De Anza College Student Services Planning and Budgeting Team (SSPBT) 2019-20 Program Review (APRU)

TracDat Description	Part 1	Program Information	
(50 character max)			
	Program Review	Year 2019-2020	If you are entering for a previous year complete in word document and submit to Vice President of Student Services.
	1a) Program Name	Student Health Services-Clinical Health Support Services	Enter the name of the program being reviewed
	1b) Name(s) of the author(s) of this report:	Rosafel A. Nogra, DNP, FNP-C, Clinic Director	Enter the name or names of those who authored this APRU
		Michelle LeBleu Burns, Dean of Student Development	
SS 1c) Number of students served annually & trend increasing, even, decreasing	1c) How many students are served by this program annually and is this number trending up, even, or down?	The total number of students served in SY 2018-2019 is 16,708 for SARS appointment and Walkins Since we only completed two quarter terms (Summer and Fall) for this current SY 2019-2020, the number of students seen for SARS appointment for these two quarter terms is: 2,628 and 2,049 for Walk-ins. In comparing Summer and Fall quarters for 2018-2019 SY, the number of students seen for SARS appointment is 2,106 and 2,537 for Walk-ins. There is a 24% increase of student visits and utilization of services (i.e., immunizations, TB screening, women's health, regular consult visit, and referrals) for Summer and Fall 2018 Quarter terms. However, a drop of 69% noted for Walk-ins.	Please discuss the number of students who are served in the program and explain whether the number of students is increasing, even, or decreasing. Are there any anticipated trends in the number of students served?
	1d) Who are the typical students served by this program?	The student health services is designed to serve campus wide students from various programs who are currently enrolled and paid their student health fee. This ensure that all currently enrolled students have equal access to quality healthcare in our campus. The student health center is committed to deliver exceptional care to students by providing integrated and comprehensive support services to our diverse community.	Please discuss the typical students who are served in the program. Does the program specifically address the college's goals to increase access and success of 'targeted' student populations (Latina/o, African Ancestry, Pacific Islander, and Filipino)?

	Part 2	MISSION and Accreditation Standard II.B.1	
	2a) What is the program Mission Statement?	The mission of De Anza College Student Health Services is to facilitate and enhance the educational success of our students by integrating high-quality, affordable health services including health education, disease management and community resources to the promotion of their physical, social and emotional well-being.	Cut/paste or type in the program's most current Mission Statement.
SS 2b) In what ways and to what extent does program assure the quality of its services to students?	2b) In what ways and to what extent does the program assure the quality of its services to students?	To measure the quality and effectiveness of services delivered to our students, the student health services uses National College Health Assessment (NCHA) surveys and the National Accreditation for Ambulatory Health Care (AAAHC) organization to provide a means for health center to integrate, monitor and improve the quality of health care services in our campus.	Please address part 1 of Accreditation Standard II.B.1-The institution assures the quality of student support services.
SS 2c) In what ways and to what extent does program support College Mission statement?	2c) In what ways and to what extent does the program demonstrate that its services support student learning and enhances the achievement of the College Mission?	The student health services support the student learning and the college mission by an on-going review of the SSLO. The student health clinical services team works to meet the SSLO by reviewing the current practice guidelines using evidence-based recommendations from an accredited source.	Please address part 2 of Accreditation Standard II.B.1-The institutiondemonstrates that these services, regardless of location or means of delivery, support student learning and enhance achievement of the mission of the institution. The college Mission Statement can be found at: http://deanza.edu/about/mission.html
	Part 3	Accreditation Standard II.B.3	
	3a) In what ways and to what extent does the program assure equitable access for all students?	The student health services collaborates with members of the campus multidisciplinary teams (i.e., ISP, EOPS, Campus Security, CalWORKs, Nursing, Health Science Tech course, etc.) to: develop screening programs; to promote healthy behaviors; illness and injury prevention activities; emergency preparedness campaign, and demonstrate self-awareness. This is accomplish by establishing an on-going screening and wellness campaigns, building partnership within the community and educational outreach to students.	Accreditation Standard II.B.3.a-The institution assures equitable access to all of its students by providing appropriate, comprehensive and reliable services to students regardless of service location or delivery method. Please address how the program is, or plans on, incorporating universal design concepts into its operations (materials, processes, activities, professional development, etc.) to assure that the program's services are accessible and effective for all students regardless of personal demographics or background. Cite specific examples.

