

Voluntary School Health Service Transformation Project

Enclosed is an application for an opportunity to participate in a voluntary, pilot project for the Transformation of School Health Services. The goal of this transformation is to integrate school health services within, and supportive of, educational goals, improved student health, improved student achievement, and decreased absenteeism. The pilot will test a model which implements a new role of School Nurse Leader for all school health services at the supervisory union level. Unlike current practice, the Nurse Leader will have the authority and responsibility for supervision, program management, and evaluation of all nursing services and nurses in the supervisory union. This will include addressing standards, assessment, nursing accountability, authority, and efficiency.

This Transformation seeks to improve the quality of student health and academic outcomes by addressing the services, structures, and processes that support the provision of high quality student health services in your supervisory union. Thus, it will establish a quality of care structure, including a continuous quality review system in school districts, to develop, test, measure, and improve identified outcomes.

The Transformation calls for a partnership with schools and an external review both prior to the start of the pilot and at the end of the first year. It recognizes there are limited resources both in school budgets and in the health care delivery system. Through this pilot, increased collaboration, integration, and flexibility between schools and providers can provide additional opportunities for improved health outcomes for Vermont children.

Applications will be reviewed by a representative from the Vermont Departments of Education and Health; the State Board of Nursing, the Vermont Child Health Improvement Program (VCHIP) at the University of Vermont, a school nurse (not represented by the applicant), as well as Vermont State School Nurse Association rep.

As part of the process, applicants can expect:

- Your school health services will be part of a quality review process assisted by The Vermont Child Health Improvement Program (VCHIP) of the University of Vermont.
- If your SU is chosen the SU will receive a stipend of \$1000.00.
- The School Nurse Leader will be required to attend an orientation meeting with all chosen participants.
- Your SU will be asked to collect data on health services activity and disposition of students/staff after visiting the health office in addition to current required data collection (see attached chart). These data will allow for an evaluation of health services and student outcomes in regards to classroom time/attendance, as well as some insight into staff use of school health services.
- There will be an evaluation meeting with all participants at years end. After this meeting, when all required data have been received, the school nurse leader will receive \$250.00
- There is no application deadline

Complete attached application and return to: Vermont Department of Health
108 Cherry St
PO Box 70, Room 302
Burlington, VT 05401
ATTN: Emily Pastore



Voluntary School Health Service Transformation Project

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 improvement of coordination, standardization and evaluation of the delivery of health services in Vermont schools.

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. Schools cannot adequately address health needs of children unless the medical home is 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; applications will be reviewed by sub-committee to the Joint School Health Team. If the application does not adequately support SAFE, COORDINAED and COMPREHENSIVE school health services, the application will not be approved. There will be a quality review component at the end of the first year with the participating Supervisory Unions facilitated by Vermont Child Health Improvement Project (VCHIP). 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.



Summary:

This model proposes a Leader of School Health Services at the Supervisory Union/District level who has the authority responsibility for supervision and evaluation, of 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 school boards 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.

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 as its, Leader of School Health Services. This Leader must be an RN, BSN required, preferably Masters, with 4 yrs clinical experience which must include community health and/or pediatrics as well as 3 yrs school nurse experience. The Leader of School Health Services has authority and is responsible for supervising and evaluating school health service professional's 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.

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. SU must have a written, safe, comprehensive and coordinated plan for school health services for each building within the schools district. This plan will include procedure for delegation and supervision of health services staff.
2. Policies and Procedure for delegation, must be consistent with Vermont State Board of Nursing rules for delegation and licensing/certification requirements from that Board and DOE (attachment C)
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



Attachment A
Sample Position Description

Attachment B
School Nurse Performance Evaluation Tool

Attachment C
Vermont State Board of Nursing rules for Delegation

Attachment D
Monthly Health Services Report

Attachment E
Recommended Spending Priorities



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 (licensed 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).

**see DOE field memo dated 9/22/2010 regarding supervision*

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 4 yrs of clinical experience which includes community health and/or pediatrics as well as a minimum of 3 years experience in school nursing, 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 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 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 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.

