



# studentHEALTH

Your campus health care experts.



**July 1, 2008 through June 30, 2009  
Annual Report**

*STUDENT HEALTH SERVICE*

# *ANNUAL REPORT*

*July 1, 2008 through June 30, 2009*

The University of Iowa

Iowa City, Iowa

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## **MISSION OF THE STUDENT HEALTH SERVICE**

The Student Health Service Mission is to provide quality healthcare, education and health promotion to enhance student learning and success.

## **VISION**

Maintain and enhance our role as healthcare experts and community resources.  
Anticipate and adapt to the evolving health needs of University of Iowa students.  
Foster an environment that contributes to the mutual satisfaction of students and staff.  
Explore and optimize space and technology.

## **VALUES**

- Empathy, compassion and understanding for patients and each other
- Quality of care
- Teamwork
- Communication
- Work-life balance
- Flexibility

## STUDENT HEALTH SERVICE LEADERSHIP

Here at SHS, we do not underestimate the value of our unique opportunity to impact the current and future health of our students. We constantly strive to improve the health of our student population by taking care of episodic and chronic illnesses and injuries while they are here, but also by providing the education and tools they need to set out on a path of health for their lifetimes. It is a huge responsibility and the core of our mission, vision, and values. It is our goal to be major contributors to student success. By improving students' health, we increase the likelihood of success in the classroom and beyond.

It was a very eventful year, with the implementation of Epic, the new electronic medical record for UI Healthcare. We had a dedicated team creating our content and training, and a hard-working group of staff super-users who assisted everyone in the weeks following the go-live in May. It has been both challenging and exciting to use such a powerful system, and I appreciate the effort everyone has put into this project. It was a big change and our staff embraced it with the usual positive attitude and determination to make it work for us. Dr. Marina Usacheva provided great leadership for the provider content, and Dom Mascardo, RN was instrumental in creating workflow for nursing documentation.

We continue to fine-tune our business processes on IDX, and are working closely with the Office of Admissions and the UI Benefits Office to streamline the activity surrounding the mandatory insurance policy for incoming students. We continued to work with the Department of Athletics in the provision of care to student athletes. Collaboration is key on everything we accomplish, and we certainly appreciate the support of colleagues across campus.

Our clinic continues to be busy and we are always exploring ways to improve what we do. Our patient satisfaction surveys are generally positive and make us proud of the work we are engaged in. There is always room for improvement and we are committed to thinking about every constructive suggestion we receive, trying to find a way to make things better for students. We continue to discuss how we might expand to the east side of campus in a satellite location.

In late spring, Dr. David Braun, the director at SHS, decided to pursue another professional opportunity in Illinois and left our clinic in early summer. He certainly brought energy and new ideas to our health service, and we wish him the best in his future endeavors. Interim leadership was named; myself as the Administrative Director, and Dr. Ann Laros, Medical Director. We are thankful to Tom Rocklin, Interim Vice President for Student Services and Dean of Students, for giving us this opportunity and for sharing his wisdom and insight with us. Dr. Dan Fick, Associate Chief Medical Officer for UI Physicians at the UIHC, and Campus Health Officer, has provided valuable advice and guidance for us in this transition. We also appreciate the support of the SHS staff as we continue to move forward in this new interim structure. We named other interim staff members, Mary Beth Kelch (Nurse Manager) and Tanya Villhauer (Associate Director for Health Education) who will be key in carrying on the important work of those two areas during this transition.

In the role of Associate Director for Clinic Operations, I had responsibility for direct supervision of the Scheduling and Nursing staff, our Lab Director, overall supervision of the Front Desk staff, and several Administrative staff. Mary Beth Kelch, the Assistant Nurse Manager in the clinic, continues to excel in managing the many aspects of daily nursing operations and is a great help to me. Tara Black, our HR Administrator, is into her second year here at SHS and is doing a stellar job. Her energy and initiative is great for our staff and for the students. Bob Harris is completing his 35<sup>th</sup> year with the UI and we constantly look to his wealth of knowledge to guide us with all laboratory issues. Kathy Prediger, our Performance Improvement Coordinator, is in charge of our performance improvement initiatives, and has skillfully prepared and led us through successful

accreditation surveys. She is working this year towards transitioning to a new accreditation for our health service, the Accreditation Association for Ambulatory Health Care (AAAHC). With that comes many challenges in revision of policies, creating new ones, educating staff on new standards, and preparing for a survey. Kathy has also been appointed as our representative on a Student Services committee to develop and assess learning outcomes for our clinic. Elaine Davis continues to lead the Business Office and our fiscal operations. The front desk crew is supervised by Nancy Ford. Nancy stepped up and took on this role in addition to keeping many of her duties as a Project Assistant. She does a great job with the front line staff and has been at the forefront of planning for Epic and going chartless in our clinic. Linda Abel and Rosalind Conrad, our administrative secretaries, help all of us keep this place running. They skillfully and compassionately work with students who come to us for assistance with health issues that affect their academics.

The scheduling area remains a busy part of the clinic. Mary Swihart, Bev Schneider, Karen Wilcox and Ronnie Chalupa are the scheduling crew. Mary Etre, Sherry Black and Janet Ripley are cross-trained to help in this area. Schedulers contribute actively to our clinic operations and I have found them to have great insight into some of the process challenges we occasionally experience in the clinic. Our schedulers are responsible for taking incoming calls, providing information, assisting students in the clinic with appointment scheduling, making appointments for patients in multiple clinic areas and with numerous providers and managing clerical duties for our psychiatrists. I have great respect for the challenging work they do every day.

- Total number of incoming calls: **46, 239**
- Average number of calls per month: **3,853**
- Highest volume month (October): **5,572**

Often, the first personal contact that students receive in our clinic is from the front desk staff. Sherry Black, Tracy Varcoe, Mary Etre, Janet Ripley and Jeanette Stewart, along with our student Laura Stillmunkes have the important job of greeting and checking in patients, and also provide assistance and answer questions from students who call or come to our clinic for general information. They prepare patient information for upcoming appointments and also have taken on the important task of scanning information and forms into the patient electronic medical record. They are great team players and participate actively on multidisciplinary committees, besides their daily collaboration with their fellow coworkers clinic-wide. Several are cross-trained to other areas in the clinic, such as business office and scheduling functions.

Respectfully submitted,



Lisa James, RN MSN  
Interim Administrative Director

## CHIEF OF STAFF

### Providers Responsibilities for 2008-2009

Chief of Staff:	Dr. Marina Usacheva
Administrative Committee	Drs. David Braun and Marina Usacheva
Pharmacy and Therapeutics:	Drs. David Braun, Eric Evans, Paul Natvig and Kathleen Wittich
Performance Improvement:	Drs. David Braun, Eric Evans and Ann Laros
Eating Disorder Network (New!):	Drs. Kathleen Wittich and Teri Kerkhoff
Transgender Initiative	Drs. Rebecca Chackalackal and Ann Laros
Health Information Management:	Drs. David Braun and Marina Usacheva
Medical Record Review:	Drs. Michael Schmidt and Eric Evans
Providers Chart Review:	Dr. David Braun
Lab Oversight Committee:	Drs. David Braun, Paul Baumert
Travel and Allergy:	Drs. David Braun, Rebecca Chackalackal
Staff Recognition and Activities:	Drs. Teri Kerkhoff and Renee Nydegger
Pediatric and Family Medicine	Dr. Rebecca Chackalackal
Residents Coordinator:	
Athletic Coordinator:	Dr. Paul Baumert
Preventive Health:	Dr. Teri Kerkhoff
Psychiatry Performance	Dr. Paul Natvig
Improvement:	
Women's Health:	Dr. Ann Laros
Liaison for University	Dr. Paul Natvig
Counseling Service:	
Health Iowa Consultants:	Drs. Rebecca Chackalackal and Joy Hudson
STI Committee (ACHA):	Dr. Ann Laros
Alumni Ambassador	Robin Hayward, PA-C
(U of I PA Program)	

### Board Certification and Affiliations

The University of Iowa Student Health Service physicians are all Board Certified in Family Medicine.

Robin Hayward and Heidi Ruhland, PA-C are NCCPA Certified Physician Assistants.

Dr. Paul Baumert is Board Certified in both Family Medicine and Sports Medicine.

Dr. Ann Laros is Board Certified in Obstetrics and Gynecology.

Dr. Hudson and Dr. Natvig are Board Certified in Psychiatry and Neurology.

SHS providers are affiliated with numerous local, national and international Health Organizations such as American College Health Association (ACHA), North Central College Health Association (NCCHA), American Academy of Family Physicians (AAFP) and others.

### Electronic Medical Records

In May of 2009 Student Health Service switched to a new electronic medical record (EMR) system called EPIC. EPIC is a powerful system used by many hospitals in the United States. Active preparation had started in advance at SHS in order to avoid any disruptions in patient care during and after Go-Live day. A multidisciplinary EPIC committee was formed at SHS in early fall of 2008 to coordinate the transition. Dr. David Braun and Dr. Marina Usacheva were SHS providers' representatives who served on the committee.

Anticipating potential challenges associated with the transition, our director Dr. Braun and the SHS EPIC committee decided to devote extra time to EPIC education and learning. EPIC super users (Dr. Braun, Dr. Usacheva, Dom Mascardo, R.N., Angie Lehman, RN, Lisa James, R.N.,

Kathy Prediger, Beth Cannell, Michael Blake, Nancy Ford) were actively involved in the process and acted as our own EPIC experts. In addition to basic mandatory UIHC training that took place in March-April of 2009, our clinic was offering an on-going complementary training to our providers and nursing staff. Brown-bag lunch conferences, monthly CME conferences in April and May, EPIC morning conferences for providers (monthly from November to March and then weekly in April) and staff meetings were dedicated to EPIC learning.

SHS EPIC committee members worked closely with the UIHC EPIC implementation team on customizing the system to satisfy our clinic requirements and needs. A comprehensive "Preference List", as well as more than 200 "Smart Texts" (84 note templates, 37 letters, 95 text blocks and phrases), 21 "Smart Sets" (problem-oriented sets of diagnoses, laboratory tests, educational links, medications) and other so called "EPIC Smart Tools" were created to make documentation and e-ordering process efficient and accurate.

On behalf of Student Health Service I would like to thank Dr. Vickie Sharp from EPIC Leadership team for her help and guidance in developing "Smart Sets". I would also like to specially recognize Alan Smith from Health Care Information System who was very creative and worked hard with Dom Mascardo and myself on building "Smart Texts". I would like to thank Kevin Cano, Robert Dills and Kathy Eyres from Health Care Information System at UIHC for their assistance in building our Preference List; Katie McElligott and Teresa Lane who helped us clarify multiple EPIC-related questions and coordinate the whole process. I would also like to acknowledge all SHS EPIC Committee members and SHS clinical and support staff for their dedication and patience during this transition. Changes are always difficult but we were proactive, prepared and did well.

### **Transgender Initiative (new this year)**

The Transgender Initiative came about due to concerns that many employees across campus are not sensitive to transgender issues. We realize that this is especially important in a health care setting and strive to make Student Health sensitive to all regardless of religion, national origin, sexual preference, gender, race or sex. Drs. Rebecca Chackalackal and Ann Laros from Student Health, Dr. Kelly Willson from the University Counseling Service and several transgender students were involved. Transgender students' concerns were heard at several meetings held at Student Health. The intent was to promote ideas that would make transgender students' health care experience both here and the community better. The first tangible outcome was a presentation given to all Student Health employees. There was an informational presentation and then a question and answer session. The second was a trans reference sheet that was created to be a resource for trans patients and those who guide and work with trans students. There were other intangible benefits from the meetings that include enlarging the trans friendly healthcare network and making it known to students that we take their concerns seriously. Our plan is to continue working together meeting on an as needed basis.

### **Education**

Student Health providers have been actively involved in the following educational outreach activities this year:

#### Sexual Health

- Dr. David Braun, "Sexpert" talks in 2 dorms
- Dr. Ann Laros, "Sexpert" talks in 2 dorms
- Dr. Rebecca Chackalackal, Transgender Initiative

#### Mental Health

- Dr. Paul Natvig, graduate counseling program



### Health Issues in Athletes

- Dr. Paul Baumert, Athletic Training Program
- Dr. Eric Evans, Athletic Training Program

### Peer Education

- Dr. Ann Laros, “Pap Update” CME lecture for SHS providers and nurses
- Dr. Ann Laros, “Contraceptive Quandries – “I want to be tested for everything (STI)”- presentations at the American College Health Association Annual Meeting
- Dr. Paul Baumert, “Concussion in Athletes” – CME lecture for SHS providers
- Dr. Marina Usacheva, “EPIC” staff meetings and brown bag lunch series for SHS providers and nurses
- Dr. Kathleen Wittich, statewide EDO college program development-Iowa State University

### **Preceptorship**

Student Health clinicians continue to provide shadowing experience to the First-Year Medical Students and Athletic-Training Students. Second-year Pediatric Residents rotating through our clinic are provided with opportunity to see patients and learn about College Health.

