



**Testimony of  
Children's National Medical Center  
Children's School Services  
School Health Nursing Program**

**Jacqueline D. Bowens  
Vice President & Chief Government and External  
Affairs Officer**

**Barbara S. Scott, RN, MSN, NE-BC  
Executive Director  
Children's School Services School Health Nursing  
Program**

**Joseph Wright, MD, MPH  
Executive Director  
Child Health Advocacy Institute**

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Founded in 1871, Children's National Medical Center (Children's National) is a 283 bed not-for-profit academic medical center located at 111 Michigan Avenue, NW. Children's National's mission is to improve health outcomes for children regionally, nationally and internationally, to be a leader in creating innovative solutions to pediatric healthcare problems, and to excel in care, advocacy, research and education to meet the unique needs of children, adolescents and their families. Children's National is consistently ranked among the best pediatric hospitals in America by *US News & World Report* and has twice been named to The LeapFrog Group's Top Hospitals list for quality and safety.

**Introduction**

Children's National appreciates the opportunity to update the Committee on Health on the status of the Children's School Services School Health Nursing Program. Children's National entered into a contractual relationship with the Department of Health in 2001 to provide school nursing services to children enrolled in the District of Columbia public and public charter schools. Since the inception of the contract, significant milestones have been achieved. This testimony provides a status report on many of the initiatives identified in the Comprehensive Plan for School Health Nursing, specifically the staffing enhancement plan, technology advancements, the Supply and Equipment Management Program, case management, management of medically fragile students and health education plans.

## **Staffing Enhancement Plan**

A major component of the Comprehensive Plan for School Health Nursing is the Staffing Enhancement Plan. The Staffing Enhancement Plan was designed and implemented in July 2007 to extend nursing coverage from part-time to full-time in the District of Columbia Public Schools.

### **Full Time Nursing Coverage**

Children's School Services (CSS) executive management team established an aggressive goal of extending nursing coverage from part-time to full-time in 91% of the DC public schools by September 30, 2008. At the beginning of this project, in July 2007, 55 of the 144 DC public schools – 38 percent - received full-time nursing coverage. On September 29, 2008, CSS met and exceeded the goal when 116 of 124 schools – 93 percent of the DC public schools — had full-time nursing coverage. This number will increase to 94% on October 14, 2008, when 117 of the 124 DC public schools will receive full-time nursing coverage. Coverage levels will increase again in the following weeks because additional staff has either been hired or recommendations to hire have been submitted.

Recruitment efforts are robust and ongoing. An ad campaign ran from July through August 2008 in the *Nursing Spectrum*, *Washington Post* and *Advance for Nurses*. Though the results of the advertising campaign have been positive, significant challenges still remain. Additional nurses are needed to build the float pool, to continue the expansion of full-time nursing coverage to public charter schools, to accommodate the potential influx of special education students experiencing chronic medical conditions and to manage an increasingly aging workforce.

### **Nursing Shortage Poses Staffing Challenges**

As shared in April 2008, achieving full-time nursing coverage in all of the DC public schools and public charter schools by 2009, as called for in the Comprehensive Plan, will be a significant task, particularly given the growing nationwide nursing shortage. The United States is in the midst of a nursing shortage that is expected to intensify as baby boomers age and the demand for health care increases.

Even though nursing colleges and universities across the country are struggling to expand enrollment levels to meet the rising demand for nursing care, the shortage of registered nurses (RNs) in the U.S. could reach as high as 500,000 by 2025, according to a report released by Dr. Peter Buerhaus and colleagues in March 2008.<sup>1</sup> In another statement released in March 2008, The Council on Physician and Nurse Supply, an independent group of health care leaders based at the University of Pennsylvania, determined that 30,000 additional nurses should be graduated annually to meet the nation's healthcare needs, an expansion of 30% over the current number of annual nurse graduates.<sup>2</sup>

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<sup>1</sup> *The Future of the Nursing Workforce in the United States: Data, Trends and Implications*, March 2008, [www.jb.pub.com](http://www.jb.pub.com)

<sup>2</sup> The Council on Physician and Nurse Supply, March 2008, [www.physiciannursesupply.com](http://www.physiciannursesupply.com)

Preliminary figures demonstrate that the average age of the Children's School Services (CSS) nurse is 58.5 years compared to a national average 40.66 years.<sup>3</sup> Therefore, the task of advancing full-time nursing coverage will be more difficult as our aging workforce reaches retirement age. It should be noted that even though CSS has an aging workforce, the program has benefited from the employment of these more experienced nurses. These nurses bring a wealth of nursing knowledge and expertise. They also bring valuable personal experience acquired from raising their own children and grandchildren. They tend to possess the patience and a more caring and nurturing attitude, which has proven instrumental when helping children cope with health, societal and socioeconomic issues.

