

CALHOUN COUNTY SCHOOL
WELLNESS PROGRAM
REVIEW

October 2013

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EXECUTIVE SUMMARY

The Calhoun County's School Wellness Program, administered and managed by the Calhoun County Public Health Department and under the direction of James Rutherford, Health Officer, has been in existence for almost five years. The program provides nursing services to 39 schools in nine of the ten school districts in Calhoun County. The program has grown due to the vision and commitment of the health officer, the school nurse program director, and the professional school nursing staff to provide comprehensive services to the children of Calhoun County. Compliance with professional standards, development of guidelines and policies, supervision by a qualified nursing manager, and development and evaluation program goals have produced a quality school nursing program.

Recognizing the value of evaluating a program to help identify gaps and determine program goals, the health officer continues the periodic review of the Calhoun County School Wellness Program. This report reflects the second review and onsite audit of the Calhoun County School Wellness Program. Of particular note:

- The program has grown due to the continued commitment and support of the program's partners - Kellogg Foundation, Battle Creek Community Foundation, Regional Health Alliance-School Wellness Committee, Michigan Department of Community Health, Calhoun Intermediate School District, United Way of Battle Creek, and Bronson Battle Creek Kellogg Community College.
- The program has expanded services to schools and families by providing immunizations to children and staff, obesity prevention programs, medication oversight, consultation to after school and early education programs, providing medication administration training to 150 school staff, offering discretionary medication program and plans to develop Medical Emergency Response Teams (MERT) in each school.
- The school nurse program director has provided vision in moving toward a more coordinated program with implementation of standard policies, procedures, forms, supplies and facilities across the entire program.
- The program has successfully collected data that can guide the program and provide accurate and comprehensive annual reports of the services provided by the School Wellness Program staff to stakeholders.

Some general recommendations include:

- The success of the program brings increased demands for the nurses' time and presence in the schools. School nurses have demonstrated their value to the schools, families, and students. If the program is to grow to provide the comprehensive services school administrators, parents want, and students require, staffing assignments must be re-evaluated and funding found to support more nursing staff. Otherwise, services provided may need to be curtailed.
- Use of electronic health records is commendable but an examination of the software product currently used should occur to ensure its adequacy and efficiency in meeting the documentation needs of the school nurses and the program.
- Strengthen the management of the school nursing program by establishing the school nurse program director as a fulltime position devoted to the management, support, and growth of the program.
- Continue the excellent efforts to move toward a more comprehensive school nurse program where the school nurse is valued as the professional health resource and is integrated into the school team.

INTRODUCTION

This report reflects the second formal program evaluation of the Calhoun County School Nurse Wellness program, implemented in 2009. Four years into the process, the School Nurse Wellness Program serves thirty-seven of the thirty-nine schools in nine of the ten school districts in the county.

HISTORY

In 2008, the School Wellness Program Advisory Group (SWPAG), one of the Issue Action Groups of the Regional Health Alliance of Calhoun County, MI, explored how to improve the school nursing programs in the county with a goal that *all school age children have access to quality health care*. They were interested in supporting the continuation and expansion of school nursing programs in Calhoun County schools, improving the health and nutrition education in the schools, and providing families of school age children education about available health, dental, and vision resources. To begin this process, the SWPAG commissioned two former state school nurse consultants to assess the Calhoun County school nursing program.

A thorough review and assessment of the school nurse program was conducted, resulting in the redefinition of the program to provide nursing services to all school districts in Calhoun County. In 2009, Calhoun County's School Wellness Program's (the school nurse program) management was assumed by the **Calhoun County Public Health Department** with goals to expand and adequately staff the program and to provide consistent standards of care to all children in Calhoun County public schools. To accomplish these goals, a school nurse program director position was created, guidelines and policies were developed to direct the program, and partnerships with community foundations and the state department of health were established.