### **Eating Disorder Network**

Dr. Kathleen Wittich remains an acting leader of the Eating Disorder Network at the University of Iowa. This multidisciplinary group was formed in 2007 and consists of staff from SHS, Health Iowa, University Counseling Service, and UI Health Care. The Eating Disorder Network team coordinates care and provides assistance to U of IA students with eating disorders. This year The University of Iowa Eating Disorder Team participated in a State of Iowa Eating Disorder Symposium that took place at Iowa State University in Ames.

### **Athletic Coverage**

Student Health Service providers work closely with the University of Iowa athletes and the Athletic Department. SHS clinicians are all assigned to certain athletic teams. They offer guidance to athletic trainers and student athletes not only in the clinic, but also at the games, athletic training rooms and during team travel. Our staff also provides assistance with pre-participation physical exams for incoming athletes.

### **Summary**

The 2008-2009 year was difficult but exciting at the University of Iowa Student Health. We continue to maintain high patient satisfaction rates and provide state of the art care to our students. We very much appreciate the hard work and creativity of our director Dr. David Braun who led us through the EPIC transition, the nationwide economy crisis, and other challenges over the past 2 years. His decision to leave Iowa in July of 2009 surprised many of us but we truly wish him luck and success in his future career.

Respectfully submitted,



Marina Y. Usacheva, M.D.  
Chief of Staff

## HUMAN RESOURCES ADMINISTRATOR

My first full year at Student Health Service was a very rewarding experience. I have been able to apply the knowledge and skills I brought with me and learn new things along the way; all while working with a great group of people, in a great environment!

This past year I had the pleasure of preparing and presenting three staff in-services, they included: “Attitude – The Choice is Yours”, “Strategies for Handling Negative People”, and “Expectations Regarding Staff Attendance”.

**Attitude- The Choice is Yours** – This in-service focused on the reality that we each control our own attitude. There are so many things in life we have little or no control over. However, there is one aspect of our life that we do have the power to control, and that is our ATTITUDE! Having a positive attitude can bring about positive results at home and at work; results that can bring you happiness and success.

**Strategies for Handling Negative People** – Unfortunately, not everyone we come into contact with on a daily basis has a positive attitude. I designed this in-service to help employees deal with the negative attitudes of others. The presentation specifically focused on how we can remain positive while dealing with others who are negative. Being positive is a choice even when those around us have slipped into negativity.

**Expectations Regarding Staff Attendance** – The focus of this in-service was to educate staff on the proper use of leave benefits and the importance of regular attendance. An in depth description was provided to staff regarding Family Care Giving Leave and Family Medical Leave; two of the most misunderstood leave benefits. Staff members were asked to make reasonable judgments in their efforts to be at work, maintain regular attendance, and be fully engaged while at work.

My interaction with staff that came from presenting these three in-services was invaluable and helped me to learn a little more about the challenges facing the clinic. I very much appreciated the staff participation and interest in these topics. My hope is to offer additional staff in-services in the year ahead.

It was a busy year for recruitment and hiring this past fiscal year at Student Health Service. I had the pleasure of welcoming twelve new staff members to the Student Health Service team.

The new staff members included:

<b>Name</b>	<b>Position</b>	<b>Date of Hire</b>
Amy A’Hearn	Dietician II	09/02/2008
Stephanie Beecher	Graduate Assistant	08/20/2008
Ronnie Chalupa	Clerk III	08/25/2008
Rosalind Conrad	Secretary II	12/01/2008
Rebecca Garcia	Student Clerk	07/28/2008
Lindsey Gerhold	Student Clerk	06/10/2009
Divya Kunapuli	Student Clerk	06/19/2009
Erin Parker	Graduate Assistant	08/07/2008
Angela Reams	Counseling Coordinator	09/05/2008
Lindsay Sirowy	Graduate Assistant	08/20/2008
Amanda Truppe	Graduate Assistant	08/20/2008
Molly Webber	Student Clerk	01/21/2009

While we welcomed twelve new staff members, we said farewell to fourteen others.

My work continues on the migration from the Access database system currently used to monitor compliances to the new UIHC-HR system. The new UIHC-HR system has many features that increase efficiency, accuracy, and sustainability as they relate to employee compliances.

One of the most unique features is its ability to connect with ICON and automatically download completion dates when staff members have successfully completed the required compliance. This eliminates the need for a paper test, the test to be scored, data entry of each completion date, and the need to file a test in the personnel file. For these reasons, efforts were successful in adding current Student Health competencies to ICON, including: Environment of Care, Infection Control, and Age Specific training. The goal for next year will be to add Medical Emergencies to ICON, which is the last remaining annual competency to be added.

The possibilities appear to be endless with this new system and I look forward to making it work to the advantage of the clinic.

While the year ahead looks to be as demanding as the year behind, I welcome the challenges and look forward to a new year.

Respectfully submitted,

Tara Black  
Human Resources Administrator

## **BUSINESS MANAGER**

The Business Office staff consists of three Patient Account Representatives, and three student employees. Their responsibilities are vital as they collect our revenue. They respond to calls from parents, students, and insurance companies regarding billing and insurance payments. They also enter insurance information, submit insurance claims, process payments, and follow up on denials and unpaid claims.

The Coding Office consists of two Health Information Technologist IIs. They monitor charts and clinical notes for compliance and enter diagnosis and Current Procedural Technology (CPT) codes. They play a critical role at SHS as they are key for accurate reimbursement from insurance companies.

On July 9, 2008, we converted to the University of Iowa Hospitals & Clinics IDX billing system. We had considerable computer challenges which took a significant amount of time to overcome during the first year of implementation. However, the system is now more fully operational. There will be some enhancements implemented in the next fiscal year that will improve efficiency.

Student Health Service's funding is derived from the consolidated health fee (76%), fee for services (22%), and other (2%). The consolidated health fee was increased by \$4.00 from \$101.00 to \$105.00 per student per academic semester for 2008-09.

Fee for Services are as follows:

- Immunizations 36.3%
- Laboratory Services 25.0%
- Office Visits 22.3%
- Procedures 9.9%
- Health Iowa 3.2%
- Other 2.3%
- Medical Supplies 1.0%

Costs are as follows:

- Salary, fringe, and overtime 83.2%
- Pharmaceuticals 5.2%
- Services 4.6%
- Other 3.2%
- Office and medical supplies 2.3 %
- Wages (hourly) 1.0%
- Travel 0.5%

*R. Elaine Davis*

R. Elaine Davis  
Business Manager

## PERFORMANCE IMPROVEMENT PROGRAM

The Student Health Service (SHS) Performance Improvement Program provides a framework to promote safety and quality of care, improve patient outcomes, improve organization performance and reduce risk of adverse events. Performance improvement and patient safety are responsibilities of all employees. A multidisciplinary group of employees, the Performance Improvement Committee, meets quarterly to support the Performance Improvement Program. Meeting minutes are shared with all employees.

### **Quality and Safety Activities**

Quality and Safety enhancement was achieved through a number of initiatives. In FY09 the SHS leadership:

- Led a successful Joint Commission (TJC) Laboratory survey demonstrating continuing compliance with TJC national standards of health care quality and safety and federal Clinical Laboratory Improvement Act (CLIA) regulations.
- Began a self-evaluation of compliance with the Accreditation Association for Ambulatory Health Care (AAAHC) standards that focuses on patient safety and quality of care issues.
- Provided staff education on quality and safety issues through use of postings on the PI bulletin board and other areas of the clinic, emails, sharing of journal articles, annual competencies, inservices and discussion at meetings.
- Implemented the web based American College Health Association (ACHA) Patient Satisfaction Assessment Service (PSAS) survey. This survey not only allows us to continue to find out how we can better serve our students, but also lets us compare our student health center with others.
- Initiated the process of developing learning outcomes for our services that help us become more effective in helping students learn and grow. All employees were asked to participate in identifying ways in which the SHS contributes to student learning.
- Supported campus standards to promote a harassment-free environment by facilitating entire clinic employee completion of “Preventing Harassment” training a month prior to the deadline.
- Reduced use of paper and staff time by migrating annual education programs and inservice attendance into electronic format. Required education program due dates were migrated to winter and summer breaks for better resource utilization.
- Improved availability of clinic lab services by adding lab coverage over the noon hour.

Employees participated in performance improvement projects including but not limited to the following:

- Elimination of check out- The SHS visit process was made leaner by collecting information upfront at check in and eliminating the need for students to stop to check out at the end of the visit.
- Immunotherapy process-This proactive risk assessment was initiated in FY08 to identify potential risks and interventions to reduce the risks. Improvements implemented in FY09 included addition of a physician visit for new allergy patients, a fax machine to facilitate communication with allergists and educational wallet cards for patients.
- EPIC implementation and online ordering- After many years of planning, a new electronic medical record called EPIC, was implemented in May. Providers began ordering medications and tests online and nursing staff document order implementation in EPIC. This project will continue as new EPIC features become available, such as a patient portal, and as employees explore the most efficient way to utilize EPIC.
- Chartless project-The process of eliminating a paper medical record was in the planning stages in FY 09. The first phase, ceasing “pulling” paper medical records for clinic visits and scanning of paper health information will be initiated early FY 10.

- IDX billing transition-This multi-university department project started in FY08. Benefits include streamlined process for submitting claims and elimination of the checkout process with a long-term goal of more efficient and timely billing to insurance companies.
- Pap results project-This project was aimed at improving abnormal pap follow up rates and redesign cost. A phone call from nursing staff is made rather than initially sending a certified letter. Initial data indicated a reduction in certified letters by 50%.
- Great employee ideas were explored...not all could be implemented

### **Organizational Performance Indicators**

A new category was added to the existing four categories of organizational performance indicators for FY09. The category, Health Promotion and Learning Outcomes, will capture some of the existing key health promotion activities conducted by SHS. It will also highlight how SHS contributes to student learning beyond taking care of students' illnesses and injuries. This category will be expanded in the next year report. The other categories included: Customer Perception of Care and Services, Workplace of Choice, Care Delivery and Financial Performance. Each category had one or more associated indicators (measures). Fiscal year performance in comparison to the previous two fiscal years is displayed in the table on page 13.

The SHS Performance Improvement Program, under the oversight of leadership, was effective in meeting or exceeding fifteen of the seventeen organizational performance indicator targets and/or benchmarks. Data was not available for one of the organizational indicators. One organizational indicator does not have an established goal at this time. None of the indicators were outside of the target.

### **Evaluation of FY 2009 Performance Improvement Goals**

- Continued emphasis on enhancing quality through activities including:
  - Self-assessment of quality and safety of ambulatory care and laboratory services utilizing TJC Periodic Performance Review (PPR) tool and submission within required time frame.-**Goal met. The PPR was submitted and accepted.**
  - Conducting at least 15 Quality and Safety Rounds during the fiscal year.-**Goal partially met. Seven rounds were conducted. The rounds were suspended midyear and will resume as the clinic prepares for AAAHC accreditation.**
  - Implementation, improvement and evaluation of the Environment of Care, Medication Management, Infection Control and Patient Safety Programs.-**Partially met. All programs were implemented and improved upon. Formal evaluations of these programs were requirements of TJC and did not occur. These areas were evaluated through audits, quality improvement studies and event reports.**
- Continued emphasis on patient safety through activities including:
  - Implementation of TJC 2009 National Patient Safety Goals (NPSG).-**Partially met. Many of the goals were implemented in 2008 and carried forward into 2009.**
  - By January 1, 2009, develop a new tool for monitoring medication reconciliation that is consistent with the 2009 NPSG.-**Goal not met. Goal no longer applicable.**
  - Maintain documentation of the verification/time out process at 100%.**-Goal not met. Documentation of the process was present for 200/204 (98%) of the surgical procedures.**
- Focus on both internal and external customer perception of care and services:
  - Explore utilization of the ACHA Patient Satisfaction Assessment Service for data collection and comparison.-**Goal met. Survey implemented.**
  - Implement actions to improve patient survey scores above action level (85%) in the ease of getting care category. **Goal met- Average satisfaction score to *Ease of Scheduling an appointment that meets your needs* was 85.9% and exceeded the reference group average of 80.2%.**

- Improve teamwork as evidenced by 75% or more staff responding favorably to the annual staff survey item *Staff members at the SHS work as a team.*-**Unable to measure. Internal survey was not conducted due to participation in the Working at Iowa survey in fall 2008.**

#### **FY 2010 Performance Improvement Goals**

- Self-assessment of quality and safety of ambulatory care and health promotion services utilizing AAAHC standards and survey application process.
- Maintain laboratory Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate of compliance
- Resume and conduct at least five Quality and Safety Rounds during the fiscal year.
- Develop, measure and take action on at least two learning outcomes.
- Implement actions to improve patient overall satisfaction scores to above 90%.
- Review department data on the *Working at Iowa* survey and implement at least one action to increase staff favorable rankings.
- Emphasize employee modeling of proper hand hygiene and cough etiquette to students. Increase to 75% the students responding *yes* to the hand hygiene question on the ACHA PSAS.

