

Program Review

for

California State Polytechnic University- Pomona Student Health Services

**Prepared by:
American College Health Association**

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I. Introduction and Overview

On August 16-17, 2010, Richard Chapman, MHA, MBA, representing the American College Health Association's (ACHA) Consultation Services Program conducted a site-visit evaluation of the Cal Poly Pomona (CPP) Student Health Services (SHS). The consultation was requested by Mark Ulrich, Director of the Cal Poly Pomona Student Health Service at the direction of the Vice President for Student Affairs, Doug Freer. The purpose of the consultation was to conduct an overall program review of SHS for the goal of determining whether the scope of services, cost, and quality of care are appropriate for meeting the health care needs of the student population. The outside review is intended to assist the SHS Director and the Cal Poly student affairs administrative leadership team in the continual development of the SHS.

Specifically, the consultation was asked to address the following:

- **As part of the campus's reaccreditation (Western Association of Schools and Colleges) process the Division of Student Affairs has requested that all departments complete a "Program Review." SHS is requesting that an ACHA consultant conduct the Program Review to meet this Division requirement.**
- **Overall evaluation of SHS compliance with the program review criteria and success of SHS campus partnerships.**

Richard Chapman, MBA, MHA, ACHA Board Adviser of ACHA's Consultation Services and Director of Health Services, Middle Tennessee State University, conducted the review. The credentials of the consultant are listed in Appendix A.

Prior to the site-visit, the consultant received and reviewed background materials, including:

- SHS Organizational Chart
- The ACHA Pre-Assessment questionnaire, which included background information about Cal Poly Pomona and SHS
- CPP Division of Student Affairs Program Review Criteria
- SHS Brochures
- SHS Website
- SHS Mission Statement
- 2009 Program Review for Cal Poly CAPS
- 2009 CPP SHS AAAHC Survey Report
- SHS Student Wellness Card
- SHS Director Administrative Work Plan
- Mandatory Student Health Fee Proposed Increase - brochure
- SHS Influenza Like Illness (ILI) patient information sheet
- CAPS/SHS Referral form

- Learning Outcome Assessments:
 - 2010 Better Educated Students Managing Alcohol Responsibilities Together
 - Do You Hear “I Can’t Get Sick”
 - Birth Control Options Online
 - Online Alcohol Education
- ACHA – National College Health Assessment II Executive Summary

The consultant also spoke with Mark Ulrich and Anna Line prior to and following the site visit to clarify some issues and provide general background information for the consultation.

The report that follows focuses on the findings of the site-review and concentrates on observations, recommendations, and consultative comments which CPP SHS can consider as it charts the best course for the delivery of comprehensive medical and health promotion services for all students at the university.

CPP and the Division of Student Affairs are to be commended for its willingness to undertake this review of its student health service. A special thanks goes to Mark Ulrich and Anna Line for coordinating the consultation process and accommodating the consultant’s revisions to the agenda. This consultant also wishes to thank the staff of SHS and various university staff who were willing to share their views during the site visit.

II. Interviews

Mark Ulrich, SHS Director, organized the site visit agenda to enable the consultant to meet with:

- SHS Leadership Team (Steven DeStefano, Lead Physician; Mary Schwach, Interim Clinical Coordinator; Anna Line, Assistant to the Director)
- Dr. Kevin Colaner, AVP Student Services
- Dr. Doug Freer, VP Student Affairs
- Dr. Michelle Willingham, Director - CAPS
- Dr. Gently Ang –Disability Resource Center
- Dr. Megan Stang – Director of Housing
- Fernando Diaz – Wellness Center Health Educator
- Debbie Jackley – Wellness Center Health Educator
- Darwin Sypinero – Information Systems Specialist
- Debbie McFall - Disaster Preparedness Coordinator
- CPP Students: Michelle Walker, Elizabeth Wilmott

Please see Appendix B for the Site Visit Agenda.

III. Findings and Recommendations

A. Overall Impressions and College Health Model

The overall site visit revealed an outstanding student health service. The SHS has an excellent leadership team in place that enjoys the full support of Student Affairs' administration. The SHS is financially sound and recently gained approval for an expanded health fee which will further enhance its fiscal resources and allow them to expand services in several different areas to students. The medical, nursing, clinical, and wellness center staffs are well trained, team players, and committed to the SHS mission. The SHS facility is dated but has been well maintained and has adequate, aesthetically updated space to carry out its medical mission.

