

## IMPLEMENTATION GUIDE

### Prologue – Why Do We Do This?

#### A School Nurse Perspective

One of the biggest challenges in school nursing is to be responsible for the health care of a child for up to eight hours a day without access to all the information necessary to provide safe care for that child. Recognizing this challenge, school nurses in Delaware schools serving pre-K to grade 12 requested access to students' essential health information: the most recent physical exam, the students' immunization status and emergency health care plans. The school nurses worked through the Delaware Department of Education and its school nurse consultant to set up a means of acquiring that information from Delaware's largest pediatric health care providers, Nemours Children's Health System.

After the necessary safeguards were in place to ensure confidentiality, Nemours made its health care records available to school nurses. Implementation was feasible since all public school health offices in Delaware already used electronic record keeping. Having internet access and some degree of proficiency with online record keeping enabled school nurses to access health records through the system utilized by Nemours.

School nurses see access to the electronic health records (EHR) as an opportunity to communicate and fully participate with parents and community health care providers as part of the health care team, as well as delivering quality health care to students during the school day.

School nurses are seeing positive results from the partnership with Nemours. Students are receiving better care and there is a growing awareness of the services provided to these students by the school nurse and their community health care providers.

---

*"I have utilized NemoursLink and love it. I frequently print off physicals and have had a few parents forget excuse letters that they asked me to print out. By having access to the physicals, I no longer have to pester parents to bring them in. I have printed out asthma and allergy action plans. In one occurrence I was able to determine that a child had a seizure disorder that mom did not disclose to me. I was able to call mom and discuss this issue with her and come up with a plan of action for the student's teachers in the event of a seizure."*

---

*"I am so appreciative for the Student Health Collaborative (SHC). I have had two students who needed coordination of care related to chronic illness. Because of SHC, I was able to access labs and other pertinent information to get a big picture of the health issues of their children and help guide parents in understanding them. It also helped me to understand each student's plan of care. I was able to contact the specific physician who was caring for each student to ask questions and give them information. It has been a very positive experience."*

---

*"Thank you for the opportunity to be the voice of appreciation for school nurses statewide. I am confident that my colleagues would agree with me when I say that NemoursLink has been a time saver, information provider, and a safety net for nurses and families. In my position caring for students with special needs, much can get miscommunicated in the transfer of information from physician to parent to school. Literally, NemoursLink is a life saver."*

## Table of Contents

I.	Introduction.....	1
II.	Program Description.....	2
III.	Team Development.....	4
IV.	School District Engagement.....	5
V.	Contractual Agreements.....	7
VI.	Authorization Form.....	8
VII.	Web-Based Application.....	9
VIII.	Training Information.....	10
IX.	Communication Products.....	11
X.	Provider Engagement.....	12
XI.	Evaluation Methods.....	14
XII.	Appendix.....	15



## I. Introduction

This Student Health Collaboration (SHC) Implementation Guide was developed in response to requests from other state organizations interested in the steps Delaware took to develop a system that would allow school nurses access to view patients' EHR. Requests for information have come from health care systems, education systems, school nurses and school health officials. Over the last two years, Nemours staff associated with this program have provided conference calls with interested parties to address specific needs and recommendations.

This program is considered “new” and “innovative,” but for Delaware it was a logical next step in health care collaboration. Delaware was uniquely positioned to implement many of the key elements of the program because the necessary components for success were already present. On the health care side, there was a large health care system that treats a majority of children in the state; a medical record system that has sharing capabilities for community providers; and patient authorization forms. On the education side, every school has a highly qualified, registered nurse who is proficient in the use of electronic health records; and a broadband internet. This guide is not meant to be the only way to do this type of work. It is just an example of what has worked well in our state. Readers can extract elements of what was done and determine the feasibility for their specific environment. We hope it will get you thinking about what you could do in your community.

Each section of the guide describes some of the key elements that were needed to establish and operate the program. Putting a tool in place is only one step in the process. It is the support systems, creative interventions, and ongoing communication by those involved in coordinating care for students that make the tool so effective at supporting children's health across multiple settings. Some of the key steps involved in this work are listed on the right. Many of these steps are discussed in this guide, either occurring simultaneously or developed based on requests or needs by our partners. The start-up phase, including the pilot, took approximately one year before the statewide rollout.



- ✓ Define the problem – what's “the need” and/or “the ask”?
- ✓ Establish leadership buy-in (health system, school system, appropriate state agencies).
- ✓ Develop a multidisciplinary team.
- ✓ Secure resources (people, technology, and \$\$\$).
- ✓ Select a medical record application that has sharing capabilities. (Nemours uses the EPIC application)
- ✓ Develop contracts.
- ✓ Develop a patient authorization form that is both HIPAA- and FERPA-compliant.
- ✓ Develop communication products for parents, providers and school nurses (e.g., poster, brochure, parent letter and flyer).
- ✓ Provide program orientation and training for school nurses.
- ✓ Conduct provider awareness sessions for both specialty and primary care sites.
- ✓ Conduct provider engagement sessions to foster collaboration between providers and school nurses.
- ✓ Address quality improvement issues as they arise.
- ✓ Evaluate, respond to findings, and evaluate again.

## II. Program Description

School nurses provide essential medical care, health management and health promotion to children while in school. Many of these children have complex medical conditions that require careful management and care coordination. However, we learned that school nurses are not universally part of either the education or the health system. In some locales, school-age children may have no access to a school nurse or may receive delegated care from a layperson. Even more common is where school nurses are not considered part of the health care team and may have limited access to protected health information available in the medical record. Direct communication with medical providers by traditional means (phone/fax) is also challenging and makes it sometimes more difficult to provide care that is safe, effective and focused on the actual or potential needs of the children in their care.

