**Online Assessment Tracking Database** 

Sam Houston State University (SHSU) 2014 - 2015

## **Health Services**

Goal	Quality Health Services 🔎
	The Health Center will provide quality health care services.
Objective (P)	Isolation Room Identification For Tuberculosis 🖉 🔎
	Evaluate and identify an area of the new Student Health Center that will serve as an isolation room in the case a patient presents with active TB.
KPI Performance Indicator	I dentify Clearance Room Within Health Center 🔎
	Locate a room or area within the SHC that has exhaust airflow leading to the exterior of the building.
Result	Room Analysis 🞤
	Engineers analyzed through apparatus to measure the exhaust air volume of 2 areas within the clinic that could be identified as an isolation area. Technicians observed the CFM of the exhaust fan to identify targeted rooms to be used for isolation. Room 166 was in compliance with the requirements for an isolation room.
KPI Performance Indicator	Complete Room Clearance Time Calculation Worksheet 🔗 🔎
	Per the Center for Disease Control and Prevention, the clinic needs to identify the room volume, air changed per hour, calculate room clearance time.
Result	Calculated Room Clearance Time Based On 99.9% Removal Efficiency P The following was identified:
	<ol> <li>Room Volume: 854.25 ft3</li> <li>2a. Measured exhaust airflow rate: 85 CFM 2b. = 2a x 60 minutes: 5,100 ft3 per hour 2c. = 2b / 1d: 6 ACH</li> <li>Calculated Room Clearance Time based on 99.9% removal efficiency: 69 minutes</li> </ol>
Action	<b>Creation Of Policy</b> $\mathscr{I}$ A policy was created to notify clinical and nursing staff that Room 166 is the isolation room in the instance of a suspected TB case or any suspicious airborne infectious disease.
Objective (P)	Dental Clinic - Procedural Consent Forms And Patient Education 🔗 🔎
	Evaluate the frequency that dental patients are given procedural consent forms.

KPI Performance Indicator	Frequency Of Patients Receiving Procedural Education P
	Measure the compliance of documented education (risks and benefits) given to patients that receive a procedure. A Daily Journal Report was run for the date range 01/01/15 to 03/31/15 that included all services, excluding all payments and adjustments. The resulting data was further refined to exclude all procedures codes that fell outside of the range D2000-D8999. The specificity of this range was intended to capture only procedures that require consent forms to be signed. Filtering the patient names along this procedure code range produced a list of unique patient visits (unique patient names per date). The presence of a signed consent form and patient education was checked by examining each of the resulting patients' notes sections, which is typically where consent forms are stored.
Result	Result Findings 🔎
	69 charts were reviewed and 34 charts were non- compliant with the expectations of education and signatures. 51% of patients that received a clinical dental procedure were given a procedural consent form and were educated about the risks and benefits. The clinic did not achieve the established goals to achieve 100% compliance in both procedural consent forms and patient education.
KPI Performance Indicator	Frequency Of Patients Signing Consent Forms 🎤
	Evaluate the frequency that a dental patient signs a procedural consent form. A Daily Journal Report was run for the date range 01/01/15 to 03/31/15 that included all services, excluding all payments and adjustments. The resulting data was further refined to exclude all procedures codes that fell outside of the range D2000-D8999. The specificity of this range was intended to capture only procedures that require consent forms to be signed. Filtering the patient names along this procedure code range produced a list of unique patient visits (unique patient names per date). The presence of a signed consent form and patient education was checked by examining each of the resulting patients' notes sections, which is typically where consent forms are stored.
Result	Result Findings 🔎
	69 charts were reviewed and 34 charts were non- compliant with the expectations of education and signatures. 51% of patients that received a clinical dental procedure were given a procedural consent form and were educated about the risks and benefits. The clinic did not achieve the established goals to achieve 100% compliance in both procedural consent forms and patient education.
Action	Proficiency Training The dental clinic's staff recieved training for the following:

	<ol> <li>Understand the importance of completing education and obtaining a signature.</li> <li>Staff are to demonstrate proficiency in obtaining the consent form and education.</li> <li>Demonstrate where to document in the EHR that the information was obtained.</li> <li>Locate the policy and procedure.</li> </ol>
Goal	Peer Review 🔎
	The Health Center will achieve re-accreditation through AAAHC Peer Review.
Objective (P)	Completion Of Survey 🔎
	The clinic will be evaluated by peers through the AAAHC to evaluate how the clinic ranks against a set of established 2015 clinical standards.
KPI Performance Indicator	Number Of Standards Are Compliant And Non- Compliant 🔎
	Measure the number of standards held in a status of non- compliance. These measures are evaluated post-survey and a follow-up report was given to the clinic to discuss the reasons why the clinic was non-compliant. These non- compliant measures are graded and the award outcome is based on what standards are met against what standards are not met.
KPI Performance Indicator	Site Visit Evaluation 🖉 🔎
	Accreditation Association of America for Ambulatory Health Care (AAAHC) evaluates programs via thorough criteria rubric encompassed in a survey report. The following areas (Chapters) of practice are extensively evaluated: Rights of Patients, Governance, Administration, Quality of Care Provided, Quality Management and Improvement, Clinical Records and Health Information, Infection Prevention, Facilities and Environment, Anesthesia Services, Surgical and Related Services, Pharmaceutical Services, Pathology and Medical Lab Services, Diagnostic and Other Imaging Services, Dental Services, Other Professional and Technical Services, Health Education and Promotion, Behavioral Health, and Teaching and Publication Activities. Possible outcomes of clinical practice evaluations are Substantial Compliance (SC), Partial Compliance (PC), Non-Compliance (NC), and Non-Applicable (NA). The Student Health Center (SHC) will achieve no less than 95% for SC across all chapters comprehensively. SHC will not have any NC ratings, but does have some NA marks as the measures do not apply to the SHC's practices.
Result	Site Visit Outcomes 🔎
	The SHC received marks of substantial compliance (SC) in all (100%) Chapters measured. With that said, there were some partial compliance (PC) marks in

Patient Rights and Responsibilities and in the Governance Chapters respectively, but not enough (

Action	Planning For Future Accreditation 🛛 🖉 🔎
	The Health Center staff is in the process of addressing the identified Partial Compliance issues in order to bring them up to Full Compliance level. Feedback from the AAAHC site visit will be incorporated into the Health Center's strategic planning process, which will take place during the fall semester of '15.

### Previous Cycle's "Plan for Continuous Improvement"

Based upon the findings of this year's assessment, the Student Health Center will strive to make specific improvements in 2014-2015 in these areas by:

#### CBC Analysis

1. Implementing a standing order to allow a better workflow process to cut down on the wait times experienced by the medical technologist, provider, and patient.

#### Allergy Injections

1. Documenting post injection assessments 100% of the time,

2. Assign one nurse to check the expiration allergy serums every month and document it on a designated form.

3. Have only the Registered Nurses housed in the Nursing Clinic assigned to manage the allergy clinic.

5. Open the EHR to allow patient self-scheduling for the allergy clinic to encourage patient compliance and easier access.

#### Health Promotion

1. Open a campus wide free STI outreach testing program.

Please detail the elements of your previous "Plan for Continuous Improvement" that were implemented. If elements were not implemented please explain why, along with any contextual challenges you may have faced that prevented their implementation.

#### CBC Analysis:

The clinic did implement a CBC machine to assist in making better clinical decisions. Although the machine was somewhat helpful, we quickly realized that the type of machine was not producing the outcome that the clinic had hoped and proved to be more of a hassle than a benefit. Based on the clinic's specific type of lighting in the lab, the machine's baseline was thrown off on a number of instances, making the patient's blood work non-specific. Additionally, the 3-part differential machine lacked information that could accurately describe the patients' potential diagnosis. Due to these stated issues, the governing body decided that for the purpose of fiscal responsibility and efficiency, the clinic will discontinue the use of the CBC machine and transfer it to the Agriculture Department. CBC send outs are still available to the clinicians and is the test most often utilized for diagnostics.

#### Allergy Injections:

The clinic has achieved 100% compliance on documenting the post injection assessments. This has been demonstrated through peer review. The nurse clinic that is run by Registered Nurses are the only employees that administer allergy injections. Each month they review the expiration of the allergy serum and document on a designated form. Additionally, the EHR

schedule was opened to allow students to schedule their allergy appointments online. This has exceeded expectations and has improved the efficiency regarding scheduling errors. Due to patient privacy, these documents cannot be uploaded. We do have them available upon request.

#### Health Promotion:

The Health Promotions department held an on campus free STI outreach program. 301 student participated in the event.

#### Attachments

1. Free Testing Email

# Plan for Continuous Improvement - Please detail your plan for improvement that you have developed based on what you learned from your 2014 - 2015 Cycle Findings.

Quality Health Services will be continually provided through the identified isolation room for TB positive patients that will remain in standard use as needed. The Dental clinic staff received training and were assessed via the AAAHC accreditation process. There were no concerns found throughout the process with regards to dental practices and education, indicating that no further action is required. Follow up to ensure future compliance will take place as continued preparation and participation in future AAAHC accreditation surveys are performed over the next three years. Any partial compliance (PC) measurements highlighted during the AAAHC accreditation process will be addressed and ameliorated before the next accreditation process in the 2018-2019 school year.