Principles of Nursing Triage in College Health Settings

Chris Rooney, BSN, RN, BC, Millersville University of Pennsylvania

TRIAGE MEANS TO SORT. IT IS AN INTERACTIVE PROCESS BETWEEN a nurse and client, identifying the nature and urgency of health care issues and determining appropriate disposition (Rutenberg & Greenberg, 2012). Within the nursing process triage has components of assessment, patient education, and intervention. These components can vary from institution to institution based on a variety of factors. The principles of triage must carry across all institutions and provide the right level of care at the right time and by the right provider (Blank et al., 2012).

To accomplish the above overriding principles of triage, institutional characteristics, including human resources, proximity to urgent care/ER, diagnostic capabilities, hours of service, accreditation requirements, and the nurse practice act within the institution’s state are factors to consider. The institution’s policy and procedures for triage will be based on these characteristics. With the variety of characteristics among college institutions, it becomes readily apparent that one size does not fit all.

Policy and procedures vary from institution to institution, but all strive for providing the right care, at the right time, by the right provider.
University of South Carolina Participating in the Nation-wide Jed and Clinton Health Matters Campus Program

The University of South Carolina (an ACHA Institutional Member) is the only university representing South Carolina in the Jed and Clinton Health Matters Campus Program (The Campus Program). The program is designed to help colleges and universities prevent the two leading causes of death in young adults: unintentional injuries, including those caused by prescription drug overdoses or alcohol poisoning, and suicide.

University of South Carolina (USC) is among 55 schools nationwide to join The Campus Program, which is designed to help colleges and universities assess and enhance mental health, substance abuse, and suicide prevention programming. As a participating school, the University of South Carolina is making a four-year commitment to work with The Campus Program to evaluate and identify opportunities to enrich these activities on campus.

The Campus Program will provide USC with a framework for supporting student mental health, as well as assessment tools, feedback reports and ongoing technical assistance from The Campus Program team.

The University of South Carolina’s membership in The Campus Program began when they took a confidential, self-assessment survey on its university-wide mental health promotion, substance abuse, and suicide prevention programming. Upon completion, survey responses were reviewed by The Campus Program team in comparison to the program’s framework, which is a comprehensive set of recommended practices. USC received customized feedback and suggestions for enhancements, as well as direct support with their planning process.

Even before taking The Campus Program’s self-assessment, the University of South Carolina responded to data gathered in the 2013 ACHA-National College Health Assessment taken bi-annually by USC students that identified stress as the number one impediment to academic success. The University of South Carolina is committed to helping students manage their stress and other mental health issues with stress management programming like Keep Calm and resources like the Counseling & Human Development Center and a campus Mental Health Council.

For more information about The Campus Program, visit www.Th eCampusProgram.org.

Pilot Program Focuses on Mental Health for Athletes

By Katie Penrod, The Michigan Daily

The University of Michigan (an ACHA Institutional Member) is piloting a new program designed to draw attention to the mental health of student-athletes.

The program, which was piloted in the fall of 2014 and included public service videos and drop-in counseling sessions, drew participation from 90 percent of the university’s 931 student-athletes.

The program, a collaboration between the Athletic Department, the School of Public Health, and the university’s Depression Center, is supported by a $50,000 National Collegiate Athletic Association (NCAA) grant.

The pilot consisted of presentations that showed two videos in which two former student-athletes, former football player Will Heininger and former swimmer Kally Fayhee, spoke about coping skills and their experiences with mental health.

In an email interview with The Michigan Daily, Fayhee said prior to the pilot program, 33 percent of university students would seek help for mental illness, compared to only 10 percent of student-athletes. She decided to get involved and share her experiences after meeting Heininger.

“We found that we faced similar pressures, but those pressures just manifested themselves in different ways,” Fayhee wrote. “Knowing I was not alone in what I went through and that I should not be ashamed of my struggles was what motivated me. I
Taking Aim for the Future of College Health

Since its introduction in 2007, the Triple Aim framework (Institute for Healthcare Improvement, 2007) has been widely adopted to set goals for the performance of both individual health care systems as well as our national health care system. The Triple Aim framework is stunningly simplistic in its approach of simultaneously pursuing three aims: improving the patient experience of care, improving the health of population, and reducing the per capita cost of health care.

Although they vary widely, each of our student health services is a kind of “health care system” albeit in various levels of collaboration with community health care systems and governmental public health. More than clinics for students, student health services provide not only direct medical and mental health services, but also undertake population-based initiatives to advance health and wellness, provide emergency and crisis leadership, and lead the development of campus health policy. This college health model integrates direct care, public health, and primary prevention into the social support fabric of the institution.

It’s easy to see how the Triple Aim can be applied to our campus health systems as a framework for setting goals for our work.

The patient experience of care in the Triple Aim is broadly defined. Not focused solely on patient satisfaction, it encompasses the six dimensions of the patient experience defined by the Institute of Medicine: care that is safe, effective, patient-centered, timely, efficient, and equitable (Institute for Healthcare Improvement, 2012). In the direct delivery of health care services, we achieve this by providing the highest quality of evidence-based care while focusing on meeting our patients with timely access to providers and student-centered approaches while incorporating health equity and the needs of all student populations in our care delivery systems.

Within the Triple Aim framework, improving the health of populations is explicitly linked to engagement of community partners to address the broader determinants of health. While working closely with community and social service agencies may be somewhat novel for traditional health care systems, it is imbedded within the college health model. Our work has historically set goals for a healthier campus population to address issues such as communicable diseases, high-risk alcohol use, violence, obesity, nutrition, and mental health illnesses through public health, prevention, and health promotion. Our list of partners routinely includes residential life, recreational sports,

“Student success makes possible the learning, research, and teaching to which the institution is dedicated. This makes our work profoundly different from that of other ‘health systems.’ We must achieve the Triple Aim, plus something more.”

NEW INSTITUTIONAL MEMBERS

ACHA extends a welcome to these institutions that joined ACHA or reinstated membership between December 1, 2014, and February 28, 2015.

Massachusetts
Berklee College of Music

South Dakota
Northern State University

Wisconsin
University of Wisconsin, Superior

NEW SUSTAINING MEMBER

ACHA Sustaining Members are health and business organizations that have joined ACHA to support and cooperate with the association in the furtherance of its objectives. ACHA welcomes this new sustaining member to the association:

Wheeler Clinic
student organizations, faculty, and a range of student life professionals in addition to community partners outside of our institutions.

Finally, there is much to suggest that college health models can reduce per capita cost of health care although our current systems are not designed to measure this. The total cost of health care for a young adult enrolled in an institution of higher education, whether received on or off campus, may include general tuition expenditures, designated student health fees, health insurance claims, and the student’s out-of-pocket costs. Campus-based expenditures on health care occurring outside of the typical health care financing have typically not been considered in national surveys and calculations of health care expenditures for young adults. With nearly 50 percent of young adults enrolled in institutions of higher education, these unmeasured expenditures are large. The lower cost of insuring a student through an ACA-compliant student health insurance plan, which includes a potentially capitated expenditure at a student insurance plan, which includes a potential communication, as a potential framework to think about our work in an expanded way. While the term Quadruple Aim has been used in several ways, in 2010 a version was adopted by the Military Health Services (MHS) which defined a fourth aim-readiness. While readiness for military personnel has its own very specific definition, the concept of readiness has great application to our mission of student success. The readiness of our student populations to learn and participate on campus life is needed for their success. The most challenging and important health issues we face include growing needs of mental health illnesses, management of chronic disease, and emerging communicable disease outbreaks. These all directly impact student classroom readiness. Our success in achieving this fourth aim impacts student retention, academic performance, institutional risk, and community safety.

During challenging financial times, many college health centers have faced difficult questions about their future. Utilizing the Triple Aim aligns us with other health care systems in evaluating our health care services. Campus administrators, however, have asked if providing health services is part of the mission of an institution of higher education. The Quadruple Aim paradigm provides a clearer way to set the course for the health care systems on our campuses and define the value we bring from a student population “ready” to learn.

