21st Century School Nurse Leadership

Moving Evidence into Action



New Jersey Collaborating Center for Nursing





School Health Leadership Program

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About the New Jersey Collaborating Center for Nursing

The New Jersey Collaborating Center for Nursing was established by state legislation on December 12, 2002 (P.L.2002, c.116)
The Center works on behalf of nurses to provide evidence-based recommendations regarding the nursing workforce and its impact on patient care. The Center is housed in Rutgers University, School of Nursing, Newark Campus, and is guided by a 17-member board representing New Jersey nursing and healthcare stakeholders

Vision:

To be the dominant voice on nursing workforce solutions for New Jersey citizens.

Mission:

- Ensure that competent, future oriented, diverse nursing providers are available in sufficient numbers and preparation to meet the demand of the evolving healthcare system in New Jersey.
- Transform the healthcare system through research and innovative model programs.
- Create a central repository for education, practice, and research related to nursing workforce.
- Engage academic/practice partners, inter-professional colleagues, government and legislative agencies, consumers, business and industry in workforce solutions.
- Promote a positive image for nursing.

About the School Health Leadership Program

Vision:

• To evolve New Jersey school nurses as leaders in their communities through a population health lens.

Mission:

- Ensure school nurses are embedded within their school communities
- Promote a positive image for school nurses
- Engage and support school nurses to increase visibility as school health leaders

The Framework for 21st Century School Nursing Practice™

Definitions of the Framework for 21st Century School Nursing Practice™ key principles and components from (most current at time of printing):National Association of School Nurses. (2016a). Framework for 21st Century School Nursing Practice™. NASN School Nurse (31)1, 45-53. doi: 10.1177/1942602X15618644;Maughan, E. D., Duff, C., & Wright, J. (2016). Using the Framework for 21st-Century School Nursing Practice™ in daily practice. NASN School Nurse, 31(5), 278-281.

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Introduction

PREFACE

School nurses are key professionals "that collaborate with families, school personnel, other healthcare providers, and are responsible for the health and wellbeing of school students, and the school community" pg. 3. School Nursing scope and standards of practice ANA and NASN 2017.

In 2016, New Jersey Health Initiatives, a national program of Robert Wood Johnson Foundation, funded New Jersey Collaborative Center for Nurses (NJCCN), a grant defined a need to address the role of New Jersey school nurse as leaders in school health. This initiative led to a series of New Jersey school nurse retreats during 2017 in which the participants were charged with using NASN's Framework for 21st Century Practice™ key principles and components to brainstorm ideas and initiatives. From those brainstorming sessions, the inspiration for this toolkit developed.

The Framework for 21st Century School Nursing Practice,TM introduced in 2016, provides the framework to help school nurses focus on their role of optimal health outcomes and academic success for all students (NASN, 2016a). Additionally, the framework is in alignment with the Whole School, Whole Community, Whole Child model (WSCC) (ASCD & CDC, 2014). By using a framework that reflects the uniqueness of school nursing practice, direction is provided to school nurses as a method to reflect upon their work, and to integrate the overlapping key principles as part of their job responsibilities. The result reflects the holistic and comprehensive art and science of school nursing practice; that the student is at the center of everything.

PURPOSE

The purpose of this toolkit is to identify how the principles and components of the framework can serve as a guide for school nurses to implement professional development activities with the goal of promoting student and/or community/public health outcomes. The Framework for 21st Century School Nursing Practice™ is a model for the foundation of Student Growth Objectives (SGOs) that many school nurses must develop and implement as part of their annual individual professional development plan. Use of a model as a framework shapes professional practice and directs the user toward evidence-based goals and objectives that encompass the foundation of school health nursing (Glassman, 2016). Many nurses and schools are already using components of the key principles, but now have a larger, collective vision of how their efforts contribute to the big picture of the outcome of their work (Maughan, Duff, & Wright, 2016).

Learning and professional development are elements of a healthy work environment that provide a source of joy and elevate the inner spirit (Narayanasamy & Penney, 2014). This sense of joy spills over into our practice and impacts the quality of care and student outcomes (Cottrell, 2016).

HOW TO USE THIS DOCUMENT

You can:

- Download the entire toolkit.

 (Note: you will lose the electronic interface with elements that have "clickable" links.)
- Browse the Table of Contents and go directly to ideas that interest you.
- Go to our Quick Start Fact Sheet pages. If you need further resources or help, please see the individual "Ideas for Implementation" under the appropriate key principle.

This toolkit is designed to help you plan your project and enlist stakeholders who can help you. You can start anytime during your school year, however, many of the projects work best when you plan for activities to begin in September. This is especially true if you are planning to use an idea for your Student Growth Objective (SGO) or annual professional development plan. Do not feel that you need to accomplish all the goals or objectives. Instead, choose which may work best for you and then build upon your idea to do more in the following year.

This document is intended to be used by individual school nurses, their school nurse supervisors, school administrators, and other community partners interested in promoting competency, quality and safe care, evidence-based research and/or projects, and professionalism in school nursing practice.

The ideas represented in this document promote a safe and healthy school community through professional development, collaborative planning, community initiatives, policy advocacy, connecting ideas and resources, and research initiatives. The ideas focus on activities that are grounded in evidence-based standards of practice, are relevant, and support the role of the school nurse in the 21st century. Use these ideas to start dialogues, engage partners, and perhaps as the springboard for your own initiatives.

It is divided into four sections: care coordination, leadership, quality improvement, community/public health, surrounded by the fifth principle standards of practice. Each key principle has a "How does this impact Standards of Practice" section to demonstrate the link to the standards of practice as the surrounding foundation of the framework. The standards of practice principle are intended to act as the foundation for the other four key principles. Each of the four key principles has two sample project ideas to serve as an example for developing a project initiative. In addition, each key principle has a quick start fact that provides ideas, goals, action steps, resources, measure outcomes and social media.

The last section of the document includes resources and sources for partners, funding, and sample templates to guide your project.

Definitions

Definitions of the framework principles and components were taken from the original articles that developed the Framework for 21st Century School Nursing Practice™ (NASN, 2016a; Maughan, Duff, et al., 2016). Where applicable the original source is cited.

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ABOUT THE FRAMEWORK FOR 21ST CENTURY SCHOOL NURSING PRACTICE™

The National Association of School Nurses (NASN), identified that a more current, comprehensive framework that reflects school nursing practice was needed. NASN believed that the framework must include concepts that represent the complexity of school nursing practice, embodies evidence-based practice and is guided by the scope and standards of professional school nursing practice. A panel of experts that included NASN nursing staff, outside experts in conceptual framework development, practicing school nurses and school nurse leaders provided input and feedback (NASN, 2016a).

The draft of the framework was first published in July 2015, with final revisions made in October 2016. NASN's Framework for 21st Century School Nursing Practice™ central doctrine is that student-centered nursing care occurs within the context of the students' family and school community. See Figure 1.

Additionally, it was important to align the framework with the Whole School, Whole Community, Whole Child Model (WSCC) (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015; Maughan, Duff, et al., 2016). The WSCC model integrated and built upon the old Centers for Disease Control (CDC) Coordinated School Health model. A collaborative effort from the Association for Supervision and Curriculum Development (ASCD) and the CDC, including input from NASN, developed this new model. See Figure 2.

The purpose of the Framework for 21st Century School Nursing Practice[™] is to provide an evidence-based, visual illustration of the holistic role school nurses play in keeping students healthy, safe and ready to learn. NASN envisioned the application of the framework to multiple areas of the school nurse practice. For example:

- Novice school nurses can use the framework to enhance their understanding of the expectations of the school nurse role;
- Facilitate professional development:
- Enhance the vision of how daily activities fit into keeping students healthy, safe, and ready to learn;
- Incorporate the key principles and components into school nurse job descriptions and provide guidance for annual reviews;
- Guide the development of continuing education and school nurse orientation programs;
- Provide foundation and focus for research and evidence-based practice projects;
- Share the framework with internal and external stakeholders and partners to create meaningful discussions that can advance school nursing practice and student health;
- Provide an opportunity to explore potential shift in practice from technical (task) to professional school nursing practice;
- Offer ways to investigate opportunities to reform the healthcare system to improve outcomes; and
- Creates framework that enhances the school nurses' ability to articulate how their role impacts students' health (NASN, 2016a).

Figure 1. Framework for 21st Century School Nursing Practice™.

- Cent STANDARDS OF PRACTICE Framework for 21st Century School Nursing Practice™ **Care Coordination** Leadership Community/Public Health Students Healthy, Safe, Ready to Learn SOFA AO SOFA ON ATE **Quality Improvement**

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Framework for 21st Century School Nursing Practice[™]

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



Standards of Practice

- Clinical Competence
- Clinical Guidelines
- Code of Ethics
- Critical Thinking
- Evidence-based Practice
- NASN Position Statements

of Practice

- Nurse Practice Acts
- Scope and Standards

Care Coordination

- Management Collaborative Communication
- - Motivational

 - Student Care Plans
 - Student-centered Care
 - Student Self-
 - empowerment Transition Planning

- Case Management
- Chronic Disease
- Direct Care
- Education
- Interdisciplinary
- Interviewing/ Counseling

- Teams
- Nursing Delegation

Leadership

- Advocacy
 - Change Agents
 - **Education Reform**
 - Funding and Reimbursement
 - Healthcare Reform
 - Lifelong Learner
 - Models of Practice

 - Technology Policy Development and Implementation
 - Professionalism Systems-level Leadership



- **Continuous Quality** Improvement
- Documentation/Data
- **Evaluation**
- Meaningful Health/ Academic Outcomes
- Performance
- Appraisal
- Research **Uniform Data Set**



Community/ **Public Health**

- Access to Care
- **Cultural Competency**
- Disease Prevention
- Environmental Health Health Education
- Health Equity
- Healthy People 2020
- Health Promotion Outreach
- Population-based Care
- Risk Reduction
- Screenings/Referral/ Follow-up
- **Social Determinants** of Health
- Surveillance

ASCD & CDC. (2014). Whole school whole community whole child: A collaborative approach to learning and health. Retrieved from http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wscc-a-collaborative-approach.pdf

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WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD A collaborative approach to learning and health



(ASCD & CDC, 2014; Lewallen et al., 2015)



MAKING CHANGE HAPPEN: SCHOOL NURSES LEADING CHANGE AND TRANSFORMATION

"Developing communities of reflective leaders, who have increased understanding of self, who feel empowered to challenge self and subsequently transform practice is required to meet demands within contemporary healthcare" (Boomer & McCormack, 2010, p. 642).

This toolkit utilizes eight steps of organizational change identified by Kotter (2007). The stages are:

- (1) establish a sense of urgency;
- (2) form a powerful guiding coalition;
- (3) create a vision;
- (4) communicate the vision;
- (5) empower others to act on the vision;
- (6) plan for short-term wins;
- (7) consolidate improvements and produce more change;
- (8) institutionalize new approaches.

The challenges of change and transformation must begin with recognizing that organizations are complex systems. Additionally, change is a process, not an event. The change process is built upon steps and stages. Skipping steps or using shortcuts creates failure. Communication is key. The role of leadership to ensure long-term sustainability is significant. Two main themes emerge when an organization seeks to incorporate change into practice: the ability to apply and integrate the knowledge into practice and the leadership strategies to promote those changes (White & Dudley-Brown, 2016).

From the development of the initiative to the long-term sustainability of the project, leadership is a significant force. Forming a powerful guiding coalition and ensuring that all levels of management communicate the initiative through actions and words is essential. Borkowski (2009) describes this as demonstrating "authentic passion" (p. xvii).

Embarking on change is a process. Successful initiatives are grounded in an understanding that change is a process. One must utilize transformation steps and actions, or that great idea will fail.

Implementing Change Strategies

- ✓ Use of Kotter's Eight Steps
- ✓ Policy Makers
- ✓ Team of Stakeholders
- ✓ Budget
- ✓ SWOT Assessment
- ✓ Time Allotment for Professional Development
- ✓ Develop Measurement/Outcome Indicators
- ✓ Do I need an IRB or other organizational approvals?



Resources for Leading Change and Transformation

Bondurant, P. G., & Armstrong, L. (2016). Nurses: Leading change and transforming care — expert opinion. *Newborn and Infant Nursing Reviews*, 16. 155-160. doi:10.1053/j.nainr.2016.07.004

Boomer, C. A., & McCormack, B. (2010). Creating the conditions for growth: a collaborative practice development programme for clinical nurse leaders. *Journal of Nursing Management*, 18(6), 633-644. doi:10.1111/j.1365-2834.2010.01143.x

Colby, D. C., Quinn, B. C., Williams, C. H., Bilheimer, L. T., & Goodell, S. (2008). Research glut and information famine: Making research evidence more useful for policymakers. *Health Affairs*, 27, 1177-1182. doi: 10.1377/hlthaff.27.4.1177

Deming, W. E., Orsini, J., & Cahill, D. D. (2012). *The essential Deming: Leadership principles from the father of quality.* doi:10.1036/9780071790215

Gebauer, J. & Lowman, D. (2008). Closing the engagement gap: How great companies unleash employee potential for superior results. New York, NY: Penguin Group.

Kotter, J. P. (2007). Leading change: why transformation efforts fail. Harvard Business Review, 85(1), 96-103.

Kotter, J., & Rathgeber, H. (2016). *Our iceberg is melting: changing and succeeding under any conditions* (2nd ed.). New York: Penguin House.

Lavis, J. N., Posada, F. B., Haines, A., & Osei, E. (2004). Use of research to inform public policymaking. *Lancet*, 364(9445), 1615-1621.

Lenert, L., & Sundwall, D. N. (2012). Public health surveillance and meaningful use regulations: A crisis of opportunity. *American Journal of Public Health, 102*(3), e1-7. doi:10.2105/AJPH.2011.300542

Sherman, R., & Pross, E. (2010). Growing future nurse leaders to build and sustain healthy work environments at the unit level. *Online Journal of Issues in Nursing*, 15(1), 4.

Smith, P., Hadler, J., Stanbury, M., Rolfs, R., & Hopkins, R. (2013). "Blueprint version 2.0": updating public health surveillance for the 21st century. *Journal of Public Health Management & Practice*, 19(3), 231-239. doi:10.1097/PHH.0b013e318262906e

White, K. M., Dudley-Brown, S., & Terhaar, M. F. (2016). *Translation of evidence into nursing and health care* (2nd ed.). New York, NY: Springer Publishing Company.

Principle: Standards of Practice

Definition: Standards of Practice for school nursing direct and lead every part of the framework and incorporate a wide range of practice and performance standards that are essential in the specialty of school nursing, regardless of the role, population served, or specialty within school nursing (ANA & NASN, 2017). Specialized knowledge, skills, decision making, and standards for practice are required to provide the best possible nursing care with the best possible outcomes. The Standards of Practice and the related practice components are vital and overarching for the other principles of the framework. Specialized knowledge, skills, decision making, and standards for practice are required to provide the best possible nursing care with the best possible outcomes. Standards of practice is defined as a competent level of nursing practice and professional performance common to and expected of all school nurses. Included in this principle are integral practice components that underlie school nurses' daily activities and include the scope and standards of nursing practice, code of ethics, nurse practice acts, position statements, evidence-based practice, clinical guidelines, clinical competence and critical thinking.

PRACTICE COMPONENTS	DEFINITION*
CLINICAL COMPETENCE	Clinical Competence means that the school nurse successfully performs at an expected professional level that integrates knowledge, skills, abilities, and judgment. The school nurse maintains a high level of competency and professional knowledge and skills through continuing education and collaboration with peers and community health professionals, all while adhering to the standards of school nursing practice (ANA & NASN, 2017).
CLINICAL GUIDELINES	Clinical guidelines are determined by the systematic review of the evidence and direct the practice of school nursing. Clinical guidelines assist school nurses to provide best practice and facilitate positive health outcomes that influence academic outcomes (Maughan & Schantz, 2014). Following clinical guidelines advances the professional practice of school nursing.
CODE OF ETHICS	Code of Ethics is a part of every nurse's professional life (American Nurses Association, 2015). School nurses provide care, advocate for families, outreach to those at risk, and collect data with compassion, honesty, and integrity that protect the dignity, autonomy, rights, and client confidentiality within the legal limit of the health and educational systems (ANA, 2015; ANA & NASN, 2017).

CRITICAL THINKING	Critical thinking is a dynamic, vital, and continuing part of every step in the nursing process. Critical thinking uses knowledge and reasoning skills to make sound clinical decisions that influence nursing practice (ANA & NASN, 2017; Weismuller et al., 2016).
EVIDENCE-BASED PRACTICE	Evidence-based practice incorporates the best available research and scientific evidence that inform decision making and promote best practices for optimal health outcomes (Jacobs, Jones, Gabella, Spring, & Brownson, 2012). School nurses are obligated to recognize that evidence-based practice replaces empirical and authority-based care (Bultas & McLaughlin, 2013) and that it is the basis and standard of health care practice for the 21st-century school nurse.
POSITION STATEMENTS	Position statements from the NASN are documents that present the official position of the NASN Board of Directors. These position statements include historical, political, and scientific facets of topics relevant to school nursing, school health services, and children's health care.
NURSE PRACTICE ACTS	Nurse Practice Acts (NPAs) are guiding and governing laws that determine the lawful scope of practice of nursing. NPAs have authority to develop rules and regulations for the practice and licensing of nursing to protect the health of society. Nurses must follow the NPAs of their state, commonwealth, or territory (National Council of State Boards of Nursing, n.d.). It is NPAs and state guidelines that determine if nursing delegation can occur, and they greatly impact the framework's principle of Care Coordination.



Scope and Standards of Practice define the practices that school nurses are expected to perform competently. The scope affirms the broad range, essence, and evolving boundaries of school nursing practice. The standards of practice describe the level of competency expected for each step of the nursing process. The standards of professional performance describe the competent level of behavior in the professional school nurse role (ANA & NASN, 2017).

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IDEAS: How can I use this principle in my practice?

- Clinical guidelines: Resource for school nurse practice. Collaboration and partner with multiple agencies health and education related facilitates inter-disciplinary sharing and use of guidelines.
- Code of ethics: Education administration and school staff on confidentiality and privacy related to HIPAA and FERPA. Fosters collegial relationships with school staff and advances ethical role of the school nurse in safeguarding student privacy.
- Evidence-based practice: Obesity prevention. Community research that supports community engagement through partnering with outside resources.
- NASN position statements: Facilitate broad use of NASN practice standards throughout the state by targeting school nurses, administrators and parents.
- Nurse practice act: Disseminate most current information to all school nurses. Improves student care and outcomes, promotes professionalism and competency.
- Scope and standards of practice: Develop guidelines for private physical exam of minors.
 Uniform standards developed in collaboration with multiple agencies and stakeholders promotes education and communication of school nurse responsibilities to advocate for student safety, privacy and confidentiality.

Key Principle: Care Coordination

Definition: Care coordination is a "deliberate organization of patient care activities between two or more participants...to facilitate" the delivery of care (ANA, 2012, p.1). In addition to case management and care transition, the broad principle of Care Coordination incorporates many of the daily tasks school nurses perform to care for students and includes the practice components of student-centered care, direct care, chronic disease management, collaborative communication, motivational interviewing/counseling, nursing delegation and student care plans.

PRACTICE COMPONENTS	DEFINITION*	
CASE MANAGEMENT	A process in which the school nurse identifies children who are not achieving their optimal level of health or academic success because they have a chronic illness that is limiting their potential. It is based on a thorough assessment by the school nurse and involves activities that not only help the child deal with problems but also prevent and reduce their occurrence. Case management includes direct nursing care for the child and coordination and communication with parents, teachers, and other care providers. Interventions are goal oriented based on the specific needs of the child and evaluated based on their impact on the child (Engelke & Swanson, 2014).	
CHRONIC DISEASE MANAGEMENT	School nurses engage in chronic disease management activities to provide for the best health, academic, and quality-of life outcomes possible, with emphasis on efficient care and student education leading to selfmanagement.	
COLLABORATIVE COMMUNICATION	School nurses must communicate effectively to coordinate care. Collaborative communication is clear, cooperative communication used by school nurses to enhance collaboration with other members of the school and community health team (e.g., the medical home, health care provider, family, specialists, other community organizations) to meet the health care needs and goals of students (NASN, 2016a).	
DIRECT CARE	Care coordination provides for the direct care needs of the student. The specific care that nurses and others provide to students includes routine treatments, medication administration, and addressing acute/ urgent needs.	

EDUCATION	Student-centered care also includes providing the individual education and support that students/families need to be decision makers in their own care, including health promotion and disease prevention behaviors.
INTERDISCIPLINARY TEAMS	Interdisciplinary teams. Interdisciplinary teams rely on the overlapping knowledge, skills, and abilities of each professional team member. The student health outcomes are enhanced with interdisciplinary teams, as compared with the individual efforts of the team members (ANA & NASN, 2017).
MOTIVATIONAL INTERVIEWING/ COUNSELING	School nurse counseling involves educating and assisting students with health needs, self-care, and coping. Counseling often has an individual student focus, although it can be done with groups as well (Minnesota Department of Health, 2001). Motivational interviewing is a specific, well-researched form of counseling that empowers the students to identify their concerns and solutions, as opposed to the nurse providing solutions (Bonde, Bentsen, & Hindhede, 2014).
NURSING DELEGATION	The school nurses' coordination of care may include the delegation of nursing tasks. Nursing delegation is a process used by the nurse to lead another person to perform nursing tasks (ANA & National Council of State Boards of Nursing, 2006). In the school setting, nursing delegation requires the registered professional school nurse to assign a specific nursing task—in a specific situation for an individual student—to unlicensed assistive personnel, while providing ongoing supervision and evaluation of the unlicensed assistive personnel and the student's health outcomes (Bobo, 2014). Delegation is further defined and regulated by state nurse practice acts and state laws.
STUDENT CARE PLANS	School nurses develop health care plans, including the Individualized Health Care Plan (IHP) and Emergency Care Plan, and contribute to the development of student educational plans (e.g., 504 Plan, Individualized Education Program). Student-centered health documents are developed by the school nurse, based on his or her assessment and healthcare provider orders, and they follow the nursing process to address concerns and established goals and the interventions to address those goals (National Association of School Nurses, 2015)

STUDENT-CENTERED CARE	Student-centered care is provided at the individual or schoolwide level (e.g., caring for students with special health care needs, promoting a positive school climate). School nurses work in partnership with students and their families and caregivers to ensure that decisions include students' needs and that desires are addressed (Institute of Medicine, 2001).		
STUDENT SELF-EMPOWERMENT	Student-centered care promotes student self- empowerment by respecting student autonomy and by helping students realize their own power and capabilities in managing their health conditions (Tengland, 2012).		
TRANSITION PLANNING	Transition planning refers to two different transitions. In the health care arena, transition planning refers to a patient transferring from one health care setting to another (Geary & Schumacher, 2012). School nurses facilitate the transitioning of students from other health care settings to the school setting. The Individuals with Disabilities Education Act (U.S. Department of Education. Office of Civil Rights, n.d.) refers to transition services related to preparing students with disabilities for future employment, education, and postsecondary schools. The term also encompasses students transitioning from elementary to middle to high school, thereby facilitating their preparation for		

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the new environment and developmental transitions

for chronic disease self-management.

IDEAS: How can I use this principle in my practice?

