The Fall 2014 Sunbelt Surveys are ready for you to complete and submit. I apologize for the delay in releasing these surveys.

These surveys are among the most comprehensive in college health. Any student health service in the country can participate. Notification of the posting of the survey results will be on the Student Health Listserv.

**The due date is January 30, 2015.** It then takes a couple of additional weeks to enter and format all the data. Survey forms will be accepted during that period.

The survey forms are Excel files. They can be reached through the Southern College Health Association (SCHA) on the web site. Go to web site  [www.southerncha.org](http://www.southerncha.org)  
Click **Sunbelt Surveys** on the right of the page.

If you can’t download the forms, email me and I will email the forms to you as attachments. Type “Send Sunbelt Survey Forms” in the subject line.

The 4 survey forms are in Excel that can be downloaded and saved. You can enter your data then email them back as attachments. You submit as many surveys as you wish.

1. Patients Statistics Survey. This is for data for the entire year July 2013 - June 2014. Be sure to enter your university’s Fall 2014 enrollment.

2. Salary & Staffing Survey.  **Note there are two important changes to this survey. Please read the instructions for the Sunbelt Salary & Staffing Survey.**


4. Insurance Survey

The survey forms can be submitted by any of these methods:

**Email as attachments to:** drousman@uncc.edu  
Put “Sunbelt Survey” in the subject line. (This is the preferred way to submit.)

**FAX:** 704-687-1801

**Mail to:** David Rousmaniere, Student Health Center, Univ. of North Carolina at Charlotte  
9201 University City Blvd., Charlotte, NC 28223

**Due date is January 30, 2015**

David Rousmaniere  
Director, Student Health Center, UNC Charlotte  
Phone 704-687-7418  E-mail: drousman@uncc.edu
SUNBELT PATIENTS STATISTICS SURVEY

Instructions

1-11) Patient Visit is defined as:
• A direct face-to-face encounter with a health care provider (see definition below), AND
  - With one or more of the following component: history taking, health screening, physical
    examination, medical decision making, counseling, and or risk factor reduction intervention, or
    administration of medical treatments or therapies, AND
  - That results in documentation in the individual’s record.
  - These visits should be capable of being coded with ICD-9 or equivalent diagnostic codes.
  - Multiple services provided at the time of the visit, including those by several health care providers,
    should count as a single visit.

• Health care providers are responsible for the patient visits (defined above) and are individuals with
  education in medicine, nursing, dentistry or other allied health professions and may include physicians,
  psychiatrists, dentists, nurse practitioners, physician’s assistants, medical students, interns, nurses,
  mental health professionals, social workers and dieticians.

Do not count phone consultations as patient visits.

Interns: If the health care provider is an intern, count these visits with the visits of his or her’s supervisor
or preceptor. Examples include visits to physician interns with Physicians, psychology interns with
Psychologists (#8), and counselor/social work/Mental Health NP interns with their supervisors (#9), and
Psychiatric interns with Psychiatrists (#10).

15) Lab Tests: This is both in-house and referred tests. For lab test panels, count each lab panel
    performed as one test. For example, if a CBC panel has 6 tests, one occurrence of the panel will
    equal one test.
16) Pharmacy Prescriptions Filled/Refilled: Include all prescriptions whether filled or refilled.
18) X-ray Exams: This is an only in-house exam. Do not include patients referred out.
19) Allergy Clinic Visits: Visits where allergy injections are administered.
20) Immunization Clinic Visits: Count the number of visits where immunizations required by the college
    or state in order to attend the college are administered. Do not count the number of injections.
    Examples include MMR, TD HepB, Rabies vaccinations (pre and post exposure) and meningitis.
    Also include immunizations provided by contracted providers such as VaccessHealth.
21) Travel Clinic Visits: Count the number of visits where immunizations for travel are administered. Do
    not count the number of injections. Examples include HepA, HepB. Typhoid, Meningitis, Yellow
    Fever and Cholera.
22) Workers Compensation / Occupational Medicine Visits: Visits where charges will be billed to workers
    compensation insurance or visits to Occupational Medicine specialists. Multiple services provides at
    the time of the visit, including those by several health care providers, should count as a single visit.
23) Visits by students: Count visits by individuals who are permitted to use the SHS because they are
    currently, will be or have been a student at your institution. Include visits by students who are not
    enrolled during summers but are permitted to use the SHS.
25) Visits by other: Count visits by anybody else. Include dependents, campers and campus visitors.

Penetration Rate (percentage of discrete students who use the health service)
A discrete student is a student who used the health service at least once. Thus if student A used the
SHS 30 times, student B used it 5 times, and student C used it once, that will be 3 discrete students.

If there are any questions contact:
David Rousmaniere
Student Health Center, Univ. of North Carolina at Charlotte,
9201 University City Blvd, Charlotte, NC  28223
Phone: 704-687-7418
FAX: 704-687-6611
E-mail: drousman@uncc.edu
The final report of this survey’s results does not identify universities by name. Instead, the universities are grouped by enrollment size: Over 30,000, 20-30,000, 10-20,000 and under 10,000.

**IMPORTANT:** There are two significant changes to this survey

1. There are two sections to the Salary Survey: the Directors & Managers section (page 1) and the All Personnel section (pages 2-3). The following positions are to be listed only in the Directors & Managers section. They are not to be included in the All Personnel section:
   - Executive Director
   - Medical Director
   - Director of Nursing
   - Director of H/E Wellness
   - Mental Health Director

   All other positions should be included in both the Directors & Managers section and the All Personnel section.

   The reason for this change: The salaries of these five Director positions frequently distort the mean salaries of the other personnel. For instance, when a Medical Director salary was included in physician salaries, the mean salaries of the staff physicians were inflated and did not show their true cost.

2. New column in the All Personnel section: Head Count: Full + PT. Enter the total number of employees for each title. For example, there are 2 full-time and 1 part-time Nurse Practitioners, enter 3.

**How to show positions which are split or contracted**

Do not split personnel between different titles. Instead, enter the entire salary and staffing data for that person in the one position that is most appropriate. For example, if your Director of Nursing is also the QA/QI Coordinator, and she or he spends most of her time as Director of Nursing, enter the entire data in that title.

If the position is contracted, write “contract” in the FTE column and the contracted cost in a salary column stating if this is hourly, monthly, annual, etc.

**How to show FTE Staff**

Show filled and unfilled positions. Example: There are 5 RN positions and 2 are currently unfilled. Calculate FTE by including all 5 positions.

Full-time Equivalent (FTE) is defined as the full-time equivalent basis: 40 hours per week over a 12 month period.
Example 1: A 40 hour per week, 9 month employee is .75 FTE
Example 2: A 20 hour per week, 9 month employee:
   .50 multiplied by .75 = 3.75. This individual is .375 FTE

**How to show FTE Salary**

Show FTE salary as if the employee works 100% for 12 months (2080 hours per year).
Example: A part-time (50% effort) employee works 9 months (75% of the year) and her actual salary is $10,000 per year.
To calculate the FTE salary:
   1. $10,000 divided by .5 = $20,000. This is her 9 month salary at 100% effort.
   2. $20,000 divided by .75 = $26,667. This is the 12 month salary at 100% effort.

High FTE and Low FTE salaries are self-explanatory.
Mean FTE salary is the average. For example, if there are 5 employees in a category add up their FTE salaries and divide by 5 to calculate the Mean FTE Salary.
If the number of staff in a category is 1 or less, enter salary in High FTE column only.
Include bonuses and salary supplements. Do not include fringe benefits in any of the calculations.