

Report on the HC policies and Procedures Manual

I. Introduction:

After careful consideration and study of the Health Center Policies and Procedures Manual, which is of “Public” Classification, it has come to our attention that this document has not been updated for a very long time and that much of the information on it is simply incorrect. As so, and considering the results of the Health Services Survey which can be found in the Health Services Survey Report previously cited (To be added), it became clear to us that much of the issues related to the Health Center revolved around an unavailability of information or the inaccuracy of available information. For that reason, we have decided to go over this document with the most serious scrutiny in order to make some suggestions for adjustments and clarification. Our purpose is thus to make the information in this document both accurate and truly available. For that reason, we suggest that the information be updated and put on the official Al Akhawayn Website.

II. Comments and Adjustments:

- The first part is in urgent need of updates, it is highly important that the ***“Approval Procedure”*** be updated, perhaps should it also be put at the end of the manual and not at the beginning. While putting dates may seem trivial, it is highly important for the sake of traceability and credibility. Speaking of which, some concerns may arise as to the credibility of a manual for HC procedures written by a nurse from within the HC. Also, as the classification of this document is *“public”*, it’s extremely important to put on the AUI website, where it is actually publicized in which case there would be no need for us to gain access to it through an HC employee. In the Contacts section, perhaps would it be helpful to actually put in the way according to which one can contact the listed responsible people.
- There should be an updated version of the **Mission statement** of the HC that is clearer, and that is not confused with the organizational chart which has no reason to be on the Mission statement. It should include a description of the mission of the HC, direct cited goals
- In the **Job Description Category**:
 - the major responsibilities and duties of the HC manager list among them the following: **“Organize or help organize on-campus prevention campaigns as established in the action plan”** ==> This should either be taken out or clarified in more practical terms, in other words “what prevention campaigns?” ==> HIV prevention; the HC’s contribution should be made public for the very sake of the HC image and rep among students and staff, also “what action plan?”. Speaking of which: **“Prepare bi-annual action plans and yearly activity reports and submit them to VPSA”**, where are these things? What is the classification of these documents? Is there any record of them? **“Conduct regular tours to the University restaurant facilities to ensure hygienic practices”** ==> Is this actually done? When was the last time? Why and how does this fall under the responsibilities of the HC? Since I

know this particular clause to have been updated, the manual truly should be as well. "Maintain and help maintain patient database" ==> suggestion for digitalization of this database and its synchronization with that of mental health services, but also where does the Manager come in in that? That is very vague... (in process, should ask about where they're at on that) "Establish doctors' and nurses' work schedules in consultation with the Health center manager" ==> Nurses should be asked about what is better for them. "Perform related tasks as assigned by the DSA" ==> what does that even entail?

- The major responsibilities of a physician include: "Be on-call for emergencies outside normal consultation hours according to a pre-established schedule" ==> Should be made public or at least available in the HC board. The job description is literally the same one as for the manager, word for word, line for line. While it is understandable that the manager is both so and a physician, the job description of a physician should be made clear, with objects related to the position, so as not to leave any room for doubt or vagueness
- The major responsibilities of a nurse include: "Act as interface with international students and faculty" ==> What does that mean? "Improve the general quality of the health services offered by the Health Center" ==> what does that entail? Again, very vague! "Take part and assist in the activities of the Azrou Center for Community Development, especially in the field of women's health as directed by the Health Center Manager" ==> Do they actually go? What do the nurses have to do with that? "Plan and take part in the implementations of Health Awareness campaigns for members of the University community" ==> Is there no program that is made ahead of the year for such things? Again, for the image thingy... "Submit a monthly report of the whole activities and statistics to the Health Center manager." ==> digitalization makes it way easier ... "Daily management of Health Center's claims, transfers, administrative correspondences, patient's contact and emergencies." ==> These duties are too much for a nurse, there is no wonder that they are overworked, of course they are, they can barely manage the load of people who show up, how can they be expected to do all these things? More so, if the databases were digitalized it would be so much easier for them to perform their jobs, complaints and claims included.
- Insurance Officer's main responsibilities: "Receive, process, record, send, and follow-up student reimbursement claims;" ==> This is in real need of digitalization. "Assist new students during registration in completing insurance affiliation formalities and providing information concerning insurance reimbursement procedure and coverage" ==> This should be done as part of the registration period when students first set foot in AUI, there should be no need to have this happen outside of that context (Registration organization...)." Distribute insurance documentations and assistance cards to students" ==> What documentation? What is it that cannot be emailed to students in particular or put on a website at their disposal for easy access?
- What about the other people who work at the HC?