The Cal Poly Pomona SHS exhibited a firm commitment to the college health model. This health care model has evolved over time in concert with the changing needs and demands of an increasingly diverse student population. The current model reflects a holistic approach to health and wellness that includes care for illness/injury, disease prevention, health promotion, and management of public health concerns. The services are tailored to suit the unique characteristics and demographics of an institution while addressing issues that are relevant to all college age students. The strategic initiatives, mission and vision of the clinical services reflect and support the overall vision and mission of the university.

After conducting over twenty such health center reviews, this consultant would extol Cal Poly Pomona as a fine example of what a well run, student focused, medical model college health center should be. The recommendations contained in this report are consultative in nature and are intended to move the SHS from an excellent category to best in class. The consultant was further encouraged that the few shortcomings identified are well known by SHS leadership and there is engagement in active planning to address these concerns.

B. Scope of Services and Quality of Care

Findings

Cal Poly Pomona's SHS offers an array of services that are appropriate for addressing the primary health care needs of a college age population. General medical services are complemented by specialty areas that address key college health issues. The women's health care service addresses the needs of young women who are learning the importance of preventive health screening and addressing contraceptive needs. The travel medicine clinic supports the university's mission of study abroad travel for faculty and students. Ancillary services such as laboratory, x-ray, pharmacy, and nutrition counseling support the clinical care and offer the convenience of a one-stop shop which increases patient compliance with the prescribed treatment plan.

The SHS was recently reaccredited by the Accreditation Association for Ambulatory Health Care (AAAHC). The SHS lab also gained accreditation renewal from the Commission on Office Laboratory Accreditation (COLA). The AAAHC report, made available to the consultant for review, was very favorable. The SHS was found to be substantially compliant on all major criteria utilized to assess quality of care and, as a result, was awarded accreditation for a three year period, the longest period awarded by the organization. Out of approximately 3,000 college health services operating in the United States, only 187 are accredited at all. Cal Poly Pomona is to be commended on its effort to guarantee its consumers that the care delivered by SHS meets the rigorous standards for quality ambulatory health care established by this accrediting organization.

The following is a list of recommendations for the SHS to consider with respect to expanding its scope of services. Before any of these initiatives are undertaken, the consultant would advise SHS leadership to go through a formal strategic planning process. The strategic planning process should seek input from students, faculty, student affairs staff, and SHS staff to determine which actions would be fiscally prudent, mission focused, and most beneficial to Cal Poly students. Patient satisfaction surveys, marketing surveys, and well planned focus groups led by business school faculty or graduate level students are just some of the tools that campus health clinics have used to get detailed, unbiased input into their strategic planning ideas.

Recommendations

- **Hours of operation:** To continue to support the enhanced on campus amenities, consider a half day (10am-2pm) Saturday clinic during Fall, Winter, and Spring quarters to provide service to students on weekends. Consider if student demand would justify the staffing costs required to offer

this service. The SHS must decide if it will offer just urgent care type services or whether it can afford to offer a more comprehensive array of services.

- **Dental Clinic:** According to CPP's ACHA-National College Health Assessment Spring 2010 Survey only 62% of Cal Poly Pomona students reported having a dental exam and cleaning within the past 12 months. This data indicates there may be an opportunity to add a dental clinic as an expansion of primary care services at SHS. Mr. Ulrich indicated SHS facility budget has means to support capital/equipment start up cost of dental care but a closer evaluation of potential lab and labor costs is needed. Secure initial funding for dental equipment to outfit 1 -2 chairs. Consider a 2 day per week dental clinic staffed with a part time, student centered dentist. Benchmark other schools that provide this service to students. Consider charging nominal student dental service fees (x-ray, cleaning, etc) to support labor costs and lab expenses. Engage SHS medical staff in active tracking of students' dental hygiene to ascertain need for this service.
- **Psychiatric services:** Through strategic vision of the SHS Director, CPP is in the process of expanding current services to include psychiatric care. Psychiatry is a much needed service given the increased number of students arriving at college campuses already taking medications for mental health diagnoses. Would recommend development of mental health policies and procedures (to include CAPS/DRC referral practices, formulary enhancements) to ensure smooth integration of this critical student service and to ensure new SHS psychiatrist role is clearly defined for all referral sources.
- **After hours nurse advice line:** Consider contracting with an afterhours nurse advice line. These services use physician approved clinical guidelines to assess patient symptoms and advise appropriate treatment from self care to follow up at SHS to seeking care at an emergency room. SHS would receive fax reports the next morning of disposition of the previous night's calls. This service is a cost effective way to provide credible medical advice to students after clinic hours. Used appropriately, these services can elevate patient satisfaction scores from students and their parents.
- **Optometry –** Optometry services are often readily available in urban communities like Pomona at various retail outlets. If optometry service is desired on the Cal Poly campus consider outsourcing optometry clinic to a contract provider. On campus optometry services can be beneficial and augment the care at college health centers with cases such as eye abrasions. Contracted vendor should provide discounted rates to students for eye exams and referrals for eye trauma. Consider locating optical service near high traffic areas for students such as the bookstore, student union, or main food service location.
- **Digital x-ray:** As the price of more modern digital equipment has decreased in the past five years, many university health centers and primary care centers

