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August 11, 2006

To: CSU Vice Presidents for Student Affairs
From: Allison G. Jones 
Subject: Survey of University Health Services

Response Requested by:
September 15, 2006

In accordance with Executive Order No. 943, *Policy on University Health Services*, the California State University (CSU) Office of the Chancellor established the CSU Health Services Advisory Committee to ensure operational effectiveness and efficiency, to ensure compliance with management and regulatory policies, to reduce risk exposure, and to ensure compliance with Executive Order No. 943. The advisory committee is charged with several responsibilities, including the development of a campus survey, which must be completed annually, based upon an assessment of potential risks. A summary of the results of the 2005-2006 Health Services Survey that is attached will be shared with campuses to assist them to develop effective campus health services policies that respond to Executive Order No. 943.

Since there is one response for each campus, you may wish to use the attached survey worksheet before completing the survey on the web at <http://www.gateway.calstate.edu/shss06/index.cfm>. Other materials requested in the survey (see questions 14 and 15) shall be submitted via email to Mr. Ray Murillo. Questions regarding this survey may be directed to Mr. Ray Murillo, Associate Director, Student Programs, Student Academic Support, at (562) 951-4707 or rmurillo@calstate.edu.

AGJ:rm

Attachment

cc: Dr. Charles B. Reed
Dr. Gary W. Reichard
CSU Presidents
CSU Provosts/Vice Presidents for Academic Affairs
CSU Directors, Student Health Centers
CSU Directors, Athletics
Members, CSU Health Services Advisory Committee

CSU Campuses
Bakersfield
Channel Islands
Chico
Dominguez Hills
East Bay

Fresno
Fullerton
Humboldt
Long Beach
Los Angeles
Maritime Academy

Monterey Bay
Northridge
Pomona
Sacramento
San Bernardino
San Diego

San Francisco
San José
San Luis Obispo
San Marcos
Sonoma
Stanislaus

WORKSHEET

(Note: Please complete the University Health Services Survey items 1-13 on the web at
<http://www.gateway.calstate.edu/shss06/index.cfm>)

**California State University Health Services Advisory Committee Annual Survey
2005-2006**

1. CSU campus _____
2. What percent of your students did you see during the 2005-06 academic year?
(By students, we mean individuals who are regularly and currently matriculated students. As a denominator, use your fall term headcount of regularly matriculated students.)

%

3. Has your campus added or subtracted to your list of designated health services to be covered by your health oversight policy (see attached grid for the health services designated by your campus)?
 Yes No

If yes to above, what services have been **added**? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Counselor Training |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Physical Therapy Department |
| <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Nursing Education |
| <input type="checkbox"/> Employee Assistance Program | <input type="checkbox"/> Medical Disaster Plan |
| <input type="checkbox"/> Disabled Services | <input type="checkbox"/> Recreational Sports/ Recreation Centers |
| <input type="checkbox"/> Public Safety/University Police | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Communication Disorders | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Environmental Health and Safety | _____ |

Subtracted? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Environmental Health and Safety |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Counselor Training |
| <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Physical Therapy Department |
| <input type="checkbox"/> Employee Assistance Program | <input type="checkbox"/> Nursing Education |
| <input type="checkbox"/> Disabled Services | <input type="checkbox"/> Medical Disaster Plan |
| <input type="checkbox"/> Public Safety/University Police | <input type="checkbox"/> Recreational Sports/ Recreation Centers |
| <input type="checkbox"/> Communication Disorders | <input type="checkbox"/> Occupational Therapy |

4. For each identified health service (*see attached grid for the health services designated by your campus*), who is providing services to patients/clients?
- a) Yes No Employees
 - b) Yes No Contractors/Contract employees
 - c) Yes No Student assistants
 - d) Yes No Professional volunteers
 - e) Yes No Other volunteers

 - f) If you are using volunteer professionals (such as physicians, podiatrists, etc), are you checking their credentials using the national practitioner data bank, licensure check, etc. as specified in Executive Order 943? Yes No
 - g) Who (position title) does this credentials check? _____

 - h) How frequently are the credentials rechecked to be sure a provider is still licensed in good standing? (*Check one*)
 - Every six months
 - Every year
 - Every two years
 - Every three years
 - Other (*specify*) _____

 - i) For each health service (*see attached grid for the health services designated by your campus*), do you have students providing services without concurrent professional supervision?
 Yes No
 - j) If yes, how do you review the quality and appropriateness of the services provided?

