

Bowling Green State University
Division of Student Affairs
Student Health Service

Annual Assessment Report

Academic Year 2006/07

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Student Health Service
Summary of Activity: Student Learning Outcomes & Assessment
Academic Year 2006/07

The Student Health Service staff undertook numerous student learning outcome and assessment studies during academic year 2006/07.

Included in the report that follows are summaries of:

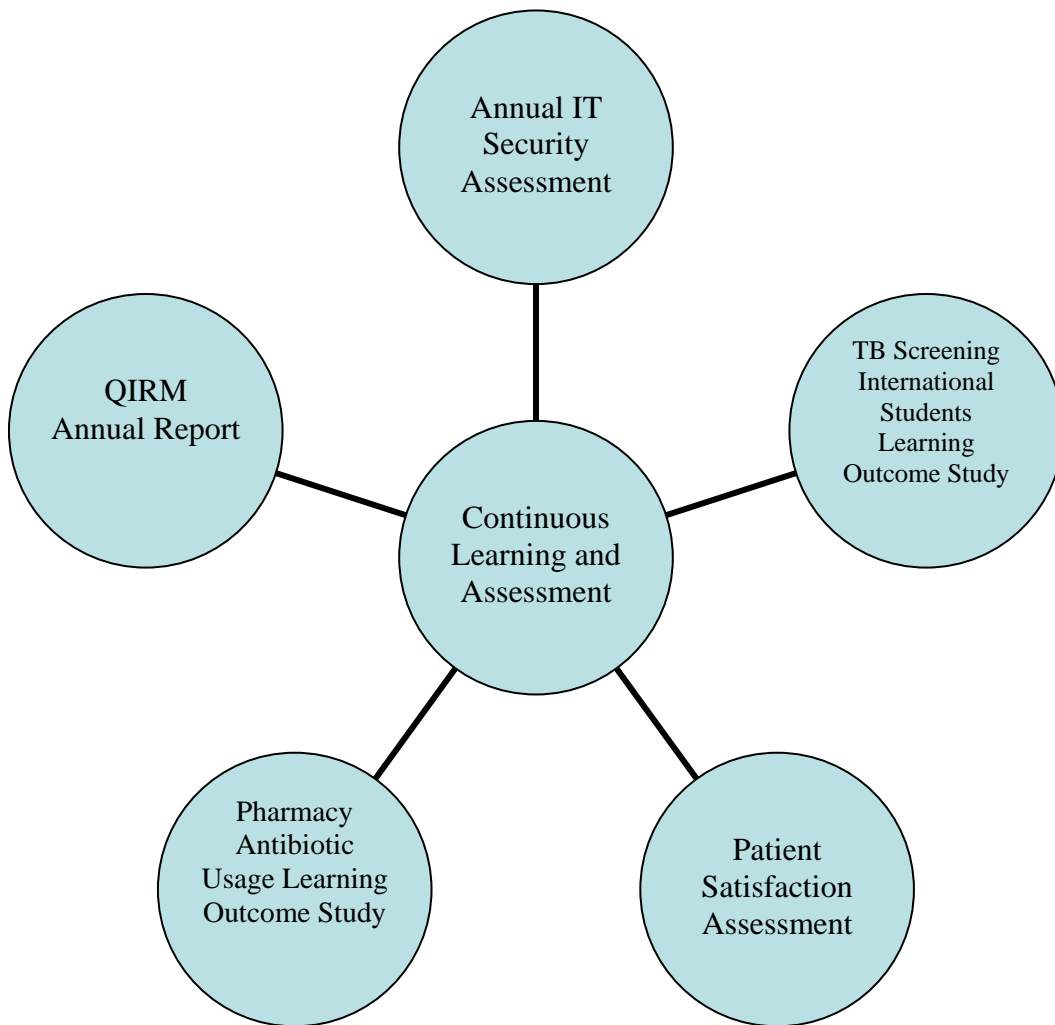
- Student Learning Outcome Studies
- 2006/07 Quality Improvement and Risk Management Annual Report
- 2006/07 Annual Information Technology Security Assessment
- 2006/07 Annual Student/Patient Satisfaction Survey

The Student Health Service continues our ongoing commitment to examining and measuring all aspects of the student/patient experience. As an accredited health care organization, the safety and clinical outcomes of our students/patients are of paramount concern. In addition, the need to demonstrate and measure student learning outcomes is recognized and has again been pursued aggressively over the past year.

We are very proud to report that our student learning outcome studies have been nationally recognized as innovative in our field of college health. We were invited to present our work at the national American College Health Association Annual Meeting in San Antonio in May/June 2007. Approximately 250 college health professionals from across the country attended our presentation, and we are recognized by many in our field as the “leading edge” of student learning outcome assessment.

Bowling Green State University
Student Health Service

Student Health Service Synergy Chart



Antibiotic Student Learning Outcome Re-study Assessment Report

**Bowling Green State University
Division of Student Affairs
Student Learning Outcomes Assessment Report**

Student Health Service - BGSU Pharmacy

2006/2007

Cindy Puffer RPh, Glenn Egelman MD

Antibiotic Student Learning Outcome Re-Study

June 2007

This study describes the impact of standardized pharmacist counseling on student knowledge of the appropriate use of antibiotics. Students visiting the BGSU Pharmacy will learn about the proper use of antibiotics and the possible side effects of antibiotic therapy. In March 2006, a student learning outcome study demonstrated the impact of pharmacist counseling on student learning. However, the percentage of students that demonstrated an optimal knowledge level was only 85%. We desire a higher level of optimal knowledge.

