



Unit End of Year Report

Report includes: <ul style="list-style-type: none"> • 2018-2019 Annual Goals • 2018-2019 Assessment Plan • Key Performance Indicators • 2018-2019 Points of Pride • 2019-2020 Annual Goals • 2019-2020 Assessment Plan 	Unit: Health Center, Hazen Center for Integrated Care Director: Cheryl Van Lare
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UNIT OVERVIEW

Unit Mission

Providing quality outpatient health, psychological, and prevention services is the primary focus of the Hazen Center for Integrated Care. The staff of the Health Center, Counseling Center, and Prevention and Outreach Services desire to empower a diverse student population to pursue the primary goal of acquiring an education with minimal lost time or distraction due to physical, emotional, or social issues. The collaborative nature of these programs enhances the overall health and development of the College at Brockport student.

Functional Goals and Division/College Mapping

Unit Functional Goals	Division Goal Mapping	College Goal Mapping
Provide preventative and immediate medical care, assessments, interventions, and services to the students at The College at Brockport. Provide essential health care services to College at Brockport students.	3	1.1
Coordinate referrals to local area resources, as needed.	3	2.1

SECTION ONE: 2018-2019 UNIT ANNUAL GOALS

Identify the overall annual goals for the unit

Unit Annual Goals	Outcome/Status
Advance utilization of Mediat, specifically favorite notes, auto replace, and patient summary updates	Goal met
Pursue inclusive excellence by providing bias awareness training for Hazen Health Center staff	Goal met
Enhance staff satisfaction	Goal not met

SECTION TWO: 2018-2019 Assessment Plan

Advance utilization of Medcat, specifically favorite notes, auto replace, and patient summary updates		Strengthening services provided to students to contribute to student success. Ensuring quality improvement practices to better meet student need.
95% of Hazen Health Center staff will be able to successfully: 1. Utilize a favorite note 2. Utilize auto replace 3. Enter patient summary updates	Pre-test taken in August 2018 Training for all staff on use of the Medcat/electronic medical record system Peer review done Spring 2019	Pre-test data: N=13 <ul style="list-style-type: none">• 62% of staff utilized favorite notes• 38% of staff utilized auto replace• 82% of staff updated patient summaries Based on peer review, the overall goal of 95% was met. <ul style="list-style-type: none">• 100% of staff utilized favorite notes• 85% of staff utilized auto replace• 100% of staff updated patient summaries

CLOSING THE LOOP

Resources Used:

Human capital was used to achieve this goal. Lynne Maier, Cindy Daniel and Chery Van Lare provided trainings on how to create and use favorite notes and auto replace information, and how to update the Patient Summary area of Medcat, were provided at staff meetings, retreats and individually as needed.

Lynne Maier, Cindy Daniel and Cheryl Van Lare peer reviewed records of all Hazen Health Center staff during the Spring semester.

Key Findings:

A pre-test revealed a significant number of staff were not utilizing features of the Medcat system that would improve both accuracy and speed of documentation. Training was given and these features were assessed as part of the peer review process in the spring. Based on the results of peer review, 100% of staff are utilizing favorite notes and updating the patient summary while 85% are proficient in utilizing the auto-replace feature.

Dissemination/Discussion of Key Findings:

Results from the peer reviews were shared within one week after they were assessed, at a staff meeting. Departmental leadership followed up with all staff individually within 2 weeks to provide feedback. During these meetings it was identified that most staff benefitted from the trainings. This will be a focus area of onboarding for new staff members.

Summary Sentence for EMSA Briefing Book:

The Hazen Health Center staff continues to increase their knowledge and skill set regarding the use of Medcat, the electronic medical record resulting in improved accuracy of and increased speed in documentation resulting in better access and improved care of students.

