

School Nurse = Care Coordination

Linda J. Gibbons, MSN, RN, IL PEL/NCSN
Lewis University, College of Nursing & Health Professions

Catherine F. Yonkaitis, DNP, RN, IL PEL/NCSN
University of Illinois at Chicago, College of Nursing



Session Objectives:

- Identify ways to increase collaboration between the medical home and school health personnel
- Describe information needed from medical provider for developing 504 plans and IEP's
- Review information that school nurse can provide related to daily experiences
- Discuss how to maintain communication among family, healthcare provider, and school nurse




Disclosures

We each declare that neither one of us, or our immediate families, have a financial interest or other relationship with any manufacturer/s of a commercial product/s or service/s which may be discussed at the conference.




Collaboration between home, school, and healthcare providers is crucial to support student health
(AAP council on school health, 2016)


Family




School Nurse

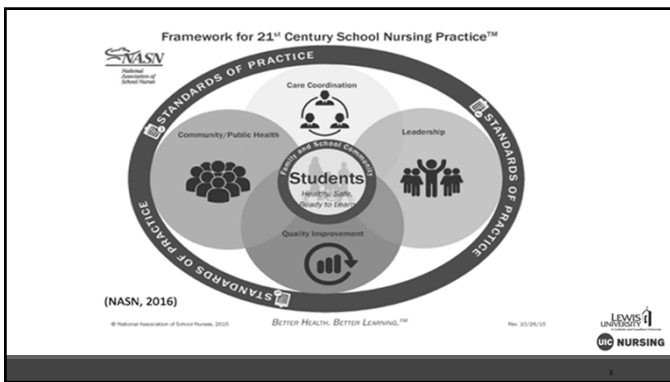


Healthcare Provider



Student






Framework for 21st Century School Nursing Practice™

NASN's Framework for 21st Century School Nursing Practice (the Framework) provides structure and focus for the key principles and components of current day, evidence-based school nursing practice. It is aligned with the Whole School, Whole Community, Whole Child model that calls for a collaborative approach to learning and health (ASCD & CDC, 2014). Central to the Framework is student-centered nursing care that occurs within the context of the student's family and school community. Surrounding the students, family, and school community are the non-hierarchical, overlapping key principles of Care Coordination, Leadership, Quality Improvement, and Community/Public Health. These principles are surrounded by the 19th principle, Standards of Practice, which is foundational for evidence-based, clinically competent, quality care. School nurses daily use the skills outlined in the practice components of each principle to help students be healthy, safe, and ready to learn.

<p>Standards of Practice</p> <ul style="list-style-type: none"> Clinical Competence Clinical Guidelines Code of Ethics Critical Thinking Evidence-based Practice NASN Position Statements Nurse Practice Acts Scope and Standards of Practice 	<p>Care Coordination</p> <ul style="list-style-type: none"> Care Management Chronic Disease Management Collaborative Communication Direct Care Education Interdisciplinary Teams Multicultural Awareness Nursing Delegation Student Care Plans Student-centered Care Student Self-empowerment Transition Planning 	<p>Leadership</p> <ul style="list-style-type: none"> Advocacy Change Agents Education Reform Funding and Reimbursement Healthcare Reform Leadership Model of Practice Technology Policy Development and Implementation Professionalism System-level Leadership 	<p>Quality Improvement</p> <ul style="list-style-type: none"> Continuous Quality Improvement Documentation/Data Collection Education Emerging Health Issues Healthcare Disparities Performance Metrics Research System Care Set 	<p>Community/Public Health</p> <ul style="list-style-type: none"> Access to Care Cultural Competency Disease Prevention Environmental Health Health Education Health Equity Healthy People 2020 Health Promotion Outreach Population-based Care Risk Reduction Screenings/Referrals/Follow-up Social Determinants of Health Surveillance
--	--	--	--	---

ASCD & CDC (2014). Whole school whole community whole child: A collaborative approach to learning and health. Retrieved from http://www.ascd.org/ASCD/pdf/180/ASCD_publications/wholeschoolwholechild/wholechildcollaborativeapproach.pdf