Objectives (Learning outcome): Students will be able to correctly express how to take antibiotics and note potential side effects and drug interactions associated with their antibiotic prescription.

Data Sources: Pre and post pharmacist counseling survey audit of 100 students provided prescriptions for antibiotics between March 12 and March 23, 2007. The antibiotic learning outcome study performed by the BGSU Pharmacy in 2006 showed that 85% of students showed an advanced level of knowledge after counseling. The purpose of the re-study was to increase the percentage of students who demonstrated learning by standardizing pharmacist counseling. To accomplish this, all pharmacists were provided with key elements to discuss with students at the time the antibiotic was dispensed. To prevent confusion in data interpretation, additional antibiotic questions used in the 2006 learning outcome study were eliminated from the re-study.

Summary of Findings:

A comparison of pre and post -counseling data show that 98% of students showed an advanced level of knowledge (an increase from 85% in the 2006 study). No students showed a decrease knowledge level.

Mean scores on the pre-counseling survey was 4.60 out of a possible 10 points. The post counseling survey showed a mean score of 9.370. These results suggest that the counseling of students using standardized counseling by pharmacists increases the knowledge in these students regarding the proper use of antibiotics.

The number of students who understood the appropriate frequency of antibiotic administration increased 79.6% (54/100 to 97/100).

The number of students with knowledge of the proper way to take the medication with respect to food and water increased 100.00% (46/100 to 92/100).

The number of students who knew how long to take the antibiotic increased 85.10% (54/100 to 100/100).

The number of students who could identify adverse effects increased 469% from 16 to 91 after pharmacist standardized counseling.

Using the rubric, results of the pre-counseling survey show that 36 students displayed a basic level of knowledge in regard to antibiotic use. Forty-four of the students obtained scores of 4 to 7 corresponding to an intermediate level of knowledge and twenty were in the advanced level. In contrast, zero, two and ninety-eight displayed basic, intermediate and advanced knowledge respectively after standardized counseling.

Analysis:

Standardization of pharmacist counseling had a greater impact on student learning regarding the proper use of antibiotics as compared to a 2006 study that used non-standardized counseling. Student learning has been documented regarding the frequency of antibiotic administration, dietary considerations, duration of antibiotic therapy, side effects, and potential drug interactions.

Improving student knowledge of these aspects of antibiotic therapy will lead to decreases in the misuse of antibiotics and misconceptions associated with antibiotic treatment.

Recommendation:

Standardization of pharmacist counseling should become a best practice for the BGSU Pharmacy.

Staff will be educated as to the findings and a change in procedure will occur.

RUBRIC:

	Compliance (2 points)	Administration (1 point)	Duration of Therapy (3 points)	Side Effects (2 points)	Drug Interactions (2 points)
Knowledge	(2) Can correctly express how often medication should be taken	(1) Can correctly state whether antibiotic should be taken with or without food or water	(3) Expresses that full course of therapy should be completed	(2) Is aware of all potential side effects of therapy	(2) Is aware that taking other medications, vitamins and supplements may interfere with antibiotic
Some knowledge				(1) Partially identifies potential side effects	(1) Is not taking other medications, vitamins or supplements
Lack of knowledge	(0) Is unaware of prescribed dosing schedule	(0) Is unaware of the need to take medication with or without food or water	(0) States that treatment can be stopped prior to completing full course	(0) Is unaware of the potential for side effects	(0) Does not believe that interactions are possible or is unaware of possible interactions

Antibiotic Questionnaire

1. How often should you take this medication?
 - A. Once a day or Every 24 hours
 - B. Twice a day or Every 12 hours
 - C. Three times a day or Every 8 hours
 - D. Four times a day or Every 6 hours
 - E. Not sure

2. How should you take this medication?
 - A. With food and an eight ounce glass of water
 - B. On an empty stomach with an 8 ounce glass of water
 - C. With an 8 ounce glass of water (with or without food)
 - D. Not sure

3. When should you stop taking this medication?
 - A. The day you start to feel better
 - B. When you feel completely normal again
 - C. Three days after your symptoms disappear
 - D. You should take this medication until it is gone
 - E. Not sure

4. What side effects might you notice with this medication? Check all that apply
 - Upset stomach and diarrhea
 - Sensitivity to Sunlight - more prone to sunburns
 - Discolored Urine

5. Are you taking any other prescription or over-the-counter (OTC) medications, vitamins, dietary or herbal supplements? YES NO
 - If yes, will this medication cause a problem with your other medications?
 - A. Yes, it will
 - B. No, it will not
 - C. I do not know
 - D. N/A

Latent Tuberculosis Student Learning Outcome Assessment Report

**Bowling Green State University
Division of Student Affairs
Student Learning Outcomes Assessment Report**

Student Health Service

2006/2007

Glenn Egelman MD, FACP

Latent Tuberculosis Infection Learning Outcome Study 10/25/06

This study describes the process of assessing student learning outcomes in the medical services setting with respect to treatment of latent tuberculosis infection (LTBI) in international students at risk for active tuberculosis (TB) after patient education by physicians.

OBJECTIVES: (Learning Outcomes)
 Students will be able to correctly express the risk of developing active TB and its symptoms.
 Students will be able to accurately describe LTBI treatment recommendations and potential side effects of this treatment.

DATA SOURCES:
 Pre and post physician appointment questionnaires of 74 international students with positive PPD skin tests between August 10 and October 16, 2006. 72 questionnaires were completed for a 97% response rate.