SCHOOL NURSE PERFORMANCE EVALUATION

School Nurse _____ School _____ Review by Nurse (date) _____ Review by Nursing Supervisor (date) _____

Code: **M** Meeting Standard **P** -Progress Toward Meeting Standard **N** Not Meeting Standard

Based on attached school! nurse competency indicators for each standard at Emergent (EMG), Competent (COM), Proficient (PRO), and Expert (EXP) levels

SELF				STANDARDS	SUPERVISOR			
EMG	COM	PRO	EXP		EMG	COM	PRO	EXP
				Standard 1: Assessment -The school nurse collects, analyzes and synthesizes comprehensive data pertinent to the student's health or the situation				
				Standard 2: Diagnosis -The school nurse analyzes assessment data to determine the nursing diagnoses and collective problems				
				Standard 3: Outcomes Identification -The school nurse identifies expected outcomes for a plan that is individualized to the student or the situation.				
				Standard 4: Planning -The school nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.				
				Standard 5: Implementation -The school nurse implements the interventions identified in the plan of care/action.				
				Standard 5A: Coordination of Care -The school nurse coordinates care delivery.				
				Standard 5B: Health Teaching and Health Promotion -The school nurse provides health education and employs strategies to promote health and a safe environment.				
				Standard 5C: Consultation -The school nurse provides consultation to influence the identified plan, enhance the abilities of others and effect change.				
				Standard 6: Evaluation -The school nurse evaluates progress toward attainment of outcomes				
				Standard 7: Quality of Practice The school nurse systematically evaluates the quality and effectiveness of nursing practice.				
				Standard 8: Education -The school nurse attains the knowledge, skills and competencies required for quality practice in schools.				
				Standard 9: Professional Practice Evaluation -The school nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines. relevant statutes. rules and regulations.				
				Standard 10: Collegiality -The school nurse interacts with and contributes to the professional development of peers and school personnel as colleagues.				
EMG	COM	PRO	EXP	STANDARDS	EMG	COM	PRO	EXP

Attachment B

				Standard 11: Collaboration -The school nurse collaborates with student, family, school staff and others in the conduct of school nursing practice.				
				Standard 12: Ethics -The school nurse integrates ethical provisions in all areas of practice.				
				Standard 13: Research -The school nurse integrates research findings into practice.				
				Standard 14: Resource Utilization -The school nurse considers factors related to safety, effectiveness, cost and impact on practice in the planning and delivery of school nursing services.				
				Standard 15: Leadership -The school nurse provides leadership in the professional practice setting and the profession.				
				Standard 16: Program Management -The school nurse manages school health services.				

Annual goals: (year)	Fully Achieved	Partially achieved	Not achieved
1. Professional Growth:			
2. Special contribution to school community/department:			

Other special achievements: _____

Comments of Nursing Leader: _____

Comments of Building Administrator: _____

Anticipated Annual Goals (year):

1. Professional Growth: _____

Rational: _____

Contribution to school community/department: _____

Expected outcomes(s) for student health: _____

Staff signature; _____ **date:** _____

Nurse Leader signature: _____ **date:** _____

Building administrator: _____ **date:** _____

Staff member's signature indicates that he or she has read this document. It does not indicate agreement or disagreement with its content, except for self-evaluation

VERMONT STATE BOARD OF NURSING

THE ROLE OF THE NURSE IN DELEGATING NURSING INTERVENTIONS POSITION STATEMENT

Question: What is the role of the RN and LPN in delegating nursing interventions?

Definitions:

Delegation:

Transferring to a competent individual the authority to perform a selected nursing task in a selected situation.

Authority:

The RN or LPN retains accountability for the delegation.

Supervision:

The provision of guidance and oversight by the RN or LPN for accomplishment of the nursing task delegated.

Assistive Personnel:

Individuals who are trained to function in an assistive role to the RN or LPN in the provision of patient care activities as delegated by the licensed nurse. This term includes but is not limited to licensed nursing assistants and unlicensed personnel.

Background:

The RN and LPN delegate tasks based on the needs and condition of the patient, potential for harm, stability of the patient's condition, complexity of the task, predictability of the outcomes, and the abilities of the staff to whom the task is delegated. Although a variety of tasks and services may be performed by assistive personnel, assessment, evaluations and nursing judgment cannot be delegated.

Tasks performed by assistive personnel are delegated to be performed under specific circumstances and after proper assessment. These tasks are not transferable by assistive personnel to another care setting for another patient without proper assessment and re-delegation.

Position Statement which Reflects Nurse's Roles and Responsibilities:

RNs and LPNs have the authority to delegate nursing intervention that may be performed by others. (26 V.S.A.,§1572(G)(F))

The attached Delegation Decision Tree provides guidance for the RN and LPN when making delegation decisions.

