

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



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Vision: To be the Healthiest State in the Nation

School Health Program Summary Report Santa Rosa County

DATE: March 5, 2014

TO: Sandra Park-O'Hara, ARNP, Administrator, Florida Department of Health in Santa Rosa County (DOH-Santa Rosa)
Tim Wyrosdick, Superintendent, Santa Rosa County School District (SRSD)

THROUGH: Shay Chapman, R.N., BSN, Section Administrator, School, Adolescent & Reproductive Health Section, Bureau of Family Health Services, Division of Community Health Promotion *SC*

FROM: Debra Barber, R.N. Consultant, School Health Liaison *DKB*

SUBJECT: Programmatic Monitoring Santa Rosa County School Health Program

ACTION

REQUIRED: None

DUE DATE N/A

Components of Review, mark all that apply:

☐ Desk Audit ☒ On-Site Review, Date of Review: February 12-14, 2014

Name(s) of Program Staff involved: Debra K. Barber, RN, and Ernest J. Bruton, Senior Human Services Program Specialist

Name(s) of CHD Staff contacted: Deborah Price, R.N., BSN, NCSN, Nursing Program Specialist

Name(s) of School District Staff contacted: Sherry Smith, Director of Student Services, SRSD

Name(s) of Community Partners contacted: Jodi Kendrick, R.N., MSN, Director Pediatric Services of America (PSA)

School Sites Visited: Avalon Middle School, Holley Navarre Primary School, Benny Russell Elementary School and Jay High School

METHODOLOGY

The program review of the Florida Department of Health-Santa Rosa County (DOH-Santa Rosa County) School Health Program was performed pursuant to s. 381.0056, *Florida Statutes (F.S.)*. The purpose of the visit was to:

- Discuss program data and provide technical assistance
- Address local issues and concerns
- Review county best practices
- Address improvements in program areas as necessary

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- Interface with DOH-Santa Rosa and SRSD coordinators as partners providing school health services; and
- Provide program support since the last visit conducted February 8-9, 2010.

The monitoring process included the use of the following for information collection:

- School Health Monitoring Tool
- School Health Room Review
- School Health Records Review
- Final School Health Screening Report
- Santa Rosa County Three Year Data Comparison Worksheet
- Summary of School Health Services 2012-2013
- Annual School Health Report
- School Health Services Plan
- DOH-Santa Rosa financial reports (i.e. Report Distribution, Financial & Information Reporting System, etc.); and
- Observation, discussions and record reviews (which included the schools listed above).

The monitoring visit also included an entrance and exit conference with representatives from DOH-Santa Rosa and SRSD allowing for open dialogue, questions, answers and discussion of findings. Areas of discussion included budget updates, vision services, revised Asthma Guidelines, the soon to be completed revised Diabetes Guidelines, the Oral Health Screening Project, Senate Bill 284 regarding Epi-pens, Individualized Health Care Plans, local accomplishments, program office staffing and the upcoming Florida Association of School Nurses Conference.

School Health Services Program Overview

The oversight and delivery of school health services is accomplished through the collaborative efforts of DOH-Santa Rosa County, SRSD and Pediatric Services of America (PSA). During fiscal year 2012-2013, SRSD had 33 schools with 25,527 pre-kindergarten through twelfth grade students. Registered Nurses (RN) are provided for the school health program by DOH-Santa Rosa and SRSD contracted provider PSA. DOH-Santa Rosa provides five and PSA provides four. The RN to student ratio for the Santa Rosa County School Health Program is one RN to 2,775 students. The National Association of School Nurses, U.S. Department of Health and Human Services and American Academy of Pediatrics recommend a ratio of one professional (registered) nurse for every 750 students in the general student population. The RN to school ratio during the same period was one RN to 3.59 schools. PSA provides ten Licensed Practical Nurses (LPN) and 29 Unlicensed Assistive Personnel (UAP) to assist in the provision of services to students.

A total of 8,808 health conditions were reported for these students during 2012 – 2013. The conditions included 771 students with life threatening allergies, 1,841 with asthma, 80 with diabetes, 205 with seizure disorders and seven with cystic fibrosis. During the 2012-2013 fiscal year, a total of 209,966 school health services were documented in the Health Management System (HMS). This included administration of 28,990 doses of medication, 599 complex medical procedures, 9,884 first aid services, and the review of 6,649 health records of students.