#### **Patient Satisfaction**

This year the SHS migrated from the homegrown patient satisfaction survey to a national product, the American College Health Association Patient Satisfaction Assessment Service (ACHA-PSAS).



[http://www.acha.org/projects\\_programs/ACHA-PSAS.cfm](http://www.acha.org/projects_programs/ACHA-PSAS.cfm)

The survey gauges patient satisfaction and provides insight into the quality and performance of our clinic. It also allows the SHS to **compare results to other institutions nationwide in order to** determine whether the SHS is providing a standard of care on par with other college health services. **The survey results are displayed in a table on page 14. The SHS exceeded the reference group satisfaction scores for all categories. Some actions taken or planned to address survey results include creation of an educational health fee/insurance handout at registration, creation of a professional demeanor policy, staff hand hygiene education and participation in a UIHC hand hygiene monitoring pilot. Some comments received on the fall 2008 and spring 2009 survey included:**

*Really fast and thorough, also attentive and helpful.*

*I've used the Nurseline several times and I always get a very friendly nurse on the other side.*

*The nurse has always been thorough and helps me decide if I should make an actual appointment or not.*

*A very helpful learning experience.*

*Student Health is really a good place for the students. It is also affordable and convenient.*

*I originally was leery about using a university provided service, but after going there for a couple visits, I wouldn't want to go anywhere else.*

*Very professional and helpful care given, especially since my visit was a drop in.*

#### **Summary**

All SHS employees should be proud of their role in providing quality healthcare, education and health promotion to enhance student learning and success.

Respectfully submitted,

*Kathy Rediger*

Kathy Prediger RN-BC, MA, CPHQ  
Performance Improvement Coordinator



UNIVERSITY OF IOWA STUDENT HEALTH SERVICE ORGANIZATIONAL INDICATORS							
Category	Indicators		FY 07	FY 08	FY 09	Target/ Benchmark	Description
Customer Perception of Care and Services	Overall satisfaction with visit				89.9%	83% or >	Source: American College Health Association (ACHA) Patient Satisfaction Assessment Service Survey (PSAS). Students rated each item on 0-5 scale. 0= very dissatisfied/very unlikely 5=very satisfied/very likely. Percent of students responding 4 or 5 on fall and spring surveys. Benchmark is percent of reference group 4 or 5 scores for the fall and spring surveys.
	Likely would recommend SHS to another student				87.4%	81% or >	
	Satisfied with quality of explanations and advice given for your condition and recommended treatment				89.0%	82.8% or >	
Workplace of Choice	Staff retention rate			61.0%	65.0%	Not established	Percent of SHS staff employed >5 years at SHS, excluding student employees and graduate assistants.
	Employee satisfaction				Data not available at this time	70.8% or >	Percent of employees responding 5, or 6 on 1-6 (strongly disagree to strongly agree) scale to the statement "Overall I am satisfied with my job" on the Working at Iowa Survey. Benchmark ifs overall UI percentage.
			81.0%	91.0%	Not used in FY 09	90% or >	Percent of employees that agree or strongly agree that they are satisfied with their job on SHS internal staff satisfaction survey. Internal target.
Care Delivery	Physician chart review		0.4%	2.0%	0.6%	< 5%	Variation rate of internal physician peer chart reviews. Target is internally set
	Next Day Return Rate		1.8%	1.9%	2.8%	<5%	(Percentage of students that are seen on subsequent days for provider visits, excluding weekends/holidays)
	Significant procedure complications/infections		0.0%	0.0%	0%	5% or <	Percentage calculated from sum of the monthly internal Surgical/Gynecological Procedure Audits. Targets are internally set.
	Tissue not sent to pathology when indicated		0.0%	0.0%	0.5%	5% or<	
	Suture removal documentation		100.0%	96.3%	100.0%	95% or >	
	Communication of pathology results to patient		98.3%	98.3%	96.6%	95% or >	
	Consistency of Diagnosis		100.0%	100.0%	100.0%	90% or >	Consistency of SHS diagnosis and UIHC diagnosis for patients admitted within 48 hours of SHS visit (IDX-ADT-202-Y)
Financial Performance	Consistency between projected and actual revenue and expenses	Revenue	3.1% more	0.2% less	2.5% less	< +/- 5%	Actual income was ____% more/ less than projected
		Expenses	0.3% less	0.9% more	3.9% less	< +/- 5%	Actual expenses were ____% more/less than projected expenses
Learning Outcomes and Health Promotion	As a result of SHS visit, learned one thing to promote own health				74.2%	70.4% or >	Percent of 4 and 5 responses (0=very much no so 5=very much so) to statement "I received information during my visit that I will use to improve my health" on ACHA PSAS survey. Benchmark is reference group percentage on ACHA PSAS.
	Patient observation of health care provider use of hand hygiene				56.4%	47.9% or >	Percent of yes responses (on scale of yes, <i>not sure</i> and <i>no</i> ) to question "Did your health care provider wash his/her hands or use an alcohol based hand sanitizer?" on the ACHA PSAS survey.
	As a result of completing Alcohol Edu, engaged in lower risk, healthier decision making as evidenced by percentage reporting blackouts		37.0%	38.0%	32.0%	47% or <	Data from 2008-2009 AlcoholEdu post education survey item "During the past two weeks to what degree did the following happen to you when drinking or as a result of drinking?-Forget where you were or what you did. Percent reporting blackouts is the percent of students responding 3-7 on a 1-7 (never to always) scale. Benchmark is the "untreated" cohort from the 2004 Health Interests and Practices survey (ACHA) and 2005 College Alcohol Survey (Harvard School of Public Health) reports.

<b>Patient Satisfaction Survey (ACHA PSAS*) Results Compared Over Time and with Reference Group</b>			<b>SHS Fall 08</b>	<b>SHS Spring 09</b>	<b>SHS average FY 09</b>	<b>Reference Group average FY 09</b>
<b>Ease of scheduling an appointment that meets your needs</b>	Percent satisfaction		84.7	87.8	<b>85.9</b>	80.2
	Mean		4.35	4.42	<b>4.39</b>	4.21
<b>Amount of time needed in the health service to complete your appointment</b>	Percent satisfaction		82.7	81.3	<b>82.1</b>	74.7
	Mean		4.24	4.20	<b>4.22</b>	4.04
<b>Efficiency of check-in and check-out process</b>	Percent satisfaction		90.2	93.7	<b>91.6</b>	88.2
	Mean		4.47	4.56	<b>4.52</b>	4.45
<b>Friendliness, courtesy and helpfulness of the registration staff</b>	Percent satisfaction		86.2	86.2	<b>86.2</b>	84.2
	Mean		4.36	4.39	<b>4.38</b>	4.34
<b>Friendliness, courtesy and helpfulness of staff assisting your provider</b>	Percent satisfaction		89.9	92.1	<b>90.8</b>	89.5
	Mean		4.47	4.54	<b>4.51</b>	4.48
<b>The provider listened carefully to your concerns</b>	Percent satisfaction		94.0	92.5	<b>93.4</b>	88.8
	Mean		4.64	4.63	<b>4.64</b>	4.53
<b>Amount of time spent with the provider</b>	Percent satisfaction		91.5	88.7	<b>90.3</b>	85.5
	Mean		4.56	4.52	<b>4.54</b>	4.42
<b>Quality of the explanations and advice you were given for your condition and recommended treatment</b>	Percent satisfaction		89.4	88.5	<b>89</b>	82.8
	Mean		4.48	4.48	<b>4.48</b>	4.33
<b>I received information during my visit that I will use to improve my health.</b>	Percent satisfaction		73.2	75.6	<b>74.2</b>	70.4
	Mean		3.99	4.07	<b>4.03</b>	3.91
<b>Satisfaction with explanations given about payment and billing issues</b>	Percent satisfaction		68.6	72.2	<b>70.1</b>	66.7
	Mean		3.91	4.01	<b>3.96</b>	3.83
<b>Your confidentiality and privacy were carefully protected</b>	Percent satisfaction		95.2	96.0	<b>95.5</b>	92.7
	Mean		4.70	4.71	<b>4.71</b>	4.62
<b>Cleanliness and general appearance of the health center</b>	Percent satisfaction		97.6	96.8	<b>97.3</b>	94.7
	Mean		4.76	4.75	<b>4.76</b>	4.71
<b>Your overall satisfaction with your visit</b>	Percent satisfaction		90.1	89.2	<b>89.9</b>	83
	Mean		4.44	4.43	<b>4.44</b>	4.29
<b>How likely are you to recommend the health service to another student</b>	Percent satisfaction		87.2	87.7	<b>87.4</b>	81
	Mean		4.43	4.43	<b>4.43</b>	4.28
<b>How well did the provider address your pain</b>	Percent satisfaction		85.5	84.3	<b>85</b>	79.6
<b>Is the Student Health Center your usual source of care and/or primary care provider while enrolled?</b>	Percent Yes		86.4	89.7	<b>87.7</b>	87.1
<b>Did your health care provider wash his/her hands or use an alcohol based hand sanitizer</b>	Percent Yes		52.5	62.2	<b>56.4</b>	47.9
	Percent No		3.0	3.7	<b>3.3</b>	3.9
	Percent Not sure		44.5	34.1	<b>40.3</b>	48.1

\*American College Health Association Patient Satisfaction Assessment Service  
Percent satisfaction is percent of students rating item 4 or 5 on 0-5 scale

## **NURSING**

It has been another active and rewarding year for the nursing staff. We have kept very busy with activities both in the clinic and on campus, providing nursing services and education to students.

Our nursing staff is composed of:

- 10 Registered Nurses (RNs); most certified in College Health Nursing
- 7 Medical Assistants, four who are cross-trained to provide lab coverage
- 1 Nursing Assistant
- 1 Clerk III

### **Travel and Allergy (T/A)**

Jennifer Hamner, Linda Hruby, Dom Mascardo, and Gayle Nelson are RNs who provide leadership in this nurse-directed area. This clinic serves students who are planning travel abroad by providing vaccinations and destination-specific health information. In addition, we provide allergy injections for students in consultation with their local allergists and our SHS physicians. This is a very valuable service provided to students. The number of visits in Travel / Allergy decreased slightly this year.

- **Total Travel and Allergy visits:**  
**1,421**

### **Nurse Care Room (NCR)**

This nurse-directed room is staffed primarily by the RNs listed above and Deb Schultz. Students utilize this area of our clinic to meet health-related registration requirements, and to receive follow-up testing after visits with our providers. Nurses counsel students who are going on rotations regarding needed immunizations and assist with completing forms. We hold “walk-in” clinics in the weeks before early registration in the fall and spring, so that students can receive any required vaccinations, tests, or titres at their convenience. In the fall, we traveled to the athletic facilities and to various campus locations to provide flu vaccinations for students. Visits in the NCR decreased slightly this year.

Activities that take place in the Nurse Care Room include:

- Health requirements review and vaccinations
- Lab sample collection (blood draws, urine collection)
- Blood pressure monitoring
- Respirator mask fit-testing
- TB screening with skin tests and QuantiFERON-Gold blood tests
- Counseling and treatment of latent tuberculosis infection

- **Total Nurse Care Room visits:**  
**7,811**

### **Nurseline (Telephone Triage)**

An area of our clinic that is increasingly utilized is our telephone triage service, the Nurseline. The Nurseline is staffed by RNs only. Katie Cavanaugh and Peg Johnson direct activities in this area. The Nurseline staff functions in a critical role when our clinic appointments are full, ensuring that students who require urgent care receive appropriate and timely access to our clinic services. Many students and parents simply need to speak to a health care professional with questions and concerns, and the Nurseline RNs fulfill this important need. The Nurseline staff also perform the functions of handling prescription refill requests, informing patients of lab results, and assisting with contacting students exposed to certain types of communicable illnesses. The number of incoming calls to the Nurseline increased again this year, which has been the trend for the past several years.

Most frequent types of calls include:

- Requests for health information and guidance
- Requests for test or lab results
- Pharmacy refill requests and questions

- **Total number of calls:**  
**19,926**

### **Nurse Triage**

All RNs participate in the triage of patients as needed. Joyce Schultz is our primary triage RN in the clinic. She works closely with the providers to assure that patients get the level of care they need. The triage nurse performs a valuable front-line service to assess patients who are walk-ins, or who have urgent care needs and can not wait for an appointment later in the day. The triage nurse performs an assessment and determines the level of care appropriate to the individual's unique needs. This provides a much-needed patient care service when our appointments are full for the day, and assures that patients receive appropriate and timely care. Many patients simply need advice from a health care professional and ideas for self-care at home, and our RNs are well-suited to this role of assessment and patient education. The triage service has benefited both patient care and the efficiency of providers in our clinic.