The LPN may delegate specific tasks to other LPNs and unlicensed personnel only after the RN has assessed the client and determined through the care planning process the tasks that may be performed by each level of licensed or unlicensed personnel.

References/Citations:

The Board of Nursing supports:

- National Council of State Boards of Nursing Delegation: Concepts and Decision-Making Process and the Delegation Decision-Making Tree (1995)

- Joint Statement on Delegation of the American Nurse Association (ANA) and the National Council of State Boards of Nursing (NCSBN) (2006).

Date of Initial acceptance: May 2007

Revised (Date) November 2009 – Approved by Board

Revised (Date) _____

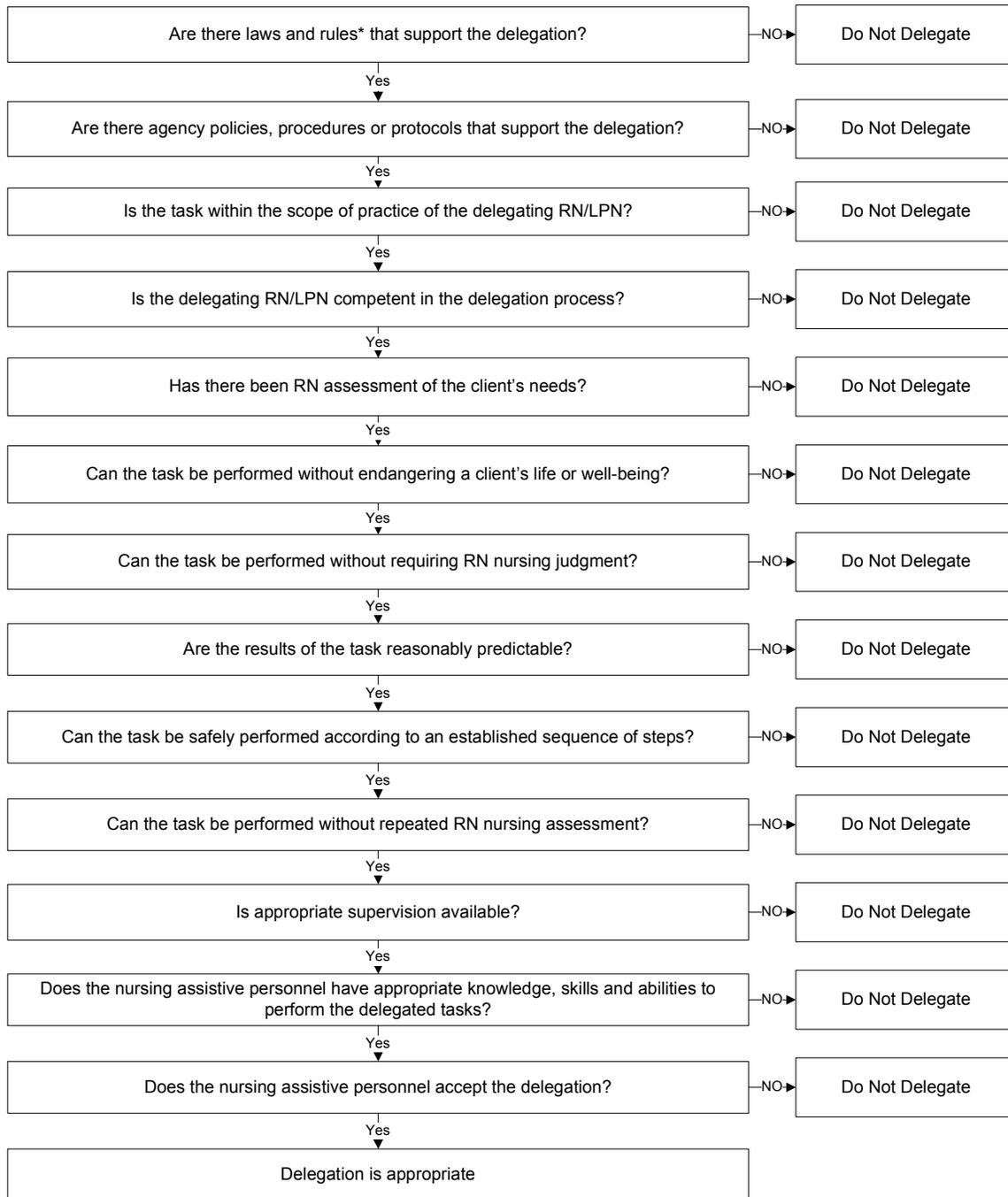
Revised (Date) _____

Reviewed (Date) _____

This opinion is subject to change as changes in nursing practice occur.