are switching to digital x-ray. The consultant would advise the SHS to upgrade to digital x-ray for the following benefits for CPP students:

- Digital radiography eliminates the need and the expense of film processing. There are savings from film costs, developer costs, equipment maintenance costs, hazardous waste removal costs, and space savings.
- Digital x-rays can be taken and displayed in less than 1 minute per film. This enables staff to see more patients per hour and speeds up the office visit for the individual patient.
- Digital x-ray software enables the tech and radiologist to magnify, rotate, and invert the grey/white scale for enhanced viewing of the study. This results in a better image for interpretation and fewer retakes of studies thus decreasing patient exposure to radiation.
- Digital images can be accessed internally by clinic physicians on their computers and can be sent via secure electronic file offsite to the radiologist for interpretation. This feature is particularly important when the patient's condition warrants urgent interpretation.

C. Leadership

Student Affairs leadership at both the Associate VP and VP levels are committed to a strong campus health service. Most recently they have worked diligently to secure additional funding for SHS to maintain a strong service. There are good lines of communication to manage ongoing student and SHS needs. The mission and vision of SHS is closely aligned to support the priorities and direction of student affairs at Cal Poly Pomona.

The SHS Director provides strong leadership in all areas of clinic management. The SHS Director is well respected and is an active participant in relevant student affairs and campus committees. SHS Director is well integrated throughout the campus serving on VP's Leadership Group, Veteran's Services Committee and multiple committees, workgroups and search committees. SHS Director conducted all 2010 Freshman Orientation briefings serving as a Cal Poly ambassador for incoming students and their parents. The SHS Director uses his extensive experiences in military health care to benefit SHS, Student Affairs, and the campus as a whole.

The SHS medical director provides good clinical oversight for medical care. SHS would benefit from the medical director taking more of lead role in use of EMR by clinicians. Use of EMR by clinicians is widely varied. Clear expectations of EMR proficiency should be communicated by medical director to clinical staff.

The Wellness Center Coordinator provides excellent creative direction for health education programming. Wellness Center programs were frequently referred to as "high quality" with well executed learning objectives. The Wellness Center

Coordinator is appropriately on the leadership team of the SHS for collaboration with medical, nursing, and administrative efforts. The consultant would advise:

- Keep the current reporting structure in order to allow the wellness center to focus on what it does best: provide great programming.
- The current structure also allows for resource allocation and event promotion to be optimally coordinated through the SHS budget and SHS umbrella.

D. Utilization

Many factors contribute to utilization evaluation of a student health center. Utilization is driven by a myriad of interconnected factors. Key factors when evaluating the Cal Poly Pomona SHS utilization include the student body's socioeconomic demographics, a high commuter population, and the SHS location away from campus center. Given these factors and the services available to students, utilization trends appear to be in line with expectations.

The consultant was advised that standard appointment times were lengthened to 20 minutes last year to allow for extra time associated with implementation of an electronic medical record (EMR) system. Now that the system has been fully implemented, it would be advisable to go back to 15 minute appointment scheduling. Most clinicians find the use of templates for charting takes less time than the old paper documentation. Longer appointment times can be approved by medical director for certain more time intensive exams.