References:


As a patient satisfaction measurement tool, the ACHA-PSAS gauges patient satisfaction and provides insight into the quality and performance of a college or university health service.

Participation in the ACHA-PSAS has many benefits! As a patient satisfaction measurement tool, it can help your health service support accreditation, track performance over time, compare results to other institutions nationwide, and provide results 24/7.

Want to participate in this innovative service? Complete information, including sample surveys, pricing and order forms, ans a user’s manual, is available at www.acha.org/ACHA-PSAS.

Questions? Contact ACHA Research Director, E. Victor Leino, PhD, at vleino@acha.org.
True Value

From the Winter Meeting of the ACHA Board of Directors (February 2015), a particular discussion thread has stayed with me even though several weeks have passed. During the meeting, the Board, as they almost always do, discussed the membership strength of ACHA, assessing current membership levels, opportunities for further recruitment and retention, and the value of membership within our national association, which is now (in March) 95 years old. The aspect of the discussion concerning the value of membership is what has lingered on my mind, and I think it deserves more consideration as we move forward in sustaining, building, and strengthening our collective ability to advance the health of college students.

When contemplating the value of membership, college health professionals (the individual or their institution) typically may ask: What do I (we) get as a benefit of being or becoming a member of ACHA? What’s it worth to me (us)? What value do I (we) get? Of course in response, one can run down a list of monetary and other benefits such as: a free Journal of American College Health subscription and free access to archived content; discounted annual meeting registration fees; discounts for various products or participation in certain programs or services; access to the membership directory for networking; eligibility for national award recognition or monetary awards from the Foundation; etc. But I respectfully submit that the premise and focus of those basic questions, while important, may be misplaced. True value of membership need not always be looked at through such an internalized lens. Associations are themselves a group of people organized for a joint purpose. It is the commonality of commitment to that purpose among members of the group and their shared aims and aspirations that creates an association and—through its charter—permits it to continue to operate. Hence, value should not be exclusively assessed in terms of value to the individual, but value as to the greater good of the group at large and the furtherance of its purpose and aims.

ACHA’s mission is “to serve as the principal leadership organization for advancing the health of college students and campus communities through advocacy, education, and research.” The association embraces the vision of being the recognized voice of expertise in college health. It is through our advocacy, education, and research that value is demonstrated, and it should be through our effectiveness as the voice of college health that value is assessed. In essence, I am offering the antithesis: What is the benefit of ACHA? What’s it worth to college health as a field? What value does it bring to college health professionals, their campuses, and, most importantly, what value does ACHA bring to the health and success of college students?

Our advocacy activities have been (and will continue to be) of value to college health, and, by extension, to individual college health professionals and their campuses. In the realm of public health, the association advances the use of vaccines to promote health and prevent disease (American College Health Association 2014, 2015). ACHA informs members and stakeholders regarding disease outbreaks and management/preparedness issues (e.g., measles, Ebola Virus Disease, meningitis). It facilitates and sustains college health representation at the federal policy-making level (e.g., U.S. Centers for Disease Control and Prevention Advisory Committee on Immunization Practices). Is there value in these undertakings? What if there were no ACHA, no college health voice and input on infectious diseases and immunizations?

The association promulgates what should be the norm in terms of acceptable student health insurance standards that provide health coverage and consumer protection tailored to the needs of college students (American College Health Association, 2013). It has long advocated for and supported the provision of high-quality, comprehensive, and affordable health coverage for college students through...
either fully insured or self-funded student health plans. In the fall of 2009, during drafting and mark-up of federal legislation (the Affordable Care Act) that would dramatically change the landscape of the U.S. health insurance marketplace, ACHA weighed in with legislative staffers to ensure the preservation of student health insurance plans. The resultant rule of construction (Patient Protection and Affordable Care Act, 2010) within the health reform legislation would not have come about but for ACHA’s advocacy efforts. Such efforts have continued over the last five years to ensure that college students can continue to have coverage appropriate to their unique needs. Is there value in such advocacy and intervention? What if there were no college health voice, no association? What if there were no more student health insurance plans available to college students on your campuses?

ACHA advocates and provides leadership to achieve and maintain a holistically healthy campus. Its Healthy Campus 2020 initiative has provided a framework that can be adapted to campuses nationwide to improve their overall health status. The association’s organizing and collabora
tional capabilities have brought together stakeholders to yield college student health objectives that mirror national health objectives as well as tools and an approach to prioritize and achieve real results. Where is there value in this? What if there were no organizing and leadership voice for achieving a truly healthy campus?

Similarly, ACHA has demonstrated leadership in other areas of advocacy. Regarding tobacco-free campuses, the association produced the frequently referenced Position Statement on Tobacco on College and University Campuses. Addressing college students’ mental health challenges, ACHA envisioned and initiated formation of the Higher Education Mental Health Alliance (HEMHA), a partnership of eight organizations dedicated to advancing college mental health. The creation of this alliance resulted in an affirmation that the issue of college mental health is central to student success and therefore is the responsibility of higher education. What if there were no college health voice on tobacco use prevention, or on students’ mental health needs? Is there value to this advocacy? What value do your students get?

ACHA’s education efforts also bring value to college health professionals and the field. The association has a long history of providing robust educational opportunities accompanied by continuing education credits to support the continued licensure and professional development needs of members. Through its capstone event (the ACHA annual meeting) the association solicits educational content, determines programming, and conducts educational sessions tailored to the unique needs of those practicing and working in the college health setting. ACHA very deliberately incorporates multidisciplinary interaction. It ensures inclusion of diversity and diverse perspectives. It prioritizes prevention of commercially biased content in the education. It builds its educational program directly relevant to the needs and practice gaps of intended learners who function daily within the higher education setting and all the challenges that such entails. The annual meeting, attended by almost 2,000 professionals, provides hundreds of nurses, physicians, advanced practice clinicians, psychologists, counselors, social workers, health educators, and pharmacists nearly 14,000 aggregate continuing education credits. The ACHA affiliate organizations likewise conduct annual meetings, although on a smaller scale. The association regularly archives annual meeting presentations online as ongoing content and puts forth other specially arranged webinars to address the educational needs of college health professionals. What if there were no venue wherein such comprehensive education could be offered and delivered in a context of the nexus of health and higher education? Is there value to such a huge investment of resources?

By extending educational opportunity even further (to the institution), ACHA offers opportunities for objective peer-review as a means to improve or enhance institutional health service operations. ACHA’s Peer Review Assistance Program is an affordable option that helps campuses to address a variety of college health service related subjects. ACHA’s role facilitates such peer reviews by helping to identify institutional objectives, linking institutions with peer reviewers, and assisting in defining the scope of the review. The value of peer reviews has been reflected in numerous feedback comments from engagements across the country. What if there were no facilitator for such services? Where and at what price would alternative consultation be acquired?

College health, as a profession, has long been supported by a professional journal. In many ways, some view the legitimacy of a professional field itself as based in part on the existence of an underlying body of knowledge archived and set down over time in a scholarly, peer-reviewed journal. The Journal of American College Health (JACH) and its forerunners (Student Medicine and Journal of American College Health Association) have for decades served as college health’s official journal. Its longstanding operation would not have been possible without the attention, support, and sustainment of the association, including its membership subscription base. The incremental improvements, enhanced quality, and quantity of content delivery would not be possible nor sustainable without the intense efforts of reviewers and consulting editors, all organized and managed by a leadership team of executive editors provided to the publisher by the association. Where might college health be without a scholarly, peer-reviewed journal? What would be our sourcing for evidence-based health programs and approaches specific to the college setting? How much would the voice of college health be dampened, absent the existence of a professional journal?

Likewise, in research the association brings value to college health professionals. The ACHA-National College Health
Assessment (ACHA-NCHA) has operated for 15 years. It is the single largest repository of college students’ self-reported data on their health and health behaviors. Over 1.3 million college students at approximately 725 institutions of higher education have been surveyed. It was the collaborative efforts of visionary members and leaders within the association that conceived and built the surveying instrument, pilot-tested the assessment, and ultimately launched the program. Subsequent members have provided leadership and guidance to the ACHA national office in continuing to orchestrate the survey, as well as adapt and modify its administration to address institutionally unique needs. Over 100 articles have been produced by researchers and successfully published in refereed, professional journals using ACHA-NCHA collected data. What if there were no organizing locus such as ACHA? Where would data specific to college students’ health be collected and centrally reside? Where would one go to access it for further analysis?