As the program continued to grow, the Department recognized the need for an evaluation process and a formal, periodic review of the program. The first formal program evaluation was completed in June 2012. A second evaluation in October 2013, reviewed the program's progress toward the goal of a comprehensive school nurse program available to all public school students in Calhoun County.

PROCESS

The 2013 Calhoun County School Wellness Program's evaluation process involved two components. The first phase involved the completion of a survey by the school nurse staff to ascertain their confidence in their success in integrating into the schools assigned, the safe care of students identified with health concerns, support received and identification of accomplishments and needs.

The second component was a one-day onsite review by two school nurse consultants that included:

- A general briefing of the county School Wellness Program, its content guided by specific questions and information provided by the consultants, and a review of a program evaluation tool completed by the school nurse program director. The briefing also included a review of the program's written guidelines and policies.
- One individual school visit, a half-day in length, took place. Following guidelines provided by the consultants, a presentation by the school nurse and principal provided an overview of the school nurse's activities at the school. Review of materials and documents as well as observation of the school's health room facilities completed the onsite visit.

This report serves as the formal written summary of the review team's impressions, commendations, and recommendations.

Calhoun County School Wellness Program Review

At the request of the county health officer, the Review Team conducted a review of Calhoun County's School Wellness Program on October 9, 2013. Particularly noteworthy during this half-day visit were:

- The warm welcome of the school nurse program director;
- The leadership of the health officer and his ongoing support of the program;
- The desire of the program's leaders to evaluate the goals for the program, reflect on its progress and identify areas of growth and improvement;
- The significant progress made in the growth of the program in the last fifteen months and the earnest accomplishment of several of the recommendations made since the last program evaluation;
- The knowledge, skills and vision provided by the school nurse program director, Cheryl Czerney; and
- The continued efforts to provide a comprehensive school nursing program that delivers a high level of service to the students of Calhoun County.

The following commendations and recommendations are provided for the Calhoun County School Wellness Program:

A. Commendations:

- 1) Leadership of the program:
 - a) Providing leadership that encourages a vision for comprehensive school nursing;
 - b) Successfully combining the management of the school nursing program with the school based health center program, understanding the clear distinctions between the two programs but optimizing the complementary nature of both programs;
 - c) Maintaining a viable, well represented and effective School Wellness Advisory group;
 - d) Analyzing and evaluating program strengths, weaknesses, opportunities and challenges to identify areas for program development to meet the needs of the students and staff; and
 - e) Investing in continued program improvement by conducting periodic reviews of the program utilizing the program tool developed for this purpose and establishing program goals.

- 2) Provision of comprehensive school nursing services:
 - a) Providing medication oversight, whether the school nurse is actually present in the school or not;
 - b) Consultation to after school and early education programs;
 - c) Coordination of student health needs with bus transportation;
 - d) Increased involvement and efforts to support students who are not fully compliant with immunizations.
 - e) Providing immunizations to both students and staff;
 - f) School-wide obesity prevention efforts;
 - g) Providing medication administration training to 150 school staff;
 - h) Plans to develop MERT teams in each school;
 - i) Offering discretionary medication program to parents and students; and
 - j) Ensuring that annual notification of school nursing services is provided to parents.

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- 3) Collection and distribution of data:
 - a) Continued efforts to establish outcome goals and collect appropriate data to evaluate those outcomes;
 - b) Providing an epidemiologist to analyze data and assist program leadership with developing an annual (or bi-annual) report for distribution to key stakeholders; and
 - c) Continued commitment to gathering accurate data.

- 4) Consistency of program standards:
 - a) Ensuring that all school nurses are aware of and using the same forms and policies across the program;
 - b) Annual review of School Wellness Program policies and procedures, continued plans for updating guidelines and orientation manuals and anticipating need for additional policies; and
 - c) Establishing facilities standards for health rooms and moving toward compliance with those standards.

