



School Health Report 2016-17 - District Level Reporting

PII-00047-H (New 08-16)
Due Date: June 23, 2017

New Data Collection Tool

Step Up Be Counted! The new Wisconsin School Health Services 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; however, we are hoping that all district school nurses will want to participate! Only one person from each district should total the 2016-17 data for individual schools in the district and report it as an aggregated total to the Wisconsin Department of Public Instruction by June 23, 2017.** Private or charter schools are welcome to participate if their data is not part of an aggregated district.

Wisconsin will be following the national direction in data collection. The report is based on the National Association of School Nurses and the National Association of State School Nurse Consultants data collection tool project and will allow Wisconsin's aggregated data to be collectively combined to the national data. You will submit the data **by June 23, 2017, by going to the DPI data collection site, just like you have in the past.** You can visit the DPI data information webpage at <http://dpi.wi.gov/sspw/pupil-services/school-nurse/data> to see additional information. You can also visit the NASN Step Up Be Counted website at <http://www.nasn.org/Research/StepUpBeCounted>.

Collecting data as part of this national initiative is important—we are starting with a minimum data set that will help to show the effectiveness of school nurses on student health and education. The Wisconsin Association of School Nurses is supporting this initiative, and many of the WASN members have been involved with the development of the tool, both nationally and here in Wisconsin.

The report is divided into three sections: health personnel, chronic conditions, and health office visit dispositions.

Read each question carefully, as well as its definition. Also note that the administering of medications, (daily, prn, and nursing procedures) face to face with a student is a visit, and therefore should have a disposition (which would normally be to return to the classroom).

It is very exciting to be part of this initiative. It is hoped that with this reporting tool, more school nurses and districts will participate and Wisconsin will be able to be a leader in data collection.

For Further Information Contact

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District Name

Contact Information

Contact Person Name

Email Address

Phone Number *Area Code/No.*

Date Report Submitted



Contact Information

Name of District or Public, Private, or Charter:

Include name of district; or name of the private, charter, or parochial school. This contact information is for the state level collector and will NOT be passed on to the national level.

Contact person: Include contact information in case there are questions regarding report. This contact information is for the state level collector and will NOT be passed on to the national level.

Date: Date report was submitted.

Choose district/school type

- Public
 Private
 2rCharter
 Parochial



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District Level Data

To be completed at the district level for school health staffing in the district, at the end of the school year. Ideally this would be a designated lead nurse. If a lead nurse does not exist, work with district to identify appropriate person. The data will be shared with the districts who participate.

*DO NOT double count any nurse.

*Mark any data points you do not collect as DNC (Do not collect), then report the data you do collect.

School Health Staffing: Direct Services

The purpose of this section is to identify the number of school health staff providing DIRECT SERVICES in the school as well as determine an RN caseload.

A. Number of enrolled students in district

B. Total number of RN FTEs with an assigned caseload providing direct services (FTE = % of teacher FTE)

C. Total number of LPN FTEs with an assigned caseload, providing direct services (FTE = % of teacher FTE)

D. Total number of non-RN, non-LPN health aides FTEs with an assigned caseload, that provide direct health services (e.g. give medication, staff health office, perform specific health procedures) (FTE = % of teacher FTE)

Direct Services

A. Use the district's official count (third Friday count).

B. **RN=Registered Nurse.** The FTE is based on a teacher FTE in the district, e.g., a teacher may work 7 hours a day (or 35 hours a week). This would be considered 1 FTE. If an RN works the same hours the RN FTE is 1 FTE. If an RN works 5 hours a day (or 25 hours a week), the FTE would be calculated as $5/7$ or .71 FTE. Each state/district may vary in the number of hours a full time teacher works, so it is important to follow your district definition. If school nurses work more hours per day than a teacher, the FTE still equals 1. The number should reflect every RN providing direct services. For example, if the district has 3 RNs and each works .75 FTE, it would be reported as 2.25.

Direct services means responsible for the care of defined group of students in addressing their acute and chronic health conditions. It includes health screenings, health promotion and case management. Direct services also include care provided in a health care team including LPNs or aides.

Inclusion/Exclusion

- Include long term substitute (but not the substitute RN list for short term needs)
- Exclude nurses working with medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5)
- Exclude % of administrative assignment

C. See B. regarding % teacher FTE.

D. See B. regarding % teacher FTE. This number should reflect only those whose main assignment is health related. Exclude secretaries, teachers or principals who only address health issues at times. You may include FTE of secretary or other aides, IF it is included as a specific part of their responsibility (i.e. cover health office regularly).

E. See B. regarding % teacher FTE. Include permanently hired/contracted RNs who provide supplemental or additional direct nursing services or specific procedures. Do not include RNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is supplemental to the RNs identified in B. and H.

F. See B. regarding % teacher FTE. Permanently hired/contracted LPNs who provide supplemental/additional direct nursing services or specific procedures. Do not include LPNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the LPNs identified in C. and I.

