

Department/Unit: Student Health Center, CoNH **Year:** Fall 2018 (December 12, 2018)
Contact Name: Denise Porter **Contact Title:** Business Manager

Unit Overview/Mission/Purpose

Student Health Services is committed to providing quality health care services to WSU students. In addition, we are committed to providing health education that will help students maintain healthy behaviors and lifestyle.

Staffing

	FY16	FY17	FY18	FY19
# Staff	10	10	8	7
Administrative	5	5	5	4
Clinical	5	5	3	3

Success Outcome 1:

Provide excellent clinical care for the University community, mainly students; we are also considering expanding our services to employees. By tracking the indicators noted below, we will be able to see visit trends to determine whether or not appropriate level of care is being provided. This data will also help support requests for new services and resources as appropriate.

KPI 1.1 – Volume

Data: # of patient visits: by number of students, staff and faculty (as employee services are implemented) by visit type, and by amount of receipts; we currently have access to this data through our electronic medical record (EMR) system

Result: We are currently tracking visit #'s on a monthly basis to help us see our productivity throughout the current fiscal year and as compared to same period for previous year

Response/Action Plan: this data will help us determine cost per patient, cost per visit type and help us see any developing trends that may indicate changes are needed

Outcome:

FY	# Avg Pts/Mth	# Avg Visits/Mth	# Avg Visits/Pt	Total Annual Charge \$*	Avg Charge \$/Visit
2018	205	526	2.6		
2019**	406	544	1.3		

* This has been annualized for FY19 based on proration of year-to-date performance as of November, 2018

** As of November, 2018; this data was not being collected/reported prior to FY 2018

This data clearly shows that more students are being seen than last year. While they may not need as many visits, the average cost per visit has jumped by almost 19%. The increased charge per student indicates that students are being seen for more complicated care and their needs are changing. This increase in care will lead to increased expenses in the SHC. We will continue monitoring these trends throughout the year and adjust the budget from other resources within the CoNH as much as possible.

KPI 1.2 – Student Outcomes

Data: Based on EMR data for patient visits

Result: Look at # of returning patients and why they are being seen: routine management of chronic illnesses or recurring acute illnesses such as cold, flu, and other seasonal ailments

Response/Action Plan: data will help determine level of providers needed to meet the demand; may mean increased time for our collaborating physician or that NP’s are sufficient to handle the patient demand

Outcome: We have not had a chance to investigate this data further due to network updates required by our EMR system that were conducted during fall 2018. More functionality should be available now that sufficient network space is available to employ more components of the EMR. This will be reviewed with CATS and the EMR provider during the next reporting period to determine if this specific KPI is an appropriate indicator for St. Health.

KPI 1.3 – Time Metrics

Data: Some data may be able to be gleaned from our EMR; however, additional data or tracking system may be required. We will need to work with Telecommunications and possibly CATS to determine best practice for tracking calls.

Result: Look at # of phone calls made to students and other patients related to their lab results and follow-up care. Currently, the industry practice is “no news is good news” and providers only call patients with bad results. Our practice is to call all patients, regardless of the result, to have a conversation with the student and show our interest in their care.

Response/Action Plan: data will help justify staffing levels and be used as supporting data in the event that additional resources are required; in addition, this practice should help our customer satisfaction rates as we hear from patients frequently that they appreciate the call

Outcome: As noted above, we have not had a chance to investigate this data further due to network updates required by our EMR system that were conducted during fall 2018. More functionality should be available now that sufficient network space is available to employ more components of the EMR. This will be reviewed with CATS and the EMR provider during the next reporting period to determine if this specific KPI is an appropriate indicator for St. Health.

KPI 1.4 – Compliance

Data: This is a two-fold process for SHS: we are responsible to ensure that the appropriate documentation is on file according to University Policy for residential and international students, as well as ensuring that we as a medical clinic are compliant with a variety of requirements such as HIPAA, blood-borne pathogen, CPR training and etc. At this time, both processes are manual. We would like to see automated programs be made available; see some examples below:

- Insurance coverage (students) – while registering, a student could upload their insurance card to prove they have coverage; however, this verification requires staff time to verify that uploaded files are current and appropriate
- Compliance checklists (SHS employees) – training is required on a routine basis as mentioned above and we need a way to easily track this training; adding a “course” to Pilot may be an easy answer; however, we will work with CATS to determine the best practice for this requirement

Result: This practice will help us ensure that policies and guidelines are being followed to foster a healthy environment for our students and employees; this will also provide tracking system for training that is required at the state and federal levels

Response/Action Plan: We will need to work with CATS and other units to determine best practice for this indicator and develop an implementation plan if costs are higher than expected and/or currently budgeted

Outcome:

- **Coverage verification** – St. Health administrators have met on several occasions with representatives from Housing and UCIE to discuss this process; recently, representatives from CATS, Bursar’s Office, Student Affairs and Risk Management were included to discuss the potential for new policies related to registration and applying for housing; this effort continues and we hope to have final plans in place for FY2020
- **Staff compliance** – this avenue was not pursued due to the network update noted above as well as the Director retiring in October. Once the new Director is hired, this will be discussed and action plan implemented

Success Outcome 2:

Student Health Services will be an outstanding resource committed to meeting the changing health and wellness needs of the university community. In order to meet this commitment a financial base will be needed. Our goal is for the Student Health Center Services (SHS) to be an active revenue generating center for the CoNH in general and the University as a whole. Due to the nature of the clinic and funding, we acknowledge that it is very unlikely that the SHS will be self-sustaining from a financial perspective. Therefore, funds allocated from other entities such as the CoNH and St Affairs may be required long-term. However, we would like to be able to expand our services to become self-sustaining even though that would require additional infrastructure.

KPI 2.1 – Revenue vs. Expenses

Data: Based on financial data, we will track the “revenue” generated by clinical care activities vs. the related expenses

Result: We anticipate that this data will show that the expenses are greater than the revenue due to the funding structure; however, as noted above, this might be improved with expanded services and infrastructure; in addition, this may be a service that is considered a priority for student safety, even though it will not meet the “break-even” status

Response/Action Plan: this data would help justify the need for continuing allocations from other budget lines and may even support a change in policy where money is allocated directly from the Central office to the SHS and not as a pass-through from other sources such as St. Affairs

Outcome:

FY	Expense %
2016	159%
2017	160%
2018	156%
2019	157%
Average	158%

As noted above, there has been some fluctuation in our expense ratio. While we have seen our charges per patient visit increase, an indicator that students are being seen for more critical care than in the past, our revenues should increase as well. We will continue to monitor this and investigate other opportunities for generating additional revenue.

Concluding Remarks:

We strive to provide a healthy environment for students while providing affordable care. The SHS is vital to our campus community and we hope to expand its services to better serve the University in the future as fiscal and human resources allow.