### Recruitment & Retention Strategies

Moving forward, CSS will continue to identify and implement innovative and creative recruitment and retention strategies to attract and retain nurses. Strategies under consideration and/or development include:

1. The school nurse certification program to assist nurses in earning credentials as certified school nurses;
2. A school nurse internship program to provide learning experiences and prepare new graduates to assume nursing roles in the school setting;
3. Involvement with the Children's Hospital School Nurse Affiliate Program to provide learning experiences for nursing students from local colleges and universities; and
4. Participation in Children's Patient Services Future Pediatric Nursing Program focused on providing opportunities to attract high school students to the nursing profession.

Each of these strategies will require further development and discussions with key stakeholders prior to implementation, but they each have the potential to positively impact the availability of nurses both from a short and long-term perspective.

### Impact of Closures, Mergers, Public Charter Schools

The Staffing Enhancement Plan will be revised to reflect and accommodate changes as a result of school closures, mergers and the addition of public charter schools. School mergers created additional challenges due to an increase in enrollment at many schools. Based on a preliminary assessment, CSS believes the increased enrollment in some schools will likely result in additional nursing requirements at those schools. This change will require careful scrutiny to assure the most appropriate staffing mix and staffing level. There may be a need to supplement staffing at some schools, which will require the ability to advance the concept of needs-based staffing – staffing based on the assessed needs of the student population.

All efforts to enhance staffing will continue to be implemented in a deliberate and careful manner to ensure the selection and placement of nurses who possess the knowledge, skills and expertise to deliver high-quality, effective and efficient care and services in the school setting.

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<sup>3</sup> The 2006 Aging Nursing Workforce Survey. [http://www.hodes.com/publications/pdfs/agingnurse\\_sep06.pdf](http://www.hodes.com/publications/pdfs/agingnurse_sep06.pdf)

## **Technological Advances in School Health Nursing**

Prior to the development of the Comprehensive Plan, approximately 46 percent of the DC public schools had access to broadband connectivity, computers and peripherals. Since securing funding, computers, 3-in-1 printers and/or faxes were purchased for each health suite. As of August, 2008 approximately 97% of the health suites have computers, peripherals and the internet installed.

### **Health Master**

After careful review and evaluation of various software programs, the Health Office/Health Master software package was selected to support professional school nursing and the management and reporting of student health-related data. As shared in previous testimony before the Committee, Health Master is a database management product that automates the school health office and enables schools to efficiently record and access student health-related information. Though the program is dedicated to support professional school nursing practice, the capability exists to link the system with other student health-related data sources that facilitates access to up-to-date, accurate, and comprehensive student health-related data. Health Master also provides an excellent mechanism to document, report, track, and analyze student health-related data and information, in turn eliminating manual management of data and information.

The contract with Health Master was signed in June 2008 and Phase I of the implementation plan is underway. Initially, projections reflected plans to have the system installed and operational in January 2009. The project has been delayed as a result of multiple personnel changes and transitions with initial project participants. Therefore, the system will not be installed and operational by January 2009.

To ensure installation and operationalization by January 2009, CSS will partner with the Project Management Office at Children's National. These professionals will manage all technical, connectivity and interface aspects of the project to ensure sustainability, usability, functionality, and achievement of desired outcomes. A dedicated project manager and clinical analyst will be available to work through the multiple details of this complex project.

## **Supply and Equipment Management Program**

The Children's School Services Supply and Equipment Management Program was designed, developed and implemented in May 2007. This program was designed to facilitate the availability and access to medical-surgical supplies and equipment to ensure that school nurses are provided with items required to provide quality health care and services.