Recognizing this problem, we formed a multidisciplinary team to develop a way to facilitate the exchange of medical/education information between school nurses, clinicians and families. The team knew it needed to design a process that would allow a parent, guardian, or legal representative to authorize a school nurse to access their child's health information at Nemours. The answer was found in a HIPAA and FERPA compliant authorization form that clearly states how their child's health and education information will be accessed and used. With this in place the school nurses can access the child's electronic health record (EHR) via the *NemoursLink* – the secure, web-based portal used by community health care providers.

Working closely with attorneys from the Delaware Department of Education, representatives of Nemours legal and privacy offices created an *Authorization to Use/ Disclose Private and Protected Health and Education Records Information* to and from schools that is both HIPAA- and FERPA compliant.

It was decided by the team early on that the primary audience for enrollments would be medically complex students and/or those with chronic health conditions, e.g., asthma, diabetes, cerebral palsy, ADHD. This made it more manageable for the Nemours health informatics team when processing the authorization forms (especially when school starts) and for school nurses based on their caseload. It also targeted the outreach to those students with highest need. While school nurses may decide to sign up all

students under their care, this is rare and dependent on the population of students under their care. Additionally, a communication pathway was established whereby the parent/patient authorization is obtained, communicated and stored electronically in the medical record. Technology enhancements and safeguards to maintain privacy were implemented to ensure usability, security and effectiveness for all users of the web-based portal.



<sup>1</sup>HIPAA – Health Insurance Portability and Accountability Act (A U.S. law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other providers of health care).

<sup>2</sup>FERPA – Family Educational Rights and Privacy Act (Federal law that protects the privacy of student education records).



to navigate *NemoursLink*. Because of the large number of school nurses initially needing training, Nemours provided statewide training at a conference of the Delaware School Nurses Association (DSNA).

A brief orientation session delivered by the project team was offered each year to primary care practices and to specialty sites. The presentations covered the program background, the role of the school nurse, the enrollment process, how to know if a patient is enrolled and specific data on enrollment by practice. Enhanced relationship building is fostered through “care team” meetings where primary care practices host meetings with school nurses in their area or a “community café” between school nurses and specialty nurses. These meetings allow for an open dialogue on better ways to work together and collectively treat the children under their care.

## Goals

The Student Health Collaboration aims to fulfill four primary goals:

1. Enhance communication.
2. Increase access to health information.
3. Recognize school nurses as part of the child’s health care team.
4. Improve child health outcomes.

To obtain access to the medical records, each school district or school must initially sign a *Partner* agreement and each school nurse must sign a *User* agreement with Nemours. This contract establishes the agreement to share, in a HIPAA/FERPA-compliant manner, child health data after parent permission is obtained. Once in place, these agreements do not have to be renewed unless a new school nurse wants access. In this case, the new nurse must complete a user agreement. Outreach and training is offered to school nurses after all agreements are in place. While a majority of these trainings were initially available on-site as a way to build relationships, a recorded version of the training is now available on the *NemoursLink* web page along with a printable user manual. This training provides guidance on the use of the forms, the process, the communication tools available and a session on how

### III. Team Development

An important step in implementing the SHC is first to identify a champion, ideally someone who is in a leadership position as a project sponsor and then to form a project team. Having both the Nemours Chief Nursing Executive and the Nemours Health & Prevention Services Operational Vice President as leadership sponsors provided the support and resources necessary to launch the program and make it fully operational. The project team included dedicated staff from various disciplines: project management, health informatics, legal/privacy, health and prevention, nursing, primary care, specialty care, and evaluation. Additional essential members included the State School Nurse Consultant at the Delaware Department of Education and school nurse representatives of the DSNA. Staff time was devoted to this work and a small budget was established to cover the printing of communication products and travel (approximately \$5,000). The majority of staff time was allocated to the program manager and the lead analyst in Health Informatics. These team members were able to devote dedicated time to the project as a part of their job responsibilities, whereas other team members needed to find time within their busy schedules. For example, the school nurses could not meet during the traditional workday because they are responsible for providing direct care to students during the school day. Depending on what types of processes or products were needed, the appropriate people participated on the project team at various stages. The Family Advisory Council at Nemours/Alfred I. du Pont Hospital for Children served as a sounding board for program and product development. It is essential to have a consistent program manager who is responsible for coordinating the numerous components of the work.

The primary role of the project team is to support the development of key documents and processes, build provider awareness, facilitate school nurse training sessions, and monitor and respond to inquiries from school nurses and medical providers.

While the Nemours SHC established a steering committee with representatives from leadership to address systems issues and provide support for the direction of the program, the majority of the day-to-day operations are conducted by the program manager and colleagues on the project team. It has helped to have strong ties with the Delaware Department of Education and DSNA,



which have representatives on both committees. After several years of implementation, the steering committee may phase out, leaving just a program stakeholder group which can convene when needed.

As the program enrolls more patients/students and involves a broader school nurse and provider network, questions that come up requiring specific responses (e.g., privacy/authorization, legal guardianship) are fielded by members of the program team or triaged to others within the health care system. When forming a team, keep in mind the need to secure a time commitment from each member. While much of the program operates virtually, the coordination, training and maintenance require someone monitoring all the moving parts.

## IV. School District Engagement

For readers working within a health care system, developing a relationship with individuals in a school district is similar to forming a relationship anywhere. School staff have their own set of challenges, competing priorities and drivers. Unlike many other organizations, they usually work on a different daily and annual schedule and will have significant constraints on their time during school hours. Take the time to understand and respect the differences and similarities. As you are working with school personnel, relationship building is invaluable. As the relationship develops, you will find that you are better able to understand your partners' perspective and they will better understand yours. Ultimately, this relationship will help you accomplish the work.

We found that developing an initial relationship with the state school nurse consultant at the Department of Education was advantageous to working with schools. The consultant could not direct policy but was able to provide critical insight into their schools' culture, constraints and normal operating procedures. Furthermore, the consultant worked and communicated closely with the school and school nurses in both public and private schools.