Unit Goal: 2	College Mission Alignment:
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Pursue inclusive excellence by providing bias awareness training for Hazen Health Center staff		Strengthening professional development services provided to staff to contribute to student success.
Outcomes and Criteria:	Data Sources and Methods:	Assessment Data:
All Hazen Health Center staff will attend 2 bias awareness trainings during the academic year to increase cultural competence.	Pre-test (August 2018)	Pre-test data: N=13 <ul style="list-style-type: none"> 62% of staff were comfortable with terminology related to bias awareness 69% of staff were comfortable with effective communication strategies 85% were confident in providing affirming care
	Training was provided through a number of programs. Attendance sheets from trainings showed which trainings staff attended.	100% of Hazen Health Center staff attended at least 2 bias awareness trainings
85% of staff will note that they feel an increase in their ability to interact with students from diverse backgrounds.	Post-test (June 2019)	Pre-test data: N=13 <ul style="list-style-type: none"> 85% of staff were comfortable with terminology related to bias awareness 85% of staff were comfortable with effective communication strategies 92% were confident in providing affirming care

CLOSING THE LOOP

Resources Used:

Human resources were used to achieve this goal. Paper pre- and posttests along with verbal discussions and electronic (Qualtrics) student satisfaction survey.

Lynne Maier organized the following training for staff:

- Unintended Bias training, by Dr. Cephas Archie Chief Diversity Officer, August 2018
- Autism Spectrum Disorder professional development training, by University of Rochester, August 2018
- Service Animal presentation, by Darlene Schmitt, LMHC, August 2018
- Understanding Ableism training, by SUNY Brockport, January 2019
- Racial Justice training by SUNY Brockport, January 2019

Key Findings:

- A pre-test revealed a significant number of staff were not comfortable with terminology related to bias awareness, comfortable with effective communication strategies or confident in providing affirming care. A post-test, informal verbal discussions with staff at meetings, and results from Hazen's student satisfaction survey indicate the trainings have been effective in increasing staff's ability to interact with students from diverse backgrounds (85% of staff were comfortable with terminology related to bias awareness, 85% of staff were comfortable with effective communication strategies and 92% were confident in providing affirming care).

Dissemination/Discussion of Key Findings:

Discussions with staff and during staff meetings were ongoing during the year related to specific trainings. Discussions revealed staff reported increased knowledge and ability to care for students from diverse backgrounds.

Summary Sentence for EMSA Briefing Book:

Due to the importance of this goal and in alignment with the College's Equity, Diversity and Inclusion strategic plan, we will continue with measures to ensure professional competence in this area. A post-test is scheduled for Summer 2019 and additional trainings are in the process of being scheduled for current and new staff at Hazen's combined retreat in Aug. 2019.

Unit Goal: 3		College Mission Alignment:
Enhance staff satisfaction		Continual review, assessment and improvement of staff support and engagement in their profession. Goal 4: To be a Great College at which to Work
Outcomes and Criteria:	Data Sources and Methods:	Assessment Data:
Administer and re-evaluate staff satisfaction survey for 2018-2019 academic year. 90% of staff will complete staff satisfaction survey. 85% of staff will indicate being satisfied with their career.	Staff satisfaction survey created in Qualtrics	This is an ongoing goal that was not met as a staff satisfaction survey was deferred to August to include all current and a baseline for new staff members.

CLOSING THE LOOP**Resources Used:**

Human capital is needed to pursue this goal. All members of the Hazen Leadership team will work to pursue this goal.

Key Findings:

A staff satisfaction survey was deferred to a later date. Staff has verbalized satisfaction regarding some changes in roles and responsibilities.

Dissemination/Discussion of Key Findings:

A staff satisfaction survey was deferred to a later date.

Summary Sentence for EMSA Briefing Book:

The satisfaction survey has been distributed inconsistently in years past. A re-examination of the tool will help the Hazen Leadership team improve retreat topics, professional development opportunities, areas of need within the department and areas of growth. Consider the use of a platform to ensure anonymity (Baseline).

CAS Part 7 Summary of Findings: Diversity, Equity and Access

Overall average **(1.6)**.

Areas Requiring Follow-Up:

- *Continue to recruit and hire a diverse workforce.*
- *Combined Hazen picture board with pronouns and student employees.*
- *Consider issues of workplace climate in the upcoming staff satisfaction survey questions*
- *Adding inclusive art and or educational posters in patient access areas.*
- *Soundproofing clinic and waiting room.*
- *Consider pronouns on nametags and email tag lines.*

Action Items:

- *Adding a requirement in all staff performance program that they attend one EDI on campus event.*
- *Continue working with cultural clubs and organizations to seek input on their thoughts and perceptions of Hazen as related to inclusivity and accessibility in alignment with American College Health Association (ACHA) best practice guidelines.*
- *Continue working with Anthony Jordan for professional development opportunities related to inclusivity and breaking down barriers.*
- *Poverty simulation for Hazen staff, consider extending to the campus.*
- *Continue professional development.*