The biennial School Health Services Plan document, with contributions from school health partners, contains the various responsibilities for the provision of mandated school health services. DOH-Santa Rosa County Schedule C and local SRSD funding for school health services in Santa Rosa County is shown in the following chart.

School Health Program Budget Allocations - Funding From All Sources

Fiscal Year 2012/2013 Schedule C Allocations	Amount of Budget Allocated
Tobacco Settlement - Basic School Health	\$65,983
General Revenue - Supplemental	\$10,097
General Revenue - Full Service Schools	\$65,739
Title XXI - Full Service Schools	\$27,392
Title XXI - Comprehensive Service Schools	\$91,545
Sub-Total	\$260,756
Fiscal Year 2012/2013 DOH-Santa Rosa Funding	
DOH-Santa Rosa-Other Funding	\$1,824
DOH-Santa Rosa Total	\$262,580
Fiscal Year 2012/2013 School District)	\$1,687,541
Funding Fiscal Year 2012/2013 Community Partners (Public and Private	\$0
Total Funding All Sources	\$1,950,121

The above funding equates to \$76.39 per student per year. The 2012-2013 statewide county average per student expenditure for school health services was \$67.68 per student per year.

Expenditures associated with the School Health Program are tracked by the Central Office liaison through utilization of Report Distribution System (RDS) and Financial and Information Reporting System (FIRS) reports. Based on the most current report the Santa Rosa County School Health Program is on target for expending all of its Schedule C allocations for the provision of school health services.

REVIEW OF SERVICES

Basic, Comprehensive and Full Service School Programs:

All schools except one Charter and one Alternative school in Santa Rosa County are designated as comprehensive schools. During 2012-13, a total of 209,966 school health services were documented in the Health Management System (HMS). Health education classes provided covered a variety of topics including:

- General, dental and mental health
- Injury prevention, violence prevention, date rape
- Nutrition, staff wellness, staff in-service
- Child abuse, parenting skills
- Alcohol, tobacco and other drug abuse
- Suicide prevention; and
- Pregnancy prevention, HIV/STD, and human sexuality.

During the same period, a total of 1,158 hours of in-kind services from community based health and social services agencies (worth an estimated \$55,940) were provided.

Recommendation: N/A

School Health Screenings: Grade-level screening of students is mandated by Chapter 64F-6003, Florida Administrative Code (F.A.C.). Mandated screenings are central to identifying health problems that may adversely impact health and school performance. For fiscal year 2012 - 2013, the percent of

focal populations screened remained consistent with the previous two years and is shown in the following chart.

2010-2011 – 2012-2013 Year End Percent of Students Screened

Screening Type/ Mandated Grades	% of Students Screened in Mandated Grades 2010-11	% of Students Screened in Mandated Grades 2011-12	% of Students Screened in Mandated Grades 2012-13
Vision (KG, 1, 3, 6)	99.48%	99.34%	104.01%
Hearing (KG, 1, 6)	97.57%	99.67%	96.45%
Scoliosis (6)	98.08%	96.27%	93.61%
Growth & Development (1,3,6)	88.6%	93.28%	97.35%

Sources: Numerator - Initial screenings (FTTYs) entered in HMS during state fiscal years 2010-2011, 2011-2012, and 2012-2013. Denominator - Department of Education school membership (minus students from virtual schools; Department of Juvenile Justice schools, residential schools, jail schools, hospital homebound) for the above years.

The screening requirements of the Schedule C Attachment I Deliverables – Reports and Data Submission are 60 percent completion documented in HMS by January 31 and 95 percent completion documented in HMS by March 31 for vision and hearing. Scoliosis and Growth and Development screenings are required to have a 95 percent completion and documentation by June 15. Santa Rosa successfully met these requirements for the 2012-2013 school year; and is on track to repeat that success in 2013-2014. The percentage of referral outcomes for 2012-2013 falls slightly below the 75% program standard in two areas as identified below:

- Scoliosis – 66.90%
- Growth & Development (BMI) – 71.72%,

Discussion with the DOH-Santa Rosa County School Health Coordinator revealed the county is aware of the issue. A significant discussion point is the current coding system does not include a code for lack of parental response; or staff efforts to achieve completion.

