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Blueprint for School Health Service Transformation

Organizations are being challenged more than ever to offer improved services while providing new efficiencies. As our state grapples with health care reform and with the changing economy, this is an opportune time to provide a thoughtful review of school health services and the current standards of practice and delivery of care. The Department of Education (DOE) and the Department of Health (VDH) have, therefore, embarked on a joint effort to transform school health services provided to Vermont students and families.

In Vermont, the Blueprint for Health is moving towards a more cohesive, integrated approach to the delivery of health care services. Among other things, the Blueprint for Health is based on proven best practice, the effective use of electronic medical records, coordination with providers and community health teams. This specific initiative is consistent with the DOE's larger transformation plan to improve the quality of learning in Vermont schools, along with Vermont's Blueprint for Health, improved health outcomes for students and families. This initiative recognizes the dual transformations under way in education and in health care. This initiative's long term goal is to improve academic and health outcomes through consolidation, coordination, and ideally, at a reduced cost.

At the core of this initiative the recognition that school health service providers need to be partners in this transformation in both the academic and health care arena. The medical home cannot adequately address health needs of children unless schools are involved. This initiative will increase quality care for students and families in the schools where we work.

This proposal is an effort to establish a quality of care structure, which includes a continuous quality review system in school districts. Under the current school health "system", quality of care is assumed under the existing delivery of care model. This structure calls for not only a quality review of the services themselves, but also the individuals performing them. Standards, assessment, nursing accountability, authority, and efficiency are at the core of this proposal. The proposal calls for an external review both prior to any waiver of the current standards, and a quality review component at the end of the first year. This proposal recognizes there are limited resources both in school budgets and in the cost of health care. The goal is to improve quality while anticipating these new efficiencies will also reduce some existing costs. Increased collaboration between providers and the flexibility proposed herein should permit school nurses additional opportunities to improve school health services that could be the model for other states.

DRAFT

Summary:

This model proposes a Leader of School Health Services at the Supervisory Union/District level who has the authority, responsibility, supervision, for all the nursing services and nurses in the District/Union.

It offers some flexibility in the current state nursing standard ratio

It provides a model that offers taxpayers a better understanding of the services being delivered in schools with standards, accountability, coordination, and continuous quality review.

It is reliant on established written standards of practice which are evidence and research based, and existing models of coordination and effective planning.

Is linked with the students medical home. A medical home includes:

- A partnership between the family and the child's/youth's primary health care professional

- Relationships based on mutual trust and respect

- Connections to supports and services to meet the non-medical and medical needs of the child/youth and their family

- Respect for a family's cultural and religious beliefs

- After hours and weekend access to medical consultation

- Families who feel supported in caring for their child

- Primary health care professionals coordinating care with a team of other care providers

Through this partnership, the primary health care professional can help the family/patient access and coordinate specialty care, educational services, in and out of home care, family support, and other public and private community services that are important to the overall health of the child/youth and family.

A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.



DRAFT

Avoids unnecessary care and duplication with the medical home

Calls for the use of technology and the wise use of funds

Many of the concepts noted in this initiative already exist, but until now, have not been stitched together in a single structure.

Infrastructure

The American Nurses Association (ANA) in partnership with the National Association of School Nurses (NASN) created the School Nursing Scope and Standards of Practice. These standards describe and measure a competent level of school nursing practice and professional performance. The transformation model is based on these national standards.

The foundation of school health services will be based on student needs assessment, plans and implementation of programs that support the well being, academic success and life long achievement of students and will provide for continuous quality assurance and evaluation, all of which are goals of the National Association of School Nurses.

Each Supervisory Union/School district identifies a highly qualified school nurse (RN, BSN required, preferably Masters) as its, Leader of School Health Services. The Leader of School Health Services has authority and is responsible for supervising school health service professionals district wide. This includes clinical practice standards; staffing, training and evaluation (see attachment A for job description).

This position may be supported through use of Medicaid Administrative Claims (MAC) funds.

GOALS

Integrating school health services within and supportive of educational goals; improved student health, improved student achievement and decreased absenteeism.

School Health services are evidence based as outlined in School Nurse Standards of Practice Manual, National Association of School Nurses Scope and Standards of Practice and American Academy of Pediatrics Bright Futures.

School health services incorporate yearly continuing education and training for health services staff. This may be achieved through future web based education modules through Vermont Department of Health in concert with Department of Education.