### New Relationship

When establishing a new relationship, first read about the school or school district to better understand their unique culture. Have at least a passing knowledge about the organization. If possible, have a colleague make an introduction if the school nurse consultant is unable to provide a contact. If that is not possible, use the web to identify the individual who is responsible for the health of the children within the school district or the nurse within a given school. Understand that schools are under pressure to have students perform academically. Any work you do in a school must support that effort in some way.

Your first meeting should be about letting the person know the purpose of the meeting and identifying the mutual goal, i.e., the well-being of children. Talk in big-picture terms about your desire to share/gain access to patient medical records with authorization. Form a common language so all players understand what the true aims of the partnership are. You may choose to refer to a journal article that addresses the opportunity for information sharing. As part of the value proposition, be sure to especially talk about advantages that will be realized by

the children and caregivers being served. Use references to improved health, improved attendance, improved academic performance, or fewer emergency department visits because the child's health is better managed as a result of the school nurse's engagement and his or her role in the extended care team.



### Existing Relationship

If there is an existing relationship with the school or school district, schedule the meeting and get to know the individual. This work is relational, so time spent getting to know each other is an investment in a continued collaboration; however, remember that schools have limited time for meetings, especially when schools are in session. At this point, you can follow the same steps outlined above in the "New Relationship" section.

### Engaging School District Leadership to Approve the Partnership Agreement

If you choose to structure legal agreements in a fashion similar to Nemours, you will need the support of the school district's chief school officer, e.g., superintendents and other administrators, as well as the school board and district legal counsel. In forming a working relationship between a health care provider and a school district, the leaders of both need to understand the real benefits and also the risks or liabilities involved. There are legal documents that require support and approval. To the extent possible, make sure that the legal agreements are balanced. If your legal counsel puts too much of the risk burden on the school, it will be difficult to get approval. When we drafted our legal documents for the pilot, we had our legal team working with the attorney for a large school district to complete the documents. The resulting document provided protection for both parties and balanced the risks. This document was later accepted by other districts without significant change.



### **Strategic Thinking**

Spend some time thinking about how to identify and cultivate a champion. You need at least one but preferably several individuals who can see the clear advantages and will advocate for you in creating interest and buy-in. Identify someone internally who understands what you are trying to accomplish on behalf of children and will be supportive of the work. We have found that the school nurses are great champions. If you are using the school nurse as your champion, you should at the same time be fostering a relationship with someone like a lead teacher or building administrator (e.g., school principal). The school nurse can be helpful in making this connection. In the long run, you will want both to be your champions – one who can ensure approval of the project, and one who will be directly using the records to support students.


### **Training and Technical Assistance**

As noted earlier in this section, schools work on their own schedules that are somewhat different than yours. Be aware of this and work collaboratively when scheduling trainings and follow-up consultations.



# V. Contractual Agreements

## Partner Agreement With School District/School



**THIS NEMOURS LINK SCHOOL AGREEMENT** ("Agreement") is made as of \_\_\_\_\_, 20\_\_ ("Effective Date"), by and between \_\_\_\_\_ ("School") with offices located at \_\_\_\_\_ and The Nemours Foundation, a Florida not-for-profit corporation ("Nemours"), with home offices located at 10140 Centurion Parkway North, Jacksonville, Florida 32256 (collectively, the "parties" or each individually, a "party").

**WHEREAS**, the American Academy of Pediatrics recommends and supports a strong partnership among school nurses, other school health personnel, and pediatricians;

**WHEREAS**, Nemours has an electronic health record system ("EHRs") containing clinical information (including progress notes, specialty consults, laboratory and imaging results), demographics, and other information regarding patients of Nemours;

**WHEREAS**, School desires its school nurses ("Users") to obtain access to select portions of its Students' health records maintained in Nemours' EHRs; and

**WHEREAS**, Nemours has an interest in improving the delivery and coordination of care to patients of Nemours by providing school nurses secure electronic access to portions of its Students' electronic health records ("EHRs"), subject to compliance with state and federal privacy laws and regulations.

**NOW THEREFORE**, in consideration of the promises and covenants contained in this Agreement, and for good and valuable consideration, Nemours and School agree as follows:

- 1. Access to Service.** Upon execution of this Agreement and any other required documents, and approval of all access sites and Users as required herein, Nemours will provide School's Users with secure access to its Students' EHRs via the Service and also provide limited training on the Service.
- 2. Definitions.** Capitalized words have, unless otherwise specified in this Agreement, the meanings below:
  - 2.1 Authorized Representative** means an individual who has the authority to legally obligate the School under this Agreement.
  - 2.2 HIPAA** means Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, Breach Notification and Enforcement Rules set forth in the HIPAA Final Omnibus Rule dated January 18, 2013, and as may be subsequently updated.
  - 2.3 Nemours' Data** means Protected Health Information contained within the Nemours' EHRs and Nemours' Proprietary Information.
  - 2.4 Patient** means an Individual as defined at 45 C.F.R. §160.103 ("the person who is the subject of protected health information") who is currently enrolled as a Student in the School.
  - 2.5 Permitted Use** means uses of the Service described in Section 6 below.
  - 2.6 Privacy Officer** refers to a Nemours associate who is responsible for the development and implementation of Nemours privacy policies and procedures, and who can be contacted at [privacy@nemours.org](mailto:privacy@nemours.org) or (904) 697-4287.

The tool used to provide access to the Nemours EHR was originally designed for community physicians to access their patients' health records if they were also being treated by Nemours providers. For our purposes, we considered a school district equivalent to a physician/medical practice and a school nurse equivalent to an individual physician within the practice. Minor changes had to be made to our existing physician practice contracts and individual user agreements.


