

**Igniting the Framework in Your Practice!**

**Kate King, Emily Poland, Sheila Freed, Wendy Degraffenried, Lisa Kern & Tia Campbell (Moderator)**

Tia Campbell:

Welcome to Igniting the Framework in Your Practice. All speakers for this session disclose the absence of personal financial relationships with the commercial interests relevant to this educational activity within the past 12 months. Hi, I'm Tia Campbell, retired school health administrator and past vice president of NASN. I'm delighted to be your moderator for this session.

Tia Campbell:

Today, I'm joined by five nursing leaders who will present on how their districts or states have utilized the principles of the *Framework for 21st Century School Nursing Practice* during the COVID-19 pandemic. Each presenter will talk about 10 minutes and then we will leave time for some questions at the end. My colleagues presenting today are Lisa Kern from Florida who will be highlighting the key framework principle of care coordination. Sheila Freed from South Dakota is going to be talking to us about the principle of standards of practice.

Tia Campbell:

Kate King from Ohio will be highlighting the key framework principle of leadership. And Wendy DeGraffenried from Alaska will be highlighting the framework principle of community and public health. And finally, Emily Poland from Maine will be highlighting the key framework principal quality improvement. So, welcome everyone.

Tia Campbell:

The *Framework for 21st Century School Nursing Practice*, also known as the framework was adopted by NASN's board of directors in 2016. So, this blueprint is not something new that we have just discovered how to use. The framework is a working roadmap we continue to revitalize and practically apply in our daily practice to meet the needs of students and the families that we serve.

Tia Campbell:

Each presenter will be covering the framework and sharing how their school district and/or state is using it to guide and inform their daily practice. Each presenter will be highlighting one of the key principles of practice from the framework model and how things shifted when COVID-19 impacted their areas. They will also share their experiences and how their schools, districts, and states quickly navigated and made changes to their processes in order to meet the growing needs of students and families in the midst of a pandemic.

Tia Campbell:

These presenters will share some practical guidance and tips on how to optimize and maximize the framework in your daily practice. These experiences should engage, encourage, and inspire you to enhance your view of the framework and its applicability to your daily practice. So, let's get started.

Lisa Kern:

Good morning. Welcome to Nursing Digital 2020. My name is Lisa Kern. I'm the only supervisor for health services in my school district in Florida, where we serve over 77,000 students. I'm so excited to be part of your day today. I have been asked to concentrate on the key principle in the NASN framework that relates to care coordination and to explain how my district utilized the framework as a guide for virtual support for students.

Lisa Kern:

We've already done disclosure, so we're going to get right to care coordination. There are many practice components of care coordination, and you can see them listed on this slide. During the next few minutes, I plan to review each component and address how this can be adjusted to meet the health needs of students during distance learning.

Lisa Kern:

Before COVID-19 became a pandemic and schools closed their brick and mortar buildings across the state of Florida, educators began to develop their new virtual reality. Our district recognized that students and families would still need support from specialized instructional support personnel, but we struggled with what that support would look like.

Lisa Kern:

I'm sure you're familiar with the expression building the plane as you fly it. This phrase captures the feeling of risk associated with developing innovative practices and testing them in real-time while still flying. That's what we did, and that is what school nurses do all the time. Being a member of NASN, past director, and a supervisor with some experience, I lived through H1N1, I'm sure some of you have too. I turned to the NASN framework for some guidance.

Lisa Kern:

Two days before we closed our doors for spring break, I was out of town for a required grant training. The initial task of flushing out the school nurse's role in a pandemic was left to two school nurse leaders that I have great respect for, Kelley Huelle, our mental health liaison and Amy Ponce, district support.

Lisa Kern:

They developed our original document using a task-oriented approach. And then over this spring break and through the following week, I worked on a detailed document, and after input from our school nurse leadership team, we launched our school nurse roles and procedures during distance learning.

Lisa Kern:

This is just a definition of care coordination. I think that you can pretty much read the slide. We know that it's a label used for the principle that brings student-centered like activities together that are purposeful and deliberate in the delivery of health services over time. School nurse's application of this practice component addresses a variety of social, mental, and health concerns that students may be experiencing either at the individual or student population levels.

Lisa Kern:

So, what's missing? In-person contact with children. Of course, we all recognize that the one component we cannot address during a pandemic when schools are closed is direct care. But we can perform physical assessments right now, on a very limited basis we can assist with meeting student health needs virtually. I want to be sure to remind all attendees that NASN has a brand new position document on this topic called considerations for school nurses when providing virtual care.

Lisa Kern:

Here's an example that we could use to demonstrate the application of this component during distance learning. If a school nurse is conducting a virtual visit for an attendance concern, and the child presents with a fever and difficulty breathing, the school nurse would obtain as much information via the student or the family caregiver, and then refer them to a healthcare provider. So, direct care can still be provided in this sense.

Lisa Kern:

Connecting with students in other ways helps us to hit on the components related to motivational interviewing and counseling, student centered care, and self-empowerment. Our school nurses collaborated with members of their school team, especially social worker and counselor to monitor student absences on a weekly basis, especially those students with chronic health conditions and special needs.