SS 3b) State ways and extent that program encourages personal and civic responsibility.	3b) In what ways and to what extent does the program provide an environment that encourages personal and civic responsibility?	The intent of the student health services clinical team in terms of civic responsibility is focus on engaging students to be active participants of their own health. This is achieved by participating in any campus-wide student health services initiatives to include the use of social media, flat forms and technology based information (i.e. electronic health records), and organizing health behavior education tables, screening events and projects based on the needs and priorities of our campus communities.	Accreditation Standard II.B.3.b-The institution provides an environment that encourages personal and civic responsibility, as well as intellectual, aesthetic and personal development for all of its students.
SS 3c) State ways & extent program designs, maintains and evaluates counseling &/or academic advising	3c) In what ways and to what extent does the program design, maintain and evaluate counseling and/or academic advising programs	Mental health counseling services is an integral part of the retention programs. In addition to the psychological counseling services offered here in our campus, a new initiative that can support student development and success is to expand the utilization of mental health services program onsite at the student health services clinic by targeting specific at-risk student at the time of their visit. This can be accomplish by providing a multipurpose instrument for screening, diagnosing, monitoring and measuring common mental disorders and adding a mental health provider (0.4 FTE) to screen high risk students.	Accreditation Standard II.B.3.c-The institution designs, maintains and evaluates counseling and/or academic advising programs to support student development and success and prepares faculty and other personnel responsible for the advising function. (Answer only if applicable to the program under review)
SS 3d) State ways & extent program support/enhances student understanding & appreciation of diversity	3d) In what ways and to what extent does the program design and maintain practices and services that support and enhance student understanding and appreciation of diversity?	By increasing the availability, accessibility and diversity of health education information materials, activities, and health prevention resources.	Accreditation Standard II.B.3.d-The institution designs and maintains appropriate programs, practices and services that support and enhance student understanding and appreciation of diversity.
SS 3e) State ways & extent program regularly evaluates admissions & placement practices	3e) In what ways and to what extent does the program regularly evaluate admissions and placement instruments and practices to validate their effectiveness while minimizing biases?	N/A	Accreditation Standard II.B.3.e-The institution regularly evaluates admissions and placement instruments and practices to validate their effectiveness while minimizing biases.(Answer only if applicable to the program under review)
SS 3f) State ways & extent program maintain student records securely & confidentially?	3f) In what ways and to what extent does the program maintain student records permanently, securely and confidentially, with provision for secure backup of all files?	All medical records content, maintenance, and confidentiality meet the requirement set forth in State and federal regulatory accreditation requirements including but not limited to Title 22 CA Code of Regulations, sections 70749, 70527 and 71549, and in the Notice of Privacy Practices (HIPPA Privacy Rule).	Accreditation Standard II.B.3.f-The institution maintains student records permanently, securely and confidentially, with provision for secure backup of all files, regardless of the form in which those files are maintained. The institution publishes and follows established policies for release of student records.