- **Policies and Procedures** section:

- Repetition of earlier mentioned approval procedure with no dates and most importantly no record of the latest revision. “The Health Center is open every day except Sundays and official holidays. One physician is on-call at all times (24 hours a day, 7 days a week)” ==> On call for who? Where is this information? Also, isn't that untrue? The HC is open on Sundays. If meant as consultation, that should be made clear. Needs an update. The entire sub-section of **Working Hours** under **Policies and Procedures** needs to be updated.
- Under the sub-section of **Nurse Scheduling** in the same section, there is no need of the fore mentioned repetition. The exact same things under **Working hours** are repeated word for word under **Nurse Scheduling**, not for lack of things to say I assume. It could be used to set a procedure of how nurses should be doing their shift system, to avoid being the nurse on duty both at night and during the day.
- Under the sub-category **Physician Scheduling**: BIS for the Approval Procedure..., “Physicians work 24-hour shifts (including office time and on-call time), from 9:00 am to 9:00 am, except during Ramadan, when hours are from 9.30 am to 9.30 am” and yet “The Health Center employs two qualified physicians and two intern physicians. A physician shall be in the Health Center at all times during normal business hours (9:00am to 6:00pm Monday through Friday, with one hour for lunch), and one of the physicians is on-call during all other hours, according to the established schedule.” ==> Contradictory statements, which one is it? “Physicians share weekdays according to a rotating schedule” ==> A rotating schedule that should be made available on the HC board if not on the website itself. “The physician on duty sends the duty schedule for the week every Monday to the Hall Directors by email with copies to DSA and the Housing Director” ==> That isn't very efficient, why do so when one can simply have a schedule online, visible to the public and on the website, where the physician on duty can make the needed changes and the DSA and Hall Directors as well as everyone else with internet, can go check it there.
- **Medication Stock Management** : Approval Procedure comment + last revision date comment BIS, “A tracking system will be used to track medication usage and medication will be ordered on a regular schedule to ensure that a constant supply of medication is available.” ==> Is that system digitalized? Does it exist? ...Everything on this sub-section should be digitalized, easier to track and manage and more effective. “Purchase Order is reviewed by all physicians in the Health Center before being submitted to the VPSA for approval.” and “The Nursing staff and/or the Administrative Assistant coordinate with Purchasing Department to facilitate timely acquisition of medication” ==> Is this actually done? If the purchase order is agreed upon by all physicians, why does it need to go through the VPSA, why not have it directly go through the “Purchasing Department”? Can there not be one entity in charge of dealing with this purchasing procedure with said department?

- Sub-section of *Patient Transfer/Clinics*: “Only patients with a valid health insurance purchased through the University get the “prise en charge” signed by the University physician. All others must bear the cost of their medical evacuation even if they are taken to the hospital in the University ambulance” ==> What are the cases in which students are not “pris en charge”? -Hiba M. “When transferring international patients to the clinic, the HC coordinates an arrangement with housing services to campaign them to help them with translation. As we coordinate with students' volunteers (in case of unavailability of the said services) for the same purpose.” ==> What students volunteers? This opportunity should in fact exist, Why are students not allowed to complete say their CIP hours over at the HC working as volunteers? + There should be a list of relevant documents that is made public that students need to be handed when they are going on a transfer.
- *Medical Certificates*: AP and LR BIS, “Students who are hospitalized or otherwise ordered to stay away from classes by one of the AUI physicians may request a medical certificate to submit to the Vice President for Student Affairs. No medical certificate may be given or used as an excuse for minor conditions or as a consequence of a chronic condition.”==> Define “chronic conditions”, also if students are excused of classes should they not be automatically given the certificate, why wait until they request it? Also, the thing about the time limit on the certificates, which is not on the HC policies and procedures manuals...“Medical certificate should be submitted to the VPSA” ==> by who ? “In case of protracted illness or emergency condition necessitating hospitalization, students may exceptionally appeal to the VPSA to not be dropped from a course. However, extended illness may lead to the semester not being validated” ==> What? Define “extended illness”, also in case of hospitalization or emergency why should the student need to ask not to be dropped? Does it not go without saying? Clarification...?
- Sub Section of *Patient Charts*: AP and LR BIS, “Every patient seen in the Health Center shall have a chart. The chart shall include a completed patient medical history and notes for each time a patient is seen by an AUI physician, including patient assessment, diagnosis, and treatment information. The chart shall also include other relevant information, including but not limited to laboratory test results, X-rays, etc.” ==> Again, digitalization for the sake of efficiency, but also either fill it out before you get in . “When a patient is seen in the Health Center for the first time, the patient is asked to complete a Patient Medical History Form. The form is in English, but the form is explained to the patient in the patient’s first language whenever possible” and “The Patient Medical History Form is in the form of a folder, which becomes the patient’s chart.” ==> Why is this not filled when students first come into AUI? Why not digitalize the form and have students fill it? Easier access, more efficient. The rest of this sub-section can be summarized in one word: digitalization. Also, why not have a set number of questions that nurses are required to ask the students when they come in which include “do you want to see the Doctor”?, that list should be publicized so both students and nurses know what

to expect. Easier to find problems and responsibility when a situation arises afterwards. (suggest questions to be asked)

