



2013-2014 Health Service Report

PII-00047-E (New 04-14)

Due Date: December 31, 2014

Instructions

The School District Health Service Report is designed to collect annual school nursing and health services data from each school district in order to develop a cumulative statewide picture of school health services. **This is a voluntary report.** Only one person from each district should total the 2013-14 data for individual schools in the district, and then enter the aggregate annual data for the **entire district**.

Information collected on this form should represent or include all health services provided to students/staff, regardless of whether the service was provided by a school district employee (for example, the school nurse) or if it was provided through another agency (for example, public health or home health agency). We don't expect that every district will have counted or conducted all the data elements. However, we would like you to indicate if a service was provided or not, or if you provided the service but did not count it. The report is divided into four sections including school personnel, services, demographics, and education/screening.

Data from individual school districts will not be made public. Only aggregate data will be shared. Read each question carefully, as some questions ask for numbers of students, and some ask for number of procedures. Submit all data by December 31, 2014.

Saving and Submitting your Survey

You will have the ability to **save** information as you move through the report. This feature will allow you to input the data in **multiple sessions** without losing data that has been previously entered and saved. If you need to input your data over multiple sessions, before leaving the survey save your survey and you will receive a unique URL at that time. **Do not bookmark the page.** This address is your access to re-enter the report at a later date, so be sure to save this unique link. For questions regarding your URL, contact Mark Freudenberg at mark.freudenberg@dpi.wi.gov.

In order to **submit** your survey to the Department of Public Instruction, you **must** click the "Submit" button at the end of the survey. Once this button is clicked, you will **not** have access to your survey.

Thank you in advance for helping to develop a more comprehensive picture of the status of health services for students in our state.

Printing Instructions

At the end of the report, you will be given the opportunity to print the completed survey for your records after clicking the "Submit" button. On the respondent answer page, click the printer icon in the upper right-hand corner.

For Further Information Contact

Wisconsin Department of Public Instruction
Bette Carr, School Nursing and Health Services Consultant
(608) 266-8857
bette.carr@dpi.wi.gov

Glossary of underlined words
found on Page 10.

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District Demographics

General Information

Provide the following contact information.

School District	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
Number of Students Enrolled in Your School District	<input type="text"/>

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Part I—Personnel Information

Number of **RNs (total)** employed **full-time** in the school district (38.5 or more hours/week). Do not include RNs hired for 1:1 care with a specific student.

- Actual Number
- There are no full-time RNs in the school district.

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Personnel Information (cont'd.)

Number of RNs (total) employed part-time per week (38 or less hours/week).

- Actual Number
- There are no part-time RNs in the school district.

If you have part-time RNs, what was the total number of hours each individual worked per week?

Nurse 1	<input type="text"/>
Nurse 2	<input type="text"/>
Nurse 3	<input type="text"/>
Nurse 4	<input type="text"/>

If you have more than four part-time RNs, enter average hours of all (Example: you have ten part-time RNs, each works a different number of hours. Add all hours of each and divide by 10 RNs to get the average).

Average Hours

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Personnel Information (cont'd.)

Did your school district have a school medical advisor?

- Yes
- No

If your answer is "no" skip to Page 7 Screenshot.

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Personnel Information (cont'd.)

Select your medical advisor's specialty. *Choose only one.*

- General practice
- Pediatrician
- Family Practice
- Internist
- Emergency
- Other

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Personnel Information (cont'd.)

Number of other staff providing health services in the district. If services are not provided, enter zero (0).

	Other Staff Providing Health Services
Private duty RN / RN providing 1:1 care	<input type="text"/>
Licensed practical nurse	<input type="text"/>
Certified nurses aide	<input type="text"/>
Health room assistant	<input type="text"/>
Educational assistant	<input type="text"/>
Secretary or support staff	<input type="text"/>
Volunteers	<input type="text"/>
Teachers	<input type="text"/>
Bus drivers	<input type="text"/>

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Part 2—Services

Specialized Care/Procedures

Report the number of children for which the school district provided the following specialized care/procedures (including self-administration or done by other staff).