Similarly, collection of data for benchmarking is critically important to the advancement and quality improvement within a professional field. Whether it be on administrative and management areas of student health service operations (e.g., utilization, salaries, staffing levels); clinical in nature, focusing on quality care and outcomes (e.g., ankle sprains, pharyngitis, bronchitis, asthma); or assessing effectiveness of screening and prevention efforts (e.g., allergic medications, immunizations, depression, tobacco use), the ability of professionals to organize, identify areas of critical importance, and measure/compare to norms is extremely useful. Again, ACHA serves as a locus for such activities. It provides the leadership mechanisms, communications, and support staff necessary to promote and advance benchmarking within our profession. What if there were no association? Where and by whom would such benchmarking be organized and occur? Is there value to having this data?

The same observations hold true when considering other data collection and reporting efforts, including the Pap Test and STI Survey which collects information about screening practices for cervical cytology and sexually transmitted infections. Visibility of this information, including data on contraceptive and safer sex methods, has been provided in annually produced reports by the association. What if there were no ACHA? Would this information be readily available? Is there value to this data in your work?

So in contemplating membership in ACHA and its accompanying value proposition, I ask colleagues to also consider the antithesis. Recalling the famous John F. Kennedy inaugural antithesis “Ask not what your country can do for you…” I am reminded that it is the individual that advances the ideals of an organization, a profession, a country, or a society. With that in mind, and with thoughtful consideration of the value that ACHA brings to college health, perhaps the real answer to “What value do I get; what’s it worth to me?” could be as basic yet as enriching as this: professional fulfillment in advancing your chosen field and the health of college students.

References:
Patient Protection and Affordable Care Act. (2010). §1560(c) Rule of Construction.
The Pursuit of Excellence: ACHA 2015 Award and Fellowship Recipients

The following individuals were selected for their exceptional contributions to college health and ACHA. The association congratulates and thanks them for their dedication to ACHA and their exemplary service to the field of college health.

2015 Fellows

Carlo Ciotoli, MD, MPA, New York University
Susan Even, MD, University of Missouri-Columbia
Deb Hubbell, RPh, University of Connecticut
Kathy Saichuk, MA, MCHES, Louisiana State University
Katrin Wesner, CAPP, University of North Carolina Wilmington
2015 Award Recipients

ACHA Lifetime Achievement Award
Anita Barkin, DrPH, MSN, FACHA, Carnegie Mellon University-Retired

Edward Hitchcock Award for Outstanding Contributions in College Health
Lesley Sacher, MHA, Florida State University

Ruth E. Boynton Award for Distinguished Service to ACHA
Dana Mills, MPH, FACHA, University of Oregon-Retired

Miguel García-Tuñón Memorial Award in Human Dignity
Estela Rivero, PhD, State University of New York-Albany

Ollie B. Moten Award for Outstanding Service to One’s Institution
Beryl Salvatore, RN, Mount St. Mary’s University

Estela Rivero, PhD, State University of New York-Albany

Ruth E. Boynton Award for Distinguished Service to ACHA
Dana Mills, MPH, FACHA, University of Oregon-Retired

Miguel García-Tuñón Memorial Award in Human Dignity
Estela Rivero, PhD, State University of New York-Albany

Ollie B. Moten Award for Outstanding Service to One’s Institution
Beryl Salvatore, RN, Mount St. Mary’s University

Evelyn Wiener Mentoring Award
Carlo Ciotoli, MD, MPA, New York University

Evelyn Wiener Mentoring Award
Jenny Haubenreiser, MA, Oregon State University

Administration and Consumer Services
Engemann Student Health Services Contact Center, University of Southern California

Clinical Services
Concussion Management Program, Missouri University of Science and Technology

Counseling Services
Student Health Center

Health Education and Promotion Services
Well-Being in Learning Environments Project, Simon Fraser University

Best Practices in College Health Awards

Continued on page 10
Affiliate New Professional Award Recipients

Central College Health Association
Stephen Craig Rooney, PhD, University of Missouri

Mid-America College Health Association
Amanda Harvey, CHES, Eastern Illinois University

Mid-Atlantic College Health Association
Amanda Powell, MS, MSN, Carnegie Mellon University

New England College Health Association
Ariel Watriss, NP-C, Tufts University

North Central College Health Association
Whitney Henley, MPH, University of Wisconsin, Whitewater

Pacific Coast College Health Association
Kasondra McCracken, MS, CHES, Northern Arizona University

Southern College Health Association
Darren Aaron, MHA, Wake Forest College

Southwest College Health Association
Jessica Hughes Wagner, MPH, MCHES, University of Texas at Austin

For a glossary of ACHA Awards and information on making a nomination, visit www.acha.org/For_Members/Awards_Fellows.cfm

ACHA Fellows Awards

Who inspires you? Recognize your colleagues for their contributions and achievements by nominating them for an ACHA Award. Honor your colleagues who have given outstanding service to the association and have demonstrated superior professional stature and performance in the college health field by nominating them as an ACHA Fellow. Nominations for 2016 honorees will open this October. For descriptions of awards and information about the award and fellow nominations criteria and process, visit www.acha.org/For_Members/Awards_Fellows.cfm.
“I Have a Cold; I Need a Z-pak”: Educating Students about Antibiotic Use on Campus

Brenda Taylor, Stetson University

I HAVE A COLD; I NEED A Z-PAK.” WHAT STUDENT HEALTH service staff member has not heard that or a similar phrase? In 2011, Stetson University’s Health Service staff all decided to retire and a new staff was hired. The new staff included a medical secretary (me), two registered nurses, and a physician assistant/director. Since none of us had previous experience in college health, we were exposed to many new things, among them the above mentioned phrase. It puzzled us greatly as to why students thought an antibiotic would cure a cold, and the antibiotic resistance problem fueled our concern. Every now and then during our first semester we would comment on the situation and wonder what, if anything, could be done to curb this misinformation. In the early part of our second semester together (spring 2012) the idea that students at a liberal arts institution should learn something everywhere they go was brought up at one of our Campus Life and Student Success division meetings.

I have a teaching background, so my ears perked up and I wondered if some kind of education component could be developed for the clinic. One of the nurses, Kelly McCulloch, had the same thought, so we began brainstorming how, when, and where we could implement education about antibiotics without impacting patient flow in a negative way. During this time, our campus was undergoing a review of its values, and at the end of the review process the values that Stetson chose to embed into its culture revolved around students becoming socially and personally responsible. Teaching students how to use antibiotics responsibly and to care for themselves tied beautifully into Stetson’s revamped values statement. Since we could tie our idea into the university’s values, we knew we could get administration backing. Now the fire was even stronger to come up with a way to educate students.

By the end of the spring 2012 semester, the idea of a pre-test/post-test model took shape since we wanted the ability to assess if we were making a difference. Additionally, the data could potentially give us a way to support what we were doing. Kelly did the research and put together a one-page introductory information sheet on antibiotics, resistance, and viral illnesses. I helped develop the quiz, which had seven multiple choice or true/false questions with the same questions on the front (pre-test) and back (post-test). At the top of the quiz we had a spot for first name only. We wanted the quiz to feel as anonymous as possible and since we did not know who would be inputting the data, we specifically asked for first name only. We also included gender and grade level in case that data might be helpful at some point. We wanted each student to take the quiz only once during the school year, so we needed a way to keep track of who had completed it. As we looked at the student/patient record, we found a field that I could use to indicate the quiz had been taken. A clipboard with the one-page information sheet placed in a plastic page protector was put in each exam room, in the lab, and at the front desk. A graduate student working in the Wellness and Recreation department was enlisted to input the quiz results.

