Student/Program Outcomes

The Wisconsin Association of School Nurses (WASN) and the Wisconsin Department of Public Instruction (DPI) recognizes that school nurses are not required to complete the same evaluation process as teachers and administrators. However, many school districts are incorporating the school nurse into this process. Through a collaborative process between school nurses and the DPI the school nurse evaluation tool has been developed. As part of this tool, Student/Program Outcome (SPO) samples have been suggested for consideration. School nurses impact a student’s ability to learn by removing mitigating or limiting health barrier(s) to learning.

Based on a school nurse’s job description or contract, the role of the school nurse may vary. Some school nurses provide direct care to students and staff. Other nurses act as administrators, training and supervising licensed practical nurses or those lesser skilled assistants to provide the health care. And still other nurses provide a combination of direct care and supervision of others providing the care.

The National Association of School Nurses (NASN) states, the school nurse performance evaluation should be based on the standards of school nursing practice, the standards of professional performance, and related competencies described in the current version of “School Nursing: Scope and Standards of Practice” (American Nurses Association [ANA] & National Association of School Nurses [NASN], 2011). Based on this recommendation, the sample program or student outcomes are developed with the appropriate standard or standards in mind.

Standard 1. Assessment—the school nurse collects comprehensive data pertinent to the client’s health data or the situation.
Standard 2. Diagnosis—the school nurse analyzes the assessment data to determine the diagnosis or issues.
Standard 3. Outcomes Identification—the school nurse identifies expected outcomes for a plan individualized to the client or situation.
Standard 4. Planning—the school nurse develops a plan of care that prescribes strategies and alternatives to attain expected outcomes.
Standard 5. Implementation—the school nurse implements the interventions identified in the plan of care.
Standard 5A. Coordination of Care—the school nurse coordinates care delivery.
Standard 5B. Health Teaching and Health Promotion—the school nurse provides health education and a safe environment.
Standard 5C. Consultation—the school nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.
Standard 6. Evaluation—the nurse evaluates the client's progress toward attainment of identified outcomes.
Standard 7. Ethics—the school nurse integrates ethical provisions in all areas of practice.
Standard 8. Education—the school nurse attains knowledge and competency that reflects current school nursing practice.
Standard 9. Evidence Based Practice and Research—the school nurse integrates research and best-practice findings into practice.
Standard 10. Quality of Practice—the school nurse systematically enhances the quality and effectiveness of nursing practice.
Standard 11. Communication—the school nurse communicates effectively in all areas of practice.
Standard 12. Leadership—the school nurse provides leadership in the professional practice setting and the profession.
Standard 13. Collaboration—the school nurse collaborates with the client, the family, the school staff, and others in the conduct of school nursing practice.

Standard 14. Professional Practice Evaluation—the school nurse evaluates one’s own nursing practice in relation to professional practice standards, guidelines and relevant statutes, rules and regulations.

Standard 15. Resource Utilization—the school nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of school nursing services.

Standard 16. Environmental Health—the school nurse practices in an environmentally safe and healthy manner.

Standard 17. Program Management—the school nurse manages school health services.

Sample Student or Program Outcomes
For each sample student or program outcome, we have included the rationale for its use and standard or standards it addresses. The outcomes are separated into specific areas of practice.

Chronic Illness
Increase the number of Asthma Action Plans from ____% (baseline) to ____% of student’s with asthma in the school population during the ______________ school year.
Rationale: If the school nurse is informed using the asthma action plan regarding triggers and treatment of a student’s asthma, he/she can then develop a program to educate school staff and to be involved in appropriate asthma treatment. This will increase attendance rates by decreasing asthma exacerbations of students with asthma.
Standards: 4, 5A, 5B, 5C, 10, 11, and 13

Increase time in the classroom for student ________________ with Type 1 Diabetes from ____% (baseline time in seat) to ____% of the available seat time during the second semester.
Rationale: If the school personnel are adequately trained, and case management by the school nurse is sufficient, the amount of time out of the classroom will be minimized.
Standards: 4, 5A, 5B, 5C, 10, 11, and 13

Identify five students who have missed more than 10 days of school in the second half of the previous school year and who have a diagnosis of asthma, and develop a care plan to improve asthma care to reduce the number of days missed in the first half of the new school year.
Rationale: Improved asthma control and appropriate planning will improve a student’s overall well-being and ability to attend class.
Standards: 1, 2, 3, 4, 5B

Health Education
The students participating in small group discussions related to ________________ (a chronic health condition), will be able to improve self-management of their condition and miss less class time.
Rationale: Increasing a student’s knowledge and self-care will enable them to focus on other areas of academics.
Standards: 4, 5B, and 6

Health Service Program Management
Through improved and targeted medication administration training and supervision, the school nurse will decrease medication administration errors from ____% (baseline) to ____% by the end of the school year.
Rationale: Student safety and risk management is necessary to provide a safe environment for learning.
Standards: 5D, 6, 10, 15

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Through effective health office education and management, the school nurse will increase the return to class rate from _____% (baseline) to _____% by all health room unlicensed staff by the end of the first semester.
Rationale: Increasing the time the student is in the classroom will increase availability for learning.
Standards: 5, 6, 9, and 19

By looking at the injury data and implementing prevention strategies and education, school nurse will decrease the playground injury rate from ______% (baseline-first month) injuries to _____% for all kindergarten injuries by the end of the first semester.
Rationale: When students are not in the health office or released from school to be evaluated by a medical provider, they are more available for learning.
Standards: 4, 6, 9, 10, and 15

Immunizations
Increase the immunization compliance rate within our district from ______ % (last year’s rate) to _____ % of the student population by the following school year.
Rationale: High immunization rates improve the herd immunity of the school community decreasing illness and loss of missed days of school.
Standards: 5B, 17

Improving immunization coverage versus student waivers for those students with current waivers from ______(number of waivers for current students) to ______(number of waivers of same students) by the end of the year.
Rationale: At times, families sign immunization waivers due to other circumstances versus opposition to the administration of immunization. With education and communication with the parent improvement on coverage can occur.
Standards: 5B, 17

References:

