



University of New Hampshire Health & Wellness Annual Report • 2020 - 2021

YEAR IN NUMBERS

Medical Services



5,989 unique patient count
24,569 clinical appointments



5,523 prescriptions filled



859 immunizations
2,435 flu clinic vaccinations



392 x-rays



2,724 lab tests

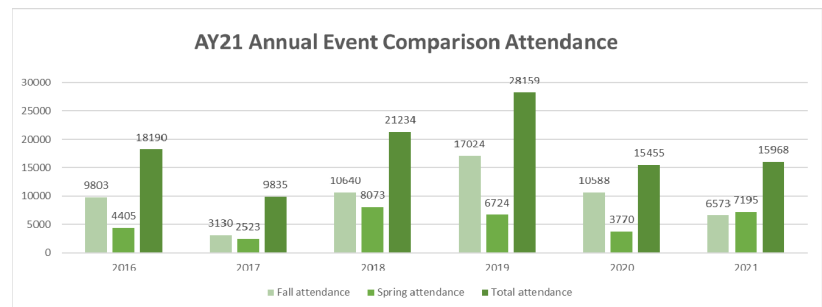
Living Well Services



82 massage therapy
186 alcohol, nicotine, other drug
292 nutrition
+ 162 wellness coaching
722 individual visits



587 educational programs
15,968 student contacts



Top 10 Clinical Visits by Diagnosis

1. Colds, sore throats, & related illnesses
2. Anxiety and stress
3. Depression/mood
4. Viral infections (mono, COVID-19)
5. Urinary infections
6. Fungal infections
7. Head injuries
8. Menstrual difficulties
9. Joint disorders
10. Ear infections

Top 10 Topic Areas by Programming Attendance

1. Wellness (general)
2. Nutrition
3. Health & Wellness
4. Sexual well-being
5. Stress
6. Alcohol
7. Emotional wellness
8. Eating Concerns
9. Meditation and mindfulness
10. Alcohol, nicotine, & other drugs

STAFF HIGHLIGHTS

Retirements (listed in order of photo below, left to right)

- Kevin Charles**, Executive Director of Health & Wellness (27 years)
- Carol Merkle**, Licensed Practical Nurse (13 years)
- Janet Harris**, Executive Assistant (25 years)
- Arlene Bisson**, Business Operations & Student Health Benefits Plan Specialist (23 years)
- Debbie Ellison**, Housekeeping (41 years)
- Diane Messier**, Administrative Assistant (17 years)
- Pat Campbell**, Advanced Practice Registered Nurse (26 years)
- Fran Nichols**, Licensed Practical Nurse (15 years)
- Deb Learmonth**, Advanced Practice Registered Nurse (13 years)
- Lois Ratto**, Health Information Specialist (25 years)
- Dennis Dupuis**, Coordinator, Quality Improvement and Accreditation (22 years)

New Employees

- Tessa Marino**, Massage Therapist
- Ellie Webb**, Registered Nurse

Moving On

- Mary Farrar**, CMA
- Sue Chalmers**, RN, BSN
- Becky MacLennan**, MBA, CAGS, Director of Finance & Administration
- Betty Coccozza**, Medical Biller/Coder



STUDENT INVOLVEMENT

Student involvement supports the university's academic mission by providing students opportunities to apply classroom knowledge to practical experiences in the area of health promotion and college health. We are privileged to have students from diverse academic programs work with our office.

Interns

Logan Lopus
Madeline Gerbacht
Gabrielle Paradis
Courtney Milli
Beverly Allen
Lily Kalman
Kate Amaral
Isabella F. Houley
Keirra Bartley
Lilah Chase

Wellness

Ambassadors

Gwenyth (Gwen) Bergstrom
Saehee Chon
Madison Crawford
Emily Jones
Caitlin Murphy
Jenna Roy
Sarah Shaw
Emma Steele
Allison Silva
Elizabeth (Liz) Hart
Brooke Samora
Bobby Kasmire
Arzum Sepici
Katie Potter

Wellness

Assistants

Alyssa Boyd
Eliza DeMaio
Rachel Barden
Crystal Goodrich
Chrissy Ellis (P&R)
Katie Salvator
Kaitlyn Beard
Shealah Bunnell

Alcohol, Nicotine, and Other Drug Peer Educators

Tasha Bui
Riley Dionne
Grace Roy

Nourish

Sarah Ogawa
Molly Hoell
Julia Melius
Alexandra Penta
Caitriona O'Doherty
Althea Anshah
Laura Lynch
Lauren Miller
Dimitri Santos
Courtney Randall
Chris Guarino

Eating Concerns Mentors

Grace Bailer
Molly Houle
Sarah L'Italien
Emily Muha
Jillian Olevitz
Lydia Parker
Nicole Reardon
Cassandra Redfern
Cheyenne Reilly
Austin Whittemore



