CAS FUNCTIONAL AREA REVIEW
ACTION PLAN

Date: March 28, 2018
Functional Area: Student Health Services
Review Year (e.g. 2015/2016): 2016/2017
Date of Follow-Up Meeting: None at this time

Meeting Attendees:

Review team's recommendations and overall comments:
Four action items were identified for improvement or change.
1. Procedure manual
2. Procedure manual
3. Current budget not sufficient
4. Medical equipment not inspected or calibrated since purchase

Area concerns as discussed in meeting:

Comments:
• Action items one and two regarding updates in manuals have been completed.
• Action item three was for an increase in the budget to cover the rising costs of medical supplies and educational materials. This has been shelved for a future date when the college budget increases.
• Action item four regarding the need to test medical equipment will be completed by July 2018.

Vice President's response and specific action plan:

Comments:
Timeline to address issues discussed in follow-up meeting:

Comments:

Next follow-up meeting:

Additional comments:

Lead Member of CAS Signature

Vice President’s Signature

4/14/18 Date

4/15/18 Date
# Table of Contents

## Contextual Statement
Gives a functional and historical perspective to the area

## Instructions
Instructions for conducting self-assessment using the SAG

## Self-Assessment Instrument
Instrument comprised of criterion statements, rating scales, and evaluation forms to be used in self-assessment

## Work Forms
Offer direction for developing an action plan (e.g. identify strengths, weaknesses, recommendations, benchmarks for achievement, resources, timeframe, and responsible individuals)

## Appendix A: CAS Standards for Clinical Health Services
Society has become increasingly aware of the need for universal access to basic healthcare services as well as the effects of policy and the built environment on an individual’s health. New partnerships are being forged so that clinical (individual) and systemic (population) concerns are addressed in the most effective way. The complexity and comprehensiveness of the Clinical Health Services (CHS) provided by an institution of higher education varies extensively by student demographics, institutional mission, and the availability of community resources. For the purposes of these standards, CHS means a single diagnostic, therapeutic, rehabilitative, preventive or palliative procedure or a series of such procedures. Each procedure may be separately identified for billing and accounting purposes. CHS mainly focuses on disease prevention, intervention, community, and individual medical care along with education.

The programs under Clinical Health Services traditionally include preventive health services such as immunizations, maternal-child health care, and communicable disease control. CHS can also have expanded medical services such as primary care for children and adults, and dental services.

The CHS works with other campus and community departments and programs to address communicable diseases, emergency preparedness, and crisis management. Access to medical, nursing, and allied care as well as management of public health needs are important aspects of maintaining a productive living, learning, and working environment. In many cases, the services may be provided directly by the institution; in other cases, external resources may be used and coordinated with the institution. Trends indicate a continuing concern for issues such as, alcohol and drug use, high risk sexual choices and sexual violence, sleep hygiene and neuropsychological disease (also referred to as mental illness). Administrators of CHS face greater demands for timely access to health care, integration with health insurance plans and increasing demands for accountability. Outside accrediting bodies such as Joint Commission and Accreditation Association for Ambulatory Health Care (AAAHC) assist CHS to meet and exceed accreditation standards (U.S. Department of Education, 2006).

CHS has primarily focused on health care for traditional age college students (18-25yrs) with 59% of new full time undergraduate students completing a four-year degree in six years (IES, 2014). The number of students over the age of 25 increased by 41% between 2000 and 2011 and, as such, the demographics and the needs of college populations are shifting (IES, 2014). In addition to changing demographics the face of health care overall is changing in the U.S. with passage of the affordable care act. Directives from within IHE and federal level for CHS to supply immunization tracking, emergency response, public health surveillance, emergency preparedness protocols and procedures, pharmaceutical and paramedic services are not uncommon (IES, 2014). The scope of practice for an accredited CHS has expanded with the growing global healthcare services industry. Many of the challenges faced by today’s providers were not even thought of at the inception of on campus clinical health services over one hundred and fifty years ago.

One such challenge CHS faced was the passage of the American Recovery and Reinvestment Act of 2009. The passage of this law meant that all health care providers are required to be meaningfully utilizing electronic medical records (EMR) by January 1st, 2014. This mandate required not only that a system be in place but that the providers be prepared to demonstrate compliance ("The American Recovery", 2015). College and university health services were not exempt from implementation of this law.

As behavioral intervention teams (BIT) and threat assessment protocols are becoming commonplace on campuses and we know that CHS providers are included in over 40% of those teams (NaBITA, 2012). A majority of the issues faced by BIT groups on campus are mental health concerns such as suicide, substance abuse, and interpersonal violence (NaBITA, 2012) the voice of CHS is critical in responding appropriately to these community wide issues.

In 1860, Edward Hitchcock Jr., physician and professor of hygiene at Amherst College, was charged by the president of the college to develop methods to advance the health of students (Packwood, 1989). In response
to this charge, Dr. Hitchcock focused on physical fitness and hygiene education. During the early part of the twentieth century in response to outbreaks and epidemics of communicable diseases and a lack of community resources, campus infirmaries were created to isolate students with infectious diseases. Given the levels of communicable disease and the lack, in the 1940s, of a single-payer system of universal healthcare access, infirmaries were established on college campuses. In the 1950s as veterans returned and took advantage of the GI Bill, physicals and immunizations were added, as they were the standard practice in the military (Packwood, 1989). Societal and behavioral risk factors moved to the forefront in the 1970s, and in the 1990s the Mental Health Parity Act (MHPA) was signed into United States law and brought new institutional investments in psychiatry and psychology as elements of services.

Between 2000 and 2015, the neuro psychological and psycho-pharmaceutical concerns of students moved into the forefront of CHS (APA, 2013). In response to this increase many IHE took a closer look at how mental health needs are met on campus. In the 2010 American College Health Association-National College Health Assessment (ACHA-NCHA) survey, 76% of campuses surveyed (267 campuses, representing 20% of IHE in the US) maintain discrete clinical health and psychological services (ACHA, 2010). The majority of CHS adjusted to the increasing demand for mental health care through collaboration with psychological services, referral and increased health care provider education.

Today the delivery of healthcare is changing to universal access through private purchase third-party insurance, employment compensation packages, or taxpayer-provided insurance coverage. All three of these financing options can cover primary care and other medical services for students off campus or in the community of their parent/spouse. Students who are underinsured may access care through community resources for the underinsured. Fewer students today are uninsured as IHE have begun to mandate proof of insurance to maintain student status. The CHS is often compared to other primary care ambulatory community health clinics. Traditionally, the CHS was just one of the programs and services financed by institutional appropriations or a “health fee.” During these next few years, the integration of existing healthcare delivery and application of insurance will create changes in how and where students access healthcare.

As part of the educational mission of the institution, CHS must do all it can to engage the student in the education process regarding accessing clinical healthcare services. Students need to know their rights and responsibilities. They need to have access to accurate information on cost, price, services, and providers. Orientation to the concepts and language of insurance could diminish significant financial risk. These students will be in need of healthcare all their lives, so they must understand the prevailing system and alternatives. Regardless of the institution’s specific policies requiring levels of healthcare insurance coverage beyond current law, students need to know how to make an informed decision based in regard to their own healthcare. Immediate access to accurate information will allow students to take responsibility and affect positive change.

Regardless of the financing and access to healthcare, the health issues that pose a threat to students’ academic success are more often psychosocial, behavioral, or environmental. Data collected by the American College Health Association National College Health Assessment (ACHA-NCHA, 2014) indicate that students continue to seek out health care for (in order of significance) allergies, back pain, sinus infection, sore throats and UTI. They identified health-related causes for academic problems (in order of significance) continue to be stress, anxiety, sleep, cold/flu/sore throat and depression (ACHA-NCHA, 2014). All of the health concerns cited as most detrimental to academic progress are neuropsychological in nature and are affected by both environmental and policy decisions. Issues that interfere with academic success, like all health concerns, cannot be addressed solely by accessing medicinally focused healthcare. Effecting change requires that our focus include policy development, procedural refinement, educational outreach and environmental adjustments.

The CHS can be one of a variety of methods used to advance the health of students to the extent that such efforts enhance the learning environment. CHS must adapt and make it a priority to first address health risks and problems contextually appropriate to a student’s capacity to learn. The most important aspect of any CHS will be its ability to create and maintain necessary, non-duplicate responsive services on campus as well as...
collaborative relationships with faculty, staff and the larger surrounding community. The maintenance of a comprehensive ambulatory health care facility may not be as important as other coordinated relevant services that CHS can provide the institution. Campuses must maintain a focus on services that support priorities within this academic context.

Although institutions differ in size, scope, and setting, there are universal concepts that affect the level of healthcare services available to college students. Current sociological trends, high-risk identification, public health issues, healthcare insurance finance reform, and changes in preventive medicine have broad institutional implications. The CHS has a unique opportunity to help meet those new challenges through a variety of services, programs, and approaches. These standards and guidelines are offered to serve this process.

References, Readings, and Resources

American College Health Association (ACHA): http://www.acha.org
College student personnel services. Springfield, IL: Charles C. Thomas.

Contextual Statement Contributors

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INTRODUCTION AND INSTRUCTIONS

CAS Self-Assessment Guide

The *Self-Assessment Guides* (SAG) translate functional area CAS standards and guidelines into tools for conducting self-study. Educators can use this SAG to gain informed perspectives on the strengths and deficiencies of their programs and services as well as to plan for improvements. Grounded in the reflective, self-regulation approach to quality assurance in higher education endorsed by CAS, this SAG provides institutional, divisional, departmental, and unit leaders with a tool to assess programs and services using currently accepted standards of practice.

The *Introduction* outlines the self-assessment process, describes how to complete a programmatic self-study, and is organized into three sections:

1. Self-Assessment Guide Organization and Process
2. Rating Examples
3. Formulating an Action Plan, Preparing a Report, and Closing the Loop

The introduction is followed by the *Self-Assessment Worksheet*, which presents the CAS standards for the functional area and incorporates a series of criterion measures for rating purposes.

I. Self-Assessment Guide and Process

CAS developed and has incorporated a number of common criteria that have relevance for each and every functional area, no matter what its primary focus. These common criteria are referred to as “General Standards,” which form the core of all functional area standards. CAS standards and guidelines are organized into 12 components, and the SAG workbook corresponds with the same sections:

| Part 2. Program | Part 8. Internal and External Relations |
| Part 5. Ethics | Part 11. Facilities and Equipment |

For each set of standards and guidelines, CAS provides a Self-Assessment Guide (SAG) that includes a recommended comprehensive self-study process for program evaluation. Seven basic steps to using a SAG are suggested for implementing a functional area self-study. The following self-study process is recommended.

| 1. Plan the Process | 5. Develop an Action Plan |
| Map out steps for process, develop timeline, build buy-in with all stakeholders, and explicitly identify desired outcomes of the self-study | Identify discrepancies, corrective action, and recommended steps (e.g., identify strengths, weaknesses, recommendations, benchmarks for achievement, resources, timeframe, and responsible individuals) |

| 2. Assemble and Educate the Self-Assessment Team | 6. Prepare a Report |
| Determine who should be on the team and how to educate the team about the self-study process | Identify audience for report(s); describe the self-study process, evidence gathering, rating process, and evaluations; summarize strengths and weaknesses; describe the action plan; and draft an executive summary |

| 3. Identify, Collect, and Review Evidence | 7. Close the Loop |
| Define what constitutes evidence; then gather, collect, manage, and review evidence | Put action plans into practice; work to navigate politics and secure resources; identify barriers to overcome; and build buy-in to the program review results |

| 4. Conduct and Interpret Ratings Using Evaluative Evidence | |
Clarify team’s rating criteria; employ a process for rating [small group, individual, staff]; negotiate rating differences; and manage group ratings

The first four steps in conducting self-assessment will lead you through planning your process, preparing your team, gathering evidence, and assigning ratings to the criterion measures.

