Student Health Services

Division of the University: Student Affairs

Administrative Unit Assessment Year Reporting: FY22 (July 2021 – June 2022)

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Department Mission and Goals. The mission and goals of the department should be consistent over a 5-year period, although some institutional changes may necessitate and prompt a change in mission or goals for specific departments. In this section, you will report the mission statement for your department as well as the long-term goals (5-year range) for the department.

6. What is the mission statement for this	Our mission is to assist students with
department/area? Your mission should	preventive health care and consultations,
explain why the department/area exists and	thereby minimizing their impact on academic
who it serves.	and work progress.

7. What are the goals for this department? These should be the "big things" the department/area intends to accomplish within 5 years.	 Implement brief mental health screenings utilizing the PHQ assessment tool during all patient encounters and track referrals for positive screenings on a monthly basis. Provide Student Health Services information to all new MGA students attending orientation sessions by creating a flyer by the end of fall 2021 for orientation packet distribution across all five campuses. Track student learning based on conditions addressed and education provided by Student Health Services through surveys and follow up calls within 30 days of clinic visit (including making more informed health decisions to minimize class/work absences and improvement of services offered?). Track Student Health Services accessibility and consistency of clinic availability on the Macon campus to

Objectives

Each year, every department should identify objectives the department hopes to accomplish in the next year. These should align with departmental goals and the MGA strategic plan. In the next section you will be reporting on the objectives you set and whether or not you achieved them in FY22. Later in the document you will report on objectives you hope to accomplish in the coming fiscal year, FY23.

8. Objective 1: What was this department's	Implement brief mental health screenings
first objective for this fiscal year? Objectives	utilizing the PHQ assessment tool during all
should be specific, measurable, and	patient encounters and track referrals for
achievable within one year.	positive screenings on a monthly basis.
9. Objective 1: Detail specifically how your	Based on JED campus feedback and provider
department measured this objective? (Survey,	planning, the PHQ-4 Validated Screening
budget number, number of participants, jobs	Tool for Anxiety and Depression was
completed, measurable time and/or effort)	incorporated into patient intake/encounter
	forms, evidenced by the paper/electronic
	medical record. Positive screenings and/or
	mental health referrals were tracked
	numerically in the clinic monthly report.
10. Objective 1: What was your target	90%
outcome for this objective? (1.e. 80%	
participation, 5% enrollment growth, 7%	
change in engagement)	
11. Objective 1: Provide details for your	The goal of 90% participation was due to the
target performance level established (i.e.,	inclusion of a new form for providers to
accreditation requirement, past performance	review/complete, although verbal screening
data, peer program review, etc.)	was already part of clinic practice when
	obtaining a patient medical history/review of
	systems/history of present illness.
12. Objective 1: At what level did the	90%
department/area achieve on this objective?	
(This should be a number, i.e., 82%, 6%, 345	
attendees, 75% engagement)	
13. Objective 1: Did your department meet	The department met this objective.
this objective?	
14. Objective 1: Improvement Plans and	We learned a systematic way to include
Evidence of changes based on an analysis of	specific questions for consistent patient
the results: What did your department learn	screenings and gradually adjusted to the PHQ
from working toward this objective? What	format. Utilizing this tangible tool put us in
changes will you make based on this effort	compliance with JED campus
next year?	recommendations and solidified the
	importance of supporting mental health with
	every opportunity. Changes for future

improvement include screening with all
encounters for new and returning patients as
well as broadening an internal policy for
reference on referrals and best practices with
positive and/or borderline screening results.

