

List of Program Goals

Department or Unit Name: Health & Wellness Services

Individual Completing Form: Eileen Guttman

Date: 5/17/2005

4/25/2007

Program Name: Health & Wellness Services

Goal 1:	We will provide affordable health care services to students, faculty and staff of Cleveland State University (CSU).
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Goal 2:	We will provide high quality health care to the CSU community.
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Goal 3:	The professional providers of care will be well qualified.
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Goal 4:	Find improved space for H.S.
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Program Assessment Report

See NCA eval folder in file cab.

Department or Uni Health and Wellness Services

Individual Completing Form: Eileen Guttman

Program Name: Health and Wellness Services

Date: 4/25/2007

Goal # 1 We will provide affordable health care services to students, faculty and staff of Cleveland State University (CSU).

Outcome Measures	Research Completed	Findings	Review	Actions	Improvements
#A Keep average visit cost <\$50.	We produce an annual report which includes data as to costs. The fiscal year runs from July1-June30. We will have the 06-07 report finished by the first week of August. The amount is calculated on a 80% of total budget as 20% is devoted to health care events, education and other than direct care visits.	FY 01-02: average cost per visit was \$40.81. FY 02-03: cost per visit was \$33.14, this was a savings of \$7.67 or an 18% decrease. The cost per visit for FY03-04 was \$36.86 which is a 9% increase from last year and still below market. FY04-05 was\$40.54 (a 10% increase) & still below market & FY01-02. FY05-06 was \$38.51 (a 5% decrease) FY06-07 to be determined 7/07.	Data is used each year and reviewed by staff, director and SAID V.P.	FY 03-04: Continue to review vendor pricing and contain costs. Continue to evaluate data and keep HS costs below that of health care market. FY: 04-05 & FY 05-06 same as above; FY06-07 same as above	FY 03-04 the 9 % increase is still well below the market and reflects our higher costs. FY04-05 -the 10% increase is still at or below market and continues to reflect the higher health care costs (vaccines, lab, etc)FY05-06 - the 5% decrease is likely due to increased revenue from the health insurance program FY 06-07 will be calculated in July 07.
#B Average out of pocket cost to students will be \$15.or less. This was revised to \$18. which more accurately reflect the increases in health care costs. In FY 05-06 it was revised to less than \$24.	Average out of pocket expenses to students is calculated and evaluated annually after the end of the fiscal year.	FY 01-02: average cost \$14.61. FY 02-03: average cost \$14.95 or a 2% increase. FY 03-04:\$16.96 (12% increase) If we remove Contraceptives from the mix it was \$15.90 or a 6% increase. FY04-05average cost including contraceptive refills \$17.21 or <2% increase. FY05-06 average cost including contraceptive refills \$17.44 a 1% increase. FY 06-07 to be determined 7/07	Data is used each year and reviewed by staff, director and SAMA V.P.	F.Y. 03-04: monitoring & evaluation. (cost shifted) FY 04-05 & FY 05-06 monitor market trends to evaluate if outcome measure is attainable. FY06-07- continue to monitor market trends which have slowed down	These expenses are still less than most people's insurance co-pays for visits and prescriptions combined.

<p>#C Keep student health insurance premiums under market</p>	<p>Measure by SHI enrollment report analysis and by premium market comparison with other university Health Services. Data found in FY annual report.</p>	<p>By remaining the gatekeepers the SHI we continue to keep the price under market. A new carrier Chickering (Aetna) began Fall 2004. The benefits were improved. The cost for the year was \$819. This is expected to rise proportionate to the claims ratio. The cost for FY 05-06 was \$960 including administrative & bursars fees. Cost for 06-07 is \$1144 an increase of 20% due to claims and self-selection as it is a totally a voluntary program. Cost for 07-08 is \$1158 due to increased outpatient coverage</p>	<p>Review regularly, summarized in annual report.</p>	<p>F.Y. 03-04: Continue to evaluate. Increase marketing of SHI during registration, orientation, etc. to effect economies of scale. We would like to move to a hard waiver system. FY 04-05 this was rejected by administration. We did get the insurance question asked each semester on CampusNet when a student enrolls. There is also an insurance tab now. We continue to push for a hard waiver system.</p>	<p>Premiums are less than other area universities with better coverage. Enrollment has increased from 1320 for '04/05 as of 12/31/04 to 1498 for 05/06 as of 12/31/05 which is 10% increase in enrollment. Enrollment for 06/07 plan stayed about the same with over 1500 students.</p>
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Program Assessment Report