Beginning in the fall of 2012, I would give students the pre-test after they signed in at the clinic. After taking vitals and rooming the patient, the nurse would check the quiz, and if there were any wrong answers, hand the student the clipboard with the education sheet. The quiz would also be put on the clipboard, and the nurse would tell the student to read the material and then answer the post-test on the back. We found that patient flow was not impeded, as this could be done while the student was waiting for the provider to come in and/or while waiting to be discharged after the provider was finished. The nurse discharging the student would then check the post-test and verbally go over any questions that were still incorrect.

To keep complaints from students to a minimum, we chose not to quiz students who answered “yes” to either of two depression screening questions that were asked on the intake sheet. They would be filling out a PHQ-9 form, so we didn’t want to add more paperwork that might increase their stress or anxiety levels. Also exempt were female students checking in for a Well Woman appointment since they had a questionnaire regarding their sexual history that needed to be filled out. And last, if a student appeared so ill that the quiz seemed an undue burden, I would avoid giving that student the quiz.

As a result, we had very little resistance from students and actually received a lot of positive feedback. Students commented that they learned something they did not know before and appreciated the information. Other students who were already conscious of antibiotic resistance said they thought what we were doing was great. For those few students who did complain, I would explain that we were trying to teach them something important about life that they might not learn in the classroom and that is part of a liberal education. The impact on patient flow was minimal and we all thought the education was important, so there were no staff complaints. Since there was no financial cost, the return on investment was substantial.

As the data began to be tabulated, it showed that post-test scores were significantly higher than pre-test scores. The data for the entire 2012-2013 school...
year resulted in an average pre-test score of 68 percent and a post-test average of 92.5 percent. While the data showed that the students were learning, we learned some interesting things as well. Because the data was broken down by question, we could see which questions were missed most.

The top three questions missed were: 1) what infections do antibiotics fight? (viral, bacterial, or both), 2) bacteria are germs that cause colds (true/false), and 3) which medication will help most for viral infections? (ibuprofen, penicillin, or Z-pak). Our curiosity as to why Z-pak was most often chosen for helping viral infections caused Kelly to begin talking to students about their answers. From these conversations, Kelly found an interesting common thread—many of the students did not know that a Z-pak was an antibiotic. It had never been explained to them and it sounded innocuous enough, like Tylenol or Advil. In addition, it was often what their doctor back home had given them every time they came in with the sniffles or sore throat.

In my opinion, one of the most impactful things that indicated we were on the right track involved a few encounters I had with students. When we were really busy and students had to wait longer than usual before being called back, I would go over the pre-test, then hand the student the clipboard with the education sheet and the quiz so the post-test could be completed quickly. There were actually a few times when the student completed the post-test, handed it to me and then asked if the appointment could be canceled as a result of what had been learned.

For the 2013-2014 school year, I created the one-page education sheet and another seven question quiz that included a little review plus more in-depth information and some self-care tips. By the middle of that year, the "dreaded phrase" was heard significantly less by Health Service staff. This was another indication we were making a difference. Also, each semester, one of the professors in the Department of Integrative Health Science, Jennifer Gurley, had her classes do a scavenger hunt in our office that required them to take the quiz and return it to her. This was a wonderful way to partner with faculty to educate students. In fact, our process can be used to educate students about any important health topic so they can make informed choices that not only benefit them, but the world around them.

Brenda Taylor is the medical secretary at Stetson University. She can be reached at bstaylor@stetson.edu.
Is Your Campus Health or Counseling Service at a Crossroads?

ACHA Peer Review Assistance Program

Maybe your longtime director is leaving, or you’re not sure your current services are meeting students’ needs. Perhaps you would like to see more collaboration with mental health services or figure out if your funding model still works for your school.

ACHA’s Peer Review Assistance Program and our team of reviewers can help you address these questions as your health service moves forward or makes changes.

ACHA’s peer reviewers are college health professionals with previous experience conducting reviews of health services. Their experience varies by topic and institutional demographics. Our reviewers are current and former health and counseling center leaders with both clinical and administrative backgrounds.

The peer reviewers can examine the following areas:

- Treatment and service models
- Creating collaborative models of medical and mental health care
- Funding sources, generating revenue, creating a business plan
- Staffing levels, compensation, productivity
- Student health insurance/benefits plans
- Articulating how health and student health services support the institutional learning mission
- Planning facilities, size, layout, location, construction, renovation
- Evaluating the effect of services on student learning outcomes
- Building quality teams of various fields (psychology, medicine, nursing, health promotion, etc.)

And many other areas related to college health services!

If you are ready to gain insightful input in meeting the health and counseling needs of your students, please contact us to discuss a peer review! Call or email Rachel Mack at 410-859-1500, ext. 234 or rmack@acha.org, or visit www.acha.org/Peer_Review/Peer_Review_Program.cfm.

ACHA has assisted numerous colleges and universities with their peer review needs. Here is what some of our past clients, from campuses large and small, public and private, have to say:

“We have already changed the administrative structure, moving toward an integrative approach to student health service delivery. We are also increasing the staffing in the health center. With some quick and minor changes in the health center immediately following the review, the staff is happier and thus more efficient. I expect to see even more changes, some of which will be directly related to the work of the reviewers and their ability to communicate effectively with senior administration.”

“Our review was admittedly more complex and fraught with potential political implications than most. The reviewers seemed to understand this and, while they remained objective, they were sensitive to the challenges that we face.”

“The review helped confirm the position of the student health center and, coupled with the recent AAAHC accreditation report, supported the quality of care provided and quality of staff available at the center.”

“The reviewers discussed the philosophy of and trends in college health with two influential administrators, allowing them to gain insight into the real world of college health services across the state and the nation.”

“The review validated many of the organizational, service, and financial issues we had previously identified. Having experts validate our needs and give direction for enhancing services has given us a blueprint for the next decade and beyond. We have been discussing accreditation for several years and will now look to this attainable goal within the next 3-5 years. The on-site visit also assisted us in educating our upper administration about the value added to a college student’s experience when quality services are provided.”

Discounts available for ACHA Institutional Members!
Join other college health professionals from across the country as they come together to share ideas and inspire one another!

We are offering ways for attendees to engage, connect, learn, and grow, with the opportunity to earn 20+ hours of continuing education credits. It’s the perfect time for you to network with leading authorities, college health professionals from a variety of disciplines, and students themselves!

Educational Programming to Meet Your Needs
A diverse selection of programming will cover the many issues related to the health and well-being of our students and the delivery of quality health services. Special programming will address the social determinants of health and examine the role of campus health services in advancing health equity for all students.

Making Hotel Reservations
The 2015 Annual Meeting host hotel is the Orlando World Center Marriott. You must register for the meeting before making hotel reservations. Meeting registration is now open and further instructions including a link to make your hotel reservations will be provided at the time of registration.

Registration is open!
Visit www.acha.org/AnnualMeeting15/registration.cfm for registration fees, hotel information/rates, and the latest program and event information as it becomes available.

Pre-Conference Workshops
Tuesday, May 26
Pre-conference workshops are intended to help participants enhance specific skill sets or train to acquire specific competencies appropriate to practice in their discipline. Pre-registration is mandatory and tickets will be available for purchase when you register. For more information about the pre-conference workshops, general session, and other annual meeting programs and events visit www.acha.org/AnnualMeeting15

- Achieving AAAHC Accreditation
- Basic Dysrhythmia Review
- Boot Camp for New Health Center/Counseling Center Directors, Part I: Leadership, Management, and Communication
- Holistic Trans* Health Care in a University Setting: An Interdisciplinary Collaborative Model at the University of Wisconsin-Madison
- Student Health Center Billing 101: How to Get Started
- Understanding and Caring for Patients with Functional Gastrointestinal Disorders: A Biopsychosocial Perspective
- Boot Camp for New Health Center/Counseling Center Directors, Part 2: Finance and Participant Case Presentations
- Eating Disorder Diagnosis and Management in Primary Care: A Team Approach
- Ethics in Health Promotion: The Sequel
- Moving Towards Collaborative Care: Concepts and Strategies for Primary Care and Mental Health
- Musculoskeletal Exam Refresher Course
- “True Strength”: Engaging Men in the Discussion About Interpersonal Violence and Bystander Accountability

“True Strength”: Engaging Men in the Discussion About Interpersonal Violence and Bystander Accountability
It’s a Small World

At this year’s meeting, ACHA will focus on health equity for students, focusing on improving health for all students by addressing the social determinants of health. Moreover, in keeping with the conference theme of It’s a Small World, our specific topic area for the 2015 meeting is “Achieving Health Equity for Students” focusing on improving health for all students by addressing the social determinants of health. Special programming will explore how race, age, disability, residency status, sexual orientation, and other social factors may impact a student’s health status and therefore their personal and academic success. We will explore the role of campus health services in advancing health equity for all students.

