

University of Oregon
HEALTH CENTER

Student Health Advisory Committee Meeting

November 17, 2006

Student Members:	Faculty:	Alternates	ExOfficio Members:
E Chiem, Jennifer	E Munroe, Dennis	* Kurnert, Allison	E Kerr, Shelly
* Kehdi, Norma	E Olson, Deborah	* Malasig, Cheryl	E DeHaven-Murdoch, Daralyn
* Ronco, Noelle	* Pangburn, Micheal	L Marberry, Manisha	E Leith, Ramah
E Scholl, Ben	E Russell, Chantelle	Ef Mann, Todd	* Megerssa, Becky
		S	
* Soetan, Folake		* Phillips, Ann	* Pressman, Ernie
E Stiffler, Lesley	Guests:	* Smith, Kaylie	* Ryan, Tom
* Straight, Leslie	* Wee, Sara	E Thrower, Ashley	* Staight, Paula
E Wintermute, Ben	* Katherine Davis	* Wee, Brett	
* Wu, Angela			

The meeting was called to order at 3:00 p.m.

1. **Approval of Minutes** – The minutes of the previous meeting were approved as distributed.
2. **Sunday Clinic Closure Rationale** - Dr. Ryan emailed a sheet delineating the reasons behind the Sunday closure to sort of crystallize thoughts around the recommendation. For the Medical Staff this has been a work in process. This is brought back to SHAC today to put this in your minds for discussion next term. And answer any questions that come up or requests for further information.

There is precedent in terms of shortening hours. The inpatient unit was closed due to cost and low utilization. These are two issues, but really it was liability, that of simply not being able to provide the level of care that was needed for a hospitalized patient. Very rare college health centers still have them. After that occurred, because of the infirmary closure the Health Center went to being open from 8:00 a.m. to 8:00 p.m., but this spread things out so much that on the weekends there was no lab or x-ray coverage so in the 90's the hours were shortened further to the point where they are now.

It is interesting that when Tom came here in 2003 Saturday hours were staffed just as they are now with all services, Sunday hours had no lab and no x-ray at that time. Due to liability lab coverage was added for Sundays at that time. But we have not been successful in getting x-ray coverage for the weekend. We are looking but the pay is much higher in the community and if a technologist is going to work on Sundays they are going to work at those places that pay the best. The Health Center is about \$20 less in pay making us not highly attractive to anyone wanting to work.

Other concerns which have come out further as we have had these discussions are:

- Lack of availability of a reference laboratory, special imaging studies, and consultants on Sundays. These are available on Saturdays. The only way to get any of those is to refer someone to the ER.
- The last thing they noted is that we have looked at other college health centers, picked 18 at random as large state institutions, equal in size or larger than UO—7 were designated peer institutions to our health center—and looked at their facilities and found that out of those 18 universities including all 7 of the peer institutions, none have Sunday hours, 8 without either Saturday or Sunday.

Issues that finally crystallized for the Medical Staff and the reason the recommendation was brought forward is professional liability, making clinical decisions without the basic diagnostic abilities that are available to them on other days and making a decision as to whether it is something that can wait or needs to go to ER, and something a student will follow through on.

The Health Center is busier on Sundays, not in terms of total numbers, which are really the same on both days with an average out to about 14 patients a day in a 4 hour period, but on Saturday there are two practitioners. One practitioner is very busy when there are 14 patients to be seen within a 4-hour period with no time in case a more complex case comes in. The issues are:

- 1) Quality of care.

- 2) Standard of care – differences discussed before, additionally that there is no coverage for a psychological crisis. No other primary care clinics open on Sunday in Eugene/Springfield; patients referred to urgent care clinics.
- 3) Fiscal and Staffing – No real cost savings as all of the staff that works on Sunday has a FTE with a portion used to cover Sunday staffing. If not used on Sunday would be used on another day during the week. Indirect cost of Sunday hours is that classified staff get hour for our off during the week. Get half day off in trade. To stay open on Sundays the additional cost would be to have another provider staffing and x-ray coverage.

