

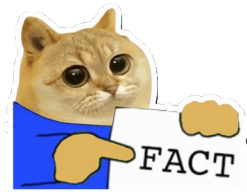
Turning Numbers into Care: Using School Health Data to Support Student Success

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Notes and Ideas








AHA !



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Learning Objectives

-  Identify 3 ways the use of data is reflected in the NASN School Nursing Practice Framework
-  Identify barriers to collecting data and how to address those barriers
-  Identify data sources
-  Identify key data points that support student health
-  Identify how to use data driven decisions to support student health services, implement changes and analyze outcomes.

School Nursing Practice Framework™ Supporting Students to be Healthy, Safe and Ready to Learn



Care Coordination

- Provide direct care for emergent, episodic, and chronic mental and physical health needs.
- Connect student and family to available resources.
- Collaborate with families, school community, mental health team (including school counselors, social workers, and psychologists), and medical home.
- Develop and implement plans of care.
- Foster developmentally appropriate independence and self-advocacy.
- Provide evidence-based health counseling.
- Facilitate continuity of care with family during transitions.

Leadership

- Direct health services in school, district, or state.
- Interpret school health information and educate students, families, school staff, and policymakers.
- Advocate for district or state policies, procedures, programs, and services that promote health, reduce risk, improve equitable access, and support culturally appropriate care.
- Engage in and influence decision-making within education and health systems.
- Participate in development and coordinate implementation of school emergency or disaster plans.
- Champion health and academic equity.
- Share expertise through mentorship/preceptorship.
- Practice and model self-care.

Quality Improvement

- Participate in data collection for local, state, and national standardized data sets and initiatives.
- Transform practice and make decisions using data, technology, and standardized documentation.
- Use data to identify individual and population level student needs, monitor student health and academic outcomes, and communicate outcomes.
- Engage in ongoing evaluation, performance appraisal, goal setting, and learning to professionalize practice.
- Identify questions in practice that may be resolved through research and evidence-based practice processes.

Community/Public Health

- Provide culturally sensitive, inclusive, holistic care.
- Conduct health screenings, surveillance, outreach, and immunization compliance activities.
- Collaborate with community partners to develop and implement plans that address the needs of school communities and diverse student populations.
- Teach health promotion, health literacy, and disease prevention.
- Provide health expertise in key roles in school, work, and community committees/councils/coalitions.
- Assess school and community for social and environmental determinants of health.

Standards of Practice

- Ensure practice consistent with the scope and standards of school nursing practice, health and education laws (consider the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, Nurse Practice Act, state laws regarding school nursing practice and delegation), federal/state/local policies and regulations, and NASN position statements and code of ethics.

- Employ clinical judgment and critical thinking outlined in nursing process and prioritization.
- Integrate evidence and best/practicing practices (consider multi-tiered systems of support, clinical practice guidelines).
- Safeguard privacy of students and data (consider Health Insurance Portability & Accountability Act, Family Educational Rights and Privacy Act).



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The Future of Nursing 2020-2030 Charting a Path to Achieve Health Equity

Recommendation 6: All public and private health care systems should incorporate nursing expertise in designing, generating, analyzing, and applying data to support initiatives focused on social determinants of health and health equity using diverse digital platforms, artificial intelligence, and other innovative technologies.

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Driving Toward a Solution

The practical use of data is to develop solutions to problems

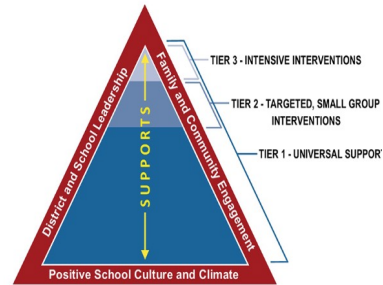


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New Jersey Tiered System of Support

The New Jersey Tiered System of Supports

NJTSS



The **three foundational components**, work together to bolster the six instructional components.

They include:

- Effective district and school leadership
- Family and community engagement
- Positive school culture and climate

The **six instructional components** support a continuum of core programs and interventions. :

- High-quality learning environments, curricula, and instructional practices
- Universal screening
- Data-based decision making
- Collaborative problem-solving teams
- Progress monitoring
- Staff professional development


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0 response submitted

What are some barriers to collecting data?

Scan the QR or use link to join



<https://forms.office.com/r/96LbHzL97H>

Copy link

Time

Tools

Too much data

Can't prioritize data

other

Treemap Bar 1 of 1

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Data



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The Why, What, How of Data Collection

Why are you collecting the data?

What are your priorities?

How will you collect the data?

What are the priorities of the school and/or district?

How does your work align with the "what"?

What data do you want to collect?

What outcomes you trying to improve?

How will success be measured?

What data sources are available?

What evidence do you have that this is a concern?

How will data be reported out.?

Will you use historical data or real time data?

What factors influence outcomes?

What does success look like?

What changes are needed to achieve success.

