Special School District — Student Health Services 2016-17 Evaluation Plan Summary

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Program Description

Purpose or Mandate

The purpose of SSD Health Services is to provide safe and effective nursing care to students. The department provides specialized nursing services that support and enable students to attend school safely. Access to nursing services for students dependent on advanced medical technology is essential to enable instruction and maximize attendance in the least restrictive environment.

Summary Description of the Program and What It Is Expected to Accomplish

The provision of specialized nursing services to medically fragile children is essential to keeping children healthy and in school. With nursing services in place, all children can move forward in the educational process. Student needs range from medication administration to monitoring the status of students dependent on mechanical ventilation or enteral nutrition[1]. Health Services provides nursing support to students who would not be able to access education without such supports in place. Individualized support is determined by medical orders and IEP team decision.

For a detailed review of this program's characteristics and intended outcomes, please consult the Student Health Services Program Description, available from the SSD Department of Evaluation and Research.

Summary of Goals and Objectives

Previous Cycle (2013-2014) Goals and Measurable Objectives

Goal 1: Provide health services to maximize student participation in education in the least restrictive environment (LRE).
Objective 1.1: Provide 1:1 nursing[2] for more medically fragile students than previous year to allow them to attend school.
Objective 1.2: Provide training of appropriate teachers and para-educators for Diabetes, Seizures, and Asthma to enable more students than previous year to remain in the classroom without the presence of a nurse.

Goal 2: Health services will be provided to keep students healthy and in school.
Objective 2.1: SSD will provide 100% of all SSD school rooms and cafeterias with hand sanitizers.
Objective 2.2: Identify most common reasons for clinic visits.
Objective 2.3: Provide health care for children in early childhood programs.

Current Cycle (2014-2016) Goals and Measurable Objectives

Goal 1: Provide health services to maximize student participation in the least restrictive environment.

Objective 1.1: Increase substitute nursing pool to accommodate for growth in student need.
1.1 Measure: Number of new staff hired in SY 2015-2016.
1.1 Target: 18

Objective 1.2: Allow for 100% training of identified teachers/other staff to enable students to remain in classrooms without presence of a nurse.

      1.2 Measure: Percentage of identified teachers / other staff receiving training.

      1.2 Target: 100%

Goal 2: Health services will be provided to keep children healthy and in school.

    Objective 2.1: Provide clinic visits to allow for healthy kids throughout SSD buildings.

      2.1 Measures: (a) Reported attendance rates for the district (vs state average).

          (b) Total number of health clinic visits.

      2.1 Targets: (a) Attendance 90% or higher.

          (b) 60,000

Current Cycle Action Plans

Short-term (within the next school year)

- Convene committee including representatives from student data, finance, technology, and health services to explore the feasibility of telepresence attendance such as VGO robot. This technology allows a student with a health condition that excludes the student from school to control a robot to participate in general education via the internet. DESE has given preliminary approval of counting such attendance for Average Daily Attendance (ADA).
- Determine the feasibility of collecting information about the type of illnesses that lead to student absence. This information could be collected from parents through the verification process and recorded in SIS. The data could be examined to address the root causes of student absence through health initiatives.
- Design a process to regularly analyze medical data for trends and possible interventions to improve school health.

Medium-term (1-2 years)

    n/a

Long-term (3 years and more)

    n/a

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Notes

1. "Enteral nutrition generally refers to any method of feeding that uses the gastrointestinal (GI) tract to deliver part or all of a person's caloric requirements. It can include a normal oral diet, the use of liquid supplements or delivery of part or all of the daily requirements by use of a tube (tube feeding)." *Source:* American College of Gastroenterology. http://patients.gi.org/topics/enteral-and-parenteral-nutrition/ . For SSD students, enteral nutrition typically means tube feeding.
2. 1:1 means one nurse is assigned full time to one student. SSD provides 1:1 nurses in Partner Districts as well as in SSD Schools.

