

UWL Student Health Center Annual Report 2016-17

2016-
2017

Annual Report

Submitted by: Gretchen Reinders, PhD, Interim Director, with
assistance from Pam Woods, RHIT, and Chris Durall, PT

UWL Student Health Center Annual Report 2016-17

ANNUAL REPORT

Table of Contents

Notes of acknowledgement	page 2
Narrative report	
Primary Care narrative report	page 3
Physical Therapy	page 7
Opportunities and Challenges for 2017-18	page 9

Notes of acknowledgement

The 2016-2017 academic year was a year with some significant changes and transitions for the Student Health Center. Dr. Sylvia Van Atta, longtime physician and colleague at the SHC, retired in the fall and in addition, Dr. Brian Allen, Director for 14 years, retired in November. This effectively left the clinic short-staffed on the provider side and without administrative leadership. I was asked to take on the administrative director role and Dr. Kristin Swanson was asked to take on the medical/clinical directorship at the SHC. Our core staff banded together and with their hard work and some assistance from contractual staff, worked together to meet the health needs of our campus community. Namely, Colleen Paramesh, APNP, added hours to her part-time contract; Doug Moericke, PA, and Pat Campbell, PA, covered time in clinic for direct patient care; and Alexandra Larsen, RN, was hired in a temporary position in the nursing area. Without their clinical expertise and assistance, the SHC would not have been able to meet the service demands, and for that we are quite grateful!

The SHC had other comings and goings this year. Jenny Scott, lab technician, joined our Laboratory; Kathy Geier joined our nursing staff. Chastity Evenstad resigned from her MA position at the SHC. While this was certainly a loss to the clinic, we are grateful to have been able to fill that needed position with a wonderful new MA, Carrie Lampman. We also said goodbye to Chris Roethe, PTA, in June of 2017.

On behalf of the students at the University of Wisconsin – La Crosse, the campus faculty, staff, and administrators, and the greater La Crosse community, I would like to express my appreciation to all the SHC staff members who helped make 2016-2017 a successful year. Their hard work, talent, collaborative teamwork, and student-centered care improve the quality of students' lives, the climate of this great campus.

NOTE: Due to the part-time and interim role of this writer, this annual report is focused on reporting basic numbers for direct and indirect services. It does not accurately reflect all of the accomplishments and challenges of this academic year.

Primary Care: Direct & Indirect Services

The Student Health Center's mission is to provide exemplary student-centered health care. We strive to support the ideals of higher education and to promote academic retention and success.

Patient Demographics

More than five thousand students were seen in the SHC in 2016-17. Specifically, 4714 UWL students were seen for a total of 12,638 SHC visits, while 311 WTC students were seen for a total of 757 SHC visits. For being understaffed, it is a remarkable accomplishment that this many students were still able to be seen for care! We had on average four providers on staff during the year (only two of these providers were 100% full-time each week). These providers saw a total of 7,725 patients. This is an average of 1,718 patients seen for the four providers here for the entire school year. Or an average of 30 patients a day as there were 226 days in the 16-17 school year. The contracted PA staff helped to fill in and saw a total of 709 patients, often easing the number of students seen on walk-in/urgent care. Nurses saw a total of 2,750 patients for an average of 10 patients per clinic day. In addition, they also saw 865 patients return for TB readings which do not use an appointment time slot.

The age of our patients ranged from age 16 to 71, with the average age being 21-years-old. The average number of visits per patient was 2.67. We continue to see more female-identified students than male-identified students. Specifically, females represented 65% of patients seen, while males represented 34% of patients seen, and less than one percent of patients were recorded with an unspecified gender.

While every clinic day often fills with appointments, some days are more popular than others. Thursday was the busiest day of the week with a total of 2831 visits during the 16-17 school year, likely due in large part to having an evening clinic on Thursdays (open until 7:00 pm). Monday sees the second highest number of visits with 2747, then Tuesday with 2734, Wednesday came in fourth with 2541 and Friday was the least busy, losing only by 2 visits to Wednesday, with 2539 visits. Due to having inconsistent provider coverage for most of the year, this data may simply reflect busier clinic days when we had more providers onsite. The fall semester was the busier semester with 6353 visits, while Spring 17 semester showed 5991 visits, and in those time periods, October and April showed us the highest demand for services. January term and summer session when we are open for half-days saw 151 and 897 visits, respectively.