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End of Year Data

PE / recess excuse or limitation.	
Number of students diagnosed with a concussion	
Number of health office visits for injury	
Number of health office visits for illness	
Number of mental health office visits	
Total number of health office visits (only include the number of students seen by an RN)	
Number of students returned to class after being seen in the health office (only include students seen by the RN)	
Number of students sent home (only include students seen by the RN)	
Number of student health office visits requiring a 911 call (only include students seen by the RN)	
The number of students referred to urgent care	
Number of students referred to a healthcare provider	
Number of times epinephrine administered	
Number of times naloxone administered	
Number of times hydrocortisone sodium succinate administered	

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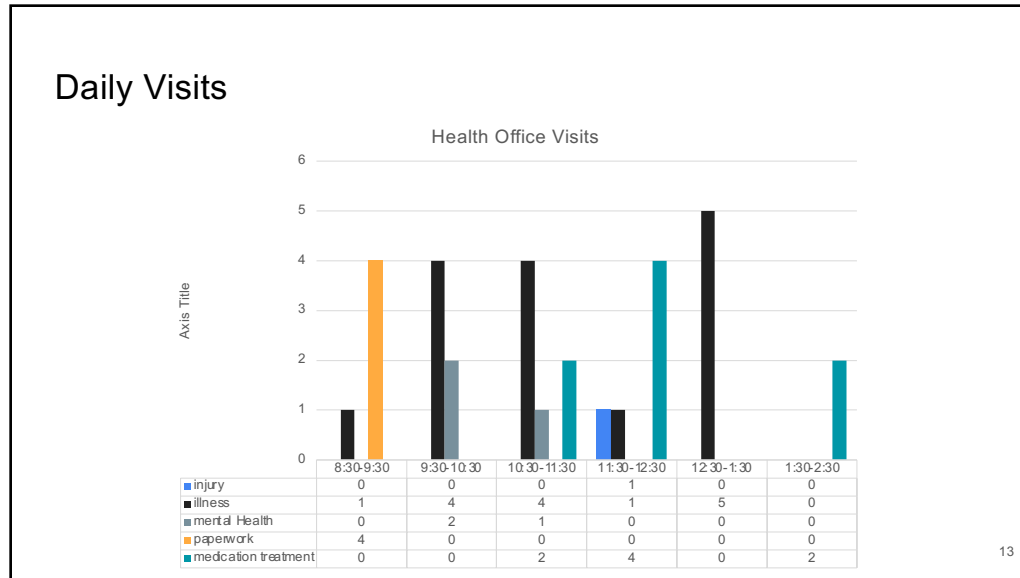
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Weekly Tracking Record

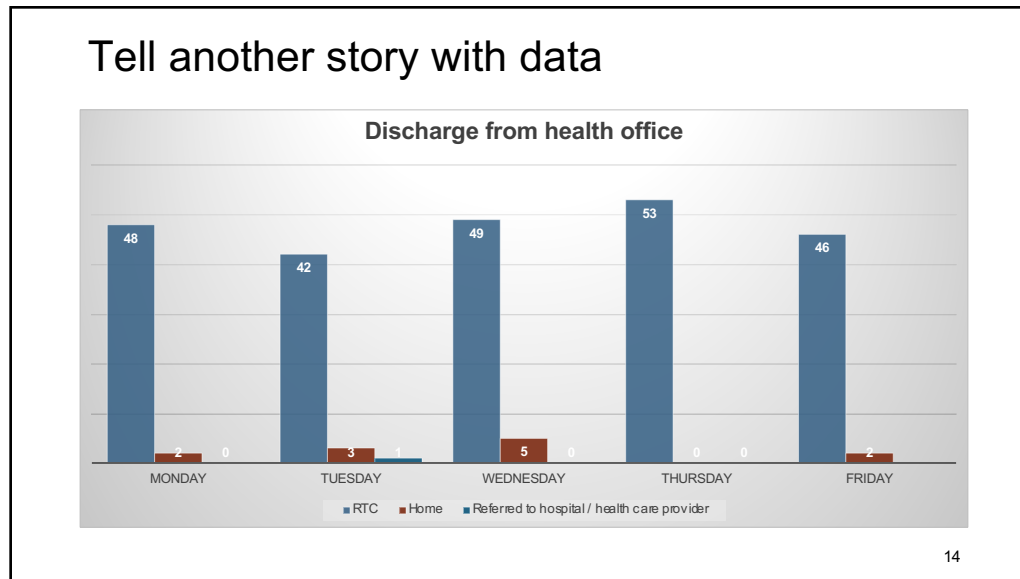
	Injury	Illness	Mental Health	Paperwork	Medication / Treatment	Total Visits	RTC	Home	911
Monday	1	15	3	4	8	31	29	2	0
Tuesday	4	10	3	0	8	25	21	4	0
Wednesday	6	9	4	0	8	27	24	3	0
Thursday	1	15	0	0	8	24	22	2	0
Friday	10	10	1	0	8	29	25	4	0
Weekly Sum	22	59	11	4	40	136	121	15	0