### **Primary Care**

Our two primary care clinics are the hub of patient care activity. Team I consists of Dom Mascardo, RN, and medical assistants (MAs) Kymm Loeffler and Haley King. Team II consists of MAs Holly Frank, Ayantu Sultan, and Jumeke Ellis. Our upstairs clinic houses our women's health area in addition to primary care. Team III consists of Angie Lehman, RN, and MAs Katie Heick and Cindy Larson. Beth Cannell, Clerk III, and Teresa Brackett, NA, round out the group of dedicated staff members who contribute to the care of our patients. The nursing staff that work in these areas provide strong leadership in directing the efficient flow of patients through the clinic.

### **Blood-Borne Pathogen Exposure Program**

Joyce Schultz guides this important program in the clinic and on campus. She oversees the annual review and update of our program for education, protocol development, and follow-up of student exposure. All providers and RNs in the clinic are specially trained to care for students with a blood borne pathogen exposure (BBPE). Activities related to this program include:

- Collaboration with UIHC Emergency Treatment Center staff, UIHC Infection Control, Epidemiology, Deans of Health Science Colleges, University Employee Health Clinic
- Providing and updating information on the Student Health Service website
- Training and competency review for nursing and provider staff
- Tracking of blood-borne pathogen exposures in the UI health science student population

We continue to work closely with UI faculty and the UIHC Emergency Treatment Center in the timely evaluation and treatment of students with blood-borne pathogen exposures. We continue to explore ways to educate health science students and their supervisors/colleges on the importance of placing safety first, and encouraging them to seek timely follow-up should an exposure occur.

### **Blood-Borne Pathogen Exposures:**

July 1, 2008 through June 30, 2009

<b><u>Student Population</u></b>	<b><u>Reported Exposures</u></b>
College of Medicine	18
College of Nursing	4
College of Dentistry	21
College of Pharmacy	0
Other UI Students	1

Of these exposed students, 2 were initially started on a course of prophylactic antiviral medication due to source patient risk factors; no students required completion of the full course. Numbers of BBPEs in the College of Medicine and Dentistry are up slightly from last year. The other health science colleges remained stable regarding numbers reported.

### **Control of Communicable Disease**

Surveillance, prevention and control of infection in the Student Health Service and on the UI campus are the responsibility of the Associate Director, in consultation with the UIHC Department of Epidemiology, the Johnson County and Iowa Departments of Public Health.

Infection control activities include:

- Infectious disease exposure management, tracking and follow-up
- Providing required and optional immunizations to prevent disease outbreaks
- Providing education to the staff, students and parents regarding prevention and control of communicable illness

In the spring, we worked with University officials to assess and monitor the situation with novel H1N1 influenza in our community. We did not have an outbreak on our campus but were prepared to handle cases if they had presented. We always very much appreciate the assistance and cooperation from the University Housing directors, staff, Residence Assistants, and hall coordinators. They are great resources for us in detecting and managing communicable illnesses on our campus.

Each December, we report our meningitis vaccination rate for freshmen living in residence halls to the Iowa Department of Public Health. This is in compliance with Iowa legislation that requires us to provide information to all incoming students on meningitis disease and the vaccine, and to track the meningitis vaccination rate of all freshmen who live in our residence halls. Our meningitis vaccination rate for freshmen living in the residence halls was 63.6%, which is a stable rate from the year prior. We were pleased that the vaccination rate did not drop for our incoming freshmen, as we were unable to conduct our summer orientation meningitis vaccination clinics due to flooding on campus in June 2008. Students and their parents are much more aware of the need for vaccination against meningitis and are getting vaccinated before they come to the University. Of course we continue to promote this vaccine in our clinic and on campus, and strongly encourage meningitis vaccination for incoming students.

### **Tuberculosis Surveillance and Prevention Program**

Gayle Nelson, RN is in charge of this comprehensive program and collaborates and interacts with many other departments on campus, including the Office of International Students and Scholars, the Health Science Colleges, the UIHC Departments of Epidemiology and Internal Medicine, the University Hygienic Laboratory, and the Johnson County and Iowa Departments of Public Health. This program serves as a resource for other health services in Iowa and across the country. Protocols and materials developed by Gayle have been shared with other American College Health Association member organizations and ongoing collaboration with other Iowa colleges continues to validate the importance of this high volume SHS program. We are fortunate to have a graduate assistant, Erin Parker, who assists Gayle with data management, planning and implementation of TB-related activities. We are grateful to the VP for Student Services office for providing continued funding support for this graduate assistant position. We continue to be on the forefront of TB screening technology with the use of the QuantiFERON Gold (QFT-G) test for our international students. The QFT-G and other blood tests of this type detect TB exposure more specifically and accurately. It will eliminate unnecessary chest x-rays and treatment with antibiotics when they are not warranted.

The TB Surveillance Program is vitally important in protecting the health of our students on campus, in protecting their families, and our community citizens.

Activities of the TB Surveillance Program include:

- Immunization and TB screening for all incoming non-immigrant international students
- Annual TB screening and/or assessment of all health science students
- Screening travelers, such as students participating in study abroad programs
- Providing TB screening for student employment physicals
- Counseling and treatment of students with latent TB infection, exposure management and contact follow-up for students exposed to active TB disease
- Providing a model program, expertise and resources for other clinics and college health services across the state and the US

### **Educational Activities**

Our clinic leadership shows strong support for the provision of continuing education and professional development of the staff. Nurses have attended regional and national meetings of the American College Health Association (ACHA), in addition to local offerings related to college health, including women's health conferences, office nurse conferences, and other programs. Mary Beth Kelch, RN and Gayle Nelson, RN developed a poster on our work with international students and Mary Beth presented the poster at the ACHA national meeting in San Francisco in May.

The staff actively participates in the education of students from our own College of Nursing, and from Kirkwood's Medical Assistant Program. These students have done preceptorships with our nursing staff and experienced the fast pace of our college health setting. We value the opportunity to teach young people entering these health care professions, and our staff does a great job in this capacity.

Respectfully submitted,



Lisa James, RN MSN  
Interim Administrative Director



Mary Beth Kelch, RN BSN  
Interim Nurse Manager

## HEALTH IOWA REPORT

Health Iowa, the education branch of the Student Health Service, supports student learning through health promotion services aimed at helping students develop healthy lifestyles now and for their futures. Our health promotion specialists provided over 1000 individual consultations, and reached an additional 24,000 students through group workshops, academic courses, and campus-wide events.

This was a year of many changes for Health Iowa. In September we hired a new dietitian, Amy A'Hearn, and a new substance abuse prevention coordinator, Angie Reams, to replace Kathy Mellen and Ed Haycraft respectively, who left for other opportunities. Sarah Hansen, our Health Iowa Coordinator, also took a newly created position in the Office of the Vice President for Student Services at the end of June. We will miss her greatly!

At the beginning of the 08-09 academic year, we focused on developing outcomes around health and learning. Throughout the year we collected data surrounding these learning outcomes and are excited to be able to share the results in this report. We will continue to expand on these and incorporate them into all of the programs/initiatives that we do. The National College Health Assessment (NCHA) was administered to our UI students in March 2009 providing us with new data to work with for the next couple of years.

Health Iowa's focus continues to be two-fold: supporting individual students in their goals for healthy behavior change while cultivating a healthy environment in which individuals will be more likely to practice healthy behaviors.

### *Summary of Health Iowa Individual Consultations*

Area	# of consultations	Learning Outcomes/Notes
Tobacco Cessation	103	<ul style="list-style-type: none"> <li>○ <b>Outcome:</b> 86% of students (that completed the 3-month evaluation) developed a deeper understanding of their tobacco use and personal triggers</li> <li>○ <b>Outcome:</b> 86% of students (that completed the 3-month evaluation) decreased/quit their tobacco use.</li> <li>○ 45% cessation rate</li> <li>○ 29 students participated in the Nicotine Replacement Therapy (NRT) coupon program which provides reduced cost NRT</li> <li>○ NCHA data: 30-day prevalence of cigarette smoking – <b>Decreased 6.4% from 29.8% (2006) to 23.4% (2009)</b></li> </ul>
Stress Management	30	<ul style="list-style-type: none"> <li>○ This was a 100% increase from last year.</li> </ul>
Nutrition	419	<ul style="list-style-type: none"> <li>○ Many self-referrals utilize nutrition services after participating in a program provided by Health Iowa or seeing services described in the Event Tracker or on the Student Health Service website</li> <li>○ The most common reasons students give for making a nutrition appointment are (1) desire to lose weight or (2) wanting to eat healthier</li> <li>○ Students with eating disorders comprise</li> </ul>

		approximately 13% of nutrition visits, which is a decrease of 2% from last year
Fitness	166	<ul style="list-style-type: none"> <li>○ 9% of consultations are fitness testing</li> <li>○ 91% of consultations focus on motivation, goal setting, and behavior change</li> </ul>
Substance Abuse	285	<ul style="list-style-type: none"> <li>○ 84% – evaluations</li> <li>○ 16% – BASICS sessions</li> </ul>

Comments regarding individual consultations and resulting behavior change:

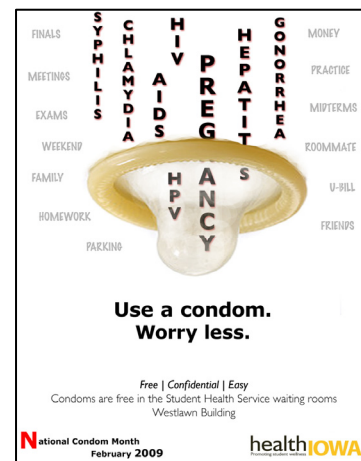
- *“I don't have any suggestions. I was very happy with my how my appointment with Amy went. She took my concerns seriously, even though I certainly didn't have a major health problem. I found it very helpful that she went through each and every thing I ate each day, then helped me find practical things I would ACTUALLY do to get enough calories each day. I recommended her to a friend as well.”*
- *“I think she's doing a good job of giving the information and help needed to change diet for the better (at least as much as she can; the rest is up to us).”*
- *It's a great service and I'm glad I've discovered it. I have already recommended it to other colleagues.*
- *The fitness specialist was very knowledgeable and gave great advice. I recommend a visit to all of my friends!*
- *The fitness specialist is fantastic. She is knowledgeable, empathetic, supportive and genuine. She is gifted at her job and I appreciate her hard work.*
- *I want to say thank you! I would have never been able to quit if I had not been able to receive the help that I did.*

#### *Collaborations with campus and community*

Health Iowa has maintained and expanded many collaborative projects over the past year.

#### ***Sexual Health Education***

Sexual health education presentations reached 270 participants this year. This number is down from previous years due primarily to the “Ask the Sexperts” sessions. We offered 3 sessions the last couple of years and they were required for students to attend. This year they were not required for students and we only presented in two locations, thus we reached only 45 students compared to 850 last year. For the sixth year in a row, Health Iowa took a team to downtown Iowa City during National Condom Week and distributed approximately 2500 condoms at 9 local bars.



#### ***Nutrition***

Outreach presentations attracted many students. Over 1100 students received nutrition information via classroom lectures and presentations. This is a 45% decrease over the previous year due to personnel changes. On-campus presentations were again provided to a variety of groups. Athletic teams continued to provide nutrition programs to athletes. The interests were transitioning to eat on their own, pre and



post nutrition as well as a diet analysis. Greek organizations requested presentations regarding topics such as healthy eating, eating disorders and body image. Residence halls requested programs and the “dine and learn” session was again provided this year at Burge Dining Hall. The Health Fair and Health Expo also provided an opportunity for outreach. Displays focused on Calcium and Vitamin D, National Nutrition Month, portion sizes and Eating Disorders Awareness Week.

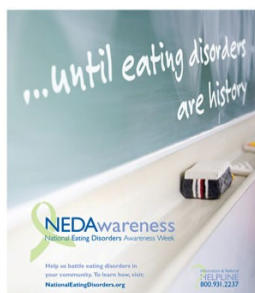
In addition to individual and nutrition outreach programs, new projects have begun in the past year. The “Toilet Paper” has become a common site in the Field House, Student Health Service, Eating Disorder Unit at UIHC, Pi Beta Phi and the UI Library bathroom stalls. This monthly publication has a wide range of health topics, health resources, upcoming health events and eating disorder resources.

The Eating Disorder Networking Group continues to meet infrequently. This group is directed by Student Health Service physician Dr. Katherine Wittich. Dr. Wittich, Dr. Eva Schoen and Amy A’Hearn meet bi-weekly during the school year for student case conferences.

The Campus Recreation and Wellness Center (CRWC) Café project is underway. Under the leadership of Megan Moeller, UI Wellness Coordinator; the CRWC Café committee was formed to provide guidance in the food choices available at the new CRWC Café and possibly vending locations. A white paper was developed by this group to establish nutritional recommendations for the CRWC.