A. Plan the self-study process
B. Assemble and educate self-study team(s)
C. Identify, collect, and review documentary evidence
D. Conduct ratings using evaluative evidence

**Step A: Plan the Self-Study Process**
Prior to beginning a program review, division and functional area leaders need to determine the area (or areas) to be evaluated and the reasons for the project. This may be dictated by institutional program review cycles or planning for accreditation processes, or it may result from internal divisional goals and needs. Explicitly identifying desired outcomes and key audiences for a self-study will help leaders facilitate a process that makes the most sense for the project.

Critical first phases of a program review include mapping out the planned steps for a program review and developing timelines. Leaders will also want to build buy-in with stakeholders of the functional area. In the initial planning stage of the self-study process it is desirable to involve the full functional area staff, including support staff members, knowledgeable students, and faculty members when feasible. This approach provides opportunity for shared ownership in the evaluation.

**Step B: Assemble and Educate the Self-Assessment Review Team**
The second step is to identify an individual to coordinate the self-assessment process. CAS recommends that the coordinator be someone other than the leader of the unit under review; this facilitates honest critique by the review team and enhances credibility of the final report. Once a leader is designated, members of the institutional community [e.g., professional staff members, faculty members, students] need to be identified and invited to participate. Whether a sole functional area or a full division is to be reviewed, the self-study team will be strengthened by the inclusion of members from outside the area(s) undergoing review.

In preparing the team for the self-study, it is imperative to train the team on the CAS standards, as well as self-assessment concepts and principles. CAS standards and guidelines are formulated by representatives of 41 higher education professional associations concerned with student learning and development. The CAS standards represent essential practices; the CAS guidelines, on the other hand, are suggestions for practice and serve to elaborate and amplify standards through the use of suggestions, descriptions, and examples. Guidelines can often be employed to enhance program practice. Following a long-standing CAS precedent, the functional area standards and guidelines—presented as an appendix to the self-assessment instrument—are formatted so that standards (i.e., essentials of quality practice) are printed in **bold type**. Guidelines, which complement the standards, are printed in light-face type. Standards use the auxiliary verbs "must" and "shall" while guidelines use "should" and "may."

In this self-assessment instrument, the CAS standards have been translated into criterion measures and grouped into subcategories for rating purposes. The criterion measures are not designed to focus on discrete ideas; rather, the measures are designed to capture the major ideas and elements reflected in the standards. For each of the 12 component parts, team members will rate clusters of criterion measures. If the assessment team decides to incorporate one or more of the guidelines into the review process, each guideline can be similarly translated into a measurable statement to facilitate rating.

As a group, the review team should examine the standards carefully and read through the entire self-assessment guide before beginning to assign ratings. It may be desirable for the team, in collaboration with the full staff, to discuss the meaning of each standard. Through this method, differing interpretations can be examined and agreement generally reached about how the standard will be interpreted for purposes of the self-assessment.
Step C: Identify, Collect, and Review Documentary Evidence

Collecting and documenting evidence of program effectiveness is an important step in the assessment process. No self-assessment is complete without relevant data and related documentation being used. It is good practice for programs to collect and file relevant data routinely, which can then be used to document program effectiveness over time. Available documentation should be assembled by the unit under review and provided to the review team at the outset of the study. The team may request additional information as needed as the review is conducted.

Documentary evidence often used to support evaluative judgments includes:

- **Student Recruitment and Marketing Materials**: brochures and other sources of information about the program, participation policies and procedures, and reports about program results and participant evaluations

- **Program Documents**: mission statements, catalogs, brochures and other related materials, staff and student manuals, policy and procedure statements, evaluation and periodic reports, contracts, and staff memos

- **Institutional Administrative Documents**: statements about program purpose and philosophy relative to other educational programs, organizational charts, financial resource statements, student and staff profiles, and assessment reports

- **Research, Assessment, and Evaluation Data**: needs assessments, follow-up studies, program evaluations, outcome measures and methodologies, and previous self-study reports

- **Staff Activity Reports**: annual reports; staff member vitae; service to departments, colleges, university, and other agencies; evidence of effectiveness; scholarship activities, and contributions to the profession

- **Student Activity Reports**: developmental transcripts, portfolios, and other evidence of student contributions to the institution, community, and professional organizations; reports of special student accomplishments; and employer reports on student employment experiences

In the SAG, each section provides recommended evidence and documentation that should be collected and compiled prior to conducting ratings. The evidence collected is likely applicable across numerous sections.

Raters can best make judgments about the program expectations articulated in the standards when they have a variety of evidence available. Multiple forms of evidence should be reviewed and reported in the narrative section of the SAG worksheets. Through the rating process, a self-study team may identify a need to obtain additional information or documentation before proceeding, in order to lend substance to judgments about a given assessment criterion. Evidence and documentation should be appended and referenced in the final self-assessment report.

Step D: Conduct and Interpret Ratings Using Evaluative Evidence

When the program review team has gathered and reviewed necessary evidence, they will be able to assign and interpret ratings to individual criterion measures, following three steps.

1) **Rate Criterion Measures**
   a) Team members individually rate criterion measures based on their understanding of the evidence.
   b) Team discusses and assigns collective ratings for criterion measures.

2) **Provide Narrative Rationale**
   a) Document the reasoning and evidence for the rating assigned to each subsection, in the space provided for Rationale.
b) Explain what evidence has been collected and reviewed to support individual and/or team ratings and judgments.

c) Provide information for follow-up and relevant details about ratings (e.g., if Partly Meets is assigned as a rating, what aspects of the program or service do and do not meet which standards statements).

3) **Answer Overview Questions (In the Instrument)**

a) Respond, in writing in the space provided, to the Overview Questions that immediately follow the rating section of each of the 12 components.

b) Use answers to the Overview Questions, which are designed to stimulate summary thinking about overarching issues, to facilitate interpretation of the ratings and development of the self-study report.

Assessment criterion measures are used to judge how well areas under review meet CAS standards. These criterion measures are designed to be evaluated using a 4-point rating scale. In addition to the numerical rating options, Does Not Apply (DNA) and Insufficient Evidence/Unable to Rate (IE) ratings are provided. This rating scale is designed to estimate broadly the extent to which a given practice has been performed.

**CAS CRITERION MEASURE RATING SCALE**

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Under rare circumstances, it may be determined that a criterion measure used to judge the standard is not applicable for the particular program (e.g., a single sex or other unique institution that cannot meet a criterion measure for that reason). In such instances, raters may use a DNA rating and, in the self-study report, describe their rationale for excluding the practice in the criterion measure. The IE response can be used when relevant data are unavailable to support a judgment. When either the DNA or the IE ratings are used, an explanatory note should be provided in the report. Items rated with 0 should generate careful group consideration and appropriate follow-up action.

Program leaders may wish to incorporate additional criterion measures, such as selected CAS guidelines or other rating scales, into the procedures before the self-assessment process begins. Such practice is encouraged, and the SAG instrument can be amended to incorporate additional criterion measures for judging the program. In such instances, additional pages to accommodate the additional criterion measures may be required.

Whatever procedures are used to arrive at judgments, deliberate discussions should occur about how to initiate the rating process and select the optimal rating strategy. In such discussions, it is expected that disagreements among team members will occur and that resulting clarifications will inform all participants. It is important that the team achieve consensual resolution of such differences before proceeding with individual ratings.

CAS suggests a two-tiered (individual and group) judgment approach for determining the extent to which the program meets the CAS standard. First, the self-assessment team members (and functional area staff members, if desired) individually should rate the clusters of criterion measures using separate copies of the CAS Self-Assessment Guide. In addition, they will need to document their reasoning and evidence for the rating assigned to each subsection in the space provided for Rationale. This individualized rating procedure is then followed by a collective review and analysis of the individual ratings.

The individual ratings should be reviewed, discussed, and translated into a collective rating by the team; then the team is ready to move to the interpretation phase of the self-assessment. Interpretation typically incorporates discussion among team members to assure that all aspects of the program were given fair and impartial consideration prior to a final collective judgment. At this point, persistent disagreements over performance ratings may call for additional data collection.
After the team review is completed, a meeting with relevant administrators, staff members, and student leaders should be scheduled for a general review of the self-assessment results. The next step, including discussion of alternative approaches that might be used to strengthen and enhance the program, is to generate steps and activities to be incorporated into an action plan. This step is best done by the unit staff, informed by the results of the review and, when feasible, in consultation with the review team. The Work Forms will guide this process.
II. Rating Examples

Rating Standard Criterion Measures

All CAS standards, printed in **bold type**, are viewed as being essential to a sound and relevant program or service that contributes to student learning and development. Many of the statements contained in CAS standards incorporate multiple criteria that have been grouped for rating purposes. Consequently, raters may need to judge several standards statements through a single criterion measure. Using the “Ethics” standards as an example, the following illustrates how criterion measures are grouped into subcategories for rating.

![Table and text]

Using Guidelines to Make Judgments about the Program

As discussed above, program leaders may wish to include selected *CAS Guidelines* to be rated along with the standards. To accomplish this, criterion measure statements must be written for the guidelines selected. The self-study team can readily create statements to be judged as part of the rating process. Programs generally considered in compliance with the standards especially can benefit by using guidelines because guidelines typically call for enhanced program quality.

Not all programs under review will incorporate guidelines to be rated as part of their self-studies. Even though the guidelines are optional for rating purposes, raters are strongly encouraged to read and review them as part of the training process. When *CAS Guidelines* or other criterion measures are rated, they should be treated as if they were standards.
III. Formulating an Action Plan, Preparing a Report, and Closing the Loop

The final three steps in the self-assessment process help a review team and unit plan for and take action using the information garnered through the review of documentary evidence and rating process.

**Step E: Formulating an Action Plan**

Typically, the assessment process will identify areas where the program is not in compliance with the standards. Action planning designed to overcome program shortcomings and provide program enhancements must then occur. Following is an outline of recommended steps for establishing a comprehensive plan of action using the CAS self-assessment work forms. Space is provided in the SAG for recording relevant information.

1) **Resolve Rating Discrepancies (Work Form A)**
   a) Identify criterion statements for which there is a substantial rating discrepancy.
   b) Discuss these items and come to a resolution or final decision. Note any measures where consensus could not be reached.

2) **Identify Areas of Program Strength (Work Form B)**
   a) Identify criterion measure ratings where strength in performance or accomplishment was noted (i.e., program exceeds criterion with a rating of 4).

3) **Identify Areas for Improvement (Work Form B)**
   a) Identify criterion measures where program weaknesses (i.e., program shortcomings that fail to meet criterion measures, and received a rating of 0 or 1) were noted.

4) **Recommend Areas for Unit Action (Work Form C)**
   a) Note items that need follow-up action for improvement and indicate what requires action.
   b) This is the last form to be completed by the review team.

5) **Prepare the Action Plan (Work Form D)**
   a) This step should be completed by the unit being reviewed.
   b) Use the items requiring attention listed in Work Form C to formulate a brief action plan. The focus and intended outcomes of the next steps to be taken should be identified.

6) **Write Program Action Plan (Work Form E)**
   a) List each specific action identified in the self-study that would enhance and strengthen services.
   b) Determine the actions needed to improve for each practice.
   c) Identify responsible parties to complete the action steps.
   d) Set dates by which specific actions are to be completed.

7) **Prepare Report**
   a) Prepare a comprehensive action plan for implementing program changes.
   b) Identify resources (i.e., human, fiscal, physical) that are essential to program enhancement.
   c) Set tentative start-up date for initiating a subsequent self-study.

**Step F: Preparing a Report**

To complete the process, a summary document should be produced that (a) explains the mission, purpose, and philosophy of the program; (b) reviews the outcome of the assessment; and (c) recommends specific plans for action. In addition, depending on the report’s audience, describe the process, evidence gathering, ratings, and evaluations, and summarize strengths and weaknesses.