Vermont Board of Nursing

Decision Tree for RN/LPN Delegation to Licensed and Unlicensed Assistive Personnel



*Vermont Statute: 26 V.S.A., §1572(G)(F)

*Vermont Administrative Rule: Chapter 2 Subchapter 10



VERMONT DEPARTMENT OF EDUCATION
DEPARTMENT OF HEALTH
Monthly Health Services Report

Health Services Activity; number of student and staff encounters this month (do not count screenings or casual conversations)

	Office Visit Types						
	Injury/ First aid	Illness assessment ¹	Mental/Behavioral Health Support ²	Individual Health Ed.	Other Encounters	Scheduled Meds	Scheduled procedures
Student Encounters							
Staff Encounters							

Disposition after health services encounter

	Students	Staff
Total visits for month		
Dismissed from school due to illness/non injury		
Dismissed from school due To injury		
Returned to class with in 1 hour		
Remained in health office 1 hour or more		

Month: _____

Signature: _____ Date: _____

Send to school Nurse Leader Monthly

¹ An illness encounter may include illness assessment, acute illness, chronic health condition, etc. It EXCLUDES scheduled medication administration and scheduled procedures.

² Mental/Behavioral Support includes any encounter requiring active listening, anticipatory guidance, stress management, altered mental health status or behavior modification/ program support. The primary reason for the encounter is related to mental/behavioral support.

**Recommended Spending Priorities
Medicaid Administrative Claiming (MAC)**

1. School Health Services:

This is an essential starting place to create solid foundation for school health by assessing student health status, providing emergency care, assuring access to health care and a child's medical home, and identifying and managing barriers to student learning. Current State Standard 1:500 Registered Nurse to student ratio.

The following link is to the American Academy of Pediatric policy statement on the," Role of the School Nurse in Providing School Health Services." Describing the role of School Nurses:

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;121/5/1052.pdf>

2. Guidance:

The Current State Standard, 1:400 for K – 6th grade, and 1:300 for 7th -12th. Attached is a description of a national model from the American School Counselor Association (See Executive Summary)

<http://www.ascanationalmodel.org>

3. Coordinated School Health Project Coordinator:

Ideally there a designated person to coordinate school health related activities, as contained in the Centers for Disease Control (CDC) Coordinated School Health model. This professional is designated to coordinate school health programs, and the school health team activities (see position description in link below). A stipend can be awarded to this Coordinator for the person's additional school work.

The following link is to the Maine Coordinated School Health Programs website. Maine's site provides excellent information and examples. On their site you will find helpful information related to Coordinated School Health, and the formation of Wellness Teams: <http://www.maineeshp.com/guidelines.html>

4. Student Assistant Professional:

For more information about Student Assistant Professionals, visit the Vermont Department of Health website at:

<http://www.healthvermont.org/adap/sap/StudentAssistanceProgram.aspx>

When utilizing a SAP, assure the following: Minimum qualifications criteria, program goals, prevention focus, is there a school commitment agreement, clinical supervision, and funding for an SAP for two days per week.

5. Conduct a School Health Assessment using the CDC School Health Index:

All sections do not have to be completed at once. Schools can focus on one or two sections to start. These modules help to provide objective information on the school's areas of interest. A trained facilitator could be hired to help organize and lead the discussion and self-assessment. http://www.healthvermont.gov/local/school/health_guide.aspx. A stipend can be used to pay the facilitator

6. Tooth Tutor and Fluoride Rinse Programs:

Tooth Tutor assist children in obtaining a dental home. Fluoride Mouth Rinse Program offers needed Fluoride for communities who do not have fluoridated water systems. These are Vermont Department of Health programs run by the Office of Oral Health. <http://www.healthvermont.org/family/dental/services.aspx>

7. Promote the school Wellness Policy and take implementation steps:

The Following link will bring you to Vermont's Healthy Schools Resource:

http://www.healthvermont.gov/local/school/healthy_schools.aspx#resource

Nutrition:

* Promote parents Healthy School Pledge, which encourages parents to provide healthy snacks for their children (with examples of healthy snacks). http://www.winooski.k12.vt.us/CSHT/parents_pledge.pdf.pdf - Depending on school enrollment, printing costs range from – \$200.00 - \$500.00.