Lisa Kern:

It was essential to consider the impact of social determinants of health on attendance concerns and provide support as appropriate. Our team set up coverage from eight o'clock in the morning to eight o'clock at night daily, and took turns being on call to assist teachers, students, or families in crisis. All team members, including nurses, are trained in threat to self or others in the development of student safety plans.

Lisa Kern:

We are also lucky to have an amazing mental health team. This team set up virtual office hours and provided excellent trainings to support our student services teams. Our district also launched a mental health course for students through distance learning. And our student services teams were asked to provide support for any students or parents who reached out with questions.

Lisa Kern:

I think it's easier to address the compliments of case management and chronic disease management in the virtual setting. These focus on coordination of services, advocacy, planning, and monitoring students and families with acute and/or chronic health conditions. Activities included the assessment of health care needs of students, the development, implementation, and evaluation of outcomes for individualized healthcare plans and emergency care plans.

Lisa Kern:

To do this successfully, school nurses partnered with students, family members, faculty, staff, and healthcare providers to assist with any health issues that might hinder a student's ability to engage in distance learning. We also collaborated with others to ensure that the medical needs of our medically fragile students were being met at home while schools were closed and to provide guidance in preparation for their reentry back to school.

Lisa Kern:

Collaborative communication. So, this is a picture of our leadership team meeting via Zoom. We had a lot of meetings. Each nurse created a Google Voice account so parents, staff, students, and providers could reach out to them for support. They set up a schedule to check in with higher at risk students and families on a regular basis.

Lisa Kern:

Many of their interventions focused on finding appropriate resources and providing guidance for families, school staff, and administrators as well regarding health or medical needs and concerns. Some set up school nurse office hours virtually for students or staff. We also ask nurses to consider the impact of social determinants of health and to identify resources that would support the whole child. We didn't want them to focus solely on medical needs of student and family. Behavioral health and family social supports have a huge impact on students' physical health, so we focused on access to care, insurance, transportation, housing, and food sources.

Lisa Kern:

Nurses consulted with social workers as needed to supplement appropriate resources. And although working remotely, we all became acutely aware of domestic violence and child welfare concerns and followed appropriate procedures. Under the component of interdisciplinary teams, our expectation was that nurses would initiate or participate in collaborative meetings with families and school teams remotely on a regular basis to determine the best approach to meet students' needs in a distance learning environment.

Lisa Kern:

Our school teams work remotely and collaboratively through the Zoom platform. We also used Microsoft Teams. The ability to use video conferencing software to schedule meetings was a workable option for most of our parents as long as the technology worked on both ends and everyone had an opportunity to meaningfully participate. We also connected with parents by phone, email, and even text.

Lisa Kern:

Our district also developed detailed distance learning 504 IEP and hospital homebound procedures that school teams followed, and all team members were expected to participate in conference calls on a regular basis, I will tell you their calendars were quite full. For the component education, school nurses

provided guidance and training intended to keep teachers, staff, and even administration safe during meal distribution, device distribution, and return of various materials, including medication.

Lisa Kern:

A major focus was to teach the lay person how to don personal protective equipment and remove safely. We encouraged custodial and food service workers to wear masks, gloves, and stay six feet apart. We still have some training to do in this area because as with anything else, some staff comply and others may need reinforcement. I want to be sure to stress that education of individuals is part of care coordination. Education of groups is part of community public health. For instance, as part of care coordination, school nurses worked with individual clinic and LPN staff to teach them how to use personal protective equipment safely. I think they were out of practice with that.

Lisa Kern:

Delegation virtually. We were able to delegate even in the virtual world. These are pictures of our fabulous health services support staff, clinic assistants, unlicensed and LPNs. We provided video clips and Zoom instructions to our staff so they would feel comfortable applying and removing personal protective equipment. These staff reported on site to schools to lead the effort related to safe medication pickup and assist others with device distribution and return.

Lisa Kern:

Others regularly assisted with meal prep and distribution. We had to establish beating norms for distance learning and always included a mental health check during every meeting. From a district standpoint, we also provided these groups with COVID updates and took time to review procedures, prep for the fall, and reminders regarding clinic logistics.

Lisa Kern:

Already mentioned care plans, but again our team addressed individual care plans and the needs of students in our district during distance learning. They documented their interventions daily in our electronic health record, which could now be accessed from home. They reviewed the IHP, the ECP and contacted parents and providers to update information as necessary and also reviewed records of students with chronic health conditions who might have needed some assistance with regard to 504 protections and accommodations. And then they also updated chronic health conditions in our system.

Lisa Kern:

The last component, transition planning. All school nurses who cared for our medically-fragile students met via Zoom to review student needs and plan transitions for those students. Schedules for the LPNs caring for them were reviewed and updated. And as soon as assignments were announced at the end of the school year, nurses collaborated to transition students from pre-K to K, fifth grade and middle, and eighth grade to high school and we wished our graduates well as they moved on.

Lisa Kern:

I want to thank you for the opportunity to share our work with you. I hope this information helps my school nurse colleagues across the nation. Stay safe, stay home, and hashtag we are all in this together. Thank you.

