



RDHS Health Clinic

Country Roads Leeds, Grenville & Lanark
Community Health Centre District Health Unit

Rideau District High School Clinic Evaluation Executive Summary

Program Description

In February 2000, the Rideau District High School (RDHS) Health Clinic was formally launched as a pilot project. The Clinic was a new venture resulting from a partnership between the Leeds, Grenville & Lanark (LG&L) District Health Unit, the Country Roads Community Health Centre (CHC) and the Rideau District High School (RDHS). It was initiated to offer students easy access to a full range of health services and to increase the number of students engaging in health enhancing behaviours. Short-term outcomes included:

- Increased awareness and knowledge of the clinic and available resources and services
- Increased referrals to the Clinic
- Increased access to primary and adjunct health care
- Enhancement of collaborative services provided to students
- Improved knowledge of healthy behaviours and health issues
- Decreased incidence of teen pregnancy and sexually transmitted infections

Many activities were planned to achieve these outcomes, including recruitment, clinical services, education and partnerships. When the Clinic opened, a public health nurse from the Health Unit and a nurse practitioner from the CHC provided health services. The Clinic, located in the office area of the school, was open 2 hours/week on a Monday and students booked appointments with the school secretary.

Evaluation Methods

Since the Clinic was initiated as a pilot project, an evaluation plan was developed in order to examine implementation issues and the formative partnership between the Health Unit, the CHC and RDHS. Evaluation questions included:

- How was the partnership formed and how is it currently functioning?
- Have the program activities been implemented as planned?
- Are key stakeholders satisfied with the Clinic and its services?

Several methods were utilized to answer the evaluation questions, including:

1. A Student Questionnaire was conducted with RDHS students in early June 2000, in order to evaluate awareness of, utilization of, and satisfaction with clinic services. The teachers administered the questionnaire to all 425 students in their MSIP class. 217 students responded to the survey (51% response rate).
2. Twelve teachers at RDHS completed a Teacher Questionnaire to determine their awareness of and satisfaction with the health clinic (June, 2000).
3. Seven parents from the Advisory Council completed a Parent Questionnaire to determine their awareness of and satisfaction with the health clinic (June, 2000).
4. Key stakeholders from the three partnering agencies participated in interview sessions with evaluators from the LG&L Health Unit in order to describe clinic implementation and provide feedback on the formation and functioning of the partnership (June through September, 2000). Program records were examined to determine the number of client visits, age and gender profile of clinic clients, reason for visit and number and type of referrals.
5. A tracking sheet was used to monitor program education and recruitment activities.

Evaluation Results ---

Question 1: How was the partnership formed and how is it currently functioning?

Formation: A Health Unit survey of students' health needs conducted in 1997 indicated that students were under-serviced related to medical care, not just sexual health and birth control. Although the school and the parents wanted to address these needs, Health Unit resources were not available to go ahead with a full-service clinic. The Health Unit provided sexual health services on a limited basis. The CHC approached the Health Unit in the summer of 1999, with the idea of partnering to provide a full-service clinic, including primary health care services. A proposal was developed and approved by the L,G&L Board of Health, the CHC Board and the Board of Education.

Several challenges were faced in development of the partnership. There was some initial resistance from the Health Unit to have nurses from other organizations in the school. Also, at the time the full-service Clinic opened, the Health Unit did not recognize the nurse practitioner role. Steps were taken to work around this and gain support and acceptance. The CHC and Health Unit mandates differ slightly and primary health care does not fit directly with the Mandatory Health Programs and Services. Reporting systems needed to be to satisfy mandates of both agencies. Liability issues concerning ownership of client charts, the NP role in the school, and the coordination of roles had to be worked through. Despite these challenges, there is a general sense of satisfaction with the process of building partnership.

Functioning: Partnerships impact on the planning and implementation of programs in many ways, including the development of goals, objectives and activities, policies and procedures, communication, decision-making, conflict resolution, and resource generation. The partnership formed an Implementation Team primarily to facilitate communication, make decisions, address issues/conflicts and develop program plans and processes. The Team has representation from all stakeholders and customers of the service, including students and parents. Meetings are held regularly and members are able to raise, discuss and resolve issues. Decisions are documented in the minutes, which are distributed to all members.

The partnership is informal and the processes have not been formalized in writing. Policies and procedures for day to day clinic operations do not exist. Nurses follow the policies of their own organizations and the practice guidelines of the College of Nurses. They work with supervisors if issues arise. Minutes of Implementation Committee meetings document any key decisions related to procedure that arise. There are no formal written guidelines on conflict resolution, decision-making processes or resource generation. There is an informal agreement to split costs 50/50 between the Health Unit and the CHC. When interviewed, some partners felt that formalized written processes may interfere with the creativity and flexibility of the partnership. Goals, objectives and activities have been formalized in the form of a logic model, which was collaboratively developed to incorporate each agency's mission, mandates and philosophy.

Question 2: Have the program activities been implemented as planned?

