

Building an Individualized Healthcare Plan and Creating Documentation to Support School Nursing Practice

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Objectives:

1. This session will organize and prioritize the information needed to construct Individual Healthcare Plans (IHP) for students with health concerns.
2. Attendees will gain rationale, knowledge and tools to build relevant, effective IHP and supporting documentation that demonstrates compliance.

Documentation

Why

- High standards of clinical care and continuity of care
- Evidence that you have understood and honored your "duty of care"
- Better communication and dissemination of information between members of the team.
- The ability to detect problems at an early stage

Documentation:

What

A full account of your assessment and the care you have planned and provided

Relevant information about the condition of the patient, at any given time and the measures you have taken to respond to their needs

That you have taken all reasonable steps to care for the patient and any action or omission on your part has not compromised their safety

Documentation:

Who:

All involved in care, directly, or indirectly, should be reflected in documentation.

Delegation:

Licensed Nurse documentation of delegation expectations and delivery should be clearly written.

Delegated tasks are ultimately the nurses responsibility and must be reflected in the documentation

Documentation:

Where:

EMR or paper chart system

IHP as shared document

Should be accessible in students health file for reference and audit

Access for substitute nurses, administrators, "back up plan" if primary nurse is absent.

NASN Position Statement:

“Individualized Healthcare Plans: The Role of the School Nurse”

[NASN IHP Position statement](#)

Who?

...the registered professional school nurse, *in collaboration with the student, family and healthcare providers*, shall meet **nursing regulatory requirements and professional standards** by developing an Individualized Healthcare Plan (IHP) for students whose healthcare needs affect or have the potential to affect **safe and optimal** school attendance **and** academic performance.

(NASN, 2015)

Why?

Because *health conditions can be complex and unfamiliar to school staff* and the student's requirement for nursing care can be frequent and sometimes emergent, **accurate and adequate documentation of chronic medical conditions and individual needs is critical.**

(Lyon, 2012)

Who (again)?

Development of IHPs is a nursing responsibility, based on standards of care regulated by state nurse practice acts and **cannot be delegated** to unlicensed individuals (National Council of State Boards of Nursing [NCSBN], 2005).



It is the responsibility of the school nurse to implement and evaluate the IHP at least yearly and as changes in health status occur to determine the need for revision and evidence of desired student outcomes.

Identify health history and needs:

Data collection

Health History
Intake forms
Parent interview
Chart review

SNAC – School Nurse Advisory Committee

Dr. Kelly Kreisler, MD, MPH
Cindy Galemore, RN, Retired, Olathe USD #233
Lorri Greenlee, RN, USD #465 – Winfield
Tammy Schmidt, RN, USD #239 – Minneapolis
Mary Ann Shorman, RN, USD #489, Hays
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Parent intake forms:

Seizure
Diabetes
Asthma
Allergy

[KSNO.org link](http://KSNO.org)

Evaluate the data

Do they need an IHP?
Do they need an EAP?

Identify health history and needs:

Consent forms

To Evaluate and Treat at school
Emergency consent to treat & transport
Get consent to obtain info (HIPPA)
Collect related medical records, documentation.
Physician orders for any meds, treatments, restrictions, etc.
Medication consent should include parent consent for:
scheduled and/or delegated meds – should include verbiage that parent agrees to update & inform **nurse** of any changes.

Identify health history and needs:

Special Ed/IEP student?
Transition plans
Future support for health
504 plan?

IHP Structure & Intent

Traditional IHP:

Written as a nursing care plan with nursing language. Meant for healthcare professionals to plan care, much like what is used for inpatient and residential care.

Wide variety of style, application and use across profession of school nursing.

Current recommendations:

Individualized healthcare plans should provide information for school administrators and teachers to be informed and prepared to meet the students needs. Still contains some nursing language, but is meant to be informative and direct care for the student.

Develop IHP

Include:

Condition
Nursing diagnosis
Goals for care
Assessments
Interventions/actions
Outcomes
Evaluations.

Nursing Process

- Assessment
- Diagnosis
- Planning
- Implementation
- Evaluation.

IHP Structure

- *Demographic info – picture if available.
- *Condition (as documented by Medical Professional)
- *Nursing Diagnosis chosen from NANDA list

*Outcomes

Realistic and appropriate outcomes

- Don't set goals you can't reach or control

*Assessment

comprehensive, specific list unique to the student (IHP)

based on:

- Input
- History
- Medical records.

*Plan/Interventions

Accommodations and interventions unique for the student

- When, how, where, how often and who will perform the procedure.
- Step-by-step instructions should be listed.
- Clear, layperson wording
- Identify who is responsible for each & training plan.
- Include plan for field trips/delegation
- Respect family/cultural requests
- Allow as much independence as appropriate for each student.

Meds –

- Plan for scheduled meds- where/when/with staff?/prn
- If meds are frequently delegated, include schedule and documentation plan.
- If meds are given at home, or infrequently delegated: Consider writing “meds admin as ordered by physician.”
- Meds change frequently. How will you update?
- Identify any equipment needs
- Feeding or nutritional needs

*Evaluation

Documented in student chart.

