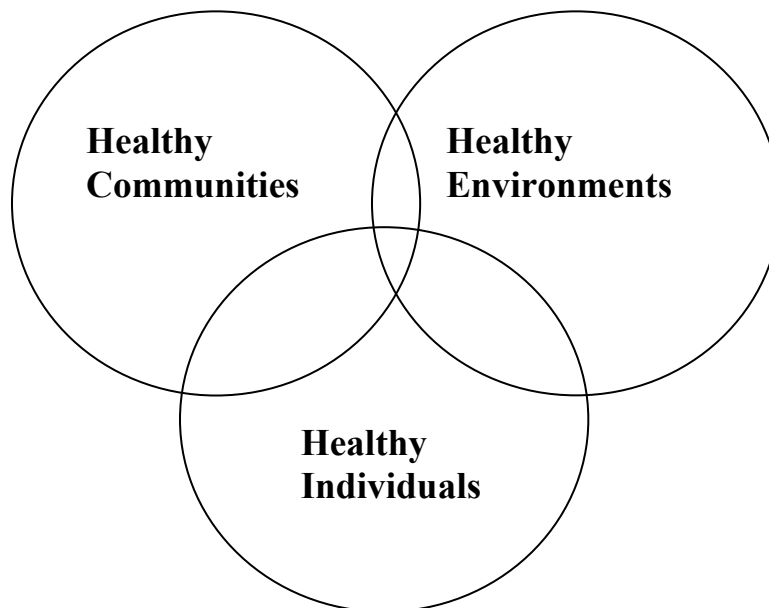


*University of Wisconsin-Madison*

**University Health Services**  
**Vision 2010 Strategic Plan**

**I. Mission and Vision for 2010**

**Mission: to enhance learning and student success by promoting, protecting and restoring health and well-being**



**Vision 2010:** By the year 2010, UHS will have made the transition to and will have begun making optimum use of a single UHS facility. Location of all UHS services in one building will allow us to more fully integrate clinical, counseling, and prevention activities, thereby supporting the UHS Mission to enhance learning and student success by promoting, protecting and restoring health and well-being.

**Fundamental principles:**

- ❖ A commitment to excellence
- ❖ A commitment to student-focused services
- ❖ A commitment to providing culturally competent and respectful services to all students
- ❖ A commitment to creativity and innovation
- ❖ A commitment to employee health and wellness
- ❖ A commitment to maintaining a supportive and respectful workplace
- ❖ A commitment to personal and professional development

**Overarching Goal: Promote students' academic and personal success by effectively assessing and addressing the most pressing health needs of students using a model of integrated clinical, counseling and prevention activities and services.**

*This includes challenging and redefining the concept of health and includes combining the biological, psychological and social aspects of health. Our prevention activities emphasize an environmental, contextual community approach. We use principles of student-centered programs, engagement and participation, service learning, intergenerational learning and integrative learning to deploy effective services.*

## **II. Priority Goals 2006-2010**

Following are the goals designed to achieve the UHS Vision for 2010:

### **Priority Goals:**

- 1. Improve our ability to serve a variable patient\* load which presents new sets of health-related issues each fall. We will do this by:**
  - A. Clearly Communicating Service Delivery Expectations**

UHS will communicate clearly to students and their families the range of services available at UHS both prior to students' arrival on campus and early in their campus experience. This information will cover health insurance, access to services and ways to plan effectively for their health care needs before the start of the academic year.
  - B. Improving Flexibility and Productivity**

UHS will improve its capacity to respond to emerging student health issues through integrated efforts that include efficiently managing patient flow, use of physical space, and patient triage. Information technology will provide important tools for meeting these needs.
  - C. Expanding hours and Service Opportunities**

UHS will constantly monitor and assess student needs and preferences in order to determine the optimum combination of services provided, hours of operation, and the possibility of offering additional services, such as dental, vision and/or alternative medicine resources.
- 2. Promote healthy norms and behaviors in the campus community. We will do this by:**
  - A. Developing Interactive Communication that is Informative and Attractive**

The internet offers UHS and students alike the opportunity to expand health education and health communications offerings through a medium that students increasingly utilize. UHS will increase our use of internet tools, including e-communication, websites and visual material, to communicate regularly with students and to promote healthy behaviors.