- A student may be entered in more than one category if he/she had more than one procedure.
- In the first column, enter the number of students requiring the procedure.
- If no students required the procedure, enter a numerical zero (0).
- In the second column, if data was not collected, check the Data Not Collected (DNC) box.

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	Number of Students with Prescribed Procedure	DNC
Blood glucose testing	<input type="text"/>	<input type="checkbox"/>
Catheterization by student (self)	<input type="text"/>	<input type="checkbox"/>
Catheterization by nurse or aide	<input type="text"/>	<input type="checkbox"/>
Gastrostomy-Tube feeding	<input type="text"/>	<input type="checkbox"/>
Gastrostomy-Tube venting	<input type="text"/>	<input type="checkbox"/>
Oxygen administration	<input type="text"/>	<input type="checkbox"/>
Suctioning, nasal/oral	<input type="text"/>	<input type="checkbox"/>
Stoma care	<input type="text"/>	<input type="checkbox"/>
Tracheostomy care and/or suction	<input type="text"/>	<input type="checkbox"/>
Ventilator assisted care	<input type="text"/>	<input type="checkbox"/>
Wound care/skin care (ex: dermatitis, diaper rash)	<input type="text"/>	<input type="checkbox"/>
Seizure monitoring	<input type="text"/>	<input type="checkbox"/>

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Specialized Care/Procedures (cont'd)

Medication

Count the total number of students receiving medications at school (**by any route**) and/or doses administered if known. If data was not collected, check the box in the Data Not Collected (DNC) column.

	Number of Students	Doses	DNC
a. Students receiving daily scheduled prescription medications	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
b. Students with prescription orders for PRN or as needed medications.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
c. Students who have received over-the-counter (OTC) medication.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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Medication Routes

Enter the number of students who received medication by route listed. If data was not collected, enter zero (0).

a. G-tube	<input type="text"/>
b. Insulin pump	<input type="text"/>
c. IntraMuscular	<input type="text"/>
d. IntraVenous	<input type="text"/>
e. Meter dose inhaler	<input type="text"/>
f. Nebulizer	<input type="text"/>
g. Oral	<input type="text"/>
h. SubCutaneous	<input type="text"/>
i. Other (i.e., topical, eye, ear, nasal)	<input type="text"/>
Total	<input type="text" value="0"/>

Medication Errors

Number of medication errors that occurred in your district.

Urgent or Emergency Meds

Count the number of students the school district had with medical provider orders for each item listed. If data was not collected, check the box in the Data Not Collected (DNC) column.

	Number of Students	DNC
a. Bronchodilator/Rescue Inhaler	<input type="text"/>	<input type="checkbox"/>
b. Nebulizer	<input type="text"/>	<input type="checkbox"/>
c. Epi-Pen	<input type="text"/>	<input type="checkbox"/>
d. Glucagon	<input type="text"/>	<input type="checkbox"/>
e. Diastat	<input type="text"/>	<input type="checkbox"/>
f. Buccal seizure medication	<input type="text"/>	<input type="checkbox"/>
g. Intranasal seizure medication	<input type="text"/>	<input type="checkbox"/>

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Health Services Contacts/Disposition

Report the number of contacts or dispositions made by the school district in 2013-14.

- If data was not collected, enter Data Not Collected (DNC).
- For all other items that you did track, indicate a number (including zero).
- Enter number of contacts to school nurse, health room, or interventions by any other staff members.

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	Number of Contacts or Dispositions	DNC
a. Illness/injury contacts to office/health room you are aware of	<input type="text"/>	<input type="checkbox"/>
b. 911 calls	<input type="text"/>	<input type="checkbox"/>
c. Disposition of student to health care provider	<input type="text"/>	<input type="checkbox"/>
d. Disposition to home	<input type="text"/>	<input type="checkbox"/>
e. Return to class	<input type="text"/>	<input type="checkbox"/>

Immunization

Are immunizations provided to students in school?

- Yes
 No

Communicable Disease

Number of students that were identified by the school district as having a communicable disease (including those conditions listed on WI DHS or CDC chart as communicable diseases).

Number

Assessments

Number of IEP reports, 504 Plans, and individual health care plans (includes emergency plans) written, prepared, or monitored by the school nurse(s).