Sheila Freed:

Hi, my name is Sheila Freed. I live in Sioux Falls, South Dakota, and lead a virtual school nurse program serving 40 schools in North and South Dakota. And we have about 10,000 students that we serve. I'm privileged to speak to you today about the standards of practice principle.

Sheila Freed:

So first, we just take a peek at what it looks like with the core competencies and how it looks. Then we move on to the definition. And if you don't mind, I'm going to read the definition to you. The principles of standards of practice undergirds all thoughts, decisions, and actions of a school nurse. For this reason, it is depicted surrounding the other four principles of the framework, but it is not considered a higher priority principle.

Sheila Freed:

Standards of practice involves a competent level of nursing care, including the identified practice components as demonstrated by the critical thinking model known as the nursing process.

Sheila Freed:

So, you have now seen a picture of the standards of practice principal and heard the definition. What I want to share with you today is some real life examples of how the framework has been critical to the innovative program that I lead. The framework is not meant to be a straight line, as much as, probably like you, I would like it to be.

Sheila Freed:

Instead, it's full of twists and turns, collaborating, circling around, modifying until we find a solution. What I will share today is how the frameworks, specifically the standards of practice, have been used in the program I lead. So, as I spoke of earlier, we're in North and South Dakota, and I thought I'd give you a little picture here in case you're not familiar with the central part of the United States.

Sheila Freed:

Our smallest school district has 13 students. And our largest building that we serve in partnership with an onsite nurse has 650 students. In this slide, I wanted to help you picture the geography and remoteness of many of our sites. The picture of the bus shows me facing the school. And then I did 180 degree pivot and the picture of the trees shows what the kids see when they leave the front door.

Sheila Freed:

So, the majority of the schools we serve have never had a school nurse because of their size and because they are geographically challenged. When facing these needs, even before COVID, the

framework became the mindset to inform the development of the program, specifically the standards of practice. This is actually on the Standing Rock Reservation.

Sheila Freed:

Using the standards of practice principles, we had already had extensive conversations with the boards of nursing in both North and South Dakota regarding delegation, the nurse practice acts and laws related to the training needed for school staff in order to delegate tasks. Competencies have been developed for both school staff and for school nurses. Position statements from NASN have been used, best practices were being developed as we became more and more skilled at virtual visits.

Sheila Freed:

FERPA was considered and students were being served. We had completed 4732 visits for the school year and were feeling pretty good about how the program was developing for this population that we were serving. And then COVID hit. Our schools in North and South Dakota were just going to close for the week of spring break.

Sheila Freed:

So, two to three more days off than originally scheduled. "No problem," we thought. "We will just enjoy a couple of quiet days." Now, we work at a technology hospital, which is part of a larger health system. A COVID-19 call center was being established at E-Care. The school nurses were happy to help, but we knew we wouldn't be available the following week because school would start up again. And then it didn't. The outlook changed and it looked like school wouldn't start up again for the year.

Sheila Freed:

So, we knew we could provide services via technology to the schools from the hub in Sioux Falls, we knew the school staff was trained and care plans were made and followed. We knew our platform was both HIPAA and FERPA-compliant, but could we do the same thing from our homes to students' houses? Would there be a need? And even if there was a need, could we fulfill the need?

Sheila Freed:

We returned to the framework and the list of related practice components of the standard of practice principle. We needed to gather more information in order to understand what we could and couldn't do. Regulations and policy in the telehealth world were changing at lightning speed. Literally every day there was new guidance. We needed to go back to the mindset of the standards of practice principle. And it wasn't just an exercise and checking the boxes, because as you all know, it was related to student safety and it was related to our licenses. We needed to get it right, even though it was a time of uncertainty.

Sheila Freed:

So, once again, we were looking to respond to the need, just like we were when we began the program. Just like you, we needed information to guide our decisions from the board of nursing, NASN, the

Department of Ed, the American Telemedicine Association, our school districts, but what we needed most really to pull it all together was the critical thinking skills of the school nurse.

Sheila Freed:

Yes, that newly diagnosed student with diabetes needs care, but can they give their own insulin? If not, the answer in North and South Dakota is we can't directly supervise virtually because the assistant doesn't have the right training. Okay. So, the student can't give their own insulin, can we supervise? Is the environment safe? Is there a dependable caregiver? The framework gave the guidance for us to be able to gather information needed and then to make the appropriate decisions.

Sheila Freed:

So, we set up home offices and took our technology home. We set up our backgrounds so they were friendly for the telehealth visits and used a headset to provide privacy and minimize distractions. We became part of our school's distance learning plan. We took calls from schools for staff concerns and an occasional student concern that was in the building. And yes, we have one student that we do daily home visits on. Using our platform, which is an app, this family was able to download and we are able to intersect daily and assist with healthcare needs.

Sheila Freed:

Best practice and evidence is being followed, but also developed. As we wind up the school year, and I touch base with the superintendents and discuss reopening for summer school or for the fall, there are so many questions that we just don't know the complete answers for. But I feel confident using these principles of the framework and the standard of practice, we'll be able to move forward with that new normal. But just like Lisa said, we'll get there as a team.