* Work with school food service personnel to highlight a healthy food each month in the cafeteria and ask teachers to weave information about that food into curriculum. \$100-\$300 for food and supplies.

* Work with school administration and teachers on alternatives to using food for age appropriate rewards. Examples: Stickers, pencils, iTunes Cards, recognition through certificates, \$300.00 – \$500.00 for incentive items.

* Work with the cafeteria, classroom, and community to start a farm to school initiative. Example: Contact VT FEED or similar organization for training and technical assistance, \$500-\$1,000 for planning and consultation.

<http://www.vtfeed.org/>

Physical Activity

* Organize a school wide physical activity challenge. Example: Purchase pedometers and incentive items for students – a complete package with pedometers, logs, motivational posters is “We Count Walking Program”:

\$399.00 <http://www.peacefulplaygrounds.com/pedometers.htm>

* Invest in playgrounds- update equipment, or other equipment which promotes life long physical activity. Example: Purchase “Peaceful Playground” package, \$999.99 – includes all you need to create a playground that promotes student cooperation and active play. <http://www.peacefulplaygrounds.com/peacefulplaygrounds.htm>

* Purchase registrations for students to participate in the Run Vermont Many Milers program. This is (age 4-14) activity costs. \$20 per child (includes logbook, t-shirt, incentive awards, certificate, and medal).

<http://www.runvermont.org/youth/mmggeneral.html>

* Start or invest in existing Girls on the Run and/or Girls on Track program. These are self-esteem building and physical activity programs for girls in grades 3-5 (Girls on the Run), and 6-8 (Girls on Track). \$70.00 per girl

<http://www.girlsontherunvermont.org/>

* Purchase curriculum/equipment aimed at increasing physical activity during the schools day. Example: SPARK (Sports Play and Active Recreation for Kids <http://www.sparkpe.org/index.jsp>) or CATCH (Coordinated Approach to Child Health: <http://www.catchinfo.org/aboutusmain.asp>). Cost range from \$200.00 to \$2,000.

Nutrition and Physical Activity

* Over a period of at least one week, implement a Fit and Healthy Kids Challenge. The Challenge encourages students and families to Move More, Eat More Colors (fruits and vegetables), and Turn it off the TV. \$200.00-\$500.00 for staff time to organize events, purchase incentive items, food for taste testing and copying forms. **Weight Loss competitions are not recommended.**

* Implement “Game On! The Ultimate Wellness Challenge,” This is a “packaged program” with nutrition and physical activity ideas that can be obtained for free via: http://www.actionforhealthykids.org/special_GameOn.php (Stipend for staff time)

* Apply for the Fit and Healthy Kids School Wellness Award. This award recognizes schools whose policies and practices reflect a high priority on healthy outcomes for children. Stipends can be awarded (See award application) information and deadlines: http://www.healthvermont.gov/local/school/healthy_schools.aspx#wellnessawards.

8. Tobacco:

Help Cut Vermont Youth Smoking Rates in Half.

PREVENTION

*Vermont Kids Against Tobacco (VKAT) is a peer-led program based on the youth empowerment model to help educate and inform youth about the dangers of tobacco. A VKAT grant is designed for youth in grades 5 – 8:

<http://govkat.org>.

Example: Support for more than 3 youth and 1 adult to attend VKAT trainings in November 2010 (approximately \$50/person).

Support the cost of substitutes at the school to fill in for adult advisors attending VKAT trainings.

Support some of the cost of these additional youth and adults to attend the VKAT trainings.

*Our Voices Xposed (OVX) is a youth led movement against tobacco to educate, inform, and empower teens to and to change social norms around tobacco use. An OVX grant is designed for high school aged teens: <http://ovx.org>

Example: Support for more than 3 youth and 1 adult to attend OVX trainings in November 2010 (approximately \$50/person).

Support the cost of substitutes at the school to fill in for adult advisors attending OVX trainings.

Support some of the cost of these additional youth and adults to attend the OVX trainings.

CESSATION

*Vermont Quit Net & Quit Line- Free Smoking Cessation Services

The Vermont Quit Net is an internet based quit program available for teens. Join an online coaching group or forums where you can connect with former smokers and others trying to quit.

The Vermont Quit by Phone service is available for teens. Call 1-800-QUIT-NOW (784-8669) to connect with a quit coach who can give you tools, advice and support for free.