A: What is the action plan, to bring in another physician and x-ray coverage?

Q: We are working harder at accomplishing this next term. Without the x-ray coverage adding another provider is a moot point. Adding more weekend hours to the physician schedules would be done reluctantly, unless could get all of the nurse practitioners to take weekend cover, but they would need to take a half day off during the week, or hiring a part-time physician to work the weekends. The bad part of hiring a part-time physician would be if they are not working in the clinic regularly they would not be in the flow of how things work. Also, we do not pay top dollar to be attractive to a provider who would want to work the weekends.

Q: What is the goal of weekend hours; just an urgent care clinic or just a walk in clinic without appointments? Is that the reason there are no appointments?

A: It is an urgent care clinic. Practitioners need to have time to see the patients needing to be seen urgently and would not be able to do that effectively if there were also patients with appointments.

Q: What is the cost to have the clinic open on Sundays? To make a decision, what are the costs to do it the way that it needs to be done?

A: Tom Ryan has those figures and will send those through Kim to the SHAC members.

Q: Is the Medical Staff thinking of an action plan, something concrete, if this recommendation is approved? What are they going to do to help students with the loss of the clinic hours? Would that mean taking the hours from Sunday and adding something during the week of just having more physicians in the clinic to see people?

A: If we did not have Sunday hours, we would need to open additional urgent care time in the schedules of the physicians at the beginning of the week. The limiting factor is the number of offices available. We would also put some additional spaces in the schedules to see patients that may need to be seen. The best way would be to add hours.

We are not seeing something that they are going to do with the money for the loss of the service on the Sunday. How will the Health Center compensate for the loss of the Sunday hours? The real concern is that once you take something away it is twice as hard to bring it back. Thinking about what might happen in the future around health care.

Q: How will the Health Center help with the concern for a lower level of care that could be provided, such as for a Freshman who does not know anything about how to take care of their health problems, being able to go to someone who would make a better decision?

A: We would need to do a lot of work to get the information to students on alternatives to health care on Sundays.

As in the video more and more people are ending up in emergency rooms because there is nowhere else for them to go for health care, clinics other than the ER.

Q: How many students would need extra services that would be affected when there are no Sunday clinic hours?

A: Relatively few.

The cost of a visit to a community service would be a barrier for a lot of students thereby affecting their health care.

CONCENSUS: The request from SHAC students is for an action plan from the Medical Staff, a plan of how the Health Center will compensate for the loss of Sunday resource. Tom stated that apparently this should be an action plan directed to compensation for the loss of hours on Sundays. At the beginning of next term there will be continued discussion.

3. **Campus-wide Smoking Ban** – Paula Staight put together some documents on why the UO should be a smoke-free campus and why it is starting to happen at other campuses and cities. There is no safe level of exposure, including out of doors. Cigarettes buttes not only are unsightly, but cause fires, are toxic to the soil, cost money to clean up.

What to consider and why we should care was included in the annual report submitted to Frances Dyke in August. This listed some other data and points of consideration.

How to proceed? Once this is reviewed, perhaps there will be a sub committee of students who will work on this idea, a campus advisory board. There are some other campuses to follow. The Director of the Health Clinic at Boise State is moving through this process. Students can help in getting the information out to students, working together with staff, moving it forward to Directors of different departments and Administration and the campus community, data collection in the national college health survey, and taking pictures of different aspects of smoking as documentation. We really need to not only educate students, but the staff and administration of the campus.

Look over the information and feel free to email Paula. She is also working on the smoke free law in Oregon.

Q: Who would make this decision, would the students have a say?

A: First we have to get buy in of the Administration and from all levels of those who use this campus. Students have a lot of power in getting the higher ups to listen to the reasons, to make this a real item on their agendas. Policy is one of the best prevention methods, smoking policies actually have resulted on lower smoking rates.

Email Paula and Kim Barker if you if interested to see if we want to further discussion of this as an agenda item.

4. **Adjournment** – The meeting was adjourned at 4:00 p.m.

Kim Barker, Recorder

****Next Meeting****
Friday, January 12, 2007
Medical Library, Basement