the learning environment.	
1.9 CHS advances the health of students through providing and integrating health-related services that take into consideration the health status of the student population and the learning environment.	
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <p>3 Incorporate core values of: Service-centeredness and Sustainability through collaboration with local communities for environmental, social, and economic enhancement, as identified in “Pacific Rising 2008 – 2015.”</p> <p>3 Continue to create programs and services that align with the mission and vision of the University. Aim to be “student centered” across all campuses regardless of the resources available.</p>	

PART 2: PROGRAMS

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures	Rating
2.1 CHS promotes student learning and development outcomes that are purposeful and holistic	
2.2 CHS promotes outcomes which prepare students for:	
2.2.1 satisfying and productive lifestyles	
2.2.2 work	
2.2.3 civic participation.	
2.3 CHS provides evidence of its impact on the achievement of student learning and development outcomes in the domains checked. List student learning and developmental outcomes in space provided (<i>Most of the evidence is not in writing</i>)	
2.3.1 knowledge acquisition, integration, construction, and application Learn about disease and treatment, birth control methods, alcohol awareness, sexual abuse, immunization	
2.3.2 cognitive complexity	

2.3.3	intrapersonal development	
2.3.4	interpersonal competence	
2.3.5	humanitarianism and civic engagement	
2.3.6	practical competence Pharmacy students, MAs, Athletic Trainers	
2.4	CHS articulates how it contributes to or supports student learning and development domains not specifically assessed.	
2.5	CHS explores possibilities for collaboration with faculty members and other colleagues	
2.6	CHS is:	
2.6.1	integrated into the life of the institution	
2.6.2	intentional and coherent	
2.6.3	guided by theories and knowledge of learning and development	
2.6.4	Reflective of developmental and demographic profiles of the student population	
2.6.5	Responsive to needs of individuals, diverse and special populations, and relevant constituencies.	
2.7	CHS has established appropriate policies and procedures for responding to emergency situations.	
2.8	CHS has adequate infrastructure to support its services.	
2.9	The service creates and maintains a network throughout the campus and surrounding community.	
2.10	The service conforms to a general level of acceptable practice that is theory based and data driven.	
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <p>1 Standardized policies and procedures (manuals) for administrative, financial and clinical processes should be available in both electronic and hardcopy formats (e.g., develop and update immunization requirements for pharmacy, dental, and other students specific to their educational, patient care service practices which are consistent with CDC guidelines and which are approved by the physician medical director).</p> <p>1 A data-driven, continuous quality improvement (CQI) program with systems approach integration should be formally adopted for administrative, financial, clinical and customer services. Correspondingly, an occurrence reporting system for policy/procedure deviations, customer complaints, accident reporting, safety and injury reporting, medical and medication errors, and negative financial – billing variances should be implemented to track and trend all occurrences for CQI. A “dashboard” indicator system should be established to monitor variances and implement immediate corrections.</p> <p>1 Contractual agreements with service providers should be reviewed for currency and re-evaluated for best financial value in an ongoing manner. (Are all affiliation agreements current and evergreen (e.g. Kaplan College, Gurnick Academy of Medical Arts)?</p> <p>1 Institute annual licensure checks for quality and currency.</p> <p>1 Institute a reminder – warning message into the “Open Communicator” system to warn students that if they have a medical emergency they should immediately go to a local hospital or call 911.</p> <p>1 Implement a biennial risk and liability carrier program review of all health services with mandated reporting and review of new or changed services or policies.</p> <p>2 Develop an effective referral program.</p> <p>2 Develop infrastructure to enable continuity of care for patients, develop long-term vs. episodic patient-clinical practitioner relationships to built trust and rapport.</p> <p>2 Institute an ongoing program for verification of evidence-based, quality for informational sources accessed by students and staff.</p> <p>2 Develop an ongoing effective survey process for assessment of student experiences with the delivery of health services.</p> <p>2 Create a schedule for nurse practitioners that designates one practitioner each day for emergencies or “drop-in” student needs.</p> <p>2 Develop and implement a Cowell Wellness Leadership Committee composed of the Vice President of Student Life, Deans of Students & Student Life (all campuses), Directors of the Cowell Health and Counseling Centers, Human Resources, Athletics, International Studies, and Risk Management for</p>		