The meeting takes place May 26–30 in Orlando, Florida, and offers five days of outstanding educational programming and networking, as well as the opportunity to learn or share more about what’s new in the college health community. ACHA Annual Meetings provide dedicated college health professionals the chance to add to their expertise while getting acquainted with colleagues from across the country and earning continuing education credits/contact hours.

Programs and Events

Members of the college health community strive to enhance the health and wellness of students and to advance the student health mission. Insurance, budgeting, diversity, disease control, emergency preparedness, and mental health issues are just some of the issues that we face daily on our campuses. These topics and many others will be presented in more than 150 educational sessions and discussions at this year’s meeting.

This year’s keynote speaker on Wednesday, May 27 is Henry Chung, MD, chief medical officer of Montefiore Care Management Company of Montefiore Medical Center. He has conducted research and published articles related to the integration of mental health treatment in primary care, particularly for racial and ethnic minorities. His presentation, entitled “Advancing Health Equity for College Students: Addressing the Links between Emotional Wellness, Physical Health and Social Determinants,” will review the literature and cite innovative models that are being used to advance health equity and reduce health disparities. Colleges and health services have an important opportunity to lead, disseminate and create these innovations for the betterment of national and global health.

This year we will have a special plenary session on Thursday, May 28. Peter Lake, JD, professor of law and director of the Center for Excellence in Higher Education, will encourage attendees to explore the integration of mental health treatment, gathered via the Center for Collegiate Mental Health (CCMH) at Pennsylvania State University, will discuss recent developments in mental health within higher education and then review data from more than 350,000 college students seeking mental health treatment, gathered via the Center for Collegiate Mental Health. Trends in mental health concerns, treatment effectiveness, and implications for service, funding, staffing, and campus-level coordination will be discussed.

The Annual Meeting also features a Presidential Session on Saturday, May 30. The speaker for the Closing Presidential Session, “Public Health and Higher Education: Navigating the Crossroads and Complexity form a Social Justice Standpoint,” is Loulou Hong, PhD, MPH, vice president for student affairs at San Francisco State University. In her talk, Dr. Hong will encourage attendees to explore their individual, institutional, and societal responsibilities for closing the gap in educational achievement and the gap in health status by embracing a social justice paradigm with courage and conviction.

Pre-Conference Workshops are back again by popular demand for the 2015 Annual Meeting! The pre-conference workshops differ from the 60- and 90-minute concurrent sessions in that they are intended to help participants enhance specific skill sets or train to acquire specific skills. A limited number of pre-conference workshops will be offered on Tuesday, May 26. Tickets are required and can be purchased online.

Credit for AHIMA Credentialed Professionals!

ACHA is pleased to announce that we have received approval from the American Health Information Management Association (AHIMA) to offer credit for selected sessions at the Annual Meeting in Orlando. Check the ACHA website www.acha.org/AnnualMeeting15 for a list of sessions offering credit.

Credit for Dietitians

The ACHA 2015 Annual Meeting program has been submitted for prior approval by the Commission on Dietetic Registration for 26 CPEUs. Watch for more details to come!
Having current, relevant data about your students’ health can help you to enhance campuswide health promotion and prevention services.

The American College Health Association’s National College Health Assessment (ACHA-NCHA) — a nationally recognized research survey conducted twice a year since 2000 — can assist you in collecting precise data about your students’ habits, behaviors, and perceptions on the widest range of health issues, including alcohol, tobacco, and other drug use; sexual health; weight, nutrition, and exercise; mental health; personal safety and violence; and impediments to academic performance.


Get to Know the College Health Community

Networking and socializing are integral to your professional development and the collegial atmosphere prevalent at the meeting. Take advantage of this year’s many opportunities to interact with your colleagues at section, affiliate, and committee meetings. And be sure to join your colleagues at the Diversity Reception on Wednesday, May 27. Enjoy appetizers while networking with your colleagues at this reception co-hosted by the Coalition of Allies for LGBT Health and the Ethnic Diversity Coalition. We’re planning a fun and informal atmosphere where you can relax and enjoy getting together with old and new friends!

The Exhibit Hall will again feature more than 80 exhibitors displaying their health-related products and services. Also featured in the meeting registration area are the poster displays—visual presentations of successful programs on a variety of campuses. Poster presenters will be available for discussion and questions during session breaks on Thursday and Friday from 7:00 a.m.–4:00 p.m.

Orlando: More than Just Theme Parks

In addition to the theme parks of Disney are plenty of entertainment, shopping, and dining options for adults! The Disney Boardwalk and Downtown Disney feature shops, restaurants, nightclubs, live music venues, and theaters. There’s no charge to get in to these entertainment complexes, and both are in very close proximity to the host hotel. Those looking to travel a bit farther afield can rent canoes and kayaks, walk nature trails, or go for a dip in the cool, crystal clear natural springs of Wekiwa Springs State Park or visit the Kennedy Space Center Visitor Complex (be sure to check out the interactive}

ANNUAL MEETING continued from page 15 when you register for the meeting or added to your registration at a later time. Please see the sidebar on page 14 for a list of workshop topics.

ANNUAL MEETING continues on next page
Angry Birds’ Space Encounter). If you’re seeking thrills, there are many companies in the Orlando area offering hot air balloon excursions and air boat rides. For a slower-paced but perhaps just as exhilarating outing, there are numerous outlet malls located throughout the region. Plan your visit today at www.visitorlando.com.

ACHA is pleased to offer complimentary shuttle services to Downtown Disney and Universal CityWalk from the Orlando World Center Marriott. Shuttles will run in a continuous loop from 6:00 p.m. – 11:00 p.m. Tuesday through Friday. Both Downtown Disney and Universal CityWalk offer a wide variety of shopping, dining, and entertainment options sure to please every traveler. More information about the shuttle services will be available as the meeting approaches.

The 2015 Annual Meeting host hotel is the luxurious Orlando World Center Marriott, a resort hotel with an 18-hole championship golf course, award-winning restaurants, a rejuvenating full-service spa, and oasis-like outdoor pools featuring two 200-foot winding waterslides and a 90-foot speed slide.

Attendees will be able to make their hotel reservations after they have registered for the Annual Meeting. Upon registering or the Annual Meeting, each attendee will receive a link to the website where hotel reservations can be made. Please note that you will not be able to get the ACHA room rate discount if you make your reservation over the phone or through the Marriott public website. More information is available at www.acha.org/AnnualMeeting15/hotel.cfm.

Be sure to visit the ACHA Annual Meeting website at www.acha.org/AnnualMeeting15 for the Preliminary Program, latest programming and continuing education updates, registration details, and tourism information. Or, call the national office at (410) 859-1500 for assistance. We hope to see you there!
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Planning to attend the ACHA 2015 Annual Meeting in Orlando? If so, please stop by the American College Health Foundation (ACHF) display/information table in the registration area! There you can learn more about the Foundation and how its mission to advance the field of college health is being achieved through financial support provided by ACHA members like you and various corporations serving college health.

Giving is truly magical considering what can be achieved with such generosity. Just imagine what could be done if the universe of college health workers made a commitment to sustain the success of the Foundation with an annual gift? Thanks to the generous contributions of members over the past 26 years, your Foundation is now able to contribute funding for special projects, provide awards for creative writing and programming, and help underwrite the costs of the ACHA annual meetings in order to invite quality speakers from outside the field of college health to help enlighten and challenge us to think differently.