Scoring Rubric for Latent Tuberculosis Infection Learning Outcome Study

	Meaning of Positive PPD (2 points)	Personal Risk (2 points)	Identifies Active TB symptoms (2 points)	Reason for Treatment (2 points)	Adverse Effects (2 points)
Knowledge	(2) Can correctly identify reason for positive PPD result	(2) Is aware of the risk of developing active TB	(2) Is aware of the symptoms associated with active TB	(2) Is aware of importance of anti-TB medication for treatment	(2) Able to identify potential medication side effects
Lack of Knowledge	(0) Cannot identify reason	(0) Unaware of risk to self	(0) Unaware of symptoms	(0) Unaware of importance of treatment	(0) Cannot accurately identify medication side effects

SUMMARY OF FINDINGS:

94.4% of students showed an improved level of knowledge after an appointment with a physician. No students showed a decreased level of knowledge.

Average score on the pre-counseling survey was 2.578 out of a possible 10 points. Post-counseling, this increased to an average score of 8.50.

The number of students who could properly identify the meaning of a positive PPD skin test increased from 4 to 58 (a 13.5-fold increase)

The number of students who understood the risk of developing active TB increased from 3 to 63 (a 20-fold increase)

The number of students who identified symptoms of active TB increased from 48 to 67 (a 39.6% increase)

The number of students who understood the importance of taking medication to prevent future active TB increased from 21 to 59 (a 181% increase)

The number of students who could properly identify potential side effects of the medication increased from 17 to 59 (a 2.5-fold increase)

Prior to counseling by a physician 45 students demonstrated a basic knowledge level in regards to LTBI (0 or 1 question correct on the pre-test); 25 students demonstrated an intermediate level of knowledge (2 or 3 questions correct on the pre-test); and two students (3%) demonstrated an advanced knowledge level (4 or more questions correct on the pre-test). In contrast, after being counseled by a physician, only four students still had a basic knowledge level and only eleven demonstrated an intermediate level of knowledge. Fifty-seven students (79%) now demonstrated an advanced knowledge level.

The number of students who elected to initiate anti-TB medication for LTBI after being counseled by a physician was 18 out of 72 or 25.0%. For the same time period in 2005, 7 out of 57 or 12.3% accepted anti-TB medication. This reflects a doubling of the percent of students accepting of anti-TB medication.

ANALYSIS:

Physician counseling had a significant and positive impact on the level of knowledge of students regarding latent tuberculosis infection (LTBI), the risk to personal health, symptoms of active TB, treatment options and treatment side effects.

The percentage of students who elected to initiate treatment doubled compared to 2005. As with most all medical care, the decision to initiate medications is a personal choice for the student and there are multiple factors that impact that decision. However, it is the role of the physician to ensure that an educated decision is made. This study demonstrates that this education was successful, and had an impact on the percent of students who chose medication therapy.

RECOMMENDATIONS:

- 1.) Consider exploring students' reasons for non-initiation of anti-TB treatment.
- 2.) Discuss benefits of anti-TB treatment at a provider meeting and explore for any physician bias against initiation of therapy.
- 3.) Consider repeating this study in Fall 2007 to look for improvement in initiation of anti-TB treatment and ensure continued excellence in student learning.

Latent Tuberculosis Infection (LTBI) Questionnaire

1. If my PPD skin test result for Tuberculosis (TB) is positive, it is most likely from:
 - A. Latent TB infection
 - B. Previous administration of BCG vaccine
 - C. Active TB infection
 - D. Unsure

2. How many people with Latent Tuberculosis Infection (LTBI) will develop Active TB in their lifetime?
 - A. 1 in 100
 - B. 5 in 100
 - C. 10 in 100
 - D. 20 in 100
 - E. Unsure

3. Patients with Active Tuberculosis infection:
 - A. Usually do not feel sick.
 - B. May have fever, chills, weight loss, night sweats, cough
 - C. Only need medicine if they start feeling ill.
 - D. Unsure

4. The risk of developing active TB disease is higher in the first 2 years following infection and treatment minimizes the chance of developing active TB disease. If my PPD skin test is positive and my chest x-ray is negative:
 - A. I don't need treatment.
 - B. People need treatment even if the chest x-ray is negative to protect them from active TB disease in the future.
 - C. Taking medicine for Latent Tuberculosis really doesn't matter if I don't feel ill.
 - D. Unsure

5. Some potential adverse effects of Isoniazid (INH), a medication used to treat Tuberculosis include:
 - A. Rash
 - B. Numbness in the fingers and toes
 - C. Abdominal pain
 - D. All of the Above
 - E. None of the Above

Quality Improvement and Risk Management Annual Report

**Student Health Service
Quality Improvement/Risk Management Committee
Annual Effectiveness Evaluation
FY 2006 - 2007**

The Quality Improvement/Risk Management Committee held monthly meetings through the 2006-07 year. The committee provided sharp focus on issues related to student/patient outcomes (i.e., the result of care) along with risk management and safety of patients, staff and visitors.