Sheila Freed:

This is a picture of my team as we were pulling together health kits for one of our severely under-resourced schools. I would like you to find your team and encourage you. If you're the only school nurse in your district, look outside, who else might be your part of your team? Is it the public health nurse? Is it the clinic nurse? Of course, it's your colleagues and the state association.

Sheila Freed:

But let me just leave you with this statement. The standards of practice ensure that school nurses can follow the scope and standards no matter what the platform is. And it gives us the confidence to give good sound care to our students. Thank you.

Kate King:

Hello, I'm Kate King. I'm the director of healthy, family and community services for Columbus City schools in Columbus, Ohio. And with 109 school nurses and one supervisor administrator to assist, we care for 50,000 children and 10,000 staff members. My slides are not advancing.



Kate King:

Thank you. Always technology. So, today I'd like to talk with you and I'm glad to be here with you to talk about leadership, one of the pillars of the framework. Leadership is something that school nurses do all the time. And our school nurses in Columbus City schools used some of these components to promote leadership in our school districts.

Kate King:

We use these components to act as change agents for advocacy, reform, policy, and systems. Advance slide, please. So, fact, the principle of leadership for this framework is not about a position, it's about a mindset. School nurses are leaders in their schools, and in their areas, in their communities, and in their districts.

Kate King:

Advance, please. So, in Columbus City schools, we've built a foundation of school nurse leaders. We understand that while school nurses are leaders wherever they are, many school nurses don't feel like leaders. Leadership is about what you feel about yourself. Can you be a leader? That self-efficacy, am I good enough to be a leader? We want to grow leaders. We want to make sure that leaders have a good foundation.

Kate King:

So, how do we lead as school nurses? Well, first of all, we need to be a little like soothsayers, some prophecy, looking at our crystal ball is that school nurse with her turban on is doing. We were very lucky that we had some foundations that were prophetic. For two years in our nurse-led professional development, we studied Buresh and Gordon's outstanding work from Silence to Voice, what nurses know and need to tell the public.

Kate King:

We created and strengthened our school nurse voices experts in school health. And this school year, our professional development was based on the heart-led leader, adding another layer to the leadership expertise of our nurses. Now, probably most prophetic was my shopping cart. As you can see, the big box in my shopping cart this year was NASN.

Kate King:

So, for several years, because our health services budget has allowed it, we have purchased the scope and standards of practice for all of our school nurses. So, as the pillar, we use that every day in our practice. We also purchase for every one of our 109 school nurses the new comprehensive school nursing text. We felt that those two purchases were very important in guiding school nursing.

Kate King:

And the piece de resistance was that we were able to provide an NASN OASN membership for every one of our 109 school nurses, because we felt that was so important in creating plans in healthcare with the

resources that NASN provides through that service, besides the VSP vision vouchers, which are worth their weight in gold anyway.

Kate King:

So, all of that we did in September not knowing what was going to happen. But that was our goal is to provide school nurse leadership abilities. But then you have to let it go. School nurse leaders have to be able to be leaders. So as a type A high control personality leader that I am, I have trouble letting other people be leaders because you know they're not doing it the same way I'm doing it. They're not. I could do it better. I would do it differently.

Kate King:

But in creating voice, in creating leaders, in giving people opportunity, you have to just let it go. And you have to let leaders have success and celebrate them and make mistakes and celebrate those, because in mistakes we learn how to be leaders. Next slide, please. So then what happened? Like everyone else's slides, pandemic. Here we're go.

Kate King:

And on February 27th, school nurses were called to lead the team. We were called to actually lead the pandemic planning team. We did presentations to the Board of Education. Our school nurses took that leadership role in planning, and educating, and talking about COVID-19. What is it? What do we need to do about it? And we were seen as the experts, that's based on the foundation that we had before.

Kate King:

Next slide. And then what happened? Oh my gosh, we have buildings and we're closed. And I thought, "Hmm, what do school nurses do when we have no schools to do it in?" But we had a plan, but like Lisa, I lied, we didn't really have a plan. We created one as we went. And never before was the framework so important. Because while I've been preaching the framework and we've been looking at it, it created a great basis to show and to work together as nurses doing what we do before and now. Next slide.

Kate King:

So, armed with my trusty highlighter, whoops, Bitmoji only let me have a pencil. But armed with something, we, on a WebEx meeting of 100 school nurses, went through each pillar of the framework and looked at what we did before and how we were doing it. And here is our work during the meeting of what we did with the leadership pillar.

Kate King:

So, we looked at advocacy, keeping kids safe. We looked at funding with the CARES Act. We were experts in policy development and professionalism. We're changing practice. We had to be lifelong learners. We all had to learn to use WebEx, and Zoom, and Google, and doing all of those sheets that we'd never done before. And we looked at practice models of environmental scanning and SWOT, which I'll talk a lot a little bit later.

Kate King:

We looked at nurse based teams for system level leadership. And we looked at how to do school nursing differently. Here was our opportunity, not only to help our students and staff as leaders, but to change how we do things. Next slide please. So, we used a model of practice. Actually, we use several models of practice. First of all, we looked at professional learning communities, which was adopted about eight years ago by our districts.