Recruitment Activities: All of the recruitment activities that were planned in order to increase awareness of and referrals to the Health Clinic were conducted, including:

- Presentations were made to RDHS teachers and the Parent Advisory Council.
- A kick-off event, with a computer presentation was conducted with students by Clinic staff. A display, containing health and Clinic information, was set up at the entrance and exit to the gym. Tours of the clinic were made available to students. A television interview with CJOH news in Ottawa was conducted.
- Posters were put up in bathrooms and on bulletin boards throughout the school.
- A leaflet/pamphlet was distributed to all students and given to an Alternative School.
- PA announcements promoting the clinic were played at RDHS weekly.
- Articles were written in 2 local newspapers and the school newsletter.
- An article was written in the Health Unit's Physician's Newsletter, which is distributed to all physicians in Leeds, Grenville and Lanark. A follow-up letter was sent to 4 physicians in the Clinic encatchment area.
- Verbal updates were provided to professionals at area meetings.

Teachers, parents and students were asked to provide feedback on recruitment activities. When surveyed, all 12 teachers and 7 parents had heard of the clinic. Teachers were most commonly aware of Clinic through the teacher's meeting and kick off event, while parents had heard of the clinic through their Council meeting and their child. Ninety percent of students surveyed had heard of the clinic, mostly through the poster and the presentation by the nurses at the kick-off event.

Clinical Service Activities: Clinic staff planned to offer many clinical services to RDHS students, including health assessment (history, physical exam), investigations (blood work, swabs, x-rays, ultrasound), diagnosis, treatment modalities (prescription, advice, follow-up), counselling/health education, and consultation/referral. Information from the Clinic Tracking Form from February to the end of June, indicated that there had been a total of 107 student visits made to the Health Clinic, by 35 different students. The vast majority of students using the Clinic's services were female. The average age of clients was 15.5 years. Twelve referrals were made, including three to the CHC; five to family physicians; two for counseling and one to the Wellness Centre. The three most common reasons for Clinic visits include: birth control

counselling (45 visits), mental health (20 visits) and sexually transmitted diseases (16 visits). Ten visits were made for medical concerns, such as sore throat, earache, etc.

Education Activities: Several education activities were planned for RDHS student, including in-class education, distribution of pamphlets on health topics, theme bulletin boards, and lunch hour displays. Results indicated that these activities were not completed, mainly due to time constraints and last minute requests for in-class education. Clinic staff felt that these objectives could not be met with the current level of resources.

Question 3: Are key stakeholders satisfied with the Clinic and its services?

Of the 217 students who responded to the Student Questionnaire, 27 (12.4%) reported using the clinic and 175 (80.6%) reported not using the clinic (15 did not respond to this question). The primary reason for not using the Clinic was a perceived lack of need for services (81.5% of non-users). Clinic clients were highly satisfied with the Clinic location (72%), hours of operation (82%), appointment booking procedure (82%) and amount of privacy offered (84%). Approximately 83% of clients were comfortable using the clinic. Students who did not use the clinic were somewhat less satisfied with these aspects of clinic, although many reported not being aware of the clinic location or hours of operation. Some non-users reported concerns regarding privacy and confidentiality, although 71% indicated that they would be comfortable using the clinic if needed. When asked how the Health Clinic could be improved, students suggested more promotion/advertising of clinic (31 responses), expansion of hours into more days of the week (22 responses), and improved confidentiality (5 responses).

Seven parents from the Advisory Council were surveyed regarding their satisfaction with the Health Clinic. All parents reported that they were satisfied with the Clinic, stating that it provided their children access to healthcare services within regular working hours (66.7%). Twelve RDHS teachers were surveyed regarding their satisfaction with the clinic. All teachers reported that they were satisfied with the Clinic. Teachers felt that services for students had been improved by: providing access to healthcare services within regular working hours (100%); parents not having to take time off work to take their children to their doctor (100%); and students not missing school (91.7%).

During the interview, partners and staff reported a general feeling of satisfaction with the Clinic and the partnership. Partners felt that the advantages of the partnership were numerous and far outweighed any disadvantages. The partnership offers students access to services beyond the mandate and resources of one agency. Each organization brings different strengths and resources to the table. The partnership allows for more clinic time, which in turn reaches more students. Partners felt that the planning process is more effective when the clients of the service are involved. A better understanding of other agency's roles and responsibilities if fostered and the community profile of the partner agencies is enhanced.

The RDHS Clinic is different from other clinics the Health Unit has been involved with, because of the partnership with the CHC, the use of nurse practitioners and the school setting. Teachers, parents, partners and staff were asked about the advantages and disadvantages of this clinic compared to other types of clinics. Responses are presented in Figure 1 on page 5.