- a. IEP Reports
- b. 504 Plans
- c. Health Care Plans
-

Billing

Does the school district bill Medicaid for School Based Services Nursing/Health Services?

- Yes
- No
-

Does your school district claim expenses for nurses under special education category aids funds?

- Yes
- No

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Part 3—Demographics

Special Health Conditions

Number of students with any special health condition(s) for which the school district provided health services in 2013-14, including summer sessions. *Do not count students more than once.*

Total Number of Students

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GLOSSARY (shown underlined throughout survey)

Student Health Education - Include presentations on chronic illness, germs, handwashing, nutrition, puberty and hygiene, human growth and development, wellness, CPR/AED, and other health-related topics.

Categorical Aids - Are funds derived from state special education funds and may sometimes be used to pay in part for student service staff, as well as other services. Authorization for special education aid is found in s. 115.88, WI Stats.

Health Services - Includes consulting, monitoring, developing a care plan, providing clinical services (nursing tasks) or emergency services, teaching, counseling or other related services.

Medication Errors - A medication error is an error that occurs usually due to one of the “5 Rights of Medication Administration” not being followed. The following are examples of errors—the wrong student receives the medication; the wrong medication is given; the wrong dosage of the medication is given; the medication is given at the wrong time; or the medication is given by the wrong route.

Parent/Community Group - Include presentations on chronic illness, wellness, nutrition, immunizations, and other health-related topics.

School Board Presentations - Include any presentations on school nurse staffing, chronic illness, reports from the health office, or other health-related topics.

Special Health Condition - A special health condition is a health/medical condition reported by a parent or health care provider.

Staff Inservice - Include any presentations on chronic illness, bloodborne pathogens, emergency planning, medication trainings, nursing procedure trainings, CPR/AED, first aid, wellness, etc.



Special Health Conditions (cont'd.)

If data was not collected, check the box in the Data Not Collected (DNC) column.

Allergies

	Number of Children	DNC
a. Life threatening	<input type="text"/>	<input type="checkbox"/>
b. Non-life threatening	<input type="text"/>	<input type="checkbox"/>

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Behavioral / Mental Health

	Number of Children	DNC
a. ADD or ADHD	<input type="text"/>	<input type="checkbox"/>
b. Anxiety	<input type="text"/>	<input type="checkbox"/>
c. Depression	<input type="text"/>	<input type="checkbox"/>
d. Mood disorder	<input type="text"/>	<input type="checkbox"/>
e. Other mental health concerns	<input type="text"/>	<input type="checkbox"/>

Cancer

	Number of Children	DNC
Include all: newly diagnosed, those being treated, and those in remission	<input type="text"/>	<input type="checkbox"/>

Cardio-vascular

	Number of Children	DNC
For example, hypertension, septal defects, artery transposition	<input type="text"/>	<input type="checkbox"/>

Endocrine/Exocrine

	Number of Children	DNC
a. Diabetes Type 1	<input type="text"/>	<input type="checkbox"/>
b. Diabetes Type 2	<input type="text"/>	<input type="checkbox"/>
c. Other Endocrine/Exocrine (for example, cystic fibrosis, metabolic disorders, thyroid)	<input type="text"/>	<input type="checkbox"/>

Gastrointestinal

	Number of Children	DNC
For example, colitis, Crohn's, lactose intolerance, encopresis	<input type="text"/>	<input type="checkbox"/>

Genetic Disorders/Syndromes

	Number of Children	DNC
	<input type="text"/>	<input type="checkbox"/>

Genitourinary

	Number of Children	DNC
For example, altered renal, enuresis/incontinence	<input type="text"/>	<input type="checkbox"/>

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Special Health Conditions (cont'd.)

If data was not collected, check the box in the DNC column.

Hematology

	Number of Children	DNC
For example, hemophilia, sickle cell, Von Willebrand	<input type="text"/>	<input type="checkbox"/>

Metabolic syndromes

	Number of Children	DNC
For example, celiac, hypoglycemia, Maple Syrup Urinary Disorder, PKU	<input type="text"/>	<input type="checkbox"/>

Musculo-Skeletal/Connective

	Number of Children	DNC
For example, Arthritis, Lupus, Scoliosis, Osteogenesis Imperfecta, Fibromyalgia	<input type="text"/>	<input type="checkbox"/>

Neurologic/Nervous System Disorders.