- Case management: Integrates care coordination in acute and chronic case management. Improving collaborative communication with parents, teachers, physicians and school trainer to incorporate case management of student injuries that are school sports-related. Recognizes need to coordinate care and communication that are specific to the student and goal-oriented. Recognizes that case management is not just for chronic illness. Management of acute injury and acute disease management is also needed.
- Chronic disease management: The student will have an attendance rate of X% or better (as determined by school nurse/district/absenteeism team/state standards) related to the chronic disease. Enhances understanding of complexity of attendance when associated with a chronic disease. Contributes to awareness of relationship between school attendance and student health and learning outcomes.
- Collaborative communication: Improving collaborative communication with healthcare providers through access to real time electronic healthcare records. Supports integration between acute care and school care delivery of health needs.
- **Direct care:** Provide optimum level of care. Achieves highest level of evidence-based and best practices professional care delivery by school nurses as directed by school nursing scope and standards of practice.
- Education: Educate new staff on how to collaborate with the school nurse; and educate administrators on nursing scope of practice/license. Furthers collaboration and team efforts that support student outcomes.
- Education: Incorporate individual student motivational interviewing/trauma informed counseling. Furthers student self-empowerment that promotes student self-care. Enhances well-being of student through understanding, recognizing, and responding to the effects of all types of trauma.
- Interdisciplinary teams: Implement dedicated Department of Education or Department of Health state school nurse consultant. Advances interdisciplinary knowledge and cross-pollination of education and health in schools to support student outcomes being healthy and ready to learn.
- **Nursing Delegation:** Epinephrine autoinjector and glucagon delegation recruitment and training. Follows state statutes and mandates to recruit and train non-nursing school staff in emergency medication delivery.
- Student care plans: Create a care plan for every student with a medical condition that warrants/requires it. Standardized plans demonstrate role of school nurse as medial expert, enhances education and information to those who need the information, individualizes care delivery.
- **Student Self-empowerment:** Education and learning activities to guide and promote student self-care related to health and safety. Collaborative effort to improve student knowledge and behaviors that encourage a culture of health.
- Student Self-empowerment: Student will be an active participant in management of his/her care. Promotes psychosocial development of the student as guided by tenets of Banduras\ self-efficacy model.

KEY PRINCIPLE: CARE COORDINATION **QUICK START FACT SHEET**

THE IDEA

GOALS

ACTION STEPS

OUTCOMES MEASURE

RESOURCES

IDEA: Improve Attendance in Students

TOPIC: Chronic Disease Management

with Chronic Disease - Asthma

What areas do you want to focus on for improvement?

- asthma who are absent. Data on students with
- disease impact on school district data on chronic Consistent school or attendance.
- when they are absent to students with asthma initiatives to improve Would like to gather student attendance. information about develop informed

SMART Goals - see Appendix B

What exactly is it that you want to achieve?

- asthma in [NJ School] to school year 20XX-20XX. understand the reasons for absence during the students who have Collect data on all
- categorize reasons for Develop a template to evidence-based absences from resources.
- check often and early to keep students in school Report results monthly to address the need to when appropriate.
- Benchmark results for next school year.
- Develop initiatives that address major findings for next school year.
- population within school Pilot study that can be chronic diseases, or expanded to other "regular" student and district.

- Consider who will be affected and how?
- Get buy-in for your initiative. Who are the individuals who engaged in your initiative? must be involved and

Are there templates,

information, guides

already in place?

What partners/stakeholders Who can lead the initiative? should be involved?

What are others doing?

Find out about other

nitiatives. What are

other schools, districts,

states doing? Do not

imit yourself to

nursing-related

initiatives. Be sure to

ask what were the

essons learned.

- and required time; supplies needed? (i.e. types of staff other resources; estimated and materials, equipment, What resources will be costs).
- What are possible challenges and barriers? Reflect on possible solutions and these and think about strategies.

sources and grants that

Are there funding

can help off set costs?

- What is your timeline?
- early visible improvements? Do you have a short-term outcome to demonstrate
- communicate your proposed initiative and with whom? How will you share/
- project? Will this be a project you can continue annually? Have you thought about sustainability for your

progress and success? How will you measure

guide this project using

evidence-based,

best-practices?

What resources can

- What are your outcome measures?
- How often will you check and measure your progress?
- Who will be responsible for collecting and information/data? reporting the
- How will you evaluate determine success? your initiative to

SOCIAL MEDIA

@schoolnurses

IDEA #1: CHRONIC DISEASE MANAGEMENT IMPROVE ATTENDANCE IN STUDENTS WITH CHRONIC DISEASE

Idea:

Chronic disease management: The student will have an attendance rate of less than 10 days absence (less than 6% - measurement of attendance based upon New Jersey State ESSA measure) or better related to the chronic disease. Enhances understanding of complexity of attendance when associated with a chronic disease. Contributes to awareness of relationship between school attendance and student health and learning outcomes. Adds to student-centered care and student self-empowerment.

The Story:

School nurse Brian believes that many of his students with chronic diseases, particularly asthma, are not managing their asthma well, contributing to absenteeism. Brian recognizes that school attendance is a complex issue. He works in an urban district where many families are struggling to make ends meet. Recognizing that he cannot "fix" everything, he wants to start by examining the issue more carefully, and potentially discover interventions he can implement in the future.

Objectives:

- Establish baseline of students with asthma absenteeism and reasons for absence.
- Begin understanding community needs and potential interventions as it relates to chronic disease in school.
- Develop school and community partners that focus on health and education initiatives to improve school attendance.
- Collect data on all students who have asthma in [NJ School] to understand the reasons for absence during the school year 20XX-20XX.
- Develop a template to categorize reasons for absences from evidence-based resources.
- Report results monthly to address the need to check often and early to keep students in school when appropriate.
- Benchmark results for next school year.
- Develop initiatives that address major findings for next school year.
- Pilot study that can be expanded to other chronic diseases, or "regular" student population within school and district.

Steps to Gaining Buy-in and Leading Change and Transformation (Kotter, 2007). See Making Change Happen (p.7):

- 1. Establish sense of urgency.
 - Motivating statement (often communicated to key school administrative decision maker(s)):

Dear Mr./Ms. Administrator,

There is compelling evidence that there is a connection between missing school and health. I know that this represents a lost learning opportunity for our students when they are not in the classroom. As our school health leader, I am interested in helping our district better understand some of the reasons why our students are absent. We know that chronic absenteeism leads to lower academic success. The lower the education an adult has, the more likely they are to smoke, develop diabetes, be overweight (Rafa, 2017; Balfanz & Byrnes, 2012; Meng, Babey, & Wolstein, 2012; Basch, 2011). I am starting with tracking absenteeism among students with asthma in our building because our county assessment has higher risk factors associated with poor management of asthma and chronic diseases: 13.6% are uninsured, 14.6% of adults smoke, contributing to second hand smoke in the home, and 11.4% have asthma here in our city (New Jersey Department of Health, 2015). One of the top reasons students are absent is due to lack of access to health care (Balfanz & Byrnes, 2012; Henderson, Hill. & Norton 2014). I know absenteeism is a complex issue. I want to contribute to the body of evidence our school creates to inform our decisions about future interventions to improve our children's regular attendance at school.

• Examine the literature and community assessment: In addition, the following areas related to this are:

School Community Health Problem/Needs Assessment:

- Obtain district and school-based absenteeism data, need benchmark.
- Obtain absentee data if available, on students identified with asthma as benchmark.
- Obtain county and community local health assessment data at New Jersey State Health Assessment Data (https://www26.state.nj.us/doh-shad/home/ DemoReguest.html)
- Identify available resources that may already have templates, guides, resources.
- Identify potential solution based upon scan of literature and relevant sources of information.

Utilize national toolkit resources:

Download Attendanceworks.org Toolkit

(http://www.attendanceworks.org/attendancemonth/count-us-in-toolkit/)

Healthy Schools Campaign Chronic Absenteeism Toolkit

(https://healthyschoolscampaign.org/chronic-absenteeism/)

CDC Strategies for Addressing Asthma in Schools

(https://www.cdc.gov/healthyschools/asthma/strategies/asthmacsh.htm)

2. Form a powerful guiding coalition.

• Who are my partners? Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this example, the individuals would be school district administrators, principals, office support staff, parents, local community health organizations, child advocacy groups, chronic disease organizations.

3. Create a vision.

- Use SMART goals (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Deming's Plan-Do-Check-Act cycle, a four step model for carrying out change
- (https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act)
- Include as part of annual professional development goals, or Student Growth Objectives (SGOs).

4. Communicate the vision.

 Use every avenue/vehicle possible to communicate: PTA meetings, Robocalls, flyers, student poster contest, school nurse and district website, school newsletters, professional organizations.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision.

- Will I need any policy changes? For example, changes in how and to whom reporting of student absences?
- Collaborate with school and community partners.
- Enlist the help of parent supporters/champions.
- Create interest/buy-in that supports school attendance.

6. Plan for and create short-term wins.

Define and set a visible performance improvement.

• Set a date early in the initiative that creates excitement. Example: A new process was created between the main office and the school nurse office to document absences and record reasons for absence. Calls to those who did not specify a reason were made. Two students with asthma were absent and it was discovered the parents did not know the students could have their nebulizer treatments at school. The students brought their medication and were in school, decreasing potential for illness-related absences that can be successfully managed in school with the school nurse.

7. Consolidate improvements and produce more change.

Use your success and improvements (yes! this project is going to work and the guiding coalition is behind the initiative) to further change systems, structures, etc.

- Evaluate and plan for changes/improvements for the following/year.
- Address policy changes as needed. Do you need additional support resources (i.e. Staff) to further understand the problem? If yes, how will you show a return on investment.

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results.

- For example, benchmarking the data from this school year with the previous year indicates that there was a decrease by 52% in students with asthma. It was clear that parents/guardians were more aware of the impact attendance has on school performance. Coordination and communication between the school and physicians regarding medication administration was suggested as an area for future improvement. A possible next step for the following year may include following other chronic diseases, and implementing a healthy school environment initiative, Asthma Friendly School Initiative (http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/asthma-friendly-schools-initiative/).
- Getting engaged with the Mayor's Wellness Campaign, local housing authorities or department of health to examine home environment. For more information visit: www.njhcqi.org

What are the attendance requirements in NJ?

State of New Jersey Department of Education. (2017). School register. Retrieved from http://www.nj.gov/education/finance/register/

Administrative Code 6A:32 Subchapter 8: Student Attendance and Accounting. Retrieved from http://www.nj.gov/education/code/current/title6a/chap32.pdf

What are my resources?

National:

NASN. (2017). *Attendance works resources.* Retrieved from http://www.attendanceworks.org/ tools/

Attendance Works. (2017). *Count us in! Toolkit 2017.* Retrieved from http://awareness.attendanceworks.org/resources/count-us-toolkit-2017/

Healthy Schools Campaign. (2017). State ESSA plans to support student health and wellness: *A framework for action.* Retrieved from: https://healthyschoolscampaign.org/wp-content/uploads/2017/03/ESSA-State-Framework.pdf

Balfanz, R., & Byrnes, V. (2012). *Chronic absenteeism: Summarizing what we know from nationally available data.* Baltimore: Johns Hopkins University Center for Social Organization of Schools. Retrieved from http://new.every1graduates.org/wp-content/uploads/2012/05/FINALChronicAbsenteeismReport_May16.pdf

U.S. Department of Education

U.S. Departments of Education, Health and Human Services, Housing and Urban Development, and Justice. (2015). Every student, every day: A community toolkit to address and eliminate chronic absenteeism. Retrieved from https://www2.ed.gov/about/inits/ed/chronicabsenteeism/ toolkit.pdf

U.S. Department of Environmental Protection Agency. Schools: *Managing asthma in school environments*. Retrieved from https://www.epa.gov/schools-air-water-quality/schools-managing-asthma-school-environments

Centers for Disease Control and Prevention. (2017). Strategies for addressing asthma within a Coordinated School Health Program. Retrieved from https://www.cdc.gov/healthyschools/asthma/strategies/asthmacsh.htm

State of New Jersey, Department of Education

Chen, C., & Rice, C. (2016) Showing up matters: The state of chronic absenteeism in New Jersey, 2nd Annual Report. Retrieved from https://acnj.org/downloads/2016_09_13_chronicabsenteeism_2ndannualreport.pdf

Pediatric/Adult Asthma Coalition. (2017). PACNJ *Asthma Treatment Plan.* Retrieved from http://pacnj.org/wp-content/uploads/2016/02/Asthma-Treatment-Plan-STUDENT-MAY-2017.pdf

Potential Funding Sources:

Annie E. Casey Foundation. Retrieved from http://www.aecf.org/

Social Media:

#schooleveryday
@Campaign4Kids
@schoolnurses
@NJSSNA1
#attendance
#EveryDayCounts
#AttendanceMatters
#NJSchoolNurse Leadership

POTENTIAL INDICATORS/ MEASUREMENT ITEMS	DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
Number of students with asthma attendance history previous school year compared to number of students this school year. Number of students attendance history used	Parent/guardian call-in for school absence. School attendance register. Use health room and attendance records to track students with asthma. Focus particularly on students with poorly managed asthma as demonstrated by frequent school absences, school health	(DePriest & Butz, 2017) (Engelke & Swanson, 2014) (Rafa, 2017)
as baseline indicators to set goals (defined with school/district/absenteeism team) for improvement for following school year.	office visits, emergency room visits, or hospitalizations. Avoid mass screening and mass case detection as methods for routine identification (CDC, 2017).	

For more examples of Data: Indicators and Sources, visit Table 1 of Jameson, et al., 2017 at https://www.ncbi.nlm.nih.gov/pubmed/28681685

What Else Do I Need to Do?

Will I need an Institutional Review Board (IRB)? See the U.S. Department of Health & Human Services, Office for Human Research Protections below. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians? Do I need parental permission to use the services?

U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). *Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects.*Retrieved from httml#46.102

How does this impact Standards of Practice?

NASN Scope and Standards of Practice:

Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).

U.S. Department of Education

U.S. Department of Education. (2017). *School Climate and Discipline*. Retrieved from https://www2.ed.gov/policy/gen/guid/school-discipline/index.html

NJ Department of Education

State of New Jersey Department of Education. (n.d.). New Jersey tiered system of supports. Retrieved from http://www.state.nj.us/education/njtss/comp/

State of New Jersey Department of Education. (n.d.). *N.J.A.C. 6A:9, Professional Standards.* Retrieved from http://www.state.nj.us/education/code/current/title6a/chap9.pdf

State of New Jersey Department of Education. (n.d.). *School health services*. Retrieved from http://www.nj.gov/education/students/safety/health/services/

State of New Jersey Department of Education. (n.d.). *Keeping our kids safe, healthy and in school:* Student support services. Retrieved from http://www.nj.gov/education/students/safety/behavior/support/

Position Statements from NASN and ANA: Position on the subject. Not practice standards.

National Association of School Nurses (NASN) Position Statement(s)

National Association of School Nurses. (2017). *Chronic health conditions (students with): The role of the school nurse (Position Statement)*. Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/07/28/chronic-health-conditions-students-with-the-role-of-the-school-nurse

American Nurses Association (ANA) Position Statement(s)

ANA. (2014). Position statement: Professional role competence. Retrieved from: http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-Competence.html

ANA. (2007). Assuring safe, high quality health care in Pre-K through 12 educational settings. (Position Statement). Retrieved from http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html

Local School District

Job Description

Performance Appraisal Rubric

Student Growth Objective (SGOs are not a *required* component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit this website for examples: http://www.state.nj.us/education/ AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf

Annual Professional Development Goals/Objectives

District policies and procedures

School nurse district policies and procedures

KEY PRINCIPLE: CARE COORDINATION **QUICK START FACT SHEET**

IDEA: Mental/Behavioral Health - Calming Classroom **TOPIC:** Interdisciplinary Teams

THE IDEA

GOALS

ACTION STEPS

OUTCOMES MEASURE

RESOURCES

What areas do you want to focus on for improvement?

missing instructional time building. Collaborate with suspensions, disciplinary calming room. Research supports that the room instructional time in the community to create a safe space or "calming concern. Implement a Mental and behavioral ssues, and improves successfully reduces ncreasing. Students due to symptoms of nealth concerns are eave the classroom, other staff in school depression or other room" in the school anxiety, distress, classrooms.

What exactly is it that you want to achieve?

- facilitates student health space/classroom that Implement a safe and learning.
- through support staff and Provides opportunity for self-management tools. student to learn and learning the use of manage behaviors
- mental/behavioral health Promotes screening of appropriate resources when necessary. and referral to
- student support services and community support. **Enhances collaboration** between school/district
 - addressing other issues that may be present. For example: health, access to resources,
- students use the room to information collected as behavioral health needs further understanding Develop a needs assessment from and other issues. student mental/

project? Will this be a project

you can continue annually?

communicate your proposed

How will you share/

initiative and with whom?

Have you thought about

sustainability for your

early visible improvements?

Do you have a short-term

What is your timeline?

strategies.

outcome to demonstrate

- guide this project using What resources can evidence-based, Get buy-in for your initiative. Consider who will be affected and how?
 - Are there templates, information, guides already in place? best-practices? Who are the individuals who Who can lead the initiative? engaged in your initiative? must be involved and

What partners/stakeholders

should be involved?

What are others doing? other schools, districts, states doing? Do not initiatives. Be sure to Find out about other initiatives. What are limit yourself to nursing-related

> needed? (i.e. types of staff and required time; supplies

What resources will be

sources and grants that can help off set costs? Are there funding

ask what were the

lessons learned.

What are possible challenges

and barriers? Reflect on

these and think about possible solutions and

other resources; estimated and materials, equipment,

costs).

- progress and success? How will you measure
- What are your outcome measures?
- How often will you check and measure your progress?
- Who will be responsible for collecting and information/data? reporting the
- How will you evaluate determine success? your initiative to

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#NJSchoolNurseLeadership @NJSSNA1

For more details on this project, see Chapter 2, Idea 2.

IDEA #2: INTERDISCIPLINARY TEAMS MENTAL/BEHAVIORAL HEALTH - CALMING CLASSROOM

Idea:

Interdisciplinary Teams. Addressing mental and behavioral health issues. Implement a defined space or classroom where students who are struggling with their feelings, stresses, anxiety and behaviors can use for respite and develop opportunities to learn self-management skills. Contributes to awareness of relationship between student health and learning outcomes. Adds to student-centered care and student self-empowerment.

The Story:

School nurse Morgan recognizes that many students are coming to the school nurse office and sharing stories and feelings indicative of anxiety, fears, and stressors. In addition, on occasion, some students are brought to the health office to "decompress" when their behaviors are disruptive to their own learning and/or those around them. Ultimately, this means the student is not in the classroom learning environment. Morgan would like to collaborate with other staff in the school building to create a safe space where students can be referred that addresses the specific needs of each student.

Objectives:

- Implement a safe space/classroom that facilitates student health and learning.
- Provides opportunity for student to learn and manage behaviors through support staff and learning the use of self-management tools.
- Promotes screening of mental/behavioral health and referral to appropriate resources when necessary.
- Enhances collaboration between school/district student support services and community support. For example: health, access to resources, addressing other issues that may be present.
- Develops a small team to man the "calming room" as it begins.
- Develop a needs assessment from information collected as students use the room to further understand student mental/behavioral health needs and other issues.
- Recommends Mental Health First Aid Training for all school staff.

Steps to Gaining Buy-in and Leading Change and Transformation (Kotter, 2007). See Making Change Happen (p.7):

1. Establish sense of urgency.

• Motivating statement (often communicated to key school administrative decision maker(s)):

Dear Mr./Ms. Administrator,

There is compelling evidence that there is a connection between missing school and health. I know that this represents a lost learning opportunity for our students when they are not in the classroom. There is a growing body of evidence that schools are becoming the primary site for identification, referral and intervention for students with mental health issues (Selekman, Diefenbeck, & Guthrie, 2013). Research supports the evidence that school mental health programs can improve student educational outcomes (U.S. Department of Health and Human Services, 2005). Did you know that suicide is the third leading cause of death among New Jersey teens (New Jersey Department of Health, 2015)?

I am interested in putting together a team from our school and district that has the goal of creating a safe space or classroom where students can receive screening for mental health concerns and are provided with age-appropriate interventions for the school setting to get them re-focused and back to class. Right here in New Jersey, in the Camden School District, they have implemented a calming room (Romalino, 2017, August 31). The school district reports that the room has successfully reduced suspensions and disciplinary issues, improving uninterrupted instructional time in the classrooms. The calming classroom may also benefit our state initiative of improving student attendance as well.

As our school health leader, I am interested in a holistic approach to helping our district support students with mental health concerns. I have already identified several stakeholders and partners; can I count you as a supporter of this initiative?

• Examine the literature and community assessment: In addition, the following areas related to this are:

School Community Health Problem/Needs Assessment:

- Obtain district and school-based absenteeism data, suspension data, disciplinary data to use as benchmark.
- Obtain county and community local health assessment data at New Jersey State Health Assessment Data (https://www26.state.nj.us/doh-shad/home/Welcome.html)
- Identify available resources that may already have templates, guides, and resources.
 Ideas for Creating a Sensory or Calming Room
 (http://www.sensoryconnectionprogram.com/sensory_room3.pdf)

• Identify potential solution/intervention/initiative based upon scan of literature and relevant sources of information.

School Nurse Office: Mental health screening tool – obtain and use consistently. Develop a checklist, or documentation to record uses of the room, reasons, interventions, outcomes, and any other issues that may be shared by the student. Contact, use of outside resources such as the calming room ideas website.

Determines who uses the tool, be sure it is a consistent tool across other support personnel (i.e. guidance, social work, psychologist).

2. Form a powerful guiding coalition.

• Who are my partners? Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this project, you would want to have team members from guidance, social work, school psychiatrist, teachers, administration, district superintendent, parents, mental health providers from the community, psychiatric hospital or psych ED providers, local law enforcement, and faith-based organizations.

3. Create a vision.

- Use SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) goals to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Deming's Plan-Do-Check-Act cycle, a four step model for carrying out change (<a href="https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act)
- Include as part of annual professional development goals, or Student Growth Objectives (SGOs).

4. Communicate the vision.

• Use every avenue/vehicle possible to communicate: Faculty meetings, PTA meetings, Robocalls, flyers, student poster contest, school district website, school newsletters, and professional organizations.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision. Can you locate a space to put the calming room in the building? Do you need to purchase items? Can volunteers and volunteer funding initially support the development?

- Ask questions and include parents/guardians in understanding challenges and barriers in pediatric/adolescent mental and behavioral health.
- Create interest/buy-in to promote the safe space as an avenue to promote quality, safe care that respects the needs of all students.
- Encourage classroom teachers and other school colleagues to contribute to the project.
- Donations from local businesses (i.e. providing carpet, chairs, furniture for the space).

6. Plan for and create short-term wins.

Define and set a visible performance improvement

- Report on changes in suspensions, classroom disruptions, attendance.
- Set a date early in the initiative that creates excitement. Examples: grand opening of the space. Send out a notice that the school/district has implemented a "Mental/Behavioral Health Task Force" and the guiding mission and potential initiatives.

7. Consolidate improvements and produce more change.

Use your success and improvements (yes! this project is going to work and the guiding coalition is behind the initiative) to further change systems, structures, etc.