Ways in which the nurse can document that the plan is being effectively implemented.

- Includes dates that staff training occurred.
- Delegation of meds on field trips.
- Health visits/assessments/contacts w/ staff to determine if plan is effective, being followed.
- Delegation documentation demonstrates plan compliance.

Develop IHP

Software pathways are available.

Lots of variation in style and ability to share with staff.

Huge variety in effectiveness, use and practice across schools and districts.

Software or District Templates

- Example SNAP – based on condition(s) chosen, the software will populate a modifiable IHP that can be updated as needed.
- Districts may have a template or Word Document that can be modified
- Be careful:
 - The IHP must be written to meet the needs of that specific student.
 - Do not include any intervention or modification that you cannot control
 - Review annually or more often if changes in treatment or plan occur.
 - If you include medications/dosages in IHP, any changes must be reflected in documentation and an updated IHP.

Develop IHP

SNAC Templates

these are *templates* designed to be a tool for school nurses. These templates should be revised and edited with discretion based on each individual student's health needs and interventions needed. They are evidenced based tools to assist them with educating other staff members who are seeing and working with our students each day.

SNAC Templates

- Diabetes
- Seizures
- Asthma
- Severe Allergy Anaphylaxis

Emergency Action Plan?

Develop or accept EAP

- Should follow same indications of IHP
- EAP meds should be listed with indications and instructions. attached.
- Clear and concise
- Practice it during training

Determine delegation plan:

- Meds
- Procedures
- Documentation of any delegated tasks.

[Delegation-of-Specific-Nursing-Tasks-in-the-School-Setting-for-Kansas.pdf](#)

Training – EAP, Delegation, Collaborate

Who: All staff, classroom, specials, paras, clerical, playground/lunch supervisors, security, cafeteria staff.

- Some districts train transportation staff, some do not.
- Substitute staff – make sure subs are made aware of student health needs.
- Encourage staff to ask questions
- Require staff to contact nurse if any questions, concerns, issues or if anything doesn't go as planned.

Training

How/when:

- ▀ In. Person.
- ▀ Document with staff signature.
- ▀ Medical condition, emergency & delegation training
 - ▀ Fall in-service training for all staff
 - ▀ Mid-year review of training

Training

Use this time to collaborate with staff.

- ▀ When to send students
- ▀ Exclusion criteria
- ▀ Return to school/play
- ▀ Self carry conversations

Small Group Training for Specific Procedures

Tube feedings, insulin pumps, diabetic interventions, etc

- ▀ Use visuals, hands on
- ▀ WISHES website
- ▀ Practice
- ▀ Supervise skills
- ▀ Communicate

Additional Training Considerations

Plan for:

- ▀ new employees
- ▀ new students throughout the school year or new diagnoses
- ▀ incident reviews,
- ▀ modifications in treatments and accommodations.

IEP or 504? Document Review

- ▀ Annual evaluation by team is required.
 - ▀ Review and date
 - ▀ Inform parents
- ▀ Document it in student chart AND in IHP.

Sharing is Caring

Sharing – how/when/who

- ▀ Any staff who is responsible and may need to respond to s/s.
- ▀ Nurse provides training.
- ▀ Collaborate/communicate with staff.
- ▀ If uncomfortable with delegation assignments:
 - ▀ provide more support,
 - ▀ or discuss reassignment with admin.

Legal Issues:

Administrative/District/Legal reviews often ask the question “If a plan was developed, was it followed?”

Training – do it, document it, review it.

Document, document, document....

Evaluation = Documentation

Ways in which the nurse can document that the plan is being effectively implemented.

- Include staff training dates, details in your EMR
- Screenings/measurements relevant to the health condition – bmi, peak flow, vision, bp, etc – with evaluation of impact
- health visits/assessments/contacts w/ staff to determine if plan is effective, being followed.
- Delegation documentation demonstrates plan compliance.

Summary

- Collect the information
- Plan the care
- Use the Nursing Process
- Train/Delegate/Prepare/Collaborate with Staff
- Review – Evaluate - Modify
- Document all activities

Sources

National Association of School Nurses. (2015). *Individualized healthcare plans: The role of the school nurse* (Position Statement). Silver Spring, MD: Author.

Lyon, L. (2012). School assessment form for students with special health care needs. *NASN School Nurse*, 27 (6), 288. doi: 10.1177/1942602X12446752

National Council of State Boards of Nursing (NCSBN). (2005). *Working with others: A position paper*. Retrieved from http://www.ncsbn.org/pdfs/Working_with_Others.pdf

Kansas School Nurse Advisory Committee.

US Department of Education

Family Educational Rights and Privacy Act (FERPA)

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

The Individuals with Disabilities Education Improvement Act (IDEIA)

<http://idea.ed.gov>

Section 504:

US Department of Education, Office of Civil Rights

<http://www2.ed.gov/about/offices/list/ocr/504faq.html>

<http://www.wrightslaw.com/info/sec504.index.htm>