### **National Eating Disorder Screening Program & National Eating Disorders Awareness Week**

The Student Health Service web site continues to provide anonymous eating disorder screenings. Over the past year, 89 individuals completed the screenings which has slightly decreased since the previous year. This year, same as last year, 70% of students screened positive. Screening cards continue to be available that promote the web site as well as community resources. The Student Health Service web site contains information on how to seek treatment, resources offered at Student Health and how to help a friend who may have an eating disorder.



The theme for this year’s National Eating Disorders Awareness Week (NEDAWeek) was *...until eating disorders are history*. The goal of NEDAWeek was to help educate and make individuals aware of eating disorders. A table at the Main Library and the Hillcrest and Burge Residence Halls also provided information, Love Your Body Week ribbons and a jeans-giveaway box for the “Be Comfortable in Your Genes” campaign. The table display provided information on body image, how to help a friend and intuitive eating. A presentation was also coordinated by Alpha Epsilon Phi again this year. The title this year was “Mirror, Mirror: Get Real About Body Image and Eating

Disorders.” Dr. Schoen and Robin Peterson, both of the University Counseling Service, presented. Over 100 women attended the event.

Dr. Wittich, Amy A’Hearn, Lindsey Sirowy and Renae Knox visited Iowa State University to meet with other college health professionals regarding eating disorders. Treatment plans were shared and networking was done. The goal for the group is to continue to meet annually and work on strategies for care, share tips, policies and possibly create a coalition for the state.

Nutrition services are an asset to students, providers, and the community. Individual consults as well as programs are an effective way to meet the nutrition needs of the University of Iowa community.

## Campus wide events

### Summary of Health Iowa Campus Wide Events/programs

Event/Program	# of participants	Learning Outcomes
Health Expo	800	<ul style="list-style-type: none"> <li>○ <b>92% of students</b> (n=295) reported a better understanding of the relationship between behaviors &amp; overall health.</li> <li>○ <b>95% of students</b> (n=295) reported that they will make decisions to engage in healthy behaviors.</li> <li>○ <b>70% of students</b> (n=295) were able to write one specific thing they learned at the event.</li> </ul>
Health Links	144	<ul style="list-style-type: none"> <li>○ <b>93% of students</b> (n=47) reported that they will make decisions to engage in healthy behaviors.</li> <li>○ <b>70% of students</b> (n=47) were able to write one specific thing they learned at the event.</li> </ul>
UI Student Health Fair	2500	<ul style="list-style-type: none"> <li>○ <b>82% of students</b> (n=339) reported that they will make decisions to engage in healthy behaviors.</li> <li>○ <b>91% of students</b> (n=339) were able to write one specific thing they learned at the event.</li> </ul>

**Health Expo:** Health Iowa/Student Health Service collaborated with University Housing and Dining Services to hold the Health Expo event at Burge and Hillcrest residence halls. The event is tailored to meet the needs of first year students to help them start their experience at Iowa with healthy behaviors. Interactive displays were available for topics such as alcohol, fitness, nutrition, stress, sexual health, body image, and smoking cessation. Approximately 800 individuals participated in Health Expo.

**Health Links:** We offered the popular “Health Links” program again for students last Fall 08. This is a large-scale health behavior on-line incentive program that challenges students to build a healthy lifestyle by participating in healthy behaviors in all dimensions of wellness. Activities include anything from setting aside 20 minutes for a brisk walk around campus, trying out a new relaxation technique, picking up trash on the way to class, or giving a loved one a massage. Those participants that successfully completed 93 Health Links over the 31 day contest period were placed in a drawing for prizes. Of the 214 that registered, 144 completed the program.



**Health Fair:** The annual UI Student Health Fair was held in March at the UI Field House. The fair was well attended with approximately 2500 participants. Over seventy exhibits were on hand to provide educational materials and health screenings through a wide variety of creative displays. Three hundred and thirty nine evaluations were completed and 100% of participants rated the fair as good or excellent. Students also appreciated the variety of information available at the event with 98% rating the display topics as good or excellent. This year’s fair also included a “Wellness Action Plan” component that asked participants to focus on one to three stage-specific behavior change strategies. Sixty-four individuals participated in the Wellness Action Plan. A follow-up email was sent two weeks later to each Action Plan participant with a supportive message and a list of campus health resources.



### ***Physical Activity***

Health Iowa conducted a variety of physical activity and fitness programs to help students initiate and maintain a physically active lifestyle. Individual fitness appointments served 166 students. Outreach activities that included on-campus fitness assessments and educational screening activities reached over 3,250 individuals.

#### Outcomes:

- 66% of students indicated that meeting with the fitness specialist helped them to increase their physical activity participation.
- 56% of respondents indicated that they were satisfied or very satisfied with their current physical activity level 3+ months after meeting with the fitness specialist.

For the third year, Health Iowa provided a running training program in preparation for the annual RiverRun event. The program was implemented by a student services graduate practicum student. Fifteen training captains were recruited to serve as peer leaders for the activity sessions. 107 students registered for the program and 46 students participated in the training sessions and 29 students attended at least 4 of the 8 training sessions.

#### Comments from participant evaluations:

- *I found some more people I could run with in Iowa City.*
- *Running with a group of people helped me be more motivated about running.*
- *Most helpful parts of the River Run Training program included steady motivation, running in a group, motivated instructors, and information about food and running.*

### ***Incentive Programs***

Health Iowa continued our commitment to maintaining an active and accurate web page with the anonymous question and answer service, now over 1000 questions strong. Web-based programming continues to be a focus, as it provides 24/7 real time access to accurate and credible information for our students.

**Passport: Round Trip to Health** - Web-based programming continues to be a popular choice for receiving health information and programs.

Passport: Round Trip to Health was implemented for the third time in the spring semester. Over 1000 individuals registered for the program, up from 950 last year. 622 individuals earned at least one point and 379 participants met the goal of the program (61%).



End of program evaluations (n= 196) indicate that ~ 95% of respondents stated that the Passport program motivated them to increase their physical activity and eat a healthy diet. 84% of respondents indicated that they increased their physical activity level and modified their eating habits as a result of the Passport program.

#### Comments from participant evaluations:

- *I did really enjoy the program. I feel that overall it made me really conscious of the activities I was participating in (or not participating in) and what I was eating.*
- *This program really made me want to stay focused, and accomplish all of the goals.*
- *The passport program for me was a good way to track my activity and eating habits throughout the 6 weeks.*

- *Thanks – a couple friends and I participated and during training decided to continue training for a spring triathlon. I'm not sure if we would have made that decision if it were not for the Passport program.*
- *Great program to join to help motivate you to get in shape. It was really positive.*
- *It was a good motivator for me. I had gotten off track with the holidays and traveling so this was a good way for me to get back into things!*
- *Thank you for doing this. It was perfect timing with New Year's resolutions and my own desire to finally do something about my health. Until now I have been very focused on my diet (vegetarian) but haven't made the time to work out. This really helped me stay on track.*

### ***Substance Abuse Prevention***

Substance abuse remains the number one health issue facing our campus/community. Angie Reams, former Director of Student Services Campus and Community Relations and AlcoholEdu Administrator, joined our staff in September in the role of Substance Abuse Prevention Coordinator as Ed Haycraft accepted a position with the Iowa City Veterans Administration. Health Iowa staff members continued to play leadership roles in this issue in a variety of ways by maintaining and collaborating on educational programs to different organizations and departments across campus, participating in the Partnership for Alcohol Safety and the Alcohol Fine Fund, serving as planners and trainers for the Iowa Edge Peer Leader program, administering and evaluating AlcoholEdu, and collaborating to create a more centralized referral process between the Office of the Vice President for Student Services, UIHC, and Health Iowa.

AlcoholEdu completed its third year with excellent compliance (100% of students completed) and substantial glimmers of hope – students who completed AlcoholEdu had fewer hangovers and blackouts, and had fewer Emergency Treatment Center transports for alcohol issues. Students learned about making healthier choices (53% increase in exam score from pre-to-post) and translated that knowledge into behavior by making lower-risk decisions. They also accepted and supported non-drinkers more than those who did not complete the program. Early data from the National College Health Assessment survey implemented in spring found that students who completed AlcoholEdu participated in less risky behaviors when using alcohol than students who had not taken the course (seniors and transfer students). This included lower rates of blackouts, less regretted actions, and lower high risk drinking rate.

Still, far too many of our students experience negative consequences as a result of their alcohol or other drug use. Health Iowa continued to add new educational substance use related programming to meet the needs of these students. Electronic Check-Up To Go (eCHUG), an online alcohol behavior assessment, was added as an additional residence hall education program in the fall with the addition of Angie Reams to the staff. eCHUG is used for students who have either taken the Alcohol Education Workshop or had an upper level violation in the residence halls, but do not necessarily meet the criteria for enrollment in the Seminar on Substances course. In Fall 2009, these appointments will be scheduled through the clinic and charged a \$25 fee. The Alcohol Skills Training program, a group format focusing on environmental factors, health risks, and personal decisions, was added during the fall semester as a requirement for all fraternities and sororities due in part to a recommendation from the NPower Implementation Team. At this time, only 9 of 33 chapters have yet to complete the program and will be required to complete it by October 2009. Statistics on knowledge and behavior outcomes are still being compiled, but early results show promise.

Planning for additional initiatives took hold in the spring with proposals for primary care screening of all students and a new online health screening for the sophomore class. The primary care screening will be implemented in July by nursing staff asking three questions related to alcohol use and providing either a

healthy use information card or a card with risk information listing substance use services available at Health Iowa, depending on the screening.

The online health screening for the sophomore class will be a voluntary, incentive-based pilot program to screen for high risk behaviors and provide prevention and early-intervention education. Violation-related statistics show that the sophomore class is at a higher risk for alcohol use than other classes at the UI. The screening will involve looking at high risk alcohol use along with other high risk behaviors in mental health, nutrition, stress, tobacco, and physical fitness. Students meeting criteria for high risk behaviors will be contacted and invited or referred to meet with a specialist in their high risk area. Students meeting high risk criteria for alcohol use will be invited to participate in the Brief Alcohol Screening and Intervention for College Students program (BASICS). Students who follow through with completing the program will receive an incentive.

The Marijuana Information Series (MIS) served 44 students this year. Over 45 students participated in the evidence-based (BASICS) this year. eCHUG served approximately 44 students this year. Over 300 students each completed the Alcohol Education Workshop (AEW) and the Seminar on Substances (SOS).

### ***Healthy Living Network Living Learning Community***

The Healthy Living Network (HLN) was launched in Fall 2008. Our Graduate Assistant – Steph Beecher worked closely with the Resident Assistants and Hall Coordinators in providing programs/activities throughout the year. All three of the departmental partners – Recreational Services, Health & Sport Studies and Health Iowa played key roles

in this year’s events. Residents of the HLN were encouraged to take one of the following academic courses: Team Building Challenge, Alcohol & Your College Experience and Resiliency &

Your College Experience. In addition, many other educational opportunities were made available – Exploring Majors panel, Sexopoly, Relaxation Stations, Snack ‘n’ Study groups and Fitness Assessments. A bi-weekly newsletter was also written and distributed by Steph. Outcomes for the first year were promising. Residents generally agreed that as a result of living on the floor they were applying what they were learning to make healthier decisions (4.0/5.0 – on a scale from 1=strongly disagree to 5=strongly agree), that activities were beneficial (3.8/5.0) and that the newsletter provided useful information (3.7/5.0). We look forward to year two as we have learned many lessons this past year.



### ***Health Ninjas***

The Health Ninja program held steady this year with about 35 individuals trained. Health Iowa supported the Health Ninjas through training in the areas of leadership, interpersonal and communication skills, and health resources. The UI Parents Association again provided additional funding for training and recognition materials for our Ninjas. Outcomes primarily focused on individual change at the ‘ninja-level’. Results indicated that trained Ninjas feel more comfortable and skilled at addressing health issues with their friends. There were 26 peer interactions documented on Iowa Courses Online, which is down from last year. It has been a challenge for Ninjas to attend trainings and to recruit new Ninjas. We are excited to have a new project for them to focus on for this up-coming year - the “Red Watch Band” program. The purpose of this program is to provide campus community members with the knowledge, awareness, and skills to prevent student toxic drinking deaths and to promote a student culture of kindness, responsibility, compassion, and respect. Our Health Ninjas will facilitate the training in CPR/AED and medical emergencies specifically in relation to alcohol over-consumption.