Other college health centers using EMR technology have been able to harness its powers with respect to capturing utilization data. It would be advisable to review how nursing visits in particular are being captured in the EMR and research work flow inputs to evaluate whether all patient visits are being captured. Similarly, many universities fail to capture all of their contacts related to their wellness programming activities. With such a well developed wellness program at CPP, work with Wellness Coordinator and IS specialist to devise a plan to fully capture all wellness appointments and health education program utilization.

E. Staffing

Findings

Campus interviews with student affairs leadership, campus partners, and students revealed a high regard for the SHS staff. It was frequently mentioned that staff members are clinically competent and student focused. The long tenure of many of the SHS staff was viewed as a positive on the campus that contributed to a cohesive, team oriented approach to patient care.

Recommendations

- As normal attrition occurs among nursing staff, consider use of more licensed vocational nurses or medical assistants for vital signs and lower level acuity tasks. Prioritize use of RNs for higher level of care duties such as triage, allergy shots, dressings, and procedures.
- Consider the addition of Physician Assistants to clinic provider staff as attrition occurs with medical provider staff.
- As the EMR is more fully implemented and paperwork processes are replaced by computerization; continue to assess job duties of front desk staff and medical record staff. Many of the tasks performed manually by clerical staff can be automated by certain EMR applications. Look for ways to allow the EMR to empower the students to submit or retrieve medical information. An example of this is secure online access by students to submit and/or print a copy of their immunization records

F. Health Promotion and Outreach Services

Findings

The SHS Wellness Center provides excellent student-centered wellness and health education programs to the Cal Poly campus community. The Wellness Center staff has benefited from the move to the health center some years ago and closer association with the SHS team for both clinical and administrative referrals. Marketing of health services is primarily achieved by the activities of the Wellness Center staff and by formal presentations at orientation sessions on campus. The Wellness Center has 10 peer health educators that provide student-focused health education and programming. There is currently a proposal to add a health educator position at CAPS.

Some of the formal learning outcome assessments that the Wellness Center has programmed over the past few years include:

- 2010 Better Educated Students Managing Alcohol Responsibilities Together (BE SMART)
- Do You Hear “I Can’t Get Sick”
- Birth Control Options Online
- Online Alcohol Education

The online birth control options tutorial was developed with collaboration from the women’s clinic at SHS to educate students on family planning options available.

Some of the programming topics and activities of the Wellness Center include:

- Wellness Card healthy lifestyle assessment program
- Residential Intensive Summer Education RA training (RISE is a four day residential program for underrepresented incoming freshman)
- Resident Advisor training
- Welcome Week (Alcohol & Other Drug workshop for incoming freshman that will be living in the residence halls)
- 21st Birthday Card (email notification to students about to turn 21, referring them to website with educational information and chance to stop in and pick up their own birthday card and a gift from SHS.)
- Summer Bridge RA training (residential program that helps incoming freshman transition from high school to college)
- BroncoFusion workshops: General advertising & promotion of all programs & services (print, electronic)
- B-Well Summer Road Trip web site (developed & maintain progress of the bus as it moves across the country—open to staff in our Cluster)
- Patient education topic sheet management—in print, on the web, and in EMR
- SHS Website (mandated to use a content management system adopted by student affairs division)—new & updating of content/structure
- Blood Drive program with the American Red Cross (held monthly except July and December, includes 2 large competition drives with Mt. SAC, a local community college up the street)
- Joint supervision of 2 Graphic Design students
- Biennial AOD reports
- Healthy Students Newsletter: quarterly publication for faculty & staff, featuring programs & services for that quarter (printed & distributed through campus mail)

Recommendations

- Hire new CAPS educator as part of the Wellness Center Staff. CAPS director should clearly communicate strategic goals for mental health programming but overall execution of strategy would be stronger by utilizing all of the staff and production resources of the Wellness Center. A focus on mental health programming will drive additional demand for student visits towards CAPS. Intake strategies should be developed for this additional volume.
- Consider using student focus groups to assess need for new services and candid evaluation of existing services.
- Continue to evaluate use of social networking media for promotion of wellness activities and health services.
- Expand use of online posted videos to promote health center. An excellent web-based, Student Services Orientation video for veterans highlighting SHS, CAPS and DRC was developed by the SHS Director this summer for

incoming veteran students. There is also a video currently in production that traces a student with a wrist injury as she navigates her way through Health Services for the first time.