It should be noted that business organizations typically work with "contracts," whereas many government agencies have agreements titled a Memo of Understanding or a Memo of Agreement. This terminology may be preferred. In this review, we refer to the agreement as a contract.

The first contract to be signed is with a school district or with an individual school if it is not nested within a district. The contract provides consent for the overall project to be run in the school, and it must be signed before any school nurse is given access to information. This is necessary to work out responsibilities and

potential liability issues. The contract must be signed by an individual who has legal authority to sign contracts within the district or school, usually the superintendent or principal.

The contract enables a health care system to permit school nurses with signed authorization to access the medical records of his or her students. This is accomplished with a secure web portal.

## Individual User Agreement



**NemoursLink School User Agreement**

Pursuant to the NemoursLink School Agreement (the "School Agreement") between The Nemours Foundation ("Nemours") and \_\_\_\_\_ ("School"), a copy of which has been furnished to me, the School has authorized me to act as a User of the Service. My signature below certifies that I have read the School Agreement and I agree to follow and abide by its terms. I understand that the definitions provided in the School Agreement also apply to this User Agreement. As a condition of being granted access to Nemours' Data utilizing the Service, I additionally acknowledge, consent and agree to the following terms and conditions:

- 1. Login/Password:** I will be given a temporary password to access the Service. I will select and enter a password known only to me the first time I use the Service, and will change my password at least every six months, or more frequently, if requested by Nemours. I will not share my assigned login or password or disclose the same to others. If I believe that another person has obtained my password, I will immediately change my password and inform my supervisor that my password may have been compromised. My supervisor will notify the Technical Liaison. I understand that Nemours may terminate my access to the Service at any time.
- 2. Privacy:** I have no right of privacy when using the Service. Nemours may directly, or through third parties, inspect, test and/or audit my compliance with the terms of the School Agreement and this User Agreement.
- 3. Patient Privacy:** I understand the Service provides secure access to Nemours Data, including Protected Health Information ("PHI"). I will take all reasonable and necessary precautions as required by HIPAA to maintain the security and privacy of any PHI that I access through the Service. Specifically:
  - a. I will not access or use the Service for any purpose other than for the Permitted Uses under the School Agreement;
  - b. I will take precautions to ensure that patients, visitors, and other unauthorized persons are not able to see my computer screen during my use of the Service;
  - c. I will not disclose to any third party, transfer to any third party, sell to any third party, or otherwise permit or facilitate third party access to Nemours' Data other than as permitted by the School Agreement; and
  - d. I will report to my supervisor any unauthorized access, use or disclosure of any portion of Nemours' Data of which I become aware, who will report it to the Nemours Privacy Officer at [privacy@nemours.org](mailto:privacy@nemours.org) or (904) 697-4287.
- 4. Service Components:** I further agree that:
  - a. I will not alter the Service software or Nemours' Data in any way. If I believe the software has been altered or suspect that there has been unauthorized data alteration or destruction, I will stop using the Service immediately and report the problem to my supervisor, who will report it to the Technical Liaison;
  - b. I will not copy or use Nemours' Data (which includes the NemoursLink Manual, the School Agreement, this User Agreement, and any NemoursLink documents or forms) for any purpose other than for the Permitted Uses under the School Agreement; and
  - c. I will not use any Nemours' Data with the intent to negatively impact the competitive advantage of Nemours in the marketplace.
- 5. Term of User Agreement:** This User Agreement takes effect on the date on which it is signed below and will remain in effect until my access to the Service is terminated. I understand my obligations under Sections 3c, 4b and 4c survive the termination of the User Agreement.

Any questions I have regarding the School Agreement and this User Agreement have been answered. I agree to abide by the terms of these agreements.

User's Printed Name \_\_\_\_\_ User's Signature \_\_\_\_\_ Date \_\_\_\_\_

NemoursLink School User Agreement Page 1 of 2 08/17/2016

This contract is between individual nurses and the health system. This contract reads that, once signed, the school nurse will be given access to medical records of patients who have a signed authorization on file. With a contract in place for school nurses, they are given orientation training on the use of the secure web portal and an overview of the database. There is also a brief review of the legal responsibilities of the nurse regarding the protected health information.

## Accessing the Contracts

Both the partner agreement for the school district and the user agreement for the school nurse may be found on our web page: <http://www.nemours.org/healthpro/shc.html>

## VI. Authorization Form

An authorization form (informed consent) needs to be signed by a student's legal guardian/parent in order to participate in this program. For school nurses to have access to all the information they need from a student's medical records, the authorization form must be both HIPAA- and FERPA-compliant. Nemours chose to provide authorization forms to both school nurses and our providers to facilitate introduction of the form to parents by either practitioner.

We encourage the use of a *Dear Parent letter* to explain what the parent is granting to the school and the provider by signing the form. The form is then returned to either the student's school nurse or the health care provider for processing. From that point, a procedure must be set up so that the provider's information technology staff can access the student/patient's medical record. Once the authorization form is signed and faxed to Nemours Health Informatics, the document is then scanned into the EHR so it is electronically kept on file.

Nemours chose to set up authorization so that it has a maximum life of one school year. This means that a parent/legal guardian must sign a new authorization form each school year. This decision was based upon an already existing Nemours policy that all parental consent forms be renewed annually. Additionally, this was recommended due to the fact that children are transient and circumstances change. We recognize that this creates additional clerical work but believe that it increases the level of security for protected health information. Each authorization is for one child; multiple children from a single family require multiple forms.