The specific responsibilities of the committee include:

- Peer review and utilization of best practice guidelines
- Quality Improvement
- Benchmarking
- Credentialing
- Student/Patient Satisfaction
- Medical Record Review
- Risk Management

The members of the committee are as follows:

- ❖ Barbara Hoffman, MSN, CNP, Interim Associate Director for Educational & Clinical Services, Chair
- ❖ Richard Sipp, MBA, Senior Associate Director for Operations
- ❖ Marilyn Mackay, MT(ASCP), Assistant Director for Laboratory Services
- ❖ Glenna Rufo, RN, Staff Nurse
- ❖ Teresita Domini, MD, Staff Physician
- ❖ Susan Perkins, MSN, CNP, Staff Nurse Practitioner

In terms of accomplishments for the 2006/07 academic year, the following were completed:

- Student Learning Outcome Studies were completed as follows:
 1. TB Screening of International Students
 2. Antibiotic Use by Students
- Six (6) best practice guidelines were developed and approved. The committee wishes to thank the authors. The guidelines cover the following topics:
 1. Otitis Externa
 2. Isoniazid Therapy
 3. Bronchial Asthma
 4. Atopic Dermatitis
 5. Acute Bronchitis
 6. Yeast/Vulvar Candidiasis
- One Patient Satisfaction Study was completed

- Three (3) Benchmarking studies were reviewed:
 1. Student Health Service Insurance Cost/Benefit
 2. Sun Belt Survey Results
 3. BGSU SHS On-call System Comparison

- Three (3) Peer Review studies were completed:
 1. Provider (including CNP) Chart Review
 2. Mononucleosis – Provider (including CNP) Chart Review (Peer Review related to Best Practice)
 3. Pharmacy

- Multiple aspects of risk management have been addressed including:
 1. Incident Reports
 2. Student Deaths
 3. Drills related to new alarm codes, computer failure, fire, tornado, panic button, emergency call-in list

- Seven (7) procedures were reviewed and recommended to the Director including:
 1. HR 8 – Employee Health & Training Record
 2. M 3 – Informed Consent for Treatment of a Minor
 3. S 24 – Locking Procedure
 4. S 23 – Safe
 5. QIRM 2 – Quality Improvement/Risk Management Committee
 6. QIRM 5 – Peer Review Process
 7. MR 20 – Medical Record Annual Review

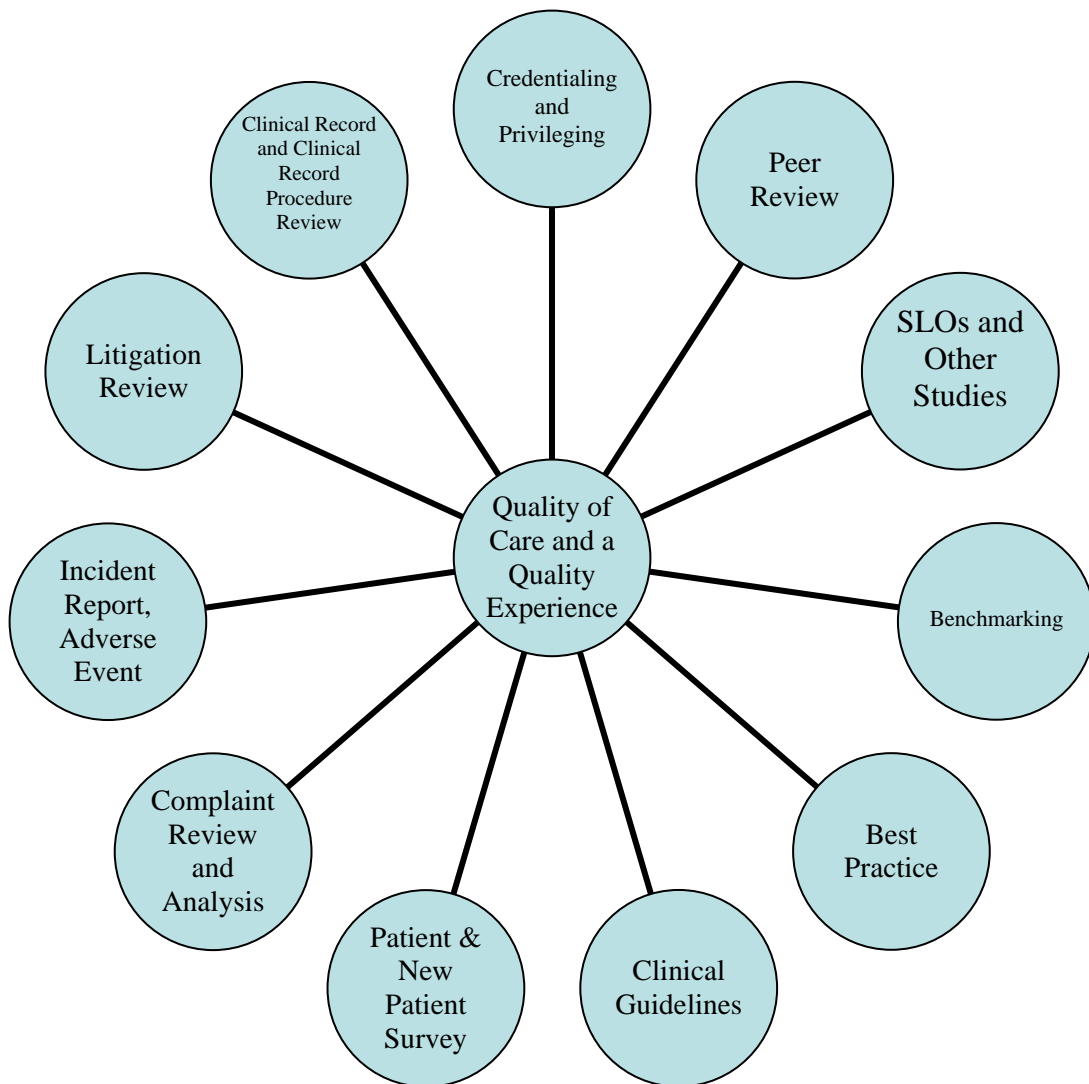
- Multiple quality improvement studies were completed related to the following topics:
 1. Insurance Card Verification
 2. Coding (restudy)
 3. Encounters vs. PyraMed
 4. Information Security Assessment
 5. Pilot Project – No Coding on Encounter Forms
 6. Abnormal Pap Smear (restudy)
 7. Telephone Wait Times
 8. Pharmacy Tracking Provider Study