- Did you obtain information that may indicate other interventions or community needs that need to be communicated?
- Address policy changes as needed to guide use of the space.
- Evaluate funding sources and budget limits. May involve checking with district budgets, applying for grant monies, asking local businesses or organizations to help.

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results. Create sustainability plans based upon your evaluation of the program metrics.

• For example, two months after implementing the safe space/room, on average 10 students use the room/day. One student shared they were newly homeless and resources were arranged to support the family. Teachers are reporting they like having the space as it helps them feel that when the student returns to the classroom after visiting the room, the student is less likely to return to the disruptive behaviors.

What are my resources?

National:

National Alliance on Mental Illness. (2017). Home page. Retrieved from https://www.nami.org/#

Substance Abuse and Mental Health Services Administration. (2017). *Home page.* Retrieved from https://www.samhsa.gov/

National Association of School Nurses. (n.d.). See something, say something: The school nurse role in bullying prevention. Retrieved from https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Practice%20Topic%20Resources/Mental_Health_bullyingflyerpledge.pdf

U.S. Department of Health & Human Services, Mental Health.gov. (n.d.). *Let's talk about it.* Retrieved from https://www.mentalhealth.gov/

New Jersey:

State of New Jersey, Department of Children and Families. (n.d.). *Children's system of care.* Retrieved from http://www.state.nj.us/dcf/families/csc/

Potential Funding Sources:

U.S. Department of Education. (2017). *Mental health services. U.S. Department of Education Awards More Than \$24.8 Million in Elementary and Secondary School Counseling Grants.* Retrieved from https://www.ed.gov/category/keyword/mental-health-services

What are my outcomes? What am I measuring?

POTENTIAL INDICATORS/ MEASUREMENT ITEMS/ OUTCOMES	DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
Numbers of student using room, demographics as determined based by district/school. – baseline for monthly and annual data. Screening tool – pre-and post use of calming room Number of outside referrals – tracks effectiveness of intervention. Statements from students, teachers, administrator's parents/ guardians regarding calming room interventions.	Locally created data Spreadsheet or other record to record proposed outcomes	(Adams, Hinojosa, Armstrong, Takagishi, & Dabrow, 2016) (Shepley et al., 2017) (Normandin, 2016) (Harrison et al., 2016)

For more examples of Data: Indicators and Sources visit Table 1 of Jameson, et al., 2017 at https://www.ncbi.nlm.nih.gov/pubmed/28681685

What Else Do I Need to Do?

Will I need an Institutional Review Board (IRB)? See the U.S. Department of Health & Human Services, Office for Human Research Protections below. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians? Do I need parental permission to use the services?

U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects. Retrieved from https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.102



NASN Scope and Standards of Practice:

Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).

U.S. Department of Education

U.S. Department of Education. (2017). *Mental health services*. Retrieved from https://www.ed.gov/category/keyword/mental-health-services

U.S. Department of Education. (2017). *School Climate and Discipline*. Retrieved from https://www2.ed.gov/policy/gen/guid/school-discipline/index.html

NJ Department of Education

State of New Jersey Department of Education. (n.d.). *New Jersey tiered system of supports.* Retrieved from http://www.state.nj.us/education/njtss/comp/

State of New Jersey Department of Education. (n.d.). N.J.A.C. 6A:9, *Professional Standards*. Retrieved from http://www.state.nj.us/education/code/current/title6a/chap9.pdf

State of New Jersey Department of Education. (n.d.). *School health services*. Retrieved from http://www.nj.gov/education/students/safety/health/services/

State of New Jersey Department of Education. (n.d.). *Keeping our kids safe, healthy and in school: Student support services.*_Retrieved from_http://www.nj.gov/education/students/safety/behavior/support/



National Association of School Nurses (NASN) Position Statement(s)

National Association of School Nurses. (2017). *The school nurse's role in behavioral health of students* (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/08/08/behavioral-health-of-students

National Association of School Nurses. (2017). *Chronic health conditions (students with): The role of the school nurse* (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/07/28/chronic-health-conditions-students-with-the-role-of-the-school-nurse

American Nurses Association (ANA) Position Statement(s)

ANA. (2014). Position statement: Professional role competence. Retrieved from: http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-Competence.
<a href="http://https://h

ANA. (2007). Assuring safe, high quality health care in Pre-K through 12 educational settings. (Position Statement). Retrieved from http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html

Local School District

Job Description

Performance Appraisal Rubric

Student Growth Objective (SGOs are not a required component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit website below for school nurse exemplar example: http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf

Annual Professional Development Goals/Objectives

District policies and procedures

School nurse district policies and procedures

Key Principle: Leadership

Definition: Leadership is the capacity to guide someone or something along a way, not a particular position (Merriam-Webster, 2015). School nurses are natural leaders as they are often the only health care professional employed in an educational setting and provide guidance to oversee school health policies, programs, and the provision of health services (NASN, 2016a). Leadership is a mindset, not a formal position. School nurses are well positioned to lead in the development of school health policies, programs, and procedures for the provision of health services, as they often represent the only health care professional in the education setting (NASN, 2016a). Leadership is a standard of professional performance for school nursing practice (NASN, 2016a).

PRACTICE COMPONENTS	DEFINITION*
ADVOCACY	The ability to successfully support a cause or interest on one's own behalf or that of another, and it requires skill in problem solving, communication, influence, and collaboration (ANA, 2015). As advocates for students, the school nurse provides skills and education that support self-management, problem solving, effective communication, and collaboration with others (ANA, 2015). As an advocate for the profession, the school nurse engages in the deliberate process of influencing those who make decisions, including school administration and local and state political leaders (ANA, 2015).
CHANGE AGENTS	As advocates for changes, school nurses become change agents. When school nurses participate on interdisciplinary teams, their perspectives on health promotion, disease prevention, and care coordination for students and the school community bring about change in policy development and implementation related to plans and protocols that address children's health issues within the school and community setting (ANA & NASN, 2017; Institute of Medicine, 2011; Robert Wood Johnson Foundation, 2010).
EDUCATION REFORM	As leaders, change agents and full partners shaping the future health and academic success of young people, school nurses need to be aware and involved with healthcare and education reform (Duncan, 2013, August 25,; Institute of Medicine, 2011; Needleman & Hassmiller, 2009; Robert Wood Johnson Foundation, 2010). Understanding current reforms (e.g. Affordable Care Act of 2010), affords opportunities for school nurses to advocate for changes that best serve students, articulate how school nursing fits into the reform, and validate their role so that it is not lost (American Public Health Association, 2013).

FUNDING AND REIMBURSEMENT	Traditional funding depends on school district budgets to pay for school nursing services. Innovative methods of funding are emerging, including support from health care systems, public health, community care organizations, community clinics, and/or reimbursement for services. Reimbursement can come from Medicaid or private insurance. As budgets tighten and health reform looks to more community-based care models, school nurses can step up, lead, and define how the role of the school nurse will look in new models of practice.
HEALTHCARE REFORM	As leaders, change agents and full partners shaping the future health and academic success of young people, school nurses need to be aware and involved with healthcare and education reform (Duncan, 2013, August 25,; Institute of Medicine, 2011; Needleman & Hassmiller, 2009; Robert Wood Johnson Foundation, 2010). Understanding current reforms (e.g. Affordable Care Act of 2010), affords opportunities for school nurses to advocate for changes that best serve students, articulate how school nursing fits into the reform, and validate their role wo that it is not lost (American Public Health Association, 2013).
LIFELONG LEARNER	The school nurse shows commitment to lifelong learning when engaging in advanced academic education, certification, and activities that supports competent professional practice, knowledge development, and skills acquisition (ANA, 2015; ANA & NASN,2017).
MODELS OF PRACTICE	Models of practice means the various ways the delivery of school health services occurs in the U.S. For example, some school nurses oversee the students in one building; some have responsibility for students in several buildings; some have health aides or others to whom they can delegate specific tasks. Often the model of practice is influenced by the perspective of the employer (e.g., school district, health department, hospital, health care system, community groups), although school nurses can use the framework to articulate the breadth and scope of school nursing practice and influence changes in models, as needed. Nurse Practice Acts and state laws regulating nursing practice also influence models of practice.

	TECHNOLOGY	Professional growth also involves staying current with both medical and information technology. In school nursing, technology encompasses telehealth, computer skills, and the use of web-based resources to collect and manage data (e.g., electronic health records, immunization information systems), overlapping with the Quality Improvement principle and data collection practice component. Technology allows for retrieving evidence-based education, communicating through social media, and using practice applications (i.e., apps) (Anderson & Enge, 2012; National Association of School Nurses, 2017).
	POLICY DEVELOPMENT AND IMPLEMENTATION	As advocates for changes, school nurses become change agents. When school nurses participate on interdisciplinary teams, their perspectives on health promotion, disease prevention, and care coordination for students and the school community bring about change in policy development and implementation related to plans and protocols that address children's health issues within the school and community setting (ANA & NASN, 2017; Institute of Medicine, 2011; Needleman & Hassmiller, 2009).
	PROFESSIONALISM	School nurses must exhibit professionalism (Campbell & Taylor, n.d.). Professionalism includes the attributes of accountability, maturity, problem solving, collaboration, proactivity, positivity, professional speech, appropriate dress, and activities that align with current, evidence-based, student-centered practice. Professional behaviors were identified by principals, educators, and others as the most influential factor when school nurses were seen and understood as valuable members of the educational team (Maughan & Adams, 2011).
	SYSTEMS-LEVEL LEADERSHIP	Systems-level leadership targets a health care system or education system level. School nurses, often in partnership with public health, lead efforts that align emerging systems of care for population health improvement (American Public Health Association. Public Health Nursing Section, 2013). System level leaders understand the strategic interconnection between and among organizations, policies, processes, and systems (Madrazo & Senge, 2013; Weismuller, Willgerodt,

*Definitions of the framework principles and components were taken from the original articles that developed the Framework for 21st Century School Nursing Practice™ (NASN, 2016a; Maughan, Duff, et al., 2016). Where applicable the original source is cited. Permission to use granted by the National Association of School Nurses. Reprinted with permission by the National Association of School Nurses.

McClanahan, & Helm-Remund, 2016).

IDEAS: How can I use this principle in my practice?

- Advocacy: Adequate staffing based upon student health needs. Supports quadruple aim to provide safe, quality care; and maintains healthy work environment that promotes school nurse self-care.
- Change agent: Implement a "Safe Routes to School" Program. Engages multiple community partners and stakeholders that benefits the whole community, whole school and whole child.
- Funding and reimbursement: How to find and obtain grants to improve or benefit school nurse practice. Demonstrates school nurse ability as leader in understanding integration between education and health. Validates role as school nurse who goes beyond task-oriented responsibilities to facilitate enriched school health environment.
- Policy development: Implement a Narcan (naloxone) policy in the high school setting. Evidence-based community demographic research demonstrates need for emergency intervention medication for drug overdose.
- Systems-level leadership: Nurses will be evaluated and supervised by nurses.
 Consistent with best practices of ANA and NASN to ensure clinical and professional competency.
- **Technology:** Provide district-paid cell phones for school nurses who cover more than one school (e.g. preschool program with free-standing community preschool providers). Supports safety and quality of care. Enhances support of school nurse role to improve efficiency and ability to respond to emergencies.

KEY PRINCIPLE: LEADERSHIP **QUICK START FACT SHEET**

THE IDEA

GOALS

What areas do you want to

substances. Naloxone is a school by developing and focus on for improvement? that temporarily reverses policy will save lives. The opioids and heroin-type the action of the opioid medication available at community will benefit ncreasing numbers of substance. Making the implementing a school ife-saving medication prevention regarding ndividuals are using increase knowledge, students and school interventions that substance abuse. awareness and from targeted

What exactly is it that you want to achieve?

naloxone administration in Implement a policy for school.

Who are the individuals who

- interventions and learning opportunities for students Implement targeted and the school community.
- Promote awareness and screening for substance appropriate resources abuse and referral to when necessary.
- student support services and community support. between school/district addressing other issues Enhance collaboration For example: health, that may be present. access to resources,
- resources required in the school and community community regarding assessment of school Contribute to needs

communicate your proposed

· How will you share/

initiative and with whom?

Have you thought about

sustainability for your

early visible improvements?

Do you have a short-term

What is your timeline?

outcome to demonstrate

ACTION STEPS

Consider who will be

 What resources can Get buy-in for your initiative.

affected and how?

- guide this project using Are there templates, evidence-based, best-practices?
- What are others doing? already in place?

 Who can lead the initiative? What partners/stakeholders

engaged in your initiative?

must be involved and

information, guides

other schools, districts, Find out about other states doing? Do not nitiatives. What are nitiatives. Be sure ask what were the limit yourself to essons learned. nursing-related

and required time; supplies

other resources; estimated and materials, equipment,

costs).

needed? (i.e. types of staff

What resources will be

should be involved?

sources and grants that can help off set costs? Are there funding

OUTCOMES MEASURE

RESOURCES

TOPIC: Policy Development and Implementation

IDEA: Opioid/Naloxone Policy and Procedures

- progress and success? How will you measure
- How often will you check What are your outcome measures?
 - Who will be responsible and measure your for collecting and progress?
 - How will you evaluate determine success? information/data? your initiative to reporting the

What are possible challenges

and barriers? Reflect on

possible solutions and

strategies.

these and think about

SOCIAL MEDIA

#substanceabuse

@samhsagov

@schoolnurses @NJSSNA1

project? Will this be a project

you can continue annually?



IDEA #1: POLICY DEVELOPMENT AND IMPLEMENTATION: OPIOID/NALOXONE POLICY AND PROCEDURES

Idea:

Chronic disease management: The student will have an attendance rate of less than 10 days absence (less than 6% - measurement of attendance based upon New Jersey State ESSA measure) or better related to the chronic disease. Enhances understanding of complexity of attendance when associated with a chronic disease. Contributes to awareness of relationship between school attendance and student health and learning outcomes. Adds to student-centered care and student self-empowerment.

The Story:

School nurse Mayur believes there is a need for the life-saving medication, Narcan (naloxone), in schools. This medication can potentially save the lives of individuals who may overdose on opioids. The school nurse identifies through a needs assessment that substance abuse in the community is increasing, and a need to improve knowledge about substance abuse prevention and treatment in both students and community members.

Objectives:

- Study the requirements. (What does your policy need to address, be specific. How do the federal and state laws, codes and regulations impact the policy? Utilize school attorney).
- Consider the results of your risk assessment. (Community needs assessment).
- Optimize and align your document(s). (Check policies from other districts in NJ).
- Structure your document.
- Write your document. (In collaboration with all stakeholders, including school attorney. Revise as necessary)
- Get your document approved. (Sent to school board).
- (Adapted from http://www.oecd.org/unitedstates/)
- Develop systematic approach to community awareness and education of substance abuse.
- Implement targeted interventions and learning opportunities for students and the school community.
- Promote awareness and screening for substance abuse and referral to appropriate resources when necessary.
- Enhance collaboration between school/district student support services and community support. For example: health, access to resources, addressing other issues that may be present.
- Contribute to needs assessment of school community regarding resources required in the school and community.

Steps to Gaining Buy-in and Leading Change and Transformation (Kotter, 2007). See Making Change Happen (p.7:

- 1. Establish sense of urgency.
 - Motivating statement (often communicated to key school administrative decision maker(s)):

Dear Mr. /Ms. Administrator:

I am proposing developing and implementing a school policy for the emergency administration of naloxone in our school and/or district. Opioid and drug abuse continues to rise. In our own community, the use of heroin and a more dangerous drug, fentanyl has increased (cite your own statistics: you can find them HERE or at https://www26.state.nj.us/doh-shad/home/ Welcome.html). This is a problem that crosses all spectrums of our school community including students, staff and parents (Apa-Hall, Schwartz-Bloom, & McConnell, 2008; Clark, 2014). While there has not been a known need for this life-saving medication in our school to date, we know that when we prepare for emergencies, the outcomes improve. Having naloxone available will provide life-saving emergency medication available should a student, staff member, or school visitor require it (Friedman & Manini, 2016; King, 2016). Other school districts in New Jersey have implemented policies and procedures for naloxone. I have researched the issue and have located several policies that we can use to guide our decisions about this important medication becoming available in our district. I would like to develop a team of school and community partners to review and develop our own policy (Dwyer, Osher, Maughan, Tuck, & Patrick, 2015). As the school nurse, I think it would be logical for me to be one of the team leaders on this project. I am ready to start.

• Examine the literature and community assessment: In addition, the following areas related to this are:

School Community Health Problem/Needs Assessment:

- Obtain district and school-based obesity data, need benchmark.
- Start here for data: Obtain county and community local health assessment data at New Jersey State Health Assessment Data (https://www26.state.nj.us/doh-shad/ home/Welcome.html) See Essex County Community Health Improvement Plan
 (CHIP) Example
- Identify available resources that may already have templates, guides, resources.

Identify potential solution based upon scan of literature and relevant sources of information.

Utilize national toolkit resources:

- Community in Crisis. (2017). Helping communities tackle the opioid epidemic-opioid toolkit. Retrieved from http://www.communityincrisis.org/
- Rutgers Ernest Mario School of Pharmacy. (2017). Resources for New Jersey
 Communities 2017. Opioid abuse toolkit: Resources for New Jersey communities
 2017 supplementary materials. Retrieved from https://pharmacy.rutgers.edu/info-for/opioid-abuse-toolkit/

Example: High School Outreach Presentation

Available at: https://pharmacy.rutgers.edu/wp-content/uploads/20.-High-School-

Outreach-Presentation-Template.pptx

2. Form a powerful guiding coalition.

Who are my partners: Establish your team and get buy-in for the project. These are
individuals with shared commitment and power to lead. For this example, the individuals
would be school district administrators, principals, school counselors, school psychologists,
student groups, parents, local community health organizations, child advocacy groups,
mental/behavioral health organizations, community volunteer groups, parent associations,
local universities, local hospitals, and police.

3. Create a vision.

- Use SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) goals to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Plan-Do-Check-Act cycle, a four step model for carrying out change (https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act)
- Include as part of annual professional development goals, or Student Growth Objectives.

4. Communicate the vision.

 Use every avenue/vehicle possible to communicate: PTA meetings, Robocalls, flyers, student poster contest, school nurse and district website, school newsletters, professional organizations, social media.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision.

- Will I need any policy changes in other policies related to drug use at school?
- Collaborate with school and community partners.
- Enlist the help of parent supporters/community champions.
- Create interest/buy-in that supports drug-free community.

6. Plan for and create short-term wins.

Define and set a visible performance improvement.

 Set a date early in the initiative that creates excitement. Example: 88 parents attended a FAQ session on substance abuse. Parents reported that starting a conversation about substance abuse with their children became easier and felt more confident identifying potential indicators of substance abuse. Policies and procedures were approved by the school board and implemented at the end of the school year.

7. Consolidate improvements and produce more change.

Use your success and improvements (yes! this project is going to work and the guiding coalition is behind the initiative) to further change systems, structures, etc.

- Evaluate and plan for changes/improvements for the following/year. For example, add additional programs and outreach.
- Address policy changes as needed.
- Do you need additional support resources (i.e. Staff) to further understand or support the issue? Is there a need for differing approaches to mental and behavioral health in school?

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results.

• For example, benchmarking the data from this school year with the previous year indicates that there was a decrease by 52% in students sent out district wide for possible substance abuse. It was clear that parents/guardians were more aware of the impact substance abuse has on school performance and student behaviors. Coordination and communication between the school nurse and school counselors was identified as an area that could be improved. A district-wide team was implemented. A possible next step for the following year may include middle-school students.

What are the naloxone requirements in NJ schools?

State of New Jersey. Department of Education. (2016, May 24). Information for schools regarding opioid overdose prevention. Retrieved from https://homeroom5.doe.state.nj.us/broadcasts/2016/MAY/24/14963/Information%20for%20Schools%20Regarding%20Opioid%20Overdose%20Prevention.pdf

What are my resources?

State of New Jersey. Department of Health. (n.d.). *Division of mental health and addiction services*. Retrieved

from http://nj.gov/health/integratedhealth/

National Association of School Psychologists. (2017). *Professional development: PREPaRE training curriculum.* Retrieved from https://www.nasponline.org/professional-development/prepare-training-curriculum

Partnership for Drug-Free New Jersey. (2017). *Resources*. Retrieved from http://www.talknownj.com/signs-symptoms/

Partnership for Drug-Free New Jersey. (2017). School-based programs. Retrieved from http://www.talknownj.com/signs-symptoms/

Community in Crisis. (2017). Helping communities tackle the opioid epidemic-opioid toolkit. Retrieved from http://www.communityincrisis.org/

Partnership for Drug-Free Kids. (2014). *The power of grandparents*. Retrieved from https://drugfree.org/wp-content/uploads/pdfs/partnership_grandparents_guide_2014.pdf

Harm Reduction Coalition. (2012). Sample standing orders for Naloxone. http://harmreduction.org/wp-content/uploads/2012/02/Standing-Order-IN.pdf

National:

NASN. (2017). Opioid overdose awareness and prevention program: A model for school health. Retrieved from https://www.pathlms.com/nasn/courses/5270

U.S. Department of Education. (n.d.). Office of safe and drug-free schools. Retrieved from https://www2.ed.gov/about/offices/list/osdfs/programs.html#national **Archived information only, Congress eliminated this office in 2011.

Centers for Disease Control and Prevention. (2017). Registries of programs effective in reducing youth risk behaviors. Retrieved from https://www.cdc.gov/healthyyouth/adolescenthealth/registries.htm

State of New Jersey, Department of Education

State of New Jersey. Department of Education. (2016, May 24). *Information for schools regarding opioid overdose prevention*. Retrieved from https://homeroom5.doe.state.nj.us/broadcasts/2016/MAY/24/14963/Information%20for%20Schools%20Regarding%20Opioid%20Overdose%20Prevention.pdf

Potential Funding Sources:

SAMHSA. (n.d.). Substance abuse and mental health services grants. Retrieved from https://www.samhsa.gov/grants

Social Media:

- @drugfreeNJ
- @samhsagov
- @drugFreeAmerica
- #substanceabuse
- @schoolnurses
- @NJSSNA1
- #NJSchoolNurse Leadership

DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
Attendance count	(Dwyer et al., 2015)
	(Gold, Realmuto, Scherer, Kamler, & Weiss, 2017)
Attendance count	
Policy handbook	
Team meetings	
Public health data	
	Attendance count Attendance count Policy handbook Team meetings

For more examples of Data: Indicators and Sources visit Table 1 of Jameson, et al., 2017 at https://www.ncbi.nlm.nih.gov/pubmed/28681685

What Else Do I Need to Do?

Will I need an Institutional Review Board (IRB)? See the U.S. Department of Health & Human Services, Office for Human Research Protections below. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians? Do I need parental permission to use the services?

U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects. Retrieved from https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.102

How does this impact Standards of Practice?