Recommendation: N/A

School Clinic Facilities, Equipment and Supplies: Four school health clinics were visited and monitored for compliance with the *Florida Statutes (F.S.)*, Florida Administrative Code (F.A.C.), the 2012 State Requirements for Existing Educational Facilities (SREF) and the School Health Administrative Guidelines (SHAG), Rev. 2012. All four clinics were in compliance.

A total of 16 cumulative student health records were reviewed for compliance. The records reviewed were organized, accessible to health room staff and maintained in accordance with s. 1002.22, F.S. and the Family Educational Rights and Privacy Act (FERPA). One record was missing the DH 3040 School Health Entry Exam and documentation of screenings. All 16 records had completed DH 680 Florida Certificate of Immunization Forms and all immunizations were up to date for age. Updated emergency information cards with contact information, allergies (as applicable), significant health history and parental permission for emergency care were present for each record. Individualized comprehensive emergency health care plans were present for students with health conditions requiring a plan. The emergency health care plans did contain proactive, preventive measures (interventions), though not labeled as such, and were missing a Nursing diagnosis and health/educational goals. Discussion with the DOH-Santa Rosa School Health Coordinator revealed the care plans are due to be revised.

The Santa Rosa County School Health Services Program has a policy on Medication Administration and is in compliance with s. 1006.062 F.S. and 64B9-14 F.A.C. Medications were noted to be organized, labeled appropriately and Medication Administration Records (MAR) contained the required components. The MARs were found to be complete with no open or unexplained missed doses. Medications were not expired with the exception of one student specific Epi-Pen (12/13), no pattern of expired medications was evident.

Documentation of annual child specific training and medication administration training was present. Though the RNs from PSA and DOH-Santa Rosa document frequent clinic visits, periodic monitoring of the tasks observed were not documented as per 1006.62 F.S., and 64B9-14.002(4) F.A.C.

Recommendation: (1) Revise emergency care plans to include a Nursing diagnosis, separate the proactive, preventive interventions from the emergency interventions, and add the health and educational goals. (2) Document periodic monitoring of the UAPs on the training sheet.

Summary: Through the collaborative efforts of DOH-Santa Rosa, the SRSD and PSA the students of Santa Rosa County are receiving a myriad of services related not only to health care but also to healthy life style choices. Best practices noted included:

1. Through a partnership with Sodexo Santa Rosa has been successful in meeting the United States Department of Agriculture Food and Nutrition Service's HealthierUS School Challenge (HUSSC). The Santa Rosa schools met stringent criteria to win the top Gold Award of Distinction (\$2000) for 9 of 33 schools, the Silver (\$1000) for 2 of 33 schools and the Bronze (\$500) for 2 of 33 schools. The criteria met included improving quality of food, nutrition education for students, opportunity for physical education and activities. Criteria also included menu planning, cultural sensitivities, appearance, emphasis on fruits, vegetables, whole grains, lean meats, foods low in fats, cholesterol, sodium and added sugars.
2. Santa Rosa County Schools and Sodexo also recently placed third in the Florida Contest "What Works" during National School Lunch Week.
3. Santa Rosa has an active School Health Advisory Committee (SHAC) that meets regularly and works on a variety of topics ranging from nutrition, gardening, tobacco prevention, BMI, head lice policies, etc.
4. Santa Rosa County Schools has participated in multiple community outreach projects such as Mommy & Me Walk, Farmshare, Family Fitness Fun Nights, U Count Homeless Event and a Pow Wow Indian Outreach, to name a few.
5. Santa Rosa County School Health has also developed and implemented enhanced health services for Title I/McKinney Vento students. The School Health Coordinator wrote a grant for 18 school nurses to assist with homeless and disadvantaged youth, results are pending.
6. The DOH-Santa Rosa School Health Nurses proactively provide services above the mandated requirements. The Coordinator presents at School Board Meetings, Principal and Assistant Principal Meetings and serves on multiple committees. The School Health Nurses also provide extra health education for faculty, staff and parents. One nurse is designated Case Manager of homeless students to ensure their needs are met.

The above list is just a sample of the best practices observed. Observations of student interactions with UAPs and nurses from DOH-Santa Rosa and PCA revealed a passion for providing quality services for the students. Collaboration between the DOH-Santa Rosa, SRSD and PCA was evidenced by the amount of representation from each entity throughout the monitoring process; from entrance to exit.

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cc: Deborah Price, R.N., BSN, NCSN, Nursing Program Specialist
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