- In regard to the medical record, the following were approved:
 1. Progress Note Form
 2. Health Information Summary Sheet
 3. Gardasil Vaccine Progress Note
 4. Problem-Needs List
 5. Women’s Health Forms
 - Initial History Exam
 - Delayed Menses Exam
 - Gynecological Concern Exam
 - Contraceptive Follow-Up Exam
 6. Immunization Forms
 - Meningitis
 - Tdap/Td
 - Twinrix (Hep A/HepB) and Hepatitis A

- Multiple Providers were credentialed and privileged
- Patient comments forms have been reviewed and follow up action initiated as indicated.
- The committee recommends emphasis be placed on the following in 2007/08:
 1. Continued Development of Learning Outcome Studies
 2. Clinical Benchmarking
 3. Peer Review Related to Best Practice
 4. Continued Development of Best Practice Guidelines
 5. Utilization Review

Bowling Green State University
Student Health Service

Quality Improvement & Risk Management Continuum



Bowling Green State University
Student Health Service

Safety Programs



Information Technology Security Assessment

**BOWLING GREEN STATE UNIVERSITY
STUDENT HEALTH SERVICE
ANNUAL INFORMATION TECHNOLOGY SECURITY ASSESSMENT
JUNE 2007**

Summary

Overview

The Student Health Service has a comprehensive program designed to protect sensitive information and assure compliance with applicable federal and state law and regulations. In addition, the Student Health Service, as an accredited facility, complies with the standards of the Accreditation Association for Ambulatory Health Care.

Procedure

The leadership team of the Student Health Service has completed—for its respective areas of responsibility—an assessment of information technology security. The forms were provided to the Senior Associate Director for Operations who serves as privacy officer and is a member of the Information Security Committee of the Division of Student Affairs.

Outcome

The Student Health Service is in substantive compliance with all aspects of the Information Security Program. Forty-eight separate points were responded to in the assessment. The attached table includes action items being implemented by the leadership of the Student Health Service. All items will be complete before the end of September 2007.

**ANNUAL INFORMATION SECURITY ASSESSMENT
JUNE 2007**

TRAINING/ORIENTATION		COMMENT
1. The following topics related to information security were covered at the annual retreat held on August 11, 2006:		
- acceptable use of computers by staff	Y N N/A	
- authorization to communicate by email	Y N N/A	
- building security	Y N N/A	
- computer failure contingency plan	Y N N/A	
- computer passwords	Y N N/A	
- email communication with students	Y N N/A	
- front desk medical record key assignment log	Y N N/A	
- front desk medical record key inventory list	Y N N/A	
- hierarchy of approval for access to Student Health Service computerized systems	Y N N/A	
- information security officer	Y N N/A	
- information security program	Y N N/A	
- key control, door lock and alarm	Y N N/A	
- name tags	Y N N/A	
- password management	Y N N/A	
- privacy officer	Y N N/A	
- HIPAA	Y N N/A	
- records retention and disposal	Y N N/A	
- security alarm	Y N N/A	
- Student Health Service Privacy Notice	Y N N/A	
- Confidentiality Statement	Y N N/A	
- Signature Log	Y N N/A	
2. Did all of your staff attend?	Y N	
3. If no, is there documentation of training held after the retreat either one-on-one or in small groups?	Y N	
NEW EMPLOYEE ORIENTATION		
4. Did all staff who joined your department since July 1, 2006 complete new employee orientation?	Y N	
5. Does their employee record (maintained by the Administrative Secretary) include a completed form?	Y N	

INVENTORY			COMMENT
6. In your department is there an up-to-date inventory of all:			
- software	Y	N	N/A
- hardware	Y	N	N/A
- fax machines	Y	N	N/A
- printers	Y	N	N/A
7. Are computers labeled to indicate sensitive or protected information is possibly housed therein?	Y	N	N/A
PHYSICAL SECURITY			
8. Are locking procedures followed in your department?	Y	N	N/A
9. Have there been any known attempts at physical intrusion into your department by unauthorized individuals?	Y	N	N/A
10. If #9 is answered yes, please describe the follow-up.			
HIPAA			
11. Does your staff know what to do if someone (employee, parent, staff or visitor) desires to fill out a HIPAA complaint:	Y	N	N/A
12. Does your staff know:	Y	N	N/A
- the form used for a complaint by staff?	Y	N	N/A
- the form used for a complaint by non-staff?	Y	N	N/A
- the procedure to follow if a complaint is received?	Y	N	N/A
- who the Student Health Service information security officer is?	Y	N	N/A
The following section is to be completed by the Assistant Dir. of Bus. & Information Systems			
TECHNICAL SECURITY			
13. Are all employees using passwords for access?	Y	N	N/A
14. Are there any passwords posted in public view on computers?	Y	N	N/A
15. Are computers physically oriented to avoid	Y	N	N/A

exposure of sensitive information?		
16. Are passwords changed at some regular interval? Please note, PyraMED password must be changed annually.	Y	N N/A
DISASTER RECOVERY		
17. Is there a computer disaster plan in place?		
18. Are Business Associate Agreements in place and up-to-date where needed?	Y	N N/A
	Y	N N/A
PHYSICAL SECURITY		
19. Are areas where medical records might be kept (outside of medical record department) locked after hours?		
20. Is the medical record area secured after hours?	Y	N N/A
21. Are keys logged in and out as indicated by procedure?	Y	N N/A
	Y	N N/A
GENERAL		
22. Does your staff know the name of the University Computer Security Officer and how he/she can be contacted?		
	Y	N N/A