Student Health Services Program
2016-2017 Program Evaluation Report

Special School District

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Evaluation Summary

All students enrolled in SSD schools may, at some point in their education, require the services of a nurse. Within SSD managed schools, the special School District maintains school nurses to attend to typical school nursing needs such as medication administration and first aid needs. Some students have exceptional medical needs which require specialized and constant care. This is referred to as Individualized Nursing Services (INS). Students receiving individualized nursing have been determined through medical order and documented by the IEP team, to require nursing services in order to access their education. The purpose of this program is to allow students to attend school safely and in the least restrictive environment. SSD supports students with INS needs in both partner district and SSD managed schools.

Key Conclusions

Visits to SSD nursing clinics rose only slightly compared to last year, but the need for individualized nursing has increased by 8% (2 students). Students are coming to SSD with increasingly complex medical needs that must be met in order to ensure their access to education. Payroll costs continue to rise as SSD seeks highly qualified nurses to provide care.

Program Description

Purpose or Mandate
The purpose of SSD Student Health Services is to provide safe and effective nursing care to students. The department provides specialized nursing services that support and enable students to attend school safely. Access to nursing services for students dependent on advanced technology and is essential to access instruction and maximize attendance in the least restrictive environment.

The Student Health program supports the following CSIP goals and Process Classification Framework (PCF) elements:

CSIP 1.0 Student Success
    1.2 Ensure that all students are ready to participate in college, career, or community programs.
    1.3 Ensure student satisfaction and engagement.
CSIP 5.0 Collaboration
    5.1 Increase effectiveness of collaborative structures at the school, area, and classroom level.
PCF 13.2 Provide related services.
     13.8 Manage health services.

A biennial evaluation of this program is required under Board Policy IM. This evaluation supports fulfillment of the MSIP5 resource and process provisions related to continuous improvement and program effectiveness monitoring. A previous evaluation of the Student Health program was approved by the Board on 12/10/13.

What this program does
The provision of specialized nursing services to medically-fragile children is essential to keeping children healthy and in school. With nursing services in place, all children can move forward in the educational process. Student needs range from medication administration to monitoring the status of students dependent on mechanical ventilation or enteral nutrition.[1] Health Services provides nursing support to students who would not be able to access education without such supports in place.

How this program works
IEP teams determine the level of service a student requires to receive free and appropriate public education (FAPE). Placement in an SSD school is a public separate option to IEP teams when a student has medical needs that must be met in order to access education. These medical needs may require time consuming or advanced procedures that are beyond those that can be provided in the student's home school. If placement in a student's home school is deemed the most appropriate, but the student may experience irreversible damage or death without effective use of medical technology and immediate nursing care, an individual (one-on-one[2]) nurse may be considered.

Nursing staff, whether they are assigned to support an individual student or to work in a health clinic, carry out physician orders, attend to medical needs, encourage normalcy, and provide a medically-safe environment to enrolled students. Nursing staff regularly communicate health changes to families and provide resources to encourage optimal health and wellness. In conjunction with the student's physician, the school team monitors the student's condition and, if improved, considers removing individual nursing support or transition to the student's home school environment.

What customers/stakeholders expect
Stakeholders expect students will be safe while attending school. Nurses ensure that student health needs are met, which allows students to achieve their educational goals.

What were the major accomplishments or benefits of this program?
Advances in medicine and technology increase the survival rate for medically fragile children, thus increasing the need for health supports in schools. Nurses continue to contribute to student success by early recognition of

potential illness, providing a healthy school environment, and increasing the knowledge base of those working with medically fragile students. These interventions help keep children in school.

How well did this program fulfill its purpose or mandate?
☐ Inadequate ☐ Approaching Satisfactory ☒ Satisfactory ☐ Excellent

What factors made essential contributions (+/-) to this rating?
Currently, a region-wide nursing shortage makes it difficult to selectively recruit and retain highly qualified nursing staff, which challenges our ability to provide consistently-excellent services . *(See Measurable Objective 1.1, below.)*

What is the general level of customer or stakeholder satisfaction with this program?
☐ Not at all Satisfied ☐ Somewhat Satisfied ☒ Satisfied ☐ Completely Satisfied