**Step G: Closing the Loop**

Finally, to close the loop on a program’s self-study process, functional area staff members must implement the recommended changes to enhance the quality of their program. In this final step, the staff endeavors to put action plans into practice. In some cases, there will be institutional politics to be navigated; continued support from functional area leaders remains essential. Staff members will want to work collectively to
secure resources, identify barriers to implementation, and build stakeholder buy-in to the results. CAS recommends that closing the loop on a self-study process be integrated into regular staff meetings, individual supervision, trainings, and annual reports. A key to successfully using program review in post-secondary student services is weaving the entire process, from planning through taking action, into the fabric of the functional area, departmental, and divisional culture.
Part 1: MISSION

Suggested Evidence and Documentation:
1. Current mission statement, brief description of how it was developed, and date of last review
2. Additional goals, values, and statements of purpose
3. Description and copies (if applicable) of where mission statement is disseminated (e.g., included in operating and personnel policies, procedures and/or handbook, hanging in office common space, on website, in strategic plan, and other promotional materials)
4. Institutional/divisional mission statements (e.g., map program mission to broader mission statements)
5. Any additional professional standards aligned with program/service (e.g., standards promoted by functional area organizations)
6. Institutional demographics, description of student population served, and information about community setting

Criterion Measures:

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1.1 Program Mission and Goals
- The purpose of Clinical Health Services (CHS) is to provide, promote, support, and integrate individual healthcare, clinical preventive services, clinical treatment for illness, patient education, and public health responsibilities.
- CHS takes into consideration the health status of the student population and the learning environment. These services are consistent with the educational mission of the institution and comply with relevant legal requirements, state/provincial regulations, and professional standards.
- CHS serves as a method of advancing the health of the students, thereby enhancing the learning environment at the institution of higher education it serves.

Rationale: CHS does not provide clinical preventive services or long term clinical treatment only brief, urgent care.

1.2 Mission Implementation and Review
- CHS develops, disseminates, implements, and regularly reviews its mission.

Rationale: Staff aware of need to change mission in accordance with student needs.

1.3 Mission Statement
- The mission statement is consistent with that of the institution and with professional standards; is appropriate for student populations and community settings; and references learning and development.
- The mission reflects the fundamental assumption that health and social justice are inextricably interconnected.

Rationale: Mission statement conforms to the institution's statement and has been aligned with the mission statement of other state community colleges.
1. How does the mission embrace student learning and development? **Events and information on healthy diet, exercise, first aid and preventive care helps them to stay healthy and continue their education.**

2. In what ways does CHS mission complement the mission of the institution? **Contributes to student success by helping them stay healthy. Tracking their vaccine records insures compliance for BCC and future colleges.**

3. To what extent is the mission used to guide practice? **CHS consistently checks the mission to ensure that it is current and useful.**

**Part 2: PROGRAM**

**Suggested Evidence and Documentation:**

1. Program student learning and development outcomes, and brief description of how they were developed
2. List of current collaborations across the institution that facilitate student learning and development
3. Map of program activities and ways they connect to student learning and development outcomes
4. Map or report of outcome assessment activities, including results
5. Strategic plans program design and enhancement
6. Specifications or requirements (if applicable)

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**DNA 2.1 Program Contribution to Student Learning and Development**

- Clinical Health Services (CHS) contributes to students’ formal education (the curriculum and co-curriculum), learning, and development.
- CHS contributes to students’ progression toward and timely completion of educational goals and preparation for their careers, citizenship, and lives.
- CHS identifies relevant and desirable student learning and development outcomes that align with the CAS Learning and Development Outcomes and related domains and dimensions.

*Rationale:* CHS is not involved in academic education only informal health education one-on-one and through monthly outreach at all four campuses. No formal learning objectives or outcome assessments are possible with this modality.

**DNA 2.2 Assessment of Learning and Development**

- CHS engages in outcomes assessment, documents evidence of its impact, and articulates the role it plays in student learning and success.
- CHS uses evidence to create strategies for improvement of programs.

*Rationale:* Same as 2.1

**DNA 2.3 Program Design**

- CHS bases its work on intentional student learning and development outcomes.
- CHS reflects developmental and demographic profiles of the student population and responds to needs of individuals, populations with distinct needs, and relevant constituencies.
- The program is delivered using multiple formats, strategies, and contexts, and is designed to provide universal access.
- CHS provides an infrastructure to support its services.
- CHS establishes appropriate policies and procedures for responding to emergency situations, especially where CHS facilities, personnel, and resources are not equipped to handle emergencies and/or when services are closed.
Rationale: The last four bulleted items are followed.

2.4 Program Philosophy
- CHS acknowledges that health and social justice are inextricably interconnected.
- Regardless of the size or scope of the institution, CHS conforms to a general level of acceptable practice that is theory-based and data-driven, and compliant with pertinent statutes, regulations, and professional standards.

Rationale: CHS is compliant with state and federal laws, ACHA recommendations, physician, and nursing professional standards. Confidential services are rendered to all regardless of race, religion, gender, sexual orientation, or disability.

2.5 Collaboration
- CHS collaborates with others across the institution in ways that benefit students.
- CHS creates and maintains a network of services throughout the campus and surrounding communities.

Rationale: CHS invites outside agencies to sponsored health education events. It also collaborates with the Fitness Center, The Women’s Center, Campus Police, and The Veteran Educational Services Center. CHS also provides space for Family Planning to offer free STD, HIV, and pregnancy testing for students. There is a place to rest that also is used as a lactation room. CHS has established a referral network with both Fall River and New Bedford community health centers, walk-ins, and specialists (Truesdale Clinic).

Overview Questions:
1. What are the most significant student learning and development outcomes of CHS? See 2-1
2. What difference does CHS make for students who engage with it? Learn to better care for their health needs.
3. What is the demonstrated impact of CHS on student learning, development, and success? Impact is assumed as we have no concrete way of determining outcomes. The monitoring of vaccine records insures their continued enrollment.
4. How has collaboration in program development and delivery affected its impact or outcomes? Other agencies may share information or observations as to the needs of students.
5. What changes or adjustments have been made as a result of assessment activities? Topics for educational outreach may be adjusted to better meet student needs.

Part 3: ORGANIZATION AND LEADERSHIP

Suggested Evidence and Documentation:
1. Program goals and outcomes
2. Operating policies, procedures and/or handbook
3. Personnel and student handbook(s), policies and procedures, and organizational chart(s)
4. Personnel position descriptions, expectations, and performance review templates
5. Periodic reports, contracts, and personnel memos
6. Annual reports by program leaders
7. Program leader resumes, including additional professional involvement
8. Strategic and operating plans
9. Needs assessment of program constituents
10. Report of professional development activities

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3.1 Organization Documents

- Clinical Health Services (CHS) has clearly stated and current goals and outcomes, policies and procedures, descriptions of personnel responsibilities and expectations, and clear organizational charts.

*Rationale:* Procedure manual is reviewed and updated bi-annually. Job descriptions and organizational charts are updated as needed.

3.2 Organization Structure

- As the institution is legally constituted, the institution has a defined governance structure that sets policy and is ultimately responsible for the CHS and its operations.
- The CHS director or coordinator is placed within the institution's organizational structure to be able to promote cooperative interactions with appropriate campus and community entities.

*Rationale:* CHS must operate within the institution's organizational structure.

3.3 Actions of Leaders

- Leaders model ethical behavior and institutional citizenship.
- Leaders with organizational authority provide strategic planning, management and supervision, and program advancement.

*Rationale:* CHS has a policy and procedure manual that is followed and updated. Physician and nurses follow professional codes of conduct. Coordinator works with the Dean to advance programs and services.

3.4 Strategic Planning

- CHS leaders articulate a vision and mission, as well as set goals and objectives based on the needs of populations served, intended student learning and development outcomes, and program outcomes.
- CHS leaders facilitate continuous development, implementation, and assessment of effectiveness and goal attainment congruent with institutional mission and strategic plans.
- CHS leaders promote environments that provide meaningful opportunities for student learning, development, and engagement.
- CHS leaders develop, adapt, and improve programs and services for populations served and institutional priorities.
- CHS leaders include diverse perspectives to inform decision making.

*Rationale:* Meet weekly, re-evaluate student needs; CHS offers services and outreach as needed.

3.5 Management

- CHS leaders plan, allocate, and monitor the use of fiscal, physical, human, intellectual, and technological resources.
- CHS leaders manage human resource processes including recruitment, selection, performance planning, and succession planning.
- CHS leaders use evidence to inform decisions, incorporate sustainability practices, understand and integrate appropriate technologies, and are knowledgeable about relevant codes and laws.
- CHS leaders assess and take action to mitigate potential risks.

*Rationale:* CHS operates under the direction of the Dean of Counseling and Health Services and stays within budget. Leaders have input on personnel needs.

3.6 Supervision
• CHS leaders manage human resource processes including professional development, supervision, evaluation, recognition, and reward.
• CHS leaders empower personnel to become effective leaders and to contribute to the effectiveness and success of the unit.
• CHS leaders encourage and support collaboration across the institution and scholarly contributions to the profession.
• CHS leaders identify and address individual, organizational, and environmental conditions that foster or inhibit mission achievement.

Rationale: The coordinator is the only full-time staff person. She supervises the staff and most of the above bulleted items are carried out in some form. Staff do not produce scholarly works or do research.

3.7 Program Advancement
• CHS leaders advocate for and actively promote the mission and goals of the programs and services.
• CHS leaders inform stakeholders about issues affecting practice.
• CHS leaders facilitate processes to reach consensus where wide support is needed.
• CHS leaders advocate for representation in strategic planning initiatives at divisional and institutional levels.

Rationale: Some of the bulleted items are followed.

Overview Questions:
1. Explain the extent to which CHS leader(s) are viewed as and held responsible for advancing the departmental mission. The coordinator is responsible for the daily operation of the health clinic and for educational outreach.
2. Explain the opportunities and limitations present for CHS leader(s) as they seek to fulfill the program mission. The coordinator is encouraged to provide as much educational outreach as possible.
3. How do CHS leaders advance the organization? By providing programs/events that increase health education, working with college and community partners, insuring the best health care possible.
4. How do CHS leaders encourage collaboration across the institution? Work with other college departments such as Counseling, Fitness Center, The Women’s Center, etc.
5. How are CHS leaders accountable for their performance? Evaluated by the Dean of Counseling and Health Services.
6. How have CHS leaders empowered personnel and engaged stakeholders? Seek out the opinion/ideas of staff persons and encourage participation in outreach.

Part 4: HUMAN RESOURCES

Suggested Evidence and Documentation:
1. Program mission, goals, and outcomes
2. Operating policy and procedure manuals/statements for program and institution
3. Organizational chart(s)
4. Personnel handbook, position descriptions (including student employees, volunteers, and graduate students), expectations, and performance review templates
5. Annual reports, including data on student utilization and staff-to-student ratios
6. Association or benchmark reports on operations and staffing
7. Student and staff personnel profiles or resumes, including demographic characteristics, educational background, and previous experience
8. Reports on personnel, including student employees and volunteers, employment experiences
9. Training agendas and schedules
10. Statement of staffing philosophy
11. Professional development activities
12. Minutes from staff meetings at which human resources related standards were discussed and addressed

Criterion Measures:
4.1 Adequate Staffing and Support

- Clinical Health Services (CHS) is staffed adequately to accomplish mission and goals.
- CHS has access to technical and support personnel adequate to accomplish the mission.

*Rationale:* Staffing is adequate. IT provides all technical support and equipment necessary to accomplish goals.

4.2 Recruitment, Supervision, and Professional Development

- CHS establishes procedures and expectations for personnel recruitment and selection, training, supervision, performance, and evaluation.
- CHS establishes criteria and implements a procedure to review and verify credentials of staff.
- CHS provides personnel access to education and professional development opportunities to improve their competence, skills, and leadership capacity.
- CHS considers work/life options available to personnel to promote recruitment and retention.

*Rationale:* Most of this is done by Human Resources. Professional development of the physician and nurses are required for licensure. Staff are encouraged to attend educational programming at the college.

4.3 Employment Practices

- Administrators of CHS maintain personnel position descriptions, implement recruitment and hiring strategies that produce an inclusive workforce, and develop promotion practices that are fair, inclusive, proactive, and non-discriminatory.
- Personnel responsible for delivery of programs and services have written performance goals, objectives, and outcomes for each year’s performance cycle to be used to plan, review, and evaluate work and performance and update them regularly.
- Results of individual personnel evaluations are used to recognize personnel performance, address performance issues, implement individual and/or collective personnel development and training programs, and inform the assessment of programs and services.