	PART 4	Staffing	
SS 4a) Have there been any significant staffing changes since the last APRU?	4a) Have there been any significant staffing changes since the last APRU?	Staffing changes: Clinic Director (1.0 FTE)- started April 2019 Supervising Physician (0.4 FTE) –district contracted for clinic supervision Fall 2019-June 2020. Renewed annually Physician Assistant (16-24 hr/week)- contracted out under Medical Professional staffing agency since 2017;contract ended December 2019 (Fall Quarter) Nurse Practitioner (TEA) -40 hr/week started January 16, 2020 Medical Health Assistant (1.0 FT classified position) –to start on February 10, 2020	Please explain any significant changes in Classified, Faculty, and Administration positions that have occurred over the past year.
	4b) Are there any significant staffing changes that will be needed?	The proposed staffing changes to include: Nurse Practitioner (1.0 FTE)	Please identify any anticipated changes in Classified, Faculty, and Administration positions that could occur over the next year. (Explain why these changes may be needed, i.e. new directions, retirements, policy issues, etc.).
	PART 5	Facilities	
	5a) Have there been any significant facility changes since the last APRU?	The major significant changes from the previous year in terms of facility was refurbishing the old furniture and some of the office equipment at the student health services.	Please explain any significant changes in program facilities that have occurred over the past year.
	5b) Are there any significant facility changes that will be needed?	One of the biggest challenges is providing our students a full service front office space and waiting room area to comply with the health and safety CA Code on Notice of Privacy Practices (HIPPA Privacy Rule) or HIPAA Security Rule. Compliance with HIPAA is as important in the waiting room of our student health services as it is in the regular doctor's office. The reception area and waiting room is the front door to protected health information (PHI), and enforcing security measures protect our student health services facility and the privacy of the patients we treat.	Please identify any anticipated facility needs that could occur over the next five years. (Explain why these changes may be needed).

		At this current state, the student health services facility have no separate waiting room area between our patients and visitors, no triagetreatment room and a designated laboratory workspace. Plan Proposal: (a.) Designate a separate waiting room space and a secured reception work space area for HIPAA Compliance. Separating the reception desk from the waiting room area with clear sliding glass window and door can help provide the acoustical barrier necessary for HIPAA compliance. (b.) Convert the old waiting room space to medical assistant triage station for walk-in care.	
	PART 6	Equipment	
	6a) Have there been any significant equipment changes since the last APRU?	The student health services have purchased: (a.) Dormitory style refrigerator for non-critical sample and reagent product storage (b.) Two examination Lights - each exam room	Please explain any significant changes in program equipment that have occurred over the past year. (Instructional and non-instructional)
	6b) Are there any significant equipment changes that will be needed over the next year?	The proposed equipment needed at the student health services to include: (c.) Welch Allyn Ear Wash System cost: \$476 (d.) Clinical Teaching Aids \$1500	Please identify any anticipated program equipment needs that could occur over the next year. (Explain why these changes may be needed. Include both instructional and non-instructional needs)
	PART 7	Operational Costs	
	7a) Have there been any significant operational cost changes since the last APRU?	No changes in operational cost	Please explain any significant changes in program operational funding that have occurred over the past year-
SS 7b) Will any significant operational cost changes be needed over the next year?	7B) Are there any significant operational cost changes that will be needed over the next year?	Implementation of Electronic Medical Records System (EMR) Winter 2020 -As part of 2009 Stimulus Act, the National Coordinator for Health Information Technology (HIT) was mandated to update regulations to require the utilization of EMR system for all patients in any clinic based settings. Implementing EMR system can a) Improved patient care, b) reduced storage necessary to keep paper charts, c) aggregate patient data that make it	Please identify any anticipated changes to operational cost needs that could occur over the next year. (Explain why these changes may be needed.)

