**About the University of Victoria**

The University of Victoria (UVic) is an educational home to over 21,500 students, with 84% undergraduates and 16% graduate students. Residence Services houses more than 2100 first year students, and has 181 family housing units. Otherwise, students reside in Greater Victoria with many living close to campus. UVic tends to be a young campus, with 25% of students under 20 years of age. UVic welcomes diversity and attracts international students (16%), students with disability (5%), indigenous students (4%), and students of all genders and identities.

**About UVic Students**

Student life is a time for both academic and developmental achievements. Students as emerging adults have curiosity for learning and self-discovery. Brain maturity and particularly cognition and executive functions are very active developmental processes through the 20’s. The young adult, as a newly recognized demographic, require transitional supports to navigate the many challenges of university life, such as new settings and relationships, academic expectations, institutional structures, financial demands, lifestyle decisions, risk-related activities, and unique health issues and concerns. Health care and health promotion contribute to student wellbeing, which in turn supports academic achievement, and life-long success. With more than 77% of students moving to Victoria from elsewhere, they arrive and do not have access to a family physician, and thus, come to rely on University Health Services for their care.

**UHS provided a total of 25,342 in-clinic patient visits with practitioners in 2015-16.**

**About University Health Services**

University Health Services (UHS) is a unit within the Student Services department in the Division of Student Affairs and is located in the Petersen Health Centre. UHS operates a primary health care clinic and promotes campus health and wellness initiatives. The Centre is home to an interprofessional team of practitioners, staff, and visiting specialists who provide clinical services to well over 100 students each day. UHS is responsible for the overall delivery of primary health care, population health, and focused specialized medicine for the student population, as well as urgent care for the local campus community. Funding revenues are obtained in cost-sharing from Island Health for Physician Compensation, Primary Health Care, and Psychiatry support, UVic commitments and contributions, and small grants.
UVic completed the American College Health Association - National College Health Assessment, for a second time (2016 and 2013) with 41 other Canadian universities participating; research ethics approved. The NCHA looks at indictors of student health and wellness, mental health, substance use, and sexual health to provide a population status report. Here is a snapshot of what our UVic students reported. In-depth analysis is underway; watch for further reporting on the UHS website.

Here is a quick sampling of ACHA - NCHA 2016 data with more to come this fall:
See more at www.health.uvic.ca.

<table>
<thead>
<tr>
<th>Indictors</th>
<th>Canada 2016</th>
<th>UVic 2016</th>
<th>UVic 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good or excellent health</td>
<td>45%</td>
<td>44%</td>
<td>53%</td>
</tr>
<tr>
<td>Meeting exercise guidelines</td>
<td>40%</td>
<td>49%</td>
<td>53%</td>
</tr>
<tr>
<td>Healthy body weight</td>
<td>60%</td>
<td>66%</td>
<td>70%</td>
</tr>
<tr>
<td>Eat 5 or more fruits &amp; vegetables/day</td>
<td>10%</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td>Lack of sleep - feeling rested ≤ 2 days/week</td>
<td>44%</td>
<td>43%</td>
<td>34%</td>
</tr>
<tr>
<td>High overall stress in last 12 months (Signs of distress also increased from 2013)</td>
<td>61%</td>
<td>66%</td>
<td>58%</td>
</tr>
<tr>
<td>Academics as the stressor most reported (then finances, intimate relations, &amp; career)</td>
<td>58%</td>
<td>60%</td>
<td>56%</td>
</tr>
<tr>
<td>Diagnosed/treated for mental health condition in last 12 months</td>
<td>26%</td>
<td>29%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Binge drinking ≥ 5 drinks in a sitting in previous 2 wks</td>
<td>35%</td>
<td>35%</td>
<td>38.5%</td>
</tr>
<tr>
<td>Received influenza vaccine in last 12 mo.</td>
<td>31%</td>
<td>29%</td>
<td>20%</td>
</tr>
</tbody>
</table>
The UHS Primary Health Care Leadership Framework

Primary Health Care encompasses direct patient care for a wide range of health conditions plus a population health approach in providing a broad spectrum of programs and services. At UVic, a Primary Health Care Leadership Framework guides our improvement process toward a full care continuum. The Framework combines the Island Health Triple Aim of the patient experience, population health, and per capita cost, with a Competing Values business model that shows the tensions and complementarity of balancing patient and population health, while achieving quality and quantity of service. The client (considered as individual or population) is the central focus of PHC. The care continuum (horizontal axis) shows the competing demands of enhancing the patient health experience while attaining population health outcomes. Care excellence (vertical axis) depicts the competing values associated with care effectiveness (quality) and care efficiency (quantity). The four quadrants represent dominant cultures populated with action concepts to foster PHC improvement and outcomes.