What factors made essential contributions (+/-) to this rating?
The stakeholder satisfaction rating is based on subjective or experiential data, rather than objective voice-of-the-customer (VOC) data collection and analysis. (*See proposed actions in the Forward Planning section, below.*) As an example, some parents of medically-fragile children conflate satisfaction with the Student Health program with their satisfaction of individual nurses. They sometimes encounter nurses in multiple settings outside of school, sometimes with negative outcomes. Their past experiences often color their expectations of school health nursing services. Due to the intimacy of the relationship between students, nurses and parents, personal and professional crossover occurs at a disproportional level to other school based services. Sometimes, this can encourage Parents to be more satisfied with the quality of care being provided by the Student Health program than they are with the actual nurse providing the care. This situation, along with other objective stakeholder data, will be thoroughly explored in the next evaluation cycle.

Evaluation Results

What is the status of the program's progress toward achieving its goals? [3]

Goal 1: Provide health services to maximize student participation in the least restrictive environment.

Measurable Objective 1.1: Increase substitute nursing pool to accommodate for growth in student need.

Results: Achievement of this objective was assessed by counting the number of new substitute staff hired for the 2015-2016 School Year. A target of 18 new-hire substitutes was set.

This objective was not met. Five substitute nurses were hired and two resigned, making a net gain of three.

Discussion: SSD's ability to hire and retain substitute nurses has a direct bearing on the overall effectiveness and efficiency of the Student Health program. SSD maintains a "pool" of pre-qualified substitutes (analogous to substitute teachers) who are assigned when needed as back-ups for absent full-time nursing staff, and to handle other short-term staffing fluctuations. When substitutes are not available, SSD must fill short-term needs using temporary staffing agencies, at a higher cost to the Student Health program. On some days, even the temporary agencies cannot provide adequate numbers of staff to meet SSD's short-term needs. In those cases, the unfortunate outcome may be that nurses are not available for one-on-one students[2] and, absent an available nurse, the one-on-one student cannot attend school.

This objective will continue to be addressed in the next evaluation cycle. (*See proposed objectives and actions in the Forward Planning section, below.*)

Measurable Objective 1.2: Allow for 100% training for any teachers or other staff to enable students to remain in classrooms without presence of a nurse.

Results: Achievement of this objective was assessed by measuring the percentage of teachers or other staff who received training that had been requested. A target of 100% of requesting staff was set.

This objective was met. 100% of known training needs were accommodated.

Discussion: Delegating certain health-related actions to teachers or other staff is a strategy for improving the efficiency of the Student Health program. Some health-related activities are medically necessary, but are infrequent or low-complexity, and therefore do not require the attention of a trained nurse. When such cases have been identified, and when teachers or other staff are willing to provide the service, Student Health staff provide the training or other support necessary to assure appropriate care. SSD's fiscally-responsible intent is to avoid involving specialized nursing staff when appropriate alternatives are available.

Evaluation Results Summary

Strengths and Opportunities for Improvement

Strengths:

1. Nurses continue to be advocates for student and staff wellness, promoting health among the entire student/staff population.

2. Even the most medically fragile students can access education when nursing supports are in place.

Opportunities/Weaknesses:

1. The difficulty of hiring additional nurses and the consequent shortage of nursing staff adversely affect delivery of services. Health Services currently assigns staff based on anticipated need. If several new needs arise that weren't anticipated (and cannot immediately be met), it can impact student attendance.

2. Providing new nurses with adequate orientation is challenging given the urgency in staffing. The provision of services varies slightly at each site, making it difficult to standardize an orientation program.

3. This program, in the past, has not deployed any systematic methods to measure its level of stakeholder satisfaction – *i.e.* understanding how students, parents, staff, and partner-district nurses view SSD's Student Health program. Collecting and analyzing voice-of-the-customer (VOC) data would provide a baseline for future improvements to the program, including its processes and organization.

How well aligned are the program's processes with the goals of the program?

The program's processes are well aligned to the goals of the program, although further analysis is needed to determine whether those processes are sufficient to accomplish the mission and goals.