Kate King:

The authors, the DuFours, a married couple, promoted professional learning communities. And when they did so, that was based on small, teacher-based teams using the data they got, best practices and collaboration to change teaching practice. And we had always wanted to do that, but we could never get there because, gosh, how do you get nurses out of a building to meet together when you can't even get a drink of water, go to the bathroom, or have lunch during the day.

Kate King:

That was a huge barrier and we had wanted to do this. So, here we go. We have the time, the opportunity and the technology to do it now. We also used the model of environmental scanning. Environmental scanning is an approach to a strategic plan that looks in the future. It looks at a broad spectrum of data and a broad spectrum of research that we don't usually use traditionally in school nursing. We look at it as not only research articles and evidence-based practice, which we did use, but we also look at it in terms of what is the media saying? What are our friends say? What is the other information out there? And pulling that together to create a plan as leaders.

Kate King:

Within environmental scanning... I'm not ready to go, sorry, intermittent scanning is a SWOT model. And we look at strengths, weaknesses, opportunities, and threats. The things we do well are our strengths, things we don't do very well are our weaknesses. We look at what the opportunity this pandemic gave us to do. And we look at the threats that are going to knock us down so that we can brush ourselves off and get back.

Kate King:

We looked as being leaders as change agents. Many of our nurses are on the Medical Reserve Corps team and push this leadership out to the community by volunteering. And we also are investigating contacts with our Columbus Public Health, our local health. So, nurses are leading the way. And now we can move forward.

Kate King:

So, we created and had now 14 nurse-based teams, seven of those teams were regional and everyone was required to belong to one of those. And seven were practice or specialty models and nurses could be on any one of those. Many of our nurses were on two or three of them. And we used, again, that systems level leadership, that policy, all of those components of the leadership pillar to lead.

Kate King:

We had formal leaders and we had informal leaders come out in these nurse-based teams. We looked at specialty areas like ESL Health. What are we going to do for immunizations in the fall? What are we going to do in terms of screenings? And we looked at our tools that we had, our nurse-based teams identified an issue, they did their research, they used their SWOT model and they came up with their own ignite sessions presented on the last day of school, May 29th in a WebEx meeting, five slides, five minutes, as to their outcomes and what policies they wanted to change. We also pushed out into the community.

Kate King:

We developed and implemented a big eight plus health and safety coalition, the big eight being the largest school districts in the State of Ohio. We also invited ourselves to the table at all of the Ohio Department of Education and Ohio Department of Health meetings.

Kate King:

So, we actually use that framework again to guide our leadership practice. We are school nurses. We can go to the next slide. But I want to talk about the key component of leadership that we really at first struggled with, but I think became the keystone of what we do as leaders, and that is grace.

Kate King:

In looking at our values this year, one of my supervisor's big value is grace. It wasn't mine. She's a kinder, gentler version of what I do, but grace. And grace is so important because without grace, leadership is hollow and it is not leadership at all. Grace is giving to others. Grace is saying, "I won't judge you for what I see you doing or what I don't see you doing." Grace for myself is saying, "I won't compare myself to you as a leader because of what I see you or don't see you doing."

Kate King:

We are all doing what we can, when we can and how we can. And as leaders, we recognize that in ourselves and each other. Grace is simple elegance, courteous goodwill, free, and unmerited favor. Leadership with grace. I have a reference slide for you and my contact information. I am so honored and proud to be able to share this with you. And I think I need to get a different picture taken because my hand is right by my face. But I'll look at that later. Thanks for all of your input as leaders and school nurses. School nurses lead the way.

Wendy DeGraffenried:

There has never been a more opportune time for school nurses to innovate delivery of healthcare services than now. The Mat-Su Borough School District in Alaska serves over 19,000 students in a geographic area the size of West Virginia with challenges to serve diverse populations, including immigrant, and Alaska native students and tier one schools.

Wendy DeGraffenried:

This presentation intends to provide ideas and a strategy for outreach into distance delivery needs. While my story focuses on the principles and aspects of community in public health, you'll soon see how this innovative approach incorporates several elements from NASN's framework 21st. Hi, my name is Wendy Degraffenried. Please advance the slide. And again.

Wendy DeGraffenried:

Multiple practice components will be highlighted throughout my presentation based on my efforts to reach and maintain connections with my school community. The principle of community public health is a part of all school nurses' roles no matter their employer. The school nurse uses community and public health knowledge and skills, including the identified practice components to deliver proactive nursing services within and across school populations.

Wendy DeGraffenried:

My journey as an innovator of distance delivery nursing began years ago when technology was first being integrated into the classrooms. My questions then were, "How can I integrate technology into my school nurse office? And what might that look like? How can I reach students to address population-based needs such as community resources for access to care and other identified social emotional needs?"

Wendy DeGraffenried:

I began using Google Form surveys in my office and implementing a Google classroom for our 21st century after school program. Recently, in response to the health pandemic, our district and community offices coordinated efforts for academic accessibility by screening all families to determine needs for internet [inaudible 00:39:01] connectivity as well as for concerns regarding the physical and mental welfare of our student population, a part of the principle of community mental public health.