*Rationale:* Evaluation of coordinator, who is the only full-time staff member, is performed by the Dean of Counseling and Health Services. Part time staff are not required to be formally evaluated, but they are supervised, reviewed, and trained as necessary.

4.4 Personnel Training

- Personnel, including student employees and volunteers, receive appropriate and thorough training when hired and throughout their employment.
- Personnel have access to resources or receive specific training on institutional and governmental policies; procedures and laws pertaining to functions or activities they support; privacy and confidentiality; access to student records; sensitive institutional information; ethical and legal uses of technology; and technology used to store or access student records and institutional data.
- Personnel are trained on how and when to refer those in need of additional assistance to qualified personnel.
- Personnel take part in training sessions about gender, sexual orientation, racial, cultural, religious and/or spiritual, and ethnic sensitivity and are aware of and involved in campus and community matters.
- Personnel are trained on systems and technologies necessary to perform their assigned responsibilities.
- Personnel engage in continuing professional development activities to keep abreast of research, theories, legislation, policies, and developments that affect programs and services.
- Administrators ensure that personnel are knowledgeable about and trained in safety, emergency procedures, and crisis prevention and response, including identification of threatening conduct or behavior, and incorporate a system for responding to and reporting such behaviors.
- Personnel are knowledgeable of and trained in safety and emergency procedures for securing and vacating facilities.

*Rationale:* This is part of the college protocol. New employees receive training in job duties, technological skills, safety, ethical requirements, etc. New information is made available through emails, announcements, college publications, and the CHS procedure manual.

4.5 Professional Personnel

- Professional personnel either hold an earned graduate or professional degree in a field relevant to their position or possess an appropriate confirmation of educational credentials and related work experience.

*Rationale:* Personnel include a part-time physician, who also holds an MPA, a full-time registered nurse, and a part-time registered nurse. They all must participate in professional development to retain their licenses.

4.6 Interns and Graduate Assistants

- Degree- or credential-seeking interns or graduate assistants are qualified by enrollment in an appropriate field of study and by relevant experience.
- Degree- or credential-seeking interns or graduate assistants are trained and supervised by professional personnel who possess applicable educational credentials and work experience, have supervisory experience and are cognizant of the dual roles of interns and graduate assistants as students and employees.
- Supervisors of interns or graduate assistants adhere to parameters of students’ job descriptions, articulate intended learning outcomes in student job descriptions, adhere to agreed-upon work hours and schedules, and offer flexible scheduling when circumstances necessitate.
- Supervisors and students both agree to suitable compensation if circumstances necessitate additional hours.

*Rationale:* CHS will occasionally contract with a nursing student from another college for short-term internship of less than one day per week for one semester. CHS will mentor BCC students to provide assistance with projects, e.g. Service Learning or Honors Program.

4.7 Student Employees and Volunteers

- Student employees and volunteers are carefully selected, trained, supervised, and evaluated; have access to a supervisor; and are provided clear job descriptions, pre-service training based on assessed needs, and continuing development.

*Rationale:* CHS does not employ students nor use volunteers.

4.8 Research and Teaching Policies

- When CHS staff is involved in formal teaching or supervision, policies governing those activities are consistent with the mission, goals, policies, and objectives of the institution.
- When CHS staff is involved in research and publishing, policies governing those activities are consistent with mission, goals, priorities, and objectives of the institution and capabilities of the program.
- All CHS personnel are informed of the research policies of the institution and CHS.
Overview Questions:

1. In what ways are personnel qualifications examined, performance evaluated, and personnel recognized for exemplary performance? **No formal protocol. Coordinator manages, trains, rewards.**

2. How are professional development efforts designed, how do they support achievement of CHS mission, and how do they prepare and educate staff on relevant information? **No specific professional development for staff in the health office but college offers many educational lectures, workshops, events that cover many areas. Professional staff are required to get continuing education for licensure.**

3. How has the staffing model been developed to ensure successful program operations? **With the aid of staff from advising, there is someone available to assist students eleven hours each week day.**

4. Describe CHS philosophy toward engaging graduate interns and assistants, and student employees and volunteers in the program human resource pool. **Because of confidentiality issues, interns do not care for patients, only observe or participate in educational outreach. We do not use student employees or volunteers.**

Part 5: ETHICS

Suggested Evidence and Documentation:

1. Program code or statement of ethics
2. Ethics statements from relevant functional area professional associations
3. Personnel policies, procedures and/or handbook
4. Student code of conduct
5. Operating policies and procedures related to human subjects research (Institutional Review Board, IRB)
6. Minutes from meetings during which staff reviewed and discussed ethics

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2 5.1 Ethical Standards

- Clinical Health Services (CHS) reviews applicable professional ethical standards and adopts or develops and implements appropriate statements of ethical practice.
- CHS publishes and adheres to statements of ethical practice, ensures their periodic review, and orients new personnel to relevant statements of ethical practice and related institutional policies.

*Rationale:* Medical staff follow AMA and ANA codes of conduct and ACHA guidelines. All staff complete conflict of interest training from Human Resources and sign a confidentiality statement.

2 5.2 Statement of Ethical Standards

- Statements of ethical standards specify that CHS personnel respect privacy and maintain confidentiality in communications and records as delineated by privacy laws.
- Statements of ethical standards specify limits on disclosure of information contained in students’ records as well as requirements to disclose to appropriate authorities.
- Statements of ethical standards address conflicts of interest, or appearance thereof, by personnel in the performance of their work and reflect the responsibility of personnel to be fair, objective, and impartial in their interactions with others.
- Statements of ethical standards reference management of institutional funds, appropriate behavior regarding research and assessment with human participants, confidentiality of research and assessment data, students’ rights and responsibilities, and issues surrounding scholarly integrity.
Statements of ethical standards include the expectation that personnel confront and hold accountable other personnel who exhibit unethical behavior.

*Rationale:* Staff sign confidentiality statements and complete online trainings as required by HR on conflicts of interest. Students have consent forms for transfer of vaccine records. Students sign waivers for Family Planning visits.

### 5.3 Ethical Obligations
- CHS personnel employ ethical decision making in the performance of their duties.
- CHS personnel inform users of programs and services of ethical obligations and limitations emanating from codes and laws or from licensure requirements.
- CHS personnel recognize and avoid conflicts of interest that could adversely influence their judgment or objectivity and, when unavoidable, recuse themselves from the situation.
- CHS personnel perform their duties within the scope of their position, training, expertise, and competence and make referrals when issues presented exceed the scope of the position.

*Rationale:* These are listed in procedure manual in nurses’ office.

### 5.4 Ethical Marketing and Communication
- All marketing and advertising concerning the clinical health services communicate the scope and range of services provided without deception.

*Rationale:* Marketing materials lists all services provided.

**Overview Questions:**

1. What is CHS’s strategy for managing student and personnel confidentiality and privacy issues? **Provide privacy for students in office, keep their records in safe, locked spaces.**
2. How are ethical dilemmas and conflicts of interest identified and addressed? **Follow AMA, ANA, FERPA, HIPPA guidelines and state laws.**
3. How are ethics incorporated into the daily management and decision-making processes of CHS? **Medical personnel are always alert to ethical issues and follow guidelines listed above in question 2.**

### Part 6. LAW, POLICY, AND GOVERNANCE

**Suggested Evidence and Documentation:**
1. Emergency procedures
2. Operating policies and procedures
3. Personnel policies, procedures and/or handbook
4. Institutional codes of conduct
5. Contracts
6. Copies of related laws and legal obligations
7. Resources of professional liability insurance

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**6.1 Legal Obligations and Responsibilities**
- Clinical Health Services (CHS) is in compliance with laws, regulations, and policies that relate to their respective responsibilities and that pose legal obligations, limitations, risks, and liabilities for the institution as a whole.
- CHS has access to legal advice needed for personnel to carry out their assigned responsibilities.
• CHS informs personnel, appropriate officials, and users of programs and services about existing and changing legal obligations, risks and liabilities, and limitations.
• CHS informs personnel about professional liability insurance options and refer them to external sources if the institution does not provide coverage.

Rationale: Staff have access to the college attorney. The physician and nurses possess their own liability insurance. The coordinator serves on the Traffic/Safety Committee, Wellness Committee, and the union Health/Safety Committee.

6.2 Policies and Procedures
• CHS has written policies and procedures on operations, transactions, or tasks that have legal implications.
• CHS regularly reviews policies that are informed by best practices, available evidence, and policy issues in higher education.
• CHS has procedures, systems and guidelines consistent with institutional policy for responding to threats, emergencies, and crisis situations and disseminate timely and accurate information to students, other members of the institutional community, and appropriate external organizations during emergency situations.
• CHS develops and maintains a systematic risk management program appropriate for the organization.
• CHS informs the institutional community of its policies and procedures addressing individual rights and responsibilities; balancing protection of individual health and safety with individual rights to confidentiality and privacy; risk management; medical access insurance coverage; informed consent; access, release content, and maintenance of individual records in accordance with legal obligations and limitations; research; and medical dismissal of students.

Rationale: CHS does not have a formal risk management program but are always aware of safety issues. The nurse and physician keep abreast of professional risk management as per their licenses. Procedure manual includes emergency care guidelines. Need to add OSHA chemical use guidelines and MSDS sheets for all chemical products used in office. Update blood-borne pathogen procedures. Coordinator serves on Traffic & Safety Committee, Wellness Committee and union Health & Safety Committee.

6.3 Harassment and Hostile Environments
• CHS personnel neither participate in nor condone any form of harassment or activity that demeans persons or creates an intimidating, hostile, or offensive environment.

Rationale: College policy prohibits. Professional codes of conduct protect patients.

6.4 Copyright Compliance
• CHS purchases or obtains permission to use copyrighted materials and instruments and include appropriate citations on materials and instruments.

Rationale: CHS uses non-copy-written materials or purchases brochures that have a copy-right.

6.5 Governance
• CHS informs personnel about internal and external governance organizations that affect programs and services.

Rationale: Staff are informed in person or via email.

Overview Questions:
1. What are the crucial legal, policy and governance issues faced by CHS, and how are they addressed? Confidentiality during office visits and concerning their vaccine/medical records. All are guarded carefully and records are stored behind/within locked spaces.

2. How are personnel instructed, advised, or assisted with legal, policy, and governance concerns? Human resources would be contacted for guidance.

3. How are personnel informed about internal and external governance systems? Part of new employee orientation. Updates from Human Resources via emails.

Part 7: DIVERSITY, EQUITY, AND ACCESS

Suggested Evidence and Documentation:

1. Diversity statements
2. Goals and objectives related to diversity, equity, and access
3. Training plans and agendas for personnel
4. Lists of programs and curriculums related to diversity, equity, and access
5. Personnel policies, procedures, and/or handbook (specifically statements against harassment or discrimination)
6. Facilities audit
7. Assessment results such as participation rates, demographics, campus climate, and student needs

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7.1 Inclusive Work Environments
- Clinical Health Services (CHS) creates and maintains educational work environments that are welcoming, accessible, inclusive, equitable, and free from harassment.
- CHS does not discriminate on the basis of ability; age; cultural identity; ethnicity; family educational history; gender identity and expression; nationality; political affiliation; race; religious affiliation; sex; sexual orientation; economic, marital, social, or veteran status; or any other basis included in institutional policies and codes and laws.

Rationale: CHS adheres to college policies and medical/nursing ethical behaviors.

7.2 Structural Aspects of Equity, Access, and Inclusion
- CHS ensures physical, program, and resource access for all constituents; modifies or removes policies, practices, systems, technologies, facilities, and structures that create barriers or produce inequities; and ensures that when facilities and structures cannot be modified, they do not impede access.
- CHS responds to the needs of all constituents served when establishing hours of operation and developing methods of delivering programs, services, and resources.
- CHS recognizes the needs of distance and online learning students by directly providing or assisting them to gain access to comparable services and resources.

Rationale: BCC is a non-residential campus. CHS has limited staff, space, and resources. Student are directed to additional resources on the web site.