- 5) Support of school nursing staff which strengthens the program by:
 - a) Establishing the school nurse positions as salaried with benefits.
 - b) Developing a standard equipment list of supplies (including go bags, inhalers) for each school/school nurse and making those available to nursing staff;
 - c) Continuing growth of the program by adding new staff, resources, and exploring substitutes for school nurses;
 - d) Providing resources for school nurses including providing laptops, cell phones, Internet cards, and opportunities for professional training;
 - e) Conducting monthly staff meetings and visits to each school by the school nurse program director to assess school nurse needs; and
 - f) Establishing a comprehensive school nurse orientation.

- 6) Commitment to utilize electronic health records for both documentation and data collection.

- 7) Marketing school nursing services to stakeholders through websites, posters, newsletters, health fairs, annual reports, and sharing of data. The fact that all documents, guidelines, correspondence etc. is clearly labeled with the School Wellness Program's logo is a great way to brand the program and make it recognizable.

B. Recommendations:

- (1) Strengthen the management of the school nursing program by establishing the school nurse program director as a fulltime position devoted to the management, support, and growth of the program.

- (2) Re-examine the electronic health records program to ensure its adequacy and efficiency in meeting the documentation needs of the school nurses and the program.

- (3) Explore how comprehensive school nursing services can be delivered safely given the challenges of having adequate funding for school nurses.

- (4) Move toward increased consistency with the established school nurse program standards by:
 - a) Maintaining legal obligations to parents and compliance with FERPA as it relates to student health records; and

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- b) Clearly delineating that the parental consent form sent out at the beginning of the year is required for discretionary medication only, not for general school nurse services.
- (5) Continue movement toward a comprehensive school nurse program in which the school nurse is the school's professional health resource for all issues related to health by:
- a) Increasing the school nurse's involvement with the development of individual student emergency response plans (especially for the student with a chronic health condition in a 72 hour lock down) and school-wide emergency planning;
 - b) Expand the regular periodic opportunities for school nurses to meet together to review goals and growth of the program by occasionally opening those meetings to school based clinic nurses/practitioners, ISD nurses, student nurses, student nurse instructors, private duty nurses, screening technicians, and staff assigned to provide medications and first aid in the absence of the nurse.
- (6) Continue to strengthen collaboration and communication between the program, schools and the community by:
- a) Consider expanding the membership of the School Wellness Advisory Committee to include representatives in the dental, vision and mental health fields; and
 - b) Continue the excellent efforts at both the county and individual school level to increase the awareness of the school nurse abilities and skills that can be of benefit to the students with IEPs or 504 accommodation plans and to increase their involvement with the student services teams/special education teams until that role is established in all schools.
 - c) Consider expanding the program's procedures to include a formal outline for educating cafeteria, bus drivers, and other support staff.
- (7) Continue to work toward a vision of staffing that is based on the acuity of student health needs in the county.
- (8) Continue to explore a system of substitute coverage for school nursing staff.
- (9) Use the excellent collection of data for program advocacy by sending program data to school principals on a more routine basis - share Return to Class (RTC) data, number of visits to the health room, number of medications ordered, the number of students with chronic health conditions, and percentage of school population that the school nurse has served.
- (10) Encourage nursing staff to meet national certification requirements (and state certification once rules make this possible).
- (11) Consider conducting another program assessment (similar to the one done in 2009).

Lakeview Middle School Review

At the request of the county health officer, the Review Team conducted a review of the School Wellness Program at Lakeview Middle School on October 9, 2013. Particularly noteworthy during this afternoon visit were:

- The focused attention to the discussion given by the school principal, Mike Norstrom, especially during a hectic time of the school day/school year;
- The principal's understanding, interest and support of the correlation between school success and school health services;
- The Lakeview school board's commitment to student health and safety, including identification of desired outcomes related to health; and
- The knowledge, goals and level of program detail provided by the experienced school nurse, Sharon Davids.

