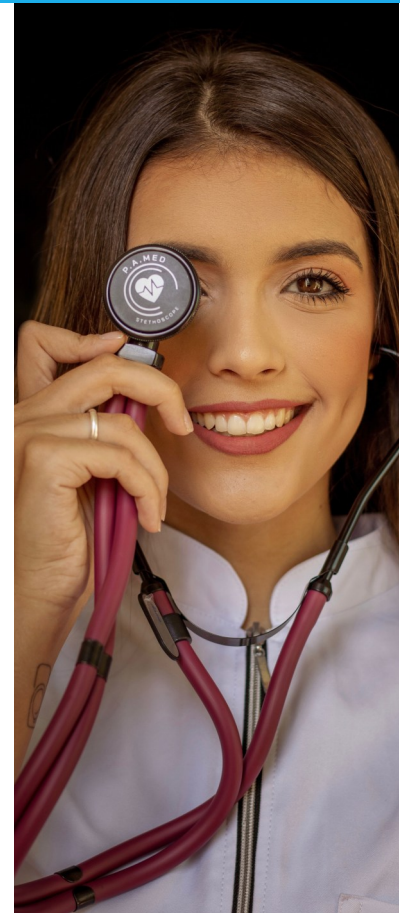


PCHS Case Study

3 Cities. 1 System: How PCHS Unified Their National Clinical Operations

If you are a clinical director or a provost, you know the headache of managing a national footprint. Most institutions aren't actually "unified"—they are a collection of local campuses, each with its own legacy software, its own "way of doing things," and its own mountain of spreadsheets.

Pacific College of Health and Science (PCHS) faced this exact problem.



THE PCHS PROFILE

A National Clinical Engine



PCHS is a leader in holistic healthcare education, acting as a massive national training ground:

Multi-State Presence

Full physical and digital campuses in San Diego, New York, and Chicago.

Complex Curriculum

They offer a range of programs from Doctorates in Acupuncture (DACM) to Degrees in Nursing (BSN) and Health Coaching.

High Clinical Volume

Thousands of student-patient encounters monthly across different state regulations and time zones.

Get in Touch

Sales: 561-403-1209
sales@nexusclinical.com



THE ADMIN WIN

Accreditation on Autopilot

The biggest "Admin Win" isn't just saving money; it's surviving an audit. Before Nexus, pulling data for an accreditation board meant weeks of manual spreadsheet merging.



The Nexus Audit-Ready Dashboard

FCHS admins can now pull real-time reports on student competencies, clinical hours, and patient demographics across all three cities in seconds.



Consistency is Compliance

Because the "San Diego Blueprint" was pushed to New York and Chicago, the data format is identical. No more "data cleaning" before a board review.



Automated Oversight

The system flags unreviewed charts automatically. Admins no longer have to "hope" faculty are signing off—the dashboard proves it.



THE FACULTY WIN

Recovering the "Instructional Hour"

Most faculty are hired to teach, but they spend 30% of their day acting as clinical auditors. Nexus changed the math for PCHS.



The Master Review Queue

Instead of logging into 50 different student profiles, faculty use one centralized queue to review, comment, and sign off.



The Result

A 60% reduction in administrative time. At PCHS, this meant faculty were moved out of the "digital basement" and back onto the clinic floor with students.



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THE STUDENT READINESS WIN **Beyond the LMS**

An LMS (Learning Management System) tracks what a student *reads*. Nexus tracks what they *do*.



Clinical Muscle Memory

PCHS students don't "simulate" healthcare; they practice it. They master e-prescribing, real-time lab ordering, and professional charting on a live, enterprise-grade system.



The Employability Gap

Most graduates from other schools enter the workforce with "technical anxiety." PCHS graduates enter with "technical fluency."



Outcome

Employers prioritize PCHS graduates because they require 60% less on-site orientation. They are "Day 1 Ready" practitioners.



THE IT WIN **The IT Director's Peace of Mind**

Technical Sidebar: The IT Director's Peace of Mind

For the University IT department, Nexus isn't "another login to manage."

SAML 2.0 / SSO Native: We integrated with the PCHS central identity provider. When a student is enrolled in the Registrar's system, they are automatically provisioned in the EHR. When they graduate, access is revoked instantly.

IP-Fencing: We hardware-locked the patient database to campus coordinates. Data is invisible if the student is not physically in the clinic.

Zero-Trust Architecture: Every access request is verified, authorized, and encrypted, reducing the university's cyber-insurance risk profile.



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THE HARD NUMBERS

Institutional ROI



Metric	Legacy Environment	Nexus Unified System
Implementation Speed	Unpredictable	Standardized 45-Day Cycle
Faculty Admin Time	15 Hours/Week	5 Hours/Week (60% Recovery)
Audit Preparation	14 Days (Manual)	Instant (Real-time)
Graduate Readiness	2-Week Orientation	2-Day Orientation Req.

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