7.3 Ensuring Diversity, Equity, and Access
- CHS advocates for sensitivity to multicultural and social justice concerns by the institution and its personnel.
- CHS establishes goals for diversity, equity, and access; fosters communication and practices that enhance understanding of identity, culture, self-expression, and heritage; and promotes respect for commonalities and differences among people within their historical and cultural contexts.
• CHS addresses the characteristics and needs of diverse constituents when establishing and implementing culturally relevant and inclusive programs, services, policies, procedures, and practices.
• CHS provides personnel with diversity, equity, and access training and holds personnel accountable for applying the training to their work.
• CHS ensures that students are informed about the importance of medical and dental access insurance and how to make an informed decision based on their needs.

Rationale: Inclusiveness is innate to medical professions. Fourth bulleted item is provided by the college.

Overview Questions:
1. How does CHS ensure constituents experience a welcoming, accessible, and inclusive environment that is equitable and free from harassment? **Medical personnel are bound by professional standards to insure that all people are treated equally and safely. AMA, ANA, ADA guidelines are followed as well.**
2. How does CHS address imbalance in participation among selected populations of students? **Services and events are advertised to all students and staff.**
3. How does CHS address imbalance in staffing patterns among selected populations of program personnel? **Try to have a multicultural staff but as of yet it has not been possible.**
4. How does CHS ensure cultural competence of its personnel to ensure inclusion in the program? **Monitoring behavior and training.**
5. How does CHS encourage and provide opportunities for ongoing professional development for its personnel? **Medical personnel need to continuously take development courses to keep licensure. Non-medical staff encouraged to attend workshops, trainings to increase knowledge.**

Part 8: INTERNAL AND EXTERNAL RELATIONS

Suggested Evidence and Documentation:
1. Promotional material (brochures/sources of information about the program, catalogs, brochures, staff and student handbooks)
2. Media procedures and guidelines
3. List and description of relationships with internal and external partners
4. Minutes from meetings/interactions with key stakeholders

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2. 8.1 Internal and External Populations

• Clinical Health Services (CHS) reaches out to internal and external populations to establish, maintain, and promote understanding and effective relations with those that have a significant interest in or potential effect on the students or other constituents served by the programs and services.
• CHS maintains good relations with students, faculty members, staff, alumni, the local community, contractors, and support agencies.
• CHS reaches out to internal and external populations to garner support and resources for programs and services, collaborate in offering or improving programs and services to meet the needs of students and other constituents and to achieve program and student outcomes, and engage diverse individuals, groups, communities, and organizations to enrich the educational environment and experiences of students and other constituents.
• CHS reaches out to internal and external populations to disseminate information about the programs and services.

Rationale: Family Planning provides free testing for students. Wellness Fairs and other outreach events are attended by community health and human service organizations.
8.2 Marketing

- Promotional and descriptive information is accurate and free of deception and misrepresentation.

*Rationale:* Health Services brochure, web site and advertising flyers are carefully screened and updated.

8.3 Procedures and Guidelines

- CHS has procedures and guidelines consistent with institutional policy to communicate with the media; distribute information through print, broadcast, and online sources; contract with external organizations for delivery of programs and services; cultivate, solicit, and manage gifts; and apply to and manage funds from grants.
- CHS complies with these standards even when contracted for or outsourced by the institution.

*Rationale:* CHS follows the institution’s guidelines.

**Overview Questions:**

1. With which relevant individuals, campus offices, and external agencies must CHS maintain effective relations? *Campus Police, Fitness Center, ODS, Counseling, Student Life and Women’s Center, Veteran’s Center.*
2. Why are these relationships important, and how are they mutually beneficial? *Important to widen services and to know of other services available on campus. Often collaborate with them to provide better service and outreach.*
3. How does CHS maintain effective relationships with program constituents? *Keep informed of programs and events, attend and support our colleagues in their events, offer to work with them.*
4. How does CHS assess the effectiveness of its relations with individuals, campus offices and external agencies? *Feedback from colleagues and students.*

**Part 9: FINANCIAL RESOURCES**

**Suggested Evidence and Documentation:**

1. Budgets and the budget process
2. Financial statements and audit reports
3. Student fee process and allocation (if applicable)
4. Financial statements for grants, gifts, and other external resources

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1. 9.1 Adequate Funding

- Clinical Health Services (CHS) has funding to accomplish its mission and goals.

*Rationale:* The annual CHS budget amount covers the cost of medical supplies, OTC medications, and educational pamphlets. For the past two years, CHS has applied for grant money to cover the increased expense of EPI pens which have risen from $50 in 2008 to $400. These must be purchased every year, as they expire yearly. There is a demonstrable need for a $300 (minimum) increase in the annual CHS budget. The physician supplies samples of OTC medications.

1. 9.2 Financial Planning and Implementation
• CHS conducts a comprehensive analysis to determine unmet needs, relevant expenditures, external and internal resources, and impact on students and the institution.
• CHS uses the budget as a planning tool to reflect commitment to the mission and goals of the programs and services and of the institution.
• Financial reports provide an accurate financial overview of the organization and provide clear, understandable, and timely data upon which personnel can plan and make informed decisions.

_Rationale:_ Unmet fiscal needs can sometimes be met by grants or through the overarching Counseling budget.

### 9.3 Policies, Procedures, and Protocols

• CHS administers funds in accordance with established institutional accounting procedures.
• CHS demonstrates efficient and effective use and responsible stewardship of fiscal resources consistent with institutional protocols.
• Procurement procedures are consistent with institutional policies, ensure purchases comply with laws and codes for usability and access, ensure the institution receives value for the funds spent, and consider information available for comparing the ethical and environmental impact of products and services purchased.

_Rationale:_ CHS follows college’s accounting procedures. CHS recycles everything it can and does not waste resources.

**Overview Questions:**

1. What is the funding strategy for CHS, and why is this the most appropriate approach? _CHS has no control over the budget which is decided by a committee._
2. How does CHS ensure fiscal responsibility, responsible stewardship, and cost-effectiveness? _Staff adhere to yearly budget and rarely go over it. The web is scanned for free educational materials and they are also obtained from local agencies._
3. If applicable, how does CHS go about increasing financial resources? _This is an area that was identified as needing revision._

### Part 10: TECHNOLOGY

**Suggested Evidence and Documentation:**

1. Technology policies and procedures
2. Equipment inventory

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#### 10.1 Current and Adequate Technology

• Clinical Health Services (CHS) has adequate technology to support achievement of its mission and goals.
• Use of technology complies with institutional policies and procedures and relevant codes and laws.

_Rationale:_ CHS is able to request equipment when necessary from IT department.

#### 10.2 Use of Technology

• CHS uses current technology to provide updated information regarding mission, location, staffing, programs, services, and official contacts to students and other constituents in accessible formats.
• CHS uses current technology to provide an avenue for students and other constituents to communicate sensitive information in a secure format, and enhance the delivery of programs and services for all students.

Rationale: Students send their immunization records by mail, email, fax, or they deliver them in person. This information is then recorded in the college’s electronic data system. The college webpage and emails inform students of events, as well as health and safety information.

10.3 Data Protection and Upgrades
• CHS backs up data on a regular basis.
• CHS articulates and adheres to policies and procedures regarding ethical and legal use of technology, as well as for protecting the confidentiality and security of information.
• CHS implements a replacement plan and cycle for all technology with attention to sustainability and incorporates accessibility features into technology-based programs and services.

Rationale: This work is performed by IT.

10.4 Student Technology Access
• CHS has policies on student use of technology that are clear, easy to understand, and available to all students.
• CHS provides information or referral to support services for those needing assistance in accessing or using technology, provides instruction or training on how to use the technology, and informs students of implications of misuse of technologies.

Rationale: Students do not use technology in our office.

Overview Questions:
1. How is technology inventoried, maintained, and updated? Information Technology department.
2. How is information security maintained? CHS uses the college’s information system.
3. How does CHS ensure that relevant technology is available for all who are served by the program? Online advertising of services and events, completion of state survey, health tips and medical alerts to college community and students.
4. How does CHS use technology to enhance the delivery of programs, resources, services and overall operations? Advertise CHS events, services available to students.
5. How does CHS utilize technology to foster its learning outcomes? DNA

Part 11: FACILITIES AND EQUIPMENT

Suggested Evidence and Documentation:
1. Equipment inventory
2. Facilities audit and plans for renovations, additions, and enhancements
3. Capital projects, if applicable
4. Structural design or maps to show space allocation
5. Images of the space

Criterion Measures:

<table>
<thead>
<tr>
<th>DNA</th>
<th>IE</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does Not Apply</td>
<td>Insufficient Evidence/ Unable to Rate</td>
<td>Does Not Meet</td>
<td>Partly Meets</td>
<td>Meets</td>
<td>Exceeds</td>
</tr>
</tbody>
</table>

11.1 Design of Facilities
• Clinical Health Services (CHS) facilities are intentionally designed and located in suitable, accessible, and safe spaces that demonstrate universal design and support the program’s mission and goals.
• Facilities are designed to engage various constituents and promote learning.
• The design of the facilities guarantees the security and privacy of records and ensures the confidentiality of sensitive information and conversations.

Rationale: Staff has minimal input into the work space design. Privacy is not always insured. Records are secured in locked file cabinets in a locked office which is within another locked office suite.

11.2 Work Space
• Personnel have workspaces that are suitably located and accessible, well equipped, adequate in size, and designed to support their work and responsibilities.
• Personnel are able to secure their work.

Rationale: Desk drawers have locks. There are areas to store personal items and garments.

11.3 Equipment Acquisition and Facilities Use
• CHS incorporates sustainable practices in use of facilities and purchase of equipment.
• Facilities and equipment are evaluated on an established cycle and are in compliance with codes, laws, and accepted practices for access, health, safety, and security.
• When acquiring capital equipment, CHS takes into account expenses related to regular maintenance and life-cycle costs.

Rationale: CHS will explore the need and how to have medical equipment inspected to insure safety and accuracy.

Overview Questions:
1. How are facilities inventoried and maintained? Inventory and maintained by facilities department.
3. How does CHS ensure that facilities, workspaces, and equipment are considered in decision-making? Ask for input in the decision process.
4. How is CHS intentional about space allocation and usage? Realistic about space and equipment needs.

Part 12: ASSESSMENT

Suggested Evidence and Documentation:
1. Program goals, key indicators, outcomes, and related assessment data
2. Program student learning and development outcomes and related assessment data
3. Description of assessment cycle
4. Assessment plans and annual assessment reports
5. Minutes of meetings at which assessment activities and results discussed
6. Professional development activities to improve assessment competence

Criterion Measures:

<table>
<thead>
<tr>
<th>DNA</th>
<th>IE</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does Not Apply</td>
<td>Insufficient Evidence/ Unable to Rate</td>
<td>Does Not Meet</td>
<td>Partly Meets</td>
<td>Meets</td>
<td>Exceeds</td>
</tr>
</tbody>
</table>

12.1 Assessment Plan and Practice
• Clinical Health Services (CHS) develops an ongoing cycle of assessment plans, processes, and activities.
• CHS identifies programmatic goals and intended program outcomes as well as outcomes for student learning and development.
• CHS documents progress toward achievement of goals and outcomes.
• CHS employs multiple measures, methods, and manageable processes for gathering, interpreting, and evaluating data.
CHS employs ethical practices in the assessment process.
CHS has access to adequate fiscal, human, professional development, and technological resources to develop and implement assessment plans.

_Rationale_: CHS uses patient chart forms, a daily log, monthly and annual reports, and state immunization reports. CHS uses the college’s data collection programs.

### 12.2 Reporting and Implementing Results
- CHS interprets and uses assessment results to demonstrate accountability and inform planning and decision-making.
- CHS reports aggregated results to respondent groups and stakeholders.
- CHS assesses effectiveness of implemented changes and provides evidence of improvement of programs and services.

_Rationale_: CHS produces monthly and annual reports, and reviews state immunization reports.