<http://www.vtquitnetwork.org>

*Not On Tobacco (N-O-T) is the evidence-based smoking cessation program designed specifically for high school aged teens. Created by the American Lung Association, N-O-T is currently offered in many Vermont high schools and other community-based organizations. Facilitator training for this program is free.

<http://lungne.org>

[Weekly Field Memo from DOE September 22, 2010](#)

Clarification on School Nurse and Associate School Nurse Licensure

Audience: Administrators, School Nurses

The question has been raised whether a School Nurse or Associate School Nurse who supervises and/or evaluates other School Nurses or Associate School Nurses, as contemplated under the School Health Transformation Model at http://education.vermont.gov/new/html/pgm_health_services.html, is required to have a Supervisor's Endorsement (See VSBPE Rule 5440-75) on his or her School Nurse License or Associate School Nurse License. The "authorization description" in the language of Supervisor's Endorsement (5440-75) is as follows: "(75) Supervisor: The holder is authorized to supervise and evaluate instructional personnel and/or programs within the supervisor's specific area(s) of expertise (emphasis supplied)." In light of the fact that School Nurses and Associate School Nurses do not function in an "instructional" or "programmatic" capacity, it is the position of the Educator Quality Division of the Vermont Department of Education that a Supervisor's Endorsement is not necessary as a precondition to a School Nurse or Associate School Nurse supervising and/or evaluating other School Nurses or Associate School Nurses in the context of their clinical practice.

Contact: Mark Oettinger, General Counsel, at (802) 828-3135 or mark.oettinger@state.vt.us

Transformation of School Health Services Questions/Answers

Will this decrease the number of Nurses in Schools?

It should not. The staffing levels spelled out need to take into account several components. The School Nurse Leader must collaborate with the administration to create appropriate school nurse: student ratio that is consistent with the Vermont State board of Nurses rules for delegation . Children with special health needs count as 3 students. The drive time between schools for the nurse leader cannot exceed 30 minutes. A school Nurse Leader cannot be expected to cover more than 5 buildings without an additional RN.

Why not do a school nurse assessment before piloting this program?

We have used data from the School Nurse Report, and yearly survey questions from VDH School Liaisons to help inform us of where we are now. VCHIP, a national leader in quality improvement projects, will assist us in formulating measurable goals.

What makes you think the system is broken?

We do not think the system is broken. Healthcare, in all settings, needs to adapt to the changes of the 21st century. Quality improvement partnerships look to explore what is working well, what can be improved, and what lessons can be shared doing similar work. Often quality improvement starts in areas of greatest impact or key areas of focus. Health of children and where they spend most of their day makes school health a key area for learning opportunities.

Why hire someone at the administration level when many schools could use the money for more school nurse hours at the school level?

Salary is not the focus of this proposal; quality health services for the students of Vermont is the primary focus. The vision of this proposal is to improve upon School Health Services in such a way that it aligns with NASN Standards of Practice and AAP Bright Futures Guidelines. Creating a Nurse Leader allows for a broader view of the health needs of the student's district wide. This perspective will allow for better utilization of the School Health Services Team

Would this district position be in addition to the current school nurses, or instead of the current school nurses?

This will depend on the Supervisory Union/School District plan.

Is the School Health Services Leader a school nurse who would assume the additional supervisory responsibilities for a higher salary or a totally separate supervisory position?

Each Supervisory Union/School District will determine its own salary and configuration of staff.

Will this proposal change contract schedules for school nurses?

Contracts are negotiated at the local level and will continue to be negotiated that way.

Can we use MAC funds for this position?

VDH has provided top spending recommendations for MAC funds for several years. On the top of the list is school nurses. We realize that many schools use their own time to advance school health activities, as such we have also been recommending stipends be paid for the School Health Team Coordinator. You may want to contact the MAC Project Coordinator in your Supervisory Union/School District to become part of the MAC Annual Planning committee.

Can we count on MAC money in the future?

While no one can be assured of anything in the future, we believe that MAC funds are not in jeopardy of being eliminated. The law that was passed in 2008 requires that any elimination of it must be by law, not administrative rule. This provides great protection to the funding, once thought to be at risk. Vermont's process for the use of its MAC funds is seen as a national model

What about schools that have limitations due to funding?

This model assists in bringing into focus the deficits we are all facing in health services and will raise the level of awareness in the importance of school health services.

How was the ratio for school health services determined?