For example, Foundation dollars are being used to support the ACHA 2015 Annual Meeting mobile app that will be used by attendees to help navigate activities and events at the meeting. ACHF is also underwriting this year’s annual subscription fee for hosting the ACHA Webinar Series. This service provides members with a variety of quality online educational sessions; there is no cost to view the webinars.

Foundation funding is also being used for the first time this year to directly support student members. The new ACHF Student Travel Awards provide funding to partially cover travel expenses for students attending the ACHA meeting in Orlando. Out of a pool of applicants, four students from different schools were chosen for this award. They will have the opportunity to attend the meeting, benefit from session attendance, and network with college health professionals. Following the meeting, recipients will be required to provide written evaluations of their annual meeting experiences that may be published in this column or other related publications. In addition, these students will be expected to become involved in health center projects on their campuses following the meeting.

ACHF funding opportunities also include seven awards plus the Weiss Writing Prize. These annual offerings are made available exclusively to ACHA Individual Members and employees of ACHA Institutional Members. The various awards are the Aetna Student Health Award, ACHF Healthy Campus 2020 Award, Gallagher Koster Innovative Practices Award, Student Health 101 Health Promotion Award, Weiss Student Mental Health Award, ACHF Student Travel Awards, and the FirstRisk Advisors Mental Health Award. More information on the specific award opportunities and the writing prize can be found on the ACHF webpage. The winners of this year’s awards will be announced during the Opening General Session in Orlando. The deadline for applications for the next funding cycle is January 31, 2016.

Are you interested in learning how you can help the Foundation support these beneficial funding opportunities? One way is to make a contribution to ACHF’s Matching Gift Challenge to be held during the Orlando meeting. The theme of this year’s event is “The Magic of Giving – Make It Universal!” Thanks to the generosity of our corporate partners, PyraMED and Pharmedix, all gifts totaling up to $5,000 will be matched! We are grateful for their willingness to support this event for a third year and hope everyone will take a moment to stop by the ACHF table during the meeting to make a contribution. Each gift, regardless of the size, makes a difference and helps us reach our goal! Everyone making a donation during the meeting will receive a special name badge ribbon to wear to show their support of the Foundation. Donor names will also be written on a special challenge banner on display at the ACHF table. Please help us reach our goal! Thank you!

And it’s not too late to register for ACHF’s Charity Invitational Golf Tournament to be played on Tuesday, May 26 at the Orlando World Center Marriott’s prized Hawk’s Landing golf course. Tee time is 2:15 p.m. An ample supply of quality clubs and shoes will be available to rent on site. This event is independent of the ACHA Annual Meeting. Please contact the ACHF Office for information on how to register.

Please consider the Foundation when you make your charitable giving decisions!

To contact ACHF:
American College Health Foundation
1362 Mellon Road, Suite 180
Hanover, MD 21076
(410) 914-5575
mproudfoot@acha.org
came to realize that helping break down the stigmas surrounding mental health trumped hiding my struggles.”

Additionally, Heininger said there is a “tough it out” stigma among athletes, and this program aims to break that down. He said mental health issues are not altogether different from physical injuries and emphasized that the mind affects everything we do.

Barbara Hansen, athletic medical staff counselor, said the athletes had a significant impact on the students who participated. “I think one of the more powerful, common reactions we’ve had is that students felt like they could really relate to the videos and stories from Will and Kally,” Hansen said.

The pilot program is part of a wider effort that began in October 2014. At that time, the collaborators began holding drop-in meetings facilitated by a clinical social worker. At the meetings, Hansen said athletes completed surveys focused on mental wellness.

Hansen said they have resumed the groups for the winter semester and are in the planning stages for the next academic year. As a result of the pilot, 40 students met with counselors.

“Feedback about the videos was overwhelmingly positive,” Hansen said. “It definitely opened up the door for some of our current student-athletes to decide to reach out for help.”

Members! Do you have a successful program on your campus that you think others would like to know about? Have there been any recent campus events that you’d like to share with other ACHA members? Have you or your college health program recently been recognized with an award or grant? Submit your news to kcrocker@acha.org to be included in a future newsletter.
In 2011, everything changed. That fall, we launched “Spit for Science” (S4S), a university-wide research effort focused on understanding how genetic and environmental influences come together to impact substance use and mental health outcomes in college students. The scientific aims were in line with many other ongoing projects at VCU, which is home to an internationally renowned research institute that brings together faculty from diverse disciplines to conduct research in the area of psychiatric and substance use disorders (www.vipbg.vcu.edu). The project was an effort to bring a preeminent area of research at the university “home” to VCU in a way that could benefit our university community. The project has inspired new collaborations that have benefited both researchers and practitioners/administrators who ultimately want to maximize student mental wellness and reduce substance abuse.

**Spit for Science: The Nuts and Bolts of the Research Project**

For the past four years, all incoming freshmen age 18 and older at VCU have been invited to complete an online survey at the beginning of their freshman fall semester. The survey contains questions about personality and behavior, as well as family, friends, and experiences growing up, and takes approximately 15-30 minutes to complete. Students receive $10 and a free Spit for Science T-shirt for completing the survey. They also have the opportunity to provide a saliva sample for the DNA component (hence the “spit” in Spit for Science), for which they receive another $10. Students have the option of participating in the survey portion of the project and not the DNA component. We do considerable outreach about the DNA component and how health outcomes, including substance use and mental health, are a product of both our environments and our genetic predispositions. Students are invited to complete a follow-up survey every spring thereafter. Accordingly, the project allows us to understand patterns of substance use and mental health among our students when they start at the university, and the risk and protective factors that impact behavior across their college years (and beyond). Nearly 70 percent of eligible freshmen have participated in the project each year, with approximately 97 percent also choosing to participate in the DNA component. After four years of enrolling incoming freshmen, we have nearly 9,500 students participating in the project. Additional details about the data collection and the groundwork that went into launching this university-wide research project can be found online at www.spit4science.vcu.edu.

**Catalyzing Collaborations**

**The Wellness Resource Center**

Under the division of student affairs, the Wellness Resource Center has partnered with Spit for Science to develop a host of print and interactive programming. Examples include:

- A mailing to parents of incoming freshman with information from both the researchers and the Wellness Resource Center on the research project and substance use services at the university, including a tip sheet for parents about talking with their students about substance use.
- Coordinated sessions at Welcome Week, in which faculty and staff from the research team and Wellness Center highlight each other’s efforts and emphasize the connections between them.
- The Wellness Center’s monthly Stall Seat Journal (think: engaging newsletter on the back of the bathroom stall—a captive audience) presents results emerging from the study (see www.thewell.vcu.edu for an example).
- Spin-off grants to pilot novel online prevention/intervention programs tailored to individual students’ risk profiles based on their data from the Spit for Science project. Initial results demonstrate that the most at-risk students are also the ones most likely to benefit from intervention (manuscript under review).
- Results from the project are used to frame conversations about risk factors for substance use when Wellness Center staff meet with students (see Alcohol 101s on the Wellness Resource Center, www.thewell.vcu.edu).

**Office of Student Retention**

We are also working with senior leadership in the office of strategic enrollment management, which provides oversight of initiatives involved in student retention and graduation. We found that 40 percent of the individuals who reported the heaviest levels of alcohol use in their freshman fall surveys were no longer at the university by the spring of their junior year (compared to about 25 percent overall). This inspired a collaboration with the administration to use the Spit for Science data to help understand factors related to university success, in order to inform the development of programming aimed at helping our students achieve their academic potential. Further, as new programming is initiated, we will have the ability to compare the follow-up survey information from students who participated in the programs and those who did not in order to assess effectiveness.