 15. Objective 2: What was this department's second objective for this fiscal year? Objectives should be specific, measurable, and achievable within one year. 16. Objective 2: Detail specifically how your department measured this objective? (Survey, budget number, number of participants, jobs completed, measurable time and/or effort) 	Provide Student Health Services information to all new MGA students attending orientation sessions by creating a flyer by the end of fall 2021 for orientation packet distribution across all five campuses. This objective would be measured by a completed flyer, but given changes with the format of orientation and the considerable amount of information provided in a short timeframe, we pivoted to a different format.
	SHS nurse practitioners collaborated with MarComm to record short video clips for use on multiple platforms across campus and via clinic social media pages. We included one introductory video designed for campus staff and one tailored to the student population. This is a more relevant form of communication for our target audience and references our webpage for the most current information.
17. Objective 2: What was your target outcome for this objective? (1.e. 80% participation, 5% enrollment growth, 7% change in engagement)	The successful completion of a precise and engaging flyer to highlight MGA Health Clinic presence, resources, and services.
18. Objective 2: Provide details for your target performance level established (i.e., accreditation requirement, past performance data, peer program review, etc.)	This objective was developed following the discontinuation in campus orientation, allowing vital information to be available for reference across all campus events without staff presence.
 19. Objective 2: At what level did the department/area achieve on this objective? (This should be a number, i.e., 82%, 6%, 345 attendees, 75% engagement) 20. Objective 2: Did your department meet this objective? 	The original objective was not met as stated, but the goal was (indirectly) achieved by creating a video product to increase awareness of Student Health Services. The department met this objective.
21. Objective 2: Improvement Plans and Evidence of changes based on an analysis of the results: What did your department learn from working toward this objective? What changes will you make based on this effort next year?	Pending video feedback, we will adjust accordingly and continue to provide updated content or investigate a better approach.

 22. Objective 3: What was this department's third objective for this fiscal year? Objectives should be specific, measurable, and achievable within one year. 23. Objective 3: Detail how your department measured this chievative? (Survey hydrottet) 	Track student learning based on conditions addressed and education provided by Student Health Services through surveys and follow up calls within 30 days of clinic visit (including making more informed health decisions to minimize class/work absences and improvement of services offered). Completed surveys were reviewed on a
measured this objective? (Survey, budget number, number of participants, jobs completed, measurable time and/or effort)	monthly basis, compiled on a spreadsheet for numerical data and patient feedback/comments. The comments were included in the annual Student Affairs report submission. Follow up calls were focused on health status and lingering questions/concerns.
24. Objective 3: What was your target outcome for this objective? (1.e. 80% participation, 5% enrollment growth, 7% change in engagement)	70%
 25. Objective 4: Provide details for your target performance level established (i.e., accreditation requirement, past performance data, peer program review, etc.) 26. Objective 2: At what level did the department/area achieve on this objective? (This should be a number, i.e., 82%, 6%, 345 attendees, 75% engagement) 	The 70% target was established with consideration for ongoing limited staffing, Covid-19 health demands, and balancing required clinical and administrative duties. Undetermined percentage, continued assessment needed.
 27. Objective 2: Did your department meet this objective? 28. Objective 2: Improvement Plans and Evidence of changes based on an analysis of the results: What did your department learn from working toward this objective? What 	The department did not meet this objective. We will implement consistent survey collection and utilize a different approach with a secure collection box instead of returning directly to staff, in hopes that
changes will you make based on this effort next year?	patient participation will increase and additional feedback will be provided. While no identifiers are included on the survey, we feel more students will complete with the reassurance of anonymity. We will provide follow up calls 2-3 weeks after clinic visit to obtain feedback regarding health decision making and suggestions for improvement.

29. Objective 4: What was this department's	Track Student Health Services accessibility
fourth objective for this fiscal year?	and consistency of clinic availability on the
Objectives should be specific, measurable,	Macon campus to determine need for
and achievable within one year.	additional staff.
30. Objective 4: Detail how your department measured this objective? (Survey, budget number, number of participants, jobs completed, measurable time and/or effort)	SHS staff tallied calls and/or patient feedback regarding limitations of clinic schedule and/or provider availability. As a consequence of limited provider time, records were not maintained consistently, but are reflected in monthly reports. Thanks to HERFF and the support of the Student Affairs VP/Covid-19 campus liaison, a temporary contract position was approved for the spring 2022 semester. Following staff agency hiring delays, a medical assistant joined the Macon clinic in March and was incredibly helpful with clinic coverage and clinical assistance. This underscored the need for a permanent position.
31. Objective 4: What was your target	Collection of sufficient data to support the
outcome for this objective? (1.e. 80%	need for additional staffing.
participation, 5% enrollment growth, 7%	need for additional starting.
change in engagement)	
32. Objective 4: Provide details for your	Unspecific.
target performance level established (i.e.,	enspectite.
accreditation requirement, past performance	
data, peer program review, etc.)	
33. Objective 4: At what level did the	Achieved, not numerical.
department/area achieve on this objective?	romevou, not numerioui.
(This should be a number, i.e., 82%, 6%, 345	
attendees, 75% engagement)	
34. Objective 4: Did your department meet	The department met this objective.
this objective?	The department met uns objective.
35. Objective 4: Improvement Plans and	Given our budget constraints, we greatly
Evidence of changes based on an analysis of	value the added position and look forward to
the results: What did your department learn	maximizing this opportunity to expand our
from working toward this objective? What	availability, clinic services, and health
changes will you make based on this effort	outreach on campus.
next year?	careadir on early ab.
nont jour.	