<p>reviewing and approving student health and insurance decisions similar to committees adopted by other universities. This committee would meet quarterly.</p> <p>2 Ensure that Open Communicator is HIGHLY publicized to both returning and incoming students to increase utilization and system efficiencies.</p> <p>2 Evaluate changing the hours of operation at the Stockton campus in order to be more student “friendly” for enhanced customer service and increased service utilization.</p> <p>3 Explore the financial feasibility for expanding the nutritionist services, health promotion programs, and peer educator programs to San Francisco and Sacramento.</p> <p>3 Explore the possibility and feasibility of providing health services to staff, faculty and administration.</p> <p>3 Develop an effective marketing program for Cowell Wellness services to student and all service users. This should include diverse marketing strategies and presentations. There should be ongoing marketing with quarterly presentations.</p> <p>4 Explore the possibility of reestablishing the Healthy Living LLC in partnership with the HGLO in order to provide students who are passionate about healthy living an avenue to be surrounded by peers with similar interests. In doing so, reconsider and reevaluate the different aspects that healthy living can incorporate into student learning and healthy lifestyle modeling. Consider establishing a Wellness Clinic for students and faculty benefit which combines sports medicine, physical therapy, and pharmacy practitioners with nutritionist services.</p> <p>4 Strengthen the use of a University “symbol or image” such as NutriCat, or something similar, to provide students with a “face” for Health Services.</p>	
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PART 3: LEADERSHIP

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures	Rating
3.1 CHS leaders:	
3.1.1 articulate a vision and mission for the program	
3.1.2 set goals and objectives based on the needs of the population and desired student learning and development outcomes	
3.1.3 advocate for the program	
3.1.4 promote campus environments that provide meaningful opportunities for student learning, development, and integration	
3.1.5 identify and find means to address individual, organizational, or environmental conditions that foster or inhibit mission achievement	
3.1.6 advocate for representation in strategic planning initiatives at appropriate divisional and institutional levels	
3.1.7 initiate collaborative interactions with stakeholders who have legitimate concerns and interests in the functional area	
3.1.8 apply effective practices to educational and administrative processes	
3.1.9 prescribe and model ethical behavior	
3.1.10 communicate effectively	
3.1.11 manage financial resources, including planning, allocation, monitoring, and analysis	
3.1.12 incorporate sustainability practices in the management and design of programs, services, and facilities	
3.1.13 manage human resource processes including, recruitment, selection, development, supervision, performance planning, and evaluation	
3.1.14 empower professional, support, and student staff to accept leadership opportunities	
3.1.15 encourage and support scholarly contribution to the profession	

3.1.16	integrate appropriate technologies into programs and services	
3.1.17	know federal, state/provincial, and local laws relevant to the programs and services	
3.1.18	ensure that staff members understand their responsibilities about laws and offer appropriate training	
3.1.19	develop and continuously improve programs and services in response to the changing needs of students and other populations and the evolving institutional priorities	
3.1.20	recognize environmental conditions that may negatively influence the safety of staff and students and propose interventions that mitigate such conditions.	
3.2	The institution has a governance structure that clarifies that it is ultimately responsible for clinical health services and its operation.	
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <p>1 Clearly identify Cowell Wellness health services' goals, objectives, and services that are provided on a consistent basis. These must be reflected and provided in daily services and operations as established by leadership. Service provisions should be consistent and not dependent on individual practitioner abilities or inabilities (e.g. suturing of wounds).</p> <p>2 Clearly identify health service goals with delegation of selected goal elements to each staff member as part of the performance improvement process and annual review.</p> <p>2 Develop and implement a Cowell Wellness Leadership Committee composed of the Vice President of Student Life, Dean of Students & Student Life, Directors of the Cowell Health and Counseling Centers, Human Resources, Athletics, International Studies, and Risk Management for reviewing and approving student health and insurance decisions similar to committees adopted by other universities.</p> <p>2 Continually identify staff needs relative to goals, objectives, and service provision.</p>		