© National Association of School Nurses, 2015 BETTER HEALTH. BETTER LEARNING.™ Rev. 10/16/16



Framework for 2017 "Nursing Practice"

LEWIS UNIVERSITY
NURSING

- Care Coordination**
- Case Management
 - Chronic Disease Management
 - Collaborative Communication
 - Direct Care
 - Education
 - Interdisciplinary Teams
 - Motivational Interviewing/ Counseling
 - Nursing Delegation
 - Student Care Plans
 - Student-centered Care
 - Student Self-empowerment
 - Transition Planning

When do students benefit from care coordination?

**ANYTIME!
ALWAYS!
CONTINUOUSLY!**

LEWIS UNIVERSITY
NURSING

Care Coordination is necessary when a student needs:

- Episodic care
- Functional accommodations (504 plans)
- Learning accommodations (Special Education)

LEWIS UNIVERSITY
NURSING

Coordination of care is successful when information and concerns are shared between home, school and healthcare providers.



Communication is KEY!

- .Consent form for sharing information (HIPAA/FERPA compliant)
- .Ongoing/ consistent
- .Phone
- .E-mail
- .Electronic messaging



HIPAA compliant form contains:

http://www.sde.ct.gov/sde/lib/sde/PDF/Steps/Student/Health/HIPAA_Form.pdf

PUBLIC SCHOOL DISTRICT AND
HIPAA Compliant Authorization for Release of Health Information

Parent/Guardian Name: _____ Date of Birth: _____
 Home Address: _____
 Home Phone: _____
 School Name: _____
 School Address: _____
 School Phone: _____

Disclosures:
 The information to be disclosed consists of:
 I would like to have the following information regarding my child's health care:

Parent/Guardian Signature:
 I hereby authorize the release of the information described above to the person or persons named below for the purpose(s) stated above.

Student Signature:

- Basic demographic information
- Information to be disclosed
- Parent guardian signature



Who benefits from Care Coordination ?

Students with:

- Chronic conditions
- Complex healthcare needs
- Behavioral health concerns
- Post accident/injury
- Post trauma exposure?



Sharing: home/healthcare provider to School

Medications

Changes to dose and frequency
Order for the medication



Treatments (including written order)

Tube feeding, Suctioning, Ventilator orders, IV's
OT/PT orders
DNAR

Disease management through health teaching

Carb count, insulin administration
Inhaler use
Allergen avoidance



Sharing: school to home/healthcare provider

Medication:

Side Effects
Evaluation of effectiveness
Frequency of use of PRN meds



Treatments:

Discuss changes in student condition
Results of hearing and vision screenings
Need for immunizations and physicals
Share logs documenting care over time

Disease management through health teaching

Discuss progress and success of health teaching
Coordinate plans between school & home for consistency



Non-traditional nursing support of learning:

- Consulting with teachers, administrators, and school support personnel
- Homebound status
- Adjusting class schedules
- Maintaining supplies (medications, catheters, glucometer strips)
- Transportation concerns
- Collaborating with other school health team members (one to one)



Special Education and 504 plans



- Some students with health concerns need care beyond a individualized health care plan (IHP).
- Parents and healthcare providers can request that a school district conduct an evaluation for 504 or special education support
 - A medical condition does not guarantee a 504 plan or an IEP.
- In Illinois School Code, healthcare providers can and should contribute to the student evaluation for services; the school nurse insures that the student's health concerns are addressed in the educational programming.



504 plans for students with health concerns

- Consultation between the school nurses, parents, and healthcare providers should take place prior to the 504 meeting.
- Health care providers are responsible for sharing the medical management plan for the student. This can be in the form of orders or standardized plans such as:
 - Asthma Action plan
 - Allergy Action plan
 - Diabetes Medical management plan
- The 504 meeting is convened and the team, including the nurse and parents, meets to discuss the student's needs.
- If a 504 is warranted the nurse ensures that the health related accommodations are put in place and monitors the student's progress.