A. Commendations:

- (1) Medications are stored in an locked cabinet in an appropriate area;
- (2) Improvements have been made in the school nurse health office;
- (3) Medication audits are conducted on a scheduled basis by the school nurse;
- (4) The school nurse continued efforts to integrate with the 504 and Child Study Team and the success in attending Individualized Education Plan (IEP) meetings;
- (5) Posting a comprehensive Annual Report developed by the school nurse on the School Wellness website;
- (6) Plans to develop a building Medical Emergency Response Team (MERT);
- (7) Continuing to provide support groups for students with chronic health concerns and infection control training for new janitorial staff;
- (8) The school nurse's participation and development of the district-wide health fair;
- (9) Providing the "5-2-1-0" education classes to all 3rd and 6th grade students by the school nurse; and
- (10) Efforts by the school principal to improve school nurse space and health services to students.

B. Recommendations:

- (1) Consider school nurse assignments based on acuity of students in the building to accommodate time constraints in treating urgent medical needs vs. meeting the needs of the population with education and activities related to prevention;
- (2) Encourage daily medication administration be performed by school staff every day to maintain consistency, allowing school nurse oversight of the medication program;
- (3) Continue efforts to secure a 2nd witness signature on medication administration records;
- (4) Continue to explore options to meet standards by locating the health suite space with running water, space for a cot, proximity to a bathroom, and the ability to observe students waiting or resting;
- (5) Implement a plan to strengthen immunization compliance before students begin school;
- (6) Continue efforts to involve the school nurse in special education and 504 planning;
- (7) Post school nurse contact information on the website and in the school handbook;
- (8) Move toward the reflection of health program goals into the School Improvement Plan (SIP);
- (9) Continue school nurse and principal meetings with mid-year or more frequent computer generated building reports including specific chronic disease and other relevant building health information;
- (10) Clearly delineate that the parental consent form sent out at the beginning of the year is required for discretionary medication only, not for general school nurse services;
- (11) Closely consider implications of FERPA/HIPPA, as well as efficiency when integrating health records with school's new computer program.

SCHOOL NURSE SURVEY

A survey of school nurses was developed to provide the individual nurse with an instrument to assess her skills, confidence level, and to compare issues and identify patterns between assigned schools. It also assists the program leadership to identify staff professional development needs. The summary data of all the nurse responders provides generally similar information and does not allow for specific comparison between nurse and schools.

An email was sent to all Calhoun County school nurses with instructions and a link to the online survey. The nurses were given two weeks to respond. Thirteen nurses (100%) responded. There are 9 districts participating in the School Wellness Program with a combined total of 39 schools. This figure (39) only includes actual schools, not unique education providers such as adult education or early childhood education centers. School nurses provide services to 39 schools on a regular basis. Thirty-five schools (90%) of the 39 schools that have an assigned nurse were represented in the survey.

The nurses were asked to respond anonymously to 13 statements using a Likert scale for each question and for each school assigned. The nurses were instructed to determine and consistently use the school they would identify as number one, two, and three.