STUDENT HEALTH INFORMATION AUTHORIZATION TO USE/DISCLOSE PROTECTED HEALTH INFORMATION AND EDUCATION RECORDS		
Student's Name: _____	Date of Birth: _____	MR# <small>(Staff to Complete)</small>
Phone: _____	Address: _____	
USE AND DISCLOSE MEDICAL AND / OR EDUCATION RECORDS BETWEEN:		
Facility or Name: <b>Nemours/Alfred I. duPont Hospital for Children</b> Address: <b>1600 Rockland Road</b> City/ST/Zip: <b>Wilmington, DE 19899</b> Phone #: _____	District Name: _____ School Name: _____ Address: _____ Phone #: _____ Fax #: _____	
<p><b>Authorization</b></p> <ol style="list-style-type: none"> <li>1. I authorize the school nurse and Nemours medical personnel to discuss and share educational records and health information.</li> <li>2. I understand the school nurse will have access to both treatment and non-treatment related information in my child's medical record.</li> <li>3. I may revoke this authorization at any time by providing written notification to the addresses listed above for Nemours and my school.</li> <li>4. I understand that my revocation does not affect any disclosures made prior to the revocation being received and processed.</li> <li>5. I understand that signing this authorization is strictly voluntary.</li> <li>6. I can request a copy of this form after I sign it.</li> </ol>		
<p><b>EXPIRATION DATE:</b> This authorization will expire at the completion of the current school year (August 15), unless an earlier date is specified: _____</p>		
Patient/Guardian/ Representative Signature*: _____		Date: _____
Patient/Guardian/ Representative Printed Name: _____		Relationship to Patient: _____
Witness Signature: _____		Date: _____
* Parent or eligible student as required and defined by Family Education and Privacy Rights Act (FERPA)		
Form #01014 (rev. 11/2013)	Page 1 of 1	FAX completed form to: 1- 800-428-9768

Authorization expiration date

Faxed to Health Informatics

## VII. Web-Based Application



It is critical to identify the web-based application that will connect the school nurses to the hospital/clinic's medical record. Assess whether there is an existing application that can be used or if a custom application will need to be created. We were fortunate in Delaware that all public school nurses had access to a computer, broadband and the internet.

Nemours made use of EPIC's EpicCare Link product for the SHC. EpicCare Link is a web-based application that allows for access to a variety of aspects of a patient's record, based on a user's security. Because this is a web-based application, the user can access it anytime and anywhere there is internet service. Nemours was using the EpicCare Link application to allow community physicians to access records on patients shared with Nemours. We branded this application *NemoursLink*. The advantage of using *NemoursLink* was that it was a known entity and successfully used by non-Nemours community providers and their staff. Our *NemoursLink*<sup>3</sup> product is currently a "read-only" version of the patient's medical record. School nurses have view access to the entire medical record, with the exception of behavioral health/psychology, psychiatry, anything marked as a sensitive note, adolescent encounters, and billing/insurance information. A major point of concern was how the system would allow access to the right students. For our *NemoursLink* practice users, patients are automatically added to *NemoursLink* "groups" based on a patient check-in or admission. The system looks at the Referring Provider field and the PCP field, and based on that admission or check-in action, it will add a patient into that group. With a school nurse, he or she will not be listed in one of those fields; therefore, we had to determine how to give the school nurse access.

We considered it critical for the parent to know that access was possible and to grant permission for access. For purposes of the SHC, we decided to use the same type of access that we had been using for years, but instead of the patient groups being populated automatically, they are populated manually by the health informatics analyst. A patient is added to a specific "School" group based on the SHC Patient Authorization form after it has been signed by the parent/legal guardian. Nemours then updates the patient record to show that the school nurse is a part of the patient care team. This particular addition allows clinicians to know that the patient is a part of the SHC and also enables us to know how many patients are participating in the program.



Another point to consider is whether the security level applied to a school nurse accessing health records (in our case *NemoursLink*) should be different from that of a physician or nurse in a community practice. Because Nemours decided that access to the patient record for the school nurse would require informed consent and a patient authorization, Nemours does not allow school employees the same amount of access that is allowed for physician practices. This means practices do not have to get parental permission to view records of Nemours patients. The levels of access are determined by the health informatics team responsible for overseeing the application.

<sup>3</sup>*NemoursLink* is designed to help community-based providers more easily monitor patients they have referred to Nemours or one of its affiliate locations for care and treatment. This secure website is only available to registered users. User ID and password are required.

## VIII. Training Information: Program Orientation and NemoursLink Training

School nurses working in Delaware public schools are required to use electronic documentation for recording student health data and nurse encounters. Using an automated system, such as *NemoursLink*, provides school nurses access to more information. As comfort in navigating the system is critical, especially for school nurses caring for students with long-term complex medical needs, training must be offered to all school nurses participating in the program. However, our orientation did not include training on fundamental computer or internet skills, documentation, or management of EHRs as the participating school nurses had access and experience with EHRs. This may not be the case in working with every school. At Nemours, we not only provided an orientation on *NemoursLink*, but also found it helpful to share success stories among nurses in order to emphasize the benefits of the collaboration.

To build a network of support and address common questions, Nemours trained groups of nurses together. In addition to providing an overview of the project and how it works, some other key components of the orientation include:

- explanation of the mandate to follow HIPAA and FERPA guidelines
- definition of partner agreements and user agreements
- focus on sections of the authorization form with an emphasis on informed consent
- identification of the steps and key information a school nurse must know and follow when signing up a student for the SHC
- information for the school nurses about what steps must be followed in accessing the student's medical record

School nurses were encouraged to ask questions throughout the orientation session and to continue to submit questions after training. It was helpful to compile questions posed during multiple training sessions into a frequently asked questions (FAQ) document. Our FAQ document addresses questions on privacy, authorization, process, technology and communication. Many of the questions pertain to clarification of privacy and information sharing, as this relates to the school nurse role (e.g., sharing information at an Individualized

Education Plan meeting or with a teacher). It is important to provide school nurses with a point of contact at the hospital/clinic. Nemours identified a point of contact for when the school nurses have questions; however, having an FAQ in place has reduced the need for calls. We have continued to add to the FAQ document.