NASN Scope and Standards of Practice:

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NJ Department of Education

State of New Jersey Department of Education. (n.d.). New Jersey tiered system of supports. Retrieved from http://www.state.nj.us/education/njtss/comp/

State of New Jersey Department of Education. (n.d.). N.J.A.C. 6A:9, *Professional Standards.* Retrieved from http://www.state.nj.us/education/code/current/title6a/chap9.pdf

State of New Jersey Department of Education. (n.d.). School health services. Retrieved from http://www.nj.gov/education/students/safety/health/services/

State of New Jersey Department of Education. (n.d.). *Keeping our kids safe, healthy and in school: Student support services.* Retrieved from http://www.nj.gov/education/students/safety/behavior/support/

Position Statements from NASN and ANA: Position on the subject. Not practice standards.

National Association of School Nurses (NASN) Position Statement(s)

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NASN. (2014). Emergency preparedness and response in the school setting: The role of the school nurse (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/emergency-preparedness-and-response-in-the-school-setting-the-role-of-the-school-nurse

NASN. (2015). *Naloxone use in the school setting: The role of the school nurse* (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/naloxone-use-in-the-school-setting-the-role-of-the-school-nurse

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ANA. (2007). Assuring safe, high quality health care in Pre-K through 12 educational settings. (Position Statement). Retrieved from http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html

Local School District

Job Description

Performance Appraisal Rubric

Student Growth Objective (SGOs are not a required component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit website below for school nurse exemplar example: http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf
Annual Professional Development Goals/Objectives

District policies and procedures

School nurse district policies and procedures

QUICK START FACT SHEET

KEY PRINCIPLE: LEADERSHIP

THE IDEA

GOALS

What areas do you want to focus on for improvement?

- Areas around the school are safe for biking and walking.
- Regulations for cars and speed are enforced.
 - Increase the number of students who walk or ride bikes to school.
- find partners to address Understand community safety awareness and

What exactly is it that you want to achieve?

- elementary school as pilot Routes to School (SR2S) Implement the Safe program in one project.
- interventions through the allow for prioritizing and children are not walking or biking to school. This Community assessment defines the problem to to understand why targeting initial SR2S program.
- learn and understand how students who walk and/or to walk and bike to school Increase the number of Parents and students ride bikes to school.
- in collaboration with local traffic) around the school (physical, environmental, municipal, community Improve safety issues partners, and police assistance.
 - **Encourage healthy** lifestyle behaviors.

ACTION STEPS

IDEA: Safe Routes to School

TOPIC: Change Agents

guide this project using What resources can

- Consider who will be affected and how?
- Get buy-in for your initiative. Who are the individuals who engaged in your initiative? must be involved and

Are there templates,

evidence-based,

best-practices?

information, guides

already in place?

What partners/stakeholders • Who can lead the initiative? should be involved?

What are others doing?

Find out about other

initiatives. What are

other schools, districts,

states doing? Do not

limit yourself to

nursing-related

nitiatives. Be sure to

ask what were the

lessons learned.

- and required time; supplies needed? (i.e. types of staff other resources; estimated and materials, equipment, What resources will be costs).
- What are possible challenges and barriers? Reflect on possible solutions and these and think about strategies.

sources and grants that

Are there funding

can help off set costs?

- · What is your timeline?
- early visible improvements? Do you have a short-term outcome to demonstrate
- communicate your proposed initiative and with whom? · How will you share/
- project? Will this be a project you can continue annually? Have you thought about sustainability for your

OUTCOMES MEASURE

RESOURCES

- What are your outcome progress and success? How will you measure
- How often will you check and measure your measures? progress?
- Who will be responsible for collecting and information/data? reporting the
- How will you evaluate determine success? your initiative to

SOCIAL

@SafeRoutesNow

For more details on this project,

see Chapter 3, Idea 2.

Idea:

Change agent. Program for all districts no matter location (urban or suburban) or size. Implement a "Safe Routes to School" Program. Engages multiple community partners and stakeholders that benefits the whole community, whole school and whole child. Contributes to community/public health, environmental health, student behavioral and mental health. May also improve attendance.

The Story:

School nurse Taylor worked in a suburban school district where there was no public school bus transportation unless you lived greater than one mile from the school building. School drop off and pick up times at school were alarming. The local high school was also located on the same street and high school students were often speeding down the street at dismissal time. There were no sidewalks in the neighborhood. A large apartment complex nearby had a path to the school that was riddled with broken bottles, overgrown bracken, and was just plain "scary" in the words of several young students.

One afternoon, at dismissal time, Taylor was called to attend to a student who was found unresponsive lying in the road less than one block from the school. Fortunately, the student recovered from the injuries, but Taylor was disturbed and decided to do something to change the environment around the school. At a recent professional development workshop, she had picked up a brochure on a federal transportation initiative "Safe Routes to School." It was time to be the change.

Objectives:

- Implement the Safe Routes to School (SR2S) program in one elementary school as pilot project.
- Community assessment to understand why children are not walking or biking to school. This defines the problem to allow for prioritizing and targeting initial interventions through the SR2S program.
- Increase the number of students who walk and/or ride bikes to school.
- Parents and students learn and understand how to walk and bike to school safely.
- Improve safety issues (physical, environmental, traffic) around the school in collaboration with local municipal, community partners, and police assistance.
- Encourage healthy lifestyle behaviors.
- SR2S Objectives and Outcomes. Link for more objectives and outcomes: http://guide.saferoutesinfo.org/ evaluation/step2_write_objectives.cfm

Steps to Gaining Buy-in and Leading Change and Transformation (Kotter, 2007). See Making Change Happen (p.11):

- 1. Establish sense of urgency.
 - Motivating statement (often communicated to key school administrative decision maker(s)):

Dear Mr./Ms. Administrator:

Preventable accidents and injuries have occurred and will continue unless we [school community] put into action a plan to prevent further accidents and potential deaths. Our district is at risk for liability and potential lawsuits. I know you value, as do I, the safety of all students and staff. I am proposing that we investigate a federally funded program that can help us with this issue - Safe Routes to School. It is a win-win for the school and our surrounding community (Chriqui et al., 2012; DiMaggio, Frangos, & Li, 2016). This program will help us look at underlying issues, such as sidewalks and traffic patterns and facilitate implementing changes that will enhance safety. In the bigger picture, the research supports improved student classroom behaviors and learning outcomes, related to exercise. Even better - this program engages multiple partners in our community from the police, the mayor's office, parent groups, and local businesses (Ragland, Pande, Bigham, & Cooper, 2014; Rodriguez & Vogt, 2009). I would like to co-lead this initiative with our local county Safe Routes to School coordinator. I already had an initial conversation with the county Safe Routes to School coordinator and they are ready to begin. Let's start today."

• Examine the literature and community assessment: In addition, the following areas related to this incident are:

School Community Health Problem/Needs Assessment:

- No bus transportation leads to increased traffic, congestion, and safety concerns around the school at arrival and dismissal times.
- 67% of students have BMIs greater than 95th percentile.
- No crossing guards at major intersections.
- No sidewalks on most streets in school walking distance area leads to parent concerns about walking or riding bicycles to school.
- Neighborhood safety concerns for elementary-aged students walking to school without adult supervision.
- Physical education classes cut back from 3 days/week to 2 days/week.
- Idling traffic from cars increases environmental health air quality concerns.
- No bicycle rack to lock/safeguard bicycles.
- School policy states no bicycles allowed/riding to school.
- Identify potential solution based upon scan of literature and relevant sources of information.

What is Safe Routes to School?

- Safe Routes to School (SRTS) is a federal, state and local effort to improve the health and well-being of children by enabling and encouraging children, including those with disabilities, to walk and bicycle to school; make bicycling and walking to school a safer and more appealing transportation alternative, thereby encouraging a healthy and active lifestyle from an early age; and to facilitate the planning, development and implementation of projects and activities that will improve safety and reduce traffic, fuel consumption and air pollution in the vicinity of schools.
- NJ Safe Routes to School (SRTS) is a statewide initiative to enable and encourage students to safely walk and bicycle to school.
- NJ SRTS Mission: Empower and assist communities with identifying issues, creating partnerships and implementing projects and programs to encourage walking and biking to and from school as a safe, daily activity.
- NJ SRTS Vision: Develop a culture and environment where walking and bicycling to school is safer, more appealing and a part of daily life for students throughout New Jersey.

How it works

• The NJ Safe Routes to School (SRTS) Resource Center and New Jersey Bicycle and Pedestrian Resource Center assist public officials, transportation and health professionals, and the public in creating a safer and more accessible walking and bicycling environment through primary research, education and dissemination of information about best practices in policy and design. The Centers are supported by the New Jersey Department of Transportation through funds provided by the Federal Highway Administration.

2. Form a powerful guiding coalition.

• Who are my partners?: Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this example the individuals would be school district administrators [superintendent, bus transportation administrator/manager, principals], other school colleagues such as physical education teachers, school guidance counselor, PTA, police officers (many communities have a dedicated traffic officer), local county or state Safe Routes to School coordinator, mayor, local state legislators, school board members, faith-based organizations, school neighborhood representatives, school neighborhood businesses. Team leader should be an individual with senior line management.

3. Create a vision.

- Use SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) goals to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Plan-Do-Check-Act cycle, a four step model for carrying out change (https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/work-flow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act)

4. Communicate the vision.

 Use every avenue/vehicle possible to communicate: PTA meetings, Robocalls, flyers, student poster contest, involve the art teacher, access tools through the SRTS program.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision.

• Example: policy changes that allow students to bike to school, purchasing a bike rack. NJ Safe Routes to School (SRTS) evaluation of school traffic safety initiatives; changing a street to a one-way street, traffic calming "speed bumps", staggering school start and dismissal times to decrease traffic from both schools. Involving parents/guardians and high school students in a SRTS "walking school bus" initiative; community cleanup of path behind school

6. Plan for and create short-term wins.

• Define and set a visible performance improvement – set a date early in the initiative to have a "Walking School Bus" one-time date. Create excitement around this date through utilizing your partners and stakeholders. See the SR2S literature for idea on how to do this. Use your local SR2S representative to help coordinate. Have a measurable outcome such as percentage of students who walked to school that day versus those that would normally be dropped off. Subjective comments and statements from teachers and students support this objective – for example, a teacher comments that the classroom students were more engaged and less fidgety before lunch that day; a parent reports that it was invigorating to walk to school, felt safe, and got to work on time despite walking that day.

7. Consolidate improvements and produce more change.

Use the evaluations and assessments to further change systems, structures, etc. For example

 the local municipality repairs existing paths and puts in sidewalks on the streets within two blocks of the school. The PTA buys a bicycle rack for the school. Volunteers to work as crossing guards are trained and placed. A local business is excited for more foot traffic to their business due to the sidewalk expansion. A high school Girl Scout uses the program as a Gold Award project called "Safety Ambassadors" and develops a system of walking school buses with local high school students as the walking route leaders.

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results. For example - measurement objectives reveal less traffic around the school, no injuries took place, funding for more sidewalks in the area was put in the municipalities budget for next year, 50% of those students who live less than 1 mile from school increased the number of walked days to school in the last marking period as compared to the previous marking period. High school students have developed a "safety ambassador" program that comes to the elementary school at dismissal to walk students home.

What are my resources?

National:

Safe routes: National center for Safe Routes to School. (2017). Retrieved from http://www.saferoutesinfo.org/

National Highway Traffic Safety Administration. (n.d.). Safe Routes to School: Practice and promise. Retrieved from https://one.nhtsa.gov/people/injury/pedbimot/bike/Safe-Routes-2004/index.html

New Jersey:

New Jersey Safe Routes to School. (2017). Retrieved from http://www.saferoutesnj.org/

New Jersey Safe Routes to School. (2017). Find your Safe Routes to School regional coordinator. http://www.saferoutesnj.org/about/regional-coordinator-tmas/

New Jersey Safe Routes to School. (2017). New Jersey Safe Routes to School info sheet. Retrieved from http://www.saferoutesnj.org/wp-content/uploads/2012/04/SRTS-Resource-Center-Info-Sheet.pdf

New Jersey Safe Routes to School. (2017). *Tools, tips and more.* Retrieved from http://www.saferoutesnj.org/resources/tools-tips-and-more-2/

Potential Funding Sources:

Transportation Alternatives Program Grants:

New Jersey Safe Routes to School. (n.d.). Tips on applying for TAP: Transportation Alternatives Program Grants. Retrieved from http://www.saferoutesnj.org/wp-content/uploads/2011/12/FINAL-TAP-Grant-Strategies-and-Tips.pdf

New Jersey Safe Routes to School. (n.d.). *Safe Routes to School grant strategies & tips.* Retrieved from http://www.saferoutesnj.org/wp-content/uploads/2012/04/SRTS-Grant-Strategies-and-Tips1.pdf

Social Media:

#srts
#NJSRTS
@SafeRoutesNJ
@SafeRoutesNow
#MoveEquity
@schoolnurses
@NJSSNA1

#NJSchoolNurseLeadership

POTENTIAL INDICATORS/ MEASUREMENT ITEMS/	DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
SR2S Program Evaluation Measurement and Outcomes	Student surveys Parent surveys Police department data	Safe Routes to School Program Evaluation: http://guide. saferoutesinfo.org/evaluation/ index.cfm
Student numbers walking, biking to school. Local community crash data.	Health department data Observations regarding the smell of the air or mechanical device to record pollutants	(Chriqui et al., 2012) (DiMaggio et al., 2016) (Khan & Igbal, 2013)
Traffic law infractions near school. Air pollution caused by cars/private traffic to		
school	and Sources visit Table 1 of Jameson, et al., 2	(Rodriguez & Vogt, 2009) 2017 at https://www.ncbi.nlm.nih.gov/

What Else Do I Need to Do?

pubmed/28681685

Will I need an Institutional Review Board (IRB)? See the U.S. Department of Health & Human Services, Office for Human Research Protections below. If you will have contact with human subjects, plan to publish this as research in a peer-reviewed journal, you need an IRB. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians?

U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects.

Retrieved from httml#46.102

How does this impact Standards of Practice?

NASN Scope and Standards of Practice:

Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).

NJ DEPARTMENT OF EDUCATION

State of New Jersey Department of Education. (n.d.). *Keeping our kids safe, healthy & in school. Physical activity and obesity prevention.* Retrieved from http://www.state.nj.us/education/students/safety/health/pa/

Position Statements from NASN and ANA: Position on the subject. Not practice standards.

National Association of School Nurses (NASN) Position Statement

National Association of School Nurses. (2013). Overweight and obesity in youth in schools - The role of the school nurse (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/overweight-and-obesity-in-youth-in-schools-the-role-of-the-school-nurse

American Nurses Association (ANA) Position Statement(s)

ANA. (2014). Position statement: Professional role competence. Retrieved from: http://nursingworld.org/

MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/ Position-Statements-Alphabetically/Professional-Role-Competence.html

ANA. (2007). Assuring safe, high quality health care in Pre-K through 12 educational settings. (Position Statement). Retrieved from http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html

Local School District

Job Description

Performance Appraisal Rubric

Student Growth Objective (SGOs are not a *required* component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit website below for more examples: http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf
Annual Professional Development Goals/Objectives

Key Principle: Quality Improvement

Definition: Quality Improvement (QI) is a continuous and systematic process that leads to measurable improvements and outcomes (Health Resources and Services Administration [HRSA], n.d.) QI and measuring quality are integral parts of healthcare reform and are current standards of practice (Agency for Healthcare Research and Quality [AHRQ], 2011).

PRACTICE COMPONENTS	DEFINITION*
CONTINUOUS QUALITY IMPROVEMENT	Deming cycle of "Plan-Do-Check-Act": assessment, identification of the issue, developing a plan, implementing the plan, evaluating if goals/outcomes are achieved (Agency for Healthcare Research and Quality, n.d.; ANA & NASN, 2017).
DOCUMENTATION/ DATA COLLECTION	Sixth step of the nursing process and sixth standard of school nursing practice (ANA & NASN, 2017). Evaluation is the assessment of the attainment of outcomes. For school nurses, evaluation includes measuring meaningful health and academic outcomes and determining whether the processes and interventions used were appropriate. Evaluation should occur for all components of the student's IHP (practice component of Care Coordination).
EVALUATION	As leaders, change agents and full partners shaping the future health and academic success of young people, school nurses need to be aware and involved with healthcare and education reform (Duncan, 2013, August 25,; Institute of Medicine, 2011; Needleman & Hassmiller, 2009; Robert Wood Johnson Foundation, 2010). Understanding current reforms (e.g. Affordable Care Act of 2010), affords opportunities for school nurses to advocate for changes that best serve students, articulate how school nursing fits into the reform, and validate their role wo that it is not lost (American Public Health Association, 2013).
MEANINGFUL HEALTH/ ACADEMIC OUTCOMES	For school nurses, evaluation includes measuring meaningful health and academic outcomes and determining whether the processes and interventions used were appropriate. May consider IHP components part of this area.
PERFORMANCE APPRAISAL	Data and evaluation should also be used for performance appraisal of the school nurses' work goals and job performance.

RESEARCH

Many of the concepts of research and QI overlap, yet QI and research are different. QI determines if evidence-based practice standards are effective. Research is a formal process for testing an intervention to gain new knowledge that is hopefully, generalizable beyond the given situation (Agency for Healthcare Quality and Research, 2017; Institute of Medicine, 2001; U.S. Department of Health and Human Services, 2009).

UNIFORM DATA SET

Includes participation in Step Up and Be Counted! So that all school nurses across the country collect data in the same way (Maughan et al., 2014). Provides ability to determine which school nurse interventions are the most effective and to better understand models of school nursing practice and workforce models – and their impact on student health.

*Definitions of the framework principles and components were taken from the original articles that developed the Framework for 21st Century School Nursing Practice™ (NASN, 2016a; Maughan, Duff, et al., 2016). Where applicable the original source is cited. Permission to use granted by the National Association of School Nurses. Re-printed with permission by the National Association of School Nurses.

IDEAS: How can I use this principle in my practice?

- Continuous quality improvement: Decreased absences related to students with asthma.
- Demonstrates role of school nurse improves student health and academic outcomes at local or individual level.
- Continuous quality improvement: Reports on state-wide school nurse interventions to improve attendance in asthmatic students. Demonstrates role of school nurse improves student health and academic outcomes at population health level.
- Documentation: All NJ schools have uniform, standardized documentation system, electronic health record according to policies. Advocates uniform language, supports health care records and transitions in care coordination across schools, district and state.
- Documentation: Standardize policy/forms for returning to school. This promotes clear guidelines, student quality and safety care provision, enhances follow up care.
- Evaluation: Use of CDC's *School Health Index* to assess school health and safety and wellness policies and programs. Benchmark and develop and/or revise interventions, policies and programs as appropriate.
- Meaningful health/academic outcomes related to chronic disease asthma: Improves absences related to management of chronic disease; improves communication with health care providers regarding the management of asthma in school; improves quality of life for asthmatic students.
- Meaningful health/academic outcomes: educate/communicate at large about wellness and impact on academic performance. Supports and demonstrates important role school nurses play in public health outcomes, and community-wide culture of health, culture of wellness.
- Performance appraisal: Develop uniform school nurse specific evaluation tool to increase quality of care to improve student outcomes. Utilize best practices to change (or continue) appraisal process by a nurse, rather than non-nurse education administrator.
- Research: Student health office visits to nurse with chronic illnesses warrant the need for additional school nurse(s) in the building. Data collected and evaluated to understand workload and student care needs. Consistent with quality and safe care that promotes optimal outcomes and healthy work environment.
- Uniform data set: local standardized uniform data collection. Fosters understanding of community needs from population health perspective.

KEY PRINCIPLE: QUALITY IMPROVEMENT **QUICK START FACT SHEET**

THE IDEA

GOALS

ACTION STEPS

RESOURCES

OUTCOMES MEASURE

IDEA: Develop Uniform Job Description

TOPIC: Performance Appraisal

and Performance Appraisal

What areas do you want to focus on for improvement?

and Standards of Practice Incorporate Framework or 21st Century School School Nursing: Scope performance appraisal Nursing Practice and evidence-based job into meaningful,

What exactly is it that you want to achieve?

- Framework for 21st Century Job description reviewed and updated if necessary to be reflective of scope School Nursing Practice. and standards of school nursing practice and
- Evaluation is based on the standards of school nurse practice and Framework for 21st Century School Nursing Practice.
 - opportunities to improve meaningful evaluations with motivations for Tool is useful for practice.
- clarify and/or are linked to Standards for evaluation the standard for school nursing practice.
- the evaluation tool metrics. accountable for meeting School nurses are
- non-nursing administrators. nursing administrator Tool may be used by (preferred) and
- to develop goals and plans level of practice and helps Tool evaluated present for the future.

- Consider who will be affected and how?
 - Get buy-in for your initiative. Who are the individuals who engaged in your initiative? must be involved and

Are there templates,

information, guides

already in place?

Who can lead the initiative? What partners/stakeholders should be involved?

What are others doing?

Find out about other

nitiatives. What are

other schools, districts,

states doing? Do not

limit yourself to

nursing-related

nitiatives. Be sure to

ask what were the

lessons learned.

- and required time; supplies needed? (i.e. types of staff other resources; estimated and materials, equipment, What resources will be costs).
- What are possible challenges and barriers? Reflect on possible solutions and these and think about strategies.

sources and grants that

Are there funding

can help off set costs?

- What is your timeline?
- early visible improvements? Do you have a short-term outcome to demonstrate
- communicate your proposed initiative and with whom? How will you share/
- project? Will this be a project you can continue annually? · Have you thought about sustainability for your

progress and success? How will you measure

guide this project using

evidence-based,

best-practices?

What resources can

- What are your outcome measures?
- How often will you check and measure your progress?
- Who will be responsible for collecting and information/data? reporting the
- How will you evaluate determine success? your initiative to

SOCIAL MEDIA

IDEA #1: COMPONENT SAMPLE IDEA: PERFORMANCE APPRAISAL - DEVELOP UNIFORM SCHOOL NURSE SPECIFIC EVALUATION TOOL

Definition:

Performance Appraisal – the evaluation of clinical competence, including other aspects of performance not exclusive to the practice of school nursing (e.g. interpersonal and communication skills, team collaboration and networking and classroom teaching) (ANA & NASN, 2017).

Idea:

Develop uniform school nurse specific evaluation tool to increase quality of care to improve student outcomes. Utilize best practices to change (or continue) appraisal process by a nurse, rather than non-nurse education administrator. Integrates the Framework for 21st Century School Nursing Practice, and scope of standards of school nursing into the job description and the performance evaluation of the school nurse.

The Story:

School nurse Radil has a goal of implementing a performance evaluation that is reflective of school nursing practice and includes competencies that acknowledge the Framework for 21st Century School Nursing PracticeTM. There is a current evaluation tool, but it does not reflect the current standards, including the newly revised School Nursing Scope and Standards of Practice (2017). Radil desires an integrated tool that is reflective of the school nurse job description, and a performance appraisal that follows current standards of practice, is meaningful, and helps school administrators understand the role of the school nurse.

Objectives:

- Job description reviewed and updated if necessary to be reflective of scope and standards of school nursing practice and Framework for 21st Century School Nursing Practice $^{\text{\tiny TM}}$.
- Evaluation is based on the standards of school nurse practice and Framework for 21st Century School Nursing Practice $^{\text{\tiny TM}}$.
- Tool is useful for meaningful evaluations with motivations for opportunities to improve practice.
- Standards for evaluation clarify and/or are linked to the standard for school nursing practice.
- School nurses are accountable for meeting the evaluation tool metrics.
- Tool may be used by nursing administrator (preferred) and non-nursing administrators.
- Tool evaluated present level of practice and helps to develop goals and plans.