- **The Relations Culture** is about the people who collaborate well to engage in shared care and empowering partnerships.
- **The Structure Culture** commits to patient access and coordinated care through efficient operations and well-defined processes, policies and resources.
- **The Innovation Culture** creates a learning/ inquiry climate to effect purpose, programs, and strategic planning for population health.
- **The Accountability Culture** focuses on what counts with respect to performance, metrics and reporting, and evaluation and research.
UHS is a first point of contact for comprehensive and confidential health care for students while registered at UVic, especially for students without a Victoria family physician. Practitioners use a shared-care approach to address a full range of health concerns, including carrying out health screening, medical assessments, self-care education/coaching, pharmacology, treatments and therapy, care coordination, and referral to on-site psychiatry or other community specialists. We collaborate with and refer students to campus and community resources and to Island Health for specialized programs and hospital care. We see health as a foundation for academic success and a life well lived.

**Student Access to Physician/Nurse Clinical Care**
This past year, UHS offered scheduled, rapid access, and urgent care appointments Monday to Friday 8:30-4:30 plus Wednesday evening clinic and a physician on call for after hours. During the fall/spring semesters we had 5-6 physicians each day and 2-3 during the summer.

In 2015-16, the physician/nurse team provided care to 6372 patients in a total of 20,694 encounters. This represents a mean of 3.2 encounters per patient.

Physician (GP) service hours well exceeded the 8216 hrs/year required by the UVic-Island Health contract. Physician (GP) encounters also increased to exceed the deliverable of 20,000 patient visits.

### Fiscal Year

<table>
<thead>
<tr>
<th></th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Hours</strong></td>
<td>8846</td>
<td>8689</td>
<td>9173</td>
</tr>
<tr>
<td><strong>Total Patient Visits</strong></td>
<td>19050</td>
<td>19057</td>
<td>20694</td>
</tr>
</tbody>
</table>

Quarterly reporting shows a seasonal demand in care. In fact, we are not able to respond to all student care needs during peak times (October to March). Despite the increase in patient visits, we still triaged and rerouted 3324 students to local walk-in clinics for care. Additional space and clinical resources are needed to address this high demand.

To improve patient access and flow, we have found the most efficient is a combination of Pre-Booked appointments (for 3-4 physician schedules) and Rapid-Access walk-in appointments (for 1-2 physician schedules). This approach has increased our capacity and we will continue to work on efficiencies.

Clinical Nurses are first responders for student urgent care and defer use of emergency departments and hospitalization. Examples of such patient acuity are mental health crisis, IV therapy for dehydration, lacerations and suturing, wound care, orthopaedic sprains and strains, abdominal and chest pain, and minor injuries/trauma.
A typical urgent care response by a nurse:

Fred is a 19-year-old, second year student, who has newly taken up long boarding and after a few drinks planned to meet friends at Cadboro Beach. Fred decides to ride his long board down Sinclair hill and after picking up speed, he loses control and thankfully bales onto the gravel shoulder, not oncoming traffic. He arrives at the clinic with multiple abrasions full of road grit. The nurse soaks his hands, and scrubs his wounds to remove most of the debris and applies topical antibiotics and bandages. Fred does not remember his immunization history so is given tetanus/diphtheria vaccination. He is educated about signs and symptoms of infection and applying ice packs to injuries and bruises. The nurse also initiates a discussion of alcohol use. He is seen at the clinic for daily bandage changes over the next week until he can carry out self-care. Additional conversations are had about substance use, health and safety as the nurse-patient relationship advances.

Critical Incidence
UHS coordinates the clinical response, and provides patient care and advocacy for a wide range of critical incidences on campus. UHS is a resource to Student Affairs and Academic units to help support students in crisis. Such examples that have and may occur include:

- Critical illness and hospitalizations of students require UHS involvement to advise on patient history, communicate with family, track patient progress, provide follow-up care, initiate academic concessions, and communicate with campus partners.

- Support to Residence Services for complex, crisis response to students that may include mental health crisis, alcohol and drug over-use, physical injuries and accidents, and other concerning events.