School nurses must also be trained to navigate the online application, which they will be using to access information. It has been beneficial at Nemours' trainings to have a Health Informatics analyst explain how to log into *NemoursLink*, how to access patients' records and find pertinent information. Since school nurses may only have a few students involved with the SHC, it is important to provide written information on how the online application works. This document serves as a "refresher" that can be easily referred to when needed. More recently a *NemoursLink* Super User Group was formed, including a school nurse from each district. This group is pulled together when *NemoursLink* functionality has any changes or updates or when further clarity is needed on the FAQ document. This school nurse serves as the local area support when questions come up about *NemoursLink* or when there is a new school nurse user.



## IX. Communication Products

The use of communication products is an integral aspect of successfully implementing the SHC. Information needs to be provided to parents and legal guardians in order to help them make educated decisions. Various products have been developed to communicate information about the project and what it requires.


### Dear Parent/Guardian Letter

The parent letter is a tool used to provide standard communication regarding the program and the type of information that is shared through this collaboration. The letter clearly states what parts of the medical record can (and cannot) be viewed by the nurse. It reinforces the nurse as a key member of the child's health care team. The letter also explains the steps for how to sign up a student/patient and stresses this is an optional program. Our parent letter was produced in both English and Spanish.

### Informational Brochure

### The Student Health Collaboration

IMPROVING COMMUNICATION. ENHANCING STUDENT HEALTH.



Dear Parent/Guardian:

Nemours providers and Delaware school nurses are teaming up to offer you the Student Health Collaboration. This joint program was created to provide you with the option of allowing the school nurse the ability to log into your child's Nemours electronic medical record using a secure computer link. With your consent, the school nurse can then view information important to your child's care, for example:

- Health care plans such as allergy, asthma, diabetes, and seizure action plans
- Medications and how to use them
- Discharge plans for Emergency Department visits
- Letters for absences or to clear a student for PE class

Other important things for you to know are:

- The school nurse is an extension of your Nemours healthcare team and can see most of your child's medical record. There are exceptions such as psychology notes from Nemours behavioral health. They also cannot see information from visits with the adolescent specialists or billing/insurance information.
- For added safety, Nemours keeps track of everyone who looks at the medical records and what they view.
- This program lets school nurses and providers share health information.
- This program is optional. You do not have to participate. School nurses can see a child's medical record only if the legal guardian signs the special authorization form.

A new service at Nemours:





- Community Connect allows local pediatricians to contract with Nemours to use the Nemours electronic health record for their patients. Those with access to Nemours electronic medical records will now be able to see information entered by these providers.

If you are interested in signing up your child, here is what you should do:

- Get an authorization form from the school nurse's office or from your Nemours provider. Sign it and return it to your school nurse or Nemours provider.
- The authorization form is valid through August 15 of the current school year.
- You must sign a new form when a new school year begins.

Remember, as the parent, and a vital member of your child's care team, your input is very important. Stay in touch with the school nurse. Tell them right away about any changes in your child's health or medicine. If you have any questions about this program, please talk with your child's school nurse or Nemours provider.

Thank you, Your School Nurse/Your Nemours Provider



The informational brochure was created as an additional document to answer questions that parents may have about signing up their children. It covers questions about what records can be seen by nurses, how medical information is kept safe, and how long an authorization

form is valid. The brochure also provides a brief description about the benefits of the program for the children, families and care teams.

### Student Health Collaboration Flyer

### The Student Health Collaboration

IMPROVING COMMUNICATION. ENHANCING STUDENT HEALTH.



**Making It Easier for School Nurses to Care for Your Child**  
Some children with health problems must visit the school nurse every day. The school nurse checks on them, treats them, and tracks their progress. The nurse needs help from parents or guardians to do their job. The nurse also needs to know what a child's health care provider recommends.

Nemours is making it easier for school nurses who work in Delaware public schools to be a part of your child's care team. They can log on to NemoursLink®, our electronic medical records system, with their computer. There, they can see a child's plan of care and information about almost every visit to Nemours/Alfred I. duPont Hospital for Children or a Nemours Pediatrics office. School nurses can only view a child's records if a parent or guardian has signed a form in advance.

Delaware school districts signed up to participate so that school nurses can connect to Nemours information about students at their school. The program that makes this possible is called The Student Health Collaboration.

**What is NemoursLink®?**  
NemoursLink® is a secure way for Nemours to share medical information with community medical providers.

**What records can the school nurse see?**  
With NemoursLink®, a school nurse can see most things that happen when a Nemours provider treats a child. For example, the school nurse can see notes from the doctor, an asthma action plan, can find out about medicines and how to use them, and can see lab and imaging reports. If a doctor says a child can miss school or PE, the nurse can see the letter, but cannot see records from behavioral health or psychiatric visits.

**Is my child's medical information safe?**  
Before anyone can see your child's health record, you must sign a form and return it to the school nurse or a Nemours provider. It allows approved school nurses to see your child's medical record. For added safety, Nemours keeps track of everyone who uses NemoursLink® and what they view.

**How long will my child's form be valid?**  
Only through August 15 of the current school year. You must sign a new form if your child will attend summer school, or if not, before the new school year begins.

**Must I participate?**  
No. You can decide whether or not to sign up for your child. If interested, ask your school nurse or Nemours provider for a form.

**Why should I sign up?**  
The more school nurses know, the more they can do to help. NemoursLink® connects them to information from the Nemours experts who care for your child. Please note that your input is very important. Stay in touch with the school nurse. Tell them right away if your child's care plan or medicine changes – and anything else you think they should know.

**For more about the Student Health Collaboration program, talk to your school nurse or Nemours provider.**



© 2012, The Nemours Foundation  
Nemours is a registered trademark of the Nemours Foundation. 1544

The same information that is provided in the informational brochure is provided in the flyer. We recommend that the flyer, in both English and Spanish, be attached to the "Dear Parent" letter in order to provide additional information about the collaboration.