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		easier to share with multiple providers, d) continuity	
	DADTO	of care, and e) centralization of health history	
	PART 8	Organizational Alignment	
SS 8a) Have there been any significant organizational alignment changes since the last APRU?	8a) Have there been any significant organizational alignment changes since the last APRU?	Changes in the Strategic Organizational Alignment of the student health services integrates in the medical direction of the clinic, particularly with staffing structure and leadership.	Please explain any significant organizational alignment changes that have occurred over the past year.
	8b) Are there any significant organizational alignment changes that will be needed over the next year?	The Student Health Services Strategic Organizational Alignment is based on primary care delivery model program to provide a range of services that help students maintain or improve their overall health. These services include physicals, episodic illness care, immunizations, smoking cessation, injury prevention, mental health and medical specialist referrals. The core primary care services are led by Clinic Director, nurse practitioner provider, and other professionals on the team to include on-call physicians, registered nurse, medical (health) assistant, mental health providers, and front office associates. Depending on their individual needs, students have access to care from any member of the team.	Please identify any anticipated changes to organizational alignments that could occur over the next year. (Explain why these changes may be needed.)
	PART 9	Regulations/Laws/Policies	
SS 9a) Have there been any significant changes in regulations/laws/policies since the last APRU?	9a) Have there been any significant changes in regulations/laws/policies since the last APRU?	California law requires that school staff working with community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a tuberculosis (TB) risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. District employees are no longer automatically given a TB test at the student health services for clearance. Employees are required to complete TB screening assessment form with deeper level of medical evaluation by health care provider.	Please explain any significant changes in regulations/laws/policies that have occurred over the past year. (Federal, State, Local, District, college, etc.

changes in regulations/laws/policies	9b) Are there any significant changes in regulations/laws/policies that will affect the program over the next year?	(a.) Assembly Bill No. 2785-Approved September 30, 2018 This bill would require the California Community Colleges and the California State University, and encourage a satellite campus of these systems, to provide reasonable accommodations to a lactating student on their respective campuses to express breast milk, breast-feed an infant child, or address other needs related to breast-feeding, as specifiedThe student health services cares about encouraging students to do the best for their babies. By providing area for breastfeeding mother to pump or breastfeed, the student health services are supporting these mother's need to continue pursuing their academic and career goals. The health services is in full support to provide lactation room inside the clinic for current registered students as needed basis. Students are required to check in with the front desk for availability of the space. Lactation room area is only to be used for expressing or collecting milk and breastfeeding. Update: Lactation room is fully operational beginning of Winter 2020 (b.) In May 2018 the Board of Governors for the California Community College system adopted a resolution urging all California Community Colleges passed a Resolution in support of the adoption and implementation of 100% smoke and tobacco free policies at all 72 Community College Districts, including all 114 Community Colleges. The student health services is recognizing and in full support of adopting a 100% smoke and tobacco free campus environment to promote health and wellness for all members of the De Anza College campus community. Developing and implementing this policies decreases exposure to second hand smoke, changes tobacco use behaviors, decreases tobacco related liter on campus, prepares students for smoke free environments, and decreases exposure to new and emerging tobacco and nicotine products.	Please identify any anticipated changes in regulations/laws/policies that could affect the program over the next year. (Federal, State, Local, District, college, etc.)

	PART 10	Professional Development	
SS 10a) State any significant professional development activities for the program since last CPR.	10a) Have there been any significant professional development activities for the program (or others) since the last APRU?	On-going professional development activities and membership to include: Health Science Association for California Community Colleges (HSACCC) —membership and conferences American College Health Association (ACHA)-membership and conferences, national assessment survey (NCHA-ACHA)	Please explain any significant professional development activities that have occurred over the past year. Include the nature, reason, significance, and outcomes of the activities.
SS 10b) State any significant professional development needs for the program for the next year.	10b) Are there any significant professional development needs for the program (or others) over the next year?	Required professional development for non- licensed staff and licensed provider to maintain licenses and certification to include: (a.) Completion of 30 hours of Nursing Board- approved continuing education completed within the past two years-(for RN licensure only) (b.) Minimum 100 contact hours of advanced continuing education (for Nurse Practitioner Certification and Furnishing License) from approved Nurse Practitioner National Certification Organization (AANP or ANCCC) (c.) Basic Life Support and First Aid Training – All staff (d.) Blood Borne Pathogen Online Training-All staff (e.) HIPAA Privacy and Security Basic Course Online Training- All staff (f.) OSHA Healthcare Personal Protective Equipment Online Training-all staff (g.) Respiratory Fit Testing –all staff (h.) Tuberculosis Update –online module –all clinical staff (i.) Healthcare ergonomics –all staff	Please identify any anticipated professional development needs for the program over the next year. Include the anticipated nature, reason, significance, and outcomes of the activities.
	PART 11	Curriculum, Student Success, and Equity	
SS 11a) Have there been any significant curriculum since the last APRU?	11a) Have there been any significant curriculum since the last APRU?	N/A	Please explain any significant curriculum changes that have occurred over the past year.