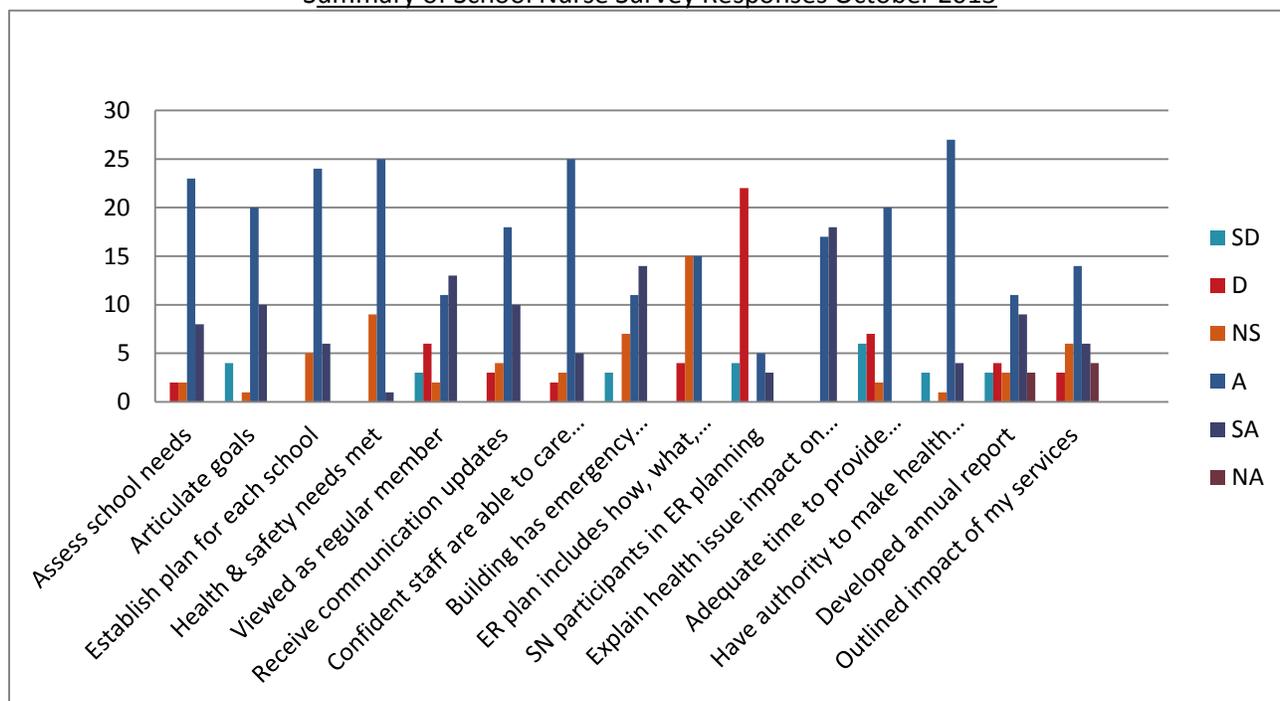
The following is a chart of statements, number and percent of responses. The number of responses also represents the number of schools unless a respondent skipped a question. A graphic summary follows the chart.

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Calhoun County School Nurse Survey							
Questions	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree	N/A	# of Individual School Responses
1. I am confident in my ability to assess the school population health needs.	0	5.7% (2)	5.7 % (2)	65.7% (23)	22.9% (8)	0	35
2. I am able to articulate the school nurse program goals to the principal and school staff.	11.4% (4)	0	2.9% (1)	57.1% (20)	28.6% (10)	0	35
3. I have established a care and coordination plan for health services at each school.	0	0	14.2% (5)	68.7% (24)	17.1% (6)	0	35
4. I am confident that the health and safety needs of all students will be met through my care and coordination plan for health services.	0	0	25.7% (9)	71.4% (25)	2.9% (1)	0	35
5. I feel like I am viewed as a regular member of the school building staff (not a transient, not a consultant or visitor or employee of another agency).	8.6% (3)	17.1% (6)	5.7% (2)	31.5% (11)	37.1% (13)	0	35
6. I receive communication updates if health concerns arise even when I am not in a building.	0	8.6% (3)	11.4% (4)	51.4% (18)	28.6% (10)	0	35
7. I am confident that school staff will be able to care for the special needs students in my absence.	0	5.7% (2)	8.6% (3)	71.5% (25)	14.2% (5)	0	35
8. Each of my buildings has an emergency response plan for disasters.	8.6% (3)	0	20% (7)	31.4% (11)	40% (14)	0	35
9. In those buildings with emergency response plans for disasters, the emergency plans include how to handle, or what to do for, the individual student with health needs.	0	11.8% (4)	44.1% (15)	44.1% (15)	0	0	34
10. In those buildings with emergency response plans for disasters, I participated in the development of those plans.	11.8% (4)	64.7% (22)	0	14.7% (5)	8.8% (3)	1	34
11. I am able to explain how a student health issue might impact educational progress.	0	0	0	48.6% (17)	51.4% (18)	0	35
12. I am given adequate time to provide staff with evidenced-based training for complex health issues (or any trainings).	17.1% (6)	20.1% (7)	5.7 % (2)	57.1% (20)	0	0	35
13. I am given the authority (by the school administration and staff) to make health related decisions at school.	8.6% (3)	0	2.8% (1)	77.2% (27)	11.4% (4)	0	35
14. I have developed an annual report for each school.	9.1% (3)	12.1% (4)	9.1% (3)	33.3% (11)	27.3% (9)	9.1% (3)	33
15. In my annual report, I outline what difference my services have made.	0	9.1% (3)	18.2% (6)	42.4% (14)	18.2% (6)	12.1% (4)	33