Presenting Concerns of our Patients

There are more than 10,000 diagnostic codes for in our classification system and therefore, the following condensed categories were used in gathering these data. The following represents the categories in which our medical staff diagnosed patients:

1. URI/Tonsil/Sinus visits were 2470
2. Depression/Anxiety visits were 1705

3. Skin related issue visits were 887
4. Counseling visits were 757
5. Respiratory/Pulmonary visits were 604

The following represents some of our most common visits types:

- 459 allergy injections were given
- 1,318 immunizations/TB were given
- 1,697 same day appointments were filled
- 2,929 primary care visits
- 3,327 urgent care visits

Our additional onsite services: Laboratory, Dispensary, and Radiology

The SHC laboratory saw 3668 patients for a total of 6898 laboratory tests. While our lab can draw for a vast number of reasons, the most common reason for utilizing our onsite lab was to test for strep throat (1,241 Rapid Strep tests were done), take titers for immunity (368 titers were done), and to test for sexually transmitted infections (1,561 tests for STIs were also done).

Similarly, the SHC dispensary is stocked with a large number of commonly prescribed medications, kept as close to cost as possible to provide access and convenience to our students. Over seven thousand medications were dispensed this past year. Contraception is one of the most oft dispensed medication at the SHC, with 1438 cycles of oral contraceptives, 117 Depo injections, 9 IUDs, and 41 emergency contraception being dispensed this year.

Radiology took 496 X-rays this year; 145 Chest x-rays followed by 78 ankles, and 65 feet.

Residency program

Overseen by Dr. Kristin Swanson, the SHC continues to be a training site for medical residents from Gundersen Lutheran Hospital. The SHC had 8 resident physicians from Gundersen rotate through the SHC as part of their training. These residents saw 27 WTC students and 451 UWL students making their total learning contribution to 478 patients seen. Each resident completes a 2-week rotation.

Psychiatry and Psychology

As noted, mental health concerns continue to represent a significant portion of presenting concerns of patients coming to the SHC. Much like the surrounding community, psychiatric services are extremely limited yet are in high demand. We continue to have a part-time psychiatric provider position open. In the meantime, we are grateful to Kristine Brink, psychiatric NP, for providing 3

hours/week of direct care this year. And to Dr. Tom Tranel, who continued to provide consultation to all SHC providers on mental health care and psychotropic medication prescribing.

The SHC continues to have a partnership with the Counseling & Testing Center at UWL, and via our shared EMR, Point and Click, are able to more easily and appropriately co-manage patients with mental health concerns. In addition, the CTC provides the SHC with a psychology resident onsite for one day/week. Dr. Amanda McErlean provided care at the SHC this year, and providers consistently share that they wish they had more mental health clinicians at the SHC. Psychiatry and psychology providers saw a total of 216 patients.

Non-Appointment Visits

Providers, nurses, lab and all other ancillary services also provide patient care through follow up which also takes time and documentation. Time spent is unmeasurable but the time spent with students we serve is priceless. On-line requests for prescription refills were 917. Phone calls taken and/or made were 1,087. With appointments and non-appointment documentation:

- Providers documented on 1,677 individual patients
- Nurses documented on 1,477 individual patients
- Lab documented on 272
- Administrative (ROI, phone notes and no shows) documented on 925 patients.

With all the follow up and phone calls the total clinic non-appointment visits was 4,365.

2016-2017 ANNUAL REPORT: SHC PHYSICAL THERAPY DEPARTMENT

A total of 721 patients were seen in PT between June 1, 2016 and May 2, 2017. There were 4242 PT appointments; 2007 of these appointments were either intake, urgent care, or follow-up appointments with our PT staff and 2235 were treatment sessions provided by our PTAs or PTs (patients often receive multiple treatments within the same treatment session). Lower leg/ankle/foot injuries/problems and spine (neck and/or back) pain continue to be the most common problems addressed in PT.