PART 4: HUMAN RESOURCES

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures	Rating
4.1 CHS is staffed adequately with personnel qualified to accomplish the mission and goals.	
4.2 Procedures are in place for staff selection, training, and evaluation.	
4.3 Expectations for supervision are set.	
4.4 Professional staff members hold earned graduate or professional degrees in fields relevant to the positions held or possess an appropriate combination of educational credentials and related work experience.	
4.5 A process is in place to review and verify credentials of staff.	
4.6 Interns are qualified by enrollment in an appropriate field of study and by relevant experience.	
4.7 Interns are trained and supervised by professional staff holding credentials and related work experience appropriate for supervision.	
4.8 Student employees and volunteers:	
4.8.1 are carefully selected, trained, supervised, and evaluated	
4.8.2 are educated on how and when to refer those in need of additional assistance to a qualified staff member	
4.8.3 have access to a supervisor for assistance in making judgments	
4.8.4 have clear and precise job descriptions, pre-service training, and continuing staff development	
4.8.5 never have access to the personal health information of students.	
4.9 Employees and volunteers receive specific training on institutional policies and privacy laws regarding access to student records and other sensitive institutional information.	

4.10	CHS:	
4.10.1	has adequate technical and support staff to accomplish the mission	
4.10.2	has adequate technical and support staff who are qualified to perform the job functions	
4.10.2	requires professional and support staff to be knowledgeable about ethical and legal uses of technology	
4.10.3	has training and resources to support performance of assigned professional and support staff responsibilities	
4.11	CHS staff members receive training on policies and procedures related to the use of technology to store or access student records and institutional data.	
4.12	CHS:	
4.12.1	ensures that personnel are trained in emergency procedures, crisis response, and prevention efforts	
4.12.2	ensures that prevention efforts address identification of threatening conduct or behavior of students, faculty members, staff, and others	
4.12.3	has a system or procedures for responding to threatening situations, including but not limited to reporting to appropriate campus officials.	
4.13	Salary levels and benefits are commensurate with those of comparable positions within the institution, similar institutions, and geographic area.	
4.14	Position descriptions for all staff members are maintained.	
4.15	Hiring and promotion practices are fair, inclusive, proactive, and non-discriminatory.	
4.16	Staff members take part in training sessions about gender, sexual orientation, racial, cultural, religious and/or spiritual, and ethnic sensitivity.	
4.17	Regular performance planning and evaluation of staff members are conducted.	
4.18	CHS provides access to continuing and advanced education and professional development opportunities,	
4.19	Staff who are involved in formal teaching, supervision, research, or publishing govern their activities according to policies that are consistent with the institution policies and procedures.	
4.20	All program staff know the research policies of the institution and the service.	
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <ol style="list-style-type: none"> 1 Develop an objective employee performance evaluation system which incorporates University, Cowell Wellness, and employee personal goals fostering growth, development, reward, and recognition. 2 Track and trend disciplinary action-counseling and staff turnover rates. 2 Amend patient intake forms to include emergency contact information and “consent to contact” to eliminate staff uncertainty. 2 Identify cross-training possibilities for staff and the opportunity to certify individuals to assist in expanded staff roles and responsibilities. Examples: train and certify medical assistants to read “ppd” test results and use American Pharmacists Association (APhA) certified pharmacy interns to administer immunizations. These individuals could serve as provider-extenders freeing providers to serve more student care needs. 3 Identify staff service-centeredness by tracking number of patients seen, wait times, and visit lengths. 		