Steps to Gaining Buy-in and Leading Change and Transformation (Kotter, 2007). See Making Change Happen (p.11):

- 1. Establish sense of urgency.
- Motivating statement (often communicated to key school administrative decision maker(s)):

Dear Mr./Ms. Administrator,

I know that you aspire to having the most competent and highly effective personnel working in your district. I am proposing helping our district develop an evaluation tool that promotes New Jersey best practices for highly effective school nurses, and has as its foundation the newly updated School Nursing: Scope and Standards of Practice. Research demonstrates that a meaningful evaluation helps school nurses to more closely examine their own practice, take responsibility for individual growth, and enhances motivation to strive for a higher level of performance (McDaniel, Overman, Guttu, & Engelke, 2013). I know this is an initiative that cannot be done in isolation as the process also involves a review of the school nurse job description. I have begun examining other state school nurse evaluations, as well as templates from several local New Jersey school districts. I would like to assemble a team of individuals that includes school nurses, administrators, school physician, parents, and other interested school partners to examine our job description and school nurse evaluation with the goal of creating a uniform job description and school nurse evaluation that may serve not only as an evaluation tool in our district, but one that is useful throughout New Jersey. I am ready to start today.

• Examine the literature and community assessment: In addition, the following areas related to this are:

School Community Health Problem/Needs Assessment:

- Obtain district and school-based job description(s) and evaluation(s). Benchmark current evaluation with updated Framework for 21st Century School Nursing Practice™ and School Nursing: Scope and Standards of Practice.
- Identify available resources that may already have templates, guides, and resources.

• Identify potential solution based upon scan of literature and relevant sources of information

Resources:

- Pennsylvania Department of Education. (2014). *Rubric assessment: Certified school nurse* (CSN). Retrieved from http://www.education.pa.gov/Documents/Teachers-Administrators/Educator%20Effectiveness/Non-Teaching%20Professionals/Certified%20School%20 Nurse%20Rubric.pdf
- Weston Public Schools. (n.d.). School nurse summative evaluation. Retrieved from http://old.westonschools.org/index.cfm?cdid=40090&pid=12284
- Connecticut State Department of Education. (2014). School nurse competency evaluation summary. Retrieved from http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/school_nurse_competency_evaluation_summary.pdf
- Connecticut State Department of Education. (2014). *School nurse competencies self-eval-uation tool.* Retrieved from http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/school_nurse_competency_self_evaluation_tool.pdf
- Connecticut State Department of Education. (2014). *Competency in school nurse practice*. (2nd. ed.). Retrieved from http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Nursing_Competencies.pdf

2. Form a powerful guiding coalition.

• Who are my partners? Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this example, the individuals would be school district administrators, principals, teachers, parents, school physician, local community health organizations.

3. Create a vision.

- Use SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) goals to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Deming's Plan-Do-Check-Act cycle, a four step model for carrying out change (https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act)
- Include as part of annual professional development goals, or Student Growth Objectives (SGOs).

4. Communicate the vision.

• Use every avenue/vehicle possible to communicate: PTA meetings, Robocalls, flyers, student poster contest, school nurse and district website, school newsletters, professional organizations.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision.

- Will I need any policy changes? For example, changes to job description and performance evaluation may require school board approval and/or adoption with school attorneys.
- Collaborate with school and community partners.
- Enlist the help of parent supporters/champions.
- Create interest/buy-in that supports school health as integral to school academic achievement.

6. Plan for and create short-term wins.

Define and set a visible performance improvement.

• Set a date early in the initiative that creates excitement. Example: establishment of the task force/guiding committee creates interest in school health and school health initiatives for the school and school community.

7. Consolidate improvements and produce more change.

Use your successes and improvements (yes! this project is going to work and the guiding coalition is behind the initiative) to further change systems, structures, etc.

- Evaluate and plan for changes/improvements for the following/year.
- Address policy changes as needed.
- Do you need additional support resources (i.e. Staff) to further understand the problem? If so, how will you demonstrate the cost/benefit of the staff.

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results.

• For example, the job description and performance evaluation committee decides after the original task has been completed to stay together to continue understanding the health needs of the school and school community. Perhaps the school wellness committee has been stagnant or not meeting lately and is now being revived. The CDC School Health Index self-assessment and planning may be explored as a next initiative.

Potential Funding Sources:

- School Nurse Leadership Healthy Schools Campaign: https://healthyschoolscampaign. org/programs/national/school-nurse-leadership/
- National Association of School Nurses Research Grants: https://www.nasn.org/nasn/re-search/research-grants

Social Media:

@ANAnursingworld@schoolnurses@NJSSNA1#NJSchoolNurse Leadership

POTENTIAL INDICATORS/ MEASUREMENT ITEMS/	DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
Job description re- written to reflect current standards and approved. Performance evaluation	Written documents	(Southall et al., 2017) (Resha, 2009) (Haffke, Damm, & Cross, 2014)
re-written and approved.		(ANA & NASN, 2017) (Allen-Johnson, 2017)

For more examples of Data: Indicators and Sources visit Table 1 of Jameson, et al., 2017 at https://www.ncbi.nlm.nih.gov/pubmed/28681685

What Else Do I Need to Do?

Will I need an Institutional Review Board (IRB)? See the U.S. Department of Health & Human Services, Office for Human Research Protections below. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians? Do I need parental permission to use the services?

U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). *Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects.* Retrieved from https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.102

How does this impact Standards of Practice?

NASN Scope and Standards of Practice:

Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).

Why is this important?

The New Jersey Department of Education supports the position that all individuals providing services for students should be highly qualified to ensure that all students have the best teachers possible (State of New Jersey Department of Education, 2014a). To ensure that the knowledge and skills needed by the school nurse to provide the highest quality and safe care possible to the school community, clinical supervision is essential. Many school nurses report that they are not evaluated or supervised by an individual who can ensure the highest level of clinical and professional competency (Mangena & Maughan, 2015). It is the position of the National Association of School Nurses (NASN, 2013) that school nurses ". . . be clinically supervised and evaluated by a registered nurse knowledgeable of the scope and standards of practice for school nursing."

Competence must first be evaluated using a self-evaluation process. Next nurse colleagues and nurses in the role of supervisor, coach, mentor or preceptor assess the clinical competence. Other aspects such as interpersonal and communication skills, team collaboration and networking and classroom teaching may be evaluated by professional colleagues, administrators and others. Evaluation should then guide future professional development (adapted from ANA & NASN, 2017, p. 16).

U.S. Department of Education

U.S. Department of Education. (2017). *Teacher evaluation*. Retrieved from https://www.ed.gov/labor-management-collaboration/conference/teacher-evaluation

NJ Department of Education

State of New Jersey Department of Education. (n.d.). *Student growth objectives (SGOs).* Retrieved from http://www.state.nj.us/education/AchieveNJ/teacher/objectives.shtml

State of New Jersey Department of Education. (n.d.). *Evaluation of other educators.* Retrieved from http://www.state.nj.us/education/AchieveNJ/other/

State of New Jersey Department of Education. (n.d.). N.J.A.C. 6A:9, *Professional Standards*. Retrieved from http://www.state.nj.us/education/code/current/title6a/chap9.pdf

State of New Jersey Department of Education. (n.d.). *School health services*. Retrieved from http://www.nj.gov/education/students/safety/health/services/

State of New Jersey Department of Education. (n.d.). *Keeping our kids safe, healthy and in school: Student support services.* Retrieved from http://www.nj.gov/education/students/safety/behavior/support/

Position Statements from NASN and ANA: Position on the subject. Not practice standards.

National Association of School Nurses (NASN) Position Statement(s)

National Association of School Nurses. (2016). *Education, licensure, and certification of school nurses* (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/education-licensure-and-certification-of-school-nurses

National Association of School Nurses. (2016b). *Role of the 21st century school nurse*. (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/the-role-of-the-21st-century-school-nurse

National Association of School Nurses. (2013). *Supervision and evaluation of the school nurse.* (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/supervision-and-evaluation-of-the-school-nurse

American Nurses Association (ANA) Position Statement(s)

ANA. (2014). Position statement: Professional role competence. Retrieved from: http://nursing-world.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionState-ments/Position-Statements-Alphabetically/Professional-Role-Competence.html

ANA. (2007). Assuring safe, high quality health care in Pre-K through 12 educational settings. (Position Statement). Retrieved from http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html

Local School District

Job Description

Performance Appraisal Rubric

Student Growth Objective (SGOs are not a required component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit website below for more examples: http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf)

Annual Professional Development Goals/Objectives

District policies and procedures

General QI Resources

Health Resources and Services Administration. (n.d.). *Quality improvement*. Retrieved from https://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/

American Nurses Association & National Association of School Nurses. (2017). *School nursing:* Scope and standards of practice (3rd ed.). Silver Spring, MD: <u>nursesbooks.org.</u>

CDC Foundation. (n.d.) What is public health. Retrieved from https://www.cdcfoundation.org/what-public-health

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010a). *Healthy People 2020.* Washington, DC: USDHHS. Retrieved from https://www.healthypeople.gov/

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010b). *Healthy People 2020—Determinants of health.* Washington, DC: USDHHS. Retrieved from https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010c).

Healthy People 2020—Access to health services. Washington, DC: USDHHS. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

Agency for Healthcare Research and Quality. (n.d.). *Plan-do-check-act cycle*. Retrieved from https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-as-sessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=deming

Agency for Healthcare Research and Quality. (2011). *National strategy for quality improvement in health care.* Retrieved from http://www.ahrq.gov/workingforquality/

PDCA: http://asq.org/learn-about-quality/project-planning-tools/overview/pdca-cycle.html

World Health Organization. (n.d.) Global Strategy for women's, children's and adolescents' health (2016-2030). Retrieved from http://apps.who.int/gho/data/node.gswcah

TOPIC: Collecting Community Health Data IDEA: Using the School Health Index	MEASURE	How will you measure progress and success? What are your outcome measures? How often will you check and measure your progress? Who will be responsible for collecting and reporting the information/data? How will you evaluate your initiative to determine success?
TOPIC: Collecting Community Health IDEA: Using the School Health Index	RESOURCES	What resources can guide this project using evidence-based, best-practices? Are there templates, information, guides already in place? What are others doing? Find out about other initiatives. What are other schools, districts, states doing? Do not limit yourself to nursing-related initiatives. Be sure to ask what were the lessons learned. Are there funding sources and grants that can help off set costs?
MENT	ACTION	• Consider who will be affected and how? • Get buy-in for your initiative. Who are the individuals who must be involved and engaged in your initiative? • Who can lead the initiative? • Who can lead the initiative? • What partners/stakeholders should be involved? • What resources will be needed? (i.e. types of staff and required time; supplies and materials, equipment, other resources; estimated costs). • What are possible challenges and barriers? Reflect on these and think about possible solutions and strategies. • What is your timeline? • Do you have a short-term outcome to demonstrate early visible improvements? • How will you share/ communicate your proposed initiative and with whom? • Have you thought about sustainability for your project you can continue annually?
QUICK START FACT SHEET KEY PRINCIPLE: QUALITY IMPROVEMENT	GOALS	what exactly is it that you want to achieve? • Identify the strengths and weaknesses of school/district policies and programs for promoting health and safety. • Develop an action plan for improving student health and safety. • Involve teachers, parents, students, and the community in improving school policies, programs, and services.
QUICK START FACT SHEET KEY PRINCIPLE: QUALITY I	THE IDEA	What areas do you want to focus on for improvement? • Evaluate current school health and safety policies and programs. • Assemble a team of school community partners focused on school community wellness. • Change and implement based upon SHI assessment.

IDEA #2: COMPONENT SAMPLE IDEA: RESEARCH
CENTERS FOR DISEASE CONTROL, SCHOOL HEALTH INDEX
COLLECTING COMMUNITY HEALTH DATA: IDENTIFY STRENGTHS AND
WEAKNESSES OF SCHOOL HEALTH AND SAFETY POLICIES AND PROGRAMS

Definition

Definition: "Quality Improvement (QI) is a continuous and systematic process that leads to measurable improvements and outcomes" (Health Resources and Services Administration [HRSA], n.d.) "QI and measuring quality are integral parts of healthcare reform and are current standards of practice" (Agency for Healthcare Research and Quality [AHRQ], 2011

Idea:

The School Health Index (SHI) (Centers for Disease Control and Prevention, 2016) is based on the CDC's research-based guidelines for school health programs, which identify the policies and practices most likely to be effective in reducing youth health risk behaviors. Utilize best practices in research to identify strengths and weaknesses of school and/or school district health and safety policies and programs. Integrates the Framework for 21st Century School Nursing Practice $^{\text{TM}}$ (NASN, 2016a), and Whole School, Whole Community, Whole Child Model (Lewallen et al., 2015).

The Story:

School nurse Gert has a goal of implementing healthy lifestyle programs that are evidence-based and have proven outcomes. There are some programs currently in place – but are they working? Do the programs target the right areas and individuals for change? How do I know? Where is that information? How do I access that information? Once I have that information, what do I do?

Objectives:

- Identify the strengths and weaknesses of school/district policies and programs for promoting health and safety.
- Develop an action plan for improving student health and safety.
- Involve teachers, parents, students, and the community in improving school policies, programs, and services.

Steps to Gaining Buy-in and Leading Change and Transformation (Kotter, 2007). See Making Change Happen (p.7):

- 1. Establish sense of urgency.
 - Motivating statement (often communicated to key school administrative decision maker(s)):

Dear Mr./Ms. Administrator,

I am concerned about some of the school community health needs we see in school – increasing obesity, mental health issues, substance abuse are just a few. I have found an amazing tool from the Centers for Disease Control called the School Health Index that can help us make a self-assessment of our current programs, gives us research based information about the health status of our community, and identifies low-cost or no-cost changes that are reasonable and user-friendly to implement. What I like most about the program is that it is a community-organizing and partnering initiative. The program engages teachers, administrators, parents, students and the community in promoting health enhancing behaviors and better health for the community. The program has been used across the U.S. with over 500 schools developing community-based teams focused on health and wellness in the school and school community. I know you are committed to the academic success of our children through the lens of the whole school community. Can I count on your support? I am ready to begin today.

• Examine the literature and community assessment: In addition, the following areas related to this are:

School Community Health Problem/Needs Assessment:

- Identify available resources that may already have templates, guides, and resources.
- Identify potential solution based upon scan of literature and relevant sources of information.

Resources:

Start here: Centers for Disease Control. (2017). *Healthy Schools. School Health Index.* Retrieved from https://www.cdc.gov/healthyschools/shi/index.htm

Download the planning guide for your school age level:

Elementary (https://www.cdc.gov/healthyschools/shi/pdf/Elementary-Total-2017.pdf)

Middle/High Schools (https://www.cdc.gov/healthyschools/shi/pdf/Middle-High-Total-2017.pdf)

Watch video "how-to": Centers for Disease Control. (2017). Training Tools for Healthy Schools e-Learning Series - School Health Index: A Self-Assessment and Planning Guide. Retrieved from https://www.cdc.gov/healthyschools/professional_development/e-learning/shi.html

Other partners with SHI: Alliance for a Healthier Generation: https://schools.healthiergeneration.org/dashboard/about_assessment/

NJ DEPARTMENT OF EDUCATION School Wellness Committee Toolkit:

http://www.state.nj.us/education/students/safety/health/csh/SchoolToolkitJune2012.pdf

NASN School Nurse Net Let's Connect on School Health Index:

https://schoolnursenet.nasn.org/
search?executeSearch=true&SearchTerm=school+health+index&l=1

2. Form a powerful guiding coalition.

• Who are my partners? Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this example, the individuals would be school district administrators, principals, teachers, parents, school physician, local community health organizations, local businesses, police and fire officials.

3. Create a vision.

- Use SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) goals to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Deming's Plan-Do-Check-Act cycle, a four step model for carrying out change (https://health.it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act)
- Include as part of annual professional development goals, or Student Growth Objectives (SGOs).

4. Communicate the vision.

• Use every avenue/vehicle possible to communicate: PTA meetings, Robocalls, flyers, student poster contest, school nurse and district website, school newsletters, professional organizations.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision.

- Will I need any policy changes? For example, changes to health curriculum may require school board approval. After school programs may require requests to appropriate school department.
- Collaborate with school and community partners.
- Enlist the help of parent and school community supporters/champions.
- Create interest/buy-in that supports school health as integral to school academic achievement.

6. Plan for and create short-term wins.

Define and set a visible performance improvement.

• Set a date early in the initiative that creates excitement. Example: establishment of the task force/guiding committee creates interest in school health and school health initiatives for the school and school community. Publicize the formation of the team. Report on the initial findings through school communications.

7. Consolidate improvements and produce more change.

Use your successes and improvements (yes! this project is going to work and the guiding coalition is behind the initiative) to further change systems, structures, etc.

- Evaluate and plan for changes/improvements for the following/year.
- Address policy changes as needed.
- Identify changes and initiatives that will be implemented.
- Do you need additional support resources (i.e. Staff, money) to further understand the problem? If so, how will you demonstrate the cost/benefit of the staff.

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results.

- For example, perhaps the school wellness committee has been stagnant or not meeting lately and is now being revived.
- Health curriculum has been reviewed and updated. Additional focus on substance abuse has been identified.

Potential Funding Sources:

- School Nurse Leadership Healthy Schools Campaign: https://healthyschoolscampaign.org/programs/national/school-nurse-leadership/
- National Association of School Nurses Research Grants: https://www.nasn.org/nasn/re-search/research-grants

Social Media:

@CDCgov

@HHSgov

@schoolnurses

@NJSSNA1

#NJSchoolNurse Leadership

DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
Team exists with regular meetings	(Maughan & Yonkaitis, 2017)
List with priorities of	(NASN, 2016a)
potential health and safety programs	(Wang et al., 2014)
	(Centers for Disease Control and
Changes made to curriculum and board approved.	Prevention, 2014)
	Team exists with regular meetings List with priorities of potential health and safety programs Changes made to curriculum and board

For more examples of Data: Indicators and Sources visit Table 1 of Jameson, et al., 2017 at https://www.ncbi.nlm.nih.gov/pubmed/28681685

What Else Do I Need to Do?

Will I need an Institutional Review Board (IRB)? See the U.S. Department of Health & Human Services, Office for Human Research Protections below. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians? Do I need parental permission to use the services?

U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects. Retrieved from https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.102

How does this impact Standards of Practice?

NASN Scope and Standards of Practice:

Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).

Why is this important?

School wellness teams/committees should be a part of every school. The school nurse is integral in population/community health.

U.S. Department of Education

U.S. Department of Education. (2014). *Centers for Disease Control. Putting Local School Wellness Policies into Action: Stories from School Districts and Schools.* Retrieved from https://www.cdc.gov/healthyyouth/npao/pdf/SchoolWellnessInAction.pdf

NJ Department of Education

State of New Jersey Department of Education. (n.d.). N.J.A.C. 6A:9, *Professional Standards*. Retrieved from http://www.state.nj.us/education/code/current/title6a/chap9.pdf

State of New Jersey Department of Education. (n.d.). *School health services*. Retrieved from http://www.nj.gov/education/students/safety/health/services/

State of New Jersey Department of Education. (n.d.). *Keeping our kids safe, healthy and in school: Student support services.* Retrieved from http://www.nj.gov/education/students/safety/behavior/support/

Position Statements from NASN and ANA: Position on the subject. Not practice standards.

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National Association of School Nurses. (2017). Whole School, Whole Community, Whole Child: Implications for 21st century school nurses (Position Statement). Retrieved from <a href="https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/07/28/whole-school-whole-community-whole-child?CommunityKey=a2de8278-4a49-4e77-b409-ccd048b251d0&Tab="https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/07/28/whole-school-whole-community-whole-child?CommunityKey=a2de8278-4a49-4e77-b409-ccd048b251d0&Tab="https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/07/28/whole-school-whole-community-whole-child?CommunityKey=a2de8278-4a49-4e77-b409-ccd048b251d0&Tab="https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/07/28/whole-school-whole-community-whole-child?communityKey=a2de8278-4a49-4e77-b409-ccd048b251d0&Tab="https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/07/28/whole-school-whole-community-whole-child?communit

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<a href="https://

ANA. (2007). Assuring safe, high quality health care in Pre-K through 12 educational settings. (Position Statement). Retrieved from http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html

Local School District

Job Description

Performance Appraisal Rubric

Student Growth Objective (SGOs are not a required component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice) Visit website below for more examples: http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf
Annual Professional Development Goals/Objectives
District policies and procedures

General QI Resources

Health Resources and Services Administration. (n.d.). *Quality improvement*. Retrieved from https://www.hrsa.gov/public-health/guidelines/quality-improvement.html

American Nurses Association & National Association of School Nurses. (2011). *School nursing: Scope and standards of practice* (2nd ed.). Silver Spring, MD: <u>nursesbooks.org.</u>

CDC Foundation. (n.d.) What is public health. Retrieved from http://www.cdcfoundation.org/content/what-public-health

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010a). *Healthy People 2020.* Washington, DC: USDHHS. Retrieved from https://www.healthypeople.gov/

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010b).

Healthy People 2020—Determinants of health. Washington, DC: USDHHS. Retrieved from https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010c). *Healthy People 2020—Access to health services.* Washington, DC: USDHHS. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

Agency for Healthcare Research and Quality. (n.d.). *Plan-do-check-act cycle.* Retrieved from https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-as-sessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=deming

Agency for Healthcare Research and Quality. (2011). *National strategy for quality improvement in health care*. Retrieved from http://www.ahrq.gov/workingforquality/

PDCA: http://asq.org/learn-about-quality/project-planning-tools/overview/pdca-cycle.html

World Health Organization. *Global Strategy for women's, children's and adolescents' health (2016-2030).* Retrieved from http://apps.who.int/gho/data/node.gswcah

Key Principle: Community/Public Health

Definition: "Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world. A large part of public health is promoting healthcare equity, quality and accessibility" (CDC Foundation, 2017).

"Key tenets and responsibilities of public health practiced by school nurses, such as surveillance, outreach, population-based care, levels of prevention, social determinants of health (including access to care and cultural competency), and health equity, make up the practice components of this principle. Healthy People 2020, helps school nurses prioritize assessments and interventions and provides measurable guideposts that are applicable at the nation, state and local levels" (Meadows-Oliver & Allen, 2012; U.S. Department of Health and Human Services, 2017b).

PRACTICE COMPONENTS	DEFINITION*		
POPULATION-BASED CARE	The Community/Public Health principle expands the focus beyond the individual to populations (e.g., school community) with similar health concerns. Interventions for school populations are guided by group assessments that target the student, family, school, and community systems.		
HEALTHY PEOPLE 2020	Healthy People 2020—the United States' national health promotion and disease prevention agenda for populations—helps school nurses prioritize assessments and interventions and provides measurable guideposts that are applicable at the national, state, and local levels (U.S. Department of Health and Human Services, 2017b).		
LEVELS OF PREVENTION	Individual and population-based interventions can be categorized by levels of prevention: before the health issue occurs (i.e., <i>primary prevention</i>), when the health issue has begun but before complications and/or signs and symptoms (i.e., <i>secondary prevention</i>), or after the health issue has occurred (i.e., <i>tertiary prevention</i>). Several of the practice components relate to the levels of prevention. School nurses provide care at all three levels but place extra emphasis on primary prevention.		
HEALTH EDUCATION	Health education is an example of implementing primar prevention.		
HEALTH PROMOTION	Other examples of primary prevention: promoting immunizations, health promotion programming, and advocating for a positive school environment. The activities of primary prevention overlap with the principle of Leadership's components of change agent and advocacy.		