- Communicable disease outbreaks have occurred, norovirus illness, H1N1, meningitis, pertussis, and TB, are examples; UHS works closely with Public Health to determine planned response, identify contact groups, roll out targeted or campus-wide immunizations, support campus communications & allay campus fears.

- The death of a student has a significant impact on those who are part of the student’s support circle. Student Affairs coordinates the institutional response and draws upon UHS as needed to communicate with hospital and aid family and friends during a most difficult time.

Patient Care Priorities for this coming year...

Patient Access to Care
- Optimize physician hours, to exceed 8216 required hours

- Optimize patient encounters with GPs/nurses, to increase beyond our current visits of 20,694

- Enhance student attachment process, to exceed 6000 unique patients

- Explore additional clinic efficiency processes to help address the rerouting of patients

Care Coordination
- Optimize scopes of practice and value-added services to lessen Hospital/ED visits

- Review encounter and clinical data with IH to optimize metrics

- Promote patient attachment by pre-registering international and first-year residence students with Health Services

- Continue collaborative care coordination with UVic and IH partners, particularly for high-risk students

<table>
<thead>
<tr>
<th>Patient Acute Care Impact Indicators</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td># Patients deferred from Emergency (including daybeds)</td>
<td>173</td>
<td>226</td>
<td>375</td>
</tr>
<tr>
<td># Major wound treatments deferred</td>
<td>285</td>
<td>248</td>
<td>458</td>
</tr>
<tr>
<td># Physician Assists</td>
<td>647</td>
<td>648</td>
<td>764</td>
</tr>
</tbody>
</table>
**Population Health Approach**

UHS also coordinates and fosters partnerships to promote a healthy student campus. In a population health approach, we focus on specific student groups or health issues and provide targeted programs or interventions; as well, we offer prevention, promotion and protection strategies and influence social and environmental conditions that enhance health and wellbeing. Students and young adults have unique health issues; we report here on population health initiatives for mental health, substance use, sexual health, public health, sports medicine/injury care and health and wellness.

**Mental Health**

Students typically experience stress in competitive academic environments. However, with the added stressors of change, such as relocating, forming new relationships and managing finances, stress can become distress. With increased distress, students develop various health problems as well as mental health concerns such as depression and anxiety disorders. Students who have signs of sleep disturbance, headaches, fatigue, sadness, poor coping, irritability, weight gain or loss, poor concentration and academic troubles need to be supported and offered health resources.

A Team Approach: The UHS physicians, nurses, and new counsellor have additional mental health training and manage much of the care. 37% of the UHS annual encounters were coded as mental health visits. On-site psychiatry is accessed as needed.

UHS has partnerships with Island Health for campus psychiatry services and with the Ministry for Children and Family Development for an eating disorder clinic.

General Psychiatry Clinic

Students are referred to psychiatrists when mental health conditions such as mood, anxiety, bipolar illness, eating disorders, and emotional dysregulation become complex or exacerbate. We also work closely with campus resources such as Counselling Services and Resource Centre for Students with Disability to provide individual and group care, as well as care coordination for students at risk.

<table>
<thead>
<tr>
<th>Psychiatry Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-14</td>
</tr>
<tr>
<td>Psychiatry visits (1.5 FTE)</td>
</tr>
<tr>
<td>2014-15</td>
</tr>
<tr>
<td>Psychiatry visits (1.25 FTE)</td>
</tr>
<tr>
<td>2015-16</td>
</tr>
<tr>
<td>Psychiatry visits (1.0 FTE)</td>
</tr>
</tbody>
</table>

**The Psychiatric Interdisciplinary Team (PIT) Project**

This past year, Dr. Marilyn Thorpe, Psychiatrist, was funded by the BC Specialist Services Committee to lead a 30-month project at UVic that focuses on service development and integration for students experiencing mental health difficulties. Given that 75% of young adults in Canada attend some form of post-secondary education, this is a key population to prioritize, and the academic setting has potential to provide integrated clinical services to improve mental health outcomes and academic success.

The PIT project includes a few added resources (nurse care coordinator and counsellor), and is helping to organize and integrate condition-based programs (Eating Disorder clinic, Attention Deficit Disorder group clinic, Mood and Anxiety care pathway, and a Managing Emotions program). And a key innovation is a new psychiatric consultation process, called the PIT appointment, modelled after Dr. Gawande’s (2012) TED Talk idea.