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Summary of School Nurse Survey Responses October 2013



SD=Strongly Disagree; D=Disagree; NS= Not Sure; A=Agree; SA=Strongly Agree; NA=Not Applicable

General observations:

- Overall school nurses are comfortable with assessing the school population health needs;
- Approximately two thirds (2/3) of school nurses feel they are viewed as a regular member of the school building (not a transient, consultant, visitor, or employee of another agency);
- School nurses feel there is an improvement in communication by school staff of health updates when they are not in the building;
- Eighty-six (86) percent of school nurses are confident that trained staff will be able to meet the needs of special needs students in their absence;
- All school nurses feel comfortable communicating how health issues impact educational progress;
- The majority of school nurses have the authority to make health related decisions in their school;
- More than half of school nurses developed an “Annual Report” in their buildings;
- All “Annual Reports” outlined the difference school nurse services made in their buildings; and
- Only about half of school nurses reported having received adequate time to provide staff with evidenced-based training for complex health issues (or any training).

Review of individual school nurse responses shows:

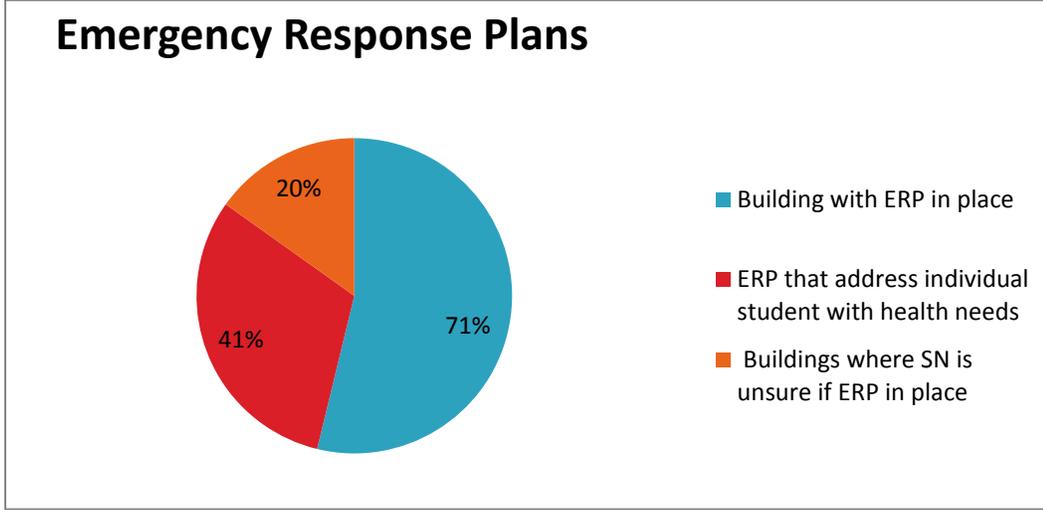
- Five nurses had variable responses between assigned schools indicating difference in relationships and school composition;
- Five nurses answered the same for each school, raising the questions of nurse bias, inability to distinguish differences between schools or perhaps it represents a school nurse who has been at the same assignment for several years and has established similar relationships in all assigned buildings;
- Three nurses had minimal variability between schools; and
- One person had one school so no comparison with other schools could be made.