Count the number of children for each disorder. If data was not collected, check the box in the DNC column.

	Number of Children	DNC
a. Cerebral palsy	<input type="text"/>	<input type="checkbox"/>
b. Epilepsy/seizure disorder	<input type="text"/>	<input type="checkbox"/>
c. Migraines	<input type="text"/>	<input type="checkbox"/>
d. Muscular dystrophy	<input type="text"/>	<input type="checkbox"/>
e. Spina bifida	<input type="text"/>	<input type="checkbox"/>
f. Spinal cord/brain injury/stroke	<input type="text"/>	<input type="checkbox"/>

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Pulmonary Disorders
Count the number of children for each disorder. If data was not collected, check the box in the DNC column.

	Number of Children	DNC
a. Asthma	<input type="text"/>	<input type="radio"/>
b. Other chronic pulmonary (not cystic fibrosis)	<input type="text"/>	<input type="radio"/>

School Age Parents

	Number of Children	DNC
a. Pregnant females (this school year, including pregnancies that resulted in live births or were terminated)	<input type="text"/>	<input type="checkbox"/>
b. All school-age parents (males and females, past or present, including pregnancies that resulted in live births or were terminated)	<input type="text"/>	<input type="checkbox"/>

List any other conditions (for example, rare syndromes)

- a.
- b.
- c.

Number One Health Issue This Year

List the number one health issue that consumed a large amount of the district's staff time and/or resources, or affected a large number of students.

Health Issue

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Part 4—Education/Screening

Group Education Sessions Provided by School Nurses

Presentations

- No, did not count/provide group education sessions.
 Yes, did count/provide group education sessions.

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If your answer is "no" skip to Page 17 Screenshot.

Group Education Sessions Provided by School Nurses (cont'd)

- Indicate the number of education sessions provided only by district school nurses in 2013-2014.
- Each inservice or class = 1 session.
- If data was not collected, check the box in the Data Not Collected (DNC) column.
- Include sessions you coordinate or conduct, such as bloodborne pathogens training, medication training, chronic health condition training, etc.

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Presentations Given

	Number of Presentations	DNC
a. School Board presentations	<input type="text"/>	<input type="checkbox"/>
b. Staff inservice training sessions	<input type="text"/>	<input type="checkbox"/>
c. Of the Staff inservice presentations (b above), how many of those pertain to chronic health conditions?	<input type="text"/>	<input type="checkbox"/>
d. Student health education presentations	<input type="text"/>	<input type="checkbox"/>
e. Parent/community group presentations	<input type="text"/>	<input type="checkbox"/>

Individual or Small Group Health Counseling

List the three most common reasons individual health counseling to students was provided by the school nurse:

- a.
 b.
 c.

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Group Education Sessions Provided by School Nurses (cont'd)

Report sessions provided by the school nurse. *Note: counseling session is defined as meeting with two or more students/parents around a health concern/issue (i.e., asthma, smoking cessation, eating disorder, support group).*

Total Number of Small Group Health Counseling Sessions

Number of small group sessions

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Population Screens

Height and Weight Screenings

- Height and weight screenings were conducted.
 Height and weight screenings were not conducted.

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Population Screens (cont'd.)

(Population screening: screening an entire classroom as a "case finding" method.)

- Report number of student health population screenings at school, regardless of which staff or agency conducts the screening.
- No student should be counted twice in the "number of Students Screened" column. For example, if one student received three hearing checks (initial check and two re-checks), that is counted as one student.

Grades screened for height and weight. *Choose all that apply.*

- | | |
|----------------------------------|-------------------------------|
| <input type="checkbox"/> pre-K | <input type="checkbox"/> 6th |
| <input type="checkbox"/> K4 / K5 | <input type="checkbox"/> 7th |
| <input type="checkbox"/> 1st | <input type="checkbox"/> 8th |
| <input type="checkbox"/> 2nd | <input type="checkbox"/> 9th |
| <input type="checkbox"/> 3rd | <input type="checkbox"/> 10th |
| <input type="checkbox"/> 4th | <input type="checkbox"/> 11th |
| <input type="checkbox"/> 5th | <input type="checkbox"/> 12th |

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Population Screens (cont'd.)