**How a typical PIT appointment works**

The patient has a mental health assessment with a UHS doctor to determine an initial diagnosis and possibly start a treatment plan. If the patient presentation is complex, a PIT appointment is booked for the physician, patient and psychiatrist within two weeks and at this collaborative care appointment questions about diagnosis, medication, and other treatments are addressed. Psychiatry access is expedited, the patient is involved in the consultation process, and the physician continues to enhance their knowledge of mental health care. Full psychiatric consultation is provided only when more comprehensive review is indicated.

**The PIT Project Evaluation**

As part of this project, a research study is underway to evaluate each new initiative and determine innovation effectiveness. The research team will report on successes, publish findings and distribute new knowledge to other post-secondary settings.
UHS has redesigned its Mental Health Program to add a Nurse Care Coordinator position and an on-site Counsellor for short term therapy. We have also developed a number of condition-based mental health programs, as outlined below.

Nurse Care Coordination Role
Students with serious mental health concerns or behavior issues often benefit from self-care coaching and help in accessing or navigating resources. The nurse care coordinator offers these supports; liaises with UHS practitioners, campus partners and Island Health resources to provide a consistent approach; and assists with mental health program delivery.

UHS Counsellor Role
UHS practitioners refer suitable students to the MA Counsellor for short term focused Cognitive Behavior Therapy. The counsellor works closely with the UHS team to provide a more integrated model of care for students. The counsellor is also assisting with mental health program delivery.

Mood and Anxiety Care Pathway
Students with high levels of distress are seen by a physician for clinical assessment and diagnosis determined. Various tests and treatments are used including self-care coaching, supportive talk therapy, medication, nurse care coordination, ongoing monitoring, and referral to campus and community resources.

Eating Disorder Clinic
Students can access an on-site Eating Disorder Clinic with collaboration of practitioners from UHS, IH Psychiatry, MCFD Eating Disorder Program, Counselling Services and Resource Centre for Students with Disability.

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-14</td>
<td>59 patients received clinical assessment and care, counselling, and care coordination; 32 patients discharged</td>
</tr>
<tr>
<td>2014-15</td>
<td>69 patients received a clinical assessment and care, counselling, and care coordination; 39 patients discharged</td>
</tr>
<tr>
<td>2015-16</td>
<td>64 patients received a clinical assessment and care, comprising 315 encounters</td>
</tr>
</tbody>
</table>

Managing Emotions Program
Students who struggle with intense emotional reactions or have emotional dysregulation can now be referred to a Managing Emotions (ME) Program facilitated by psychiatry and UHS practitioners. ME is comprised of a four module series and teaches skills for regulating emotions, improving relationships with self and others, and reducing stress.

Attention Deficit Hyperactive Disorder Group Clinic
UHS physicians provide clinical assessment, diagnosis and treatment for ADHD. An ADHD group clinic (4 sessions) helps students to learn coping skills and is facilitated by a physician, nurse, nutritionist, psychologist, and learning advisor. There is an open referral for this group, just contact UHS for more information. In 2015-16, 30 patients enrolled in the group clinic.

Substance Use and Addictions
UHS has engaged a GP specialist in Addiction medicine to provide bi-weekly clinical care to students referred by practitioners. The GP specialist is also advising on the planning of campus resources for students with substance use issues.

Changing the Culture of Substance Use
UHS has partnered with the Centre for Addiction Research BC and the Healthy Minds/Healthy Campuses for a collaborative project in Residence Services. We have adjusted policies, launched and studied the efficacy of an ‘E-check-up to go’ product for student use, added substance free weekend activities, consulted with students groups, and we will be launching a social norms campaign for campus this coming fall 2016.

Public Health
Student vaccination is an important service offered by UHS. Nurses oversee our campus immunization program, provide vaccination reviews and promote fall flu clinics. This past year, we engaged the Island Medical Program and School of Nursing students (see below picture) in flu clinics. The students were trained, practiced on each other, and delivered 840 vaccinations. Nurses also offer travel advice for students coming and going with school related travel.
In consultation with Island Health - Medical Health Office and BC Centre for Disease Control, UHS monitors and coordinates communicable illness and infectious disease outbreaks for the campus community. We continue to work with UVic Security Services and Emergency Planning on campus preparedness. UHS is one of three campus sites to house emergency medical supplies and provide clinical expertise.

**Sexual Health**

UHS offers 2-3 sexual health clinics each week for clinical exams, paps, contraception and IUD insertion, and sexual health information and counselling. We also provide STI screening and tests, pregnancy testing, men's sexual health check-ups, and support transgender sexual health care.