5. Facility cleanliness
- a. Does each area defined as a health service (*see attached grid for the health services designated by your campus*) provide appropriate consultation with custodial staff to address health facility sanitation and safety issues and provides for the assignment of identified and trained custodial personnel to ensure appropriate cleanliness of the health facility?
 Yes No
 - b. Does each area defined as a health service have a plan that addresses the unique conditions that determine the frequency and adequacy of cleaning of specific health facility areas (e.g., laboratory, examining rooms, minor surgery rooms, waiting areas, halls, restrooms)?
 Yes No

c. Does each area defined as a health service provide orientation, continuing education, and training of custodians regarding the transmission and prevention of infectious diseases? (Guidelines provided by federal and state agencies shall be followed.)

Yes No

6. Do you or anyone on your campus transmit electronic health information for the purposes of carrying out financial or administrative activities related to health care, such as (*from Executive Order 877*)?

- a) Yes No Health care claims or equivalent information about patient visits submitted for payment purposes
- b) Yes No Health care payment and remittance advice
- c) Yes No Coordination of benefits
- d) Yes No Health care claim status
- e) Yes No Enrollment and disenrollment in a health plan
- f) Yes No Eligibility for a health plan
- g) Yes No Health plan premium payments
- h) Yes No Referral certification and authorization
- i) Yes No First report of injury
- j) Yes No Health claims attachments
- k) Yes No Other transactions that the Secretary of the U.S. Department of Health & Human Services may prescribe by regulation.
- l) Yes No If your campus's answer to the above question is yes, have you contacted the CSU Office of General Counsel for guidance or the Assistant Vice Chancellor, Student Academic Support, to be designated as a California State University Designated Health Care Component?

7. Which health services are considered HIPAA-covered entities on your campus? _____

8. Is your campus providing Family PACT services? Yes No

a) If yes, are any patients being seen who do not qualify for services under Executive Order 943 (*most notably, non-students*)? Yes No

b) If yes, what type of non-student patient is being seen? _____

9. Athletics—policy review, credentialing and privileging
- a) Does the Athletics Department have its medicine policies and procedures approved in writing by the physician responsible for medical oversight of the athletic medicine program? **Yes** **No**
 - b) Does the physician responsible for medical oversight of the athletic medicine program approve all changes in policies and procedures in writing? **Yes** **No**
 - c) Are all licensed health practitioners who provide services to the Athletics department credentialed by review of his/her qualifications based on state law, CSU Classification and Qualification Standards, National Practitioner Data Bank review, and professional references? **Yes** **No**
 - d) Is the scope of service (*what services the provider is permitted to give*) for each health care provider in written protocols? **Yes** **No**
 - e) Are these protocols reviewed biennially for currency? **Yes** **No**
 - f) Do these protocols cover student assistants, student athletic trainers, and other health care providers for intercollegiate athletics? **Yes** **No** **Don't know**
 - g) Does the athletic department have a quality assurance program similar to that used by the campus Student Health Center? **Yes** **No**

10. Describe the type of wellness policies and programs your campus has for students (e.g. non-credit health education, for-credit health education, on-campus health and wellness facilities and programs, and healthy nutrition options).

11. What recommendations that would improve current wellness policies, programs, activities, etc. for students would you like to see implemented on your campus?

12. Describe the type of wellness policies and programs your campus has for staff and faculty (e.g. on-campus health and wellness facilities and programs, healthy nutrition options, health education programs, discounts for off-campus health facilities and programs).

13. What recommendations that would improve current wellness policies, programs, activities, etc. for staff and faculty would you like to see implemented on your campus?

14. Please provide any new accreditations received between July 1, 2005 and June 30, 2006.
(Please submit the summary sheet of the survey findings to Ray Murillo by E-mail at rmurillo@calstate.edu or fax to 562-951-4867.)

15. Please submit* a report outlining the composition and primary work of your:

- a) Student Health Services Advisory Committee (SHAC) over the 2005-2006 academic year; and
- b) Health oversight committee (if separate from your Student Health Advisory Council) over the 2005-06 academic year.

*Submit reports requested in Items 15 electronically to Ray Murillo by E-mail at rmurillo@calstate.edu