This number came from VT School Quality Standards **2120.8.1.3.3 Health Services**, Adopted 1/14/98 by: The School Nurse Advisory Board to the Vermont Department of Education and the Vermont State School Nurse's Association Adopted 12/16/98 by: Vermont's Legislative Committee on Administrative Rules as part of the School Quality Standards.

When would this model be implemented?

It appears that 2 -3 Supervisory Unions will implement this in the fall. Supervisory Unions that are interested in piloting this project would have to go through an application process. We are currently still developing this process and are planning on accepting up to 5 to 10 Supervisory Unions/School Districts within the next year.

Do you envision this model to be the future of all health services in Vermont?

This proposal is 100% voluntary.

Who helped develop this proposal?

This proposal came about from many meetings with the Joint School Health Committee. Committee members are:

Wendy Davis, M.D	Commissioner of Health.
Armondo Vilaseca,	Commissioner of Education
Mary Botter, PhD, RN	Executive Director, Vermont Board of Nursing
Eileen Crawford, RN	VSSNA President, School Nurse
Mary Gill, RN	School Nurse
Linda King, RN	School Nurse
Kristin Husher, RN	Vermont State Colleges, School of Nursing
Catherine Clark, RN	Vermont State Colleges, School of Nursing
Emily Pastore, RN	VDH School Nurse Consultant
Jim Ulager, M.D	Vermont AAFP
Hanah Rabin, M.D	Vermont AAFP
Breana Holmes, MD	Vermont AAP
Barb Frankowski, M.D	Vermont Medical Society
Sara Barry	Vermont Child Health Improvement Program(VCHIP)
Ken Page	Vermont Principals Association
Jeff Francis	Vermont Superintendents Association
John Nelson	Vermont School Boards Association
Deb Quackenbush	Department of Education
Bob Stevens	Consultant for AAP, VT chapter
Stephanie Winters	Vermont Medical Society
Debby Haskins	Executive director ASAP
Patricia Berry	VCHIP
Garry Schaedel	EPSDT Director

Everything functions well in my district, so how does this benefit me?

- Creates a standardized process to provide improved health services for your students
- Provides an opportunity for leadership for the inevitable transformation of health and education in Vermont
- It will add credibility and a level of achievement to your school health services program
- Increased community awareness about the importance of school health services
- Provides a tool to advocate for comprehensive school health services
- Creates a comprehensive evaluation component which will allow for continuous quality improvement

We are all here for the health of Vermont's children

Application for School Health Service Transformation

The goal of this transformation is to integrate school health services within and supportive of educational goals; improved student health, improved student achievement, and decreased absenteeism.

Supervisory Union/District:		Date:	
Primary Contact Information:	Name:		
	Title:		
	Email:		
	Phone #:		

Do you and your Superintendent agree to the Standards as outlined in this proposal?

	Yes	No
Agrees to form/utilize a Coordinated School Health Team		
Agrees to follow School Nurse Leader job description (see attachment A)		
Follows AAP Bright Futures recommendations		
Follows School Nurse Standards of Practice		
Agrees to the Vermont Board of Nursing Delegation Tree as contained in the School Nurse Standards of Practice		
Practice Use Electronic Medical Record (EMR) exclusively or Provides a timeframe towards implementation of an EMR ¹		
Use School Nurse Evaluation form as written		
Agree to VCHIP quality assurance review		
Agree to provide all data on the School Nurse Reports		
Agree to collect additional data for quality improvement (see attachment D)		
Agree to attend nurse leader training meeting(s)		
Agree to attend evaluation/follow up meeting(s)		
Agrees use the DOE/VDH "Well Exam- Sports Participation Clearance Form"		
Use of MAC (EPSDT) funds only for top recommendations (see attachment E)		

In the areas that you will not follow as written, please describe how you will implement, supervise, and evaluate those particular components.

School Nurse Leader if already identified (Type Name):	
Signature:	Date:
Superintendent (Type Name):	
Signature:	Date:

¹EMR software information E-mail: ChristineD@promedsoftware.com Website: www.promedsoftware.com
 SNAP Video: <http://www.promedsoftware.com/AV.html>
 School Nurse Perspectives Article: <http://snp.homestead.com/Electronic.html>

Application for School Health Service Transformation

Instructions:

1. All responses must be typed.
2. All sections must be completed. All narrative questions should be typed on separate sheet of paper.
3. The completed application should be mailed to;

Vermont Department of Health
108 Cherry St
PO Box 70, Room 302
Burlington, VT 05401
ATTN: Emily Pastore

4. There is no deadline for this application.

Questions:

All questions regarding this application and the School Health Services Transformation should be directed to: Vermont Department of Health State School Nurse Consultant, 802-863-7333

1. School Nurse Leader:

Has your SU/D identified a Leader of School Health Services? (Mark with an “X”, and answer related question)

Yes: Briefly describe why this individual is well positioned to succeed in this role.