HEALTH & WELLNESS ANNUAL REPORT

2020-2021, DIVISION OF STUDENT LIFE, 6/14/2021

DEPARTMENT INFORMATION

Department Name: UNH Health & Wellness

Location: Health & Wellness Building

Main Phone: 603-862-9355

Website: <https://www.unh.edu/health>

Director's Name: Kevin Charles

Director's Email: Kevin.Charles@unh.edu

NUMBER OF STAFF

Total Number of Current Staff: 61

Total Number of Vacancies: 1

BREAKDOWN OF CURRENT STAFF BY TYPE

Full Time Professional: 25

Full Operating Staff: 13

Part Time Professional: N/A

Part-time Operating Staff: N/A

Doctoral Interns: N/A

Post-Doctoral Fellows: N/A

Administrative Support Staff: 3

Student Staff: 5

Adjunct staff: 18

Student Volunteers: 45

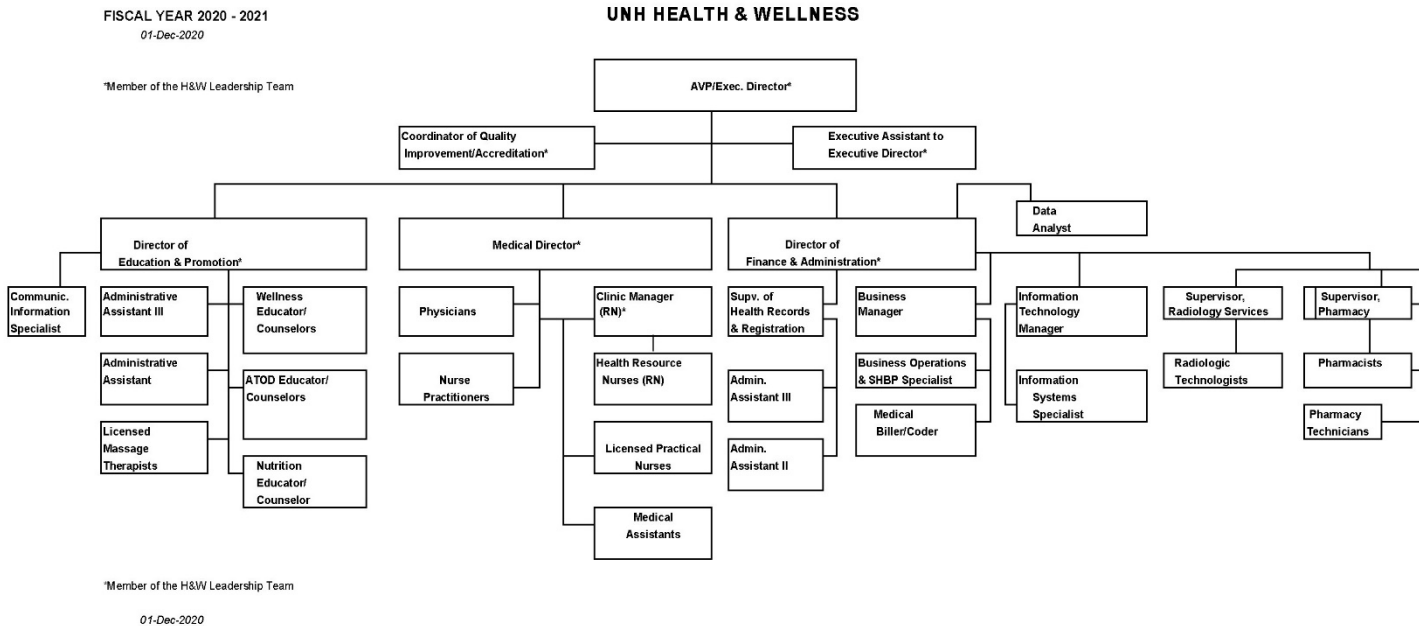
MISSION

Health & Wellness provides whole person-centered care and services, illness prevention and health promotion, co-curricular learning opportunities, and public health leadership and expertise. All are tailored to support our students' health, well-being, and personal development, the health of the campus community and the mission of our university.

UNIT OVERVIEW

Health & Wellness operates from a holistic perspective to provide medical care, wellness coaching/counseling and education, health promotion, and public health guidance and expertise to the UNH campus community in support of the university’s academic mission. We offer students and employees (in limited capacity) high-quality, low-cost, and convenient medical care; integrated mind-body services (e.g., massage therapy); ancillary services (e.g., pharmacy, radiology, laboratory services); and educational programming and events. Students also have access to specialized and evidence-based wellness counseling and coaching to promote behavior change for both personal and academic success. Most of our services are provided at no additional cost to students through a combination of health insurance and the student Health & Wellness Fee.

ORGANIZATIONAL CHART



Health & Wellness Organizational Chart (FY 2020-2021)

alt=Organizational chart showing the supervisory structure of Health & Wellness. For full text chart, see appendix.

SUMMARY OF GOALS AND MAJOR ACCOMPLISHMENTS

GOAL 1: TO MAINTAIN THE DELIVERY OF THE HIGHEST QUALITY CARE AND SERVICES FOR OUR STUDENTS AND THE CAMPUS, WHILE PROVIDING INVALUABLE PUBLIC HEALTH GUIDANCE TO THE UNIVERSITY SENIOR LEADERSHIP TO ENSURE CONTINUED SUCCESSFUL ACADEMIC OPERATIONS DURING THE COVID-19 PANDEMIC.

Goal description: ensured continued availability of health care services to students without interruption.

Accomplishments and activities:

- maintained in-person staffing for full clinical operations while expanding access through telehealth consultations.
- assisted senior university leadership with critical public health analysis and consultation to successfully guide academic operations.
- collaborated with the university COVID-19 testing program to ensure optimal testing protocols.
- responded to all abnormal test results identified through contact tracing efforts.
- managed and maintained contact with over 2,000 students who tested positive for COVID-19 infection or was exposed to someone with COVID-19 infection over the 20-21 academic semester to ensure proper isolation and quarantine guidelines were followed while providing education and support to facilitate safety and recovery.
- provided telehealth wellness coaching and counseling services.
- provided numerous remote educational programs and workshops (both by professional and student staff) as well as limited in-person programs, as Modes of Operation allowed, for students and employees.

