SCHOOL NURSES + PEDIATRICIANS = POWERFUL PARTNERS

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Robin Cogan and Dr. Mary Beth Miotto disclose the absence of personal financial relationships with commercial interests relative to this educational activity within the past 12 months.

You cannot educate a child who is not healthy, and you cannot keep a child healthy who is not educated.”

Jocelyn Elders MD
FAAP
SCHOOL NURSES AND PEDIATRICIANS ARE ON THE SAME TEAM

We share a:
• Mission for child health
• Commitment to school success
• Clinical background and training
• Mental health
• Teamwork and System Builders to Act
• An understanding of the impact of Social Determinants of Health, ACEs, and other “wicked problems”
What surprising roles and responsibilities do school nurses have in 2019?

What does a 2019 pediatric practice look like?
Now that we are on the same team and we know more about our colleagues’ roles, we can start building relationships and leading change TOGETHER!

Which big student problems can we tackle together?

- Asthma
- Obesity
- Behavioral Health
- Complex Chronic Diseases
- ACEs
- Chronic Absenteeism

Case Study 1: Kalib in October

School Nurse Sees:
- 5 ½ year old
- Kindergartner in community school
- Increasingly frequent asthma nurse visits
- >5 absences by late October

Pediatrician Sees:
- 2 ER visits since September for asthma
- Hospital admission 9 months ago (no intubation, + O2)
- Diagnosis: Moderate Persistent Asthma with waxing & waning control
Case Study 1: Kalib in January

School Nurse and Pediatrician Collaboration:
- AM Controller Medication Routine: Inconsistent due to Mom’s work
- Housing Insecurity for entire family:
  - 2 stays in an emergency shelter
  - 3 different transitional housing units
  - sleeps on sofa or floor at extended family’s homes
- No allergy testing performed yet

What Did Communication and Collaboration Accomplish?
1. All members of medical neighborhood team had crucial information:
   - insights into frequency and seasonality of absences
   - insights into frequency and time of day of nursing visits
2. Compare information for initial assessment of:
   - allergic or environmental triggers
     (at home(s), play, school)
   - mother’s ability to administer controller MDI
3. Asthma Action Plan and School Medication Form
4. Ongoing evaluation of SDOH and multigenerational ACEs. Sharing of resources: housing assistance, home asthma visits, allergist referral, nutrition resources
5. Strong and timely communication.
   - Nurse to MD: “Parents didn’t provide the new year’s medication administration form.”
   - MD to Nurse: “Parent has missed all the appointments to follow up the asthma ER visits.”
6. Share insights on:
   - Home routines and barriers to medication administration
   - Triggers (infectious, allergic, exertional) to improve control
7. Post-ER, post-hospitalization, post-absence visits to the school nurse.

Asthma Management Collaboration
Case Study 2: SantaClara in November

School Nurse Sees:
- 14 year old girl
- Freshman in high school
- Visits nurse at least once a week for abdominal pain
- Missed 20 days of school last year per school records

Pediatrician Sees:
- Family only comes for well visits
- Never has a physical complaint on history
- No psychosocial concerns reported spontaneously

Case Study 2: Santa Clara with Collaboration

School Nurse and Pediatrician Collaboration:
- “Attendance Works” lists from school administration. Nurses can loop pediatrician into your concerns about chronic absenteeism.
- Ask parents to schedule an MD visit. LISTEN to reasons they haven’t. (public charge, insurance, transportation, fear)
- MD asks “How many school days did you miss last year?” If it is over 5% or there’s a pattern, dig into reasons. “May I have your permission to talk to Santa Clara’s school nurse?”
- The team can evaluate chronic abdominal pain, menstrual abnormalities, anxiety, migraines, sleep disorders, hunger.

Systems Barriers to Communication and Collaboration
Barrier 1: Time and Accessibility

How do we talk when school nurse time is totally unpredictable and pediatricians are never sitting at their desks anymore?

1. Pediatricians: Build relationships with care plans:
   - Asthma action plans, HEADS UP concussions, medication forms
2. Nurses: Educate the practices that you welcome their input.
   - Request and discuss care plans and offer templates.

- Use every “form” interaction as a “bridge building opportunity”.
- Get to know the receptionist, call center, triage nurse, medical assistant. They’re invaluable gatekeepers who know the families.
- Ask the best way to connect with the pediatrician. Are there phone hours, a golden hour to catch him, scheduled administration time? Can you use “secure email” or “secure texting”?

Barrier 2: Interprofessional Communication

How do we speak a common language quickly and effectively?