### Diagnostic Coding Indicators for Sexual Health Visits

<table>
<thead>
<tr>
<th>Patient SxH Diagnostic Coding Indicators</th>
<th>Dx Codes used</th>
<th>2014-15 Visits</th>
<th>2015-16 Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI screening</td>
<td>V73, V75</td>
<td>148</td>
<td>203</td>
</tr>
<tr>
<td>Pap Screening</td>
<td>V762, V723</td>
<td>765</td>
<td>714</td>
</tr>
<tr>
<td>Contraception</td>
<td>V25, V25.1, V25.4</td>
<td>792</td>
<td>1034</td>
</tr>
</tbody>
</table>

**Sexualized Violence Response**

The University of Victoria is developing a new policy on preventing and responding to sexualized violence in its commitment to provide students, faculty and staff with a safe, supportive and respectful environment to live, work and learn.

While UVic has policies, programs and resources that include education and prevention, support for survivors and those who have experienced sexualized violence, and investigation of sexualized violence, it does not have a single encompassing policy.

This initiative will strengthen UVic’s current approach through a review of the university’s own policies and procedures, widespread consultation and by considering best practices and policies at other institutions.

UVic Health Services as part of this planning process is working with the community partners of Island Health Nurse Forensic team and Victoria Sexual Assault Centre to develop a medical protocol for the response and clinical management of students who present to Health Services and disclose an experience of sexualized violence.

**Sports Medicine/Injury Care**

UHS provides clinical care for student varsity athletes and students with musculoskeletal injuries. This includes:

- Medicals for all varsity athletes each fall (157)
- Access to a regularly scheduled GP specialist with advanced knowledge in sports medicine
- Resourcing the athletic staff in rehabilitation therapy
- Concussion baseline testing in a collaborative study with a GP specialist and neuroscience researcher

This past year, we were delighted to have the new Centre for Athletics, Recreation & Special Abilities (CARSA) open. In it is a Sports injury clinic and our GP specialist works out of both CARSA and Health Services to provide improved access.

**The new CARSA Facility**

**Health and Wellness**

Health and Wellness are essential to student engagement, retention and success. Well-being improves the lives of students and fosters a vibrant and inclusive university community. Below is our Wellness Wheel that focuses on all aspects of student life.
With our new position of Health and Wellness Coordinator and part-time Student Engagement nurse we have advanced collaborative campus planning and programs including involvement of student governments, academic units, and units within the Division of Student Affairs. Our SHAPE Health and Wellness program has really taken shape!

The Okanagan Charter:
In follow-up to the 2015 International Conference on Health Promoting Universities held at UBC Okanagan campus, UHS has participated in a Canadian Charter working group and partnered with four other BC research universities to present the Okanagan Charter and exemplar practices at the 2016 American College Health Association conference in San Francisco.
See web link for Okanagan Charter:

SHAPE Health and Wellness Programs 2016-17
Student Health Ambassadors and Peer Educators

The SHAPE program is a dynamic team of trained student volunteers who provide valuable health and wellness resources and programs to the university community. The ambassador team plans events and activities, develops workshops, offers education, and connects students to campus and community services.

Contact Annie at
University Health Services
lucasa@uvic.ca

Or visit our website for more information:

Population Health Priorities for this coming year...

Mental Health
Through support from the SSC project, enhance current MH care and clinics; and explore, improve and evaluate a service integration approach

Substance Use
Launch a social norms campaign for campus and continue to develop service resources for students with substance use and addiction concerns

Public Health
Work with campus partners to increase immunization uptake; and actively manage potential communicable disease outbreaks

Sexual Health
Develop clinical protocol and educational materials for UHS sexual health clinics; provide training on transgendered care, and develop medical protocol for sexualized violence

Sports Medicine
Support the CARSA Sports Rehab facility and resource the athletic staff in rehabilitation therapy

Health and Wellness
Advance the SHAPE program in student training and engagement; collaborate with partners on healthy student campus projects; work with campus advisors to initiate conversations on health and wellness

1. Student Health 101 e-magazine
Help coordinate and write for a monthly e-magazine that all registered students receive

2. Student Orientation
Attend and organize orientation events to welcome new students and orient to campus resources

3. October Health & Wellness Challenge
Help coordinate a month-long campus challenge for individuals and groups

4. November Influenza Vaccination
Trained medical and nursing students carry out flu clinics on campus

5. Prescription Exercise Program
Trained kinesiology and health students coach and support students with health conditions