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Tools for Creating a Plan



SMART Goals



Logic Model



Action Research

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SMART GOALS

S SPECIFIC
M MEASURABLE
A ACHIEVABLE
R REALISTIC
T TIMELY

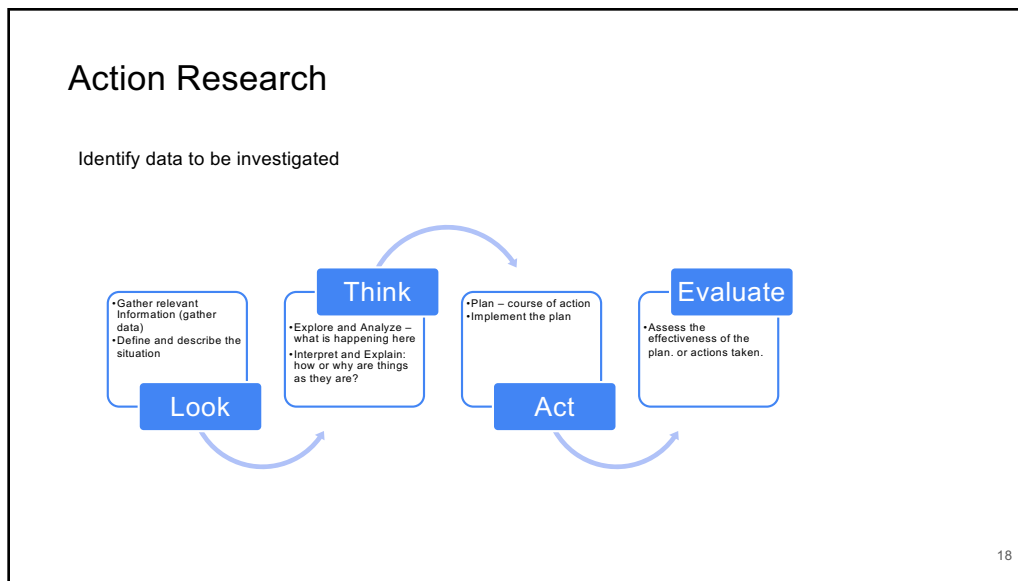
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Logic Model

Identified Need	Planned Activities	Expected Outcomes		
		Short Term	Mid Term	Long Term
No time to get work done. Constantly seeing students.	Gather data to examine trends in health office visits. Identify urgency of visits. (this looks different for elementary, middle and high school).	Identify number of students, time and reason for visits. Identify scheduled visits for medication and treatments. Look for trends in reasons – is there an upstream approach to keep students in class – such as sharing information with teachers “when to send students to the nurse”	Work with Admin to schedule time for “other work” such as screenings, writing care plans, meetings, wellness activities. Continue to monitor data (number of students, time and reasons for visits). Identify “office hours” Designate time for uninterrupted lunch, if on teacher contract designate “prep time” for paperwork.	Improved efficiency and job satisfaction. Unnecessary visits decrease – increase student time in class. Student ability to self-monitor health and self-care increases. Screenings are completed.
Students spending a lot of time in health office.	Record amount of time and reasons students are in health office	Review and identify reasons for time in health office greater	Look at data and trends.	Consider upstream approach to keep students in class.

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Translate Health Data into Educational Outcomes

Time in school

Direct care supports educational access for students with specific health concerns.

Social / emotional support / student engagement

Support through processing paperwork for athletics, field trips, emergency planning for student with specific health concerns.

Visits to health office

Students assessed by the nurse are treated and remain in school.

- first aid treatment return to class.
- Illness assessment return to class.
- Treatments, medication administration return to class.

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Support systems



Colleagues - experienced nurses in district, possibly a nurse supervisor



Members of the professional association - county meetings



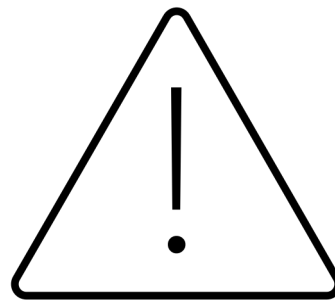
Professional associations, NJSSNA, NASN, NJSNA, ANA



Mentorship - find a mentor or be a mentor. Challenges both people to think differently

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Caution - Avoid Data Burnout

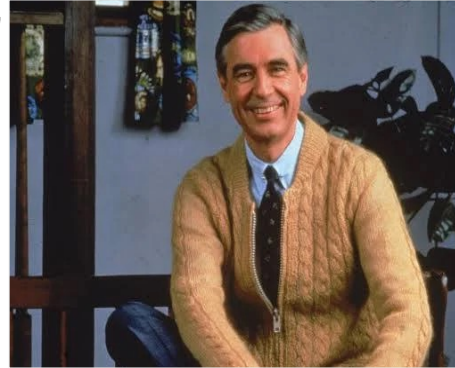


Analysis Paralysis

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Some days, doing "the best we can" may still fall short of what we would like to be able to do, but life isn't perfect on any front-and doing what we can with what we have is the most we should expect of ourselves or anyone else. — Mister Rogers



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"Leadership is getting others to do more than they thought they could".



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