#### Health Ninja interactions:

- *My friend had a horrible night Wednesday night dealing with a bad break up with a boyfriend. Thursday she was really sad, so to help her out and get her mind off of things, I asked her to go on a walk. She got some exercise, got to vent to me about how she felt, and ended up feeling a little better.*
- *A friend of mine confronted me about not wanting to drink but everyone else was going out that night. He said he would rather still go out but not drink. I said that was probably the best idea, especially because he had an early class the next day. I think even at our age peer pressure can be a problem and all you really need to do is hear the same advice you're thinking in your head from someone else.*
- *A friend and I conversed over dinner about how we eat three block meals a day. We discussed how the typical mindset is to have breakfast, lunch and dinner in larger portions respectively. I suggested an alternative idea where the meal sizes are reversed (breakfast is the largest meal and dinner is the smallest). I explained that when someone wakes up, they have essentially been fasting for the duration of their sleep which is why the meal is called break-fast and that after dinner most of us aren't very active and digesting food requires energy which might even causes troubles getting to sleep. I also suggested that small, healthy snacks were a good way of getting energy and preventing gorging on food at the three main meals. I think that my friend was very receptive to the idea.*
- *Lots of people comment on how I always have water with me. I told them that it is important to stay hydrated throughout the day and that it is a good idea to drink some water when you are hungry to make sure that it is really hunger that you are feeling, instead of thirst. Many times if I don't drink enough fluids, I think that I am hungry when I'm actually just thirsty. I also explained that it is really important to drink lots of water, especially when drinking caffeinated beverages, which can dehydrate you.*

**Collaborative Relationships:** The following is a list of some of the training, service, and professional development activities in which Health Iowa staff participated over the past year.

#### Training/Teaching/Publications/Committee Work:

- Adjunct Faculty in the Department of Health and Sport Studies, College of Liberal Arts and Sciences (3 staff members)
- Adjunct Faculty in Student Development in Postsecondary Education, College of Education
- Courses
  - 28:144 Peer Health Education n=17
  - 28:148 Practicum in Health Promotion n=9
  - 28:020 Alcohol and Your College Experience n=46
  - 28:021 Tobacco and Your College Experience n=28
  - 409:109 Career Leadership Academy n=12
- Assessment Council, Office of the Provost
- Orientation Advisor Selection Committee
- UI Parent Orientation: *"Staying Healthy, Keeping Safe"*
- Trainings/Orientations for: College of Dentistry, P.E. Skills, Hall Coordinators, Resident Assistants
- Student Success Team Committee Chair/Member
- Alcohol Fine Fund Committee
- CAFÉ Johnson County – Chairperson
- Campus Recreation and Wellness Center Planning Group
- Partnership for Alcohol Safety
- Iowa Edge Planning Committee and Peer Leader Training Committee

- Late Night at Iowa Committee
- Anti-Violence Coalition
- Student Services Judicial Program Associate Search Committee
- Johnson County Health Improvement Planning Committee
- Integrated Health Management Advisory Group
- Behavioral Health Work Group
- Physical Activity/Nutrition Work Group
- Mindfulness Advisory Committee
- Student Organization Review Committee
- Johnson County Obesity Prevention Group
- Goodman, K.M., Martin, G.L., **Reams, A.A.**, & Pascarella, E.T. (2009). New evidence on the link between alcohol use and college outcomes. Paper presented at *American College Personnel Association Annual Meeting*, in Washington, D.C. at the Gaylord National, March 30.  
Paper submitted to the *Journal of College Student Development* for publication and waiting response.

As I embark on a new adventure in my new role, I feel very fortunate to be supported by very talented professional staff and an excellent group of graduate students and student workers. I am looking forward to many new challenges and opportunities in the coming year.

Respectfully submitted,



Tanya Villhauer, M.A.  
Interim Associate Director for Education  
Interim Health Iowa Coordinator

## ALCOHOLEDU 2008-2009 KEY FINDINGS

AlcoholEdu 2008 cohort was compared with previous freshmen cohorts that had not taken AlcoholEdu  
AlcoholEdu Students:

- Had fewer hangovers
- Had fewer blackouts
- Had fewer ETC transports

Healthy Campus:

- 71% of students reported they intend to “support the choice not to drink”

Obtaining Alcohol and Location:

- 43% of students reported mainly drinking at an off-campus residence
- 35% of students reported mainly drinking at a bar or restaurant (the majority of freshmen at the time of the survey are 18 years old so cannot legally enter downtown bars after 10 pm)
- 9% of students reported drinking in an on-campus residence
- 3% of students reported drinking at an outdoor event, i.e. tailgating
- 2% of students reported drinking in a fraternity/sorority house

Instances of Drinking:

- |  |   |
|--|---|
| • Survey 1 (taken prior to arriving on campus) | • Survey 3 (taken at the end of the course) |
| ○ Non-drinkers 51%                             | ○ Non-drinkers 36%                          |
| ○ 1 or more drinks 49%                         | ○ 1 or more drinks 64%                      |
| ○ 5 or more drinks 36%                         | ○ 5 or more drinks 50%                      |
| ○ 10 or more drinks 12%                        | ○ 10 or more drinks 21%                     |

Many students coming to Iowa have already engaged in many high risk behaviors.

By the summer of their senior year:

- 59% have chugged alcohol
- 73% have taken shots
- 60% have chosen a drink containing a higher alcohol percentage
- 62% pre-gamed (drank before attending a game or event)

AlcoholEdu Students:

- 66% reported engaging in protective behaviors
- 43% indicate changing or thinking about changing their drinking behaviors
- 81% of students reported their current understanding of BAC will change the way they consume alcohol
- 91% of students reported AlcoholEdu assisted in preparing them to express concern to someone about their alcohol use
- 90% of students reported that as a result of taking AlcoholEdu they learned new facts about alcohol

The University of Iowa implemented AlcoholEdu for the third time in Fall 2008 requiring all incoming freshmen to complete the course for continued enrollment. AlcoholEdu for College is an objective, science-based, online alcohol prevention program designed specifically for college students as the cornerstone of a comprehensive campus prevention program. The purpose of AlcoholEdu for College is to prevent or reduce alcohol-related problems among college students while providing schools with a statistically accurate description of the alcohol-related attitudes, experiences, behaviors, and health education needs of their students.



Partners in this endeavor included: The Office of the Vice President for Student Services, The Office of the Provost, Student Health Service/Health Iowa, University Housing, The University of Iowa Parents Association, Admissions/Orientation, Women's Resource and Action Center, Office of the Registrar, Academic Advising, Athletics, Information Technology Services, and Academic Technologies.

#### Participation:

There were 4,199 students eligible to participate in AlcoholEdu and all completed the course by the start of spring semester.

Not all students are included in the dataset due to age restrictions and completion after the first deadline.

Included in the dataset are 3,657 students who completed part I of AlcoholEdu by August 22, 2008.

#### Knowledge Gains:

53% increase in the mean score from the pre-test to the exam

Almost three-fourths of drinkers reported that the course changed the way they perceive other students drinking

#### Experience with AlcoholEdu:

76% of students reported that AlcoholEdu prepared them to help a friend or acquaintance in situations where they have identified an alcohol overdose

#### Custom Link Usage:

We are able to add custom website links in the course, such as links to pertinent UI information. The links included in the course are:

Office of Student Life

Residence Hall Organizations

Sexual Harassment website

Civic Engagement Program

University Counseling Service

RVAP

Operations Manual on Sexual Harassment Policy

University Housing Guidebook Policies

UISG

Public Safety

Student Health Service

UI AlcoholEdu website

WRAC

Five links used most often in the course in rank order: University Housing Guidebook Policies, Student Health Service, Civic Engagement Program, Office of Student Life, and University of Iowa Student Government.

#### College Effect:

Research shows that the transition to college is regularly associated with significant increases in drinking, heavy-episodic drinking, and high-risk drinking behaviors, and with reductions in abstention and protective behaviors. This transition -- the College Effect -- reflects the immersion of new students into the developmental and social context of college. When interpreting alcohol-related behaviors among our first-year students it is important to consider the influence of the College Effect.

As expected, the 2008 AlcoholEdu cohort experienced an increase in drinking behaviors from the summer of their senior year to the fall of their freshmen year at Iowa, illustrating the College Effect. However, when compared with other past 'untreated' freshmen cohorts (prior to AlcoholEdu implementation) the current cohort experienced fewer negative consequences and a decrease in some risky behaviors.

#### **Evaluation Plan for AlcoholEdu – First Year students**

Highlighted boxes = result is statistically significant at  $p < .05$

*Note: For a difference to be statistically significant at the .05 level, the two confidence intervals must not overlap.*

Outcome	2008-09	2007-08	2006-07
<u>Process Outcomes – Completion and Discussion</u>			
At least 85% of incoming students will complete the course within the required timeline.	92%	98%	96%
At least 85% of RAs will report having discussed AEdu with their floor members.	Still obtaining data	72.4% reported discussing 24.1 did a formal program or event	67% reported discussing 8% did a formal program
<u>Health outcomes, based on Healthy Campus 2010 and AlcoholEdu content – Negative Consequences</u>			
Reduce the proportion of students who report hangovers by 5% (2004 Health Interests and Practices data (HIP) data/2005 Harvard data, 65% of first year students report hangovers, 95% Confidence Interval: 55-69%)	38% (95% CI: 37-41%)*	46% (95% CI: 44-48%)*	50% (95% CI: 48-52%)*
Reduce the proportion of students who report negative consequences as a result of their own or another person's alcohol use by 5% (2004 HIP data, 64% of first year students reported at least one negative consequence as a result of drinking, 95% Confidence Interval: 57-70%)	63% (95% CI: 63-65%)	54% (95% CI: 53-56%)*	67% (95% CI: 66-69%)
Reduce the proportion of students who report blackouts by 5% (2004 HIP data, 47% of first year students reported blackouts, 95% Confidence Interval (CI): 41-55%)	32% (95% CI: 30-34%)*	38% (95% CI: 36-40%)*	37% (95% CI: 35-39%)*
Reduce the number of first year students transported to the ETC from the residence halls	14 students transported, Fall 2008	7 students transported, Fall 2007	29 students transported, Fall 2006
<u>Behavioral outcomes – Heavy drinking, risky behavior, and protective actions</u>			
Reduce the proportion of students who report that they drove after drinking alcohol by 5% (2004 HIP data, 17% of first year students reported driving after drinking, 95% CI: 14-24%)	8% (95% CI: 7-9%)*	15% (95% CI: 14-16%)	12% (95% CI: 11-13%)*
Increase the proportion of participants who report engaging in protective behaviors by 5% (2004 HIP data, 77% of first year students reported practicing at least one protective behavior, 95% CI: 70-82%)	66% (95% CI: 64-68%)	62% (95% CI: 63-66%)*	59% (95% CI: 57-61%)*
Reduce the percentage of students who report consuming 5 or more drinks on average by 5% (2006 HIP data, 58% of first year students reported having 5 or more drinks on average in one sitting, 95% CI: 54-61%)	50% (95% CI: 48-52%)*	48% (95% CI: 46-50%)*	

### Comparison Reports – Carnegie Class

The comparison data with our Carnegie institutions indicates students coming to the University of Iowa have more permissive or accepting attitudes toward underage alcohol use, drinking alcohol, and getting drunk than students enrolling at other institutions. In addition, UI students indicate a stronger preference for attending

events that include alcohol or where people will be drinking, while students at other schools report higher comfort and preference for non-alcohol centered events. The shaded boxes below indicate areas we appear to be substantially different than other institutions.

	<b>Iowa</b>	<b>Carnegie Institutions</b>
<b>Students Acceptance of:</b>		
Drink underage	76%	68%
Get drunk on school nights	37%	32%
<b>Students Attitude toward Drinking:</b>		
I don't like being around others who are drinking	53%	60%
Drinking is never a good thing to do	10%	15%
Drinking is all right but a person should never get drunk	17%	24%
Occasionally getting drunk is okay as long as it doesn't interfere with academics or other responsibilities	66%	54%
Occasionally getting drunk is okay even if it does interfere with academics or other responsibilities	4%	3%
Frequently getting drunk is okay if that's what the individual wants to do	3%	3%

Respectfully submitted,

Angela Reams,

## PSYCHIATRY

The Psychiatry section of the Student Health Service consists of two Psychiatrists providing 1.5 FTE of service. The majority of that time is spent providing direct clinical care. Referrals to the Psychiatry section come from a variety of sources including the general clinic, University Counseling Service, the Vice President for Student Services office, the University of Iowa Hospitals and Clinics, and self referral.

For the 2008-2009 academic year, the psychiatry section provided a total of 2,688 visits. Of these visits approximately 430 were new patient evaluations, the rest were for followup visits. An exact breakdown on the visit types is not available at this time.

The number of visits to the Psychiatry section has been steady for many years. Below is a table listing date of visits to the psychiatry section, comparing the time period 1975 to 2000 to the last 10 years. There has been an increase in visits by 82%. During this time enrollment only increased 9.5%. The increase in FTE also accounted for some of the increase, however the visits/FTE also increased by 33%. Controlling for both enrollment and availability show that there has still been an increase of utilization of psychiatric service by 20%. In the last 10 years the numbers have held steady. This does represent saturation of service availability.