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Date: 4/25/2007

Goal # 2 Quality Health Services

Outcome Measures	Research Completed	Findings	Review	Actions	Improvements
<p># __A Give us a Grade Survey of 3.2.</p>	<p>Research on client satisfaction is conducted on an annual basis. This was revised to do on a biannual basis because of lack of change and the request of administration to use CAS standards as an evaluation tool.</p>	<p>FY 02-03: All of the 16 measures were above 3.2. No corrective actions required. FY 03-04: All of the 16 measures were again above 3.2. F.Y.04-05 all of the criteria were above 3.2 except for question # 12 in which the students rank themselves on how they are taking care of themselves. That was a 2.92.FY05-06- All of the criteria were above 3.2 even question #12 which was 3.33 FY06-07 results will be determined July 07</p>	<p>Annual survey unless under 3.2 which would trigger corrective actions Discuss with staff, VP, etc.</p>	<p>FY: Continue with annual survey.FY 05-06 changed to biannually as results have not changed in greater than 8 years as there also had been no staff change in that period. FY06-07 - Survey was conducted. FY07-08- Plan to conduct survey again as staffing has changed.</p>	

<p>#B. Accreditation Association for Ambulatory Health Care Inc. (AAAHC) accreditation CMS deemed status</p>	<p>AAAHC reaccredited Health & Wellness in November for another 3 years.</p>	<p>FY 03-04: Received 3 year accreditation (max.) Expires January 2007. Next survey November or December 2006.FY06-07 - Reaccredited for 3 years, expires January 2010.</p>	<p>Reviewed findings with SAMA V.P.</p>	<p>FY 03-04: Moved into a new space August 2003. Continue with required standards and apply for reaccreditation in 2007. See AAAHC findings. While we moved into a much improved space. It is still not large enough to meet our needs. FY 04-05 & 06/07 Review all updates to AAAHC standards. Include the Health Education Standards as that has been moved from Student Life to Health & Wellness. Eileen will be going to a training for new AAAHC requirements in June 2006. FY06-07 - AAAHC reaccreditation recommendations included more space and staffing.</p>	<p>Review all updates to AAAHC standards. Include the Health Education Standards as that has been moved from Student Life to Health & Wellness. As informed by our V.P. the part-time Wellness Coordinator position was approved by Human Resources and the president and awaiting further action. FY06-07 - both the part-time Wellness Coordinator & NP positions went out to search twice, still trying to fill them.</p>
<p>#_C_ Post visit assessment tool.</p>	<p>FY 03-04: Outcome survey was developed and initiated. FY 04-05 was conducted in April and results reviewed with the VP of SAMA. FY-05-06 conducted in Fall and results reviewed as above.FY06-07 - Conducted in Spring & results reviewed as above.</p>	<p>FY 03-04: Reviewed report. FY-04-05 Report results were reviewed at update meeting on May 10th. FY 06-07 Report results were reviewed at update meeting on 5/10/07</p>	<p>Findings reviewed with the SAMA V.P for 03-04 the results of 04-05 were reviewed May 10th at the update meeting. FY 05-06 results were sent to V.P's office. FY 06-07 - results reviewed at 5/10/07 update meeting.</p>	<p>FY 03-04: G.A. was instrumental in conducting telephone survey for outcomes. Annual survey for outcomes will be conducted to compare data. FY 04-05 95% or 101 of 106 respondents replied that HS helped with problem FY 06-07 - 97% replied that H&WS helped with problem & 100% would recommend H&WS to others.</p>	<p>We incorporated suggestions made by Peter T. See new survey April 2005. With the incorporated suggestions the survey results were not significantly different. Ninety three percent of students interviewed stated HWS assisted with their needs.</p>

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Goal # 3

Well qualified professional providers of care.