Table 5: Advantages and Disadvantages of the RDHS Clinic

Advantages Related to Clinic Location	Disadvantages Related to Clinic Location
<ul style="list-style-type: none"> • Improved Accessibility: Under-serviced, rural population with no public transportation. Therefore difficult to get to other clinics or physician. Students can access health care more easily when they need it, by seeing a health professional once a week who can deal with anything and refer as needed. • Students don't miss as much or any school to attend clinic, as they might if driving to a physician or another clinic. • Confidentiality and privacy from parents. • Students may be more comfortable accessing information. • Provides a method for education of students other than in the classroom. Can teach students about resources in the area • Nurses can more easily provide teachers with information to educate students. • Nurses generate a feeling in the school that they genuinely care about the students. Students feel this and it makes them feel special. • Some burden is taken off the principal and the teachers for dealing with these issues. • Access to school and School Board resources is improved. • Having clinic off of the main office – students may think clients are just going to the office. 	<ul style="list-style-type: none"> • The school dictates hours. If hours need to be extended it can only be during school hours. • Clinic not accessible to the broader community (ie elementary school children and adults). Parents with younger children have requested to use service. • Privacy issue, because Clinic is located in the office area of the school. • Certain loss of confidentiality with teachers and other students who may know clients are being seen in the Clinic. • Supplies must be brought in. • Travel costs for Health Unit staff. • Potential for community concern about the assessment and treatment of minor children in the school setting. • Political issues – ie the morning after pill is being given at clinic. • Nurses are now not as involved in the classroom. Health Unit's role in-class has somewhat decreased. • Some students may use it as time to get out of class.
Advantages Related to Use of Nurse Practitioners	Disadvantages Related to Use of Nurse Practitioners
<ul style="list-style-type: none"> • Due to the scope of the NP role, the Clinic can meet more students' needs and offer a whole range of health services, including primary care. • Using Clinic less threatening, because students can visit for a variety of reasons, not just sexual health. 	<ul style="list-style-type: none"> • Provided some initial challenges regarding acceptance of the NP role at the Health Unit.
Advantages Related to Partnership	Disadvantages Related to Partnership
<ul style="list-style-type: none"> • Ability to provide all of the services that the adolescents need, beyond the mandate of one agency. • Improved access to primary health care and sexual health for students. Students receive services that they may otherwise not get. • More time is available and more kids can be reached. • Clinic feels more like a team, with more ownership and buy into problems and services. Share in the successes and the challenges. • Better use of resources. Each agency provides a little bit of their resources, which results in a well-rounded service, that one agency might not be able to provide alone. Shared resources. • Ability to tap into school resources, such as psychologists • Partnership adds credibility to service • Planning process more effective when students and school are involved • Enabled exploration of the role of the various agencies. Lines of communication have improved. Better understanding of other agencies roles and responsibilities. 	<ul style="list-style-type: none"> • Primary Health Care in schools is not part of Mandatory Health Programs and Services Guidelines. Resistance of some public health nurses to provide services outside our mandate • More people involved results in more logistical challenges around arranging meetings. • More time is required to make decisions and discuss issues. • Adapt to each other's administrative needs regarding charting and gathering of statistics. • Because nurse practitioner works in other facilities there is an issue around consistency of care. • Could cause some confusion in the target group and the community as to what agency delivers which services.

Conclusion and Recommendations

In conclusion, the results of this evaluation indicate that the RDHS Health Clinic pilot project was a success. The Clinic was well utilized by students, greatly improving access to primary health care and sexual health services. Clinic clients were very satisfied with the clinic location, hours of operation, appointment booking procedure, and amount of privacy offered. Parents, teachers, partners and staff also reported high levels of satisfaction with Clinic implementation. The partnership was very successful and has provided students in a rural area access to services beyond the mandate and resources of one agency. It is recommended that the Clinic continue operation and that the results of this evaluation be shared with other communities looking to provide a similar service to adolescents.

The evaluation also revealed areas for improvement for the Clinic and students, staff and other partners, gave numerous suggestions. Based on the evaluation results the following recommendations can be made:

1. Expand the partnership to include more partners and partners of different backgrounds.
2. Consider formalizing some processes as the partnership expands, especially resource sharing and a budget.
3. Examine membership of the Implementation Team, now that the partnership is formed and the Clinic is up and running on an ongoing basis.
4. Develop strategies to address the high percentage of mental health visits.
5. Expand clinic hours, into other days of the week if possible.
6. Conduct more promotion/advertising activities to RDHS students. Keep using the Clinic poster as an advertising/promotion strategy, as this method was most popular with students. Consider the other ideas given by students (daily announcements, presentations to students, hallway signs pointing in the clinic direction, displays). Advertise dates, hours and location.
7. Develop strategies to address the concerns of some students/clients regarding confidentiality. Advertising/promotion of the Clinic should emphasize confidentiality.
8. Develop strategies to achieve the short-term education outcomes identified in the logic model, considering available resources and student needs.
9. Find a new location for the clinic within the school (if possible), with more space and privacy.
10. Develop strategies to obtain permanent equipment and more comfortable furniture.
11. Improve linking with other Health Unit programs and resources, such as Healthy Babies Healthy Children, Healthy Beginnings and tobacco cessation initiatives.
12. Continue to monitor and track levels of primary health care being conducted.

For copies of the full evaluation report, please contact:

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