School Nurse Case Management
A Promising Practice
You Can Do It!

Maria M. Bonaiuto, RN, MSN, NCSN

Mecklenburg County Health Department
School Health Administration
5727 Westpark Drive
Charlotte, NC, 28217
mbonaiuto@carolinas.org
704-304-6703
Objectives

• Mecklenburg County’s CM Journey
• Criteria for CM
• SMART goals, objectives
• Implementation steps for CM
• Documentation & Policy

AND

• By June 10, 2012, 10 VA districts will report data on a total of 500 students they have Case Managed 😊
Case Management

- Facilitates care across the continuum,
- Through communication, collaboration, and networking
- With student, parent, teachers, support staff, providers, and others in the community.
- It is usually goal driven to improve health and academic outcomes,
- And utilizes multiple resources
Case Management

- Fiscal CM – coordinates services to achieve outcomes that are most cost effective/efficient.

- Clinical CM – identifies needs and secures services that achieve outcomes that the patient desires.

- School Nurse CM – identifies needs and secures care and services that achieve clinical and academic outcomes that the student, family and school desire.
Why Case Manage?

- To Improve Attendance
- To Improve Behavior
- To Improve Academic outcomes
- To Improve Health or Compliance
- To Improve Quality of School Life

AND

- To Demonstrate School Nurses’ Effectiveness
# CM Results 2002-2010

<table>
<thead>
<tr>
<th>School Year</th>
<th>'02-03</th>
<th>'03-04</th>
<th>'04-05</th>
<th>'05-06</th>
<th>'06-07</th>
<th>'07-08</th>
<th>'08-09</th>
<th>'08-09</th>
<th>'09-10</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Students Case Managed</td>
<td>240</td>
<td>320</td>
<td>685</td>
<td>1,625</td>
<td>1,554</td>
<td>1,834</td>
<td>2,235</td>
<td>2,235</td>
<td>1,601</td>
</tr>
<tr>
<td>Improved Attendance</td>
<td>34%</td>
<td>29%</td>
<td>31%</td>
<td>26%</td>
<td>33%</td>
<td>35%</td>
<td>30%</td>
<td>**51%</td>
<td>**54%</td>
</tr>
<tr>
<td>Improved Behavior</td>
<td>27%</td>
<td>21%</td>
<td>21%</td>
<td>26%</td>
<td>31%</td>
<td>31%</td>
<td>33%</td>
<td>**68%</td>
<td>**70%</td>
</tr>
<tr>
<td>Improved Academic Performance</td>
<td>29%</td>
<td>19%</td>
<td>29%</td>
<td>27%</td>
<td>28%</td>
<td>31%</td>
<td>31%</td>
<td>**54%</td>
<td>**55%</td>
</tr>
<tr>
<td>Improved Quality of Life</td>
<td>59%</td>
<td>54%</td>
<td>60%</td>
<td>64%</td>
<td>81%</td>
<td>74%</td>
<td>76%</td>
<td>**89%</td>
<td>**89%</td>
</tr>
<tr>
<td>Improved in health/heath Compliance</td>
<td>63%</td>
<td>No data</td>
<td>69%</td>
<td>66%</td>
<td>79%</td>
<td>82%</td>
<td>81%</td>
<td>**90%</td>
<td>**92%</td>
</tr>
<tr>
<td>Improved In one or more areas</td>
<td>92%</td>
<td>74%</td>
<td>84%</td>
<td>84%</td>
<td>94%</td>
<td>95%</td>
<td>95%</td>
<td>94%</td>
<td>95%</td>
</tr>
</tbody>
</table>

- **02-09 data was calculated based on # of students improved divided by total case managed**
- **08-09 and 09-10 data was calculated based on the number who improved among students who had a deficit in the specific area, divided by the total case managed: % improved among those who needed improvement.**
CM When a Student Has:

- Multiple complex interactions with the nurse
- Chronic health conditions (poorly controlled)
- Difficulty accessing needed care
- Academic concerns, with known or potential health components
- Health or behavioral issues impeding learning
- Multiple absences
- A goal for improving one of the areas targeted
Do Not CM Students when

- Student, family, & school are able to manage
- Absences are not related to health
- Duplication - Other professionals managing
- Issues beyond your skill set
- You cannot get anywhere

Provide safety nets when possible
Exercise # 1 - whom do you case manage?