GOAL 2: TO ASSERT HEALTH & WELLNESS AS THE PRIMARY RESOURCE FOR COVID-19 INFORMATION, EDUCATION, AND CONSULTATION APPROPRIATE TO THE UNIVERSITY COMMUNITY'S NEEDS.

Goal description: began tracking information and publishing updates on emerging pandemic starting in January 2020, establishing our website as a trustworthy and accurate source of clinical and public health information, later becoming a complementary source of information to the UNH Coronavirus webpage.

Accomplishments and activities:

- Maintained a COVID-19 Education and Resources webpage with important education, documents, forms, and information based on local and national updates and evidence.
- Regularly updated a COVID-19 Frequently Asked Questions webpage, translating questions and information into an audience-specific format for social media and other communications.
- Helped design and implement UNH's comprehensive COVID-19 public health campaign (#UNHTogether) in collaboration with CPA.

GOAL 3: TO ESTABLISH A FINANCIAL APPROACH THAT ENSURES ATTAINMENT OF OUR GOALS OVER THE COURSE OF THE YEAR.

Goal description: The pandemic caused a disruption of normal operations, but we managed expenses to offset the decrease in revenue we experienced.

Accomplishments and activities:

- Implemented a COVID-19 accounting/reporting line to segregate expenses for normal operations and those which were due to operational changes due to the COVID-19 response.
- Maintained an operational pharmacy and expanded services to include delivering medications to students who were in quarantine or isolation, saving them money and allowed them to remain in their designated areas.

- Reduced number of authorized users of PCard's to gain additional controls over who could spend money on behalf of Health & Wellness.

GOAL 4: TO REVIEW AND STRENGTHEN OUR IT INFRASTRUCTURE TO SUPPORT HEALTH & WELLNESS AND UNIVERSITY'S NEEDS WHILE MAINTAINING THE EFFECTIVENESS AND SECURITY OF OUR ELECTRONIC HEALTH RECORD.

Goal description: IT infrastructure adapted to changes due to COVID-19 allowing some staff to work from home.

Accomplishments and activities

- Ensured that all staff who would be working remotely had required safeguards in place to protect patient data while working outside of the building. This included the use of VPNs and tightening security credentials and passwords.
- Worked with our electronic health record vendor to implement new protocols for COVID-19 response within the health record.
- Set up a telehealth program that allowed students access to medical care and health education programming without coming on campus to Health & Wellness.

GOAL 5: IN ACCORDANCE WITH THE NATIONAL "HEALTH & WELL-BEING IN HIGHER EDUCATION" INITIATIVE, CONTINUE THE EFFORT TO ESTABLISH A CAMPUS-WIDE DEFINITION AND PHILOSOPHY REGARDING WELL-BEING AND WORK TO GAIN SUPPORT FROM UNH ADMINISTRATION TO CREATE A CULTURE OF WELL-BEING FOR THE CAMPUS.

Goal description – To increase the campus conversation about the definition of well-being, it's relationship to wellness and increase efforts to create a culture that supports well-being for all members of the community.

Accomplishments and activities:

- Implemented the American College Health Foundation, Emotional Well-Being Survey to a random sample of students and employees, during the spring semester, which assessed the dimensions of: Community & Belonging, Coping & Stress Management, Purpose & Meaning and Subjective Well-Being.
- Health & Wellness developed a definition of Well-Being based off the [Inter-association Definition of Well-Being](#), November 2020 for use on the UNH campus to inform and expand the conversation on well-being.
- Drafted proposal for a Health & Well-Being Taskforce to review and identify how to best broaden and continue the creation of an institution that influences, improves, and supports the health, wellness and well-being of student, faculty and staff on the UNH campuses.

POINTS OF PRIDE

POINT OF PRIDE 1: HEALTH & WELLNESS CLINICAL AND OTHER STAFF HAVE WORKED FAR ABOVE AND BEYOND EXPECTATIONS TO CARE FOR OUR STUDENTS AND THE ENTIRE CAMPUS COMMUNITY DURING THE UNPRECEDENTED COVID-19 PANDEMIC.

Description: Throughout the pandemic Health & Wellness staff has provided leadership and services to assist the campus in responding to COVID-19.

Relationship to mission or goals - Consistent with our mission and supports our Goals 1 and 2

POINT OF PRIDE 2: HEALTH & WELLNESS STAFF ASSUMED A LEADERSHIP ROLE IN WHAT BECAME THE UNIVERSITY'S PUBLIC HEALTH CAMPAIGN (#UNHTOGETHER).

Description: Health & Wellness in collaboration with CPA worked to develop and implement the proposal submitted to Health & Wellness to campus leadership for a campus wide public health campaign addressing COVID-19 and its impact on the community.

Relationship to mission or goals - Consistent with our mission and supports our Goals 2 and 5

POINT OF PRIDE 3: IN RESPONSE TO NEW AND UNIQUE DEMANDS FOR PROTECTED HEALTH DATA BY SENIOR LEADERSHIP OF THE UNIVERSITY, HEALTH & WELLNESS ADMINISTRATIVE STAFF TOOK CHARGE IN CREATING INNOVATIVE WAYS TO CONNECT WITH CENTRAL IT AND OTHERS TO MEET THOSE NEEDS.