Numbers of Students

If data was not collected, check the box in the Data Not Collected (DNC) column.

	Number of Students	DNC
a. Screened for height and weight	<input type="text"/>	<input type="checkbox"/>
b. Referred for height and weight	<input type="text"/>	<input type="checkbox"/>

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Body Mass

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	Number of Students	DNC
a. Students with Body Mass Index (BMI) over the 95th%	<input type="text"/>	<input type="checkbox"/>
b. Referred to community-based medical care provider	<input type="text"/>	<input type="checkbox"/>

Vision Screening

	Number of Students	DNC
a. Screened for vision	<input type="text"/>	<input type="checkbox"/>
b. Referred for vision	<input type="text"/>	<input type="checkbox"/>
c. Receiving treatment	<input type="text"/>	<input type="checkbox"/>

Hearing Screening

	Number of Students	DNC
a. Screened for hearing	<input type="text"/>	<input type="checkbox"/>
b. Referred for hearing	<input type="text"/>	<input type="checkbox"/>
c. Receiving treatment	<input type="text"/>	<input type="checkbox"/>

Postural (including scoliosis) Screening

	Number of Students	DNC
a. Screened for posture	<input type="text"/>	<input type="checkbox"/>
b. Referred for posture	<input type="text"/>	<input type="checkbox"/>
c. Receiving treatment	<input type="text"/>	<input type="checkbox"/>

	Number of Students	DNC
a. Screened for blood pressure	<input type="text"/>	<input type="checkbox"/>
b. Referred for blood pressure	<input type="text"/>	<input type="checkbox"/>
c. Receiving treatment	<input type="text"/>	<input type="checkbox"/>

Dental screening

	Number of Students	DNC
a. Screened for dental needs	<input type="text"/>	<input type="checkbox"/>
b. Referrals	<input type="text"/>	<input type="checkbox"/>
c. Receiving dental services	<input type="text"/>	<input type="checkbox"/>

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Direct Services to Staff

Report services provided to school staff during the school day, including answering questions related to staff person's own health needs, monitoring health status or effects of medications, providing care for ill/injury, and related services.

- If you did not conduct a service, enter a numerical zero (0).
- If data was not counted or tracked, check DNC.

Number of staff provided	Number of Staff Provided	DNC
a. Answering staff health-related questions or providing services other than those listed below	<input type="text"/>	<input type="checkbox"/>
b. Pre-employment TB skin tests	<input type="text"/>	<input type="checkbox"/>
c. Hepatitis B vaccination	<input type="text"/>	<input type="checkbox"/>
d. Flu vaccination	<input type="text"/>	<input type="checkbox"/>

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Direct Services to Staff/Additional Questions

Number of actual doses administered to any student of an:

epinephrine auto-injector (include those with orders and those given from stock)

Looking to the future and exploring ways to document the impact of school nurses on absence rates for students with chronic illness, does your school district record student absence data in the same student information systems you record chronic conditions for students (e.g., Skyward, Infinite Campus, PowerSchool, other)?

- Yes
 No

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Regarding students with chronic conditions, estimate the percentage of students with chronic conditions who have a medical home/primary care provider. Base your estimate on your experiences working with students with serious food allergies and asthma, diabetes, and epilepsy/seizure disorders.

- 0-25%
 26-50%
 51-75%
 76-100%

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School District Health Services Report for 2013-14

Thank you for completing the School District Health Services Report for 2013-2014.

Printing/Emailing Instructions

After clicking the Submit Report button, you will have the opportunity to print all of your responses. If you wish to print the page, click the printer icon in the upper right-hand corner. If you wish to email the questions and answers report to yourself or someone else, click the e-mail icon in the upper right-hand corner and enter appropriate email address

You **MUST** click the Submit Report button in order for DPI to receive your data.

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- Special Health Conditions
- Education Provided by School Nurses
- Population Screens
- District Services to Staff

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