The communication products are critical in helping parents understand the value of the collaboration for their child. See Appendix B.

## X. Provider Engagement

Developing a way for school nurses to view the health records of their students has been a great step forward in improving the level of care. It is important to note that, in our case, many physicians initially did not understand the full value of this new partnership. Many did not realize the important role of the school nurse and the positive impact this project has on the health outcomes of their common patients. They do now.



### Overview Sessions for Medical Providers

In order to get the physicians (and their staff) up to speed, we held “overview” sessions about the program with various primary care and specialty offices. Physicians who are knowledgeable about the program are greater assets to the program, school nurses and, most important, to the children they care for.

In our presentations we highlighted the role of the school nurse and the frequency of their interactions with the child. Children attend school and have access to the school nurse approximately 180 days a year – many more days than a physician sees individual patients. Additionally, school nurses interact more often with the families, which results in better insight about discharge orders, medication compliance and barriers to care. It helps to include in the conversations that school nurses are the health system within an educational system. Often health care providers did not realize this until there was true dialogue between them. We used real stories to highlight the need for better integration and to illustrate the great things that can happen when the school nurse is truly part of the care team. The benefits of integrated care revealed through the stories made the project real for the physicians who may not be fully aware of the full scope of responsibilities being done by a school nurse during the school day. Many had never thought of the school nurse as a vital part of the care team and a partner in caring for the child.

### Care Team Meetings

Next, the project team held Care Team meetings involving primary care practice staff and school nurses. These early-morning or after-school meetings deliberately paired school nurses with physicians/offices that shared students/patients. Historically, these relationships were tense at times, but increasingly the walls came down as both sides developed shared goals and a full awareness of each other’s roles in student/patient care. Most meetings ended with both sides asking “What can we do to make things even better for the child?” These types of meetings are critical to building strong relationships that promote creative problem solving, understanding of each other’s roles in student/patient care and fostering a community health team.

As time went on, we began to hear feedback about physicians calling school nurses for their input or opinion about a particular situation. We also heard about school nurses calling physicians to discuss a particular need after reviewing the child’s health record. Routinely, the lines of communication were opened beyond the EHR access. In the past, school nurses called doctors to request routine paperwork (TB screenings and physical forms). Now, if necessary, they call to provide or obtain input about a particular need of one of their students.

Health care providers need to identify schools attended by the majority of their patients and identify the most at-risk patients whose health outcomes would benefit from collaboration between the clinical team and school nurse. Look for a mutually agreeable date and time and hold a Care Team meeting. In preparation, ask for agenda items, concerns and hopeful expectations. In our experience, everyone desires to provide better quality of care for the patient/student and family. Once the relationship is established, the lines of communication are wide open and there are endless possibilities.



## Professional Development

Another aspect of provider engagement was connecting Nemours specialists with school districts for their district-level school nurse professional development days or conferences offered by the DSNA. On several occasions, specialty providers have served as speakers for events at either a district level or at an annual conference for all school nurses in the state. School nurse leadership have ongoing lines of communication with the staff at Nemours working on this program and can contact them at any time to request a Nemours provider as a speaker.

Additionally, a special focus was more recently made to connect school nurses with the specialty nurses and advanced practice registered nurses at the hospital. A community café ( a simple, effective and flexible format for hosting large group dialogue) was held where school nurses rotated every 15 minutes to a variety of specialty tables (e.g., endocrinology, orthopedics, neurology, pulmonology, concussion, etc.) to exchange perspectives and gain new insights. Both types of structured gatherings (care team meetings and community café) have helped build these collaborative relationships.

*“I recently saw a boy in our primary care office who was new to the area. He had a history of mild intermittent asthma, but was treated in our office for a significant asthma attack due to allergies. I invited his mother to enroll him in the student health collaboration. Because of his involvement, his school nurse was able to view his course of treatment. She took initiative to call our office to ask questions to clarify his plan and provide treatments before recess and gym while he was recovering. We collaborated to stabilize his asthma. When I saw him for follow-up at our office, it was great to let the mom know the school nurse and our office were working as a team to support him.”*

*– Submitted by Nemours Primary Care Provider*

*“I believe that programs like this are essential, if we care about the well-being of the future generation ... It is paramount to implement and teach preventive health care from the very beginning of school entry. I have discovered that school nursing requires a comprehensive knowledge of illness/injuries and how to treat them. We have many resources available in the form of written material, peers and the valuable Nemours specialists. With the emphasis on brainstorming ways to facilitate communication, the school nurse has a better understanding of the plan of care and this usually results in a better outcome for the student and a continuation of preventive health care.”*

*– School Nurse Community Café Participant*

## XI. Evaluation Methods

The purpose of the mixed-methods evaluation was both to measure impact (outcome evaluation) and to guide program planning and implementation (formative evaluation) in a meaningful and rigorous way. Data collection methods included surveys and interviews. The evaluation design was guided by the following expected program outcomes. Replication can include any of these methods or simply understanding the benefits for families, school nurses and clinical providers through targeted surveys. Nemours has shared these tools on a case-by-case basis, depending on the requesting organization's needs.

### Short-Term and Intermediate Indicators

*Utility, Usability and Utilization of NemoursLink* was measured by surveying school nurses. Nurses report that *NemoursLink* is easy to use, useful, saves time and enables them to access necessary medical information routinely. As a result, they can provide safer, more appropriate care for children with a variety of health needs.

*Quality of Care Indicators:* Improved care coordination, role of school nurse, patient safety, process efficiencies and communication between Nemours providers, school nurses and families were evaluated by interviewing Nemours primary care and specialty physicians and nurses. Physicians who were surveyed reported a number of examples of improved care coordination and improved patient outcomes. In addition, school nurses are seen as an important and integral part of the health care team.