Achievements:

- *Professional development occurred in many areas of diversity, including LGBTQIA+, transgender care, PEP and PrEP, Racial justice, Unintended Bias and Ableism.*
- *Professional staff have a broader base of knowledge and with successful implementation of PrEP. (Daily medication for HIV prevention.)*
- *Met with a group of diverse students to discuss inclusivity and breaking down barriers to care. Positive meeting with a call to action and further discussion fall 2019.*

SECTION FOUR: STUDENT LEARNING OUTCOMES

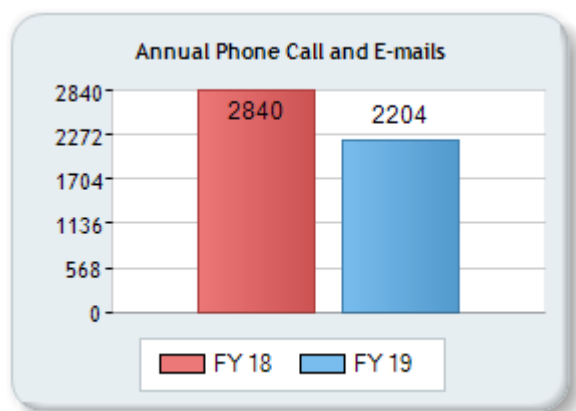
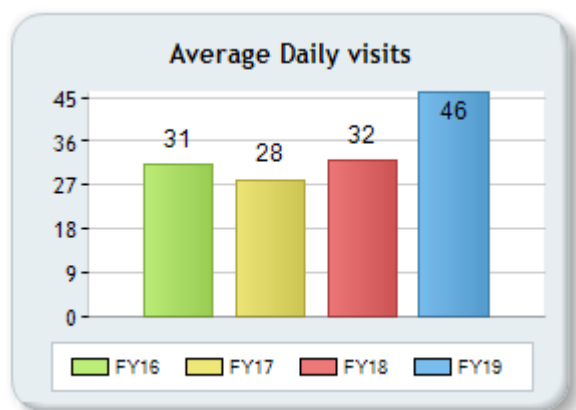
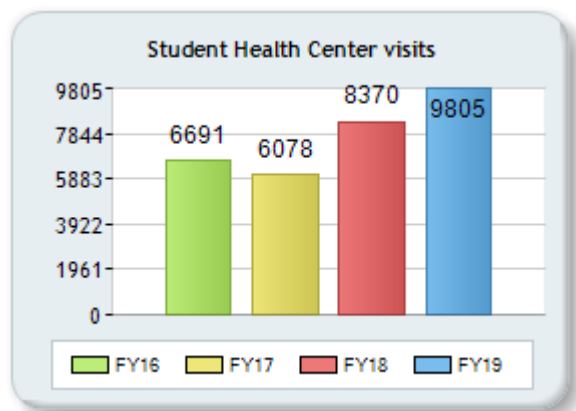
Institutional Student Learning Outcomes

1. Written and Oral Communication
2. Quantitative Reasoning
3. Intercultural Competence

4. Critical Thinking and Information Literacy
5. Civic Engagement

Departmental Learning Outcomes	Institutional Learning Outcomes					Assessment Year
	1	2	3	4	5	
1. Students will be able to demonstrate the ability to be an advocate on behalf of their own healthcare.				X		2020
2. Students will be able to identify resources on and off campus that aid and support their personal health.				X		2019