To analyze our clinical productivity, several comparable PT practices in the state were surveyed. Aggregated data indicate that other outpatient orthopedic physical therapy practices are seeing 1700-1800 patients/FTE (PT or PTA) annually. This equates to 142-150 patients monthly for each FTE. Comparing these data to spring and fall data from our clinic from 2013-2016, we averaged 183 patients monthly for each FTE (mean of 600 patients each month/3.27 FTE). Thus our staffing level is clearly not excessive; we tend to see 1.5 more patients each day (33 patients/22 days) during the spring and fall semesters than comparable practices. If our summer patient volumes were comparable similar to spring/fall volumes, this would equate to an annual productivity of ~2200 patients/FTE.

	2012	2013	2014	2015	2016	Mean/Yr.	Mean/Mo.		
J-TERM ONLY		60	64	40	45				
SPRING ONLY		2454	2621	2298	2452	2456.25	614.0625		
SUMMER ONLY	193	297	174	178	274			Mean Spring & Fall	
FALL ONLY	2807	2645	2813	1714	2188	2340	585		
	3000	5456	5672	4230	4959			599.53125	
						Mean monthly pts/FTE (3.27)			183.3

We have continued to provide internship opportunities for Physical Therapy, Physical Therapist Assistant, and Fitness students. We had 4 PT and 12 fitness interns complete clinical rotations in the SHC over the past year. We also continued to provide job shadowing opportunities for numerous UWL fitness majors and pre-PT students. Students enrolled in ESS 320 need to fulfill ~70 clinical hours for the course. Most pre-allied health students are required to complete observational hours prior to applying to professional programs. Clinical sites for ESS and pre-allied health students can be difficult to find due to HIPPA restrictions.

As of January 1st, 2017 we drained our therapeutic pool due to lack of use and maintenance costs. In January we also started charging a bundled treatment fee of \$35.00 for up to 10 treatment sessions. Revenues generated solely from the PT Unit are not available since these are aggravated with other SHC revenues. Estimated revenue from PT treatments at current rate of \$35 for every 10 treatments (assuming 80% of average annual treatments from 2013-

2016 (N=2421)) is ~\$6800. Charges from the sale of braces, splints, etc. from 2013-2016 averaged \$25,364 per year. Assuming that these charges were paid, and deducting our mean annual expenditures for supplies from 2013-2016 (\$7412), the annual mean revenue from these supplies would have been ~\$18,000.

Chris Durall continued to manage the SHC website, providing timely updates and modifications to improve the user experience. Many treatment protocols have been updated to incorporate advances in literature-based evidence.

In addition, Chris published three review articles in peer-reviewed professional journals with students in his PTS 742-Research Practicum course. (Klimeck C, Askbeck C, Brook A, Durall C. Are injuries more common with CrossFit training than other forms of exercise and strength training? *J Sport Rehabil*. 2017 March 2:1-17. [Epub ahead of print]; DeBruyne D, Dewhurst M, Wojtanowski M, Durall C. Self-Mobilization Using a Foam Roller Versus a Roller-Massager: Which is More Effective for Increasing Hamstrings Flexibility? *J Sport Rehabil*. 2017 Jan 26(1):94-100. [Epub ahead of print]; Verbruggen L, Thompson M, Vang C, Durall C. The effectiveness of low-Dye taping in reducing pain associated with plantar fasciitis. *J Sport Rehabil*. 2016 Sep 26:1-15. [Epub ahead of print]). Since arriving at UW-L in 2003 Chris has authored or co-authored 24 research or review articles in peer-reviewed professional journals, and 10 textbook chapters. In addition, he has been the sole instructor for 60 2-day educational seminars and 13 1-day seminars at various sites across the country. UW-La Crosse and the Student Health Center have been promoted in all of these publications and seminars.

Below are the results from a 2011 student satisfaction survey with a data subset specific to the PT Unit. This is included in this annual report only because we are uncertain if it was included in any previous annual reports. Note that 95.4% of respondents agreed that we were their preferred choice for PT.

