



Institutional Profile Survey (IPS) Definitions & Clarifications

(Version 8.2.2024)

Administrative support services – are provided to student health services in a variety of structures. Some student health services provide these services locally, while some campuses receive shared central campus services or contract with non-university providers including outside medical groups. Please indicate how these services are provided to your student health service. If services are provided both locally and externally, please indicate how these services are relatively provided. When services are shared with units outside of health and counseling operations such as within a student affairs unit, consider these services as central campus. For example, if you have one information technology staff person, but rely on central campus services for most IT support, indicate these services are provided primarily by central campus but secondarily at the health service.

Assessment and Evaluation – includes population health assessments (e.g. ACHA-NCHA), patient satisfaction assessments, program evaluation, and other tools used for policy development and planning. This category does not include medical or clinical assessments.

Athletic training – clinical services are provided at the health services by a professional holding licensure or national certification as an Athletic Trainer. Services are available to all or most students within the primary care setting. Do not include athletic training services provided only to intercollegiate athletics, within a training room or health center physicians who provide oversight to athletic trainers caring for student athletes.

Clinical visits – can include immunization only visits and eHealth visits but does not include ancillary services such as lab and radiology, nor triage and referral, which do not generate a visit code.

Collegiate Recovery Community (CRC) – The Association of Recovery in Higher Education (ARHE) definition is: “Collegiate Recovery Programs (CRPs) and Collegiate Recovery Communities (CRCs) are terms that are often used interchangeably to describe an institutionally sanctioned and supported program for students in recovery from substance use disorder seeking a degree in higher education. The goal of a CRP or CRC is generally to offer the chance for these students to experience the opportunities that higher education offers by providing support, preventing a return to use, and promoting academic performance.”

Consensual relationship policy – is an institutional policy which addresses relationship, either past or present, which are romantic, intimate, or sexual in nature and to which both parties consent or consented. May apply to students, faculty, and staff.

Contracted to outside entities – contracting or outsourcing of campus health services is increasingly common. Consider the entire service to be contracted if an outside medical or mental health entity is wholly responsible for the provision of services including staff employment, medical records, billings, and holds legal and regulatory authority over the services provided. Consider providers to be contracted if the institution contracts with an outside entity for the services of a health care provider, but outside of employment and credentialing, oversight of care is provided by the campus. Contracted and outsourced services should be indicated regardless of their physical location.

Counseling offices or rooms – are spaces used for mental health or consultation appointments and typically do not contain an exam table nor medical equipment. Please consider the primary use of each room and count each room only once as either a counseling space OR an exam/treatment room, and do not count the same space in both categories. Include rooms which serve as both a provider office and are used for patient care.

Dedicated Men’s Health Services – a defined and publicized set of health care services for men, including at least some of the following – reproductive health care, prevention, detection and treatment of diseases that affect men disproportionately, a broader set of primary care services for men, outreach/community health initiatives targeting men.

Exam or treatment rooms – are spaces used to provide direct medical care and are typically equipped with a sink, exam table, and medical equipment. Please consider the primary use of each room and count each room only once as either a counseling space OR an exam/treatment room, and do not count the same space in both categories. Include rooms which serve as both a provider office and are used for patient care.

Expense budget – total expense budget should be included for the time period covered by the IPS. The planned budget rather than end of year actuals should be provided. The expense budget should include all expenses associated with the operation of and provision of services to the degree possible recognizing that on many campuses not all costs are allocated to the unit level. This includes but is not limited to salary and other personnel costs, supplies, rent, other services, and allocated central campus costs. (In addition, please do include any salary funds that come from other campus departments.) If you are unable to provide personnel costs, please enter -9, as we are unable to use your expense data.

Finance – is the management of the funds of the organization. It includes activities such as the development of budgets, monitoring expenses, and monitoring revenue.

A full-time equivalent (FTE) – is an individual working full-time, generally 37-40 hours, per week based on your institutional definition.

- For part-time employees, individual FTEs should be added to find the total FTE for each staff type. For example, three nurses working 0.6, 1.0, and 0.4 FTE would equal 2 FTE.
- Convert employees on academic or other part-year contracts to the appropriate FTE. For example, a 9- month full-time employee would be 0.75 FTE.
- Providers with significant administrative responsibilities should be reported based on their clinical commitment. For example, a medical director physician who provides patient care 3

days per week should be reported 0.6 FTE physician and 0.4 FTE other administration in line Section 31E.

- Standard administrative allowances provided to all providers should be included within their clinical commitment. For example, a standard physician with 36 hours of patient care and 4 hours of administration time should be reported as a 1 FTE physician. A psychologist with a 65% clinical commitment should be reported as 1.0 FTE.

Funding (revenue) – total revenue should be included for the time period covered by the IPS. The revenue should include all sources of funds for services. This includes but is not limited to fee for service collections from insurance and students, dedicated student health fees, grants from outside organizations and to the degree possible central campus actual and in-kind support. For example, if your organization has three positions funded by a campus office, these funds should be included in your revenue. If you are unable to provide funding sources, please enter -9, as we are unable to use your revenue data.

Health Insurance Program Staff – includes staff whose primary function is to manage enrollment, waiver, and other administrative activities related to a Student Health Insurance Plan. Staff whose primary function is to bill services to health insurance should be included in the “Other administration or administrative support staff” line.

Marketing and Communication – includes activities designed to promote and communicate your services and/or promote campus health. Examples include development of materials such as flyers and posters, management of a social media presence, website maintenance, health campaigns and public service announcements, interaction with campus and local media, and crisis communications.