### Overview Questions:
1. What is the comprehensive assessment strategy for CHS? **Assess numbers of persons who utilize the services and outreach events. Monitor immunization records for state assessment survey.**
2. What are priorities of the assessment program, and how are those developed? **Tracking immunization records for whole student population, providing first aid and health education.**
3. How does CHS integrate assessment and evaluation into all aspects of daily operations (e.g., advising, event planning)? **Ongoing assessment of effective communication with students.**
4. How are tangible, measurable learning and program outcomes determined to ensure CHS achievement of mission and goals? **Daily logs, Monthly and annual reports. Attendance at outreach events.**
5. How effective is the assessment strategy in demonstrating goal achievement and student learning? **DNA**
6. How does CHS use assessment results to inform program improvement? **Only well attended outreach events are repeated.**
7. How does CHS share assessment results with relevant constituencies? **Immunization compliance is sent to state Massachusetts Department of Health every December.**
8. How does CHS support ongoing development of assessment competencies for personnel? **DNA**

*General Standards revised in 2014; CHS (formerly College Health Programs) developed/revised in 2001 & 2006*
Work Form A – Rating Discrepancies

**INSTRUCTIONS:**
This work form should be completed following a review of the individual ratings of the team members. Item numbers for which there is a substantial rating discrepancy should be discussed before completing the remaining work forms. Discrepancies among ratings should be identified, discussed, and reconciled for consensus.

<table>
<thead>
<tr>
<th>Part</th>
<th>Discrepancies</th>
<th>Resolution/Final Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mission</td>
<td>No substantial discrepancies were found in any section</td>
<td></td>
</tr>
<tr>
<td>2. Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Org/Leadership</td>
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<td></td>
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<tr>
<td>4. Human Resources</td>
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<td></td>
</tr>
<tr>
<td>5. Ethics</td>
<td></td>
<td></td>
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<tr>
<td>6. Law, Policy, and Governance</td>
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<td></td>
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<tr>
<td>7. Diversity, Equity, and Access</td>
<td></td>
<td></td>
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<tr>
<td>8. Internal and External Relations</td>
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<td></td>
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<tr>
<td>9. Financial Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Facilities and Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Assessment</td>
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<td></td>
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</tbody>
</table>
Work Form B – Strengths and Areas for Improvement

**INSTRUCTIONS:**
This work form should be completed following a review of the individual ratings of the team members. Examine the ratings of each criterion measure by the team members, and record the following in the form below:

- **Strengths**: Item number(s) for which all participants have given a rating of 3, indicating agreement that the criterion *exceeds* the standard.
- **Areas for Improvement**: Item number(s) for which all participants have given a rating of 0 or 1, indicating agreement that the criterion *does not meet or partly meets* the standard. Items rated IE for *insufficient evidence/unable to rate* should be listed here as well.

Note – Items not listed in one of these categories represent consensus among the raters that practice in that area is satisfactory, having been rated a 2, which indicates agreement that the criterion *meets* the standard.

<table>
<thead>
<tr>
<th>Part</th>
<th>Strengths: Items that exceed the standard (consensus ratings = 3)</th>
<th>Areas for Improvement: Items that do not meet or partly meet the standard (consensus ratings = 0, 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Organization and Leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Human Resources</td>
<td>Physician, who has a presence every week, holds an M.D. and an MPA. Two registered nurses who hold bachelor degrees.</td>
<td>Need to update procedures to include OSHA chemical guidelines, MSDS sheets for all products used, and update Blood-borne pathogen procedures.</td>
</tr>
<tr>
<td>5. Ethics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Law, Policy, and Governance</td>
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<td></td>
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<tr>
<td>7. Diversity, Equity, and Access</td>
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<td></td>
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<tr>
<td>8. Internal and External Relations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Financial Resources</td>
<td></td>
<td>Need to investigate how to obtain an increase in budget to accommodate increase in epi pen cost.</td>
</tr>
<tr>
<td>10. Technology</td>
<td></td>
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</tr>
<tr>
<td>11. Facilities and Equipment</td>
<td>Investigate the need to have medical equipment (e.g. blood pressure cuffs and scales) checked and/or calibrated</td>
<td></td>
</tr>
<tr>
<td>12. Assessment</td>
<td></td>
<td></td>
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</tbody>
</table>
Work Form C – Recommendations for Unit Action

**INSTRUCTIONS:**
This is the last form to be completed by the review team. List the items needing follow-up action for improvement and indicate what requires attention. The team or coordinator should consider including any criterion measure rated as being not met by the reviewers, as well as those with significant discrepancies that are not resolved by team discussion.

<table>
<thead>
<tr>
<th>Part</th>
<th>Item Requiring Attention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mission</td>
<td></td>
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<tr>
<td>2. Program</td>
<td></td>
</tr>
<tr>
<td>3. Organization and Leadership</td>
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<tr>
<td>4. Human Resources</td>
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<tr>
<td>5. Ethics</td>
<td></td>
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<tr>
<td>7. Diversity, Equity, and Access</td>
<td></td>
</tr>
<tr>
<td>8. Internal and External Relations</td>
<td></td>
</tr>
<tr>
<td>9. Financial Resources</td>
<td>9.1 Investigate possibility of increasing budget permanently to cover increased cost of epi pens which are necessary and expire yearly.</td>
</tr>
<tr>
<td>10. Technology</td>
<td></td>
</tr>
<tr>
<td>11. Facilities and Equipment</td>
<td>11.3 Investigate need for inspections of medical equipment (e.g. blood pressure cuffs, scales, otoscopes, etc.)</td>
</tr>
<tr>
<td>12. Assessment</td>
<td></td>
</tr>
</tbody>
</table>
**Work Form D – Beginning the Action Plan**

**INSTRUCTIONS:**
This work form is for use by the staff of the unit being reviewed and is the first step in identifying the actions to be taken as a consequence of study results. Using the Items Requiring Attention listed in Work Form C, write a brief action plan that identifies the focus and intended outcomes of the next steps in to be taken in each area.

<table>
<thead>
<tr>
<th>Part 1. Mission</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Part 2. Program</th>
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<table>
<thead>
<tr>
<th>Part 3. Organization and Leadership</th>
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</table>

<table>
<thead>
<tr>
<th>Part 4. Human Resources</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5. Ethics</th>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6. Law, Policy, and Governance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff will review the procedure manual, make new manuals for the use of hazardous materials, MSDA sheets (Material safety data sheet) for each product used in office, and also update the OSHA blood-borne pathogen policies.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7. Diversity, Equity, and Access</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 8. Internal and External Relations</th>
<th></th>
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<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinator will investigate the possibility of increasing the budget to ensure adequate funding for medical supplies, education materials, and the increased cost of epi pens. She will complete required forms and provide data to substantiate this request. This increase needs to be permanently added to the budget to eliminate the need to apply each year for a one-time budget increase.</td>
<td></td>
</tr>
</tbody>
</table>
Part 10. Technology

Part 11. Facilities and Equipment

11.3 Coordinator will investigate the need for inspections of medical equipment (e.g. blood pressure cuffs, scales, otoscopes, etc.) She will ask the directors of other health science programs who use laboratories including the dental hygiene clinic if their equipment is inspected routinely. If these inspections are necessary, she will explore the possibility of coordinating inspections with those departments.

Part 12. Assessment
Work Form E – Action Plan

**INSTRUCTIONS:**
Using this work form, the unit staff will turn the summary of areas to be addressed identified by the review team (Work Form D) into a specific plan of action. After reviewing the information provided in Work Forms B and C, unit staff teams should describe practices in need of improvement, the actions to be taken, the individual responsible, and the timeline for achieving compliance with the standard.

<table>
<thead>
<tr>
<th>Current Practice Description</th>
<th>Corrective Action Needed</th>
<th>Task Assigned To</th>
<th>Timeline/Due Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure manual</td>
<td>Update manual to include OSHA regulations on chemical use and blood-borne pathogens</td>
<td>Coordinator &amp; Dr. Vaillancourt</td>
<td>By August, 2017</td>
</tr>
<tr>
<td>Procedure manual</td>
<td>Search for and download MSDS sheets for all chemical products used in CHS office</td>
<td>Coordinator &amp; Dr. Vaillancourt</td>
<td>By August, 2017</td>
</tr>
<tr>
<td>Current budget not sufficient</td>
<td>Investigate the possibility of permanently increasing CHS budget to accommodate the increase price of epi pen</td>
<td>Coordinator</td>
<td>December, 2017</td>
</tr>
<tr>
<td>Medical equipment not inspected or calibrated since purchase</td>
<td>Coordinator will investigate the need for inspections of medical equipment used in the CHS office and arrange for said inspections</td>
<td>Coordinator</td>
<td>December, 2017</td>
</tr>
</tbody>
</table>
CLINICAL HEALTH SERVICES
CAS Standards and Guidelines

Part 1. MISSION

The purpose of Clinical Health Services (CHS) is to provide, promote, support, and integrate individual healthcare, clinical preventive services, clinical treatment for illness, patient education, and public health responsibilities. Such services must take into consideration the health status of the student population and the learning environment. These services must be consistent with the educational mission of the institution and must comply with relevant legal requirements, state/provincial regulations, and professional standards. The mission must reflect the fundamental assumption that health and social justice are inextricably interconnected. CHS must serve as a method of advancing the health of the students, thereby enhancing the learning environment at the institution of higher education it serves.

The following characteristics exemplify CHS that are consistent with the environment of healthcare delivery and the environment of higher education:

- access to multiple data sources on the characteristics and health status of the population
- a spectrum of services that supports the learning mission of the campus community and health in its broadest sense
- easy and equal access to services by all students
- advocacy for a healthy campus community by providing leadership on policy issues regarding health risks of the population in the context of the learning environment
- evidence of measures of quality, such as accreditation of services, the use of recognized standards, and data on service delivery and effectiveness
- significant student involvement in advising the program’s mission, goals, services, funding, and evaluation
- providing leadership during a health-related crises
- collaboration with other campus health-related programs and services

CHS must develop, disseminate, implement, and regularly review their missions, which must be consistent with the mission of the institution and with applicable professional standards. The mission must be appropriate for the institution's students and other constituents. Mission statements must reference student learning and development.

Part 2. PROGRAM

To achieve their mission, Clinical Health Services (CHS) must contribute to

- students' formal education, which includes both the curriculum and the co-curriculum
- student progression and timely completion of educational goals
- preparation of students for their careers, citizenship, and lives
- student learning and development

To contribute to student learning and development, CHS must

- identify relevant and desirable student learning and development outcomes
- articulate how the student learning and development outcomes align with the six CAS student learning and development domains and related dimensions
- assess relevant and desirable student learning and development
- provide evidence of impact on outcomes
- articulate contributions to or support of student learning and development in the domains not specifically assessed
- use evidence gathered to create strategies for improvement of programs and services
STUDENT LEARNING AND DEVELOPMENT DOMAINS AND DIMENSIONS

Domain: knowledge acquisition, integration, construction, and application

• Dimensions: understanding knowledge from a range of disciplines; connecting knowledge to other knowledge, ideas, and experiences; constructing knowledge; and relating knowledge to daily life

Domain: cognitive complexity

• Dimensions: critical thinking, reflective thinking, effective reasoning, and creativity

Domain: intrapersonal development

• Dimensions: realistic self-appraisal, self-understanding, and self-respect; identity development; commitment to ethics and integrity; and spiritual awareness

Domain: interpersonal competence

• Dimensions: meaningful relationships, interdependence, collaboration, and effective leadership

Domain: humanitarianism and civic engagement

• Dimensions: understanding and appreciation of cultural and human differences, social responsibility, global perspective, and sense of civic responsibility

Domain: practical competence

• Dimensions: pursuing goals, communicating effectively, technical competence, managing personal affairs, managing career development, demonstrating professionalism, maintaining health and wellness, and living a purposeful and satisfying life

[LD Outcomes: See The Council for the Advancement of Standards Learning and Development Outcomes statement for examples of outcomes related to these domains and dimensions.]

CHS must be

• intentionally designed
• guided by theories and knowledge of learning and development
• integrated into the life of the institution
• reflective of developmental and demographic profiles of the student population
• responsive to needs of individuals, populations with distinct needs, and relevant constituencies
• delivered using multiple formats, strategies, and contexts
• designed to provide universal access

CHS must collaborate with colleagues and departments across the institution to promote student learning and development, persistence, and success.