SS 11b) State any significant curriculum issues that will affect the program over the next year. SS 11c) State the aggregate	11b) Are there any significant curriculum issues in that will affect the program over the next year? 11c) What is the aggregate student	N/A	Please identify any anticipated curriculum issues in that could affect the program over the next year. In accordance with ACCJC
student success rate in the instructional portions of the program?	success rate in the instructional portions of the program?		requirements, the college has adopted an institutional standard for successful course completion at or above 60% http://www.deanza.edu/ir/deanza-research-projects/2012_13/ACCJC_IS.pdf. If student success rates in the program are below 60%, what plans are there to bring course success rates up to this level?
SS 11d) State gap of student success rates with targeted groups.	11d) What are the student success rates between groupings of students? Is there a success rate gap that exceeds 5% between any of these groupings?	N/A	The college equity goal is to have no more than a 5% student success gap between any groupings of students. Please explain any gaps exceeding 5% and what plans are in place, or are being made, to address closing this gap
	PART 12	Other	
SS 12a) Have there been any other significant program changes since the last APRU?	12a) Have there been any other significant program changes since the last APRU?	Much of the Student Health Services program curriculum is integrated on student-centered direct education, outreach activities, risk assessment and preventive care guided by the following framework: a. American College Health Association's (ACHA) Standard of Practice for Health Promotion in Higher Education b. ACHA's Healthy Campus 2020/2030 c. Accreditation Association for Ambulatory Health Care d. California Dept. of Public Health/CDC Clinical Guidelines There are no significant changes since the last APRU.	Please explain any other significant program changes that have occurred over the past year.
	12b) Are there any other significant issues that will affect the program over the next year?	Since the mandatory student health fee accounts for the majority of the total operation cost of the student health services, decrease in enrollment affects the annual budget of the clinic. Continued decline in enrollment can negatively impact the services and staffing. With the small amount of income generated from office visit fees, discussion	Please identify any other anticipated issues that could affect the program over the next year.

	of finding another revenue source is critical to financially sustain the program. Additional Funding proposal: • To provide a more consistent income flow to health services, discussion of reimbursement programs such as Family Pact and LEA-MediCal, will allow additional revenue available for student health services program. • To increase the mandatory student health fee from \$17 to \$18 based on the California Community Colleges-Chancellor's office recommendation-Education Code sections 76355, 76361, and 76361 starting FY 2019-2020 Update: The Health Services mandated fee was increased beginning in Summer 2019	
PART 13	Student Services Learning Outcomes and Accreditation Standard II.B.4	
13a) What are the current/active program outcome statements?	As the student health services is restructuring the clinical services program, the following SSLO were integrated Fall 2019: 1. Students will be able to express positive attitudes regarding their experience in the Health Services that will lead them to expect positive health care experiences after college. 2. Students will be able to articulate health-related services and resources (on and off campus) available to them and to express willingness to utilize those resources. 3. Students will demonstrate an increased understanding of medical information, including one's own medical diagnosis and treatment plan. 4. Students will learn about how to access and utilize electronic medical systems (student health portal)	Please list all of the Student Services Learning Outcomes (SSLO) statements for the program. (Cut/paste from TracDat, APRU or other documents.)