SCREENINGS, REFERRALS, AND FOLLOW-UP ACTIVITIES	Screenings, referrals, and follow-up activities are secondary prevention strategies that detect and treat health concerns in their early stages often before signs and symptoms appear—and modify, remove, or treat them before the health concerns become serious.	
RISK REDUCTION	Secondary prevention focuses on risk reduction and disease prevention. Tertiary prevention includes strategies that limit further negative effects from an existing health problem and promote optimal functioning.	
DISEASE PREVENTION	Secondary prevention focuses on risk reduction and disease prevention. Tertiary prevention includes strategies that limit further negative effects from an existing health problem and promote optimal functioning.	
SOCIAL DETERMINANTS OF HEALTH	Social determinants are factors that impact health, such as income/social status, housing, transportation, employment/working conditions, social support networks, education/literacy, neighborhood safety/physical environment, access to health services, and culture (USDHHS, 2017). Social determinants are important because theyare known to cause 80% of health concerns (Booske, Athens, Kindig, Park, & Remington, 2010).	
ACCESS TO CARE	Access to care is having available comprehensive, quality health care services (USDHHS, 2017). It includes access to a school nurse, referrals to health care services, insurance coverage, transportation to care, and timeliness of care. Limited access to health care impacts the ability for people to reach their full potential.	
CULTURAL COMPETENCY	Culture is another social determinant. It encompasses the customs, values, and beliefs of an individual and/or population. School nurses must continually work at obtaining cultural competency, which is a set of behaviors, attitudes, and skills that allow effective care to be delivered in crosscultural situations (U.S. Department of Health and Human Services, 2017a). Failure to be culturally sensitive to students and families can decrease trust, leading to decreased communication and management of a health condition, resulting in adverse student health outcomes.	

Social determinants of health and health disparities (health inequity) are closely related. For example, children of racial minorities are more likely to have untreated asthma and be obese (U.S. Department of Health and Human Services, **HEALTH EQUITY** 2012; Wang, 2011). School nurses are in the critical position to address health disparities of students and families and provide equitable health services (health equity) because of their intimate knowledge of the environments where students and families live, play, and access care. The environment—including air, water, food, pollution, chemicals, biological agents, and psychological influences is a fundamental determinant of individual and community health. Children are vulnerable to environmental threats that may exist in schools due to their daily exposure. School **ENVIRONMENTAL HEALTH** nurses assess for factors that negatively affect health in the school environment and promote policy and practices that reduce environmental health risks and promote emotionally and physically healthy school communities (ANA & NASN, 2017; MacNeil, Prater, & Busch, 2009). Surveillance, closely aligned with nursing assessment, is a key school nursing and community/public health practice component. Surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to the planning, implementing, and evaluating practice. It is usually proactive and includes disseminating the data to **SURVEILLANCE** those who need it to prevent or control health conditions (Centers of Disease Control and Prevention, 2017). School nurses practice surveillance when they monitor and describe an increase in strep throat cases or influenza-like illness. Surveillance and use of the data overlap with the principle of QI. Outreach, like surveillance, is proactive and involves identifying individuals or populations at risk, providing education about the health risk, strategizing ways to reduce the risk, and finding services to assist (Minnesota Department of Health, OUTREACH 2001). For example, school nurses outreach to students with undiagnosed asthma who exhibit signs or symptoms. educating them and their families, and connecting them with

*Definitions of the framework principles and components were taken from the original articles that developed the Framework for 21st Century School Nursing Practice™ (NASN, 2016a; Maughan, Duff, et al., 2016). Where applicable the original source is cited. Permission to use granted by the National Association of School Nurses. Re-printed with permission by the National Association of School Nurses.

appropriate health care services.

IDEAS: How can I use this principle in my practice?

- Access to care: Increase/improve access to care through family exposure and disseminating resource opportunities. Consistent with improving community levels of care and health literacy, facilitating health equity for all.
- **Cultural competency:** Nutrition/health education that is culturally relevant and culturally competent. Develops culture, ethics and principles that demonstrate district behaviors, attitudes, policies and structures are in place leading to working effectively cross-culturally.
- **Disease prevention:** Teaching workshops for parents. Reinforces message of culture of health, supports community engagement, and integrates school nursing practice with public health tenets.
- **Population-based care:** Identify school population/community primary health needs. Tenets of public health addressed to help school nurse prioritize care needs and community interventions.
- **Screenings/referral/follow-up:** Get assistance to complete screenings and develop strategies/ interventions to follow-up on failed screenings. Promotes community partnering and community engagement with outside resources.
- **Environmental health:** Air conditioning in health office and classrooms. Students are affected by ambient room temperature which may impede their ability to learn and be healthy.
- **Risk reduction:** Reduce student stress levels. Educate student, staff, faculty, parents on importance of mental and behavioral health.
- Outreach: Surveillance of community health indicates that many adults (staff and parents) do not obtain the flu vaccine annually. State requires all preschoolers to have flu vaccine, but not rest of the students or school staff. School nurses strategizes ways to reduce the health risk with local community health department. School nurses and health department offer flu vaccine at school to all students, staff and school community members.
- **Health promotion:** Monthly health promotions topics. Improving community levels of health awareness on various health related topics.
- **Health equity:** Several ideas mobile health vans, school based health clinics, health department clinics, federal funded clinics, private inexpensive Nurse Practitioner run clinics, hire school Nurse Practitioner. Demonstrates interdisciplinary and partnering with community stakeholders.
- Health equity: Food access program. Students and families benefit through access to food.
- Social determinants of health (SDOH): Integrates with care coordination principle to address SDOH, trauma informed care delivery aspects are included in care planning. Checks and assesses physical exams, charts, asks teachers, students and parents/guardians when appropriate, other district info (i.e. free/reduced lunch, Medicaid roster) for SDOH.
- Social determinants of health: Social media one-day "blackout" Project Unplug. Assessing social and behavioral elements of technology on student growth and development.
- **Cultural competency:** Cultural diversity/perspectives forums. Sharing of perspectives and views to promote understanding within school community.

Resources:

CDC Foundation. (n.d.) What is public health. Retrieved from http://www.cdcfoundation.org/content/what-public-health

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). Healthy People 2020. Retrieved from https://www.healthypeople.gov/

QUICK START FACT SHEET

KEY PRINCIPLE: COMMUNITY/PUBLIC HEALTH

THE IDEA

GOALS

ACTION STEPS

RESOURCES

Healthy Living and Healthy Lifestyles

IDEA: Community Cafés:

TOPIC: Outreach

OUTCOMES MEASURE

What areas do you want to focus on for improvement?

- barriers and facilitators nealthy lifestyles in the Desire to understand to healthy living and school community.
- discussions often provide for multiple perspectives Community, Whole Child Incorporate principles of collaborative space that provides a springboard insights that might not Whole School, Whole emerge in interviews. to create an active, discussions. Group and meaningful

What exactly is it that you want to achieve?

- Discover the restraining that may drive change. forces that act to keep changing, and forces the problem from
- solutions to the problem these forces in devising and identifying targets knowledge and insight visible and actionable. and agents of change. Use understanding of Make emergent
- committed to building a culture of health in the community partners Develop a team of community

- Consider who will be affected and how?
- Get buy-in for your initiative. Who are the individuals who engaged in your initiative? must be involved and
- What partners/stakeholders Who can lead the initiative? should be involved?
- and required time; supplies needed? (i.e. types of staff other resources; estimated and materials, equipment, What resources will be
- . What are possible challenges and barriers? Reflect on possible solutions and these and think about strategies.

sources and grants that can help off set costs?

Are there funding

- What is your timeline?
- early visible improvements? Do you have a short-term outcome to demonstrate
- communicate your proposed initiative and with whom? How will you share/
 - project? Will this be a project you can continue annually? Have you thought about sustainability for your

- What are your outcome progress and success? How will you measure

guide this project using

evidence-based,

best-practices?

What resources can

measures?

Are there templates,

information, guides

already in place?

- How often will you check and measure your progress?
 - Who will be responsible information/data? for collecting and reporting the What are others doing?

other schools, districts,

states doing? Do not

limit yourself to

nursing-related

Find out about other

initiatives. What are

How will you evaluate determine success? your initiative to

initiatives. Be sure to

ask what were the

lessons learned.

SOCIAL MEDIA

IDEA #1: COMPONENT SAMPLE IDEA: OUTREACH COMMUNITY CAFÉ - CONVERSATIONS THAT MATTER: HEALTHY LIVING AND HEALTHY LIFESTYLES

Idea:

Use Community Cafés to understand more about healthy living and healthy lifestyles in the local school community

The Story:

School nurse Pao is concerned about the childhood obesity epidemic. While this is a global concern, locally Pao has noticed more students with BMIs that are in the overweight/obesity range, and blood pressures that are elevated above pediatric norms. Worldwide obesity has more than doubled since 1980. 42 million children under the age of 5 were overweight or obese in 2013. Obesity is preventable (World Health Organization, 2017).

However, obesity is just one "symptom" of the health of a community. **To develop** initiatives, **Pao knows that one must start with a community health** assessment (gathering data from the community).

What is happening locally, and how can Pao be sure that interventions will be evidence-based to promote health and healthy behaviors in students and the school community?

Objectives:

- Begin understanding community needs and potential interventions as it relates to healthy living and healthy lifestyles in the local community.
- Develop school and community partners that focus on a culture of health initiatives.
- Develop initiatives that address major findings for next school year.
- Plan a pilot study that can be expanded to other schools, grade levels and/or community partners.
- Establish baseline of students with BMIs that are overweight/obese. Examine trends from prior years if data is available. Benchmark results for next school year.

Steps to Gaining Buy-in and Leading Change and Transformation (Kotter, 2007). See Making Change Happen (p.11):

1. Establish sense of urgency.

 Motivating statement (often communicated to key school administrative decision maker(s)):

Dear Mr./Ms. Administrator:

As our school health leader, I am interested in helping our district better understand some of the supports and barriers to healthy living and healthy lifestyles. For example, in 2016 more than half of the adult population was overweight or obese. In our county 31.7% of our children between ages 10-17 are overweight or obese (The State of Obesity, 2016). These children become overweight and obese adults who then are at risk for hypertension, heart disease, arthritis, and obesity related cancers.

But, this is more than about obesity, this is about building a culture of health in our community. We need to know what healthy living and healthy lifestyles mean to our community. The research supports healthy lifestyle interventions that involve school nurses are effective (Schroeder, Travers, & Smaldone, 2016). Healthy students are better learners (Basch, 2011).

I know health and healthy living is a complex issue. I want to contribute to the body of evidence our school creates to inform our decisions about future interventions to improve the health of our school children and our school community. I would like to start a community cafe – an informal gathering of parents in our school. There are resources available to begin a community café through a local school district in Camden, NJ, which has already used the program with great success. I would like to begin developing a group of partners who we can work with to help us combat this issue here in our own community.

• Examine the literature and community assessment. In addition, the following areas related to this are:

School Community Health Problem/Needs Assessment:

- Obtain district and school-based obesity data, need benchmark.
- Start here for data: Obtain county and community local health assessment data at New Jersey State Health Assessment Data (https://www26.state.nj.us/doh-shad/home/Welcome.html)
- See Essex County Community Health Improvement Plan (CHIP) Example (http://www.uhnj.org/patients/docs/UH_CHNA-2014.pdf)
- Identify available resources that may already have templates, guides, resources.

• Identify potential solution based upon scan of literature and relevant sources of information.

Provided below are resources and examples from ONE example/type of a community café. There are many ways to do a community café, set-up and discussion. The example here may be right for your needs. Be sure to check the resources below

- Utilize national toolkit resources: Community Cafe Organization Guide (http://www.ctfalliance.org/images/initiatives/Parents%20resources%20pdfs/Host_Orientation_Kit.pdf)
- Watch this video to hear Robin Cogan, School Nurse, talk about her experiences with the Community Café in Camden, NJ: Host a Community Cafe by Robin Cogan (https://spark.adobe.com/video/KZoSROnGfzuzP)
- See "Storyboard for Community Cafe Training Conversations that Matter!" attached at the end of this idea.
- The World Cafe: Cafe to Go Quick Reference Guide (http://www.theworldcafe.com/wp-content/uploads/2015/07/Cafe-To-Go-Revised.pdf)
- Wiser Together Guiding Principles/Ground Rules (http://www.wiser-together.com/about/guiding-principles/)
- Right Care Cafes Organizers Guidelines
- Local NJ School Nurse support contact:
 Robin Cogan, MEd, RN, NCSN
 Faculty Rutgers School Nurse Certificate Program
 Johnson & Johnson School Health Fellow Program Liaison/Community Coach
 Email: robin.cogan@rutgers.edu

2. Form a powerful guiding coalition.

• Who are my partners? Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this example, the individuals would be school district administrators, principals, office support staff, parents, local community health organizations, child advocacy groups, chronic disease organizations.

3. Create a vision.

- Use SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) goals to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Deming's Plan-Do-Check-Act cycle, a four step model for carrying out change (https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/work-flow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act)
- Include as part of annual professional development goals, or SGOs.

4. Communicate the vision.

• Use every avenue/vehicle possible to communicate: PTA meetings, Robocalls, flyers, student poster contest, school nurse and district website, school newsletters, professional organizations, local hospitals, local healthcare providers.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision.

- Will I need any policy changes? For example, obtaining written consent to participate in the community café?
- Collaborate with school and community partners.
- Enlist the help of parent supporters/champions.
- Create interest/buy-in that supports community healthy lifestyles and nutrition.

6. Plan for and create short-term wins.

Define and set a date for visible performance improvement. Recognize and reward those involved in the improvements.

- Set a date early in the initiative that creates excitement. Example: Parents in the first community café reported that they had difficulty finding programs that support children and obtaining a healthy weight. A local hospital offers a family-based program and initial discussions with the hospital have indicated the possibility of having programs in the local community. Other factors discussed also included decreased walkability in the surrounding areas of the school.
- As part of the community café model information, ideas, etc. are used to form a dialogue about barriers and facilitators to obesity prevention. The community cafes continue with all ideas collected and then used to guide next steps. For example, next steps may be to prioritize the ideas and then with community partners begin to formulate action steps and/ or interventions.

7. Consolidate improvements and produce more change.

Use the increased credibility (yes! this project is going to work and the guiding coalition is behind the initiative) to further change systems, structures, etc.

- Evaluate and plan for changes/improvements for the following/year.
- Address policy changes as needed.
- Do you need additional support resources (i.e. Staff) to further understand the problem?
- If resources are needed, formulate a plan to demonstrate the cost and benefits for the additional supports.

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results.

• For example: List compiled results of the community cafes. Identify potential interventions and how intervention(s) were chosen and plans for future implementation.

What are my resources:

NASN. *School Nurse Obesity Toolkit.* Retrieved from https://portal.nasn.org/members_online/members/viewitem.asp?item=S069&catalog=MAN&pn=1&af=NASN

NASN. *School Wellness Resources*. Retrieved from https://www.nasn.org/nasn-resources/practice-topics/school-wellness

Robert Wood Johnson Foundation. (2017). *Building a culture of health.* Retrieved from https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html

Healthy Schools Campaign. (2017). State ESSA plans to support student health and wellness: A framework for action. Retrieved from: https://healthyschoolscampaign.org/wp-content/up-loads/2017/03/ESSA-State-Framework.pdf

U.S. Department of Agriculture. (2016). *Team nutrition*. Retrieved from https://www.fns.usda.gov/tn/local-school-wellness-policy

Centers for Disease Control and Prevention. (2017). *Local school wellness policy.* https://www.cdc.gov/healthyschools/npao/wellness.htm

Centers for Disease Control and Prevention. (2004). *The role of schools in preventing childhood obesity.* https://www.cdc.gov/healthyyouth/physicalactivity/pdf/roleofschools_obesity.pdf

State of New Jersey, Department of Education. (2016). *Physical activity and obesity prevention*. Retrieved from http://www.state.nj.us/education/students/safety/health/pa/

Potential Funding Sources:

USDA Grants for Healthy Nutrition: https://www.usda.gov/media/press-releases/2015/03/26/us-da-announces-grants-childhood-obesity-prevention-programs

CATCH. Coordinated Approach to Child Health. (2017). *Grants for obesity prevention.* Retrieved from https://catchinfo.org/grant-finder/

Social Media:

#cultureofhealth

- @CDCObesity
- @kidseatright
- @WHO
- @MyPlate
- @healthyschools
- @schoolnurses
- @NJSSNA1
- #NJSchoolNurseLeadership

POTENTIAL INDICATORS/ MEASUREMENT ITEMS FOR THIS PROJECT, IT PROVIDES A MEANS TO EVALUATE THE VALUE OF THE INITIATIVE.	DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
 Community driven list of targets for change/improvement Short list of potential stakeholders/partners/agents of change who are interested in working further on community initiatives. Pilot study or initiative for implementation of change/improvement is planned. 	 Compiled from community cafes. Developed through interactions, communications. Planned using best practices and/or evidence-based resources appropriate to the initiative. 	http://www.theworldcafe.com See attached "Resource Guide for Implementation"

For more examples of Data: Indicators and Sources visit Table 1 of Jameson, et al., 2017 at https://www.ncbi.nlm.nih.gov/pubmed/28681685

What Else Do I Need to Do?

- Will I need an Institutional Review Board (IRB)? See the U.S. Department of Health & Human Services, Office for Human Research Protections below. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians? Do I need parental permission to use the services?
- U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects. Retrieved from https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html#46.102

How does this impact Standards of Practice?

NASN Scope and Standards of Practice:

Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners

with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).

U.S. Department of Education

U.S. Department of Education. (2011). Creating Equal Opportunities for Children and Youth with Disabilities to Participate in Physical Education and Extracurricular Athletics. Retrieved from www2.ed.gov/policy/speced/guid/idea/equal-pe.doc

NJ Department of Education

State of New Jersey Department of Education. (n.d.). *New Jersey tiered system of supports.* Retrieved from http://www.state.nj.us/education/njtss/comp/

State of New Jersey Department of Education. (n.d.). N.J.A.C. 6A:9, *Professional Standards*. Retrieved from http://www.state.nj.us/education/code/current/title6a/chap9.pdf

State of New Jersey Department of Education. (n.d.). *School health services*. Retrieved from http://www.nj.gov/education/students/safety/health/services/

State of New Jersey Department of Education. (n.d.). *Keeping our kids safe, healthy and in school: Student support services.* Retrieved from http://www.nj.gov/education/students/safety/behavior/support/

Position Statements from NASN and ANA: Position on the subject. Not practice standards.

National Association of School Nurses (NASN) Position Statement(s)

National Association of School Nurses. (2017). *Overweight and obesity in youth in schools - The role of the school nurse* (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/overweight-and-obesity-in-youth-in-schools-the-role-of-the-school-nurse

American Nurses Association (ANA) Position Statement(s)

ANA. (2014). Position statement: Professional role competence. Retrieved from: http://nurs-ingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-Competence.html

ANA. (2007). Assuring safe, high quality health care in Pre-K through 12 educational settings. (Position Statement). Retrieved from http://www.nursingworld.org/Main-MenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html

Local School District

Job Description

Performance Appraisal Rubric

Student Growth Objective (SGOs are not a *required* component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit website below for more examples: http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf

Annual Professional Development Goals/Objectives

District policies and procedures

School nurse district policies and procedures

Community Cafe Training Guide: Host Conversations That Matter

Welcome to a specialized training to learn an easy and effective method of community engagement called a *Community Cafe*. Community Cafes are small group gatherings where structured conversations around specific topics are held and community-based solutions are identified. It is a participant-driven discussion that empowers community members by asking about their experiences or solutions to specific topics (Brown, 2005).

For example, a Community Cafe can focus on parents' perceptions around their children's health care experience, or their understanding of the impact of chronic absenteeism on student success. The point is that the discussion is community-driven. Asking the experts, our families, to create community-driven solutions empowers them through giving their perspective a voice.

Let's break down the process into actionable steps:

Step 1: Begin the planning process for a *Community Cafe* with an understanding of the goals of each conversation.

- Consider topics based on trends identified within the school community. For example, if your school community identifies an increase in absenteeism, barriers to school attendance may be an important topic to discuss.
- Explore topics based on needs identified by the community outside of the school. For example, if your community has seen an increase in incidences of neighborhood violence, your topic may be related to school safety concerns.
- Community Cafes build connections in communities that are sometimes self-isolating. Listen for trends and concerns that parents or community members bring to your attention.
- Community leaders are home-grown, this is an opportunity for parents/guardians and community members to shine.

Step 2: Recruitment - Community Cafes are intimate gatherings of 10-12 participants. You can have one large conversation or break up into smaller groups, it is completely up to you.

- Invite parents/guardians and community members with diverse perspectives to attend simply by asking! Explain that you are looking for parent/guardian and community members input around important topics.
- Parents/guardians and community members are our experts!
- Communicate early and often with participants person to person works, reach out through face to face discussions, text messages and invitations.
- Create a simple invitation people respond to being personally invited. Invitation Template (greetingsisland.com)
- Remind people weekly through text messaging, flyers and invitations. Use the invitation as a flyer!
- Be enthusiastic and explain that the parent/guardian and community perspective is needed and important.
- Tell potential participants that the goal is community driven solutions to specific topics.
- Be positive and engaging; participants want to share their opinions. Enthusiasm is contagious, spread it!
- Be mindful of working families and stagger the times of your Community Cafes. For example: Host Cafes at the beginning, middle or end of the day in addition to evening hours. Make it convenient, hold it in your school, where participants already have a level of comfort and connection.

Step 3: Preparation: Be sure to include others in planning! People love helping and having a purpose to make an event happen. Share the fun of preparation. Allow for others to step forward. Making space for others to shine is the sign of true leadership.

Identify the location and time of the *Community Cafe* - Time frame is usually 90 minutes. Use your school building if this is possible, as this is a comfortable and familiar setting for most participants. Arrange for childcare, if this is feasible. School aged children should be in classes during daytime hours, but infants and toddlers may be with participants

- Provide light refreshments and drinks
- Identify yourself as the facilitator
- Be mindful of translators if needed
- Identify greeters who enthusiastically welcome participants as they arrive (Ask a team member to be a greeter)

Remember supplies:

Nametags (peel a stick tags are fine)
pens/pencils/markers
Confidentiality agreements/IRB forms
Large wall poster size paper
Tape to hang up poster size paper
Food, drinks, cups, plates, napkins, utensils, table cloths (disposable are preferred)

Step 4: Start the conversation! As people walk in make sure they are greeted, that they have a nametag, complete necessary sign-in information and confidentiality forms (see NJCCN documents), invite them to help themselves to refreshments and find seating. Types of seating can be small group tables of 4-6 or semi-circular or circular seating to encourage larger group conversations.

- Introductions (Warmly welcome everyone)
- Tell the participants that this is an informal gathering of parents/guardians to share perspectives and stories; and to stimulate thoughts and ideas for community driven solutions.
- Announce roles: Facilitator and note takers
- Be sure to acknowledge that the participants are the true experts and therefore their opinions are so important!