Departmental Learning Outcome Measured in 2018-2019:		
Students will be able to identify resources on and off campus that aid and support their personal health.		
Strategies/Programs	Assessment Tools/Data Sources	Results
<ol style="list-style-type: none"> 1. Refer to and educate students on the role of Academic Advisement and their Advisor. 2. Refer to and educate students on the role of SAS. 3. Refer to and educate students on the role of the Academic Success Center. 4. Refer to and educate students on the role of Residential Life/Learning Communities. 5. Refer students to the Counseling Center. 6. Refer students to Prevention and Outreach Services. 7. Refer to and educate students on the role and health benefits of the programs offered at the SERC and with the Athletic Training Center. 	<p>Hazen electronic (Qualtrics) patient satisfaction survey</p> <p>Follow-up patient visits</p> <p>Follow-up phone calls to students</p> <p>Tagging secure messages to monitor when read</p>	<p>A survey was administered to students who attended Hazen Open House in March. Of 83 attendees, 42% replied and all (100%) reported they learned about; Hazen services, condom use and STI testing. Student suggestions included; listen more to students and include more thorough exams.</p> <p>A patient satisfaction survey was distributed electronically (Qualtrics) to all students seen in Hazen during April 2019. There were 134 responses. 78% of respondents reported satisfied to very satisfied, with the information received during their visit.</p> <p>Few students required follow-up visits as most follow-up was through phone call or secure messaging via the Patient Portal in Mediat.</p> <p>Students referred to the Counseling Center, Academic Success Center, Athletic</p>



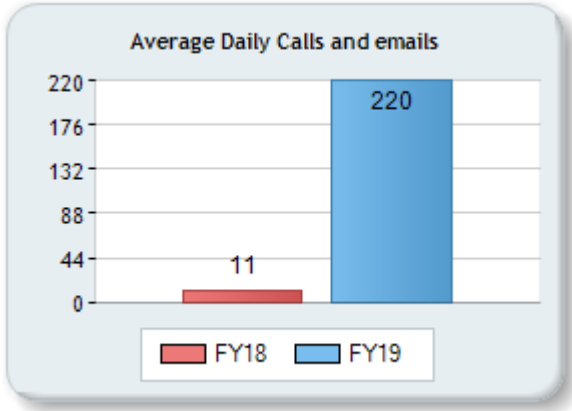
This year we noted an increase in services offered from the Health Center. Some of our increase in patient volume reflects increased mental health visits, expanded visits for RNs, marketing for services, increase in number of flu vaccines given and collaboration with the Nursing department in the administration of PPDs (purified protein derivative, a skin test for tuberculosis screening).

We have had a decrease in call volume for nursing and follow-up calls to patients.

E-mail via secure message with patients has increased. This mode of communication reduces multiple call backs (phone-tag) and results in a more efficient method of following up with students.

We will continue to track these numbers as our staff spend a significant amount of time with students through these avenues. Currently both modes are the same transaction code in Mediat. Will work with Mediat to establish separate codes to more accurately track the data.

Unable to validate FY18 data.

 <p>Average Daily Calls and emails</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Average Daily Calls and emails</th> </tr> </thead> <tbody> <tr> <td>FY18</td> <td>11</td> </tr> <tr> <td>FY19</td> <td>220</td> </tr> </tbody> </table>	Fiscal Year	Average Daily Calls and emails	FY18	11	FY19	220	
Fiscal Year	Average Daily Calls and emails						
FY18	11						
FY19	220						

SECTION SIX: 2018-2019 POINTS OF PRIDE AND ACCOMPLISHMENTS

Point of Pride/Accomplishment	College Mission and Priorities Alignment
Over 47 organizations attended September 2018 Health Fair for students and faculty/staff.	To be a College Engaged with its Community
Inaugural Open House for Hazen Center for Integrated Care with 83 students in attendance.	To be a Great College at which to Learn
Changing model of care by nursing staff that resulted in increased staff satisfaction.	To be a Great Place at which to Work
Implemented strategies for staff satisfaction including development of work life balance - Cheers for Peers program, creative clinic coverage, provided work apparel with Hazen logo, staff celebrations to recognize accomplishments and events	To be a Great Place at which to Work
Extensive EDI Training for Hazen staff.	To be a Great College at which to Learn To be a College Engaged with its Community
Over 60 faculty/staff flu shots given at the 2018 Health Fair	To be a College Engaged with its Community To be a Great Place at which to Work

SECTION SEVEN: 2019-2020 UNIT STRATEGIC GOALS

Annual Goals	Divisional Goal Mapping	Strategic Plan Operational Objective(s)	Action Plan	Timeline
Make PrEP (pre-exposure prophylaxis) available to students	3	1.1	Develop process to offer these pharmaceutical options to students. Train staff per practice policy and protocols.	June 2020
Professional development for Equity, Diversity and Inclusion/cultural awareness, and accessibility for staff	6	1.8	Anonymous survey for staff to assess knowledge gaps. Provide training and programs for all staff, presented by SUNY, University of Rochester or comparable organizations. Include requirement for attendance to at least 2 trainings as part of Performance Programs.	September 2019/2020 June 2020 August 2019
Enhance staff satisfaction	4	4.3	Employ staff satisfaction survey to assess and better meet the needs of employees.	June 2020