Annual information security assessment form – June 2007

Student Health Service
Annual Security Assessment Results & Follow-up
June 2007

FINDINGS	ACTION	STATUS	DATE
<p>Some staff were not aware of the name of the person who is SHS:</p> <ul style="list-style-type: none"> • Privacy Contact • Privacy Officer • Information Security Officer (SHS) • Information Security Officer (BGSU) • Safety Officer (SHS) 	<p>The names of the contact persons will be reiterated at the annual staff retreat August 9 and reminder cards will be distributed.</p>	<p>In Process</p>	<p>Projected Completion Aug 9</p>
<p>It was found that a handful of towers (new) did not have the required sensitive information sticker.</p>	<p>The stickers were installed at time of inventory by a student employee.</p>	<p>Complete</p>	<p>6/10</p>
<p>It was identified that a procedure and process needs to be developed whereby all SHS staff, request in writing (using a form) access to various software systems. It was recommended that a master list of staff vs. approved access be maintained.</p>	<p>The Assistant Director of Business and Information Systems will write and implement the procedure in conjunction with a request and maintenance system.</p>	<p>In Process</p>	<p>Projected Completion Aug 9</p>

STUDENT HEALTH SERVICE
STUDENT/PATIENT SATISFACTION SURVEY SUMMARY
2006-2007

STUDENT HEALTH SERVICE SURVEY
SPRING 2007

Your opinion counts! The Student Health Service is looking for ways to better meet your needs for self-care and health issues. Please assist us by providing the following information and giving us your candid answers and opinions.

The purpose of your visit to the Student Health Service (check one):

Appointment Walk-In Pharmacy only Injection only
 Laboratory only

How would you rate the quality of service provided by the following Student Health Service staff?

	Did not meet expectations		Met expectations		Exceeded expectations
1. Check-In Front Desk	1	2	3	4	5
2. Nursing Care	1	2	3	4	5
3. Health Care Provider	1	2	3	4	5
4. Laboratory	1	2	3	4	5
5. Pharmacy	1	2	3	4	5
6. Flex Care	1	2	3	4	5

1. Were you satisfied with your treatment at the SHS? Yes No
2. Did you understand the diagnosis that you received? Yes No
3. Was your medication fully explained to you? Yes No NA
4. Were you treated with respect? Yes No
5. Does StallTalk provide helpful information to you Yes No Unsure
If no, please explain
6. If you had not come to the Student Health Service today for health care, where would you have gone?
7. By coming here to the Student Health Service today, did it help to keep you in classes and/or on campus?
8. Did you learn something at today's visit? If yes, what did you learn?
9. How can the Student Health Service be more involved in your Student Life?
10. Do you have additional comments concerning the Student Health Service?

Please mark your responses and deposit in the box or return to us by folding and placing in campus mail.

**STUDENT HEALTH SERVICE
STUDENT SATISFACTION SURVEY SUMMARY
2006-2007 Academic Year**

Submitted by: Richard Sipp, Senior Associate Director of Operations
Date: 4/26/07
Assessment Item: Student Health Service (SHS) Patient Satisfaction Spring 2007 Survey

Learning Outcomes:

To provide better student/patient service and to become more informed in regard to patient utilization of services and student needs. Specific focus will look at student use of the health service as an accessible and time saving benefit for their health care needs.

Student Health Service Assessment Annual Report

1. Learning/Service Outcome assessed Spring Semester 2007:

- To receive feedback from patients regarding their evaluation of service and use of the Student Health Service.
- To identify satisfaction ratings of quality, availability and staff interaction of service provided to the student.
- To identify future student life needs that could be provided by the health service.
- To evaluate student health care needs as a retention factor when provided on the main BGSU campus, allowing students to attend their daily classes as scheduled without leaving main campus.

2. Assessment Procedure and Survey Form:

- Provided to 355 patients who utilized the SHS from April 9, 2007 through April 16, 2007.
- 355 survey forms were distributed to patients at check-in. There were 177 returned for a 49.9% response rate.
- Each survey form asked for feedback on the type of visit to the SHS including service evaluation of check-in (front desk), nursing, healthcare provider, laboratory and pharmacy areas.

3. Inferences from Assessment:

The purpose of your visit to the Student Health Service:

130 Appointment 11 Walk-In 12 Injection 21 Pharmacy Only 3 Lab

How would you rate the quality of service provided by the following Student Health Service staff?

Did not meet expectations	Met expectations	Exceeded expectations		
1	2	3	4	5

Mean scores for the section on quality of service are below:

- | | |
|-------------------------|------|
| a) Check-In Front Desk | 4.14 |
| b) Nursing Care | 4.11 |
| c) Health Care Provider | 4.20 |
| d) Laboratory | 4.02 |
| e) Pharmacy | 3.95 |

Specific questions were as follows:

1. Were you satisfied with your treatment at the SHS?
98.1% Yes 1.9% No
2. Did you understand the diagnosis that you received?
98.7% Yes 1.3% No
3. Was your medication fully explained to you?
97.8% Yes 2.2% No
4. Were you treated with respect?
100% Yes 0% No
5. Does StallTalk provide helpful information to you?
90.3% Yes 9.7% No.
6. If you had not come to the Student Health Service today for health care, where would you have gone? *See written comments beginning on page 30.*
7. By coming to the Student Health Service today, did it prevent you from missing classes in order to get help for your health care needs and eliminate the need to leave campus?
84.5% Yes 15.5% No

Note: Please see the written comments to questions 6-10 as attachments to this document starting on page 30.