PART 5: ETHICS

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
Criterion Measures					Rating
5.1	CHS has a statement of ethical practice that is published and reviewed periodically.				
5.2	CHS staff members adhere to the principles of ethical behavior.				
5.3	New staff members are oriented to the statement of ethical practice.				
5.4	Privacy and confidentiality are maintained with respect to all communications and records to the extent protected under the law and statement of ethical practice.				
5.5	Information contained in students' education records is never disclosed without written consent, except as allowed by law and institutional policy.				
5.6	Information judged to be of an emergency nature is disclosed to appropriate authorities when an individual's safety or that of others is involved.				
5.7	CHS staff members:				
5.7.1	comply with the institution's human subjects research and other policies addressing confidentiality of research data concerning individuals				
5.7.2	avoid personal conflicts of interest or appearance thereof in transactions with students and others				
5.7.3	ensure the fair, objective, and impartial treatment of all persons with whom they interact				
5.7.4	ensure that funds are managed in accordance with established institutional accounting procedures and fiscal policies.				
5.8	CHS promotional information is accurate and free of deception.				
5.9	CHS staff members:				
5.9.1	perform assigned duties within the limits of training, expertise, and competence, and when limits are exceeded make referrals to persons possessing appropriate qualifications				
5.9.2	confront and otherwise hold accountable others who exhibit unethical behavior				
5.9.3	practice ethical behavior in the use of technology.				
5.10	Marketing and advertising of the range of services are fair and truthful.				
Recommendations: Prioritized as to 1 = most important to 5 = least important.					
Risk and Liability Issues					
<p>1 Establish a medication use system consistent with standards of practice. This includes: standard formulary of approved medications, transportation issues of medications by nurse practitioners, secure storage (e.g. Cowell at McGeorge – space & security), inventory control system (pharmaceutical receipt through use or dispensing), monthly inspections for storage areas and conditions, expired medication checks and policies as to disposal (environmentally sustainable practices – do not “throw out” pg. 35 of self-study report), policy for use of samples and lot tracking, emergency kit contents, security, and checks. (Note: Cowell Stockton has pharm. waste containers provided by a reverse distributor contracted with the University through Risk Management). Implement same system on all campuses.</p> <p>1 When medications are provided assure Medication Guides are dispensed for those medications which require these along with patient counseling about risk and safe use.</p> <p>1 Employ the services of a consultant pharmacist as required by law to provide quarterly reviews and oversight. (Note: page 35 of self-study report- the last DPHS audit findings – “will bring into compliance.”) (BUSINESS & PROFESSIONS CODE CHAPTER 9, DIVISION 2 Article 13. Nonprofit or Free Clinics, Section 4182). If not required by California Law, implement for best practices to reduce risk and liability.</p> <p>1 See Programs Section. Implement a biennial risk and liability carrier program review of all health services and mandated reporting and review of new or changed services or policy.</p> <p>2 Assure service equity on all campuses (e.g. there is no Cowell Health Service link on the McGeorge</p>					

website.)

PART 6: LEGAL RESPONSIBILITIES

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures		Rating
6.1	CHS staff members:	
6.1.1	are knowledgeable about and responsive to laws and regulations relevant to their respective responsibilities.	
6.1.2	inform users and officials of legal obligations and limitations associated with implementing the program.	
6.2	CHS has written policies on all relevant operations, transactions, or tasks that have legal implications.	
6.3	CHs staff members:	
6.3.1	do not participate in nor condone any form of harassment or activity that demeans persons or creates an intimidating, hostile, or offensive campus environment	
6.3.2	use reasonable and informed practices to limit the liability exposure of the institution and its personnel	
6.3.3	are informed about institutional policies regarding risk management, personal liability, and related insurance coverage options and are referred to external sources if coverage is not provided by the institution.	
6.4	Legal advice is available to program staff members as needed to carry out assigned responsibilities.	
6.5	CHS staff members and students are informed in a systematic fashion about extraordinary or changing legal obligations and potential liabilities.	
6.6	CHS informs the institutional community of the policies for:	
6.6.1	individual rights and responsibilities	
6.6.2	balancing individual health and privacy	
6.6.3	risk management	
6.6.4	Insurance	
6.6.5	informed consent	
6.6.6	health records and legal obligations	
6.6.7	Research	
6.6.8	medical dismissal of students	
6.7	The service maintains a systematic risk management program.	
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <p>1 Assure annual review of corporate compliance education for all staff on billing and fraudulent practices.</p> <p>1 Assure that all consent forms are legally reviewed, updated as needed and consent forms are stored in hardcopy or electronically for the statutes of limitation time frame (7 years).</p> <p>1 Develop a policy for staff to enable their emergency access to legal advice for emergent situations. (pg. 40)</p> <p>1 Develop an ongoing continuous quality improvement program for all services and assure awareness and participation by all staff.</p> <p>1 Assure coordination of patient-specific information between health services and mental health services, when appropriate, which is consistent with the patient-specific needs of licensed practitioners and with recommendations of Risk Management. Shared patient information would include: diagnosis, functional</p>		