What is a 504 plan?

A written plan, developed by the school team, including the parent to provide accommodations to allow the student to participate in learning

The term comes from Section 504 of the Rehabilitation Act of 1973

504 Plan Eligibility

- Any condition that interferes with any of life's functions – learning, sleeping, eating
- Schools are required to provide accommodations to allow student to access his/her education
- Does not require a specific disability like the special education (IEP) requires



19

What is an Individualized Education Program (IEP):

- Federally mandated under IDEA 2004
- Must qualify under one of 14 disabilities
- Evaluation of health is conducted when it is suspected of impacting learning.
- Special education services are provided to help students access their education.
- Students with health issues may also need health services to access learning



20

Comparing IEP and 504 plans:



IEP: covered by an education law (IDEA); applies only to students who qualify for "special education services" in a core curriculum area; governed by strict procedures and timelines; parent involvement is mandated; schools receive additional federal funding for students receiving special ed services.

Both plans cover accommodations and modifications to the school environment and classroom materials, adaptive technology, and related services.

504 Plans: covered by a civil rights law (Rehabilitation Act); applies to all students with qualifying disabilities; follows an informal process; parent involvement not mandated; schools do not receive additional federal funding for services to qualifying students.

(Quintero, 2009)





21

Comparing IEP and 504 plans:



IDEA	504
STUDENT HAS 1 OR MORE OF 14 <i>IDEA</i> -RECOGNIZED DISABILITIES	STUDENT HAS "MENTAL OR PHYSICAL IMPAIRMENT" AS DEFINED IN 504
ADVERSE AFFECT ON EDUCATIONAL PERFORMANCE	SUBSTANTIAL LIMITATION ON 1 OR MORE MAJOR LIFE ACTIVITIES (NOT LIMITED TO LEARNING)
NEED FOR SPECIAL EDUCATION AND RELATED SERVICES	NEED FOR REGULAR OR SPECIAL EDUCATION AND RELATED AIDS/SERVICES

(Quintero, 2009)

Comparing IEP and 504 plans:



- The 504 or IEP team including parent and nurse identifies the health related accommodations to be included in the educational plan.
 - Details related to this plan are included in an IHP and EAP
- Health-related accommodations for IEP's & 504 plans can be similar – type of plan is dependent on if the students ability to learn is impacted AND meets a disability category.
- Students cannot have both a 504 plan and an IEP. An IEP supercedes the 504 plan

Examples of impairments
DIABETES

Accommodations:

- Check blood sugar before major exams
- Permission to check blood sugar in class
- Permission to carry snacks on person
- Check blood sugar before P.E. class
- Inservice - teaching staff about diabetes
- Develop Emergency Action Plan



Examples of impairments ADHD

Accommodations

- Monitor student's weight weekly
- Classmate takes notes with carbon paper to share
- Color code books and notebook
- Assignment check out and signature from school and home daily
- Separate set of text books at home



ADHD Cont'd

- Behavior monitors quarterly to check effectiveness of medication
- Report to office for daily medication
- Sit in front of room or area with least distraction
- Teach student about condition and medications



Episodic Care:



Unlikely that an IEP would be instituted for what is expected to be a short term disability.

Return to School*:

- Post- injury (orthopedic, concussion etc)
- Post-Hospitalization (Medical/ Surgical or Behavioral)
- Post-incarceration

*Provide copies of discharge summaries to school



Concussions

CDC and The Illinois High School Association have various online resources

Concussion treatment plans can last days or weeks!