Medical amnesty policies – an institutional policy that protects students from disciplinary action who seek medical attention for themselves or others, as a result of illegal actions.

Medical Services – includes all clinical visits provided by a non-mental health services provider. These include visits provided by nurses, advanced practice clinicians and physicians as well as ancillary services such as physical therapy, registered dietitian, acupuncture, and licensed athletic trainers. Please include primary care visits for the prescription of antidepressant medications.

Medication Dispensary – the health center dispenses commonly used, pre-packaged prescription medications, on the order of a licensed clinical provider, to complete a medication course for an acute illness. A medication dispensary does not have a pharmacy license, does not employ or contract with a pharmacist for oversight, and does not fill prescriptions from outside providers.

Mental Health/Counseling Services – include all clinical visits provided by a counselor, psychologist, licensed clinical social worker, or psychiatrist where the primary focus is the treatment of psychological symptoms. Mental health services do not include visits provided by non-mental health specialty providers for treatment of psychological illness. For example, a primary care visit for the prescription of antidepressant medications should be included as a medical services visit.

Net assignable square footage – the space available for program activities and services. It excludes areas such as building services, mechanical, structural, and for circulation. Please also exclude space that is contracted or rented from another entity.

Non-students – includes individuals who are not currently enrolled students outside of the exceptions listed above. Non-students include faculty or staff, visitors to campus, non-student summer program participants, students’ spouse, partners, and dependents.

Primary Care – is the diagnosis and treatment for common medical conditions. This includes care provided for chronic conditions, preventive care as well as care for acute illnesses and injuries on a same day basis.

Primary Care (nurse-only facilities) – is the provision of routine evaluation and management for common medical conditions by a registered nurse working under clinical protocols (standing orders). This can include triage, first aid, referral and care for minor conditions.

Primary Care Medical Home/Patient Centered Medical home – is a care delivery model whereby patient treatment is coordinated through their *primary care* physician. The organization should be accredited through AAAHC, JC, or another national accrediting or certifying organization.

Professional fee – includes fees associated with primary/urgent care visits. Excludes fees charged for specialty services, lab tests, medications, procedures, or supplies.

Professional students – generally refers to a student who is enrolled in a non-PhD, doctoral level degree (professional degree) program. Examples include medicine (MD), pharmacy (PharmD), law (JD), and veterinary medicine (DVM) students. It may also apply to other degree programs as determined by your institution's registrar, and these should be counted separately from other graduate students. Apply this classification only if it is in use at your institution.

Psychiatry - Specialty care by a provider (MD, DO, PA, or NP) with advanced training in psychiatry.

Regular assessment of faculty and staff – assessments include the ACHA National Faculty & Staff Health Assessment or other instrument that is regularly administered to assess the health of the campus staff/faculty and used for program and policy planning.

Regular assessment of students – assessments include population level surveys such as the ACHA National College Health Assessment, Healthy Minds Study, etc. or other instrument that is regularly administered to assess the health of the campus student population and used for program and policy planning.

Screening for mycobacterium tuberculosis – is a standardized process which identifies students at risk for tuberculosis and then involves subsequent testing using an accepted method such as a PPD (skin test) or IGRA (blood test). For example, obtaining a risk factor screening from all students and then performing an IGRA for those at risk is screening all students. Obtaining a risk factor screening and performing a PPD on those students from students from high-risk countries would be “yes, international students from high-risk countries only.”

Sexual Violence and Other Gender-Based Harm Victim Advocacy – facility has an employee in the role of victim advocate available to support students that report being a victim of sexual misconduct and gender-based harm. Support services may include escorting victims to sexual assault forensic exams, meeting with the student to provide resources, accompanying the student to meetings with other departments and community agencies as requested, etc.

Students – are individuals enrolled in the institution at the time of services and/or eligible for services based on previous or upcoming enrollment. Students may include individuals accessing student health services over the summer term who are not currently enrolled but were enrolled in the preceding term or will be enrolled in the upcoming term.

Telecounseling – is the provision of mental health counseling through the means of telecommunications technology.

Telehealth visits – a real-time, interactive communication between a patient and a health care provider using telecommunications technology (e.g. using a computer, tablet or smartphone). Phone-only encounters count as telehealth visits if they are a billable encounter.

Telemedicine – is the remote diagnosis and treatment of medical patients by means of telecommunications technology.

Telepsychiatry – is the remote psychiatric assessment and care through means of telecommunications technology.

Total unique patients – unique student patients + unique non-student patients.

Unique students eligible – this number should represent the population at this point of the semester who are able to use institutional health services. Exclude students who are enrolled in distance education, enrolled in programs such as executive education, and/or whose part-time status does not permit access to institutional health and counseling services. This number may vary throughout the operating year but should represent your best estimate of the number/percentage of eligible students when your institution reports its enrollment to the federal government during the 6th week of the semester.

Unique patients – are the number of unique individuals with at least one clinical visit during the past full operating year.

Urgent care – is a campus medical facility which is generally licensed and meets the criteria established by the Urgent Care Association of America and/or the American Academy of Urgent Care Medicine. Key criteria include accepting walk-in patients during business hours, treating a broad-spectrum illness including minor procedures, having on site diagnostic capability including lab and radiology and being open 7 days per week. If accredited, the clinic must meet all applicable standards and be accredited as an urgent care clinic.