**STUDENT HEALTH SERVICE
SURVEY COMPARISON
2005/2006/2007**

	2005		2006		2007	
Number of surveys provided			540		355	
Number of surveys returned	99		375		176	
Purpose of Visit:						
Appointment	44		267		130	
Walk-In	29		85		11	
Injection	4		12		12	
Quality of Service rating:						
Check-In Front Desk	4.11		4.11		4.14	
Nursing Care	4.25		4.22		4.11	
Health Care Provider	4.42		4.22		4.20	
Laboratory	4.28		4.14		4.02	
Pharmacy	4.31		4.15		3.95	
	YES	NO	YES	NO	YES	NO
Satisfied with treatment at SHS	97%	3%	98%	2%	98.1%	1.9%
Understand the diagnosis	98%	2%	98%	2%	98.7%	1.3%
Medication explained fully	98%	2%	99%	1%	97.8%	2.2%
Treated with respect	99%	1%	99%	1%	100%	0%
StallTalk information helpful	92%	8%	94%	6%	90.3%	9.7%
By coming to SHS, did it prevent you from missing classes and leaving campus for your health care needs?	44% 57%	56% 43%	85%	15%	84.5%	15.5%

Narratives to Questions 6-10:

Question # 6: If you had not come to the Student Health Service today for health care, where would you have gone?

- Home provider (x50)
- Wood County Hospital (x24)
- No where else (x22)
- Don't know (x11)
- A local pharmacy (x7)
- Doctor at home in Cleveland
- Family Health Service (Greenville, OH)
- Waited until I went home to a family doctor
- PCP back home
- Sample Diagnosis resources online and via home doctor phone conference
- Would have waited until May to go home to Cleveland and find someone there.
- Urgent Care or waited until I went home
- Primary Care Physician
- A Kaiser Permanente Facility
- Wood Co. Hospital or waited until I went home
- Back home to Maryland
- Family Doctor in Toledo
- Toledo Hospital
- I just needed the pharmacy so a local one
- Wood county hospital for allergy injections
- Wood County Hospital Emergency Room
- Somewhere where they give allergy shots
- Another doctor in town
- I would have had to go online to find a doctor's office in town that accepted my insurance
- Health Dept., Hospital
- Don't know, but somewhere my insurance covers
- Local Health Center.
- My home doctor because I live in BG
- Some other place in BG or at home
- A local doctor covered by my insurance
- I probably wouldn't have sought health care
- Urgent Care
- Another Pharmacy
- Probably in town. I'm not from around here, so I don't have many options.
- A local physician's office
- BG women's clinic
- To a recommended psychiatrist
- Urgent care
- Another doctor in BG
- A local family doctor
- I probably would have gone to the local hospital
- I always come here, even to fill my prescriptions
- Would have come back tomorrow
- No where, I would have suffered and hoped it healed itself on its own
- I probably wouldn't have been motivated enough to go anywhere else. I'm so glad the SHS is available for our use as college students. Thank you.
- There are no alternatives in my case

Question #7: By coming to the Student Health Service today, did it help to keep you in classes and/or on campus?

- Unsure (x12)
- Yes, I didn't have to drive to Maumee and miss classes
- Yes, I was able to come before class today and I did not have to miss my class
- Yes, I did not have to miss class because of the option of going here
- It is nice just to stay on campus and work around classes
- Very much so.
- Yes! – well, I had to skip class to be here
- Yes. I have already missed a few classes and didn't want to miss more.
- Yes/No I have been able to stay on campus, but have missed several classes because of time delay
- I guess – the sooner I fell better the easier it will be to attend class
- Yes, that's one of the main reasons I come here.
- Sure did
- Yes, it helps to be able to stay on campus, especially for classes.
- I stayed on campus
- It helped me to stay on campus. I did not have classes today.
- Definitely
- No, I still had to miss class
- On campus, but missed classes
- Not really, I'm student teaching
- No- I am missing class
- I miss classes to come here but in the long run hopefully I won't miss anymore!
- No – I am doing clinicals in Lima and live there. I should have come at the beginning of the week, but had to wait.
- No, I missed class because of it.
- No, I live off campus and take classes at MUO

Question #8: Did you learn something at today's visit? If yes, what did you learn?

- No (x17)
- Yes, about my medication. (x9)
- Yes, the pollen is now out
- Yes, what Molluscum is and how you get rid of it
- Doctor exceeded my expectations, especially Dr. Kevin. He makes you feel better even before you take medications. The same with Dr. Kettinger- whom I didn't meet today
- Yes, what makes the body throw up
- Yes, about AIDS
- Doctors can be your friends too
- Yes, I learned about my pap smear
- Yes, that other people get nervous giving speeches and performances and medication is available to assist it
- Yes, I learned about better oral care
- Yes, that I have a quiet heart to listen to
- Yes, I learned about HPV
- That I have an allergy reaction called Urticaria and I should find a source
- I probably have a sinus infection
- Symptoms and methods of excising my ailment
- Yes, bronchitis is contagious
- Yes- how to give myself a breast exam.
- Yes, a new syndrome
- Yes, the health care providers at SHS put all effort to ensure students stay healthy by keeping track of student's health
- I learned about flex care
- Yes, not all doctors take time to explain scenarios and their pamphlets
- Yes, I always get an allergic reaction. The nurse told me about a way she gives shots to another patient and it helped a lot for me.
- Yes- how to check where my liver is and about birth control
- Sinus pressure can build up with bacteria and cause earaches
- Yes, I learned a lot about symptoms of depression and sleep disorders. It's all in the literature I was given.
- Valuable info on men's health.
- Yes, eat a well-balanced diet
- Yes, the girl sitting next to me was named "Hillary"
- Chicken soup keeps you healthy
- Yes. Stop doing or having things that make me come here.
- Yes. More about traveling safety and the vaccines that will protect me from various viruses
- Some doctors care about your opinions and thoughts
- Read a lot of pamphlets on health issues
- Yes, about bronchitis
- Yes, about infectious diseases
- Have to wash hands thoroughly
- The symptoms for dehydration
- Throat swabs can be painless
- I learned that genital warts can not be spread manually
- Yes. I lost 18 lbs.
- How to use an inhaler, that's something new to me.
- Yes, I did. I learned how to give a breast examination to myself and about STI's and about rape. Dr. Sue Perkins is very knowledgeable and helpful.
- Yes, how to get therapy at wood county.
- Yes- issues to be aware of for women
- Yes, you must wait 1 month after last hepatitis B series vaccination to have Titters done.
- Yes, a lot about women's health I learned about different methods of birth control.
- Yes, about my diagnosis

