Learning Objectives:

- Describe steps in the development of the Wisconsin School Health Assessment Tool
- Articulate Wisconsin’s school health services’ most significant strengths and opportunities for improvement
- Formulate ideas on how the tool can be adapted for use in other states
- Describe practical opportunities for application of results

State of Wisconsin

- State enrollment: 870,470 students
- 423 school districts
- Approximately 600 school nurses
- Ranked 36th for school nurse: pupil ratio

State law:
- Requires district to have policies that are developed by registered nurse (RN)
- Must include protocols for dealing with pupil accidental injury, illness and administration of medication at all school sponsored activities including but not limited to curricular, co-curricular and extra-curricular activities and a method to record each incident of service provided
- Does not require district to hire or contract an RN
- Most school nurses are district employed but also have public health and health care organization partnerships
- Unknown how many districts have no nursing services


Presenter Disclosures

Teresa DuChateau

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose"
Development of the Wisconsin School Health Services Assessment Tool

- 5 year project starting in 2011
- Funded by Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin
- Two main goals:
  - Develop and disseminate a state-wide school health services assessment tool
  - Develop resources, templates and education materials to address priorities based on state-wide assessment results

Wisconsin School Health Services Assessment Tool

- Wisconsin Statutes
- Federal Mandates
- Review of NASN state affiliates
  - Vermont
  - Connecticut
  - New Hampshire
  - Delaware
  - Washington DC
- Best Practices
  - CDC
  - NASN
  - AAP
  - State School Health Services Evaluation Tools

Development of Assessment Tool

- Wisconsin Statutes
- Federal Mandates
- Review of NASN state affiliates
  - Vermont
  - Connecticut
  - New Hampshire
  - Delaware
  - Washington DC
- Best Practices
  - CDC
  - NASN
  - AAP
  - State School Health Services Evaluation Tools

Peer Reviews

The tool was reviewed by:

- Project Partners
  - School Nurse Practice Council
    - 11 member school nurse council with over 100 years combined experience
- Advisory Council
  - 25+ member council with diverse representation
- Florida Health School District Self-Assessment developers

Assessment Tool

- District level
- Online tool
- 100 questions
- Sections:

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School Health Services Assessment
School Health Services Assessment

Assessment Pilot

- Tool was piloted with 12 districts in Fall 2011
  - Pupil enrollment ranged from less than 1,000 to greater than 10,000
  - Six (6) urban or urban cluster districts and 6 rural districts
  - Varying ethnic and racial student backgrounds
  - Fifty (50) percent of the pilot districts had at least 50% of their pupils who were eligible for free or reduced lunch
  - At least one pilot site had a contracted RN (versus an RN employed by the school district)
  - At least one RN from the six Wisconsin Association of School Nurses districts
  - Nurses within the pilot had varying years of experience as a school nurse, ranging from less than 5 yrs to over 20 yrs

Statewide Results Overall Statistics

- Assessment completed in March–April 2012
- Assessment completed by 117 school districts (27%)
- Results of assessment represent 44% of Wisconsin school children
- Invited to participate via email
  - 63% of assessments completed by email invitation to school nurse
  - 37% of assessments completed by email invitation to district administrator
- 68% of Wisconsin school districts 'opened' the assessment
- Average time to complete assessment: 5.5 hours (includes prep and online completion)

Districts That Completed Assessment

- 90% completed by school nurse and 52% by school administrator
- Average nurse:pupil ratio was 1:1623 or more
- 80% of school nurses employed by school district
  - 7% health departments
- 38% of districts have 1.0 FTE
  - Average FTE was 2.2

Overall Implementation

- Mandatory items: 64%
- Best Practice*: 57%
- Evidence Based: 42%
- Quality Improvement: 48%
Strengths

- IEP development and involvement of the RN
- Number of CPR/AED trained staff in each school
- AEDs in over 90% of schools
- 77% of RNs have BSN or Master's Degree
- Over 75% of schools have a policy on asthmatic inhaler self-carry and allow the students to self-carry and administer metered dose inhaler or dry powder inhaler

Opportunities for Improvement

- 41% of districts have a policy and protocol manual for emergency nursing services provided during after school (extra curricular and sporting events)
- 38% of district school boards review nursing services on a yearly basis
- 52% of districts have policy and procedure regarding medication errors
- 35% of districts amend policy based on medication errors

Statistical Significance

- School districts with less than 500 students were less likely to implement mandatory and best practice standards
- School districts with nurse:pupil ratio of 1:750 or less were significantly less likely than the other groups to when comparing all the standards and quality improvement standards
- Schools with one RN were more likely to implement mandatory and best practices than schools with just one RN
- RNs with different degrees (BS, MS, associates) have significantly different performance when implementing quality improvement standards

Assessment Feedback

- Preparation time: 5 hours
- Time to complete online: 1.5 hours
- Average number of staff who assisted in completion: 4
- 69% of users who completed evaluation strongly agree/agree the time spent on the assessment was well spent
- 71% would use assessment tool again in the future
- Majority recommend completing assessment every 2-3 years

Changes to Assessment Tool

- Divide tool into sections:
  - Mandatory
  - Best Practice/Evidence Based and Quality Improvement
- Allow the school district to choose which section(s) of the assessment they would like to complete
- As resources are developed (or identified), provide direct links to resources on the assessment tool

*p-value less than 0.01 is the significance level
*post-hoc Kruskal-Wallis (non-parametric test)
level of 0.05 is the significance level
2012–2016 Next Steps

- Develop evidence-based school health resources that address at least 8 of the top 10 priorities identified in the statewide aggregated assessment results
- Evaluate and refine resources
- Collectively evaluate the impact of the quality assessment tool and the resources on Wisconsin schools

Assessment Questions

- Non-demographic questions: 92
- Wisconsin specific questions: 13
- Best practice/Evidence based questions: 48
- Federally mandated questions: 8
- Combination of Wisconsin specific and Best practice/Evidence based questions: 23

- Majority of the assessment can be adapted to specific states

Application of Results

- Provide an overview of school health services in Wisconsin
- Development of resources
  - Training materials
  - Sample policies and procedures
  - Best practice resource database
- Learning tool
  - “Doing the assessment could be used as a learning tool for new employees.”
- Potential policy change

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