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E. Total number of supplemental/float RN FTEs (FTE = % of teacher FTE)

F. Total number of supplemental/float LPN FTEs

G. Total number of supplemental/float health aide (non-RN, non-LPN) FTEs

H. Total number of RN with special assignment FTEs (FTE = % of teacher FTE)

I. Total number of LPN with special assignment FTEs

J. Total number of health aides (non-RN, non-LPN) with special assignment FTEs

K. Total number of RN FTEs providing administrative or supervisory school health services

L. Total number of LPN FTEs providing administrative or supervisory school health services

M. Total number of assistant FTEs providing administrative support services to RNs or LPNs

G. See B. regarding % teacher FTE. Permanently hired/contracted health aides (non-RN, non-LPN) FTE who provide supplemental/additional direct nursing services or specific procedures. Do not include those with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the health aides identified in D. and J.

H. See B. regarding % teacher FTE. Include RNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5), or child find/EPST.

I. See B. regarding % teacher FTE. Include LPNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).

J. See B. regarding % teacher FTE. Include health aides (non-RN, non-LPN) working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).

K. See B. regarding % teacher FTE. RNs providing management/clinical supervision to RNs, LPNs, or other health extenders, or conducting other administrative health services, e.g. case management.

L. See B. regarding % teacher FTE. LPNs providing management/clinical supervision to LPNs, or other health extenders, or conducting other administrative health services.

M. See B. regarding % teacher FTE. Assistants providing administrative support services to RNs or LPNs, e.g. clerical assistance.



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DATA POINTS

N. Number of schools in district:

O. Number of schools reporting data:

P. Number of RN FTEs in district:

Q. Number of RN FTEs reporting data:

R.1. Did you collect data for the entire school year?

- Yes
 No

R.2. If you answered "no" to the previous question, please state dates of collection: (month/day/year to month/day/year)

CHRONIC CONDITIONS

S. Number of students enrolled in reporting schools

T. Number of students with an asthma diagnosis

U. Number of students with Type 1 Diabetes diagnosis

V. Number of students with Type 2 Diabetes diagnosis

W. Number students with a seizure disorder diagnosis

X. Number students with life threatening allergy (anaphylactic reaction) diagnosis

HEALTH OFFICE VISITS-DISPOSITIONS

All students seen should have a disposition, even those who are seen face to face for medication administration—daily, prn, nursing procedures, etc.

Data Points

N. Number of schools in district: This number should reflect all schools, even if they did not all participate in the data collection.

O. Number of schools reporting data: This number should reflect only those schools that data is collected from, or whose students are included in the data point counts listed on this page.

P. Number of RN FTEs in district: This number should reflect the total number of RN FTEs working in your district.

Q. Number of RN FTEs reporting data: This number should be the number of RN FTEs that reported chronic conditions/dispositions.

R.1-2 Did you collect data for the entire school year: Yes _____ No _____, if no, state dates of collection: month/day/year to month/day/year

Chronic Conditions

S. Please use official third Friday count, totaled, for all those schools that are reporting. (If all schools in your district are reporting, this number would be the same as A.)

T. Include only those with a diagnosis of asthma from a health care provider.

U. Include only those with a diagnosis of Type 1 Diabetes from a health care provider.

V. Include only those with a diagnosis of Type 2 Diabetes from a health care provider.

W. Include only those with a diagnosis of seizure disorder from a health care provider.

X. Include only those with a diagnosis of a life threatening allergy from a health care provider.

Health Office Visits-Disposition

Y. Include only students who are seen (face to face) by RN (not other health office staff).

Z. Include only students who are seen (face to face) by RN (not other health office staff).

Y. Number of student encounters/health office visits to RN resulting in the student returning to class or staying in school

Z. Number of student encounters/health office visits to the RN resulting in 911 being called or regionally appropriate equivalent

AA. Number of student encounters/health office visits to the RN resulting in the student being sent home

BB. Number of student encounters/health office visits to LPN resulting in the student returning to class or staying in school

CC. Number of student encounters/health office visits to the LPN resulting in 911 being called or regionally appropriate equivalent

DD. Number of student encounters/health office visits to the LPN resulting in the student being sent home

EE. Number of student encounters/health office visits to health aide/UAP (non-RN, non-LPN) resulting in the student returning to class or staying in school

FF. Number of student encounters/health office visits to the health aide/UAP (non-RN, non-LPN) resulting in 911 being called or regionally appropriate equivalent

GG. Number of student encounters/health office visits to the health aide/UAP (non-RN, non-LPN) resulting in the student being sent home

AA. Include only students who are seen (face to face) by RN (not other health office staff). Includes students sent home with the recommendation/directive to see a health care provider.

BB. Include only students who are seen (face to face) by LPN (not RN or other health office staff)

CC. Include only students who are seen (face to face) by LPN (not RN or other health office staff)

DD. Include only students who are seen (face to face) by LPN (not RN or other health office staff). Includes students sent home with the recommendation/directive to see a health care provider.

EE. Include only students who are seen (face to face) by other health/UAP* staff (non-RN, non-LPN). You may include secretary or others IF it is included as a specific part of their responsibility.

FF. Include only students who are seen (face to face) by health/UAP staff (non-RN, non-LPN). You may include secretaries or others IF it is included as a specific part of their responsibility.

GG. Include only students who are seen (face to face) by health/UAP staff (non-RN, non-LPN). You may include secretaries or others IF it is included as a specific part of their responsibility. Includes students sent home with the recommendation/directive to see a health care provider.

*UAP=Unlicensed Assistive Personnel

**Mark any data points you do not collect as DNC (Do not collect). Please then report the data you do collect.

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