The program is effectively and successfully managed by an Inventory Control Specialist who is responsible for requisitioning, storage, distribution, and monitoring of supplies and equipment. The Inventory Control Specialist has developed a delivery schedule that facilitates delivery of supplies and equipment to an average of 30 schools each week. Nurses express satisfaction with the availability, accessibility and timely delivery of items to the individual schools, and are pleased with the high quality customer service they receive.

## **Case Management Program**

The CSS Case Management Program was implemented to increase students' access to care and to link them to a medical home. CSS currently employs one case manager who is responsible for handling referrals for students with complex health care needs. During SY 2007 – 2008, 361 students were referred to the case manager who was successful in linking 101 of these students to health care providers and services to meet identified health care needs.

Through hard work and a key partnership, the Case Management Program is successfully fulfilling its responsibilities to the District's public school students. CSS established a partnership with The Town Hall Education, Arts & Recreation Campus (THEARC) to facilitate timely access to care and services for students in Wards 7 and 8. The relationship with THEARC has been instrumental in linking students and their families to care and services, including uninsured children. Once a student is referred to THEARC, the staff there works with the parents to apply for medical insurance.

The following examples highlight some of the outcomes from the CSS Case Management Program during SY 2007 – 2008:

1. An elementary school student was found to have enlarged lymph nodes in the neck with resultant neck pain. The student was referred to, seen and treated at THEARC.
2. Thirty-four students were referred to Lens Crafters and received vision care.
3. Thirty students were referred to Xspecial Eye Care and twenty-six (26) received vision care.
4. Eighteen students were linked to care at Children's Hospital for specialty and follow-up appointments.
5. Six students were referred to and evaluated by the DC Department of Mental Health; at the end of the last school year these children continued to receive services.
6. Two students were referred to and received dental care from the Howard University Dental Clinic.
7. Prevention of Blindness Mid-Atlantic Region provided vouchers for six students to receive vision care.

As CSS continues to grow, the Case Management Program will seek opportunities to increase students' access to care and linkages to a medical home.

## **Managing Medically Fragile Students**

The Management of Medically Fragile Students Quality Improvement Initiative was initiated in November 2003 to improve the care and services provided for children with special healthcare

needs and children with chronic health conditions who are mainstreamed into the regular school setting. In November 2003, only 58 students had been identified as medically fragile. By the end of SY 2007 – 2008, more than four thousand medically fragile students (4,815) had been identified. In addition, more than six hundred (621) children with special healthcare needs had been identified.

At the end of the last school year, approximately 93 percent of the DC public schools and 67 percent of the public charter schools had one or more medically fragile student enrolled. The identification and location of these vulnerable students, as well as their health care needs, will be conducted again this school year. The presence of these students will most likely have some implications for staffing. Already in SY 2008-2009, there has been an increase in the number of treatments required during the school day, many of which have required more resources than in previous years. Every effort will be undertaken to assure that the appropriate level of care is provided to achieve optimal health outcomes for these students during the school day.

### **Immunization Compliance**

Children's National Medical Center (CNMC) assumed operational responsibility for the School Nurse Program in 2001. At that time, based on data provided by the Department of Health Immunization Registry, the immunization compliance rate was 40 percent for the 65,000 students enrolled in DCPS. Over the next two years, through various strategies, the compliance rate rose to 70 percent. This initial improvement was the result of an increase in traditional outreach activities without much input from the School Nurse Program. By August 2003, approximately 10,000 children were still out of compliance with their immunizations.

In 2002, CSS began to closely examine the role and responsibilities of the school nurse in improving immunization compliance rates. As a result, CSS established the Immunization Collaborative Practice Team in 2003 with DCPS, the Department of Health Immunization Program, Every Child by Two and other community-based healthcare providers.

The goal of the partnership was to identify and implement a comprehensive strategy to improve the overall immunization compliance rates for students enrolled in the District of Columbia public and public charter schools. By the end of school year 2006 - 2007, the benchmark of 95 percent was met; it increased to 97.94 percent in June 2008. As of October 2, 2008, the overall immunization compliance rate was 96.51 percent.