6. Harm Reduction Collaborative
Trained students provide harm reduction supplies at a kiosk

7. Collegiate Recovery & AA on campus
Help organize resources for students with substance use issues

8. Health & Wellness in Residence
Facilitate activities and socials for students living in residence

9. Sexual Health Study
Participate in and help organize focus groups on sexual health

10. Conversations on Health
Help organize health and wellness speakers on campus
Service Excellence and Sustainability

Collaborative Relations
Engagement: In addition to the everyday teamwork of accomplishing over 25,000 clinical visits per year, each practitioner takes a lead role, to keep our team up-to-date on clinical protocols, plan and coordinate for specialized groups, and develop patient/student materials. Lead roles focus on the key primary health issues of the young adult population, including mental health, sexual health, sports medicine, public health, substance use, and health and wellness; as well as important administrative functions, such as professional in-services, and representing our team at campus meetings, with Island Health or with our post-secondary partners.

Shared Care: Our practitioner team excels at shared care and we have initiated some innovative and efficient processes. New patients learn to navigate a shared care team model, where they can use rapid access appointments to choose a good fit practitioner. We do encourage patients to choose a consistent practitioner to help manage a health condition requiring continuity. Use of an electronic medical record and agreeing on clinical guidelines for key conditions, enables practitioners to provide quality shared care. An important innovation this year to decrease psychiatry wait time has been the PIT appointment for mental health, where an on-site psychiatrist meets with the patient and GP to provide assessment and care planning; full psychiatry consultation is provided when more comprehensive review is indicated.

Partnerships: UHS has continued to advance relationships with key units such as Counselling Services, Residence Services, and the Resource Centre, particularly for students with high mental health and health condition needs. Campus partnerships are being enriched by the strategic work of the Student Affairs Division, with enhanced communications, professional performance development, and initiating a common assessment practice (using the CAS standards) with a focus on student learning outcomes. We also work closely with Island Health leaders from Medical Affairs, Primary Health Care, Mental Health and Substance Use, Public Health, and the Sexual Assault Forensic Nurses; as well as the Ministry of Family and Children Development.

Primary Health Care Infrastructure
Communications: Weekly team meetings and professional in-services as well as regular email updates help to keep team members informed of the many unit and campus improvements. We use QHR-Accuro Electronic Medical Record (EMR) for patient charts, and with five years in use we have a substantial data base for advancing clinical improvements.

Access and Coordination: Balancing the quantity and quality of care is a significant tension in primary health delivery. Optimizing patient access, ie quantity, while ensuring students receive quality care relevant to their health condition and academic goals, is a daily challenge for our team. With more than 40% of our annual patient base being newly attached patients, and most as young adults learning to navigate their own health care; this requires practitioner time and effort in getting to know the patient and their history, and making every encounter a health teaching moment. In addition, 37% of last years' visits were mental health related and this means additional time and attention. We have developed a well-functioning care coordination service; having a dedicated nurse care-coordinator has been extremely helpful to physician care and has also improved liaisons and patient transitions with Island Health.

Policy and Resources: An E-manual of common clinical guidelines, practice protocols and office procedures is an ongoing priority. We have worked with International Student Services to research and develop a proposal to initiate a policy requiring medical insurance for international students. UHS financial reporting and budgeting has complexity with various revenue sources and accountabilities, and has been significantly improved with support from our Student Services accountant. UVic has provided additional funding for 2016-17 to support critical staffing and infrastructure enhancements and will continue to review operating funding support in alignment with Island Health contract negotiations. Additionally, the first stage of design tenders for a new campus residence facility, will include consideration for a new student health and wellness facility to replace the current Health Centre.
Innovations and Continuous Improvement

Learning and Inquiry: Team in-services are held weekly during the fall/spring semesters, see Appendix B. Practitioners use professional development funds to attend relevant external clinical education and to maintain professional licensing requirements. The College of Physicians and Surgeons as part of their Physician Practice Enhancement Program also conducted physician assessments this past year.

Purpose and Programs: Much of our focus this year has been on mental health, with one of our UHS psychiatrists successfully being funded by the Specialist Services Committee, a joint collaborative of Doctors of BC and the BC Ministry of Health. This SSC project has focused on integrated care for post-secondary students receiving mental health services. To-date, we have introduced and are evaluating the PIT triage assessment, condition-based short term and group psychotherapy, in-house care coordination and tracking system, and are outlining care pathways for students and practitioners navigating campus and community resources. In addition, we have increased access for our sexual health clinics, and advanced a partnership with Island Health and Victoria Sexual Assault Centre to improve medical response for students who disclose experience of sexual violence. We now offer clinical care for students with substance use and addiction concerns, and we have supported the CARSA Sports Injury clinic in its first year of operations.