No: What are your plans to successfully fill this position.

2. Participation in this Transformation

How will your SU/D’s participation in this transformation improve student health outcomes?

3. Student Achievements

a. How are student health and student achievements linked in your SU/D?

b. How might the transformation of school health services influence student achievement?

4. Rates

What are your SU/D’s current percentage rates for the following data using the most current VT School Nurse Report data that is posted? Provide data by school building.

% Students with Medical Home

% Students with well exam in the past year

% Students with Asthma

% Students with Asthma, that have a current Asthma Action Plan

% Students without health insurance

% Students with no response on health insurance

% Students with Dental Home

% Students with dental visit in the past year

% Students provisionally admitted due to non compliance with state immunization school entry requirements

Application for School Health Service Transformation

Link to School Nurse Report Data on VDH website:

<http://www.healthvermont.gov/local/school/SchoolHealth-Data.aspx#snr>

- a. Do School Nurses in your SU/D review this data and discuss strategies to improve these rates? (mark with an “X”) **Yes:** **No:**
If yes, describe your successes and challenges in improving these rates.
- b. What are the methods you will take to improve these rates?
- c. Describe your method of follow-up with families to improve these measures. Address each rate listed above.
- d. What are your goals (include specific action steps) to improve these rates in the coming school year.
- e. Describe how you connect children to their medical home.

5. Medical Home Access

As required under Federal Law (OBRA 89), States must assure that 80% of children on Medicaid have and access a medical home. In Vermont, our goal is to assure that all children access a medical home.

- a. What methods and strategies do you currently use to connect children to their medical home?
- b. What new strategies would you test to improve your SU/D’s percent of children who have access to a medical home?

6. Sports Clearance

Does your SU/SD, School Nurse, and Athletic Director use the DOE/VDH “Well Exam- Sports Participation Clearance Form”? (mark answer with an “X”) **Yes:** **No:**

Link to sports clearance section of VDH website: <http://healthvermont.gov/local/school/SchoolHealth-SportsClearance.aspx>

- a. If the answer is “No” describe how you will implement its use within the next school year.

7. Immunizations

Vermont law requires children to be immunized for school entry for grades K and 7². Explain how you address immunization status in your SU/D, and include your method of outreach and willingness to use attached forms?

Link to school entry requirements on VDH website:

<http://healthvermont.gov/hc/imm/schoolentry.aspx#forms>

² **Vermont School Entry Immunization Requirements - Effective August 2008;** The requirements apply to all students who will be entering kindergarten and 7th grade, as well as to any student regardless of grade who is newly enrolling in a school. For the latter, students must meet the same requirement as for kindergarten (if the student will be entering the 1st – 6th grade) or the 7th grade (if the student will be entering the 8th – 12th grade).

Application for School Health Service Transformation

8. Coordinated School Health

Does your SU/D have a Coordinated School Health (CSH) team? (mark answer with an “X”)

Yes: **No:**

Name of CSH Team Coordinator:

List team members and their title/position:

Name	Title/Position

- a. Please highlight 2-3 recent accomplishments, or planned accomplishments of the CSH team.
- b. Has the CSH team used the CDC School Health Index³ to help identify priority areas for the team? (Mark answer with an “X”) **Yes:** **No:**
- c. If the answer is “Yes”, what sections has your team completed, and what priority areas were identified?
- d. If the answer is “No”, explain how you will form and implement a CSH team.

9. School Health Services Staff

Complete the chart below.

	Position	# of FTE’s
Current number of FTE’s for each position title in your SU/D	RN	
	LPN	
	UAP ⁴	
Proposed number of FTE’s for each position title in your SU/D	RN	
	LPN	
	UAP	

³ <http://www.cdc.gov/HealthyYouth/>

⁴ Unlicensed Assistive Personnel

Application for School Health Service Transformation

- a. Describe the current structure of school health services in your SU/D. Include information about the staffing, supervision, and evaluation of school health services in your SU/D.
- b. Describe how you envision the structure, staffing, supervision, and evaluation of school health services in your SU/D.

10. Please include resume of school nurse leader if prospective candidate has been chosen.