SECTION EIGHT: 2019-2020 Assessment Plan

Unit Annual Goal: 1		
PrEP (pre-exposure prophylaxis for HIV) available to students		
Outcomes and Criteria:	Data Sources and Methods:	Resources Needed and Individual(s) Responsible:
Offer staff training on procedural processes and the clinical component Develop templates in Medcat for documentation and follow up Access resources for financial coverage for medication Marketing to the student body	Assess for increase in number of students requesting PrEP Successful implementation of PrEP to eligible students	Lynne Maier to arrange training for clinical staff Cindy Daniel to develop templates in Medcat Lynne Maier to contact local resources for financial coverage Lynne Maier to arrange marketing through REACH, tabling events, club presentations

Action Plan:

- Training in procedural measures for clinical staff by the end of August 2019
- PrEP program available to students by September 1, 2019
- Develop a template for use in Medcat by Fall 2019
- Marketing to REACH, tabling events and club presentations by Fall 2019

Goal Rationale:

Hazen strives to be at the forefront of available preventative strategies for student health. PrEP has been proven to play a very effective role in the prevention of HIV in select student populations. Having the ability to access this at Hazen will be very beneficial to student health.

Unit Annual Goal: 2		
Professional development for Equity, Diversity and Inclusion, cultural awareness, and accessibility for staff and students.		
Outcomes and Criteria:	Data Sources and Methods:	Resources Needed and Individual(s) Responsible: describe what resources (human, financial, etc.) are needed to pursue this goal
All Hazen Health staff will attend two bias awareness trainings and this will be included in annual performance programs. 90% of staff will note that they feel an increase in their ability to interact with students from diverse backgrounds.	Attendance will be collected at trainings and documented as part of the annual performance program. Supervisor evaluation Pre and post testing	Lynne Maier will contact SUNY, University of Rochester and Anthony Jordan Health Center for available trainings for Hazen Health Center staff Money – unknown at this time Transportation?

Action Plan: describe strategies that will be used to reach the outcomes and goal, including timeline

- Select a training date and time by spring 2020.
- Create pre/post assessments by spring 2020.
- Host trainings by spring 2020.
- Distribute pre/post assessments by spring 2020.
- Analyze assessments and share results with staff by spring 2020

Goal Rationale:

As part of the college strategic goals 3 (Expand attendance at and access to EDI curriculum, programming and/or trainings) and 4 (Build and maintain an inclusive and positive campus climate), and in an effort to better serve our students, Hazen will continue educating all staff members in the area of EDI. This goal was partially met last year. We will expand our training so staff understand inclusion as well as bias, and integrate that knowledge as part of their approach to student health care.

Unit Annual Goal: 3

Enhance staff satisfaction

Outcomes and Criteria:	Data Sources and Methods:	Resources Needed and Individual(s) Responsible:
Administer staff satisfaction survey for 2019-2020 year. 90% of staff will complete staff satisfaction survey. 85% of staff will indicate being satisfied with their job.	Staff satisfaction survey created in Qualtrics or Baseline Personal 1:1 meetings with staff	Human capital is needed to pursue this goal. All members of the Hazen Leadership team will work to pursue this goal.

Action Plan:

- Distribute staff satisfaction survey.
- Collect and analyze results.
- Gather and analyze results of 2019 – 2020 data.
- Create a list of improvements.
- Discuss results from survey and collect additional information from staff in terms of what they would like to see the department continue to do, new ideas, and areas of improvement.
- Modify staff satisfaction survey to better assess staff needs.

Goal Rationale:

Staff satisfaction surveys assist the Hazen Leadership team to identify areas of growth within all units while also identifying overall satisfaction of staff. The satisfaction survey has been distributed inconsistently in years past. A re-examination of the tool will help the Leadership team improve retreat topics, professional development opportunities, areas of need within the department and areas of growth.