### **School-based Health Centers**

Recognizing the city's interest in consolidating the management of school health centers and promoting a collaborative relationship with the school health nursing program, CSS engaged in discussions regarding the feasibility of establishing school-based health centers in some of the schools where nursing services are currently provided. Critical to the success of the school health center is its partnership with CSS. Studies show that school-based health centers function optimally when the school nurse and the school-based center staff partner to function as a single, integrated, cohesive team dedicated to managing the health needs of the patients they serve.

It is imperative, however, that a clear mission, goals and objectives for the collaboration are developed and implemented. These integral pieces lay the foundation for the delivery of high-quality, cost-effective, and efficient care and services to school-aged children. At the very minimum, the following objectives should drive program development:

1. To clearly describe, delineate, and arrive at consensus regarding the role and responsibilities of the school nurse and school-based health center staff.
2. To collaboratively establish interdisciplinary policies and procedures that give operational guidelines to govern the provision of health care and related services.
3. To collaboratively establish and monitor performance metrics that foster program evaluation from structure, process and outcome perspectives; and
4. To establish an electronic medical record (EMR) system in the school health center that is compatible with that of the School Nurse Program. Clear policies must be developed that allow for appropriate sharing of and access to both programs' EMR.

### **Health Education**

Health Education activities are routinely provided in the school health setting. The Child Health Advocacy Institute (CHAI) at Children's National Medical Center and the four faculty pediatricians in this center of excellence provide medical direction, oversight and support to Ms. Scott and the CSS leadership team.

The CHAI also serves in a liaison capacity for the program's access to the remaining 300 physician faculty, a group that collectively provides a full range of pediatric health, preventive health and public health expertise. In fact, Ms. Scott can attest to the enthusiasm with which many members of the faculty and medical staff views the opportunity to contribute to the health and science education of students and parents.

Moving forward, the formal contribution of the Children's School Services program to health education for DCPS students will be achieved through the implementation of three specific strategies:

1. Ongoing provision of expert continuing education directed to the school nurses through the existing professional development mechanisms that Ms. Scott and her team have already designed. These include the highly successful Summer Nurse Institute and regular in-service training. This will keep the workforce at the cutting edge of advances in pediatric medicine as they interface with children on the frontlines in the health suites
2. Direct classroom exposure of District of Columbia public school students to Children's National's faculty physicians as administratively managed through the school nurses in collaboration with educational leadership. Ideally these exposure opportunities will be coordinated with core or advanced curricular content, and the physicians can fulfill a 'guest lecturer' role in the course of normal classroom instruction.

3. Use of the school setting to design community-based awareness and education activities that would address audiences of children and their parents or caretakers around the most prevalent health threats. This is the principal charge of the Child Health Advocacy Institute and why it is critical to take advantage of the synergistic opportunities afforded by Children's National's presence and collaborative role with the City.

Additionally, the CSS leadership team began efforts to design, develop and implement a standardized health education program to be implemented across the schools to encourage health promotion and disease prevention. The programs will include topics such as obesity prevention, nutrition and weight management, access to care and services, asthma, diabetes and epilepsy. Information and data from school health suite visits, identification of medically fragile students, and recently-enacted legislation such as the Student Access to Treatment Act and the Department of Health AIDS Prevention and Condom Availability Program, will be used to inform program planning and development. Additional topics will be identified consistent with information obtained from the Monthly Statistical Reports, Identification of Medically Fragile Students and other available pertinent child health data. In addition, age-appropriate posters, pamphlets and other educational materials with health promotion and disease prevention themes have been purchased for use in the health suites.

CSS will seek and execute opportunities to work collaboratively with other healthcare providers, health educators and organizations, as appropriate, to facilitate the design and delivery of educational programs that best meet the needs of students and/or their families. Process, structure and outcome metrics will be developed to facilitate the evaluation and reporting of program effectiveness.

### **Conclusion**

Children's School Services is pleased with the significant progress made in achieving the goals and objectives of the Comprehensive Plan. There have been many challenges this past school year – school closures and mergers, relocation of students, increased numbers of children requiring nursing services, and efforts to extend nursing coverage from part-time to full-time—just to name a few.

Many challenges still lay ahead, particularly around staffing. However, we remain confident that, given the continued collaboration with our partners in the District of Columbia government and by leveraging resources available through Children's National Medical Center, we can successfully provide the highest quality school health services to every child in the DC public schools system during the school day.