- **Health Service Statistics:** AP and LR BIS, “To track usage of University health services through several relevant indicators including but not limited to patient characteristics, type of illness, and time of day. Compiled statistics are used to make decisions regarding staffing and other needs of the Health Center.”==> Truly applied? If yes, then a report should be released annually on the website at the very least. “Patients who wish to discuss their symptoms only with the physician will not have their symptoms recorded in the log” ==> What? What does that mean? For the sake of anonymity, you mean? What *do* you mean? “At the beginning of each day, the log information for the previous day is tabulated and entered into two tables on a spreadsheet. Symptom information is organized into the following categories: NTE/ARI, Asthma, Allergies, Dermatological Problems, Digestive Problems, Diarrhea, Psychological Problems, Eye Problems, Pink Eye, Trauma/Concussion, Car Accidents, Dysmenorrhea, Work Accidents, Nurse Care, Minor Illnesses” ==> If the patient charts were digitalized, this information would be so much easier to gather.
- Sub-Section of **Patient Equipment Loan Process:** AP and LR BIS, “Students, faculty, staff, and family members who are medically judged to need certain basic types of medical equipment for limited periods will be provided with appropriate equipment on a loan basis. No fees will normally be charged for the use of the equipment. However, patients are required to return the equipment to the Health Center as soon as it is no longer medically necessary for them to use it” ==> Medically judged by who (nurses, physicians...)? What does normally mean in this case; in other words what is abnormally as a case and what procedure does it entail? It is important to add something concerning the state of the given material: in case of damage, or incompleteness (giving a broken crutch to students, only giving one crutch to students...etc). “A computerized record is kept of all equipment on loan to patients. Patient name, equipment type and number, and the borrowing date are recorded”==> If a computerized record can be kept for equipment, how come that is not the case for student charts? “Patients are told at the time of borrowing that they are required to return the equipment to the Health Center when the need for it has passed” and “The computerized record is periodically reviewed by nursing staff. If it is noted that a piece of equipment has been outstanding for an extended period of time, the patient will be contacted and asked to return the equipment if it is no longer medically necessary” ==> An estimation of the time of the ‘passing of the need’ should be given, so as not to induce anyone into making a mistake, avoid misunderstandings and avoid conflict all the while preserving equipment.
- Sub-Category of **Supply Stock Management:** AP and LR BIS, “A tracking system will be used to track supply usage and supplies will be ordered on a regular schedule to ensure a constant availability of necessary supplies.” ==> Extremely vague; is it established or does it yet have to be? IF yes or no, what type of tracking system? Also supply of what? If it’s medication should it not fall under the **Medication Stock**

Management Sub-section, and if it's equipment than shouldn't it be under the **Equipment** sub-section ? This sub-section is basically just a repetition of what has been determined in other sections, it has no point.

- Sub-Section of **Clinical Process Procedures**: AP and LR BIS, "To provide clinical, medical, and nursing services using a predictable process that is understood by the patient population of the Health Center"==> is that truly the case? How is that implemented? Is one of the main issues of the HC not its unpredictability based on unavailability of information? "If the patient indicates that he/she does not need to see the physician, but needs health education or other services that do not necessitate physician involvement, those services are then provided or arranged for by the nursing staff", students must then be asked whether or not they want to see the physician, and that information should be made available to students. "The patient's chart is completed by the nurse and then given to the patient to take with him/her when the physician is seen. Patients are normally seen on a "first-come, first-served" basis, except in the case of urgent problems."==> Why not have a system of number picking, that should make for a more organized group of people, it would also make it easier for nurses to do their jobs. You know like in the bank or McDonald's. This procedure should be made more clear, it should cite a particular order and a number of key questions that the patient should be asked and then it ought to be made public.
- Sub-Section of **Insurance Process Procedure**: AP and LR BIS, "To ensure that all students are enrolled in the University health insurance, to interface with the insurance company to complete all necessary procedures, and to work together with the insurance company to resolve problems encountered by students in relation to their health insurance" and "All AUI students shall subscribe to the University insurance policy.", one more reason for it to be given to students to fill online when they first get to AUI.
- "During the AUI student internships, a certificate of insurance is provided to students at their request."==> Is that true? Why should they request it?, also where is that information available in ?
- **Recommendations** were promised by the end of the report, yet there are no recommendations given. The **appendices** are also empty, they do not hold any of the forms that they are supposed to hold. More so the revision dates are empty, suggesting that this manual has never been reviewed. There is also an empty section for **definitions**, not quite sure what the purpose of that is.