Wendy DeGraffenried:

This feedback helped schools to provide Chromebooks where students lacked resources at home and to assist with internet expansion through home hookup and increased data use. As a nursing staff, we used this data to link families with community resources to support identified health needs, to access local food banks, and school distribution centers to keep our students fed.

Wendy DeGraffenried:

During this time, I launched my own remote classroom titled, I am still your school nurse. This platform allowed me to reach out population-based health education, and health promotion practice components, again, of community public health. I connected with students with resources such as Coronavirus videos and fact sheets, healthy breakfast and snack ideas, mindfulness strategies, cultural and family based traditions and activities, and healthy sleep habit recommendations.

Wendy DeGraffenried:

I also worked on reducing the risk of mental and emotional isolation by creating assignments to promote a healthy home environment of gratitude while providing social, emotional, and academic surveys students could complete at will. I monitored these surveys as a way of surveillance and outreached to parents whose students were not doing well.

Wendy DeGraffenried:

It was a place to connect with our school population as they learned to navigate the new landscape of distance learning. We're on connect. That's where we need to be, is on connect. One back Tia. Thank you. Our nursing team met weekly through Zoom calls. These professional conversations and needs assessments led my work with the nurses to build their own nursing websites and school resource pages to expand the positive connections created through my remote classroom across our district.

Wendy DeGraffenried:

This was the inception of my campaign, my school nurse building your own online platform. Our school nursing team also set up a phone helpline to provide a proactive way to offer families information and assistance. We conducted ongoing surveillance and ensured that current information and routine updates and community resources was shared on the district and school nurses' webpages as well as the newsletter sent out to families.

Wendy DeGraffenried:

As a team, our school nurses created the video, we are your school nurses, to inform and promote not only the multitude of ways we work with and for our students, but also to focus on particular aspects of our outreach, such as welcoming our kindergarten parents during virtual open houses.

Wendy DeGraffenried:

Connecting to students through an online platform is key and provides a great way to send the clear message, I value you. As a nursing team, you can bridge healthcare and academics, designing an online platform to thrive in distance delivery models of learning. Next slide, please. Engaging individual and full weight can be achieved online. This worked for me through Zoom calls twice a week and written assignments that were fun soliciting comments to promote primary levels of care and prevention.

Wendy DeGraffenried:

My strategies are based in positive psychology and mindfulness through the Zoom calls, daily gratitude assignments, and fun educational videos that solicited student feedback. Based on my knowledge of my school and my community, themes included healthy living, my favorite things, minor injury care, exercise, nutrition made fun, gross germs and health and stress check-in surveys. Silly worked for me.

Wendy DeGraffenried:

I had fun with students returning their level of engagement by also introducing my dogs and making them laugh. TikTok was new to me and connected with students there. Pinterest encouraged primary preventative measures on a multitude of health topics, allowing students to connect with me at their

leisure. I also shared content a PE teacher and a school counselor were creating, connecting students to their school community.

Wendy DeGraffenried:

Once you launch your own online platform and engage your students, try on different strategies as if shopping for what works for you. Students will engage in what works for them. Next slide. In practicing outreach, it is important to have clear boundaries with students by having online office hours to maintain cell phone privacy. You can choose to block your number or set up Google phone number.

Wendy DeGraffenried:

Google tech's team can provide a platform that [inaudible 00:45:04] students will look for you once you've established your online presence. Decide how you want to approach your students and start engaging them now. You can collect data to determine the needs of your population. Online surveys for directed care can include stress assessments, academic check-ins, and social, emotional wellbeing for at home needs.

Wendy DeGraffenried:

Next. We can be proactive and advocate for continued outreach to our students through a mindset shift. We can continue to offer students and families health education, health promotion, outreach, screenings and referrals, and social and emotional health surveillance. And through my experience, I am confident that we can continue to reshape community public health in the future.

Wendy DeGraffenried:

Next slide. Through ongoing distance delivery methods, we can assess and address risk detriments of a global pandemic. This is the new normal. The struggle is real, the shift is huge, but you remain a school nurse. As we continue to find solid ground in our personal lives and our professional practices, I remind you to find what you can trust, be grateful for, and allow grace for yourself and others.

Wendy DeGraffenried:

The *Framework for 21st Century School Nursing* provides us with guidance and support that we can return to again and again as we shift our practices. It allowed me to build a meaningful and strong relationship with students, families, community, and school, and district leaders. And last slide, Tia. I am here for you as we practice and learn how to thrive together. And if you TikTok, let's do a duet to the siren beat. Thank you.

Emily Poland:

Hi, I'm Emily Poland. I'm from the State of Maine. I'm the state school nurse consultant for the Department of Education. So, in Maine, in the whole state, we have 184,000 students, public school students and 368 school nurses, full-time school nurses, full-time equivalence, that is.

Emily Poland:

Disclosure slide. So, quality improvement. This is one of the non-hierarchical principles of the framework. And I'll be talking with you today about how school nurses in Maine have been putting this principle into action. We've been working steadily for the past few years towards full integration of *Every Student Counts!* dataset into our yearly reporting system.