G. Campus Partnerships

Findings

The consultant met with leadership from CAPS, Disability Resource Center, University Housing, and Disaster Preparedness. All of those interviewed indicated a professional and collegial relationship with SHS. SHS staff are highly regarded on campus and the health center is seen as a vital resource for students. SHS is responsive to the unique needs of each of these related student services and adapts their programs and processes to coordinate patient care. Relevant findings are listed below:

- Disaster Preparedness coordinates the ambulance service on campus. The contract ambulance service has been given space on the university campus and in return the ambulance will transport on campus injuries to SHS at no charge. This unique partnership is indicative of culture of collaboration observed between SHS and its campus partners to benefit the CPP community.
- SHS Director (vast military disaster/mass casualty experience) serves as vital partner with DPC – serves as Emergency Operations Center member. Partners in developing disaster drill scenarios with DPC. Partners in pandemic/public health crises (H1N1) serving as campus advisor to Presidents Cabinet (executive board).
- Through a collaborative process between medical staff and CAPS staff, a referral form was created between CAPS and SHS to enhance interdepartmental communication.
- Opportunity still exists for improved monitoring of shared patients/clients. The process is still paper based at present.
- CAPS utilizes a separate EMR system from SHS. The CAPS EMR is a software program specifically designed for college counseling services.
- New SHS funding exists to hire a psychiatrist at the SHS. This will be a shared resource with CAPS. Referral policies and pharmacy formulary enhancements have yet to be determined.
- The Wellness Center has a close working relationship with University Housing providing programming to residents and training for residential advisors.
- There is good coordination between DRC and SHS for students requiring special needs and accommodations. SHS medical staff is appreciative of DRC guidance.
- There is excellent collaboration/partnership between University Housing and SHS. SHS Health Educators have institutionalized comprehensive wellness programming/health education with RA staff. Director

collaboration on public health issues such as H1N1 have had direct impact on the care, treatment and housing responsiveness for CPP housing students.

Recommendations

- Have a formal presentation of SHS EMR to CAPS staff to identify opportunities to enhance communication between the two departments. At a minimum, providing CAPS staff access to view SHS notes will provide valuable patient information to CAPS counselors. Opportunities also exist to utilize the SHS EMR to facilitate confidential student referrals between the two services. Consider a pilot project involving training the clerical staffs of SHS and CAPS. If successful, the referral process could be expanded.
- Consider regular dialogue between DRC and SHS medical staff to clearly define referral practices and student requirements. More dialogue should lead to a more defined action plan without getting the student/patient caught in the middle.
- Involve CAPS in interview and selection process of psychiatrist at SHS. Recommend SHS/CAPS/DRC joint development of mental health policies and procedures for psychiatrist referrals. Work with SHS pharmacy and new psychiatrist on formulary enhancements to optimize this critical student service.

H. Facility

Findings

Student Health Services is housed in Building 46 on the Cal Poly Campus. Although the building is somewhat dated, the facility has been well maintained and still has a good useful life. The interior of the building has been updated with fresh paint, carpet and waiting room furniture. An athletics pride wall has been added and strategic wellness posters have been placed to reinforce student healthy lifestyle messages. During the site visit, workers were installing new waiting room shelving for the EMR's self check in (kiosk) system.

Other notable findings include:

- There is adequate dedicated patient parking near the front entrance of the building
- There is adequate square footage for the current patient volume, wellness programming and clinical services
- There are designated primary care pods with separate nursing stations and provider offices located adjacent to corresponding exam rooms

- Overall facility lighting is good although there is limited natural light to bring into the work spaces
- The facility has a good security system in place that is monitored by campus police.
- SHS has a stop on the Bronco express campus bus system

Recommendations

- During the student interviews it was mentioned that for a first time visitor to SHS there is little distinction between the primary care pods. Consider a student focus group or advisor from facility planning to review internal signage and wayfinding for patients. Choosing an identifiable color or theme per pod may aid in patient traffic flow.
- Various students, SHS staff, and student affairs directors advised that the location of the clinic at the top of the hill presents a barrier for some students. As on campus housing is further developed and student resources such as the new Recreation Center are built, consider a place in the campus master plan for a new SHS facility. Wellness Center facilities that house Counseling, Health Services, and Wellness Center, are popular with students and afford optimum space adjacencies for interdepartmental collaboration.