<p>status, treatment plan, symptoms, prognosis, and progress to date with the written consent of the patient. (CNA HealthPro recommendations 5/1/2006).</p> <p>1 Identify whether Cowell Wellness is required by law to be a California DHCS licensed clinic. (See excerpts from CA Codes and CA Pharmacy Law).</p> <p>1 Assure confidential protected health information dialogue between patients and staff in the reception area through area space planning and configuration which promotes HIPAA compliance.</p> <p>1 Develop and implement grievance policies and procedures to address student and other customer complaints and grievances.</p> <p>1 Develop and implement a blood-borne pathogen and communicable disease policy and procedure which provides for confidential alerts for campus health-safety and limited access for those affected for the purpose of limiting transmission and spread. Identify staff responsibilities for the communicating these alerts and educate staff about these (who, when, and how).</p> <p>2 Document that all administrative, clinical, and financial policies are reviewed and updated at least annually and that staff are knowledgeable.</p> <p>2 Assure that written policies on consent and the release of medical information are reviewed annually with all staff responsible for any of these functions.</p> <p>2 Develop and implement annual staff immunization practices and tuberculosis screening consistent with current CDC guidelines for health workers.</p> <p>3 Establish standardized protocols of assessment for all patients seen e.g. vital signs taken for all patients.</p>	
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PART 7: EQUITY AND ACCESS

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures	Rating
7.1 CHS provides services on a fair, equitable, and non-discriminatory basis.	
7.2 The educational and work environment is free from discrimination on the basis of age, cultural heritage, disability, ethnicity, gender identify and expression, nationality, political affiliation, race, religious affiliation, sex, sexual orientation, economic / marital / social / veteran status, and any other bases included in local, state/provincial, or federal laws.	
7.3 CHS:	
7.3.1 provides remedies for imbalances in student participation and staffing patterns	
7.3.2 ensures physical and program access for persons with disabilities	
7.3.3 is responsive to the needs of all those served when establishing hours of operation and developing methods of delivery.	
7.4 Services are available and accessible to distance learner students or arrangements have been made for students to have access to appropriate services in their geographical region.	
7.5 CHS provides information about the importance of insurance and how to make informed decisions.	
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <p>2 Track and assess utilization statistics for variance and continuous improvement for each campus.</p> <p>2 Identify guidelines for determining length of appointments based on number of patient chief complaints and differentiation of health vs. mental health appointment scheduling.</p> <p>2 Assess and renegotiate insurer deductibles and co-payments to maximize student “best value” and minimize out-of-pocket student expenses. Identify discrepancies in student needs, and health problems by campus. (Statement on pg. 45 of self-study report: “high deductible due to Dugoni and McGeorge students have chronic health problems.”) See Programs Standard. Develop and implement a Student Health Insurance Committee.</p> <p>2 Establish student access to healthcare providers (medical and psychiatric) through a list of providers that accept our student insurance plan in regions where students go for experiential education.</p> <p>3 Assess hours of operation vs. student needs for best service and the financial impact for all campuses. Do not implement “summer hours of service” due to year-round student access needs.</p>	

3	Develop a University-approved transportation policy and procedure to accommodate the needs of students for transportation to student health-related appointments which are off campus.	
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PART 8: DIVERSITY

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures	Rating
8.1 CHS:	
8.1.1 nurtures environments that are welcoming to and bring together persons of diverse backgrounds	
8.1.2 promotes an environment characterized by open communication that deepens understanding of identity, culture, and heritage	
8.1.3 promotes respect for commonalities and differences in historical and cultural contexts	
8.1.4 addresses characteristics and needs of diverse populations when establishing and implementing policies and procedures.	
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <p>2 Health Services is encouraged to utilize the prospective survey process to gain more insight into student's thoughts and opinions beyond what is mentioned in the assessment.</p> <p>2 Health Services is encouraged to continue to examine the ways in which it can offer more services to groups of individuals while remaining within the guidelines of FERPA.</p> <p>2 Health Services is encouraged to reexamine the services available to ethnically diverse and non-traditional students including but not limited to language used in communication, health care options and services available.</p> <p>3 Consider using the Thomas J. Long School of Pharmacy faculty to assist with medication related questions for international students relative to medication identify and safety issues (e.g. same brand name but different generic in different countries).</p>	

PART 9: ORGANIZATION and MANAGEMENT

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures	Rating
9.1 CHS is structured purposely.	
9.2 CHS is managed effectively.	
9.3 Written policies, procedures, performance expectations, workflow graphics, and clearly stated delivery expectations are in place.	
9.4 Websites are monitored to ensure currency, accuracy, appropriate references, and accessibility. – see comments under Programs	
9.5 CHS uses:	
9.5.1 comprehensive and accurate information for decisions and responds to changing conditions see comments under Programs	
9.5.2 clear sources and channels of authority	
9.5.3 procedures for decision-making and conflict resolution	
9.5.4 systems of accountability and evaluation	

9.5.5	processes for recognition and award.	
9.6	CHS aligns policies and procedures with those of the institution and provides channels for regular review.	
9.7	The director is organizationally placed so as to be able to promote cooperative interaction with campus and community entities.	
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <p>1 Facilitate enhanced communication among all internal and external customers, sections and divisions of Cowell Wellness, including other University departments and University leadership. Assure transparency of leadership, management, and staff relative to understanding of responsibilities and day-to-day schedules and projects. Facilitate open dialogue and communication regarding identified problems and concerns, action taken in resolution, and follow-up to assure correction. Implement an effective communication cycle for continuous quality improvement. This should include monthly meetings with staff, management, and leadership. Involve staff directly in the continuous quality improvement process in all areas. Involve staff and providers in the needs assessment process for all services, equipment, and other service needs.</p> <p>1 Assure that policies, procedures, and job descriptions are current and reflect actual practices. Clearly identify the "chain of command" for operational issues and decisions. These must be reflected in policies and procedures and effectively communicated to all staff members.</p> <p>1 Institute ongoing continuous quality improvement for systems change that is data driven. This should include a comprehensive medication use system improvement process.</p> <p>1 An effective occurrence report system should be established for identification of system breakdown and failure (tracking and trending) with immediate correction of problems or discrepancies.</p> <p>1 Implement quarterly staff and administrative meetings to foster open, effective communications.</p> <p>1 Continuous quality assurance in reconciliation of provider services rendered vs. service charting for purposes of patient billing. (Potential for fraudulent billing and corporate compliance violations.)</p> <p>2 Implement an educational campaign delineating and distinguishing Health Services and Mental Health Services under the Cowell Wellness Center name. Clearly define the organizational chart and service components on all campuses.</p> <p>2 Implement a seamless, transparent scheduling system to accommodate scheduled appointments and drop-in needs for effective staff and provider time management and space utilization.</p> <p>2 Implement monthly provider meetings to review & update clinical policies & procedures, create and amend a dynamic formulary of medications, review current evidence-based practices for the service population, and case-studies or case-reviews.</p> <p>2 Schedule health care providers for each day health services is open to assure student follow-up continuity.</p> <p>2 Schedule nutritionist in clinic hours weekly for nutritional consults and follow-ups.</p> <p>3 Note: To facilitate staff meetings and education consider audio-visual conferencing to connect all campuses.</p> <p>3 Consider modification of the Cowell Wellness Center organizational chart (Appendix A, pg. 1) to identify the Mental Health Services division. (Service provisions not clearly defined and recognized by customers).</p>		

PART 10: CAMPUS and EXTERNAL RELATIONS

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures	Rating
10.1 CHS reaches out to relevant individuals, campus offices, and external agencies to:	
10.1.1 establish, maintain, and promote effective relations	
10.1.2 disseminate information about its own and other related programs and services	
10.1.3 coordinate and collaborate, where appropriate, in offering programs and services to meet the needs of students and promote achievement of student learning and development outcomes.	
10.2 CHS has:	
10.2.1 procedures and guidelines consistent with institutional policy for responding to threats,	

	emergencies, and crisis situations	
10.2.2	systems and procedures for disseminating timely and accurate information to students and other members of the campus community during emergency situations	
10.2.3	procedures and guidelines consistent with institutional policy for communicating with the media.	
10.3	CHS has good relations with important internal constituencies.	
10.4	All outsourced services meet these standards.	
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <p>2 Provide quarterly internal and external customer service training for all staff.</p> <p>2 Create an incentive program to entice students to participate in Cowell surveys. It is probable that only patients that are either highly satisfied or highly dissatisfied will participate.</p> <p>2 Provide quarterly Cowell Wellness service marketing-education for all students (including brochures and posters). (see Programs standard)</p> <p>3 Create and strengthen existing alliances with academic affairs.</p> <p>3 Re-assess outsourced services for quality, cost-effectiveness, and value.</p> <p>3 Partner with existing University resources such as those offered by School of Pharmacy and Health Sciences (student asthma, diabetes, pharmaceutical care, wellness management, physical therapy needs, speech and audiology needs) and bill via Cowell's EMR & billing system. Explore volunteer service provision by undergraduate and graduate students studying in the field of Health Sciences to further their professional development and work experience while assisting Cowell clinical practitioners.</p> <p>3 Create and implement a dress code policy for staff and providers to foster professionalism and customer recognition of personnel service levels.</p> <p>4 Consider use of the School of Pharmacy for student prescription services.</p>		