- Form a group of 5-6 people around you and elect a time keeper. Total time 15 minutes
- Each group member will identify a student you or one of your nurses work with that you think would be ideal for SN CM. Why?
- Next identify a student you or one of your nurses work with that you think would not be ideal for SN CM. Why?
- If you have unresolved questions, we will try to work them out together, after your group has given its best feedback.
Steps to Case Management

- Assessment
- Goal Setting
- Interventions
- Evaluation of process and outcomes
- Documentation
- Celebration
Assessment is Key

- Always start with problem specific history
  - What
  - Where
  - When
  - How does it change
  - Who else has similar symptoms
Assessment is Key

- Identify strengths

- Consult with:
  - Parent
  - Teachers
  - Provider
  - Others who work with or know the student

- Do not assume you know
HEADSS for Teens

- If you are serious about managing this student's needs
- Do a HEADSS assessment over time

- Home
- Education/Employment
- Activities with peers
- Drugs/Diet
- Sexuality/Suicide

(do activity)
HEADSS for Younger Kids

- Home – Who lives in your house with you?
- Education - What is your favorite, least favorite subject. Grade on last math test.
- Activities - in school, out of school, TV and computers
- Diet - food over the past day, week. Ever hungry because of lack of food at home?
- Support – Family, friends, neighborhood, church. Who do you talk to when sad?
Define the Problems, Needs

- Address urgent problems first, those:
  - Impacting safety
  - Impacting learning
  - Most likely to make a difference quickly
- Continually prioritize problems
  - Do they impact attendance, grades, behavior, quality of life, health?
- Ask student, (family, school) what he/she/they want to change, improve?
SMART Goals-Objectives
The student must be part of the goal setting

- Specific - “who” (student) and “what” (actions/activity) – use one action verb
- Measurable – scope (how much change) usually number or % improvement
- Attainable – can be done with available resources
SMART Goals-Objectives

- **Realistic**: reasonable to expect, not overly confident
- **Time limited**: indicates when the outcome will be measured

Robin will demonstrate effective use of inhaler with spacer 5 of 5 days by June 1, 2010
Exercise # 2 SMART goals

- Form a group of 5 - 6 people around you
- Elect a time keeper. Total 15 minutes

- Each person will Identify a student you or one of your nurses work with - write a SMART GOAL
- Take turns reading your SMART goal to the group.
- See if you can identify the S,M,A,R,T in everyone's goals.
- If you have unresolved questions, we will try to work them out together after your group has given its best feedback.
Interventions

- Direct care
- Education of student
- Counseling – (readiness assessment)
- Teacher, staff education
- Family education
- Home visit
- Linkage to health care – primary, specialty
- Linkage to other resources
Documentation-monitoring

- Start when the child is identified for CM
- Flag the record for follow up
- Document at least monthly, but usually weekly, more if needed
- Weekly summaries - may be OK
- Record changes, direct care, patterns
- Summarize at the end of the year – compare goals to outcomes
## Documenting Outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Before CM</th>
<th>After CM</th>
<th>Change yes/no/none needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>10 Abs- 1\textsuperscript{st} Q</td>
<td>4 Abs 2\textsuperscript{nd}-4\textsuperscript{th} Q</td>
<td>yes</td>
</tr>
<tr>
<td>Behavior</td>
<td>4 OSS</td>
<td>2 OSS</td>
<td>yes</td>
</tr>
<tr>
<td>Grades</td>
<td>1A, 2Bs, 1C</td>
<td>1A, 2Bs, 1C</td>
<td>nn</td>
</tr>
<tr>
<td>Health/Compliance</td>
<td>No PCP</td>
<td>Seen by PCP for ADHD- on meds</td>
<td>yes</td>
</tr>
<tr>
<td>Quality of life</td>
<td>No friends</td>
<td>Playing soccer</td>
<td>yes</td>
</tr>
</tbody>
</table>

**SMART goals** will fit one of the 5 categories above.

**Ex:** Student will be assessed for ADHD by PCP by 3/2/2011. Student will have <5 absences by 6/1/11
You Can Do It-Lessons Learned

- CM needs a Process Owner, Expert, Champion, Coach -YOU
- Introduce it as a concept not a mandate- it is nothing more than good nursing process
- Assess what your best nurses are doing
- Tabulate sample data **this year** (attendance, behavior, grades, health, QL)
Lessons Learned

• Develop more champions, coaches
• Teach/review the process
• Coach often
• Tabulate improvement data (attendance, behavior, grades, health, QL)
• Draft a policy – be clear on process
CM Policy

• Policy Statement
• Purpose
• Orientation to CM
• Education about CM
• Definition of terms
CM Policy

- Criteria for CM
- Sources of referral or selection
- Assessment
- Goal setting
- Interventions
- Pre and post outcome data
- Documentation
- Coaching for success
References


• http://charmeck.org/mecklenburg/county/HealthDepartment/SchoolHealth/Pages/Case%20Management.aspx