Strategic Planning: With a new Health and Wellness Coordinator and Student Health Engagement Nurse, UHS has made significant headway in developing health and wellness campus initiatives, see the UHS revised website. We have launched the Student Health Ambassador and Peer Educator (SHAPE) program; note the upcoming plan for the 2016-17 year. We also continued to work with our collaborative partners on advancing the Okanagan Charter: An International Charter for Health Promoting Universities and Colleges and presented the Charter at the American College Health Association conference in San Francisco.

Measurement and Accountability

Performance: All staff job descriptions are up-to-date and we have initiated the new Student Affairs performance development review process for PEA employees and excluded physicians. We are underway with the hiring of a new Business Officer position at UHS to increase financial and budgeting capacity, as well as advance clinical data analysis and improvement. We had a few minor staffing changes, including one of our long service nurses retiring, but overall UHS has a very stable team.

Metrics and Reporting: UHS is required through its contractual agreements with Island Health to provide daily practitioner service billing, monthly physician hour reports, quarterly data on patient encounters and population health programs, and annual reports based on pre-set goals and deliverables as well as contractual budget summaries. We again successfully met all Island Health metrics this year, including increasing our physician encounters from the previous year by 8% or 1600 visits.

Evaluation and Research: With ethics approval, we completed the National College Health Assessment NCHA-2016 in the Spring semester and had a solid response of 1831 respondents (30.5%). We are underway with advanced analysis, including comparing to the NCHA-2013 data set. With more than 40 Canadian campuses participating in 2016, we can also compare to the Canadian data. Watch for NCHA data release materials this coming fall. NCHA has been a very helpful survey tool to identify student and campus health issues and advance campus response initiatives.
Service Excellence and Sustainability
Priorities for this coming year...

Continue to engage campus and community partners in the provision of collaborative clinical care and population health programs, including using innovation to balance the quantity and quality of student care.

Strengthen support to international students and first year residence students with patient attachment to UHS, and ensure adequate medical insurance coverage.

Fully launch the Student Health Ambassador and Peer Educator (SHAPE) Program for Health and Wellness.

Complete the NCHA 2016 analysis and release data materials

Complete the SSC Project on Mental Health Integration and report findings.
# Appendix A
## UVic Health Services Team List 2015-16

**Director:** Dr. Judith Burgess  
**Office Manager:** Marianna Mazza

### Regular Physicians
- Dr. Kimberley Foster 0.8 FTE  
- Dr. K. Oona Hayes 0.6 FTE  
- Dr. Catherine Gray 0.6 FTE  
- Dr. James Felix 0.6 FTE  
- Dr. Marni Brydon 0.6 FTE  
- Dr. William Dyson 0.6 FTE

### Casual Physicians
- Dr. Steve Martin  
- Dr. Sam Stewart  
- Dr. Jessica Fry (Mat leave)  
- Dr. Lindsay Warder  
- Dr. Blair Meeker  
- Dr. Jean Bowles

### Nurse Practitioner (faculty arrangement)
- Barbara Fox 0.1 FTE  
- Katherine Bertoni (new) 0.1 FTE

### Nurses
- Cathy Buchan 0.8 FTE  
- Chelsea Wozniak 0.8 FTE  
- Karen Skripinsky 0.6 FTE (7 mnth)  
- Beverley Insley 0.6 FTE (7 mnth)  
- Annie Lucas 0.5 FTE  
- Dr. Kim Daly 0.6 FTE (10 mnth)

### Medical Office Staff
- Birdena Luney 1.0 FTE (5mnth)
- Carla Garton 1.0 FTE  
- Theresa Brown 1.0 FTE  
- Geraldine Kiss 1.0 FTE  
- Darla Maclver 1.0 FTE  
- Vino Kumar 1.0 FTE  
- Jett Cooper 1.0 FTE  
- Carol Andrews 0.5 FTE (7 mnths)

### Regular Visiting Specialists
- Psychiatrists:  
  - Dr. Cliff Duncalf 0.2 FTE  
  - Dr. Erin Burrell 0.2 FTE  
  - Dr. Marilyn Thorpe 0.6 FTE  
  - Dr. Michael Cooper 0.2 FTE  
  - Dr. Ildiko Lorincz (new)