CHS must acknowledge that health and social justice are inextricably interconnected.

CHS must establish appropriate policies and procedures for responding to emergency situations, especially where CHS facilities, personnel, and resources are not equipped to handle emergencies and/or when services are closed.
CHS must provide an infrastructure to support its services. The program must also create and maintain a network of services throughout the campus and surrounding communities.

Regardless of the size or scope of the institution, CHS must conform to a general level of acceptable practice that is theory-based and data-driven, and compliant with pertinent statutes, regulations, and professional standards.

In determining the scope of services to be offered, the following guidelines should apply:
- data on the affordability and accessibility of local healthcare resources, the insurance coverage of individual students, and the health status of the population should be collected and used to set priorities and tailor the CHS to the specific campus context
- CHS should contribute to the general education of students in the areas of behaviors and environments that promote physical, psychological, spiritual, and social health
- the scope and objectives of the services should be planned and outlined according to standards of practice utilizing data, goals and objectives, focus populations, assessment strategies and evaluative methodologies
- the educational goals of CHS should be consistent with nationally and internationally developed healthcare objectives
- documented evidence of organized strategic planning and implementation should be available
- CHS should create opportunities to address documented health issues and medical services needs within the student community it serves
- appropriate interdisciplinary and interagency collaboration should occur regularly

In determining the quality of services provided, the following guidelines should apply:
- access for all students to essential medical, nursing, and counseling services
- provision of services in accordance with standards of professional practice and ethical conduct and concern for the costs versus benefits to the health status of the population
- maintenance of accreditation, staff certification, and licensure where appropriate
- cost-effective and relevant services designed to address unique campus configurations
- coordination of services to ensure coverage with no duplication
- identification of less expensive alternative resources for individual healthcare when appropriate
- provision of appropriate referrals for additional or alternative treatments or assessments

Part 3. ORGANIZATION AND LEADERSHIP

To achieve program and student learning and development outcomes, Clinical Health Services (CHS) must be purposefully structured for effectiveness. CHS must have clearly stated and current
- goals and outcomes
- policies and procedures
- responsibilities and performance expectations for personnel
- organizational charts demonstrating clear channels of authority

Leaders must model ethical behavior and institutional citizenship.

Leaders with organizational authority for CHS must provide strategic planning, management and supervision, and program advancement.

Strategic Planning
- articulate a vision and mission that drive short- and long-term planning
• set goals and objectives based on the needs of the populations served, intended student learning and development outcomes, and program outcomes
• facilitate continuous development, implementation, and assessment of program effectiveness and goal attainment congruent with institutional mission and strategic plans
• promote environments that provide opportunities for student learning, development, and engagement
• develop, adapt, and improve programs and services in response to the changing needs of populations served and evolving institutional priorities
• include diverse perspectives to inform decision making

Management and Supervision
• plan, allocate, and monitor the use of fiscal, physical, human, intellectual, and technological resources
• manage human resource processes including recruitment, selection, professional development, supervision, performance planning, succession planning, evaluation, recognition, and reward
• influence others to contribute to the effectiveness and success of the unit
• empower professional, support, and student personnel to become effective leaders
• encourage and support collaboration with colleagues and departments across the institution
• encourage and support scholarly contributions to the profession
• identify and address individual, organizational, and environmental conditions that foster or inhibit mission achievement
• use current and valid evidence to inform decisions
• incorporate sustainability practices in the management and design of programs, services, and facilities
• understand appropriate technologies and integrate them into programs and services
• be knowledgeable about codes and laws relevant to programs and services and ensure that programs and services meet those requirements
• assess and take action to mitigate potential risks

Program Advancement
• advocate for and actively promote the mission and goals of the programs and services
• inform stakeholders about issues affecting practice
• facilitate processes to reach consensus where wide support is needed
• advocate for representation in strategic planning initiatives at divisional and institutional levels

CHS leaders should continuously strive to eliminate duplicate coverage for care and contribute to a campus culture that supports health.

As the institution is legally constituted, the institution must have a defined governance structure that sets policy and is ultimately responsible for the CHS and its operations.

CHS should be defined by the size, nature, complexity, and mission of the institution and by the documented needs and capabilities of the population it serves, as well as the availability of local community resources.

CHS should establish and maintain an advisory board with broad constituent representation, with specific duties and responsibilities for policy, budget, services, facilities, and resources.

CHS should make initial staff appointments, reappointments, and assignment or curtailment of clinical privileges based upon a professional review of credentials and as directed by institutional policy and state/provincial regulations and statutes.
CHS should establish criteria and institute procedures for assessment and evaluation of medical access insurance policies.

The CHS director or coordinator must be placed within the institution’s organizational structure to be able to promote cooperative interactions with appropriate campus and community entities.

Part 4. HUMAN RESOURCES

Clinical Health Services (CHS) must be staffed adequately by individuals qualified to accomplish mission and goals.

CHS must have access to technical and support personnel adequate to accomplish their mission.

Within institutional guidelines, CHS must
- establish procedures for personnel recruitment and selection, training, performance planning, and evaluation
- set expectations for supervision and performance
- provide personnel access to continuing and advanced education and appropriate professional development opportunities to improve their competence, skills, and leadership capacity
- consider work/life options available to personnel (e.g., compressed work schedules, flextime, job sharing, remote work, or telework) to promote recruitment and retention of personnel

CHS should
- strive to improve the professional competence and skill, as well as the quality of performance of all personnel it employs
- provide personnel with convenient access to on-line library resources that include materials pertinent to operational, administrative, institutional, and research services
- encourage participation of personnel in seminars, workshops, and other educational activities pertinent to its mission, goals, objectives, and the professional role
- verify participation in relevant external professional development programs, when attendance at such activities is required of professional personnel
- monitor the use of resources available to its personnel to identify that activities are relevant to the mission, goals, and objectives, and to maintain the licensure and/or certification of professional personnel
- identify continuing education activities based on quality improvement findings and the education criteria established by recognized professional authorities

Administrators of CHS must
- ensure that all personnel have updated position descriptions
- implement recruitment and selection/hiring strategies that produce a workforce inclusive of under-represented populations
- develop promotion practices that are fair, inclusive, proactive, and non-discriminatory

Personnel responsible for delivery of CHS must have written performance goals, objectives, and outcomes for each year’s performance cycle to be used to plan, review, and evaluate work and performance. The performance plan must be updated regularly to reflect changes during the performance cycle.

Results of individual personnel evaluations must be used to recognize personnel performance, address performance issues, implement individual and/or collective personnel development and training programs, and inform the assessment of programs and services.
CHS personnel, when hired and throughout their employment, must receive appropriate and thorough training.

Staff members must take part in training sessions about gender, sexual orientation, racial, cultural, religious and/or spiritual, and ethnic sensitivity and should be aware of and involved in campus and community matters.

CHS personnel, including student employees and volunteers, must have access to resources or receive specific training on

- institutional policies pertaining to functions or activities they support
- privacy and confidentiality policies
- laws regarding access to student records
- policies and procedures for dealing with sensitive institutional information
- policies and procedures related to technology used to store or access student records and institutional data
- how and when to refer those in need of additional assistance to qualified personnel and have access to a supervisor for assistance in making these judgments
- systems and technologies necessary to perform their assigned responsibilities
- ethical and legal uses of technology

CHS personnel must engage in continuing professional development activities to keep abreast of the research, theories, legislation, policies, and developments that affect their programs and services.

Administrators of CHS must ensure that personnel are knowledgeable about and trained in safety, emergency procedures, and crisis prevention and response. Risk management efforts must address identification of threatening conduct or behavior and must incorporate a system for responding to and reporting such behaviors.

CHS personnel must be knowledgeable of and trained in safety and emergency procedures for securing and vacating facilities.

PROFESSIONAL PERSONNEL

CHS professional personnel either must hold an earned graduate or professional degree in a field relevant to their position or must possess an appropriate combination of educational credentials and related work experience.

CHS must establish criteria and implement a procedure to review and verify credentials of staff.

INTERNS OR GRADUATE ASSISTANTS

Degree- or credential-seeking interns or graduate assistants must be qualified by enrollment in an appropriate field of study and relevant experience. These students must be trained and supervised by professional personnel who possess applicable educational credentials and work experience and have supervisory experience. Supervisors must be cognizant of the dual roles interns and graduate assistants have as both student and employee.

Supervisors must

- adhere to parameters of students’ job descriptions
- articulate intended learning outcomes in student job descriptions
- adhere to agreed-upon work hours and schedules
- offer flexible scheduling when circumstances necessitate
Supervisors and students must both agree to suitable compensation if circumstances necessitate additional hours.

STUDENT EMPLOYEES AND VOLUNTEERS

Student employees and volunteers must be carefully selected, trained, supervised, and evaluated. Students must have access to a supervisor. Student employees and volunteers must be provided clear job descriptions, pre-service training based on assessed needs, and continuing development.

Specific aspects of the CHS for which staff should be assigned include business and financial management, community relations, and assessment.

Leaders should involve staff members in designing the organizational structure and in creating and reviewing policies and procedures that reinforce and foster health-engendering behaviors.

When CHS staff is involved in formal teaching or supervision, policies governing those activities must be consistent with the mission, goals, policies, and objectives of the institution.

When CHS staff is involved in research and publishing, policies governing those activities must be consistent with mission, goals, priorities, and objectives of the institution and capabilities of the program.

All CHS staff must be informed of the research policies of the institution and CHS.

Part 5. ETHICS

Clinical Health Services (CHS) must
- review applicable professional ethical standards and must adopt or develop and implement appropriate statements of ethical practice
- publish and adhere to statements of ethical practice and ensure their periodic review
- orient new personnel to relevant ethical standards and statements of ethical practice and related institutional policies

Statements of ethical standards must
- specify that CHS personnel respect privacy and maintain confidentiality in communications and records as delineated by privacy laws
- specify limits on disclosure of information contained in students' records as well as requirements to disclose to appropriate authorities
- address conflicts of interest, or appearance thereof, by personnel in the performance of their work
- reflect the responsibility of personnel to be fair, objective, and impartial in their interactions with others
- reference management of institutional funds
- reference appropriate behavior regarding research and assessment with human participants, confidentiality of research and assessment data, and students' rights and responsibilities
- include the expectation that personnel confront and hold accountable other personnel who exhibit unethical behavior
- address issues surrounding scholarly integrity

CHS personnel must
- employ ethical decision making in the performance of their duties
- inform users of programs and services of ethical obligations and limitations emanating from codes and laws or from licensure requirements
• recognize and avoid conflicts of interest that could adversely influence their judgment or objectivity and, when unavoidable, recuse themselves from the situation
• perform their duties within the scope of their position, training, expertise, and competence
• make referrals when issues presented exceed the scope of the position

The task of media relations involving individual health status should be assigned to staff members who are knowledgeable about information that can be released.

Staff members should prevent visitors from entering the facility in any manner that would compromise confidentiality.

Products and services should not be promoted for any other reason than the individual’s or the community’s benefit.

**All marketing and advertising concerning the clinical health services must communicate the scope and range of services provided without deception.**

Clinical health services should inform individuals of their basic rights and responsibilities regarding service. Such rights and responsibilities should include

- service that is competent, considerate, and compassionate; recognizes basic human rights; safeguards personal dignity; and respects values and preferences
- provision of appropriate privacy, including protection from access to confidential information by faculty members, staff, student workers, and others
- ability to receive services from the staff member of choice
- accurate information regarding competencies and credentials of the clinical health services staff
- use of identified methods to express grievances and make suggestions
- information concerning individual health status and available services
- individual disclosure of complete and full information on health status that will be treated confidentially and for which the individual gives authority to approve or refuse release in compliance with applicable federal and state/provincial laws
- an explicit process to share necessary personal health information with mental health/counseling/psychotherapy services and other higher education faculty and staff on a need-to-know basis
- an explicit process for consent to share necessary personal health information with off-campus entities

**Part 6. LAW, POLICY, AND GOVERNANCE**

Clinical Health Services (CHS) must be in compliance with laws, regulations, and policies that relate to their respective responsibilities and that pose legal obligations, limitations, risks, and liabilities for the institution as a whole. Examples include constitutional, statutory, regulatory, and case law; relevant law and orders emanating from codes and laws; and the institution’s policies.