Deployment Level of Program Services
☐ Little or no deployment of program services.
☐ The program services are in the early stages of deployment in most areas or schools.
☐ Services are deployed, although some areas or schools are in early stages of deployment.
☒ Services are well deployed, although deployment may vary in some areas or schools.
☐ Services are well deployed, with no significant gaps.

☐ Services are fully deployed without significant weaknesses or gaps in any areas or schools.

Should resources be changed to improve this program?   ☒ *Yes*   ☐ *No*
If Yes, describe changes.

Recruitment strategies need to be improved to add more highly qualified nurses to the Health Services workforce. In an effort to increase attendance, a clinic (staffed by a nurse practitioner) is being established at North Technical High School. Because of the nursing shortage, some RN positions may need to be converted to LPN positions. With the increase in complexity and level of demand for Individualized Nursing Services, immediate coverage and support requirements have exhausted existing health services support structures. Additional administrative support would encourage better recruitment and consistency in supervision of health services.

Should goals be changed, added or removed?   ☒ *Yes*   ☐ *No*
If Yes, describe changes.

Develop and implement a strategic plan for health services that more accurately reflects the work being performed.

Evaluation Implications

What are the costs of this program?

Fiscal Year 2016 Actual Expenditures:

Salary and Benefits:	$	2,881,947
Other Professional Services:	$	32,960
Health Supplies	$	13,361
Health Insurance Materials	$	10,170
(vaccines and CPR training materials)		
Total Costs:	$	2,938,438

Health Services staff include:

1. Five (5) SSD separate day school-health offices staffed by two (2) registered nurses in each location.
2. Two (2) SSD technical high school health offices staffed by one (1) RN in each location.
3. One (1) RN covers the needs of students in the Bridges Program and the multiple Vocational Skills Program (VSP) sites county-wide.
4. Twenty-nine (29) school-age and three (3) early childhood students received one-on-one nursing care (this represents an increase of 2 students, or 8%, over the prior year).
5. Seventeen (17) early childhood special education sites throughout the county are staffed by a total of five (5) registered nurses.

Overall, forty-eight (48) nurses are working on a regular basis. SSD maintains a pool of 22 substitute nurses to support the needs of the district. Nurses from this substitute pool provide to other organizations as well, and as such are not consistently available when requested. For this reason, covering nurse absences with sub nurses can be challenging on any given day given the potentially limited number of sub nurses available. On days when the SSD-maintained sub nurse pool is insufficient, SSD contracts with five staffing agencies to fill positions. Ensuring appropriate nursing coverage requires substantial coordination on the part of administrators of the program on many days.

What are the major sources and amounts of Funds?
SSD Budget

How many customers (students) are served by this program?
The Student Health program served 1,539 students (2015-16).

There were 57,744 visits to health clinics[3], an increase from 48,188 (2013-14) and 53,127 (2014-15) in prior years.

What is this program's annual cost per customer?
$ 1,909

Estimated Cost Effectiveness

☐ Mandated program; costs cannot be significantly reduced.

☒ Mandated program; costs could be reduced (include in Action Plan, below).

☐ Benefits greatly outweigh costs.

☐ Benefits outweigh cost, but improvement appears possible (include in Action Plan, below).

☐ Costs outweigh benefits (include in Action Plan, below).

General Recommendation Resulting from this Evaluation

☐ Continue the program as is. It is meeting or exceeding all expected outcomes.

☐ Continue the program with specific action plans for improvement.

☐ Expand the program, replicating effective components.

☐ Streamline, refine, or consolidate elements of the program.

☒ Redesign the program. *(See Forward Planning, below.)*

☐ Reevaluate the purpose and/or goals of the program.

☐ Discontinue ineffective or nonessential program components.

☐ Discontinue the program.

Review of Previous Action Plans

Action Plan 1 (short-term)	Convene committee including representatives from student data, finance, technology and health services to explore the feasibility of telepresence attendance such as VGO robot. This technology allows a student with a health condition that excludes the student from school to control a robot to participate in general education via the internet. DESE has given preliminary approval of counting such attendance for Average Daily Attendance (ADA).
Status of Action Plan 1	Not Met. The technology has been approved for use through DESE, but a plan is not yet in place to implement this level of service.