Concussion Oversight Committee/Team (must include a nurse if one is employed by district)

Return to Learn
Return to Play

From CDC Heads Up page: <https://www.cdc.gov/headsup/index.html>

Possible accommodations for students with episodic conditions:

Homebound status

Class schedule adjustment (location or different time)

Provide rest periods/ safe space /activity breaks

Limitation or Return to Physical Education (AAP form)

Resource from Illinois Chapter American Academy of Pediatrics

Return to school/ return to physical education form (2012)

http://illinoisapp.org/wp-content/uploads/Return_to_SchoolFINAL.pdf

Permission to return to school

Activities at school

Modified activity & restrictions

Healthcare provider information

Resource from Illinois Chapter American Academy of Pediatrics

Classification of sports by contact

CLASSIFICATION OF SPORTS BY CONTACT

Category	High School	College	Professional
Baseball	Baseball	Baseball	Baseball
Basketball	Basketball	Basketball	Basketball
Football	Football	Football	Football
Gymnastics	Gymnastics	Gymnastics	Gymnastics
Ice Hockey	Ice Hockey	Ice Hockey	Ice Hockey
Softball	Softball	Softball	Softball
Volleyball	Volleyball	Volleyball	Volleyball
Wrestling	Wrestling	Wrestling	Wrestling

CLASSIFICATION OF SPORTS BY STRENUOUSNESS

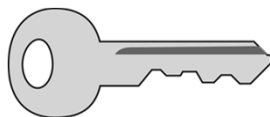
Category	High School	College	Professional
Baseball	Baseball	Baseball	Baseball
Basketball	Basketball	Basketball	Basketball
Football	Football	Football	Football
Gymnastics	Gymnastics	Gymnastics	Gymnastics
Ice Hockey	Ice Hockey	Ice Hockey	Ice Hockey
Softball	Softball	Softball	Softball
Volleyball	Volleyball	Volleyball	Volleyball
Wrestling	Wrestling	Wrestling	Wrestling

Classification of sports by strenuousness

Source: Illinois Chapter American Academy of Pediatrics, Committee on Sports Medicine and Fitness, Medical Guidelines for Child Sports Participation, August 2010, p. 12-13

LEWIS UNIVERSITY
NURSING


Collaboration between home, school and healthcare provider is the key!



We have a shared goal: that every student to be successful!

LEWIS UNIVERSITY
NURSING

Thank you



Questions?

Linda Gibbons MSN, RN, IL PEL/NCSN
Lewis University College of Nursing & Health Professions
gibbonli@lewisu.edu

Cathy Yonkaitis, DNP, RN, IL PEL/NCSN
University of Illinois at Chicago
cyonk@uic.edu

LEWIS UNIVERSITY
NURSING

References

CDC (2017). HEADS UP: Concussion at play. Center for Disease Control and Prevention. Retrieved from: <https://www.cdc.gov/headsup/index.html>

Epilepsy foundation (2016). Seizure Action Plan, Retrieved from: <http://epilepsyichicago.org/wp-content/uploads/2016/05/Seizure-Action-Plan.pdf>

HIPAA Compliant Authorization for Release of Health information. Retrieved from: CT State Department of Education, Nadine Schwab, & CT Chapter, American Academy of Pediatrics; adapted format from Ohio. Retrieved from: http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/HIPAA_Form.pdf

Illinois FOOD ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION. https://www.isbe.net/Documents/food_allergy_emer_action_plan.pdf

ICAAP (2012). School return to play form Retrieved from: <http://illinoisiap.org/2012/09/school-return-to-play-form/>

Kutner, M., Greenberg, E., Jin, Y., and Paulsen, C. (2006). The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy (NCES 2006-483). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Retrieved from: <https://nces.ed.gov/pubs2006/2006483.pdf>



34

References (continued)

NASN. (2016). Framework for 21st century school nursing practice: National Association of School Nurses, *NASN School Nurse* (31)1 45-53. doi: <https://doi.org/10.1177/1942602X15618544>

Quintero, A. (2009). 504 plans: What parents should know. *Muscular Dystrophy Association*. Retrieved from <https://www.mda.org/quest/article/504-plans-what-parents-should-know>

U.S. Department of Education (2004). Individuals with Disabilities Education Improvement Act (IDEA) Retrieved from: <http://idea.ed.gov/>

U.S. Department of Education (2017). Protecting Students with Disabilities Frequently asked questions about Section 504 and the education of children with disabilities. Retrieved from <https://www2.ed.gov/print/about/offices/list/ocr/504faq.html>



35