Description: Health & Wellness extracted data from its electronic health record system, Point and Click, to be transmitted to the Data Warehouse. The extract included macros that pulled out inconsistent data and allowed for very minimal data re-entry. Non-protected data was aggregated and sent to the Data Warehouse to then be sent to Johns Hopkins. This data was also used to report weekly COVID-19 summary information to University Leadership and the creation of the university's public facing COVID-19 dashboard.

Relationship to mission or goals - Consistent with our mission and supports our Goals 1 and 4

POINT OF PRIDE 4: HEALTH & WELLNESS IMPLEMENTED FOUR FLU CLINICS IN THE FALL WITH SIGNIFICANTLY INCREASED DEMAND DUE TO THE PANDEMIC. HEALTH & WELLNESS STAFF ALSO PARTICIPATED IN SEVERAL HIGHLY SUCCESSFUL UNH COVID VACCINE CLINICS

Description: Four influenza vaccine clinics successful vaccinated 3000 individuals was organized and implement. Nursing students assisted in administering the vaccine. In addition, Health & Wellness staff participated in six COVID vaccination clinics successfully vaccinated 6000 individuals.

Relationship to mission or goals - Consistent with our mission and supports our Goals 1 and 2

POINT OF PRIDE 5: HEALTH & WELLNESS QUICKLY ADAPTED TO THE USE OF TECHNOLOGY IN UNPRECEDENTED WAYS, ADDING TELEHEALTH VISITS/ SERVICES AND VIRTUAL WELLNESS PROGRAMMING TO OUR REPERTOIRE DURING THIS EXCEPTIONAL TIME IN OUR HISTORY.

Description:

Relationship to mission or goals - Consistent with our mission and supports our Goals 1 and 4

COLLABORATIVE EFFORTS

KEY COLLABORATION 1: INFLUENZA AND COVID-19 VACCINATION CLINICS

Department(s) you collaborated with: UNH CHHS Nursing faculty and students

Description of the effort: Worked with nursing faculty and students to provide influenza vaccinations during Fall clinics and COVID vaccination clinics during the Spring semester.

KEY COLLABORATION 2: COVID -19 TESTING

Department(s) you collaborated with: UNH COVID laboratory

Description of the efforts: Close collaboration to involve the confirmatory testing of community members with suspected COVID-related illness, test result follow-up and contact tracing efforts

KEY COLLABORATION 3: UNIVERSITY WIDE COVID-19 RESPONSE PROCESS

Department(s) you collaborated with: Senior University leadership

Description of the efforts: Provided valuable public health input guiding success in academic and community planning amid the pandemic.

KEY COLLABORATION 4: QUARANTINE AND ISOLATION HOUSING

Department(s) you collaborated with UNH Housing, Fraternity and Sorority Life, Athletics, UNHM and UNH Law

Description of the efforts: Worked to create appropriate housing/care for students in need of isolation and quarantine space hundreds of students ill or exposed to the SARS Co-v2 virus, provided communication for care of these students, manage any medical needs or questions, and provided guidance for development of space based on evidence-based practices from CDC.

KEY COLLABORATION 5: MENTAL HEALTH/ILLNESS

Department(s) you collaborated with: Psychological and Counseling Services

Description of the efforts: Coordination of services including psychiatric care to community members in need which includes:

- sharing a psychiatrist housed in Health & Wellness
- referring as appropriate to each other organizations for care
- creating mechanism to share key information more easily to each other offices to coordinate care
- creating opportunities for the staffs from each office to meet for case consultation monthly
- as part of staff development create opportunities for learning about specific topics impacting both departments and creating opportunity to get to know each other
- provide opportunity for PACS to participate in educational events

DIVERSITY, EQUITY, AND INCLUSION

Expanded medical support and care to members of the LGBTQ+ community. Gender affirming care and treatment.

All staff are required to include on DEI goal as part of annual performance evaluation.

As part of staff development/continuing education include session related to DEI.

Encourage staff to participate in various campus opportunities related to DEI.

New staff participate in Safe Zones and Social Justice Education Training.

Work with HR to determine how we can advertise and attract diverse pool of candidates for open positions.

CONTINUOUS IMPROVEMENT

Continuous Quality Improvement is interwoven throughout everything that Health & Wellness does. As a health care and services provider, we rely on CQI, in part to meet external expectations, e.g., accreditation. However, more importantly, it is a core professional value that we expect of ourselves. As one prominent example, see the attached Quality Improvement Study, one of the many we do every year.