**Opportunities for Faculty and Trainees**

All data from the Spit for Science project are entered into a registry, which allows faculty, postdoctoral fellows, and graduate students from around the university to work with the data. We currently have 21 faculty and 17 graduate or postgraduate level trainees from 10 different departments working with the data. They are studying diverse areas related to behavioral health, including alcohol and drug use, depression and anxiety, tobacco use, eating disorders, caffeine use, sleep, physical activity, sexual behavior, parenting, romantic relationships, and peer influence (among others!). In addition, students in the registry can be re-contacted for spin-off studies. This allows investigators to select subsets of students for further study in their area of expertise. For example, we have current spin-off projects focused on students who have experienced trauma, students at elevated risk for alcohol problems, and students who are smokers. Through this university-wide research project, we have created a community of investigators across the university with shared interest in college behavioral health. We host a
variety of events to further communication and collaboration among the group (e.g., a brown bag lunch series).

Engaging Students
Over the past four years we have had over 130 undergraduate students enrolled in a class enabling them to be part of the research team. As part of this class, they learn more about ongoing research in the area of substance use and mental health, and they have opportunity to be involved in the research itself—from data collection to analyzing the data and presenting results. We have had such high demand for the class (often 50+ applications for 15 slots/semester) that we are starting an online option. Residence hall directors tell us that the project provides an easy way for students to talk about substance use and mental health issues. We regularly conduct outreach activities around the university to raise awareness about college behavioral health, and we create a newsletter sent to all students each semester with updates about the project and its results.

Learn More!
To learn more about this project and hear about results coming out of the study, come to Dr. Dick’s talk at the ACHA Annual Meeting in Orlando.

Danielle M. Dick, PhD, is a professor of psychiatry, psychology, and human and molecular genetics at Virginia Commonwealth University. She can be reached at ddick@vcu.edu.

Reference
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www.instymeds.com
The basis of this goal lies with the nursing assessment. Medical decision making is a role that often starts with the professional registered nurse. It must be clear that this is not medical diagnosis, but rather assessment and disposition. Triage is medical decision making, and this role has the minimum qualification of a registered nurse (American Association of Ambulatory Care Nursing, 2010).

A registered nurse uses a systematic, dynamic approach in collecting subjective and objective data about a patient, the first step in delivering nursing care. Assessment includes not only physiological data, but psychological, sociocultural, spiritual, economic, and lifestyle factors as well (American Nurses Association, 2014). Triage assessment can start over the phone. This assessment will get the ball rolling.

Telephone triage (telehealth nursing) has an added level of complexity because the senses of touch, sight, and smell are secondhand, and nurses must rely on the client’s ability to describe symptoms/issues. Defined criteria for telehealth nursing include using standardized algorithms, determining urgency of need, and collaborating with client to develop plan of care and evaluation of that plan (American Association of Ambulatory Care Nursing, 2010). Telephone triage relies on appropriate assessment by questioning the client to determine if and/or when face-to-face care is right as described above. Telephone triage often directs the student to the nurse as the right provider at the right time. However, upon further assessment the disposition may change.

The assessment includes medical history, symptom assessment, physical assessment, and psycho-social assessment (see sidebar). Medical history includes PAMPER—Pregnancy/breastfeeding, Allergies, Meds, Previous chronic illness, Emotional status, and Recent injury, illness, ingestion (Wheeler, 2014). The symptom or problem assessment includes SCHOLAR—Symptoms and associated symptoms, Characteristics, History of complaint, Onset of symptoms, Location of symptoms, Aggravating factors, and Relieving factors (Leibowitz & Ginsburg, 2002).

Physical assessment triage starts with the very basic Emergency Severity Index (ESI) assessment. The role of the triage nurse starts with determining if the client is in a high risk situation requiring emergent or immediate care. Although this resource was designed for emergency room care, college health nurses can use this as a basis for decision making, thereby reducing risk of unwanted outcomes. The role of the triage nurse is to gather subjective and objective information from the patient, analyze it, and decide whether this patient has a high-risk situation (Agency for Healthcare Research and Quality, 2012).

Most triage in college health centers is not high risk. Policy and procedure makers must consider crisis intervention—suicide, sexual assault, domestic abuse, respiratory distress, circulatory compromise, etc. These crises or high risk occurrences should have protocols with emergent or immediate intervention.

Risk severity assessment should include SAVED: Severity of pain, trauma, bleeding, strange or suspicious symptoms, Age (especially women of child bearing age), Veracity (communication barriers—language/cultural), Emotional status, and Debilitation/Distance (chronic illness and transportation issues) (Wheeler, 2014).

Physical assessment tools include forms, acronyms to encourage complete, targeted assessments, and complete documentation. Many institutions have preloaded, customized electronic templates for assessments. Electronic algorithms and printed algorithms are available. If relying on paper documentation, the nurse should have forms designed to accommodate accurate assessment findings. Beware of choosing a protocol or template for assessment prior to gathering information and starting assessment as protocols and templates may lead away from a critical finding. Documentation is one of the keys to risk reduction in triage. Each institution will have procedural guidelines or protocols for a variety of problems, i.e., throat culture for sore throats, urinalysis for dysuria, etc. Completeness and accuracy of assessment are built in safeguards to quality care.

Psycho-social assessment may include a PHQ-2 or PHQ-9 form as indicated for depression screening. Other tools are available for assessing anxiety, social isolation, substance abuse, and cultural factors. Client self-care will complete the assessment. These findings contribute to the assessment by the triage nurse and are part of the medical decision making for disposition.

Prior to disposition, the triage nurse uses her skills to analyze findings. Using
In the college health setting, demand may exceed capability, i.e., there are not enough clinicians to see every student in the time frame warranted or requested by the student. With cuts in budgets, open positions, and fewer hours for clinical appointments, providing care for the most urgent problems in a timely manner with the correct provider is the goal of triaging patients. Triage nurses use skills to address this problem. Key to the success of any triage system is “buy-in” by all caregivers and the client. From the medical director, physician, physician assistant, nurse practitioner, registered nurse, practical nurse, medical assistant, and front desk schedulers, all need to feel a part of the combined efforts to meet the student’s needs. In some instances, the providers feel the triage nurse is diagnosing medical conditions or the registered nurse does not feel that this level of decision making is the nurse’s responsibility. Many front desk staff answering the phone feel caught between students’ desires and available existing appointments. Clarity in triage is, in this nurse’s opinion, paramount to successful outcomes.

In short, disposition in triage depends on nursing assessment, capacity/capability of staff, severity of problem, type of workup required, cost effectiveness, and client agreement. Disposition has four tiers:

1. Emergent: Paramedic level care, i.e., Transport
2. Urgent: 1-8 hours
3. Acute: 8-24 hours
4. Non-Acute: self-care with patient instruction on symptom relief and instructions to make an appointment for worsening or persisting symptoms

Triage nursing provides a unique opportunity for patient education. Patient education is client centered and timely. Education on symptom relief and preventive measures, including over the counter medications as allowed by state laws, may avoid unnecessary ER/urgent care visits. A decrease in client anxiety and increased patient satisfaction with the college health center may occur as a result of triage nursing. Reassurance may be the most important aspect of triage nursing, rather than symptom relief (Wheeler, 2009). Quality improvement studies are warranted to document these findings. Evaluation completes the nursing process in triage.

Triage nursing is not gatekeeping or denial of care, but rather providing the right care at the right time by the right provider. Managed care in college health begins with nursing triage of client’s needs. Is there one correct policy or procedure for college health triage? Probably not, but if basic principles of triage are part of the triage policy and procedure—both staff and clients will be satisfied with the outcome.

If interested in college health nursing triage, The Three T’s of College Health Nursing: Triage, Treat or Transport will be presented at the ACHA Annual Meeting in Orlando and will include case studies and application of triage principles.

Chris Rooney, BSN, RN, BC, is a university nurse at Millersville University of Pennsylvania. She can be reached at chris.rooney@millersville.edu.

References:
**Affordable Care Act Broadens Insurance Coverage for Behavioral Health Care for Young Adults**

The Affordable Care Act (ACA) has extended health care coverage to many young adults (ages 19 to 26) and, as a result, has expanded their access to behavioral health services according to a new study by the Substance Abuse and Mental Health Services Administration (SAMHSA). The study shows that since the ACA allowed for young people in this age bracket to be covered as dependents under their parents’ health insurance policies, coverage rates for this age group have risen from 70.2 percent in 2010 to 76.6 percent in 2012.