Action Plan 2 (short-term)	Determine the feasibility of collecting information about the type of illnesses that lead to student absence. This information could be collected from parents through the verification process and recorded in SIS. The data could be examined to address the root causes of student absence through health initiatives.
Status of Action Plan 2	Not met. Feasibility has not yet been established.

Action Plan 3 (short-term)	Design a process to regularly analyze medical data for trends and possible interventions to improve school health.
Status of Action Plan 3	Approaching goal. Some data is being collected, but not reviewed.

What specific actions are needed in the next evaluation cycle?

Plans will be created over the course of the next evaluation cycle to streamline and more clearly define functions of the Health Services Department.

Short-term (within the next school year)

1. Review with Director and Executive Leadership Team (ELT) the benefits of having additional (*i.e.* above capacity) nursing staff.
>   Anticipated Date of Completion: April, 2017

2. In conjunction with the human resource department, develop strategies to recruit and retain highly qualified nursing staff.
>   Anticipated Date of Completion: April, 2017

3. Develop connections with instructional administrators. Confirm they are knowledgeable of the role Health Services plays at SSD.
>   Anticipated Date of Completion: October, 2017

4. Conduct training with instructional administrators focused on setting appropriate expectations for "scope of needs" (level of nursing services required) during initial contact with parents, evaluations, and IEP meetings.
>   Anticipated Date of Completion: May, 2018

5. Review organization structure and staffing assignments in the Student Health department to consider utilizing LPNs (where appropriate) rather than RNs.
>   Anticipated Date of Completion: May, 2018

Medium-term (1-2 years)

6. Implement surveys to stakeholders (parents) and staff (substitute and full time nurses) to better identify areas for improvement.
>   Anticipated Date of Completion: January, 2018

7. Form a committee (Health Services Change) to review staff/stakeholder surveys and make suggestions for departmental changes.
>   Anticipated Date of Completion: May, 2018

Long-term (3 years and more)

8. Begin implementation of departmental changes (as suggested from the Health Services Change Committee).
>   Anticipated Date of Completion: October, 2019

9. Reissue stakeholder and staff surveys to determine if improvements have been effective.
>   Anticipated Date of Completion: August, 2020

What are future goals, objectives, measures, and targets that will be used to monitor and evaluate this program?

Goal 1: Participate in multidisciplinary collaboration to maximize the safety of students.

>   **Objective 1.1:** Increase awareness of the role of Health Services in meeting students' educational goals.
>   **1.1 Measure:** Survey question re. awareness

1.1 Targets: 85% of instructional administrators surveyed are aware of Health Services role.
1.1 Monitoring Schedule: Annual

Goal 2: Increase recruitment and retention efforts to allow for highly skilled, quality care to students.

Objective 2.1: Increase both FTE and substitute nursing staff.
2.1 Measure: HR data
2.1 Targets: 5% increase of staff
2.1 Monitoring Schedule: Monthly

Objective 2.2: Provide a comprehensive orientation program to newly-hired nurses.
2.2 Measure: HR data, new employee survey
2.2 Targets: 100% of new hires receive orientation
2.2 Monitoring Schedule: Upon hire; at 3 months; at 10 months

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Notes:

1. "Enteral nutrition generally refers to any method of feeding that uses the gastrointestinal (GI) tract to deliver part or all of a person's caloric requirements. It can include a normal oral diet, the use of liquid supplements or delivery of part or all of the daily requirements by use of a tube (tube feeding)." Source: American College of Gastroenterology. http://patients.gi.org/topics/enteral-and-parenteral-nutrition/ . For SSD students, enteral nutrition typically means tube feeding.
2. One-on-one means one nurse is assigned full time to one student. SSD provides 1:1 nurses in Partner Districts as well as in SSD Schools.
3. A second goal, related to the number of clinic visits and their relationship to student attendance, was originally included in the evaluation plan for this program. That goal and its target were removed because of conceptual difficulties in demonstrating cause-and-effect relationships.