Read Creating a Safe Space (instead of ground rules)

- 1. This conversation stays confidential
- 2. Every comment is valued and valuable
- 3. There are no wrong questions- all questions have merit
- 4. Refrain from identifying a solution too early
- 5. Don't necessarily comment after each story
- 6. Make sure every voice is heard
- 7. Be comfortable with silence let the conversation flow, pauses are OK!

Present the question/issue to be discussed. Keep it brief and open ended. This is a community driven conversation.

Here are two examples of Community Café Topics:

- 1. What is working and not working in your child's health care experience?
- 2. What challenges do you have with your children's school attendance? What solutions can you suggest to address the barriers?
 - Encourage participants to identify barriers and solutions, with a focus on communitybased solutions!
 - Small group work is ideal, have tables of 4-6 participants working together.
 - Participants will be sharing their findings at the conclusion of the Café experience, so provide large poster size paper with colorful markers for them to write or draw their barriers and solutions.
 - If your gathering is small (6-10) you can have one scribe and facilitate one group conversation. It is a flexible model and can be customized to fit the needs of your group.

Step 5: Conclusion/Wrap-Up

Invite each group to share their findings. If it is one conversation, review the findings, but ask a participant to join you to share the information.

- Create a "Gallery Walk" of all the groups work
- Ask participants about their Community Café experience
- Keep the momentum going! Plan on continuing these Conversations that Matter.

Step 6: Unpack the Community Café

Write down first impressions immediately after the Café so you don't forget important points. Debrief and discuss common themes that were identified during the Café. Keep the posters that were created from the "Gallery", you may find them very helpful as you continue to build on follow up Cafes.

QUICK START FACT SHEET KEY PRINCIPLE: COMMUNITY/PUBLIC HEALTH

TOPIC: Screenings/Referrals/Follow-up IDEA: Vision Screening Referrals and Follow-up

THE IDEA

GOALS

ACTION STEPS

OUTCOMES

MEASURE

RESOURCES

What areas do you want to focus on for improvement?

- Screenings, referrals, and follow-up activities are secondary prevention strategies that detect and treat health concerns in their early stages often before signs and symptoms appear and modify, remove, or treat them before the health concerns become serious.
- Follow-up opportunities are missed once the initial referral is sent home.
- Aim to follow-up on 100% of referrals, and set benchmark for medical follow through to get the services the child needs.

What exactly is it that you want to achieve?

- Implement school nurse comprehensive referral follow up for grade 4 and grade 6 students based upon suggestions from (Neville, Radii, & Velmer, 2015).
- Implement use of Commission for the Blind and Visually Impaired (CBVI) for grade 4 and grade 6 vision screening. http://www.state.nj.us /humanservices/cbvi /services/prevention



Implement use of parent volunteers to assist with escorting students.

- Consider who will be affected and how?
- Get buy-in for your initiative. Who are the individuals who must be involved and engaged in your initiative?

Are there templates,

information, guides

already in place?

• Who can lead the initiative? What partners/stakeholders should be involved?

What are others doing?

Find out about other

initiatives. What are

other schools, districts,

states doing? Do not

limit yourself to

nursing-related

- What resources will be needed? (i.e. types of staff and required time; supplies and materials, equipment, other resources; estimated costs).
- What are possible challenges and barriers? Reflect on these and think about possible solutions and strategies.

sources and grants that

Are there funding

can help off set costs?

- What is your timeline?
- Do you have a short-term outcome to demonstrate early visible improvements?
- How will you share/ communicate your proposed initiative and with whom?
- Have you thought about sustainability for your project? Will this be a project you can continue annually?

 How will you measure progress and success?

guide this project using

evidence-based,

best-practices?

What resources can

- What are your outcome measures?
- How often will you check and measure your progress?
- Who will be responsible for collecting and reporting the information/data?
- How will you evaluate your initiative to determine success?

nitiatives. Be sure to

ask what were the

essons learned.

SOCIAL

@schoolnurses @NJSSNA1 #NJSchoolNurseLeadership

For more details on this project, see Chapter 5, Idea 2.

IDEA #2: SCREENINGS/REFERRAL/FOLLOW-UP GET ASSISTANCE TO COMPLETE SCREENINGS: VISION SCREENING REFERRALS AND FOLLOW-UP

Idea:

Screenings, referrals, and follow-up activities are secondary prevention strategies that detect and treat health concerns in their early stages often before signs and symptoms appear—and modify, remove, or treat them before the health concerns become serious

The Story:

School nurse Rosario has a large workload and worries every year that she has little time to follow up on the referrals she has sent home to determine if the students have received the services they require. In addition, she would like to screen more students earlier in the school year to identify students who fail vision or hearing screening. This year as part of her district professional development plan she decides to focus on vision screenings and improving follow-up on students who fail vision screenings in grade 4 and grade 6.

Objectives:

- Implement school nurse comprehensive referral follow up for grade 4 and grade 6 students based upon suggestions from (Neville, Radii, & Velmer, 2015).
- Implement use of Commission for the Blind and Visually Impaired (CBVI) for grade 4 and grade 6 vision screening. (http://www.state.nj.us/humanservices/cbvi/services/prevention/)
- Implement use of parent volunteers to assist with escorting students.
- Contact local eye vision professionals to reference recommendations for vision failures.
- Dedicate time to telephone parent/guardian regarding vision referral follow up.
- Locate financial resources locally and through professional organizations.
- Explore funding sources to purchase handheld autorefractor vision screener.

Examine the literature and community assessment:

School Community Health Problem/Needs Assessment:

- Grade 4 previous year vision referrals: 12 students/109. 3 referrals returned = 25% return.
- Grade 6 previous year vision referrals: 13 students/121. 2 referrals returned = 11% return.
- Inconsistent ability to screen without interruption in busy school nurse office.
- No school-based information on parent/guardian reasons for lack of or delay in follow-up.
- Inconsistent monitoring of vision referrals sent and returned to school nurse office.
- Need current local eye care professionals and eye specialists list, and contact information. Engage at least one eye care professional as reference for recommendations and findings of vision screening for vision failure.
- New Jersey State Health Assessment Data: 10.8% of community is uninsured. Approximately 19.4% of Hispanics in county are living at or below poverty level (New Jersey Department of Health, 2015).
- Policy changes required to district manual to ensure evidence-based vision screening.

Steps to Leading Change and Transformation (Kotter, 2007). See Making Change Happen (p.10):

1. Establish sense of urgency.

• Motivating statement (often communicated to key school administrative decision maker(s)):

Mr./Ms. Administrator.

I know we are both committed to the learning and health of our students. I am worried about the students who fail and are referred for a more comprehensive vision exam. Student learning is influenced by visual acuity, and most student learning occurs through vision. The American Optometric Association (2016) reports that 25% of school age children have vision problems. Did you know that 33% of students with failed vision referrals from schools do not receive professional exams (Neville et al., 2015)? Studies also report it can take on average two follow-up phone calls and 18 months after the initial referral from the school to visit an eye care specialist (Kemper, Helfrich, Talbot, & Patel, 2012).

Many times, the parent/guardian does not return the referral form. Therefore, it is unclear whether the child received the services they need. This may impact the student's vision – possible permanent vision loss; and impact academics - behavior problems in the classroom and poor academic performance (Basch, 2011).

This year I have a plan for my professional development plan to improve my vision referral returns and follow up on those who may need assistance in locating vision providers and/or financial resources. I need your help to support my proposed initiative as it includes utilizing an outside resource to help with screening and parent support as helpers. This is a great way to get parents involved in the school community. I am starting with grade 4 and grade 6 as that age group falls within the average age of school students developing distance vision problems. If it proves successful, I would like to ultimately use this plan for all grade levels.

• Identify potential solution based upon scan of literature and relevant sources of information.

Contact CBVI: The CBVI's Project BEST program services include: mobile eye examination unit; vision screening for preschool and school-age children. Screenings for students can be arranged through contacting the CBVI at (973) 648-7400 / Toll Free (877) 685-8878.

School Nurse Office: Check vision referral letter, update and revise as needed. See Neville, et al. (2015) for sample letter to parents/guardians. Develop phone script for follow-up telephone communication. Arrange for language translation assistance as needed for calls. Devise organization method for tracking referrals and phone calls. Work with PTA/PTO, classroom parents to arrange for parent escorts. Parents complete any necessary school paperwork required for school volunteers. Identify resources for referrals. Have teachers provide input into schedule to avoid conflicts.

2. Form a powerful guiding coalition.

• Who are my partners? Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this example, the individuals would be school district administrators [superintendent, principals], other school colleagues such as classroom teachers, student support services, school guidance counselor, PTA, eye care professionals, local clubs and organizations.

3. Create a vision.

- Use SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) goals to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Deming's Plan-Do-Check-Act cycle, a four step model for carrying out change (<a href="https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act)
- Include as part of annual professional development goals, or Student Growth Objectives (SGOs).

4. Communicate the vision.

 Use every avenue/vehicle possible to communicate: faculty staff emails, PTA meetings, robocalls, flyers, student posters, school nurse district website, school newsletters.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision.

- For example, policy changes that include 12-Component Vision and Eye Health System of Care: https://nationalcenter.preventblindness.org/sites/default/files/national/documents/VSProgramEvaluationNHSAVersion.pdf
- Ask questions and include parents/guardians in understanding challenges and barriers in taking their child to an eye care specialist. This will allow for tailoring school-specific interventions that address the challenges.
- Collaborate with community partners (i.e. Lions Club, eye care specialists, VSP providers).
- Create interest/buy-in to acquire (purchase if necessary) evidence-based vision screening tools that promote quality and efficient screening of students.
- Encourage classroom teachers and other school colleagues to let you know if a student appears to have difficulty with vision (squinting, turning head to one side, etc.).
- Develop plan to create a list of parent/guardian helpers.

6. Plan for and create short-term wins.

Define and set a date for visible performance improvement. Recognize and reward those involved in the improvements.

• Set a date early in the initiative that creates excitement. Example: This may be sending an email to the principal and classroom teachers that lets them know screening has been taking place, found that using parent escorts are making screening go much more smoothly and efficiently. The fourth-grade students in Mr. A's classroom made an amazing poster on the importance of vision, brain activity and learning. Send a personal thank you note to the parent/guardian escorts. Send a thank you note to the ABVI.

7. Consolidate improvements and produce more change.

Use your success and improvements (yes! this project is going to work and the guiding coalition is behind the initiative) to further change systems, structures, etc.

- Evaluate and plan for changes/improvements for the following year.
- Address policy changes as needed for district vision screening.
- Obtain needed new equipment for vision screening. Evaluate funding sources and budget limits. For example, purchasing a handheld autorefractor may involve checking with district budgets, perhaps applying for grant monies, asking local businesses or organizations to help. If yes, how will you show a return on investment.

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results.

• For example, two months after implementing outside agency screening and school nurse telephone follow-up, 45% of all vision referrals had been returned, three students obtained necessary eyeglasses. By May 80% of all vision referrals had been returned. This represents a large improvement from 25% for 4th grade and 11% for 6th grade. The school art teacher would like to have a poster contest for the following school year with vision as a theme. Funding for students that required financial assistance was obtained through the Vision Service Provider (VSP) program and the local Lions Club. The local eye care specialist thanked the school nurse for including her in the school initiative as she had never been contacted by a school nurse in the past. A small grant was obtained to purchase a handheld autorefractor to improve efficiency and quality of screening.

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What are my resources:

National:

National Center for Children's Vision & Eye Health. (2017). *Home page.* Retrieved from https://nationalcenter.preventblindness.org/

NASN. (2017). VSP Sight for students. Retrieved from https://www.nasn.org/nasn/membership/current-members/vsp-sight-for-students (NASN membership required)

VSP Global. (2017). Sights for students. Community partners. Retrieved from https://vspglobal.com/cms/vspglobal-outreach/giftcertificates-nationalpartner.html

New Jersey:

New Jersey Lions. (2017). Home page. Retrieved from http://njlions.org/

VSP Global. (2017). *Sights for students. Community partners.* Retrieved from https://vspglobal.com/cms/vspglobal-outreach/giftcertificates-nationalpartner.html

State of New Jersey, Department of Human Services. (n.d.). <u>Helpful links and resources.</u> Commission

for the Blind and Visually Impaired. Retrieved from http://www.state.nj.us/humanservices/cbvi/links/

School Nurse, Grade 4, Vision Screening Referrals http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf

Potential Funding Sources:

National Institute of Health. National Eye Institute. (2016). Financial aid for eye care. Retrieved from https://nei.nih.gov/health/financialaid

American Optometric Association. (2017). *Healthy eyes, healthy children. More than \$65k in grants awarded for children-focused community vision projects.* Retrieved from https://www.highbeam.com/doc/1G1-503574750.html

Social Media:

@PBA_savingsight
@schoolhealth
#opthalmology
#optometry
@schoolnurses
@NJSSNA1
#NJSchoolNurseLeadership

POTENTIAL INDICATORS/ MEASUREMENT ITEMS/ OUTCOME	DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
Number of referrals returned - tracks effectiveness of intervention. Perceived barriers stated by parents/guardian - provides community assessment data to further tailor intervention.	Spreadsheet or other record to record communication with parents/guardians	 Kemper et al., 2012) p. 28-29 sample vision screening referral form and eye care provider report form. Use of data base helped track failure to follow-up vs. failure to obtain documentation of follow-up. Discussion about alerting teachers that students use corrective lenses as prescribed. Demonstrated effectiveness of intervention. (Neville et al., 2015) p. 137 sample letter, telephone script for parents, barriers to obtaining professional eye care discussion. Demonstrated effectiveness of intervention. (Nottingham Chaplin, Baldonado, Hutchinson, & Moore, 2015). Excellent school nurse-based article on measuring visual acuity with standardized, evidence-based eye charts, optotype-based screening, and instrument-based screening.

For more examples of Data: Indicators and Sources visit Table 1 of Jameson, et al., 2017 at https://www.ncbi.nlm.nih.gov/pubmed/28681685

What Else Do I Need to Do?

Will I need an Institutional Review Board (IRB)?

See the U.S. Department of Health & Human Services, Office for Human Research Protections below. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians?

U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects. Retrieved from httml#46.102

How does this impact Standards of Practice?

NASN Scope and Standards of Practice:

Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).

U.S. Department of Education

U.S. Department of Education, Civil Rights Division, Office for Civil Rights, Office of Special Education and Rehabilitative Services. (2014). Meeting the communication needs of students with hearing, vision, or speech disabilities. Retrieved from U.S. Department of Education website: https://www2.ed.gov/about/offices/list/ocr/docs/dcl-factsheet-parent-201411.pdf

NJ Department of Education

State of New Jersey Department of Education. (n.d.). *New Jersey tiered system of supports.* Retrieved from http://www.state.nj.us/education/njtss/comp/

State of New Jersey Department of Education. (n.d.). N.J.A.C. 6A:9, *Professional Standards*. Retrieved from http://www.state.nj.us/education/code/current/title6a/chap9.pdf State of New Jersey Department of Education. (n.d.). *School health services*. Retrieved from http://www.nj.gov/education/students/safety/health/services/

Position Statements from NASN and ANA: Position on the subject. Not practice standards.

National Association of School Nurses (NASN) Position Statement(s)

National Association of School Nurses. (2017). *Practice topics. Vision and eye health.* Retrieved from https://www.nasn.org/nasn/nasn-resources/practice-topics/vision-health

National Association of School Nurses. (2017). *Chronic health conditions (students with): The role of the school nurse* (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/07/28/chronic-health-conditions-students-with-the-role-of-the-school-nurse

American Nurses Association (ANA) Position Statement(s)

ANA. (2014). Position statement: Professional role competence. Retrieved from: http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-Competence. <a href="https://

ANA. (2007). Assuring safe, high quality health care in Pre-K through 12 educational settings. (Position Statement). Retrieved from http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html

Local School District

Job Description

Performance Appraisal Rubric

Student Growth Objective (SGOs are not a required component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit website below for school nurse exemplar example: http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf

Annual Professional Development Goals/Objectives

District policies and procedures

School nurse district policies and procedures

Resources: Ideas For Implementation

CHALLENGES AND BARRIERS

What may cause issues with my idea and how can I prepare to address those issues? It is beyond the scope of this toolkit to address each challenge and barrier. Read through the list below and reflect upon those challenges and barriers that may affect your project. Develop strategies and find partners or services that may assist in reducing those challenges. Peruse the resources and documents here to identify possible sources of assistance.

"Falls on deaf ears" Don't want to hear it

Access to resources - internet, IT support, equipment, upgrades

Ancillary support

Apathy

Availability of certified school nurses

Board of Education approval

Communication

Coordinating collaborative groups

Cultural beliefs

Current, valid, reliable data

Delegation of medicine

Dissemination

Educate Board of Education

Educate community

Enforcement

Funding

Gathering research to support initiative

Geographic location

Growth and development stages of students

Health beliefs

Health education of students

Inaction

Knowledge level of parent and student

Lack of Administration support

Lack of buy-in

Lack of healthy work environment

Lack of knowledge regarding HIPPA and FERPA

Lack of knowledge regarding school health law

Lack of leadership

Lack of State School Nurse Consultant

Lack of resources/access to resources

Lack of understanding of school nurse scope and standards of practice

Lack of understanding of the problem - administrators

Lack of union support

Lack of value for school nurse practice

Language

Legal

Multiple types of EHRs that do not "speak" to each other

Need for reciprocity

No guidelines available

Non-compliance with medical regimen

Parental involvement

Parental non-compliance

Parental resistance

Perception of school nurse role

Physician buy-in

Physician resistance

Policies and Procedures

Rare medical diagnosis

Recruitment and retention of quality school nurses

Resistance

Role responsibility for records

Safe areas to walk to school (no sidewalks, or broken)

Safe environment

School community - gang and drug areas

School district food service buy-in

School nurse not current on standards of practice, laws, evidence

School nurses resistant to change

School nurses who fear "big brother"

Staff education about on-site emergencies

Stakeholder/partner engagement and involvement

State legislative/political issues

Strength (lack of) school nurse county association

Students

Time

Transportation to attend activities, get to MD, etc.

Travel time between schools

Understanding of the law nuances (i.e. You may vs. you shall)

User interface/ease of use

Work schedule of participants

Workload

^{*}This list of barriers was compiled from three school nurse retreats/workshops held in 2017.



NOT intended to be a definitive list, provides a starting or jumping off point.

Be sure to check the individual chapters for additional resources related to the ideas for implementation.

Absenteeism

- See Idea for Implementation: Absenteeism in Chronic Disease, Asthma
- Whirlpool Corporation. (2 August, 2016). Care Counts™ School Laundry Program exposes link between clean clothes and attendance. Retrieved from http://www.whirlpoolcorp.com/care-counts-school-laundry-program-exposes-link-between-clean-clothes-and-attendance/

American Nurses Association

American Nurses Association. Retrieved from http://www.nursingworld.org/

Asthma

- Pediatric/Adult Asthma Coalition. Retrieved from http://pacnj.org/
- Asthma Treatment Plan Student (revised May 2017, this asthma action plan meets NJ Law N.J.S.A. 18A:40-12.8): http://pacnj.org/wp-content/uploads/2016/02/Asthma-Treatment-Plan-STUDENT-MAY-2017.pdf
- REspira-Rutgers NJ Asthma Community Network. (2017). RWJF The Children's Respira Education Program. Retrieved from http://www.asthmacommunitynetwork.org/ node/1040

Asthma and Allergy Association

 Allergy and Asthma Network. (n.d.). Allergy & anaphylaxis: A practical guide for schools and families. Retrieved from http://www.allergyasthmanetwork.org/outreach/publications/special-publications/allergy-anaphylaxis-practical-guide-for-schools-and-families/

Carrier Clinic

Carrier Clinic. Retrieved from https://carrierclinic.org/

Charitable organizations

- America's Charities. (n.d.). Resources. Retrieved from https://www.charities.org/resources
- United Way. Retrieved from https://www.unitedway.org/
- Robert Wood Johnson Foundation. Retrieved from http://www.rwjf.org/
- Points of Light Foundation. Retrieved from http://www.pointsoflight.org/

Community

- See Idea for Implementation: Outreach: Community Café, Conversations that Matter: Healthy Living and Healthy Lifestyles
- Resources, Strategies, and Support for Community Providers: Sesame Street in Communities. https://sesamestreetincommunities.org/
- National Insitute of Health. (2011). *Principles of Community Engagement* (2nd ed.) [NIH Publication No. 11-7782]. Retrieved from https://www.atsdr.cdc.gov/communityengagement/pdf/PCE Report 508 FINAL.pdf
- Connecting resources and help for individuals and communities: Aunt Bertha: https://about.auntbertha.com/

Community Gardens

- American Community Gardening Association https://communitygarden.org/
- USDA https://farmtoschoolcensus.fns.usda.gov/farm-school-works-make-gardens-grow
- USDA https://www.fns.usda.gov/hussc/healthierus-school-challenge-smarter-lunchrooms

Community Partners/Engagement

Partner Build Grow. (2015). The action guide: A four-pronged strategy for sustaining child development and prevention approaches in schools. Retrieved from http://actionguide.healthinschools.org/

CDC

Centers for Disease Control and Prevention. Retrieved from <u>www.cdc.gov/</u>

Cost benefit analysis/NASN, CDC

 National Association of School Nurses. (2016). Cost-benefit analysis. Retrieved from https://www.nasn.org/research/cost-benefit-analysis

County Health Department

• State of New Jersey Department of Health. (2017). Local public health. Retrieved from http://www.state.nj.us/health/lh/community/index.shtml#1

Data Resources

- County Health Rankings. http://www.countyhealthrankings.org/
- Behavioral Risk Factor Surveillance System (BRFSS) City and County Data. https://www.cdc.gov/brfss/smart_data.htm
- NJ State Health Assessment Data (SHAD). https://www26.state.nj.us/doh-shad/home/Welcome.html
- Census Bureau. https://www.census.gov

Department of Public Works

 State of New Jersey Department of Community Affairs. (2017). Division of local government services. Retrieved from http://www.nj.gov/dca/divisions/dlgs/

Disease Foundation - i.e. Asthma coalition, American Diabetic Association, Epilepsy,

 National Association of Chronic Disease Directors. School health publications. Retrieved from http://www.chronicdisease.org/?SchoolHealthPubs

Education Administration

 Association for Supervision and Curriculum Development (ASCD). (2016). Whole school, whole community, whole child model. Retrieved from http://www.ascd.org/programs/learning-and-health/wscc-model.aspx

Every Student Succeeds Act (ESSA)

- U.S. Department of Education. (2015). *Every Student Succeeds Act* (ESSA). Retrieved from https://www.ed.gov/essa?src=rn
- The Pew Charitable Trust. (2017). The Every Student Succeeds Act creates opportunities to improve health and education at low-performing schools. Retrieved from http://www.pewtrusts.org/~/media/assets/2017/08/hip the every student succeeds act creates opportunities to improve health and education at low performing schools.pdf