ASSESSMENT/LEARNING OUTCOMES/MEASURES

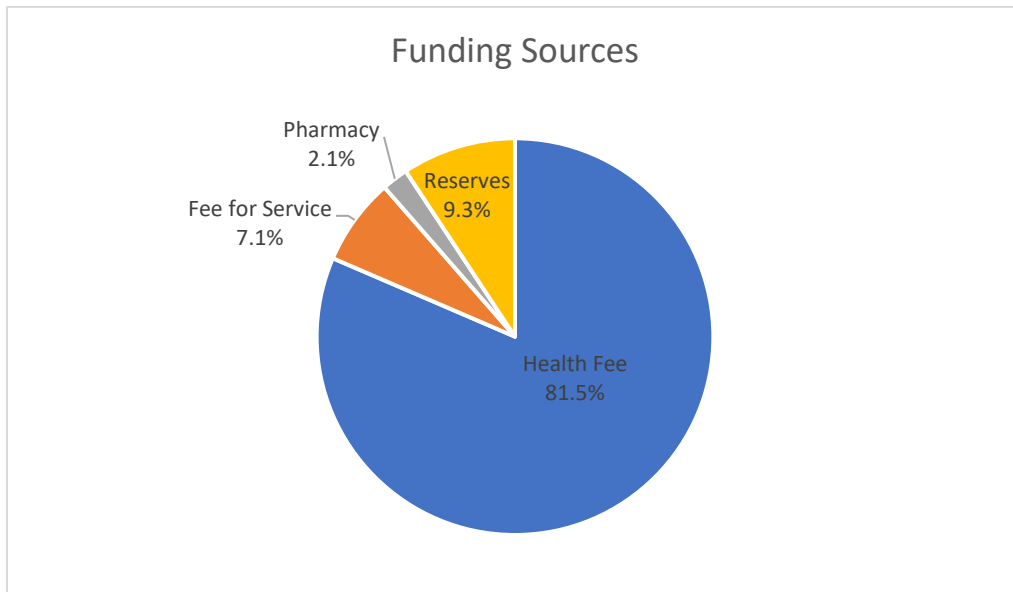
NA for 2020-2021

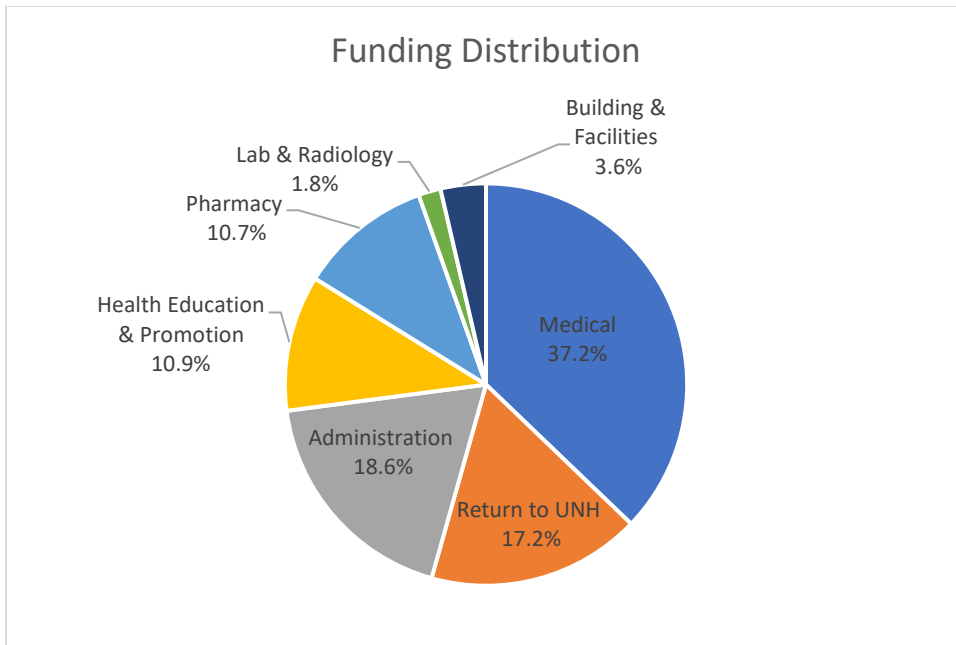
FINANCIAL SUMMARY (IF AVAILABLE)

The primary funding for UNH Health & Wellness comes from the Student Health fee. This fee ensures that students have access to medical care and individual education/counseling without a charge, removing a financial hurdle for students so they can be seen when they are ill or for preventive care regardless of their insurance coverage. The health fee also supports public health and relevant health education programs on campus.

Data as of 07/09/2021

Funding Sources	
Health Fee	4,704,260
Fee for Service	410,030
Pharmacy	123,742
Total Funding	5,238,032
Use of Reserves	536,377
Funding Distribution	
Medical	2,146,351
Return to UNH: Tax on Revenue/Strategic Initiatives	992,832
Administration	1,071,244
Health Education & Promotion	630,872
Pharmacy	619,595
Lab & Radiology	103,295
Building & Facilities	210,220
Total Expenses	5,774,409





STRATEGIC GOALS 2021-2022

STRATEGIC GOAL 1: MOVE THE IMMUNIZATION REQUIREMENT FORWARD BY IMPLEMENTING A COMPLIANCE MECHANISM WITHIN USNH POLICY

Goal description: USNH adopted policy in May 2020 that prior to matriculation, all undergraduate and graduate students, are required to provide proof of immunization or demonstrate their immunity to specific vaccine-preventable disease including:

- **Required**
 - **Measles, Mumps, Rubella (MMR):** 2 doses at least 28 days apart, initiated after 12 months of age, or immune titer
 - **Meningococcal (ACWY):** 1 dose required within 5 years of enrollment; a booster dose required if initial dose administered prior to age 16
 - **Tetanus, Diphtheria, Pertussis (Tdap):** within 10 years, after completion of primary series
 - **Chicken Pox (Varicella):** two doses of vaccine, separated by four to eight weeks, or immune titer
 - ***Students failing to meet these criteria upon arrival on campus will be denied registration.***
- **Strongly Recommended**
 - **Human Papillomavirus (HPV):** series of 3 doses
 - **Influenza:** annually

Compliance with this policy is the responsibility of each USNH institution to determine whether the student has met their entrance requirements as well as possible consequences for a student failing to meet one or more of the entrance health requirements upon arrival at their institution. Health & Wellness will work with UNH key offices and administration to determine compliance for implementation for June 2022.

