National School Health Data Set:

Every Student Counts!

Frequently Asked Questions

DUE DATES & COLLECTION QUESTIONS

When is the data due?

Each state sets their own due date. Please ask your state's NASN Data Coordinator. States must submit their clean data to NASN by Oct of the following school year.

Is this for NASN members or public school data only?

No, this is an initiative for all school nurses, NASN member or not, working in any school setting.

Will my school's data be identified or shared?

No, only aggregate data will be shared. Aggregate data means the data is combined so that no individual states, schools, or districts are listed. NASN will only share national level data. Check with your state's NASN Data Coordinator to learn if data will be shared by district or state-wide.

Is there a document to help us track data?

Yes, the data tool is posted on-line (nasn.org/everystudentcounts).

How is the collection tool distributed?

The tool is being distributed by every means available: the NASN website, state affiliates, the NASSNC website (www.schoolnurseconsultants.org), email lists, word of mouth. You can help by sharing it with your school nurse colleagues.

Do we count distance or out-placed students in our student enrollment number?

In order to keep student population consistent with official state totals, please use whatever student count your Department of Education uses.

Can I participate if I do not have an electronic health record (EHR)?

Yes, documentation is a standard of school nursing practice. A variety of tracking forms can be used to collect data. Go to NASN's *Every Student Counts!* webpage for more ideas.

Do I need a data agreement to submit my data?

    Check with your district privacy officer and know your state laws and follow their guidance. Each state and district has different requirements. In large districts, there may actually be a person who has this title. However, in most districts, the privacy officer is part of another district leader's responsibilities. Check the district policies for the person who makes final decisions for authorization to release data to parents and outside agencies. The privacy officer is most often the Special Education Director or an Assistant Superintendent. If the district has not identified anyone responsible for student data privacy, ultimately the Superintendent is the accountable privacy officer.

Does my entire district have to participate before we submit data?

    Our goal is participation by all, however, if only one RN wants to participate, they can. We then ask that you encourage others to participate in time.

DATA POINT: SCHOOL HEALTH STAFFING

What does direct care mean; does it include screenings, writing care plans, or strictly hands on first aid and medication administration?

    Direct services include all of these, it is broader than just medication administration and first aid. Nurses covering multiple schools developing care plans would still be considered direct care.

Not all of our health aides (unlicensed assistive personnel (UAP) work the full day so secretaries sometimes cover health offices in their absence. Do I count the secretaries' time?

    No, unless they are specifically assigned to do provide care; *"Exclude secretaries, teachers or principals who only address health issues at times. You may include FTE of secretary IF it is included as a specific part of their responsibility (i.e. cover health office regularly)."*

My district does not count FTE of teachers by number of hours worked in a day. What should we do?

    Number of hours worked is the most reliable method of determining FTE, but if your district does not have an FTE equivalent that counts hours, then use whatever method to get an FTE of 1.0 or 0.5, respectively. You also could count 8 hours as a number equal to full-time (1.0 FTE); 4 hours equal to half-time (0.5 FTE); and 2 hours equal to quarter-time (0.25 FTE) as an approximation.

What types of special assignment RNs should be included? We have some nurses that just carry out certain duties such as billing, or early childhood evaluations, or a resource nurse.

    RNs who interface with students and/or their families regularly should be counted. (See the direct care answer above).

We have RNs working in an LPN role. Do we count them as RNs or LPNs?

> Persons should only be counted for the position for which they are contracted. Only RNs working as RNs should be counted as RN FTEs.

What about in states where the term 'school nurse' is only for those who are certified. Do we only count certified school nurses?

> No, for this project, count any nurse providing student care at a school.

What if you work over the required FTE each day?

> FTE should be counted only for what has been contracted. The RN FTE is determined by the teacher FTE hours (if applicable). We are not counting overtime, so would be listed as 1.0 FTE.

Are RNs or LPNs who provide 1:1 care but are paid by the student's private insurance counted?

> Yes, source of employment/salary is not relevant.

Are the special assignment FTEs only counted if they are RNs?

> We are collecting data on both RNs and LPNs in special assignments.

DATA POINT: CHRONIC CONDITIONS

Why is student enrollment asked in both the workforce and the chronic conditions sections of the survey?

> We ask the student enrollment in both sections, to know the total number of students represented for each of the sections. For example, if you provide the workforce numbers for all 10 school buildings in your district, then you would use your total student enrollment number for this section. However, if only 5 of the schools were able to report the chronic condition data, then you would only report the student enrollment numbers for those five schools accordingly in the chronic condition data section.

Can you clarify 'current diagnosis by a healthcare provider'

> The term *diagnosis* is a medical diagnosis of a condition identified by a qualified healthcare provider (as deemed by your state's practice act) and noted on a physical exam form, prescription, medication permission form, asthma action plan, or similar.

If the prescription label on an inhaler states for coughing and shortness of breath, is this considered a diagnosis of asthma?

> It is best to confirm with the healthcare provider. If the parent reports asthma and provides an inhaler to treat asthma symptoms, it can be counted as asthma.

When the data asks about life threatening allergies, does that include allergies to medication as well as food, latex and insect stings?

> Yes.

If a parent reports a diagnosed condition (ex: asthma) and reports the student as using a medication only available by prescription (ex: Flovent, albuterol), should we count that as a diagnosed condition? Is that valid for this count or does the documentation have to come directly from the healthcare provider?

> It would be assumed that if a student has one of those prescription medications at home, it would also be available for use at school. Therefore, you would have a prescription label on the product (or it's box) and the physician/healthcare provider is verifiable. In this case, it would be counted. Also, if the student has a verified diagnosis of asthma, it should be counted regardless of the need for medications in the current school year.

Is the section on the chronic conditions data collection just for schools with a nurse or for any school?

> Schools without an RN can submit data. The criteria still applies that a condition must be diagnosed by a healthcare provider.

DATA POINT: CHRONIC ABSENTEEISM

Are we only counting chronic absenteeism if the student has a diagnosis of one of the identified chronic diseases (asthma, life threatening allergy, diabetes, or seizure)?

> No. We are asking you to report all students who have been absent 10% of more of the school year. In addition, you can also separately report chronic absenteeism of those students with one of the listed diagnosed chronic diseases.

How is it counted when the student arrives late or leaves early?

> Use whatever method your district uses to track attendance.

DATA POINT: HEALTH OFFICE VISIT DISPOSITION

What is the definition of encounter? Is it just for medical treatment?

> An encounter is any reason a student may visit the school health office to see the RN/LPN/UAP or could include any time the RN/LPN/UAP is called to see a student.

Do screenings count?

> If the nurse is performing individual screenings in the office, they would count. Mass screenings done in other locations of the building do not count.

Do classroom lessons count?

> Classroom lessons are not counted at this time. It may be a data point collected in the future. Some school nurses and school districts may want to track the number of health lessons and the number of students taught for their own data collection and reporting.

Is medication administration counted as a health office visit?

Yes, each time an RN is directly involved with a student, regardless of the type of encounter, it should be counted. The student who received medications is counted as an encounter and his/her disposition is returned to class.

How would I count a student who stayed in the health office because the parent did not come and the student could not return to class?

This would be counted as student sent home.

If you have the parent take the student to the ER, does that count as activating EMS?

No. If the parent takes the student to the ER, you did not activate EMS or call 911, so it would be counted as student sent home.