Evidence-based School Nursing Practice

- See Idea for Implementation: Research: Centers for Disease Control, School Health Index, Collecting Community Health Data: Identify Strengths and Weaknesses of School Health and Safety Policies and Programs
- Maughan, E., & Yonkaitis, C. (2017). What does evidence-based school nursing practice even mean? Get a CLUE. NASN School Nurse, 32(5), 287-289. doi:10.1177/1942602X17724420
- Link to article: http://journals.sagepub.com/doi/pdf/10.1177/1942602X17724420
- Framework for 21st Century School Nursing Practice™: https://www.nasn.org/nasn/nasn-resources/professional-topics/framework

Fire Department/Public safety

- National Safety Council. Retrieved from http://www.nsc.org/pages/home.aspx
- Consumer Product Safety Commission. Retrieved from https://www.cps7c.gov/
- American Red Cross. Retrieved from http://www.redcross.org/

Food and Nutritionist, Healthy Eating

- UConn Rudd Center for Food Policy and Obesity. (n.d.). Wellness school assessment tool.
 Retrieved from http://www.wellsat.org/
- NJ School Nutrition Association: http://nj-sna.org/index.php
- NJ Child Nutrition Policies and Programs: https://schoolnutrition.org/uploadedFiles/
 Legislation and Policy/State and Local Legislation and Regulations/New%20Jersey.
- Action for Healthy Kids: http://www.actionforhealthykids.org/
- Department of Agriculture, Food and Nutrition Service (FNS): www.fns.usda.gov
- Department of Agriculture, Cooperative Extension: www.4-h.org
- Centers of Disease Control and Prevention: https://www.cdc.gov/healthyyouth/

Funding

- Centers for Disease Control and Prevention: www.cdc.gov or www.cdc.gov/healthyyouth
- Robert Wood Johnson Foundation: https://www.rwjf.org/en/how-we-work/grants-explorer/funding-opportunities.html
- The Annie E. Casey Foundation: http://www.aecf.org/
- Agency for Healthcare Quality and Research: https://www.ahrq.gov/funding/index.html
- National Association of School Nurses: https://www.nasn.org/nasn/research/research-grants

Health Education Curriculum

 Centers for Disease Control and Prevention: Health Education Curriculum Analysis Tool (HECAT): https://www.cdc.gov/healthyyouth/hecat/pdf/HECAT_Brochure.pdf

IHP Book

 Purchase: Will, S. I., Arnold, M. J., Shipley Zaiger, D. (2017). Individualized healthcare plans for the school nurse (2nd ed.). Sunrise River Press. Retrieved from: https://tinyurl.com/y93uugno

Individualized Care Plan

• National Association of School Nurses. (2015). *Individualized healthcare plans: The role of the school nurse* [position statement]. Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/individualized-healthcare-plans-the-role-of-the-schoolnurse



PACNJ

Pediatric/Adult Asthma Coalition. Retrieved from http://pacnj.org/

Parent/physician support

American Academy of Pediatrics (AAP): www.aap.org

Performance Appraisal

 See Idea for Implementation: Performance Appraisal: Develop Uniform School Nurse Specific Evaluation Tool

Professional Role of School Nurse:

- National Association of School Nurses: https://www.nasn.org/home
- New Jersey State School Nurses Association: www.njssna.org/
- New Jersey State Nurses Association: njsna.org/
- New Jersey County School Nurses Organizations: http://www.njssna.org/aboutnjssna/countyassociations
- American Nurses Association: www.nursingworld.org/
- NASN: The Case for School Nursing: https://higherlogicdownload.s3.amazonaws.com/
 NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Advocacy/advocacy_The_Case_for_School_Nursing.pdf

Partnerships with YMCAs:

- National YMCA website. YMCA. (n.d.). *Our cause: Strengthening our communities.* Retrieved from http://www.ymca.net/forabetterus/
- NJ YMCA. YMCA. (2017). The New Jersey YMCA state alliance. Retrieved from http://www.njymca.org/
- New Jersey partnership for healthy kids (YMCA with RWJ Foundation). Retrieved from http://www.njymca.org/main/new-jersey-partnership-for-healthy-kids/

Partnership with faith-based organizations

- State of New Jersey. Department of State. (2017). NJ Office of faith-based initiatives. Retrieved from http://www.nj.gov/state/programs/dos-program-faith-based.html
- U.S. Department of Health and Human Services. (n.d.). The Center for Faith-based and Neighborhood Partnerships. Retrieved from https://www.hhs.gov/about/agencies/iea/partnerships/index.html

Public Health Statistics

- Selden, C. R. (n.d). Finding public health statistics and data sources. Retrieved from https://phpartners.org/pdf/StatsChapterPDF.pdf
- Agency for Healthcare Research and Quality. (2015). Medical expenditure panel survey.
 Top five most costly conditions among children, ages 0-17, 2012: Estimates for the U.S.
 Civilian Noninstitutionalized Population. Retrieved from https://meps.ahrq.gov/data_files/publications/st472/stat472.shtml

Mothers Against Drunk Driving (MADD)

Website: http://www.madd.org

Mental/Behavioral Health

• See Idea for Implementation: Interdisciplinary Teams, Calming Classroom.

Mentors and volunteers

- Points of Light Foundation. Retrieved from http://www.pointsoflight.org/
- All for Good. Retrieved from https://www.allforgood.org/

Minority/Disadvantaged

 U.S. Department of Health and Human Services. (2016). Office of Minority Health Resource Center. Retrieved from https://minorityhealth.hhs.gov/omh/browse. aspx?IvI=1&IvIID=3

National Association of School Nurses (NASN)

- General website: www.nasn.org/home
- School nurse listserv: https://schoolnursenet.nasn.org/home
- NASN position statements: https://www.nasn.org/advocacy/professional-practice-documents/position-statements
- Step up and be counted data tool: https://schoolnursenet.nasn.org/stepupbecounted/

Needs Assessments

- University of Kansas Work Group for Community Health and Development. (n.d.).
 Community toolbox. Tools to change our world. Retrieved from http://ctb.ku.edu/en
- Coalition for Community Schools. (n.d.). *Needs and capacity assessment*. Retrieved from http://www.communityschools.org//resources/needs_and_capacity_assessments.aspx

NJ Board of Nursing

 New Jersey Division of Consumer Affairs. New Jersey Board of Nursing. Retrieved from http://www.njconsumeraffairs.gov/nur

NJAC

New Jersey Action Coalition. Campaign for action. Retrieved from https://campaignforaction.org/state/new-jersey/

NJCCN

New Jersey Collaborating Center for Nursing: http://www.njccn.org/

NJHI

• New Jersey Health Initiatives. Retrieved from https://www.njhi.org/

NJSSNA

New Jersey State School Nurses Association. Retrieved from http://www.njssna.org

Nurse Practice Act

• National Council of State Boards of Nursing. (2017). *Nurse practice act, rules & regulations.* Retrieved from https://www.ncsbn.org/nurse-practice-act.htm

Public Health

- See Idea for Implementation: Screening, Referrals and Follow-up:Get Assistance to Complete Screenings: Vision Screening
- Centers for Disease Control and Prevention. (2014). *The 10 essential public health services:*An overview. Retrieved from https://www.cdc.gov/nphpsp/documents/essential-phs.pdf
- World Health Organization (WHO). Retrieved from http://www.who.int/en/
- American Public Health Association. Retrieved from https://www.apha.org/what-is-public-health
- Health Resources and Services Association. Retrieved from https://www.hrsa.gov/publichealth/

Physical Activity

 American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD): www.aahperd.org/

PTA/PTO:

National PTA organization. (n.d.). About PTA. Retrieved from http://www.pta.org/about/

Research Literature

Local Library Search Engines. http://www.njstatelib.org/

Quality Indicators

 Agency for Healthcare Research (AHRQ). (2012). Established child health care quality measures. Retrieved from https://www.ahrq.gov/professionals/quality-patient-safety/guality-resources/tools/chtoolbx/measures/measure4.html

Safe Routes to School

• See Idea for Implementation: Change Agent: Safe Routes to School.

School Clinics/School based health centers

• U.S. Department of Health and Human Services. *Health Resources and Services Administration. (n.d.). School based health centers.* Retrieved from https://www.hrsa.gov/our-stories/school-health-centers/index.html

School Nurse Reference Book

Purchase: Selekman, J. (2012). School nursing: A comprehensive text (2nd ed.). Philadelphia: F.A. Davis Company. Retrieved from: https://goo.gl/Z2E2XY

School staff - teachers, attendance staff, social work, CST, PIRT, referrals, special org

- American Federation of Teachers (AFT): www.aft.org
- American School Counselor Association (ASCA): www.schoolcounselor.org/

Self-efficacy resources

 American Psychological Association. (n.d.). Teaching Tip Sheet: Self-Efficacy. Retrieved from http://www.apa.org/pi/aids/resources/education/self-efficacy.aspx

Senior Citizens:

- American Association of Retired Persons: http://www.aarp.org/
- Association of Mature American Citizens: https://amac.us/

Social Determinants of Health

• Hanover Research. (2014). *Improving student achievement and closing the achievement gap.* Retrieved from http://www.rcoe.us/educational-services/files/2015/12/10c-Hanover Improving Student Achievement and Closing the Achievement Gap 12-2014.pdf

Social Media

- www.Facebook.com @NJSSNA @NJSNA @schoolnurses @NJ CCN @ANANursingWorld
- www.Twitter.com #NJSchoolNurseLeadership
- www.Instagram.com
- www.linkedin.com

Special Services

- New Jersey Department of Education. Special Services: http://www.nj.gov/education/specialed/
- Yonkaitis, C., & Shannon, R. (2017). The role of the school nurse in the special education process: Part I: Student identification and evaluation. NASN School Nurse, 32(3), 178-184. doi:10.1177/1942602X17700677 Link to article: http://journals.sagepub.com/doi/pd-f/10.1177/1942602X17700677

Standardized Forms for Evaluation

- See Performance Appraisal Idea for Implementation.
- Purchase: School Nursing: Scope and Standards of Practice (3rd ed.). Retrieved from https://www.nasn.org/nasn/nasn-resources/professional-topics/scope-standards

Student Growth Objectives (SGOs):

- NJ Student Growth Objectives http://www.state.nj.us/education/AchieveNJ/teacher/objectives.shtml
- NJ School Nurse SGO Exemplar (http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf)

State of NJ Department of Education

• Grants: http://www.state.nj.us/education/grants/entitlement/nclb/

State School Health Experts

- NJ Department of Health: http://www.nj.gov/health/
- Advanced Practice Nurses: https://apn-nj.org/
- NASN: http://www.nasn.org/
- American Association of Pediatrics: https://www.aap.org/
- PTA: https://www.njpta.org/
- NJSSNA: www.njssna.org/
- NJSNA: www.njsna.org/

State-wide Data

- New Jersey State Health Assessment Data: https://www26.state.nj.us/doh-shad/home/ Welcome.html
- Healthy NJ 2020: http://www.nj.gov/health/chs/hnj2020/
- Kids Count: http://datacenter.kidscount.org/

State School Health Policies

- National Association of Chronic Disease Directors, National Association of State Boards of Education, & American Alliance for Health, Physical Education, Recreation and Dance. (2014). State school health policy matrix. Retrieved from http://www.shapeamerica.org/advocacy/upload/final-state-school-health-policy-matrix.pdf
- National Association of State Boards of Education. (n.d.). State school health policy database. Retrieved from http://www.nasbe.org/healthy_schools/hs/
- Centers for Disease Control and Prevention. (2015). School Health Policies and Practices Study (SHPPS). Retrieved from https://www.cdc.gov/healthyyouth/data/shpps/index.htm
- Centers for Disease Control and Prevention. (2016). *School Health Index.* https://www.cdc.gov/healthyschools/shi/index.htm
- World Health Organization. Global School Health Initiative: http://www.who.int/school_youth_health/gshi/en/

Substance Abuse

- See Ideas for Implementation: Policy Development and Implementation: Opioid/Naloxone Policy and Procedures
- NASN Substance abuse: National Association of School Nurses. (2015). *Drugs of abuse.* Retrieved from http://www.nasn.org/nasn/nasn-resources/practice-topics/drugs-abuse
- Free Narcan and other substance abuse resources. *Drugs of abuse.* Retrieved from http://www.nasn.org/nasn/nasn-resources/practice-topics/drugs-abuse
- Naloxone Toolkit. Retrieved from: https://www.pathlms.com/nasn/courses/3353
- Carrier Clinic. Retrieved from https://carrierclinic.org/
- NJ Department of Health, Division of Mental Health and Addiction Services: http://nj.gov/health/integratedhealth/

Technology

 Nonprofit Tech for Good. (2017). 111 Low-cost or free online tools for nonprofits. Retrieved from http://www.nptechforgood.com/2013/07/29/low-cost-tools-for-nonprofits/

Trauma Informed Care

• Substance Abuse and Mental Health Services Administration. (2015). Trauma-informed approach and trauma-specific interventions. Retrieved from https://www.samhsa.gov/nctic/trauma-interventions

U.S. Department of Education

- U.S. Department of Education. (2016). *National Blue Ribbon schools program.* Retrieved from https://www2.ed.gov/programs/nclbbrs/index.html
- State of New Jersey Department of Education. (n.d.). N.J.A.C. 6A:32, School district operations. Retrieved from http://www.state.nj.us/education/code/current/title6a/chap32.pdf
- State of New Jersey Department of Education. (2017). Retrieved from http://www.state.nj.us/education/
- U.S. Department of Education. (2016). Chronic absenteeism in the nation's schools: An unprecedented look at a hidden educational crisis. Retrieved from https://www2.ed.gov/ datastory/chronicabsenteeism.html



Child Abuse Prevention and Treatment Act

U.S. Department of Health and Human Services. (2010). The Child Abuse Prevention and Treatment Act. Including adoption opportunities and the abandoned infants assistance act. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/capta2010.pdf.
State of New Jersey Department of Children and Families. (2016). Reporting child abuse and neglect: NJ law. Retrieved from http://www.nj.gov/dcf/reporting/links/.

All states must establish procedures for reporting, investigating and prosecuting child abusers. The laws designate certain professionals and paraprofessionals who are mandatory reporters. School teachers, school administrators and school nurses are considered mandatory reporters. Failure to report a reasonable suspicion of child abuse is often punishable by a fine or other punitive legal actions (State of New Jersey Department of Children and Families, 2016; U.S. Department of Health and Human Services, 2010)

Every Student Succeeds Act (ESSA) of 2015

Code law document: https://www2.ed.gov/documents/essa-act-of-1965.pdf
U.S. Department of Education: https://www.ed.gov/essa?src=ft
State of New Jersey Department of Education ESSA: http://www.state.nj.us/education/ESSA/

The newly re-authorized law originally signed in 1965 by President Lyndon Johnson as the Elementary and Secondary Education Act. The previous version of this law was the No Child Left Behind Act of 2002. This law is designed to ensure the academic rights of every student, and defines the federal role of K-12 education as one that improves the academic achievement of all U.S. students. The mandates include standards and assessment, data collection and report by population demographics, accountability for all students, and improved teacher quality (U.S. Department of Education (DOE), 2015).

Family Educational Rights and Privacy Act (FERPA)

U.S. Department of Education, FERPA laws and guidance: https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

U.S. Department of Education FAQs: http://familypolicy.ed.gov/ferpa-school-officials State of New Jersey Department of Education, Subchapter 7. Student records: http://www.state.nj.us/education/code/current/title6a/chap32.pdf

State of New Jersey Department of Education, Access to Student Information/Pupil Records & Rights: http://www.state.nj.us/education/grants/nclb/guidance/info/

FERPA provides that educational agencies and institutions that receive U.S. Department of Education funds may not have a policy or practice of denying parents and eligible students of the right to: Inspect and review education records within 45 days of a request; seek to amend education records believed to be inaccurate; and consent to the disclosure of personally identifiable information from education records, except as specified by law. Schools must notify parents and eligible students annually of their rights under FERPA. In most cases FERPA takes precedence over HIPAA)

Health Insurance Portability and Accountability Act (HIPAA)

Privacy of student information: https://nces.ed.gov/pubs2006/stu_privacy/healthrecords.asp
FERPA and HIPAA FAQs: https://www.hhs.gov/hipaa/for-professionals/faq/ferpa-and-hipaa
State of New Jersey Department of Education. Student health records: https://www.state.nj.us/education/students/safety/health/records/

Be sure to understand FERPA in addition to HIPAA regarding the role of the school nurse. In 1996, Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) to ensure continued health insurance coverage to individuals who change jobs, and to establish standards regarding the electronic sharing of health information. For purposes of HIPAA, "covered entities" include health plans, health care clearinghouses, and health care providers that transmit health information in electronic form in connection with covered transactions (45 CFR 160.103).

Technically, schools and school systems that provide health care services to students may qualify as "covered entities" under HIPAA. However, the final regulations for the HIPAA Privacy Rule exclude information considered "education records" under FERPA from HIPAA privacy requirements. This includes student health records and immunization records maintained by an education agency or institution, or its representative; as "education records" subject to FERPA, these files are not subject to HIPAA privacy requirements. In addition, school nurse or other health records maintained on students receiving services under the Individuals with Disabilities Education Act (IDEA) are considered "education records" and subject to that Act's confidentiality provisions. Consequently, these records are subject to FERPA and not the HIPAA Privacy Rule.

Nevertheless, certain activities, when performed by a school, could be subject to other provisions of HIPAA that concern electronic transactions. According to the preamble to the December 2000 final rules, "the educational institution or agency that employs a school nurse is subject to our (HIPAA) regulation if the school nurse or the school engages in a HIPAA transaction." HIPAA transactions are defined in the Code of Federal Regulations (CFR) as "the transmission of information between two parties to carry out financial or administrative activities related to health care," including submitting claims. However, consent must still be secured under FERPA before the records are disclosed.

Individuals with Disabilities Education Act (IDEA)

Code law document: http://uscode.house.gov/view.xhtml?path=/prelim@title20/chapter33&edition=prelim

U.S Department of Education: https://sites.ed.gov/idea/

State of New Jersey Department of Education IDEA: http://www.state.nj.us/education/specialed/idea/reauth/

The Individuals with Disabilities Education Act (IDEA) was an updating of the 1975 Education of All Handicapped Children Act (EHA). Under the Act, a free and appropriate education includes the provision of special education and related services without charge, and must be in conformity with the Individualized Education Program (IEP). Special education and related services must be documented in an IEP or an individualized family service plan (IFSP) (Cedar Rapids Community School District v. Garret F., 1999; Wolfe & Selekman, 2002).

Occupational Safety and Health Administration (OSHA)

U.S. Department of Labor, OSHA: https://www.osha.gov/
State of New Jersey Department of Education, Structured learning experiences code law document: http://www.state.nj.us/education/cte/sle/code.htm

Federal health laws are regulated through the Occupational Safety and Health Administration (OSHA). Under OSHA, school districts are required to educate their personnel related to occupational exposure to blood borne pathogens, document the training, offer Hepatitis B vaccine to employees with potential risk of contact with blood borne pathogens, and to provide protective clothing and equipment when employees are providing care with potential risk of contact with blood borne pathogens.

Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act (ADA) of 1990

Code law document: U.S. Department of Education, Office of Civil Rights: https://www.ada.gov/ada_intro.htm Information and technical assistance on https://www.ada.gov/ada_intro.htm New Jersey Department of Education Section 504: http://www.state.nj.us/education/students/safety/behavior/504/

Affirms the civil rights of individuals with disabilities. School districts that receive financial aid must not discriminate based on disability and they must provide services at no extra cost to the family. Therefore, school districts cannot discriminate against students with health conditions that interfere with a major life function.

School Nursing Scope of Practice Laws

New Jersey requirements for school nurse certification: http://www.njssna.org/resources/certification

Chapter 153 NJ Provision of Public School Nursing Services:

ftp://www.njleg.state.nj.us/19981999/PL99/153_.PDF

NJAC

http://www.state.nj.us/education/code/current/title6a/chap9b.pdf

Each state has different requirements for the provision of school health services. In New Jersey, the state requires an Educational Services Certificate. To be eligible one must have a bachelor's degree, hold a current NJ state license, have cardiopulmonary resuscitation (CPR) and automatic external defibrillator (AED) certification, and, complete minimum of 21 hours of graduate coursework culminating in a practicum/internship with a certified school nurse (State of New Jersey Department of Education, 2014).

Framework For 21st Century School Nursing Practice™

Association for Supervision and Curriculum Development. (n.d.) Learning and health: Whole School, Whole Community, Whole Child. http://www.ascd.org/programs/learning-and-health/wscc-model.aspx

Centers for Disease Control and Prevention. (2017). *Healthy schools.* Retrieved from https://www.cdc.gov/healthyschools/

Valois, R. F., Slade, S., & Ashford, E. (2011). *The healthy school communities model: Aligning health and education in the school setting.* Retrieved from http://www.ascd.org/ASCD/pdf/siteASCD/publications/Aligning-Health-Education.pdf

National Association of School Nurses. (2017). *Position statements*. Retrieved from https://www.nasn.org/advocacy/professional-practice-documents/position-statements

State Of New Jersey, Department of Education Student Growth Objectives (SGO)

State of New Jersey, Department of Education. (n.d.). SGO Exemplars. Retrieved from http://www.state.nj.us/education/AchieveNJ/teacher/exemplars.shtml

State of New Jersey, Department of Education. (2014). Student growth objectives developing and using practical measures of student learning. Retrieved from http://www.state.nj.us/education/AchieveNJ/teacher/14-15SGOGuidebook.pdf

School nurse SGO exemplar. (2014). Retrieved from http://www.state.nj.us/education/AchieveNJ/ teacher/ArtIGrade8.pdf

Health Data Assessment and Evaluation

Campaign for Action. (2017). *Dashboard indicators*. Retrieved from https://campaignforaction.org/resource/dashboard-indicators/

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Appendix

APPENDIX A

Mission and Vision Statements from the National Association of School Nurses (NASN)

Definition of School Nursing

School nursing, a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential. Adopted by the NASN Board of Directors February 2017.

NASN's Mission

To optimize student health and learning by advancing the practice of school nursing.

NASN's Vision

All students will be healthy, safe, and ready to learn.

Core Values

- Child Well-being
- Diversity & Inclusion
- Ethics
- Excellence
- Innovation
- Integrity
- Leadership
- Scholarship

Strategic Plan Goals for 2017 - 2020:

I. Engage School Nurses in student-centered 21st century school nursing practice.

Objectives

- 1. Advocate for positive student outcomes by advancing an accurate school nurse public narrative.
- 2. Develop members, leaders and affiliates, through resources, tools and programs.

II. Forge shared leadership in the development of healthy communities.

Objectives

- 1. Partner with child health advocates to develop healthy communities.
- 2. Facilitate school nurse knowledge and influence to build a culture of health in communities where students live, learn, work, and play.
- 3. Explore the benefit of an advisory council to further the mission and vision of NASN.

III. Support student outcomes using population health data and research.

Objectives

- 1. Inform school nurses in the application of data to practice.
- 2. Facilitate collection, analysis, dissemination and use of data.

APPENDIX B



Smart Goals Template

Our Goal:

Specific - What, exactly, is it that we want to achieve?
Measurable – How will we know we've achieved it?
Attainable – What is our realistic desire (10) x the possibility (10) = $_{}/100$
Relevant - Why are we doing this? Is it really what we want?
Time Bound When will we achieve this by?
Time Bound - When will we achieve this by?

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