Anticipated plan and activities:

- Schedule meeting(s) with key administrative offices from the 3 campuses to review policy and discuss compliance including deadline for submission and possible consequences for non-compliance to determine recommendations for compliance

- Submit recommendations to administration for approval
- Communication to students of expectations

STRATEGIC GOAL 2: VICE-PROVOST FOR STUDENT LIFE AND ASSISTANT VICE-PROVOST FOR STUDENT LIFE TO DETERMINE LEADERSHIP MODEL FOR HEALTH & WELLNESS.

Goal description: As a result of the CERP, the executive director retired at the end of June 2021. The current leadership model is the Leadership Team consisting of Medical Director, Clinical Manager, Director of Finance and Administration and Director of Education and Promotion (currently serving as Interim Senior Director) overseeing the organization. To ensure stability and sustainability of the organization long-term a new model for leadership needs to be determined prior to the end of the six- month term for the Interim Senior Director.

Anticipated plan and activities

- The Leadership Team will meet to discuss organizational leadership models utilized within college health for organization of our size and breath of services/programs
- The Leadership Team will develop proposal for future leadership model for Health & Wellness and submit to Senior Vice-Provost for Student Life and Assistant Vice-Provost for Student Life for their review

STRATEGIC GOAL 3 HEALTH & WELLNESS WILL PROVIDE LEADERSHIP AND ACTIVELY PARTICIPATE IN THE HEALTH AND WELL-BEING TASK FORCE.

Goal description: The Health and Well-Being Taskforce is charged to review and identify how to best broaden and continue the creation of an institution that influences, improves, and supports the health, wellness and well-being of student, faculty and staff on the UNH campuses. A report outlining a framework for next steps with priorities and recommendations for this multi-year effort will be submitted to the Assistant Vice-Provost for Student Life, Senior Vice-Provost for Student Life, Provost and Chief Operation Officer/Vice-President of Administration by January 2022. Health & Wellness will actively participate in this taskforce by providing leadership, and representation taskforce and subcommittees.

Anticipated plan and activities

- Provide leadership to the committee by having the Director of Education and Promotion serve as co-chair
- Have Health & Wellness provide administrative support to the committee
- Have two members of Health & Wellness service as taskforce representatives (Clinical, Living Well Services)
- Have additional Health & Wellness staff serve on subcommittees as needed/appropriate

STRATEGIC GOAL 4: IMPROVE TRACKING, COLLECTING AND REPORTING OF KEY DATA POINTS WITHIN HEALTH & WELLNESS

Goal description: Health & Wellness can collect a great deal of data from and through various systems and processes, but the organization continues to be challenged by systems/processes that hinder effective and efficient access to data. This needs to be resolved to provide appropriate and timely data for information and decision-making both internally and externally.

Anticipated plan and activities

- Review data currently tracked and collected to determine which data is needed to meet the needs of Health & Wellness and external administrators
- Review current systems for tracking, collecting, and reporting data to ensure effectiveness and efficiency of data processes and make changes as needed
- Identify key staff as data producers to ensure data is collected and reported consistently across all platforms
- Begin producing key data information utilizing these systems/processes

STRATEGIC GOAL 5: TO BE AWARDED A 3-YEAR REACCREDITATION FOR HEALTH & WELLNESS FROM THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE (AAAHC)

Goal description: In February of 2022, Health & Wellness will need to renew its accreditation through AAAHC with plans to be awarded our 8th consecutive accreditation. Status as an accredited organization means UNH Health & Wellness has met nationally recognized standards for the provision of the highest quality of care to its patients and clients as determined by an independent, external process of evaluation. The accreditation will run for three years.

Anticipated plan and activities

- Complete survey application with all supporting documents by end August 23, 2021
- Schedule site visit prior to end of February 2022
- Successfully complete site visit and receive preliminary accreditation report
- Received final accreditation report

Appendix: Health & Wellness Accessible Organizational Chart FY2020-2021

*Member of H&W Leadership Team

AVP/Executive Director*

- Coordinator of Quality Improvement/Accreditation*
- Executive Assistant to Executive Director*
- Director of Education & Promotion
 - Communication Information Specialist
 - Wellness Educator/Counselors
 - ATOD Educator/Counselors
 - Nutrition Educator/Counselor
 - Administrative Assistant III
 - Administrative Assistant
 - Licensed Massage Therapists
- Medical Director*
 - Physicians
 - Nurse Practitioners
 - Clinic Manager (RN)*
 - Health Resource Nurses (RN)
 - Licensed Practical Nurses
 - Medical Assistants
- Director of Finance & Administration*
 - Supervisor of Health Records & Registration
 - Administrative Assistant III
 - Administrative Assistant II
 - Data Analyst
 - Business Manager
 - Business Operations & SHBP Specialist
 - Medical Biller/Coder
 - Information Technology Manager
 - Information Systems Specialist
 - Supervisor, Radiology Services
 - Radiologic Technologist
 - Supervisor, Pharmacy
 - Pharmacists
 - Pharmacy Technicians



UNH Health & Wellness



Quality Improvement Study Report

Form # 100.5

From: Quality Improvement Committee

Submitted by: Quality Improvement Coordinator (Dennis)

Process identified for improvement: *Provide a brief description*

The provision of safe clinical, counseling, educational services and products in a pandemic environment.