I. Administrative Systems

Findings

An EMR was purchased and implemented at SHS in 2009. Now the challenge for SHS leadership is to fully implement many of the features of the EMR and promote their use among SHS staff and CPP students. The EMR not only provides medical documentation for clinic visits but also serves as the SHS' practice management system. SHS enjoys a dedicated information systems specialist to assist in the maintenance and development of the EMR. The EMR product chosen by SHS is very familiar to this consultant and offers a wealth of tools for patient care and practice management. The long term benefits of a fully utilized EMR are outstanding and have significant impact in three distinct areas: operational efficiency, improved risk management/quality assurance, and enhanced customer service.

There was noted a general lack of enthusiasm among medical staff for going beyond the most basic documentation elements of the EMR. In some cases, nursing staff are assisting providers with documentation of the patient visit. Clinical staff should have had adequate time post implementation to be proficient in using chart templates, instant messaging, and other EMR capabilities. It was unclear if an accountability structure has been put in place to measure electronic chart proficiency.

Recommendations

- SHS Leadership should conduct a one year review of EMR use by clerical, clinical, and nursing staff to assess proficiency goals. Consider implementing a QA process for basic EMR tasks. Staff should be provided additional training where indicated then held to the appropriate standards for timeliness and accuracy of EMR entries.
- Implement web portal application of EMR (Open Communicator)
Features include:
 - Web based appointment scheduling:
 - Reduced phone calls and clerical time required to schedule appointments.
 - Up to 50% of clinic appointments could be self scheduled by students from the SHS website.
 - Completion of online health history forms and immunization forms
 - Secure messaging to patients:
 - Allows clinical staff to send a secure email to patients
 - Reduces number of clinic appointments and follow-up phone calls to patients related to review of lab/x-ray results.
 - Reduced number of patient visits for prescription refill requests
 - Secure email appointment reminders
 - Upon graduation, the student's medical records can be sent to Web archives such as *Google Health* in order for a student to have universal access to their health record.
 - Patients can retrieve copies of immunization records from secure patient web portal
- Implement lab interface with lab information system
 - Integrate lab results from outside reference lab
 - Import lab results from in house lab testing
- Implement EKG interface: eliminates the need to scan EKG strips into electronic medical chart
- Implement Pharmacy interface to share demographic information with pharmacy software package
- Complete installation of lab information system (LIS) software and its interface with the EMR

Utilized to its fullest extent, the EMR can have a transformational effect on the way SHS is perceived among patients. Health care providers and the overall health clinic's reputation is enhanced when students can schedule or change an appointment online, receive their lab results via secure email, and look at their radiology films on the monitor in their exam room. Students have a closer connection with their provider when they see that provider using technology with which they are very familiar. The SHS should avail itself of this opportunity to use EMR technology to help close the generational gap between its staff and the CPP students.

V. Appendices

A. Consultant's Credentials

B. Agenda for the Site Visit

Appendix A

ACHA CONSULTATION SERVICES Consultant Profile

RICHARD L. CHAPMAN

PROFESSIONAL EXPERIENCE

MIDDLE TENNESSEE STATE UNIVERSITY

2000-present

Health Services Director

Responsible for overall management of the student health center that serves the universities' 26,400 students. Services available include primary care, in-house lab, pharmacy, EKG, pulmonary function, women's health, pre-employment physicals, FAA physicals, allergy shots, and immunizations. Gained approval for a student health fee and user fee schedule that increased revenues by \$1.1 million and returned \$450,000 annual appropriation to the university for enhancement of other student affairs services. Patient visits have increased by one hundred percent (100%). Provider staff and nursing staff have doubled and nursing staff has been increased by fifty percent (50%).

Recently completed \$21.5 million construction of new Health and Wellness Center that is a joint project with Campus Recreation and Guidance Services. The Health and Wellness Center provides space for an expanded health services that includes a full service pharmacy, digital radiology services, lab, women's health clinic including Colposcopy, health education office and classroom, and space for a future counseling center and dental clinic. An electronic medical records software system was implemented summer 2004.