Working with our many partners across the campus, UHS will develop health education materials for use in a variety of student-services-related functions. These resources will

\* In this document, the term "patient" is intended as a generic term representing all individuals who receive direct care services (physical health or mental health) from UHS. In actual practice, the term "client" is generally used to represent those receiving mental health services.

be available in various formats, including web-based, pamphlets/brochures, posters, audio, etc.

**B. Promoting Healthy Behavioral Norms through Creative Partnerships**

To promote healthy behavioral norms throughout the campus community, UHS will develop new and strengthen existing partnerships with students, student organizations, faculty, and staff that share a commitment to the mission and goals of UHS. Student organizations and UHS can be effective allies in health education and promotion. Other potential partners include departments (such as Recreational Sports), staff, and faculty with an interest in promoting healthy lifestyles.

**C. Creating a Healthy Environment through Partnerships with Key Campus and Community Units**

Creating a healthy environment requires a collaborative approach, particularly among student services personnel. UHS will work with our partners to promote individual and environmental approaches that support students in healthy living and maintain a healthy learning environment.

**3. Manage a Substantial Increase in Numbers of Students with Pre-existing Conditions. We will do this by:**

**A. Providing Students with Early Clarification Regarding Services that Can Be Provided**

UHS will inform admitted students and their families prior to the start of the academic year of the health care services that UHS offers. As students with significant health conditions are identified, UHS staff will consult with individual students regarding potential plans of care.

**B. Improving Coordinated Care Management between Clinical and Counseling Services**

UHS is committed to coordinated care for students who receive multiple services from our department. Coordinated care management will occur through regular case consultation on patients receiving multiple services and the development of shared protocols for certain health conditions.

**C. Defining Referral Expectations and Strengthening the Referral Network**

Some health care situations require a referral from University Health Services to another provider. University Health Services will maintain a referral network and assist students with referral plans. When possible, referral plans for students with chronic or recurring health conditions will be established prior to their arrival on campus.

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### Strategic Initiatives for 2007-2008

*For 2007-2008, UHS will focus its efforts in the following areas:*

- (1.B) Initiate and complete the implementation of an electronic health record and practice management product (Point and Click) that will improve productivity and further enhance the quality of the services we provide.
  - Leader – Sarah Van Orman and CIS Implementation Committee
  - Collaborating units – IT team, Business and Finance team, Clinical and C&CS staff, Patient Support Services team
- (2.B) Using UHS utilization and survey data, create a Healthy Campus 2010 Plan of benchmarks and goals for key health indicators and develop coordinated programming around these goals.
  - Leader – S. Crowley, C. Roberts
  - Collaborating units – Prevention Services, Clinical Services, Counseling and Consultation Services
- (3.A and 3.C) Develop effective communication and processes for establishing support networks for students with serious and persistent mental and physical health issues prior to their arrival on campus.
  - Leader – D. Christoffersen, Bob McGrath, Sarah Van Orman
  - Collaborating units – UHS Communications team, Clinical Services providers, C&CS providers
- (3.A and 3.C) Develop a comprehensive case management system to assist students with serious mental and physical health illnesses find and maintain appropriate mental health and medical services.
  - Leader – D. Christoffersen , Bob McGrath, Sarah Van Orman
  - Collaborating units – UHS Communications team, Clinical Services providers, C&CS providers
- (3.A) Create a brochure for high school guidance counselors/parents describing how to make a successful (and healthy) transition from high school to the university.
  - Leader – F. Savino
  - Collaborating units – UHS Communications, C&CS providers, others TBA
- (3.B) Develop interdisciplinary workgroups between clinical and counseling providers to address the key issues of eating disorders, depression and anxiety, and alcohol and other drug use and develop shared guidelines for addressing them.
  - Leader – Sarah Van Orman and Bob McGrath
  - Collaborating units – Clinical Services and C&CS clinicians

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