(1) Problem statement: *Describe the problem/issue and why addressing it is important to H&W*

Health & Wellness is not (March 2020) in a position to provide our core services in a pandemic environment to our patients, clients and the University community in a manner that protects our staff and those we serve. Providing these services is why we exist.

Reason you're selecting this process to improve? (): Staff benefit High risk

Patient benefit High volume Cost control Problem prone

Other (please describe): University imperative that placed Health & Wellness as the key resource in the planning and execution of the campus' management of this pandemic.

(2) What is the Goal/Performance Goal of this study? *State in quantitative/measurable terms*

To become subject matter experts on responding to a pandemic and operating in a pandemic environment and using this knowledge to adapt and improve our care delivery model in such a way as to enable us to continue to provide the highest quality, safest care and services to our University community.

What benchmark will you be comparing your data with/to?

Standards and criteria published by the Centers for Disease Control (CDC), American College Health Association (ACHA), NH Department of Health and Human Services (DHHS), World Health Organization (WHO), American Health Information Management Association (AHIMA), American Medical Association (AMA), The Association for Professionals in Infection Control and Epidemiology (APIC), protocols from other university health centers, and the University's High Threat Infectious Disease Plan. The ultimate benchmark/goal is the continuation of the provision of services without incident/evidence of nosocomial infection within Health & Wellness.

Improvement Team Members/Services/Areas involved:

All staff were involved. The H&W Leadership Team members served as the primary coordinators of this improvement study and process. The Medical Director, Clinic Manager, and Director of Education and Promotion were the primary facilitators of this endeavor.

Project start date: Beginning awareness: January 27, 2020; Actionable: March 2, 2020

(3) Describe the data in this process that has/is being measured/gathered and how?

- PPE information: Requirements (CDC/DHHS/ACHA/APIC), Staff specifics: required types & sizes, Fit testing, Number/type on hand, Needs, Availability, Quality requirements, Storage needs, Cost/financing
- Barriers: Types, Needs/functions, Recommendations (CDC/DHHS/AMA/Howard Industries), Sizes, Availability, Quality, Quantity, Cost/financing
- Traffic Flow Through the Building: Current flow, Room use (current/needs), Recommendations (ACHA/CDC/DHHS) Needs re: intake, waiting(“well/sick”), testing, exiting
- Air exchange rates for all clinical/waiting rooms. Obtain data that will allow the tailoring of room utilization to information regarding air exchange rates that’ll insure maximum exhausting of potentially infectious room air and concurrent replacement with outside/filtered air. This per guidance from ACHA, CDC, and DHHS.
- Front desk screening procedures/processes: Recommended best practices (AHIMA/ACHA/CDC/DHHS), equipment/devices needed, policies & procedures needing change.
- Information on waste disposal recommendations/needs such as equipment requirements and hazardous waste management. (ACHA/CDC/DHHS)
- Telehealth modalities and capabilities in Point-n-Click (PnC) (our EHR) along with best practices, supporting policies & procedures, access to the EHR from home, and obtaining consent. (PnC/ACHA/CDC/DHHS/AHIMA/Other university health centers)
- Guidance/information to provide to University leadership regarding COVID testing, quarantining, isolating, support of students with C-19, and ultimately vaccinating. (ACHA/CDC/DHHS/WHO/AMA)
- Staff input and feedback on all current processes along with their recommendations and concerns.

(4) (5) (6) Present and analyze your data to include frequency, severity and source/cause(s) of the problem you identified in (1) above. End with a statement of how the current process outcomes compare to the goal stated in (2) above.

- PPE information: Requirements and guidelines extrapolated from CDC/DHHS/ACHA/APIC documents and websites indicated the need for enhanced precautions and requirements, many of which were absent in our current documents and procedures. Form#801.1, COVID-19 Enhanced Infection Prevention Measures, was created and added to our Exposure Control Plan (Policy #801). All staff were surveyed, trained, and fit-tested for N-95 respirators per CDC guidance. Specific types and sizes for every staff member were determined, documented, and procurement was immediately and

constantly pursued. Severely insufficient quantities were mediated to sufficient quantities, and ultimately were managed to the point where projected months' worth of needed supplies were on hand. This resulted in storage issues that were met by repurposing rooms and space to accommodate. Quality requirements were found to be lacking due to outside sourcing challenges and were established and adhered to throughout the next year. Cost/financing challenges that were nonexistent prior to this pandemic were identified, quantified, and strategically allocated for resolution.