DRAFT

School health service professionals are evaluated by Leader using School Nurse Performance Evaluation Tool, which is based on National Association of School Nurses Scope and Standards of Practice (see attachment B).

Collaboration and coordination of providers and school, i.e.; assuring each student has a medical home (As defined by the American Academy of Pediatrics)

Range of prevention education and resources offered to students and families, including substance use and abuse, tobacco prevention and cessation, oral health, mental health, physical activity and nutrition.

A Coordinated School Health Model, based on the Centers for Disease Control (CDC) guidelines, including the formation of a SU/SD coordinated school health team, will be used district wide.

Data, such as Youth Risk Behavior Survey (YRBS), School Nurse Report and the School Health Index, will be used to identify areas of strength and need, to assist in determining adequate school health services.

Transformation Option

Supervisory Unions, which follow this transformation model, may apply for a waiver from current school nurse ratio guidelines (1:500 per building) to the following per Supervisory Union:

1. SU/D must have a written comprehensive plan for school health services in each building within the schools district. This plan will include plan for delegation and supervision of health services staff.
2. Policies and Procedure for delegation, which are consistent with Vermont State Board of Nursing rules for delegation and licensing/certification from that Board and DOE
3. Nursing Leader will be employed fulltime in her/his designated management role, freed from direct service except in those supervisory unions/school districts with fewer than 2500 students where she/he may be 0.5 full time equivalent for the management role
4. Supervisory Union will maintain the following minimum standards:
 - 500 students; 1 RN FTE
 - 500-1249 students; 1 RN FTE plus LPN, or qualified health aide could be considered.
 - 1250 + students; 2 RN FTE plus qualified health aide.

DRAFT

Add 1 FTE nurse for each 750 students above that

To be considered:

The number of school buildings assigned to a nurse should have special consideration. The travel time between buildings and towns will reduce actual student face-to-face time and thus limits the coverage that she/he can provide. Ratios should be adjusted, lowered, to account for distance as to ensure quality of care. For example, the minimum school health services ratio of 1/750 should be lowered to 1/500. This adjusted calculation presumes that each building is no more than a 30-minute drive for the nurse. If buildings are more than 30 minutes, additional nursing services should be part of the supervisory union calculations (Vermont Standards of Practice; School Health Services).

Students with special health needs or students at risk shall be counted as three students when determining staffing ratio.

Staffing patterns must be considered;

For example, use of unlicensed and licensed personnel such as secretaries and licensed practical nurses to cover the health office in the nurse's absence or to augment health services. The delegation of nursing tasks to these persons requires training and monitoring by the school nurse. Adequate time must be available for these functions. Procedure for delegation must be consistent with Vermont State Board of Nursing rules for delegation (see attachment C).

DRAFT

Attachment A

Sample Position Description School Health Services Leader

Scope of Responsibilities

The School Health Services Leader manages the total school health service program, providing nursing leadership within the school system. The Health Services Leader develops a needs assessment, plans and implements programs, and provides for continuous quality assurance and evaluation. She/he coordinates the clinical aspects of the comprehensive school health program, collaborating with other members of the health services and health education team. The Health Services Leader collaborates with community providers, other community organizations, and coalitions addressing health issues of children and adolescents. The Health Services Leader should be freed from direct clinical care in order to fulfill her/his management and coordination responsibilities.

As a Registered Nurse (registered by the Vermont State Board of Nursing) the School Health Services Leader must adhere to the Nurse Practice Act, pertinent regulations governing nursing practice, and standards of care established by the professional organizations.

Supervision Received

The School Health Services Leader report to the school administrator as defined in her/his position description, is a member of the school management team, and collaborates with the Vermont Department of Health as well as local health providers in implementing the school health service program. Due to the multifaceted nature of the role, and its relationship to all school buildings, the School Health Services Leader may have reporting responsibilities to the Superintendent.

Supervision Given

The School Health Services Leader supervises and clinically evaluates all clinical nursing staff providing services in the school health program, as well as those unlicensed personnel (e.g., health aides).