SBAR NURSING COMMUNICATION:
● **Situation:** Describe the current situation clearly and briefly:
  o “Here’s the situation: SantaClara has been in my office 2-4 hours a week and has already missed 10 days of school since September.”

● **Background:** “We know she has menstrual cramps. She occasionally feels dizzy.”

● **Assessment:** “My assessment is that Santa may have a menstrual disorder. However her visits and absences may also relate to the food insecurity we all know the family experiences.”

● **Recommendation:** “I’ve asked her mom to bring her to your office but I’m not sure they will volunteer this particular information.”

You may also finish up with an **ASK.** Just like with school administrators, be direct and wrap it up with a concrete action: a written care plan, a call back after the visit.

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**Case Study 3: Javier**

**School Nurse Sees:**
- 6 ½ year old
- 1st grader in magnet school
- Kindergarten “was a real mess”
- Teachers concerned about hyperactivity and recommend evaluation for ADHD

**Pediatrician Sees:**
- Labile mood & hyperactive/aggressive behavior
- Dad reports child has witnessed his mother assaulting others at least twice
- Dad often away “working”
MENTAL HEALTH IN SCHOOL-AGE CHILDREN:

- 13-20% of American kids experience a mental health disorder in a given year. The prevalence is increasing.
- Less than ½ of the children identified with a mental health diagnosis are getting care.
- School nurses spend 33% of their time addressing student mental health issues.
- That doesn’t include all the somatic symptoms that may stem from or be exacerbated by behavioral health concerns.
A Jigsaw Puzzle Requires A Team Of Puzzle Masters

- The school nurse initiated informal discussions and a team meeting.
- When the pediatrician gets the request to assess for ADHD, she calls the school nurse and requests help in disseminating the Vanderbilts and getting informal feedback.
- The diagnosis ended up depression and anxiety with concerns of PTSD and toxic stress.
- Dad initially tried to administer medication but between work and grandmother diverting other medication, he agreed that it would generally be given at school.

Happier Ending for Family and System?

- School nurse administration improved the picture dramatically and with the addition of counseling services, the family started to move forward.
- Many families struggle with morning administration of daily ADHD medication or antidepressants.
- Teachers and nurses may notice “no meds” days. Parents may admit barriers to pediatrician or school staff. More often than not, parents can handle Sat-Sun meds especially when they start seeing positive effects and become less overwhelmed.
- Barriers: Nursing medication administration capacity and agreement?

OUR DIFFERENCES: BARRIERS AND OPPORTUNITIES

- Different data sources
- Different clocks
- Different cultures and hierarchies
- Different communication styles
- Different resources
● Different lenses on the student and the family situation.

● Families perceive us differently:
  ○ “The nurse is my child’s friend”
  ○ “The Wellness Center is a safe place”
  ○ “The school is trying to medicate/silence my child.”
  ○ “We sometimes see a different doctor every time.”
  ○ “The doctor doesn’t listen to our whole story.”

Communication and Collaboration SOUND great but am I ALLOWED to discuss children’s conditions under federal law?

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT - FERPA

- Prevents the disclosure of personally identifiable information (PII) in a student’s education record without the consent of a parent or eligible student (aged 18 or older).
- Grants parents and eligible students the right to review the student’s education records maintained by the school and request correction of records they believe to be inaccurate or misleading.
Q: Does the HIPAA Privacy Rule allow a health care provider to disclose protected health information (PHI) about a student to a school nurse or physician?

A: Yes. The HIPAA Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent.

ENHANCING COMMUNICATION

How can school nurses and pediatricians communicate more effectively?

- Bi-directional communication
- Text messaging
- Sharing school forms electronically
- Include the school nurse’s name on return to school forms
### ACTION ITEMS:

**WHAT AM I GOING TO DO TOMORROW MORNING?**

- Start small and concrete:
  - Asthma Action Plans
  - Heads Up Concussion Plans
- Then start to build shared plans of care for children with special healthcare needs
- Use your school physician to create standard workflows and also set up communication pathways with community physicians (pediatricians, NPs, family medicine providers).

- Join the National Association of School Nurses & you will be a member of the NJ State School Nurses Association. ADVOCATE for collaboration with the NJ AAP
- Work with local hospitals on looping in the school nurses on hospital discharge planning. Remind pediatricians that you are a valuable ally.
- EDUCATE, EDUCATE, EDUCATE:
  - The pediatricians
  - Fellow school nurses
  - The families

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### TAKE AWAY PEARLS

- There is a clear need for more robust communication.
- This is an invitation to connect, collaborate and create meaningful linkages for improved student health outcomes.
- School nurses and pediatricians can be powerful partners.