University 1010 (Adjunct Faculty)

Serve as adjunct faculty for Fall University 1010 freshmen orientation course (2002-present)

TRIGG COUNTY HOSPITAL - CADIZ, KY

1996 - 2000

Administrator

Full charge responsibility for 40 bed county hospital with 96 FTE's and \$7.6 million budget. Hospital includes acute care beds, skilled nursing beds (swing beds), 24 hour emergency department, county ambulance service (BLS), lab, radiology, respiratory therapy, home health, social services, rural health clinic, rehab dept., outpatient surgery, and pharmacy. Achieved \$700,000 turnaround of hospital finances in first fiscal year. Generated over \$1 million in cash flow over first three fiscal years. Developed hospital strategic plan based on community market survey and input from medical staff, board of directors, and management company. Completed \$2.3 million hospital

renovation/expansion to include 14 bed patient wing, new emergency department, and lab. Obtained Certificate of Need and began Home Health Agency to achieve first year revenues of \$250,000. Established Rehab services dept. (Physical, Occupational, Speech Therapy) on shared revenue basis with contract provider to achieve revenues of \$700,000 in FYE 99. Began osteoporosis screening program with purchase of bone densitometer. Other Program Development: Increased Skilled Nursing (Swing Bed) program days by 40%, Added Cardiology, Urology, Podiatry, Oncology, OB/Gyn and General Surgery clinics.

BAPTIST HOSPITAL EAST – LOUISVILLE, KY

1991 – 1996

Risk Manager/Quality Coordinator

Responsible for risk management program and coordinating Total Quality Management (TQM) program. Duties included: review and trending of incident reports, liaison for medical malpractice claims with corporate office and outside counsel, compliance with JCAHO and other regulatory bodies, in-house educational presentations on risk issues, corporate TQM worker's compensation committee, chair nominating committee for new quality improvement/planning teams; provide support for facilitators and teams; and coordinate Quality Council and Executive Quality Council.

Interim Administrator

Appointed by CEO of Baptist Hospital East to perform duties as interim Administrator at Tri-County Baptist Hospital in LaGrange, KY. Operational responsibility for hospital that includes a 30 bed nursing home unit. Achieved corporate mandated cost reductions of \$168,000 over 4 months. Overall FTE's were reduced from 297 to 257. Led in coordination of planning team to open an ambulatory care center emphasizing preadmission and centralized scheduling of all outpatient services.

Administrative Assistant/Resident

Assisted Vice President responsible for Pharmacy, Radiology, Food Service, Facilities Management, Social Services, Materials Management, Day Care Center, Security, and TQM. Performed project work as assigned by VP. Recommended improvements to facilities, assisted in preparation of operational and capital budgets. Served on hospital strategic planning and facilities planning committees.

EDUCATION

Master of Science in Health Administration, University of Alabama, Birmingham
1991

Master of Business Administration, University of Alabama, Birmingham
1991

Bachelor of Science in Economics/Finance, Union University Jackson, Tennessee
1989

Appendix B
California State Polytechnic University – Student Health Services
Program Review Site Visit
 (August 16 & 17, 2010)

Monday, August 16

8:00 am	Meet at SHS (Bldg 46)	SHS	Richard
8:15-9:30 Team/Richard	In-Brief/Clinic Tour	SHS	SHS Leadership
9:30-10:30	SHS Program Review, Organizational Structure	SHS	Mark, Anna, Richard
10:30-11:30 Richard	AVP, Student Services	AVP, SS Office	Dr. Kevin Colaner, Mark,
11:30-12:30	VP, Student Affairs	VP, SA Office	Dr. Doug Freer, Richard
12:30-1:30	Lunch	TBD	Mark, Richard
2:00-2:45 Richard	Campus Partner: <u>CAPS</u>	CAPS (112)	Dr. Michele Willingham,
3:00-3:30	Campus Partner: <u>DRC</u>	DRC (9-103)	Dr. Gently Ang, Richard
3:30-4:00 Richard	Campus Partner: <u>Housing</u>	Housing	Dr. Megan Stang,
4:00-4:30	Tour: Kellogg House		Mark, Richard, Jessica
4:45-7:00	Admin Time/Dinner (opt)	TBD	Mark, Richard

Tuesday, August 17

8:00 am	Meet at SHS (Bldg 46)	SHS	Mark, Richard
8:15-9:00 Richard	Wellness Center	SHS	Fernando, Debbie,
9:00-9:30 9:45-10:15	Information Technology/EMR Campus Partner: <u>Emergency Services Coordinator</u>	SHS Police (109)	Darwin, Mark, Richard Debbie McFall, Richard
10:30-12:45	Admin Time/Lunch (opt)	SHS	Mark, Anna, Richard
12:45	Depart for Airport (2:15 flight)		Richard