Emily Poland:

In the next few minutes, I'll share with you what we've been doing for the collection, but before we all had that major shift in priorities in the middle of March, when our schools transitioned into distance learning. This really caused a major hiccup in our momentum and really resulted in further consideration of how and what do we collect for information when we are in a distance learning setting?

Emily Poland:

So, the principle of quality improvement involves data collection and strives for consistent improvement and growth. It includes school nurse participation in an ongoing process, including the identified practice components that builds the critical evidence-base to guide school nursing practice. On the surface, quality improvement seems like it's something separate from what we do every day.

Emily Poland:

I think of quality improvement where every 125th package or some random packages inspected to be sure that it meets certain standards or a simple checklist to say that you've done something. Yep, that's completed. But in school nursing, quality improvement doesn't look anything like that.

Emily Poland:

In Maine, we're trying to make the quality improvement process part of daily practice and we're working on developing more data-literate nurses that will be equipped to better understand which of their activities have the greatest impact on their student health and their outcomes. These skills help school nurses prioritize activities that they do during these very busy times and ever changing reality that we've been living in these past few months.

Emily Poland:

So, I'm going to share a little bit of what we've been doing in Maine to just create that more data-focused nursing practice before the pandemic. Three years ago, school nurses in Maine were accustomed to completing their end of year report to the department of education. This always included a summary of hearing and vision screenings, epinephrine administrations, and sometimes some other nugget that was added due to local interest or what was a hot topic at the time.

Emily Poland:

Now, Maine schools pride themselves being on locally controlled, and the state does try very hard to respect that. The Maine Association of School Nurses was and is committed to being an active affiliate of NASN and really wanted to participate in the national level data collection and really felt they couldn't do that alone. So, the leadership in MASN along with me in the state school nurse consultant role made



a case to the commissioner of education for our state. And we made the case that we should be including the NASN data collection in our end of year reporting as an optional section. That was our way out.

Emily Poland:

And we get to state level, we can't make anything mandatory without it being part of state law or something that's existing in regulations. So, we had to show why, why it was important to collect student health data. And so, we got that support and I think that this support is what helped us to dramatically increase our participation and interest in data collection as a way to demonstrate some of the work that school nurses do.

Emily Poland:

So, with endorsement from the commissioner's office on the importance of being involved in the effort with the support of the department of education, we started getting the word out to all school nurses in the state of Maine, emphasizing that we just needed to take one step, one step at a time, one data point at a time, and encouraging every school nurse to examine and share their own data with school administrators and their boards of education.

Emily Poland:

Now, we did recognize that these few data points in NASN do not tell the whole story of what school nursing is. It is just one piece. So, I encourage nurses to look for other pieces of information that they can collect and to show their local communities what they do and maybe even advocate for change. So, one of the things I do like to emphasize at each level is that we do share our data. We share our stories.

Emily Poland:

One local nurse in Maine used data from her local youth risk behavior survey, it's called the Maine Integrated Youth Health survey in Maine. And she used that data for her local school to advocate for condom availability in her schools and got unanimous support at the school district level. I know of many group of school nurses have used their data from the health office visits to advocate for a position that was in jeopardy of being [inaudible 00:53:04].

Emily Poland:

And at the state level, the state level, one of the things I continue to advocate for, haven't gotten there yet, is for a statewide electronic health record that could increase productivity, reporting ability, and potentially revenue for through Medicaid billing. So, each level, the local, the regional and the state, they all have their own reason and their own reason to collect and share their data.

Emily Poland:

Once we established a consistent way to get accurate information about who and where the school nurses are in our state, we started our communication plan. The commissioner sent out a notice to all the superintendents in the state to inform them of Maine's participation in the national data collection efforts with NASN.

Emily Poland:

With the help of the other data champions in Maine and regional MASN representatives, we provided the same training to the nine public health regions that are marked out here mostly by county in our state. Using these MASN at regional meetings, we shared the statewide data that was reported in previous years, and also walked through the optional questions associated with the nationwide data collection efforts.

Emily Poland:

The fact that we already had a way to collect data from all school nurses really helped achieve our goal. In the past, just even the mandatory section of school nurse the school health reporting had about 75% completion rate. Last school year, 2018/19, we had 95% of our schools participating in all of the required and at least some of the optional data points. What a success. We celebrate that success. I think it was a great testament to what MASN and that we did with education.

Emily Poland:

So, we created a statewide infographic of Maine's data. We share it through our communications office and the Department of Education, it's been picked up by newspapers and NPR even. So, I share all of this with you and know that this year didn't go according to plan. This school year, we were on track to hopefully improve on last year, but in March COVID-19 happened. And it seemed like everything that was normal was turned upside down. But in the past few months, what I've seen in school nurses has been nothing short of amazing.

Emily Poland:

Even before we had a positive case in Maine, I started holding weekly briefings with the school nurses, open to all the school nurses in the State of Maine in an effort to keep them informed as possible. This was done in order for them to be able to respond appropriately to the changing needs in their school buildings.