Please check the column of the answer that best fits the statement below:		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	N
The Student Health Center is my preferred choice when I need medical care at school.		56.3%	39.1%	4.6%	0.0%	0.0%	87
The Student Health Center has made it easier for me to succeed academically.		24.1%	48.3%	4.6%	0.0%	23.0%	87
The Student Health Center is an important part of the college/university.		69.8%	30.2%	0.0%	0.0%	0.0%	86
A student health center was a consideration when I selected a college/university.		12.8%	23.3%	38.4%	10.5%	15.1%	86
It is important to me to have health services on campus.		65.1%	34.9%	0.0%	0.0%	0.0%	86
It was easy for me to schedule today's appointment.		73.6%	25.3%	0.0%	0.0%	1.1%	87
My wait time to get an appointment was acceptable.		72.4%	26.4%	0.0%	0.0%	1.1%	87
The time I was in the 'waiting room' was acceptable.		65.5%	31.0%	0.0%	0.0%	3.4%	87
The time I waited in the exam room before the clinician saw me was acceptable.		69.8%	26.7%	0.0%	0.0%	3.5%	86
The people who served my health needs today were caring.		75.6%	24.4%	0.0%	0.0%	0.0%	86
The Student Health Center has offered me the type of care that I needed.		62.4%	37.6%	0.0%	0.0%	0.0%	85
Why did you choose the SHC for your care today? (Mark all that apply)					(87 responses)		
Offers service(s) that I needed		81.6%	Affordable		86.2%		
Convenient		95.4%	High quality of service		54.0%		
Staff understands student needs		59.8%	I do not have health insurance		5.7%		
Confidentiality		25.3%	Other		3.45		
Gender:	Male 54%	Female 46.0%	School:	UWL 96.6%	Western 2.3%		
School Yr (N=87): Fresh. 28.7 % Soph. 26.4 % Jnr. 13.8 % Snr. 28.7 % Grad. Stud. 2.3 %							
Age (N=87): 18 14.9 19 26.4 20 17.2 21 14.9 22 14.9 23 6.9 24 __ 25 1.1 26 1.1 27-30 2.3 >31 __							
How many times have you used the Student Health Center during your academic career?						(N=87)	
First time 16.1 %		2 -4 34.5 %	5 - 7 17.2 %	8 - 12 5.7 %	>12 26.4 %		

Opportunities and Challenges for 2017-2018

- The most significant challenge for the 2017-18 academic year will be continuing with an interim administrative Director. Chris Durall will assume this role July 1, 2017. Chris has the respect and confidence of the SHC staff to lead this group, and he is still needed to run the PT department. Therefore, it will be most important to hire a permanent Director to lead this great team for the long-term future.
- With the hiring of a new provider and Medical Supervisor for the clinic in Dr. Abby Deyo, it will be important that she receive the support and guidance needed to enter into a college health setting. I am confident that this team will provide that needed support and we all welcome Dr. Deyo joining the SHC in October.
- We continue to have a significant need for psychiatric care. While we are understaffed in this area, continued collaboration with our contracted psychiatric providers and with the CTC staff will be essential. It is also my hope that the primary care providers will receive some continuing medical education on psychotropic medication.
- Continue to assess administrative and clinical needs of the SHC, thus resulting in clarification of roles among supervisors in the multidisciplinary team. Continue to develop and advance policies and procedures, with input from all relevant parties, and communicate these policies clearly to the entire staff.
- Continue to develop the interdisciplinary Eating Disorders Treatment Team consisting of providers from the CTC and SHC, and communicate how this team works to both clinical staffs.
- Continue to push ourselves to explore new and exciting ways to incorporate Inclusive Excellence ideals and standards into our daily work. The Division of Student Affairs has paid purposeful attention to this area in the past year and because the somewhat chaotic and transitional year at the SHC, there was less time and opportunity to move the group ahead in exploring how inclusivity looks in our day-to-day. It is of great importance that the new Director prioritize this goal and get input from all staff on what they see as most needed.
- Look for opportunities for staff to connect with other areas of campus, via outreach efforts, committee work, etc. with a dual purpose of increasing visibility and presence of SHC staff at various events on campus, as well as focus on preventative services, early detection and education.