Years	1975-2000	2000-2009
Average enrollment	27,109	29,700
Average Psychiatry FTE	1.1	1.47
Average Psychiatry visits	1,453	2,639
Visits/FTE	1,320	1,759
Visits/1,000 students enrolled	54	89
Visits/1,000 enrolled/FTE	49	59

Attached is a listing of psychiatric and substance abuse codes generated by the entire clinic for the 2008-2009 academic year. While the majority of the psychiatric diagnoses are generated from the psychiatry section of student health, these diagnoses are from all clinicians. From each visit to the Student Health Service a diagnosis, or series of diagnoses, is created. Each patient seen may have more than one diagnosis created. The diagnosis may relate to a clinical problem the student is being seen for, it may also be for the purpose of giving an immunization or performing a lab. This information is collected from each visit. A monthly and yearly report of this activity is created. A review of the data from July 1, 2008 to June 30, 2009 was conducted. From this data an analysis of the number of substance abuse diagnoses and psychiatric diagnoses was conducted. In addition data on medical diagnoses associated with psychiatric disorders was conducted.

There was a reduction in the number of substance abuse diagnoses given. This does not reflect a decrease in the magnitude of the problem. The number of consultations for substance abuse counseling is steady (621 consultations in 07-08; 653 in 08-09), there was however a reduction in the number of consultations that generated a diagnostic code. Diagnoses of substance abuse are often not assigned during initial visits.

There were a total of 5,126 diagnoses generated for psychiatric conditions. The top categories were:

Depressive disorders	1,919 diagnoses; 37% of total psychiatric
Anxiety disorders	1,500 diagnoses; 29%
Sleep disorders	428 diagnoses; 8%
ADHD	329 diagnoses; 6%

Stress/Adjustment	203 diagnoses; 4%
Eating disorders	182 diagnoses; 4%

As noted above the majority of the psychiatric diagnoses created are for depression and anxiety (accounting for 3,419/5,126 or 67% of psychiatric diagnoses). There was a decrease in eating disorder codes from 248 to 182, and an increase in attention deficit disorder from 294 to 329. Of the diagnoses created 2,023/5,126 or 39% were from male students; 3,103/5,126 or 61% were from women.

The psychiatry section continues to work closely with the University Counseling Service. A Student Health Service psychiatrist attends monthly staffings. A Student Health Service Psychiatrist gave an in-service on Psychotropic medications to the University Counseling Service. Communication between the two services remains good, facilitated in part by the close proximity.

The website for the Student Health Service offers screening for depression, anxiety disorders, alcohol and eating disorders. There were 295 screenings for depression, 220 for anxiety, 32 for PTSD, and 89 for eating disorders. These screenings typically have a high percentage of them as scoring likely to have a clinically significant problem. Information is given about accessing services for those taking the screening. We continue to see students in the clinic who came in as a result of the positive screen.

Respectfully submitted,



Paul Natvig, M.D.  
Staff Psychiatrist

### Disease Codes 2008-2009

#### Substance Abuse Related

Diagnoses (CPT Code)	Total Male	Total Female	Total
Misc.Alcohol related Dx	2	0	2
Alcohol dependence 303.9	11	0	11
Alcohol abuse 305.0(2)	38	21	59
Cannabis abuse/dependence	25	6	31
Cocaine dependence 304.20	7	0	7
Drug abuse unspecified 304.8	28	5	33
Tobacco use disorder 305.1	84	45	129
<b>Total</b>	<b>195</b>	<b>77</b>	<b>272</b>

Psychiatric Diagnoses (CPT code)	Total Male	Total Female	Total
Adverse CNS med. effect	1	7	8
History of mental disorder (various)	1	0	1
Relation problem V61.1,2	39	82	121
Educational problem V62.3	34	43	77
Psychological stress V62.89	5	1	6
Schizophrenia 295.3-8	13	9	22
Major depression 296.2-3	271	502	773
Bipolar disorder 296.0-89	80	85	165
Depression NOS 311	241	430	671
Psychosis(Affective) NOS 298.9-299.9	9	6	15
Anxiety NOS 300.0-09	266	481	747
Generalized Anxiety D/O 300.02	118	211	329
Panic disorder 300.01,21-22	67	82	149
PTSD 309.81	11	41	52
Phobias (various)	1	4	5
Social phobia 300.23	48	81	129
Obsessive-compulsive disorder 300.3	50	39	89
Dysthymia 300.4	85	210	295
Somatoform disorders (various)	5	6	11
Sexual disorder 302.71-79	53	15	68
Tourettes/ Tics 307.23	4	9	13
Eating Disorders	2	180	182
Personality D/O	3	4	7
Insomnia/sleep disorders (various)	148	280	428
Adjustment disorders (various)	81	116	197
Attention deficit disorder 314.0-01	216	113	329
Learning disorders	50	9	59
Unarmed fight/brawl	18	2	20
Suicide/self harm injury E958.9, SI V62.82	3	3	6
Bereavement	8	16	24
Impulse control/conduct dist. 312.39, .9	2	21	23
Dissociative disorders	7	0	7
Stuttering	6	0	6
Perv. Dev. Disorder	49	0	49
Misc. (unspecified psychiatric)	28	15	43
<b>Total</b>	<b>2,023</b>	<b>3,103</b>	<b>5,126</b>

**Medical Disorders with Possible Psychosomatic Component**

<u>Diagnosis (CPT code)</u>	<u>Total Male</u>	<u>Total Female</u>	<u>Total</u>
Obesity 278.00-01	14	19	33
BMI< 19	0	7	7
Tension headache/ headache 307.81	94	219	313
Irritable bowel syndrome 564.1	1	8	9
Premenstrual tension 625.4	0	44	44
Myalgia/myositis NOS 729.1	19	41	60
Dizziness/giddiness 780.4	36	97	133
Fatigue	133	487	620
Chest pain 786.59	107	129	236
Chronic pain	38	46	84
<b>Total</b>	<b>442</b>	<b>1,097</b>	<b>1,539</b>

## PHARMACY

The 2008/2009 was a year with a slight decline in utilization for Westlawn Pharmacy. The pharmacy's prescription volume fell to 26,732 prescriptions, a 7% decrease from last year. However, the pharmacy posted sales slightly more than \$30,500 in over-the-counter products. Despite the decrease in prescription volume, margins remained positive.

In an effort to increase service and maintain volume, the pharmacy continued to offer mail-out service to students. This is a great service to provide continuous refills of prescription medications over school breaks, so that the students prescriptions do not have to be transferred out. This year we mailed approximately 100 packages to students. The pharmacy also provided Westlawn magnets, transfer slips and pharmacy information at the summer orientation programs in the summer. As in the past, the pharmacy continues to partner with Health Iowa to provide low cost smoking cessation products and affordable bike helmets.

Staffing at Westlawn decreased over the year to 1.3 FTE of pharmacist time. This was due to the decrease in prescription volume and to keep cost down. The pharmacy also added a full time academic year technician line which is occupied by Jennifer Tinnes. Theresa Hobbs continues to provide most of the pharmacist staffing, with Nicole Sedenka, Traviss Tubbs and Carol Stoll filling in on Mondays, Thursdays and Fridays. Pharmacy students completing their final year of Clinical Rotations continue to provide staffing assistance for 5 weeks at a time. Also, Westlawn has been involved with IPE 1 and 2 pharmacy students during breaks to introduce them to the mechanics of how a pharmacy functions.

I would personally like to thank everyone at SHS for a wonderful first year. I have truly enjoyed getting to know all and hope that the next year will be a successful one.

Respectfully submitted,

*Theresa Hobbs*

Theresa Hobbs, RPh.  
Pharmacy Practice Specialist  
Westlawn Pharmacy at the Student Health Service



## STAFF RECOGNITION AND ACTIVITIES COMMITTEE (SRAC)

**Committee Members:** Katie Heick, MA – Chair, Mary Beth Kelch, RN, Renee Nydegger, MD, Teri Kerkhoff, MD (past member), Tracy Varcoe (support staff), Tara Black (administrative liaison), Ronnie Chalupa (scheduling), Kymm Loeffler, CMA, Amy A'Hearn (dietitian), Merrie Sanchez (support staff – past member), Jennifer Tinnes (pharmacy technician), Rosalind Conrad (administrative secretary).

### Our Mission:

- Maintain and improve communication among all staff members.
- Identify ways to improve/strengthen staff satisfaction with work environment.
- Plan, organize and coordinate SHS social functions, e.g., annual staff recognition day, holiday party, summer picnic, etc.
- Identify and acknowledge staff life events, e.g., memorials, retirements, birth, etc.
- Serve as a liaison to the community by participating in service events (e.g., March of Dimes Walk, Homecoming parade), charitable giving (food drives, sale profits from t-shirts, etc), and strengthening the campus/community connection by promoting SHS as part of the broader Johnson County public health community and Iowa City/Coralville business community.

SRAC strives every year to construct new ideas to positively promote SHS to our students and community. We donate to charitable institutions on a quarterly basis. This past year, we raised funds for the Big Brothers/Big Sisters – Bowl for Kids Sake, and the DVIP by adopting a family in need at Christmas.

SRAC is dedicated to improving and maintaining positive staff morale through various activities and recognition programs. We continue to promote the Above and Beyond program where staff, patients, and visitors are able to nominate and recognize staff for going beyond the scope of their daily functions to assist someone. This continues to be utilized and appreciated by the staff that receives the award. We continue to recognize staff on the anniversary of their employment at SHS. SRAC continues to promote “Lunch and Learn” activities for staff with a monthly topic that promotes wellness, nutrition and positive thinking. We utilize our staff with their expertise in the topic area or we seek a speaker from outside of SHS to help in our promotions. We try to hold monthly potlucks with a variety of themes so staff can share their cooking skills with their co-workers. These have been well received by the staff and we have many talented cooks on staff. SRAC also plans a staff appreciation luncheon in which we honor all staff for their hard work and dedication to making SHS a great place to work. This year we applied and received a grant to help fund this through the University Staff Council. By making the meal ourselves, we were able to have extra funds for daily treat tokens during the 2 weeks of implementation of the new EPIC computer system which was well received by staff and made the change easier to handle.

SRAC sponsored the “Under the Big Top” staff picnic and farewell to Dr. Braun which was held at Kent Park. We had a variety of activities for the kids/adults to participate in which included: fish pond, piñata, tug of war, raffle prizes for all. We also enjoyed a great variety of food along with cotton candy and popcorn. The picnic was a great success and enjoyed by all who attended.

I say with great pride that I have enjoyed representing a committee that works to make SHS an enjoyable place to work, as well as promoting the clinic to the community and university. We will continue to strive to recognize the employees for their continued hard work and dedication to the students every day

of the year. As a committee we will explore new ways to make improvements or implement new ways to make employment at SHS the best it can be.

Respectfully submitted,

A handwritten signature in cursive script that reads "Katie J. Heick MA".

Katie Heick, MA  
Staff Recognition and Activities Chair

**STUDENT HEALTH SERVICE OUTPATIENT ACTIVITY SUMMARY  
2008-2009**

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**Routine Patient Encounters and Consultations**

MD Consultations .....	26,360	
Nurse Consultations .....	9,536	
<b>TOTAL .....</b>		<b>35,896</b>

**Health Iowa Encounters and Consultations**

Workshops .....	24,159	
Individual Consultations .....	2,451	
<b>TOTAL .....</b>		<b>26,610</b>

<b><u>Nurse Call Line.....</u></b>		<b>19,926</b>
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<b><u>Insurance Transactions.....</u></b>		<b>20,064</b>
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**Laboratory Procedures**

Student Health Service.....	7,840	
University Hygienic Lab.....	4,849	
<b>TOTAL .....</b>		<b>12,689</b>

<b>Website Contacts .....</b>		<b>87,554</b>
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**NON-DISEASE CONTACT WITH STUDENT HEALTH SERVICE  
2008-2009**

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**Immunizations and Inoculations**

Mumps Vaccine.....	0
Measles Vaccine.....	5
Rubella Vaccine .....	2
Measles, Mumps, Rubella Vaccine .....	702
Measles, Rubella Vaccine .....	0
Polio Vaccine .....	115
Typhoid Vaccine (IM and Rx) .....	98
Varicella Vaccine .....	56
Yellow Fever Vaccine .....	96
Tetanus, Diphtheria Vaccine .....	3
Diphtheria-tetanus-Pertussis (Tdap).....	845
Influenza Vaccine.....	2,962
Pneumococcal Vaccine.....	5
Rabies Vaccine .....	68
Hepatitis A Vaccine .....	348
Hepatitis B Vaccine.....	292
Hepatitis A-B Vaccine.....	178
Meningococcal Vaccine .....	186
Human Papilloma Virus Vaccine .....	871
Encephalitis Vaccine .....	6
Immune Serum & Specified Hyperimmune Globulin Vaccines .....	5
Pollen Injection (Allergy).....	888
Other Vaccine (NEC) .....	7
<b>TOTAL .....</b>	<b>7,738</b>