- Barriers: Plexi-glass physical barriers custom fit specifically for the areas where staff have face-to-face interactions with patients/clients were unanimously recommended by CDC/DHHS/AMA/APIC/AHIMA. These areas were surveyed for the desired types, needs, functions, and sizes based upon information provided by our chosen vendor, Howard Industries focusing on availability and quality. Where we had no barriers to begin with, we now have custom fit barriers that protect our staff and patients/clients/visitors. As with everything else, cost/financing challenges that were nonexistent prior to this pandemic were identified, quantified, and strategically allocated.
- Traffic Flow through the building: In studying the guidance provided by the ACHA, CDC and DHHS, our current visitor flow into, within, and out of Health & Wellness was deemed not conducive to supporting the recommendations made by these organizations to prevent spread of the virus and needed to be/was completely modified. Room use was determined based upon new clinical needs, incorporating information provided regarding air exchanges (see below), and modified relative to the newly designated use of each room. Waiting areas were modified: The main waiting area required the construction of a dividing wall that separated the room into two areas “well” and “sick”, while maintaining the recommended air flow and exchange rates for each. Flow modifications now ensured that patients and clients would enter the building via one entrance (new) and exit the building through one of five designated exits (new), preventing patients/clients travelling in opposite directions from passing each other to the maximum extent possible, as recommended.
- Air exchange rates for all clinical/waiting rooms: Air exchange rates were unknown or estimated, at best, for our patient care rooms going into the pandemic. A company was contracted to measure actual air exchange rates for each clinical room per the guidance provided by the ACHA, CDC, and DHHS. Using this information, decisions regarding best use, safe cleaning time frames, and cycles of room use were established and employed. Again, cost/financing challenges were incurred due to the need for these measurements/applications which were strategically resolved.
- Front desk screening procedures/processes: Recommended best practices from the AHIMA, ACHA, CDC, and DHHS were researched and, of necessity, employed to bring this function up to the new standards required. Equipment/devices needed, such as thermal temperature scans and hand sanitizer dispensers were purchased and employed. Processes were modified to compensate for the loss of self-check-in stations, and furniture was rearranged to meet new distancing requirements. Policies & procedures were changed to capture all of this as the new way to do business.

- Waste disposal recommendations from the ACHA, CDC, and DHHS were implemented to include, for example, the purchase of/ no-touch trash receptacles and enhancement of current hazardous waste management procedures.
- Telehealth modalities and capabilities: The practice of conducting telehealth visits with patients and clients did not exist at H&W prior to the onset of the pandemic. Although our electronic health records system, Point-n-Click (PnC) did have the capability. Based upon strong recommendations from the ACHA, CDC, DHHS, and AHIMA, best practices were determined in conjunction with recommendations from other university health centers. In

coordination with our contracted PnC professionals, Policy #60, Telehealth Services was cobbled together to provide solid guidance and parameters regarding Scheduling appts, Scope of Tx, Recording of sessions, Privacy and confidentiality, Acceptable provider locations, Documentation, Provider licensure, and Billing. Formal exceptions were added to other policies, where warranted, to support this new service. For example, Form #039.4 was added to policy 039, Computer Security, to allow access to the EHR by clinicians and counselors from home. Something previously not allowed, but a necessity in this new environment. Much energy was expended researching and building the language and contents of a consent “form”/statement for use when a patient client was making a telehealth appointment that covers the areas listed above from Policy #060.

- Providing guidance/information to University leadership regarding COVID testing, quarantining, isolating, support of students with C-19, and ultimately vaccinating. Health & Wellness found itself in the very center of all University conversations relating to COVID-19 on campus. Our Medical Director and Clinic Manager spent endless hours researching the latest information regarding this virus and all aspects of its management, especially relating to a college campus. Previously seen in a support role to the University through the provision of health care and wellness education/counseling, H&W was now, and *is still*, a leader, facilitator, keeper of statistics, care provider, counselor, housing coordinator, intermediary, and mass testing/immunization expert. This was an extreme shift, in a painfully short period of time, under the very worst of conditions. And yet, by every measure possible, a complete success.
- Of note: Staff input, recommendations and concerns regarding all of the challenges, needs and requirements presented during this entire endeavor were sought out, incorporated, and implemented. THIS is at the core of why all of the required improvements were realized.

(7) What corrective/improvement action(s) are being recommended/implemented?

As listed and elaborated upon above. These improvements were sequential and continue to evolve as knowledge of, and response to this pandemic and its management have done throughout the year.

Date of recommendation/implementation: March 2, 2020/March 2, 2020 & continuously

Process owner responsible for implementation: H&W Leadership Team

Change test period: March 2, 2020 to May 5, 2021 (Remeasurement date)

(8)Remeasurement: Present and analyze your data to include frequency, severity and impact on the source/cause(s) of the problem you identified in (4)(5)&(6) above. End with a quantified statement of how the process outcomes compare to the previous outcomes before improvement and to the goal stated in (2) above.

In February of 2020 Health & Wellness, due to the pandemic, was not in a position to provide its core services to the University of New Hampshire's students and community in a manner that would protect the staff of Health & Wellness and the people they served.

Every single source/cause of this problem/condition listed above was identified, researched, addressed, and corrected/eliminated during this improvement process.

Remeasurement Synopsis:

As of May 2021, there have been over 2,000 COVID-positive patients seen at H&W in the past year and not one staff member or visitor has tested positive with an infection that was traced, intimated, or found to be attributable to their presence in the Health & Wellness building.

(9)Permanent Process Change? Yes.

(10)QI Committee Notes

Date reported to the QI Committee: Constantly (every meeting) throughout the year.

Date reported to Leadership: Constantly (every meeting) throughout the year. The Leadership Team conducted this study and facilitated all improvements.

Others presented with study findings/results: The entire staff at every staff meeting during the past year, including the most recent H&W staff meeting on April 30, 2021.