Required Qualifications

The School Health Services Leader must:

- Have a valid license to practice as a Registered Nurse in Vermont;
- Possess a minimum of a baccalaureate in nursing from an accredited nursing program (a masters degree in nursing or related field is preferred);
- Be licensed as a school nurse by the Vermont Department of Education;
- Have a minimum of 3 years of experience in school nursing or a related field, one of which is in a management position;

DRAFT

- Maintain certification in cardio-pulmonary resuscitation and first aid.
- Assume responsibility for updating knowledge and skill in community health, management, and related fields as new information emerges

Responsibilities

Needs Assessment

- Using available demographic, health, school system, and community data, identifies health needs of the student population presents it to decision makers (e.g., coordinated school health teams, superintendent, school boards), as appropriate.
- Collaborates with the coordinated school health committee, local department of health, and other community agencies in developing the needs assessment; and

Planning

- Assumes leadership in the establishment of a coordinated school health committee, consisting of representation from such groups as school administration, faculty, students, parents, and community providers based on needs assessment; develops program goals, objectives, and action steps; and
- Coordinates planning with interdisciplinary colleagues in the comprehensive school health education program and community agencies, as appropriate.

Implementation

- Employs, orients, assigns, and supervises qualified personnel to implement the school health program;
- Implements communication systems which promote participatory management, such as regularly scheduled meetings and e-mail systems;
- Participates in the development of an interdisciplinary plan for each building to ensure that students in need of services are identified in a timely manner and appropriate intervention is initiated;
- Develops and implements written policies and protocols, based on Vermont School Health Standards of Practice Manual, and American Academy of Pediatrics Bright Futures Guidelines, for the clinical services and programs addressing health issues. (E.g., immunizations, medication administration, services for children with special health care needs, school wide injury prevention programs) and special programs groups (e.g., overweight prevention, asthma management, eating disorders, smoking cessation, substance abuse prevention/cessation and violence prevention);
- Implements computerized documentation systems at both the individual student and programmatic level;
- Implements data systems to review trends in health status indicators, make adjustments in the health service program, and provide the required aggregate data for local and state agencies;
- Provides consultation to the health education staff, physical educators, and

DRAFT

other administrative and teaching staff;

- Participates in interdisciplinary teams, (e.g., crisis, child abuse, emergency planning) to ensure that integrated systems are in place which address the comprehensive health needs of the student population;
- Serves as the school health spokesperson on community initiatives
- Carries out communicable disease prevention and infection control based on current guidelines for universal precautions, prevention of bloodborne pathogens exposure, and hazardous medical waste disposal;
- Ensures that there is an emergency care plan in place, which is communicated to all staff and is closely coordinated with community emergency care protocols;
- Participates in communitywide bioterrorism and emergency response planning with other members of the multidisciplinary team; provides leadership in the school for bioterrorism preparedness;
- Collaborates with other school administrators and teachers to promote a physically and psychologically healthy school environment;
- Promotes positive linkages and referral mechanisms to community providers for a range of services dealing with child and adolescent health;
- Seeks opportunities to interpret the health needs of school-age children and adolescents, the goals of the health service program, & the importance of health education to administrators, school committee members, faculty, families, the general community, local and state decision makers, through special reports, the media, health fairs and other special events;
- Prepares and administers the health services budget; seeks opportunities to apply for grants and other external sources of funding for the school health service program;
- Implements a school health service data system, capable of tracking trends, activities and outcomes;
- Uses the media (local cable stations, newspapers, and bulletin) and school health service website to share health promotion information, as well as to interpret the role of the school health service program;
- Presents written and oral reports regarding the school health program to the superintendent, school committee, and other stakeholders; and
- Seizes opportunities to present the challenges and opportunities of school health to other members of the health care delivery system.

Evaluation

- Compiles statistical reports as required by the Supervisory Union/District and by state agencies;
- Completes ongoing continuous quality improvement programs and adjusts school nursing practice based on findings;
- Evaluates nursing and other health service staff;
- Implements a client satisfaction feedback system;
- Reviews changing trends in health needs and the outcomes of programs to

DRAFT

determine need for revision of goals and objectives; and

- Obtains assistance with continuing education for nursing staff,

Staff Development

- Implements an ongoing continuing education program for staff to facilitate their meeting of the requirements for licensure through the Vermont Department of Education and maintain and expand clinical skills;
- Encourages staff to participate in pertinent conferences and workshops addressing a range of school health issues; and
- Provides ongoing formal and informal feedback to staff about their progress in achieving the goals of the program, encouraging their continued educational and professional development.

DRAFT

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Attachment B

School Nurse Performance Evaluation Tool

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3/17/2010



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Attachment C
Vermont State Board of Nursing rules for Delegation

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