Emily Poland:

Now, at the beginning before schools transitioned to distance learning, we focused on surveillance and data collection. What do we need to be looking for to detect potential cases? What are the symptoms? How many cases are we going to have to see in a school before we close our doors? These were all important questions to wrestle with. But in reality, it took zero cases in a school for them all to close their doors. And this again showed the resilience and flexibility of nurses.

Emily Poland:

So, as schools and their nurses adjusted to distance learning, we've had to adapt everything we do. What does a health office visit look like when it has done through Skype or FaceTime? But nurses as they do, they go with the flow. And sometimes we just need to be reminded that everything that we do to support students and their families even during this time of distance learning, this is school nursing.

Emily Poland:

School nurses in Maine and everywhere in the world have had to shift their priorities to what maybe would have been the school wrapping up and year end reporting. To try and reimagine what school nursing even is and what it looks like when students are not in the buildings, but in their own homes. So, the quality improvement process, if I can bring that back into a view for just a moment, allows us to understand what is most important to prioritize activities based on shifting demands and the ever moving target of pandemic response.

Emily Poland:

Nurses in Maine are encouraged to document their interactions with students and families as they normally would. We have spent some time thinking about how to measure the impact of COVID on school nursing practice in Maine. I didn't come up with anything apart from things that would have happened, things that should have happened, things we would have done, that didn't happen.

Emily Poland:

Some screenings didn't get finished. Some in-classroom lessons didn't happen, but we know we'll have a little asterisk in our 2019/20 data that we had a pandemic that year. Our data is a little off.

Emily Poland:

Through biweekly sessions with nurses across the state over the past couple of months, I'm able to learn what the needs of the nurses are and plan the next session accordingly supporting school nurses in Maine with both professional development and a platform for them to connect with other states nurses from across the State of Maine to share their common barriers, successes, and concerns about reopening.

Emily Poland:

I'd like to just say that the connection among school nurses in Maine right now is better than it has ever been. And that has been a blessing, a good thing that has come out of this. So, moving forward as we make plans for next year, next school year, we'll be using a continuous quality improvement model. This is very much in line with the nursing process. The plan, do, check, act quality improvement process is really the nursing process in action. Assessment, identification of the issue, developing a plan, implementing the plan and evaluating if our goals are achieved.

Emily Poland:

As school nurses in Maine and across the nation, re-imagine what school looks like and how school nursing fits into that. It will be vitally important for us to make a plan, implement that plan, evaluate it, and make adjustments as we go. This is quality improvement in action. This is school nursing. Thank you.

Tia Campbell:

Wow. What great work is being done by school nurses. I want to thank each one of you for sharing with us today how the framework is needed, applicable, and how it can easily be applied to our daily practice. This is not a one dimensional practice model, but an interconnected and overlapping practice model

that lends itself to guiding and informing all of the things we need to accomplish in meeting the needs of students, families, and our school communities.

Tia Campbell:

From each of your presentations, there were multiple times when we heard overlapping concepts. Grace was one, the inter-collaborative approach, utilizing your resources. So, it lends itself to our practice every day. As school nurses, we need to make sure that we are utilizing the framework and moving it from something that's on paper to a living platform.

Tia Campbell:

This really means that as school nurses, we need to utilize the concepts of the framework to inform our practice at all levels of the nursing process. As we plan for individual student and population needs, it can be applied daily to meet all of our practice needs. The framework gives us insight on how to evaluate our practice and make consistent improvements.

Tia Campbell:

Ultimately, we want everyone to walk away from this presentation with a mind shift change in how the framework has been viewed in the past and applied. It's not simply a checklist of areas we can focus on, but it provides guidance on the things that school nurses are doing on a daily basis. It allows us as a profession to utilize our specialized skillset to the highest capability and to show our schools, districts, and states that our daily practice model is evidence-based and applicable to the whole school, whole community, whole child model that students and families are at the heart and center of everything that we do.

Tia Campbell:

If you would like to learn more about the framework or how to bring these concepts to your schools, district or state, here's some upcoming options for you. NASN offers focus on the framework, professional development, professional development training, that gives an in-depth overview and application of each key principle.

Tia Campbell:

Also, NASN has an upcoming framework article that will be available via the NASN school nurse in the July, 2020 issue titled Framework for 21st Century School Nursing Practice, Clarification and Updated Definitions. In addition, there will be new framework resources available on the website this fall.

Tia Campbell:

Don't forget the NASN position documents and all the rich resources that are on the NASN website. Check that frequently as updates are made constantly. And continue to stay connected, invested, and inspired to enhance and elevate the school nursing practice. We look forward to hearing all of your thoughts and questions during our question and answer session.

Tia Campbell:

I would like to say thank you to all of our presenters today. You really have showed that leadership, which was one of our principles, in sharing your time with us and your expertise, and just really making this real, which is what the framework needs to be. I'd also like to thank all of those that are watching today. And I hope that this session will really help you to make this practical in your practice.

Tia Campbell:

And now we're going to move into the question and answer portion of our presentation. So Jay, we're ready for the first question.