13b) How many SSLO/SLO statements have been assessed since the last APRU? 13c) Summarize the outcomes assessment findings and resulting program enhancements made since the last APRU.	Two SSLO have been assessed since the last program review. SLO #2: Student Health Services has continued to advocate for the basic needs of our students through referrals to the campus food pantry program and enrolling students through Calfresh. 10 students have been identified during their regular visits, and two students have applied to receive food through the Calfresh program. SLO#3: Student Health Services has utilized the use of phone Certified Language Interpretation services for students with limited English proficiency. This increases compliance, ensures clarification for both the patient and the provider and reduces errors in communicating medical information and diagnosis. Students have been provided visit summary information and patient handouts in different languages after every consultation visit.	Please identify the SSLO statements that have been assessed over the past year. (Cut/paste from TracDat, APRU or other documents.) Please summarize the outcomes assessment findings and resulting program enhancements made over the past year. (Cut/paste from TracDat, APRU or other documents.)
14d) What are the program outcome assessment plans for the next year?	To re-assess SSLO#1 and SLO #4 SLO#1: Start patient satisfaction survey (Fall Quarter 2020) SLO#4: Create online orientation on how to utilize the student health portal with the new EMR system	Please indicate which SSLO/SLO statements will be assessed over the next year and when. (Include any plans to create new outcome statements.)
Part 14	APRU Summary	
14) Where has the program come from since last year, where is it now, and where does it anticipate or need to go over the next year?	Student Health Services will continue to refine our current practices driven by current standards of care. These include: • Updates clinic policies and procedures annually to align with the current accrediting body. • Train on processes for clinic staff: BLS, Blood borne Pathogen, HIPAA, FERPA, First Aid and Emergency Procedures, PPE and Infectious Disease • Refine current education programs and	Based on the information provided in Parts 1 through 14 above, please summarize: 1) Where the program has come from since the last APRU? 2) Where the program is now, and 3) Where the program anticipates or needs to go over the next year.

	develop new opportunities to promote wellness and health issues • Cultivate collaborative interactions with members of interdisciplinary team: campus safety, psychological services, health science programs, student body, college life and ISP. • Pursue funding opportunities: MediCal Reimbursement Programs such as Family Pact and LEA for mental health services • Integrate the use of technology and an innovative appointment scheduling system and health record keeping i.e. Electronic Medical Records (EMR)	
Part 15	Divisional Perspective	_
15a) Name of the Division and the names of the programs.	 Health Services (Health Education and Wellness, Psychological Services, Clinical Services) Extended Opportunities Programs and Services College Life (DASB and ICC, Student ID, Eco Pass, Flea Market) Student Judicial Affairs HEART (Harm Evaluation Assessment Reduction Team) Americans with Disabilities Act (ADA)/504 Compliance Unlawful Harassment and Discrimination Coordination Guardian Scholars (Foster Youth) 	Write the name of the division and the names of the programs that are submitting APRUs
15b) Who wrote the Divisional Perspective?	Michele LeBleu-Burns, Dean, Student Development & EOPS/CARE	Enter the name or names of those who authored this Divisional Perspective.
15c) Summarize the APRU written by the programs of the Division.	The Student Development Division, which is comprised of Extended Opportunities Programs and Services, the Office of College Life, Health Services, Student Judicial Affairs and ADA/504. Has continued to grow over the past several years	Please summarize all the APRUs to be submitted in the Division. Provide a Division wide perspective on the CPRs explaining how they all fit or work together into a cohesive division plan.

as program areas have been added or developed to address the educational, social, learning and development needs of a diverse student population, by cultivating strategic partnerships with other student services and instructional departments/divisions, faculty, staff and administrators. Due to the length of tenure of the division employees, changes in the form of employee retirements will be a challenge over the next several years. In addition, declining enrollment has and will potentially have a continued negative effect on department revenues. This is specifically true for College Life, which relies on student body card sales and Flea Market revenues to support clubs and student government and the many campus programs funded by the student body senate including student tutoring, athletics, Vasconcellos Institute for Democracy in Action (VIDA) and the Honors Program to name a few. Health Services, which includes Clinical Health Services, Health Education and Wellness and Psychological Services have also seen declining revenues from the health fee as a result of the decrease of enrollment college-wide. Despite these challenges, the division has consistently provided high quality, student centered services to De Anza College Students.