



Advancing Equity in School Health Services

School Nurse-Led Telehealth

Introduction

Telehealth is defined as “the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health” (Health Resources & Services Administration, 2021). Telehealth is one strategy to advance equitable access to school health services, helping students stay or become healthy and focus on learning. This is especially true for students with mental health and special health care needs in rural and under-resourced communities.

The health of students is impacted by the lack of access to primary care and specialty services caused by social determinants of health – and the lack of school nursing services in school communities without a school nurse. Telehealth can extend the reach of an onsite school nurse to schools with and without a school nurse, but it is not a replacement. The position of the National Association of School Nurses (NASN) and the American Academy of Pediatrics (AAP) is that a school nurse be present in every school all day, every day. Both the AAP and NASN recognize that telehealth improves access and quality of care (AAP, 2021; NASN 2022b). School nurse-led telehealth can increase access to care for those vulnerable students who face barriers to care (NASN, 2022b; Langkamp, McManus, & Blakemore, 2015).

Evidence is Growing for Using Telehealth to Advance Student Health Equity

The evidence is growing that school-based telehealth provides opportunities to address student barriers to accessing health care, such as geographic distance, transportation, poverty, and lack of providers (Curfman et al., 2022). Telehealth is playing a vital role in providing continuity of care to students, particularly for those students with behavioral and mental health concerns and those with special health care needs (Fox et al., 2021).

School-based telehealth programs have also been shown to increase opportunities for both acute and chronic care, reduce student absences, and reduce stress for caregivers (Garber, Wells, Hale & King, 2021). For example, a study

conducted in South Dakota, 2010 through 2013, connected trained unlicensed school personnel (UAP) to registered nurses using technology. The technology allowed registered nurses to interact with students and the UAP to delegate and oversee insulin administration and diabetes care tasks. The findings supported using the virtual nurse model of care as a safe and effective method to care for students with diabetes (Damgaard & Young, 2014). Telehealth from school-based health center (SBHC) providers is another model of providing care virtually, either directly from SBHC providers or SBHC providers interacting with the school nurse (Love et al., 2019; Garber et al., 2021).

Benefits of Telehealth in Schools

Benefits of school nurse-led telehealth include:

- Health Equity and student health outcomes are promoted by providing students access to school health services and a school nurse in schools with limited or no access to a school nurse.
- Access to behavioral health counseling improves (National Alliance on Mental Illness, 2017).
- Seat time in the classroom is maximized and absenteeism is reduced (Reynolds & Maughan, 2015).
- The amount of time parents/guardians must take off work to bring their child to health-related appointments is decreased (Reynolds & Maughan, 2015).
- Relationships between schools and community resources that support student health are created and sustained, including relationship building with the child’s medical home (Reynolds & Maughan, 2015).
- Student safety is supported. Telehealth provides instant access to a school nurse by a UAP who has basic health knowledge but is not able to critically apply the nursing process when a medical emergency arises or when critical thinking skills are required. It brings instant access to a school nurse, removing the time barrier when the nurse must travel great distances between schools.
- Telehealth services have been shown to decrease hospitalization, emergency care, school absenteeism, and family burden (Langkamp, McManus, & Blakemore, 2015; Reynolds & Maughan, 2015).

Telehealth also benefits the school nurse:

- School nurses can spend less time driving between schools to provide care.
- School nurse isolation is decreased knowing they have a partner in their practice.
- Telehealth assists the training of new school nurses, especially in districts with only one nurse for multiple buildings.
- Telehealth supports the school nurse's role in coordinating and monitoring the care of students to prevent fragmented care and unnecessary medical expenses.

Misconceptions about Telehealth

In addition to the benefits of telehealth, misconceptions about using telehealth as a tool to advance equity in school health services must also be acknowledged:

- **Telehealth will replace onsite school nurses.** The virtual model can extend the reach of an onsite school nurse to schools with and without a school nurse but is not a replacement.
- **Telehealth replaces emergency medical services.** Telehealth is not 911. In case of an actual emergency 911 is still called. In some areas of the country, it can be 30 to 90 minutes before the ambulance can reach the school; having a nurse on camera to assist staff and direct care until the ambulance arrives can be an invaluable asset.
- **Telehealth is an option in every state.** Telehealth is limited by regulations. School based telehealth nursing is not available in every state due to nursing delegation regulations, nursing compact state regulations, and the location of the telehealth healthcare provider. For example, if school nurses cannot delegate medication or other nursing tasks, telehealth is not an option for the school.
- **Telehealth is appropriate for all student health needs.** Telehealth is not appropriate for all nursing care. For example, the student with a tracheostomy and/or ventilator dependent requires direct hands-on care – not telehealth.

Implementing Telehealth in Schools

Below are considerations when determining if telehealth is a good option for school district (American Telemedicine Association, 2021):

- Identify the state-specific legal mandates. Legal mandates may be found at the State Board of Nursing, Department of Health, and/or the Department of Education. To serve students, the telehealth provider must be licensed and fulfill the regulatory requirements of the state where the student is receiving care.

- Explore the types of technology that will be used, and the support from IT staff to troubleshoot if needed. The medical telehealth tools on the school side used by non-medical personnel need to be user friendly and staff need to be competent in using the technology.
- Identify the existence of or develop clear school/district policies and procedures that define the scope of telehealth.
- Next, identify who has the appropriate expertise to provide care to the students - both the virtual school nurse and the UAP onsite at school.
- UAP training must be planned. UAP must meet the regulatory training required in the state (e.g., medication administration) so the nurse can legally delegate to them. The nurse must also evaluate the competency of the task delegated to the UAP.
- Engagement in all levels of care is the key to a successful telehealth program in the school setting. Engagement needs to come from the administration, the onsite school nurse (if there is one), and the school staff that will be using the equipment to connect the student to the virtual nurse.
- Communication and relationship building is key to a successful telehealth program. School nurses doing the telehealth work need to be extremely collaborative because they need to build relationships with school staff, students, and parents/guardians. The school nurse must have clinical expertise and experience in school nursing, in addition to having the technical skills to use the equipment and good assessment skills.
- It takes dedicated resources to have a successful telehealth program. A telehealth program cannot just be a quick "add on" to the role of the school nurse or school staff. There needs to be a plan to support ongoing training, technology, and education; and a plan to address staff turnover.

Implications of School Nurse-Led Telehealth for Advancing Equity in School Health Services

School nurse-led telehealth is skilled school nurse care supported by the principles of the NASN *Framework for 21st Century School Nursing Practice™*, just completed in a virtual manner (NASN, 2016). For example, school nurse-led telehealth uses school nursing expertise in the practice components of the Care Coordination principle (e.g., case management, chronic disease management, collaborative communication, nursing delegation); Standards of Practice principle (e.g., clinical competence, nurse practice acts, scope and standards of practice); Leadership principle (e.g., models of practice, technology, policy development and implementation); Quality Improvement principle (e.g.,

documentation/data collection, meaningful health/academic outcomes); and the Community/Public Health principle (e.g., access to care, health equity, social determinants of health). Applying the *Framework*TM is the same when applied to telehealth services as in-person care.

Not all care is appropriate via a virtual method; critical nursing judgement is needed to determine this. If unable to perform the needed nursing assessment to perform a high-quality visit, a referral to an in-person provider is necessary. Providing a telehealth visit for a student can be an impactful modality for delivering high quality school nursing care. The school nurse is on the frontlines of student health and has the expertise to provide a crucial link and oversight to implement telehealth in the school setting (National Academies of Sciences, Engineering, and Medicine, 2021; NASN, 2022b).

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