Question #9: How can the Student Health Service be more involved in your student life?

- Keep stall talk up to date (x5)
- Flyers (x2)
- Offer recommendations to local specialists (dental care, optical care, endocrinologists, etc) (x2)
- Make apps via e-mail?
- They are involved now! I see them every week.
- I go to MUO- not really a part of Student Life anymore
- Have more apps available, you are always booked!
- At least make sure we get done in a hours time, I have been missing classes just because I overstay here
- Free M&Ms
- Try to see things from a students perspective not just a health care provider
- Give more information out around campus, that helps students not to get sick
- They are doing a pretty good job already
- A little more friendly, some people are concerned with they way they will be treated
- More exposure to students. More fun activities. Maybe having a student board to organize events to appeal to the student population.
- Offer continued service and all should be fine
- By holding seminars that encourage students to seek advice and medication even for minor problem (health and live situations).
- Maybe stay open later. Sometimes my class schedule and the hours here conflict with one another.
- More frequent stall talks!
- Offer more safety bits and maybe participate in student events
- Holding workshops in dorms on health tips
- Don't require appointments for allergy shots
- Put the phone number on the home page of the health center site.
- Maybe email reminders of appts.
- Provide more services to women.
- Stall talk should be in the bathrooms campus wide.
- By having free lectures on traveling abroad and the medications needed to do so.
- By being on time for appointments
- More health fairs.
- Have better explanations for some of the financial things that go on
- Write letters of excuse for classes for those severely ill
- More visible @ campus events (ex. Free blood pressure checks)
- More info packages, maybe at Union restrooms
- Get more benefits
- Offer CPR classes
- Health treatment more advertised as available on campus.

Question #10: Do you have additional comments concerning the Student Health Service?

- Very helpful, nice to have on campus (x17)
- I wish that it didn't take so long to get out. I had an appointment and still had to wait behind those without one, and also for a long time. (x5)
- It has gotten a lot better (x3)
- The pharmacy explained directions-good! ☺
- I don't think it is a wise idea to ask "how are you sick" on the phone when one is trying to make an appointment. Mostly we make appointments using the university phones where everybody is around you. It becomes difficult to explain my symptoms in a multitude of people.
- This is the second time I have been here in a week because they misdiagnosed me the first time and I have had friends that this has happened to before also.
- Should have hours on the weekends. Why aren't people seen at their "scheduled" time?
- Many students I know don't use the SHS. I always tell them to come here, so maybe do more advertising with other on campus facilities.
- Only the hours of operation. They turned me down once when I came in 15 minutes before closing time. I ended up in the hospital for 3 days after that because I could not receive proper treatment from the SHS.
- Check-In usually fine- Today the worker seemed grouchy and kind of rude.
- Any service is good, but not everyone is motivated to offer their service.
- Some nurses are not as thorough as others. It would be nice if they were on the same page.
- Make nurses station phone number available online
- More patient parking, maybe?
- It is unnecessary to take a mono and strep test when I was not complaining of either symptoms.
- The student workers should get a raise. Get a fish tank.
- No except more info on finances needed to be available
- The nurse (Mary Mason) was very helpful and the doctor (Zhanna Brant) was too. Last fall I had an appointment here however and my medication was not fully explained to me. I was prescribed guaifenesin and was not told that it could increase anxiety (I have a history of anxiety.) Then the pharmacist mentioned this but dismissed it when I expressed concern. I did experience some anxiety.
- Nancy Martin is an excellent physician. I was incredible pleased with my visit today.
- Dr. Brant was so friendly and extremely helpful. The nurse who administered my shot was also very kind. The nurse who asked me questions before seeing Dr. Brant was somewhat cold.
- If it is possible, it would be more convenient to allow walk-ins instead of all appointments.
- The pharmacy needs to be more organized and take less time to get your prescription. However, the people who work there are very nice and always helpful.
- Any time I've ever come here, (which is a lot lately) every staff member in all the departments have been overwhelmingly nice, and always willing to help and answer any questions I may have.
- Better pharmacy services – more insurance companies accepted.
- Yes, I really like the pharmacy. They do things in a timely manner, just as timely as Wal-Mart or Rite Aid. The Women's Health is wonderful too!
- Contraceptive pills/ coverage should be included in plan
- Bursaring should be allowed for Health Center only. Sometimes medical emergencies arise when \$ is not available right away.
- I like the new hours! You need bigger rooms though.
- I was impressed with the level of personal care I received- I even got a phone call!