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Comparison Table of June 2012 & October 2013 Agree & Strongly Agree Responses Only			
Survey Questions	June 2012	October 2013	Difference
1. I am confident in my ability to assess the school population health needs.	89%	89%	Same
2. I am able to articulate the school nurse program goals to the principal and school staff.	94%	86%	-8%
3. I have established a care and coordination plan for health services at each school.	82%	86%	+4%
4. I am confident that the health and safety needs of all students will be met through my care and coordination plan for health services.	68%	74%	+6%
5. I feel like I am viewed as a regular member of the school building staff (not a transient, not a consultant or visitor or employee of another agency).	72%	68%	-4%
6. I receive communication updates if health concerns arise even when I am not in a building.	77%	80%	+3%
7. I am confident that school staff will be able to care for the special needs students in my absence.	85%	86%	+1%
8. Each of my buildings has an emergency response plan for disasters.	63%	71%	+8%
9. In those buildings with emergency response plans for disasters, the emergency plans include how to handle, or what to do for the individual student with health needs.	N/A	44%	
10. In those buildings with emergency response plans for disasters, I (SN) participated in the development of those plans.	48%	24%	-50%
11. I am able to explain how a student health issue might impact educational progress.	94%	100%	+6%
12. I am given adequate time to provide staff with evidenced-based training for complex health issues (or any trainings).	N/A	57%	
13. I am given the authority (by the school administration and staff) to make health related decisions at school.	91%	89%	-2%
14. I have developed an annual report for each school.	56%	61%	+5%
15. In my annual report, I outline what difference my services have made.	56%	61%	+5%

General Observations:

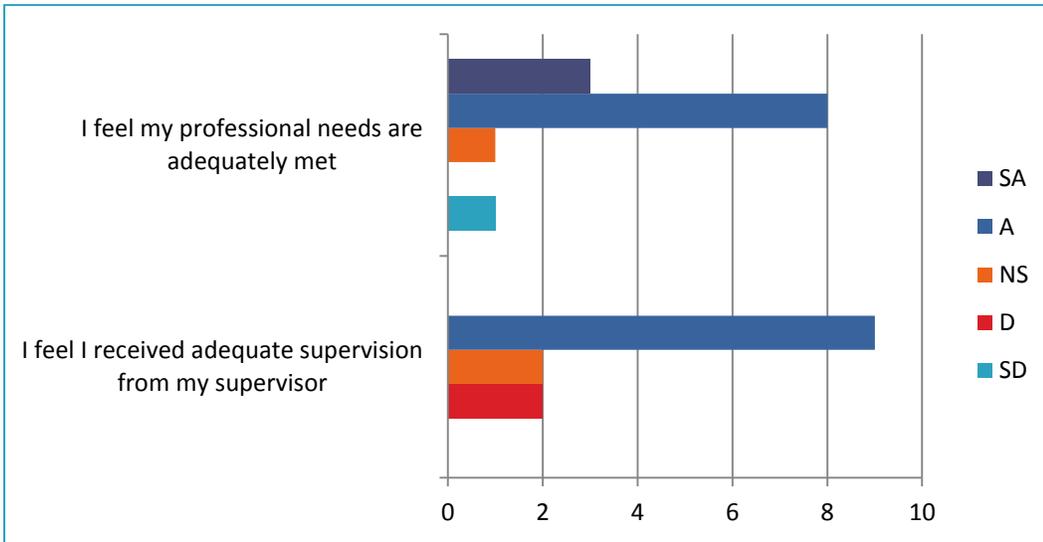
- School nurses appear to be more confident in most areas of practice;
- An increase in the number of buildings with an Emergency Response Plan;
- An increase in the numbers of “Annual Reports” developed in buildings;
- A small decline is reflected in the authority of school nurses to make health related decisions;
- A small decline in the number of school nurses who feel able to articulate the program goals to the principal which may be due to time constraints of both parties, a new nurse or principal in the building; and
- Participation of school nurses in the development of emergency response plans declined by 50%.