CHS must have access to legal advice needed for personnel to carry out their assigned responsibilities.

CHS must inform personnel, appropriate officials, and users of programs and services about existing and changing legal obligations, risks and liabilities, and limitations.

CHS must inform the institutional community of its policies and procedures addressing

- individual rights and responsibilities
- balancing protection of individual health and safety with individual rights to confidentiality and privacy
• risk management
• medical access insurance coverage
• informed consent
• access, release content, and maintenance of individual records in accordance with legal obligations and limitations
• research
• medical dismissal of students

CHS must inform personnel about professional liability insurance options and refer them to external sources if the institution does not provide coverage.

CHS must have written policies and procedures on operations, transactions, or tasks that have legal implications.

CHS must regularly review policies. The revision and creation of policies must be informed by best practices, available evidence, and policy issues in higher education.

CHS must have procedures and guidelines consistent with institutional policy for responding to threats, emergencies, and crisis situations. Systems and procedures must be in place to disseminate timely and accurate information to students, other members of the institutional community, and appropriate external organizations during emergency situations.

Personnel must neither participate in nor condone any form of harassment or activity that demeans persons or creates an intimidating, hostile, or offensive environment.

CHS must purchase or obtain permission to use copyrighted materials and instruments. References to copyrighted materials and instruments must include appropriate citations.

CHS must inform personnel about internal and external governance organizations that affect programs and services.

CHS must develop and maintain a systematic risk management program appropriate for the organization.

Risk management programs should focus on
• methods by which individuals may be dismissed from or refused services
• methods of collecting unpaid accounts
• review of litigation related to the institution’s CHS
• review of all deaths, trauma, or adverse events where there is health risk
• communication with the liability insurance carrier
• methods of dealing with inquiries from government agencies, attorneys, consumer advocate groups, reporters, and the media
• methods of managing a situation with an impaired staff member
• methods for complying with governmental regulations and contractual agreements
• methods of transporting students with medical emergencies
• maintenance of confidential records

Part 7. DIVERSITY, EQUITY, AND ACCESS

Within the context of each institution’s mission and in accordance with institutional policies and applicable codes and laws, Clinical Health Services (CHS) must create and maintain educational and work environments that are welcoming, accessible, inclusive, equitable, and free from harassment.
CHS must not discriminate on the basis of disability; age; race; cultural identity; ethnicity; nationality; family educational history (e.g., first generation to attend college); political affiliation; religious affiliation; sex; sexual orientation; gender identity and expression; marital, social, economic, or veteran status; or any other basis included in institutional policies and codes and laws.

CHS must

- advocate for sensitivity to multicultural and social justice concerns by the institution and its personnel
- ensure physical, program, and resource access for all constituents
- modify or remove policies, practices, systems, technologies, facilities, and structures that create barriers or produce inequities
- ensure that when facilities and structures cannot be modified, they do not impede access to programs, services, and resources
- establish goals for diversity, equity, and access
- foster communication and practices that enhance understanding of identity, culture, self-expression, and heritage
- promote respect for commonalities and differences among people within their historical and cultural contexts
- address the characteristics and needs of diverse constituents when establishing and implementing culturally relevant and inclusive programs, services, policies, procedures, and practices
- provide personnel with diversity, equity, and access training and hold personnel accountable for applying the training to their work
- respond to the needs of all constituents served when establishing hours of operation and developing methods of delivering programs, services, and resources
- recognize the needs of distance and online learning students by directly providing or assisting them to gain access to comparable services and resources

CHS should accommodate the unique needs of individuals with disabilities and should encourage faculty, staff, and other students to develop awareness of and sensitivity to individuals with disabilities. Students with disabilities should be encouraged to self-identify individual needs as soon as possible following admission (pre-matriculation) so that accommodations can be made.

For students with physical disabilities, CHS staff should advocate that the institution meet special needs through clinical health services, housing, food services, and counseling services. Whenever possible, the institution should eliminate architectural barriers that create difficulties for students with physical disabilities.

Students with special health risks may be identified by information provided on health history or behavioral assessment forms, or through screening, surveillance, and education services.

Students with chronic health conditions may be identified and informed of support services.

CHS may provide services directly or identify appropriate resources in the community to meet the special needs of these students.

**CHS must ensure that students are informed about the importance of medical and dental access insurance and how to make an informed decision based on their needs.**

As a condition of enrollment, students may be required to provide evidence that they have adequate medical access through healthcare insurance coverage.
Medical access through insurance coverage should be available to all eligible students.

Every contact should be viewed as an opportunity to recognize and honor diversity to address specific concerns that might impact health and quality of life for the individual and community.

Students should be provided an environment of caring with an inclusive approach, which is essential for establishing levels of confidentiality, trust, and comfort.

CHS should establish procedures for students to discuss with staff their comfort or discomfort with various approaches in delivery of services.

Individuals should be accepted in a free and open manner and in an atmosphere of mutual respect to encourage candid discussion of sensitive personal issues. Staff members should demonstrate sensitivity and understanding to students from diverse backgrounds and cultures to provide satisfactory services.

**Part 8. INTERNAL AND EXTERNAL RELATIONS**

Clinical Health Services (CHS) must reach out to individuals, groups, communities, and organizations internal and external to the institution to

- establish, maintain, and promote understanding and effective relations with those that have a significant interest in or potential effect on the students or other constituents served by the programs and services
- garner support and resources for programs and services as defined by the mission
- collaborate in offering or improving programs and services to meet the needs of students and other constituents and to achieve program and student outcomes
- engage diverse individuals, groups, communities, and organizations to enrich the educational environment and experiences of students and other constituents
- disseminate information about the programs and services

Promotional and descriptive information must be accurate and free of deception and misrepresentation.

CHS must have procedures and guidelines consistent with institutional policy for

- communicating with the media
- distributing information through print, broadcast, and online sources
- contracting with external organizations for delivery of programs and services
- cultivating, soliciting, and managing gifts
- applying to and managing funds from grants

To ensure success, CHS must maintain good relations with students, faculty members, staff, alumni, the local community, contractors, and support agencies.

CHS must comply with these standards even when contracted for or outsourced by the institution.

CHS staff should participate actively with their institution in designing policies and practices and developing further resources and services that have direct impact on the health status of the campus population.

CHS should review and assess health aspects of relevant institutional policies and practices. These issues may include but are not limited to drug use policies and treatment, blood-borne diseases, sexual harassment/assault, suicide and homicide threats, and discrimination of all types.
Policies on requirements for immunization prior to and during matriculation should be implemented and maintained to assure compliance, protect community health, and meet the needs of students at risk.

CHS should collaborate to minimize duplication of services with campus and community partners.

CHS should address the level and the priorities of campus services as determined by institution-specific population health status surveys, available community resources, user data and institutional context. CHS should review potential health hazards or problems related to academic activities.

CHS should identify and utilize community services, whenever appropriate, to build resource/service networks and create awareness within the community about special needs populations.

**Part 9. FINANCIAL RESOURCES**

Clinical Health Services (CHS) must have funding to accomplish the mission and goals.

In establishing and prioritizing funding resources, CHS must conduct comprehensive analyses to determine

- unmet needs of the unit
- relevant expenditures
- external and internal resources
- impact on students and the institution

CHS must use the budget as a planning tool to reflect commitment to the mission and goals of the programs and services and of the institution.

CHS must administer funds in accordance with established institutional accounting procedures.

CHS must demonstrate efficient and effective use and responsible stewardship of fiscal resources consistent with institutional protocols.

Financial reports must provide an accurate financial overview of the organization and provide clear, understandable, and timely data upon which personnel can plan and make informed decisions.

Procurement procedures must

- be consistent with institutional policies
- ensure that purchases comply with laws and codes for usability and access
- ensure that the institution receives value for the funds spent
- consider information available for comparing the ethical and environmental impact of products and services purchased

Financial planning and projections should include budget data for both current and long-term expenditures that include capital expenditures and deferred maintenance costs.

**Part 10. TECHNOLOGY**

Clinical Health Services (CHS) must have technology to support the achievement of their mission and goals. The technology and its use must comply with institutional policies and procedures and with relevant codes and laws.

CHS must use technologies to
- provide updated information regarding mission, location, staffing, programs, services, and official contacts to students and other constituents in accessible formats
- provide an avenue for students and other constituents to communicate sensitive information in a secure format
- enhance the delivery of programs and services for all students

CHS must
- back up data on a regular basis
- adhere to institutional policies regarding ethical and legal use of technology
- articulate policies and procedures for protecting the confidentiality and security of information
- implement a replacement plan and cycle for all technology with attention to sustainability
- incorporate accessibility features into technology-based programs and services

When providing student access to technology, CHS must
- have policies on the use of technology that are clear, easy to understand, and available to all students
- provide information or referral to support services for those needing assistance in accessing or using technology
- provide instruction or training on how to use the technology
- inform students of implications of misuse of technologies

Part 11. FACILITIES AND EQUIPMENT

Clinical Health Services’ (CHS) facilities must be intentionally designed and located in suitable, accessible, and safe spaces that demonstrate universal design and support the program’s mission and goals.

Facilities must be designed to engage various constituents and promote learning.

Personnel must have workspaces that are suitably located and accessible, well equipped, adequate in size, and designed to support their work and responsibilities.

The design of the facilities must guarantee the security and privacy of records and ensure the confidentiality of sensitive information and conversations. Personnel must be able to secure their work.

CHS must incorporate sustainable practices in use of facilities and purchase of equipment. Facilities and equipment must be evaluated on an established cycle and be in compliance with codes, laws, and accepted practices for access, health, safety, and security.

When acquiring capital equipment, CHS must take into account expenses related to regular maintenance and life cycle costs.

CHS facilities should support a range of activities including clinical treatment, intervention and consultation, patient education, and policy development. A safe, functional, and efficient environment is crucial to providing appropriate services and achieving desired outcomes.

Depending upon services offered, environmental conditions should include
- necessary facilities, technology, and equipment to handle individual or campus emergencies
- regulations prohibiting smoking
- elimination of hazards that might lead to slipping, falling, electrical shock, burns, poisoning, or other trauma
- adequate reception areas, toilets, and telephones
- parking for guests, patients, and people with disabilities
- accommodations for persons with physical disabilities
- adequate lighting and ventilation
- clean and properly maintained facilities
- facilities that provide for confidentiality and privacy of services and records
- testing and proper maintenance of equipment
- a system for the proper identification, management, handling, transport, treatment, and disposition of hazardous materials and wastes whether solid, liquid, or gas
- appropriate alternative power sources in case of emergency
- technology to support services and facilities

**Part 12. ASSESSMENT**

Clinical Health Services (CHS) must develop assessment plans and processes.

Assessment plans must articulate an ongoing cycle of assessment activities.

CHS must
- specify programmatic goals and intended outcomes
- identify student learning and development outcomes
- employ multiple measures and methods
- develop manageable processes for gathering, interpreting, and evaluating data
- document progress toward achievement of goals and outcomes
- interpret and use assessment results to demonstrate accountability
- report aggregated results to respondent groups and stakeholders
- use assessment results to inform planning and decision-making
- assess effectiveness of implemented changes
- provide evidence of improvement of programs and services

CHS should maintain an active, organized, peer-based, quality management and improvement program that links peer review, quality improvement activities, and risk management in an organized, systematic way.

Periodically, the organization should assess user and non-user satisfaction with services and facilities provided by the clinical health services and incorporate findings into quality improvement.

To develop criteria used to evaluate services, staff members should understand, support, and participate in programs of quality management and improvement. Data should be collected in an on-going manner to identify unacceptable or unexpected trends or occurrences.

The quality improvement program should address administrative and cost issues and service outcomes.

CHS must employ ethical practices in the assessment process.

CHS must have access to adequate fiscal, human, professional development, and technological resources to develop and implement assessment plans.

*General Standards revised in 2014;
CHS (formerly College Health Programs) developed/revised in 2001 & 2006*