PART 11: FINANCIAL RESOURCES

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures	Rating
11.1 CHS has adequate funding to accomplish its mission and goals.	
11.2 CHS demonstrates fiscal responsibility and cost-effectiveness consistent with institutional protocols.	
11.3 An analysis of expenditures, external and internal resources, and impact on the campus community is completed before:	
11.3.1 establishing funding priorities	
11.3.2 making significant changes.	
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <p>1 Resolve insurance issues associated with contracts (Blue Cross, United Healthcare at Dugoni) to assure maximum reimbursement and lost revenue.</p> <p>1 Employ and outside consultant for insurance billing to identify system problems, including possible fraudulent practices, recommend and implement changes, and educate staff to assure corporate compliance and improve revenue streams while reducing accounts receivable outstanding claims and time.</p> <p>1 Provide ongoing billing consultant consultations for staff when billing concerns occur.</p> <p>1 Assure billing staff have access to all current insurance contract contents and are educated in specifics for each contract.</p> <p>1 Provide current policy and procedures for electronic billing with the new EMS & Medex systems for consistency in practice, reduced potential for billing fraudulent practice, and reduced staff anxiety.</p> <p>1 Create an ongoing continuous quality improvement process to assure provider documentation requirements are being met to eliminate potentially fraudulent billing. (E.g. presence of certain lab values documented in chart).</p>	

<p>1 Provide monthly meetings of billing personnel for education and problem identification-resolution CQI. (Include new contract, existing contract problem resolution, A/R days and collectibles)</p> <p>1 Include a billing representative in monthly provider meetings for purposes of identifying and bridging documentation-billing and other challenges.</p> <p>2 Seek credentialing or accreditation when financially advisable to expand revenue streams and prevent lost revenue. e.g. Accreditation Association for Ambulatory Health Care (UC Davis)</p> <p>2 Provide billing education to new staff members with check-off list competency demonstration and validation.</p> <p>2 Identify changes in insurance coverage and implement these concurrent with the rollout of the new Health Care Reform Package.</p> <p>3 Explore use of a group buying association to reduce medical purchase expenses.</p>	
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PART 12: TECHNOLOGY

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures	Rating
12.1 CHS has adequate technology to support its mission and goals.	
12.2 Use of technology in the program complies with institutional policies and procedures and legal requirements.	
12.3 CHS addresses security and back up of data.	
12.4 CHS chooses technology that facilitates student learning and development and reflects current best pedagogical practices.	
12.5 Technology as well as workstations and computer labs are accessible to all students, including persons with disabilities.	
12.6 CHS provides access to:	
12.6.1 technology policies that are clear, easy to understand, and available to all students	
12.6.2 instruction or training on how to use the technology	
12.6.3 information on the legal and ethical implications of misuse as it pertains to intellectual property, harassment, privacy, and social networks.	
12.7 Student violations of technology are addressed in student disciplinary procedures.	
12.8 A referral support system is available for students who experience negative emotional or psychological consequences from the use of technology.	
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <p>1 Institute a reminder – warning message into the “Open Communicator” system to warn students that if they have a medical emergency that they should immediately go to a local hospital or call 911.</p> <p>2 Verify that the electronic record files are secured according to HIPAA standards. If not, this recommendation becomes Priority 1 for compliance with HIPAA mandates.</p> <p>2 Re-assess HIPAA electronic record security based on staff position and delineated functional need.</p> <p>3 Develop policies and procedures for use of technology including student access policy. Perhaps adapt/adopt OIT policies and procedures.</p> <p>3 Implement ongoing EMR training specific to each staff and provider level. Including individualized webinars, provider to provider, and staff to staff training.</p> <p>3 Design and implement a tracking system to identify trends in client use of the Cowell Wellness website. Use this data to redesign the Cowell Wellness website for improved ease of use and design based on the most frequent reasons for site access.</p> <p>3 Place electronic copies of all healthcare brochures on the Cowell Wellness website.</p> <p>3 Develop and implement a frequently-asked-questions (FAQ) section on the website. Update these in an ongoing manner by tracking question-student access.</p>	