### Eating Disorder Program:
- Carol Tickner Dietician  
- Dr. James Kirkpatrick GP Consultant
# Appendix B

## Practitioner Education Sessions for April 1, 2015-March 31, 2016

<table>
<thead>
<tr>
<th>Date</th>
<th>Agenda</th>
<th>Guest/Speaker</th>
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<tbody>
<tr>
<td>April 1</td>
<td>PIT assessment process and consult</td>
<td>Dr. Marilyn Thorpe</td>
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<tr>
<td>April 8</td>
<td>What young adults want to know from their doctor about sexual health</td>
<td>Dr. Kim Daly</td>
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<tr>
<td>April 15</td>
<td>Well women review</td>
<td>With Island Sexual Health Clinic</td>
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<tr>
<td>April 22</td>
<td>UVic International Student Services</td>
<td>Tricia Best and Sue Corner</td>
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<tr>
<td>April 27 eve</td>
<td>Assessment of ADHD and Co-morbidities</td>
<td>Dr. Craig Emes</td>
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<tr>
<td>April 29 half day</td>
<td>Year in review</td>
<td>Judy Burgess</td>
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<tr>
<td>May 6</td>
<td>HEART Pharmacy</td>
<td>Joe Frketic</td>
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<tr>
<td>May 13</td>
<td>Proton pump inhibitors</td>
<td>Island Health Academic Detailing</td>
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<tr>
<td>May 20</td>
<td>Staff meeting</td>
<td>Clinical working groups meetings</td>
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<tr>
<td>May 27</td>
<td>Summer improvements</td>
<td>Dr. Mark Colgate</td>
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<tr>
<td>June 3</td>
<td>Team building</td>
<td>Jim Dunsdon</td>
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<tr>
<td>June 10</td>
<td>Student Affairs Update</td>
<td>Judy Burgess</td>
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<tr>
<td>Sept 2 half day</td>
<td>Team building, operation issues, social</td>
<td>Dr. Marilyn Thorpe</td>
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<tr>
<td>Sept 9 half day</td>
<td>Overview of SSC project</td>
<td>James Keogh and Michelle Peterson</td>
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<td>Sept 16</td>
<td>Staff meeting</td>
<td>Dr. Oona Hayes</td>
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<tr>
<td>Sept 30</td>
<td>CARSA visit and Sports Injury clinic</td>
<td>Dr. Laura Chapman and Joe Frketic</td>
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<tr>
<td>Oct 7</td>
<td>Transgender medicine</td>
<td>Dr. McIntosh</td>
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<td>Oct 14</td>
<td>ADHD meds and addictions</td>
<td>Dr. Oona Hayes and Darla MacIver</td>
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<td>Oct 21</td>
<td>Separate Doctor / Nurse meetings</td>
<td>Dr. Catherine Gray</td>
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<tr>
<td>Oct 26 eve</td>
<td>ADHD and Bipolar evening</td>
<td>Dr. Ramm Herring</td>
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<td>Oct 28</td>
<td>Review MH and Lifestyle billing</td>
<td>Dr. Felix and Dr. Anthony Ocana</td>
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<td>Nov 4</td>
<td>Staff Meeting</td>
<td>Dr. Mark Colgate + Jim Dunsdon</td>
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<td>Nov 18</td>
<td>Pain Management</td>
<td>Janet Calnan and Karen Wickham</td>
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<td>Nov 25</td>
<td>Substance Use and Addictions Care</td>
<td>Joel Lynn</td>
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<tr>
<td>Dec 2</td>
<td>Roundtable on ADHD</td>
<td>Dr. Maria Townsend and Dr. Kim Daly</td>
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<td>Dec 9 half-day</td>
<td>Team building + Student Affairs update</td>
<td>Dr. Song</td>
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<td>Dec 16</td>
<td>IH SART program and VSAC overview</td>
<td>Laurie Keenan</td>
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<td>Jan 6</td>
<td>Student Services Update</td>
<td>Sandy Wilson</td>
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<td>Jan 13</td>
<td>Trans health</td>
<td>Dr. Catherine Gray</td>
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<td>Jan 20</td>
<td>Mental Health Case Review</td>
<td>Staff participation</td>
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<td>Jan 27</td>
<td>Staff Meeting</td>
<td>Dr. Kim Foster</td>
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<tr>
<td>Feb 3</td>
<td>RCSD partner visit</td>
<td>Dr. Marni Brydon</td>
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