Future Plans

36. Please identify and detail three to four measurable objectives for the next fiscal year. In listing the objectives, please use the format shown in these examples.1) The Department of X will improve services levels by 5% as measured by our satisfaction survey. 2) The department of X will provide training in ABC for at least 73 MGA faculty and staff.	 The department of Student Health Services will develop an internal policy for management of PHQ mental health screenings by the end of fall 2022 and demonstrate a 95% implementation rate with all patient encounters. The department of Student Health Services will highlight services and provide information to MGA students with an engaging pre-recorded approach that can be utilized in various events, including orientation and welcome-week across all five campuses. The department of Student Health Services will track student learning and visit feedback based on conditions addressed and education provided by Student Health Services through surveys and follow up calls within 30 days of clinic visit (including making more informed health decisions to minimize class/work absences and improvement of services offered).
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Open Box for Assessment Comments

37. In this field, please document the overall use of assessment results for continuous improvement of this department area (consider the past, present, and future and specifically address these in your narrative).	Ongoing service improvement focus while maintaining a creative approach with financial, space, transportation, and staffing constraints.
38. Optional Open Text Box for Assessment Comments:	
42. If the COVID-19 pandemic impacted this assessment cycle, please provide specific details below.	The evolving and unrelenting Covid-19 health demands continued to dominate the time and focus of Student Health Services for the majority of the previous year, requiring recurring clinic schedule blocks for scheduled and walk-up testing needs, community- partnered vaccination events, campus education, participation in ACT, continuing education in CDC/DPH guideline changes, and USG/MGA policy collaboration. While the safety of our campus community remains

	a priority, we are making plans to return to in- person health fair programming across all fives campuses in the fall.
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MGA's Strategic Plan

39. Based on your goals and objectives listed above please indicate their connection with MGA's Strategic Plan (https://www.mga.edu/about/docs/Strategic_Plan_Overall_DB.pdf) by checking all associated and relevant Imperatives / Strategies from the list below. (Check all the apply)	Own Student Success 4. Expand student engagement and experiential learning, Build Shared Culture 7. Cultivate engagement with its local communities
40. Please indicate which of the following actions you have taken because of the 2021/2022 Assessment Cycle (Note: These actions are documented in reports, memos, emails, meeting minutes, or other directives within the reporting area) (Check all the apply)	Faculty or Staff Support: Professional Development Activities, Trainings, Workshops, Technical Assistance, Process Changes: Improve, Expand, Refine, Enhance, Discontinue, etc. Operational Processes, Request for Additional Financial or Human Resources, Customer Service Changes: Communication, Services, etc., Making Improvements to Teaching Approach, Course Design, Curriculum, Scheduling, other

Other

41. Please indicate (if appropriate) any local, state, or national initiatives (academic or otherwise) that are influential in the operations, or goals, and objectives of your unit. (Complete College Georgia, USG High Impact Practice Initiative, LEAP, USG	Relevant clinical references; protocol agreement; CDC and DPH guidelines regarding most current Covid-19 health and safety considerations
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Momentum Year, Low-Cost No-Cost Books, etc.)	
43. Mindset Update (Academic Deans ONLY)	N/A