**Contraceptive Management**

General Counseling.....	133
Initial Birth Control Pill Prescription .....	183
Initiate Contraception NEC .....	71
Emergency Contraception .....	1
Diaphragm Fitting/Cervical Cap .....	7
IUD Insertion.....	28
Refill Birth Control Pill Prescription.....	753
IUD Removal .....	4
Implantable Subdermal Contraceptive .....	6
Other Birth Control Methods (including Depo-Provera Injection) .....	209
Other Contraceptive Management.....	53
<b>TOTAL .....</b>	<b>1,448</b>

**Reproduction and Development**

Pregnancy State	
Incidental.....	8
Normal Pregnancy .....	4
High Risk Pregnancy .....	1
Antenatal Screening .....	0
Postpartum Care and Examination .....	0
Procreative Management.....	29
<b>TOTAL .....</b>	<b>42</b>

**NON-DISEASE CONTACT WITH STUDENT HEALTH SERVICE (CONT)**  
**2008-2009**

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**Health Advice Education or Instruction**

Dietary Consultation .....	454
Fitness Consultation.....	172
General Consultation (Health Advice, Education or Instruction) .....	101
Substance Use/Abuse Counseling .....	687
HIV Counseling .....	466
Sexually Transmitted Disease Counseling .....	516
Normal Exam; No Disease.....	39
Administrative Consultation .....	157
Other Medical Consultation .....	307
<b>TOTAL .....</b>	<b>2,899</b>

**Medical Screening and Examinations**

Physical Examination	
Routine .....	242
Administrative (includes school admission).....	571
Defined Subpopulation (includes pre-employment screening) .....	110
Other .....	21
Observation for Suspected Diseases .....	1
Routine Gynecology Examination (Annual Exam) .....	1,396
Pregnancy Screening (Negative).....	293
Pregnancy Screening (Positive) .....	24
PPD Screening .....	3,580
Venereal Disease Screening.....	982
Screening or Malignant Neoplasms .....	749
Hypertension Screening .....	12
Special Screening for:	
Thyroid Disorders.....	11
Diabetes .....	43
Endocrine (Including Cholesterol) Disorders .....	157
Anemia .....	4
Other Infectious Diseases .....	9
Other .....	38
<b>SPECIAL SCREENING SUBTOTAL .....</b>	<b>262</b>
Postoperative and Aftercare Consultations and Services.....	466
Other .....	51
<b>TOTAL .....</b>	<b>8,799</b>

**TOAL NON-DISEASE CONTACTS .....**

# DISEASE-ORIENTED CONTACT WITH STUDENT HEALTH SERVICE 2008-2009

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## **Disease Contact Without Diagnosis ..... 270**

### **Infectious and Parasitic Diseases**

Intestinal Infection and Infestation .....	27
Tuberculosis .....	0
Strep Infection (Group A) .....	123
Chicken Pox .....	0
Herpes .....	172
Rubeola and Rubella .....	0
Hepatitis .....	13
Mumps .....	0
Infectious Mononucleosis .....	542
Wart .....	588
Human Papilloma Virus .....	11
Viral Infection (Unspecified and NEC*) .....	146
Chlamydia (Trachomatis) .....	114
Lues (Syphilis) .....	1
Gonococcal Infection .....	12
Dermatophytosis .....	207
Monilia Vaginitis (Candidal Vulvovaginitis) .....	349
Trichomoniasis .....	4
Pediculosis .....	4
Scabies .....	82
Other .....	143
<b>TOTAL .....</b>	<b>2,538</b>

### **Neoplasms**

Lipoma .....	9
Benign Neoplasm (Skin) .....	69
Other Site .....	11
Malignant Neoplasm .....	4
Neoplasm of Uncertain Behavior .....	16
Carcinoma in situ .....	50
Other .....	150
<b>TOTAL .....</b>	<b>309</b>

### **Endocrine, Nutritional, and Metabolic Diseases, Diseases of the Blood, Blood Forming Organs**

Thyroid Disorder .....	166
Diabetes .....	46
Hypoglycemia .....	2
Gout .....	10
Obesity .....	50
Anemia .....	186
Adenitis/Lymphadenitis .....	14
Other .....	267
<b>TOTAL .....</b>	<b>741</b>

\*Not Elsewhere Classified

**DISEASE-ORIENTED CONTACT WITH STUDENT HEALTH SERVICE (CONT)**  
**2008-2009**

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**Psychiatric Consultation - No Mental Disorder**

Marital/Partner Problem.....	102
Other Family Problem.....	23
Psychosocial Problem.....	134
Observation for Suspected Mental Condition.....	20
Other .....	1
<b>TOTAL .....</b>	<b>280</b>

**Psychoses**

Schizophrenic Disorder.....	25
Major Depressive Disorder (Single).....	315
Major Depressive Disorder (Recurrent).....	488
Other .....	259
<b>TOTAL .....</b>	<b>1,087</b>

**Neurotic, Personality, and Non-Psychotic Mental Disorders**

Neurotic Disorders .....	1,844
Personality Disorder.....	7
Psychosexual Dysfunction.....	49
Alcohol Dependence.....	11
Drug Dependence.....	5
Tobacco Use Disorder.....	137
Non Dependent Abuse of Alcohol.....	65
Non Dependent Abuse of Drugs.....	63
Physiological Malfunction Due to Mental Factor.....	5
Eating Disorder .....	189
Tension Headache.....	12
Stress Reaction (Acute).....	27
Adjustment Reaction.....	219
Depressive Disorder (NEC).....	697
Attention Deficit Disorder .....	353
Other .....	123
<b>TOTAL .....</b>	<b>3,806</b>

**Diseases of the Nervous System and Sense Organs**

Epilepsy .....	5
Migraine Headache.....	211
Other Nervous System Disorder.....	166
Contact Lens Problem.....	0
Conjunctival Disorder.....	515
Inflammation of the Eyelid.....	92
Episcleritis/Scleritis .....	0
Other Eye Disorder .....	352
Otitis Externa .....	114
Impacted Cerumen.....	149
Eustachian Tube Disorder.....	83
Otitis Media .....	456
Tympanic Membrane Rupture.....	5
Labyrinthitis.....	1
Tinnitus .....	11
Other Auditory Disorder.....	194
<b>TOTAL .....</b>	<b>2,354</b>

**DISEASE-ORIENTED CONTACT WITH STUDENT HEALTH SERVICE (CONT)**  
**2008-2009**

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**Diseases of the Circulatory System**

Hypertension .....	118
Cardiac Dysrhythmia .....	13
Phlebitis/Thrombophlebitis .....	9
Thrombosis .....	0
Varicose Vein .....	5
Hemorrhoid .....	44
Hypotension .....	20
Other .....	41
<b>TOTAL .....</b>	<b>250</b>

**Diseases of the Respiratory System**

Nasopharyngitis (Cold) .....	21
Sinusitis .....	1,223
Pharyngitis (Acute) .....	1,465
Tonsillitis (Acute) .....	632
Laryngitis/Tracheitis (Acute) .....	37
Acute URI .....	1,392
Bronchitis .....	551
Allergic Rhinitis .....	535
Pneumonia .....	108
Influenza (Clinical Diagnosis) .....	156
Asthma .....	393
Pleurisy .....	8
Pneumothorax .....	0
Other .....	444
<b>TOTAL .....</b>	<b>6,965</b>

**Diseases of the Digestive System**

Gingival and Periodontal Disease .....	5
Dentofacial Disorder .....	70
Stomatitis .....	18
Aphthous Ulcer (Canker Sore) .....	43
Glossitis .....	2
Esophagitis .....	3
Peptic Ulcer .....	2
Gastritis/Duodenitis .....	59
Dyspepsia .....	97
Appendicitis .....	0
Hernia .....	11
Gastroenteritis/Colitis .....	227
Irritable Bowel .....	9
Anal Fissure .....	38
Other .....	574
<b>TOTAL .....</b>	<b>1,158</b>



**DISEASE-ORIENTED CONTACT WITH STUDENT HEALTH SERVICE (CONT)**  
**2008-2009**

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**Diseases of the Genito-Urinary System**

Upper UTI.....	56
Kidney Stone.....	7
Cystitis (Lower UTI).....	129
Urethritis .....	39
Prostatitis .....	11
Epididymitis.....	19
Breast Dysplasia and Disorder.....	127
Pelvic Inflammatory Disease (NOS).....	7
Cervicitis .....	7
Vaginitis.....	260
Dysplasia of the Cervix.....	128
Dysmenorrhea .....	76
Amenorrhea.....	63
Menstrual Disorder (Other).....	453
Other .....	1,371
<b>TOTAL .....</b>	<b>2,753</b>

**Complications of Pregnancy, Childbirth and the Puerperium**

Spontaneous Abortion.....	1
Hemorrhage in Early Pregnancy .....	2
Excessive Vomiting in Pregnancy .....	0
Other Complications of Pregnancy .....	1
Complications of the Puerperium .....	0
Other .....	4
<b>TOTAL .....</b>	<b>8</b>

**Diseases of the Skin**

Furuncle/Boil .....	47
Cellulitis/Paronychia.....	234
Lymphadenitis (Acute) .....	14
Impetigo .....	41
Pilonidal Cyst.....	18
Seborrhea .....	22
Atopic Dermatitis.....	14
Eczema and Contact Dermatitis.....	325
Psoriasis .....	10
Pityriasis Rosea.....	20
Pruritus.....	84
Corns and Callosities .....	8
Ingrown Nail .....	66
Folliculitis .....	132
Acne .....	274
Sebaceous Cyst .....	95
Urticaria .....	76
Other .....	606
<b>TOTAL .....</b>	<b>2,086</b>

**DISEASE-ORIENTED CONTACT WITH STUDENT HEALTH SERVICE (CONT)**  
**2008-2009**

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**Diseases of the Musculoskeletal System**

Arthritis (Rheumatoid).....	35
Chondromalacia (patella).....	8
Arthralgia (Joint Pains).....	665
Back Pain .....	369
Ganglion.....	22
Coccydynia .....	3
Enthesopathy.....	33
Synovitis/Tenosynovitis.....	73
Bursitis .....	8
Myalgia/Myofascitis .....	63
Neuralgia/Neuritis.....	2
Other .....	670
<b>TOTAL .....</b>	<b>1,951</b>

**Congenital Anomalies ..... 29**

**Symptoms, Signs, and Ill-Defined Conditions**

Syncope.....	63
Convulsive Disorder .....	6
Dizziness and Giddiness .....	136
Sleep Disturbances.....	308
Fever of Unknown Origin (Pyrexia).....	131
Fatigue/Malaise.....	629
Hyperhidrosis.....	29
Paresthesia/Numbness.....	72
Rash .....	406
Subcutaneous Nodule.....	92
Weight/Nutrition/Metabolic Problem .....	118
Headache (NDS).....	292
Epistaxis.....	25
Lymphadenopathy/Swollen Glands .....	119
Cough.....	1,006
Painful Respiration.....	128
Urinary Problems .....	448
Abdominal Pain .....	828
Abdominal and/or Pelvic Mass/Swelling/Lump .....	24
Viremia .....	0
Glycosuria.....	0
Abnormal Pap Smear .....	351
Positive PPD Converters.....	203
Elevated Blood Pressure W/O Diagnosis.....	170
Other .....	2,079
<b>TOTAL .....</b>	<b>7,729</b>

**DISEASE-ORIENTED CONTACT WITH STUDENT HEALTH SERVICE (CONT)**  
**2008-2009**

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**Injury and Poisoning**

Fracture .....	63
Dislocation .....	18
Sprains and Strains.....	210
Concussion.....	38
Open Wound .....	113
Superficial Injury .....	200
Contusion .....	111
Foreign Body .....	35
Burn .....	34
Injury – Nonsuperficial .....	552
Frostbite .....	4
Heat Exhaustion .....	0
Allergic Reaction to Medication Properly Administered.....	1
Other .....	59
<b>TOTAL .....</b>	<b>1,438</b>

<b>TOTAL DISEASE ORIENTED CONTACT .....</b>	<b>31,101</b>
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**STUDENT HEALTH SERVICE LABORATORY PROCEDURES  
2008-2009**

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**Student Health Service Laboratory Procedures**

CBC .....	1405
WBC cell identification (manual) .....	17
Hematocrit .....	15
Hemoglobin .....	19
Blood Sugar .....	120
Occult Blood, Fecal .....	80
KOH Prep .....	107
Heterophile Antibody (Mono Test).....	1189
Platelet Count.....	0
Sedimentation Rate .....	75
Scabies .....	3
hCG Urine/Serum .....	395
Strep Screen .....	1969
Wet Prep (Trich) .....	808
Urinalysis (with microscopy).....	1234
Urinalysis (dipstick).....	232
Influenza Screen.....	167
<b>TOTAL .....</b>	<b>7,835</b>