Outcome Measures	Research Completed	Findings	Review	Actions	Improvements
#A All professional staff will be licensed and certified	Check all professional staff for current licensure and certification.	FY 03-04: 5 prof. staff are licensed and 4 certified. FY 04-05 One NP still does not yet have COA or CTP (Certificate to Prescribe) FY 06-07 - all staff licensed & certified. NP w/out CTP resigned.	Review on hire and annually thereafter by Director/and or supervisor.	FY 04-05 there has been no change since previous FY. There has been a promise that this would be done this month. FY05-06 one NP received COA Sept.05, still doesn't have CTP FY06-07 NP without COA resigned. Search to fill position-COA required.	

<p># B. All professional staff will have prescriptive authority</p>	<p>Check prescriptive authority upon hire and annually.</p>	<p>FY 03-04: MD and four NP's have Rx authority. This remains true for FY 04-05. This remains the same in 05-06. FY 06-07-MD & 2 remaining NP's have Rx authority.</p>	<p>Upon hire and annually thereafter by director and/or supervisor.</p>	<p>FY 03-04: All NP's except one have Rx privileges. MD and other NP's with current authority must maintain requirements of continuing education to maintain authority. Work toward all NP's having Rx privileges FY04-05 no change, outcome not met, delay in 1 providers COA it is doubtful this can be completed by 2006. FY05-06, 1 NP still without Rx privileges; addressed during annual evaluation and corrective action instituted. FY 06-07 -NP without Rx authority resigned. All NP's with Rx authority.</p>	
<p># __C. 100% of all professional continuing education & maintain AAAHC standard # 7.</p>	<p>Annual check of records.</p>	<p>FY 03-04: All 6 professional staff have completed cont. Ed. Requirements this FY. FY04-05, 05/06, & 06-07 all providers met ed. requirements.</p>	<p>Demonstrated by cont. certification and reviewed annually by director and/or supervisor.</p>	<p>FY 03-04: Continue with current program, FY 04-05, 05/06 & 06-07 also will continue with current continuing education reimbursement.</p>	

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Goal #4 Obtain improved space for Health & Wellness Services

Outcome Measures	Research Completed	Findings	Review	Actions	Improvements
# A. Health Services will have an easily accessible space that conforms to ADA standards.	Initial AAAHC report	FY 03-04: Moved from 5th Fl. Of Fenn Tower to S&R 153 FY04-05 SR 153 FY05-06 & 06-07 remain in SR 153	Outsider reviewer AAAHC found that space still small for size of university and patient volume. Restated again in 12/06 AAAHC review report.	FY 03-04: Work with VP and administration to obtain additional space. FY 04-05,05-06 & 06-07 Unsucessful in obtaining additional space.	FY 03-04: Greatly improved from the old Fenn Tower space yet not enough to meet FY 04-05, 05-06 & 06-07 needs.

<p>#B Maintain current space</p>	<p>Inspect current rooms on frequent basis.</p>	<p>FY 03-04: Not enough room to achieve current mission. FY06-07 -Still not enough room to achieve current mission.</p>	<p>Discuss at staff meetings and with VP. Base on both current and est. future enrollment of 19,000. While enrollment has not increased there was an additional charge of "Wellness" added to our responsibilities. The new residence hall will open in the Fall 06' which will add to our patient volume.</p>	<p>FY 03-04: Staff meetings to discuss and plan for additional space. The student/employee wellness proposal was given to the SAMA VP in December 2004. There has been no action at this time. The VP requested another proposal on staffing for wellness for the FY 05-06 and 06-07 FY. This is in development. Again request Student Health Service Fee to help meet ongoing budget needs and fund Wellness activities and programs.</p>	
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