



## School Nurse Leader: School Health Services Delivery Model

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 Agency of Education (AOE) and the Department of Health (VDH) have, therefore, embarked on a joint effort to transform school health services provided to Vermont students and families.

At the core of this model is the recognition that school health service providers need to be partners in this change 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. Applications will be reviewed by the Vermont Department of Health. If the application does not adequately support SAFE, COORDINATED and COMPREHENSIVE school health services, the application will not be approved. 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.

### April 2015 Update

This is the current School Nurse Leader Model with minor updates from the 2010 document. These changes include updated wording but minimal changes in content: the title of Transformation Model for School Nurse Leader: School Health Services Delivery Model is revised to be consistent with the language of the 2013 Education Quality Standards, the words voluntary and Vermont Children’s Health Improvement Program (VCHIP) pilot, have been removed, and the Department of Education (DOE) is corrected to, the Agency of Education. Content changes are limited to the removal of language referring to the pilot project, the statement about waivers (see AOE Memo: November 17, 2014 -

[http://education.vermont.gov/documents/Memo%20to%20Supts\\_SN%20Leader%20Model\\_11\\_18\\_2014.pdf](http://education.vermont.gov/documents/Memo%20to%20Supts_SN%20Leader%20Model_11_18_2014.pdf)), and clarification of the application review process. The original document published 2010 titled the Transformation Model was online until April 2015 and is replaced by this document.



**For requests for applications and questions please contact:**

Your Office of Local Health, Vermont Department of Health, School Liaison at:  
[http://healthvermont.gov/local/district/district\\_office.aspx](http://healthvermont.gov/local/district/district_office.aspx)

Or

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**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 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 Agency of Education.

School health service professionals are evaluated by School Nurse Leader using School Nurse Performance Evaluation Tool, which is based on National Association of School Nurses Scope and Standards of Practice (see Resource A).



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.

#### School Nurse Leader Model

Supervisory Unions, which follow this model, will not need to apply for a waiver from current school nurse ratio guidelines (see AOE Memo: <http://education.vermont.gov/news/memos>)

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 AOE (see Resource B)
3. Nursing Leader will be employed fulltime in her/his supervisory union/school district and have designated management time, 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 and 0.5 full time in the direct service role.



## Key Resources

### A

School Nurse Performance Evaluation Tool (See Standards of Practice: School Health Services Manual:  
[http://healthvermont.gov/local/school/SchoolHealth-Standards\\_of\\_Practice.aspx#manual](http://healthvermont.gov/local/school/SchoolHealth-Standards_of_Practice.aspx#manual))

### B

Vermont State Board of Nursing rules for Delegation: Position Statement, 2014  
<https://www.sec.state.vt.us/media/484500/PS-Role-of-Nurse-in-Delegating-Nursing-Interventions-2014-0414.pdf>

### C

Monthly Health Services Report: (See Standards of Practice: School Health Services Manual:  
[http://healthvermont.gov/local/school/SchoolHealth-Standards\\_of\\_Practice.aspx#manual](http://healthvermont.gov/local/school/SchoolHealth-Standards_of_Practice.aspx#manual))

### Attachment A

Sample Position Description

### Attachment B

Recommended Spending Priorities (Excerpt)

### Attachment C

Frequently Asked Questions (2010)

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 AOE 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 Agency 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 (see Resource C);
- 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 Agency 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.





## **(Excerpt) Recommended Spending Priorities for Medicaid Administrative Claiming (MAC) Annual Reinvestment Meetings**

### **School Health Services**

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**Goals:** Improved student health outcomes; help ensure all students have health insurance; increase the number of students receiving recommended yearly well child and dental visits; increase the number of students meeting immunization requirements; help ensure students with special health needs have current individual health plans (i.e. asthma, diabetes, life-threatening allergies, and seizures); decreased absenteeism; improved education outcomes. *Examples:*

- Appropriate school nurse availability based on health needs of students and the school community
- Participate in VDH/AOE School Nurse Leader: School Health Services Delivery model
- Provide required VT School Nurse Report and Annual Immunization Status Report data to VDH
- Identify and manage health related barriers to student learning
- Ensure student access to their medical and dental homes to receive recommended annual and periodic exams, and screenings
- Increase clerical support to facilitate the measurement of improved student outcomes (i.e. immunization and chronic disease data entry), and mailings to parents/guardians (i.e. referrals, appointments, screening findings, etc.)

### **Excerpt continued:**

### **Electronic Health Records (EHR)**

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**Goals:** Improved ability to collect needed school health data; ensure health services and follow-up on student health needs are available and completed; ensure documentation of the nursing interventions provided to students with chronic disease who need more complex care and management for efficient disease management and collaboration; ensure seamless transition of student health records from school to school within an SU/SD; provide the capability to generate student health report card, monitor performance measures related to ensuring improved student health outcomes, and provide aggregated reports for local and state use. *Example:*

- Purchase and utilize a HIPPA and FERPA compliant EMR system; Includes installation, configuration, technical assistance, updates, and all necessary and related training

Attachment C

**Transformation of School Health Services  
Questions/Answers (2010)**

**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 Nurses' 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?**

Supervisories and School Districts may choose this School Nurse Leader Model or follow the ratio as found in the 2013 Education Quality Standards. (Updated 2015)



### Who helped develop the [2009] 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
Breena 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



**\* Weekly Field Memo from DOE September 22, 2010**

**Clarification on School Nurse and Associate School Nurse Licensure and Supervision**

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