This expanded coverage has resulted in a rise in the percentage of young adults receiving mental health services in the past year—from 10.9 percent in 2010 to 11.9 percent in 2012. The study shows that people in this age group who were insured were nearly twice as likely to receive mental health treatment as those without health insurance (13.5 percent versus 6.7 percent).

ACA’s expansion of insurance coverage to many in this age bracket has also lowered cost barriers to those seeking treatment. In 2009, 54 percent of young adults not receiving recommended mental health services or substance abuse treatment reported cost as a barrier to getting treatment. After the implementation of the ACA the percent of young adults unable to get treatment due to financial costs dropped—to 44 percent in 2012.

The report, entitled Trends in Insurance Coverage and Treatment Utilization by Young Adults, is based on data from SAMHSA’s National Survey on Drug Use and Health (NSDUH) reports. SAMHSA’s NSDUH report is a scientifically conducted annual survey of approximately 67,500 people throughout the country, aged 12 and older. Because of its statistical power, it is a primary source of statistical information on the scope and nature of many substance abuse and mental health issues affecting the nation.


*Source: SAMHSA Press Release, January 29, 2015*

**ACIP Reaffirms Recommendation for Annual Influenza Vaccination**

In February 2015 the U.S. Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) voted on its annual influenza vaccine recommendations for 2015-2016. ACIP voted to continue to recommend that all persons six months and older be vaccinated annually against influenza. However, ACIP did not renew the 2014-2015 preference for using the nasal spray flu vaccine (i.e., LAIV) instead of the flu shot (i.e., IIV) in healthy children two through eight years of age when immediately available. The preferential recommendation was originally approved on June 25, 2014, after a review of data from several influenza seasons suggested that the nasal spray vaccine could offer better protection than the flu shot for children in this age group. The decision not to renew the preferential recommendation was made based on new data from more recent seasons which have not confirmed superior effectiveness of LAIV observed in earlier studies. ACIP recommends that children six months and older get an annual influenza vaccine with no preference stated for either the nasal spray vaccine or the flu shot.

ACIP is a panel of immunization experts that advises the CDC. Part of the ACIP charter is to continually evaluate new data and update or change recommendations as warranted. The new data considered by ACIP included vaccine effectiveness estimates for 2013-2014 and for the current 2014-2015 season.

Since 2010, CDC and ACIP have recommended that everyone six months and older get a flu vaccine annually with rare exception. Although flu vaccine is the best way to prevent influenza infection, how well it works can vary. Since CDC began measuring vaccine effectiveness in 2004-2005, estimates have ranged from 10 percent to 60 percent. Host factors of the person being vaccinated like age, health and immune status also can impact how well the vaccine works.

The ACIP recommendation must be adopted by the CDC Director. The recommendation would then be incorporated into the 2015-2016 influenza prevention and control recommendations and published in a Morbidity and Mortality Weekly Report (MMWR), at which point it would become official CDC policy.

*Source: CDC Media Statement, February 26, 2015*
April
Alcohol Awareness Month; SAMHSA’s National Clearinghouse for Alcohol and Drug Information; NCADI-info@samhsa.hhs.gov; ncadi.samhsa.gov
Alcohol Awareness Month; National Council on Alcoholism and Drug Dependence Inc.; www.ncadd.org

Counseling Awareness Month; American Counseling Association; www.counseling.org

National Donate Life Month; Division of Transplantation, Healthcare Systems Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services; ask@hrsa.gov; www.organdonor.gov

National Minority Health Awareness Month; Office of Minority Health, U.S. Department of Health and Human Services; info@omhrc.gov; www.minorityhealth.hhs.gov

Sexual Assault Awareness and Prevention Month; National Sexual Violence Resource Center; resources@nsvrc.org; www.nsvrc.org/saam; and Rape, Abuse & Incest National Network (RAINN); info@rainn.org; www.rainn.org

STI Awareness Month; Centers for Disease Control and Prevention; (800) CDC-INFO (232-4636) English/Spanish; (888) 232-6348 (TTY); www.cdc.gov/std/sam

April 1
Sexual Assault Awareness Month Day of Action; National Sexual Violence Resource Center; resources@nsvrc.org; www.nsvrc.org/saam

April 7
World Health Day; Pan American Health Organization, WHO Regional Office for the Americas; www.who.int/world-health-day/en

May
Employee Health and Fitness Month; National Association for Health and Fitness; wellness@city-buffalo.org; www.physicalfitness.org

Hepatitis Awareness Month; Hepatitis Foundation International; info@hepatitisfoundation.org; www.hepatitisfoundation.org
Melanoma/Skin Cancer Detection and Prevention Month; American Academy of Dermatology; MRC@aad.org; www.aad.org
Mental Health Month; Mental Health America; rbridge@mentalhealthamerica.net; www.mentalhealthamerica.net/go/may
National Physical Fitness and Sports Month; President’s Council on Physical Fitness and Sports; fitness@hhs.gov; www.fitness.gov
National Teen Pregnancy Prevention Month; Advocates for Youth; saraha@advocatesforyouth.org; www.advocatesforyouth.org

May 4
Melanoma Monday; American Academy of Dermatology; mediarelations@aad.org; www.aad.org

May 10-16
National Women’s Health Week; Office on Women’s Health, U.S. Department of Health and Human Services; (800) 994-9662; www.womenshealth.gov/nwhw

May 31
World No Tobacco Day; Pan American Health Organization, WHO Regional Office for the Americas; www.who.int/tobacco/wntd/en

June
Men’s Health Month; Men’s Health Network; info@menshealthweek.org; www.menshealthmonth.org

June 7-13
National Headache Awareness Week; National Headache Foundation; info@headaches.org; www.headaches.org

June 15-21
Men’s Health Week; Men’s Health Network; info@menshealthweek.org; www.menshealthweek.org

June 27
National HIV Testing Day; AIDS.gov; www.aids.gov

July
Juvenile Arthritis Awareness Month; Arthritis Foundation; help@arthritis.org; www.arthritis.org

August
National Immunization Awareness Month; National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention; (800) CDC-INFO (232-4636) English/Spanish; (888) 232-6348 (TTY); www.cdc.gov/vaccines/events/niam.html

August 1
National Minority Donor Awareness Day; National Minority Organ Tissue Transplant Education Program; www.nationalmottep.org

August 9-15
National Health Center Week; National Association of Community Health Centers; www.healthcenterweek.org

Affiliate Meetings

Mid-America College Health Association
November 12-14, 2015; Louisville, KY; Susan Pederson, pedersensk@unk.edu

Mid-Atlantic College Health Association
October 22-23, 2015; Atlantic City, NJ; Edythe Cook, edythe@american.edu

New England College Health Association
NECHA/NYSCHA 2015 Combined Annual Meeting
October 28-30, 2015; Albany, NY; Julie Basol, julie@nechaonline.org

New York State College Health Association
NYSCHA/NECHA 2015 Combined Annual Meeting
October 28-30, 2015; Albany, NY; Julie Basol, julie@nechaonline.org

North Central College Health Association
October 28-30, 2015; LaCrosse, WI; Brian Allen, ballen@uwlax.edu

Rocky Mountain College Health Association
October 16-17, 2015; Billings, MT; Triniti Halverson, triniti.halverson@msubillings.edu

Future ACHA Meetings

May 31-June 4, 2016: San Francisco, CA
May 30-June 3, 2017: Austin, TX
May 29-June 2, 2018: Washington, DC
May 28-June 1, 2019: Denver, CO
May 26-30, 2020: Chicago, IL
March 17 - April 17
Vote for officers, regional representatives, and section leaders in the ACHA National Election – see https://members.acha.org/members/Elect_Leaders.cfm for details

May 11
Annual Meeting pre-registration ends (after this date, you must register on-site).

It’s a Small World
May 26-30 | Orlando, Florida
ACHA 2015 ANNUAL MEETING

Visit www.acha.org for updates!

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Director, McLauchlan Student Health Services
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