PART 13: FACILITIES AND EQUIPMENT

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures					Rating
13.1	CHS has adequate facilities and equipment to support its mission and goals.				
13.2	CHS facilities and equipment:				
13.2.1	are evaluated regularly				
13.2.2	are in compliance with relevant legal and institutional requirements that ensure access, health, safety, and security of students and other users				
13.2.3	provide for security of records to ensure confidentiality of sensitive information				
13.3	CHS staff members:				
13.3.1	have the ability to adequately secure their work				
13.3.2	have work space that is well-equipped, adequate in size, and designed to support their work and responsibilities				
13.3.3	have access to private space for counseling				
13.3.4	are trained in safety and emergency procedures for securing and vacating the facilities.				
13.4	The location and layout is sensitive to the special needs of persons with disabilities.				
13.5	Expenses related to regular maintenance and life cycle costs are taken into account if capital equipment is acquired.				
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <p>1 Assure equipment functionality and document annual or periodic biomedical equipment checks with documentation of these checks.</p> <p>1 Install continuous refrigerator temperature recorder for medication and test supply storage items.</p> <p>1 Check personnel job functions relative to key and room access for security.</p> <p>2 Implement shift check responsibilities with daily documentation log.</p> <p>3 McGeorge campus specific recommendations: 1) Install proper lighting in the examination area and increase lighting options in the counseling area, 2) Install a desktop computer now that we have a more secure door to the facility and theft concerns are minimized, 3) upgrade to an examination table which is accessible to persons with disabilities, 4) identify quality space for the delivery of health services and counseling services, 5) continue to advocate for a new McGeorge Wellness Center within the on-going Strategic Planning Process as well as the development of the Master Plan for the McGeorge Campus.</p> <p>3 Identify existing and ongoing equipment needs relative to service provisions.</p> <p>3 Use wireless technology applications in the Stockton campus medication room (wall drilling asbestos problem).</p> <p>3 Consider relocation or remodel of Cowell McGeorge site.</p> <p>3 Identify and change patient service area locations to assure environment appropriateness for the services provided.</p> <p>3 Explore Cowell Stockton space needs; consider use of second floor for mental health counseling.</p> <p>3 Consider student referrals to asthma, smoking cessation, wellness, and diabetes management offered by the School of Pharmacy.</p> <p>3 Upgrade and renovate existing facilities to provide welcoming atmosphere.</p> <p>3 Update examination rooms for efficiency and best equipment access placement.</p>					

PART 14: ASSESSMENT AND EVALUATION

ND Not Done	1 Not Met	2 Minimally Met	3 Well Met	4 Fully Met	NR Not Rated
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Criterion Measures		Rating
14.1	CHS has systematic plans and processes to meet internal and external accountability expectations regarding the program as well as student learning and development outcomes.	
14.2	CHS conducts regular assessment and evaluations.	
14.3	CHS employs both qualitative and quantitative methodologies to:	
14.3.1	determine achievement of mission and goals	
14.3.2	determine achievement of student learning and development outcomes	
14.3.3	ensure comprehensiveness.	
14.4	Data are collected from students and other relevant constituencies.	
14.5	CHS evaluates regularly how well it complements and enhances the institution's stated mission and educational effectiveness.	
14.6	Results of program evaluations are used to:	
14.6.1	revise and improve the program	
14.6.2	identify needs and interests in shaping direction	
14.6.3	recognize professional staff performance.	
<p>Recommendations: Prioritized as to 1 = most important to 5 = least important.</p> <p>1 Develop a formal assessment plan and system which is data-driven and ongoing.</p> <p>1 Develop and implement a continuous quality improvement process for all services and systems.</p> <p>1 Implement a biennial risk and liability carrier program review of all health services and mandated reporting and review of new or changed services or policies.</p> <p>2 Seek accreditation by the Accreditation Association for Ambulatory Health Care.</p> <p>3 Integrate the Center's assessment plan and system into the assessment plans of the Division and the University.</p>		