Note:

In 2013, school nurses participation in the development of ERP's decreased by 50% from the previous year.

Self Evaluation Questions:



Note:

Additional comment– Need better space in some buildings.

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Additional Queries	Responses Reported by School Nurses
Suggested topics for professional development:	Handling feeding tube buttons in a regular classroom, seizures, concussions, teen pregnancy and mental health; asthma, how to get adequate care for students with asthma; Affordable Health Care Act – changes and regulations; Working with doctor’s to develop care plans; Effective public speaking, professional team building computer training.
One improvement to the school nurse program/job I would change would be....	More than 50% of responders ask for improvement in the staffing ratio; Better teaching resources; More time for charting; Emergency Response Plans for special need students; Awarded monetarily as a needed part of the educational process; and An assistant to help with clerical responsibilities and show professionalism.
School Nurse experience	One new nurse, 3 nurses with > 8 years, 1 nurse with 5-8 years, and 8 nurses with 3-4 years

Accomplishments reported by school nurses:

- Making a difference for several underserved students.
- Gaining the respect of the staff which makes follow through on student health needs by staff successful.
- Getting the staff at all of my schools trained in CPR/ AEDs, Epi-Pens, select staff trained in medication administration and select staff trained in managing diabetics.
- Earning the respect of the staff and a great rapport with the students.
- Initiating the Fuel Up to Play 60 program at my middle school.
- One hundred percent immunization compliance in my schools and helping those that are uninsured get insurance or the help they need regardless of insurance status.
- Getting students with severe injuries care that they needed that could have been life/limb-threatening.
- Having more and more parents/staff come to me each year with concerns and being more open to discussions about the health of the school.
- Being new to schools, I am establishing trusting relationships at each individual school so that the students and teachers feel comfortable with me.
- Rolling out the 5-2-1-0 Let's Go Program at School.
- Addressing student’s immediate or chronic health needs to allow them to remain in school.

Note: Some nurses reported the same accomplishment.

Recommendations:

- Evaluate the acuity of each building to determine if assignments may be adjusted to support improved school nurse ratios or explore additional funding.
- Increase the school nurse's involvement with the development of individual student emergency response plans (especially for the student with a chronic health condition in a 72 hour lock down) and school-wide emergency planning.
- Continue to provide direction and support for school nurses to review and develop emergency response plans that address the how to handle and what to do for the individual student with special health needs.
- Use the excellent collection of data for program advocacy by sending program data to school principals on a more routine basis - share Return to Class (RTC) data, number of visits to the health room, number of medications ordered, the number of students with chronic health conditions, and percentage of school population that the school nurse has served.
- Explore ways to provide adequate time for school nurses to provide required evidenced-based training to staff regarding student health issues (or other training).

CONCLUSION

The Calhoun County School Wellness Program continues to grow and in an effort to establish itself as a model school nurse program has implemented periodic program evaluations. This second program evaluation entailed completing a program evaluation tool and preparing a daylong program and individual school presentation.

The time and effort of staff to prepare and provide the presentations for the review team is recognized and appreciated. The value placed on quality school nurse supervision is commendable. It is clearly evident that this program, under the health officer's leadership, is making tremendous strides in moving this program to a comprehensive school nurse program. Much progress has been demonstrated with the school nurse being responsible for the health concerns of the schools assigned, management of medication administration, and coordination of services and care of students with health concerns as well as identifying health concerns of the school community at large. The school nurses are working to become an integral part of the schools, including participation in special education and student services teams and emergency preparedness efforts. Energies to address those concerns are admirable.

A program's ongoing evaluation is a key to its success. Recognizing the value of evaluating a program to help identify gaps, determine program goals and professional development needs of staff, strengthens the program to better provide quality services to the community it serves.