### Long-Term Indicators

*Impact on Parents:* Parent/guardian perception of the program and parents missing fewer workdays due to their child's illness were measured by surveying parents and guardians.

*Student Health:* Improvements in the child's overall health were measured by surveying parents and guardians.

*School Attendance:* Improved attendance was evaluated by surveying parents and guardians.

## Studies

*Pilot Study:* A pilot study was conducted with a small group of school nurses to inform initial program planning and training.

*Provider Interview Study:* An interview study was conducted with Nemours nurses and physicians prior to full-scale implementation to inform program implementation and assess providers' perceptions of care coordination and the role of school nurses. A follow-up interview study (12 months into full implementation of the SHC) provided contextual information on changes in providers' perceptions of care coordination and the role of school nurses.

*School Nurse Survey:* A pre-post survey administered online to all school nurses with user agreements was conducted at the beginning and end of the first year of implementation. The survey was used to assess changes in quality of care indicators, including communication, care coordination, efficiencies and accessing necessary medical information. The school nurse survey also provided data on perceived utility, usability and utilization of the *NemoursLink* tool.

*Parent/Guardian Surveys:* A pre-post survey was used to measure parent-reported changes in their child's overall health, workdays missed by parents due to their child's illness, school days missed by the child due to their illness, and parent satisfaction and perceptions of the SHC.

*Health Care Utilization:* A plan to use electronic medical records and hospital data to track longitudinal health care utilization trends among students enrolled in the SHC was created. It was thought that data going back three years prior to SHC implementation and three years post implementation could be analyzed to assess changes in outcomes such as emergency room visits and hospitalizations. We found through a preliminary analysis phase that the data from our EPIC medical record system was not conducive to this type of analysis for several reasons: the data lacked clear start and end enrollment dates, date of diagnosis, and dosage (meaning we do not know how often the school nurse needed to utilize the EPIC record information for each particular student). We suggest working closely with medical record technicians prior to implementation of this work to ensure that variables are collected in such a way that analysis can be completed reliably and thoroughly.



# Appendix A – Patient Authorization Form

**STUDENT HEALTH INFORMATION**  
**AUTHORIZATION TO USE/DISCLOSE PROTECTED HEALTH INFORMATION AND EDUCATION RECORDS**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MR# \_\_\_\_\_  
(Staff to Complete):

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**USE AND DISCLOSE MEDICAL AND / OR EDUCATION RECORDS BETWEEN:**

Facility or Name: <b>Nemours/Alfred I. duPont Hospital for Children</b>	District Name: _____
Address: <b>1600 Rockland Road</b>	School Name: _____
City/ST/Zip: <b>Wilmington, DE 19899</b>	Address: _____
Phone #: _____	Phone #: _____
	Fax #: _____

**Authorization**

1. I authorize the school nurse and Nemours medical personnel to discuss and share educational records and health information.
2. I understand the school nurse will have access to both treatment and non-treatment related information in my child's medical record.
3. I may revoke this authorization at any time by providing written notification to the addresses listed above for Nemours and my school.
4. I understand that my revocation does not affect any disclosures made prior to the revocation being received and processed.
5. I understand that signing this authorization is strictly voluntary.
6. I can request a copy of this form after I sign it.

**EXPIRATION DATE:** This authorization will expire at the completion of the current school year (August 15), unless an earlier date is specified: \_\_\_\_\_

Patient/Guardian/ Representative Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Guardian/ Representative Printed Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Parent or eligible student as required and defined by Family Education and Privacy Rights Act (FERPA)

# The Student Health Collaboration

IMPROVING COMMUNICATION. ENHANCING STUDENT HEALTH.



### Making It Easier for School Nurses to *Care for Your Child*

Some children with health problems must visit the school nurse every day. The school nurse checks on them, treats them, and tracks their progress. The nurse needs help from parents or guardians to do their job. The nurse also needs to know what a child's health care provider recommends.

Nemours is making it easier for school nurses who work in Delaware public schools to be a part of your child's care team. They can log on to NemoursLink®, our electronic medical records system, with their computer. There, they can see a child's plan of care and information about almost every visit to Nemours/Alfred I. duPont Hospital for Children or a Nemours Pediatrics office. School nurses can only view a child's records if a parent or guardian has signed a form in advance.

Delaware school districts signed up to participate so that school nurses can connect to Nemours information about students at their school. The program that makes this possible is called The Student Health Collaboration.

#### What is NemoursLink®?

NemoursLink® is a secure way for Nemours to share medical information with community medical providers.

#### What records can the school nurse see?

With NemoursLink®, a school nurse can see most things that happen when a Nemours provider treats a child. For example, the school nurse can see notes from the doctor, an asthma action plan, can find out about medicines and how to use them, and can see lab and imaging reports. If a doctor says a child can miss school or PE, the nurse can see the letter, but cannot see records from behavioral health or psychiatric visits.

#### Is my child's medical information safe?

Before anyone can see your child's health record, you must sign a form and return it to the school nurse or a Nemours provider. It allows approved school nurses to see your child's medical record. For added safety, Nemours keeps track of everyone who uses NemoursLink® and what they view.

#### How long will my child's form be valid?

Only through August 15 of the current school year. You must sign a new form if your child will attend summer school, or if not, before the new school year begins.

#### Must I participate?

No. You can decide whether or not to sign up for your child. If interested, ask your school nurse or Nemours provider for a form.

#### Why should I sign up?

The more school nurses know, the more they can do to help. NemoursLink® connects them to information from the Nemours experts who care for your child. Please note that your input is very important. Stay in touch with the school nurse. Tell them right away if your child's care plan or medicine changes – and anything else you think they should know.

**For more about the *Student Health Collaboration* program, talk to your school nurse or Nemours provider.**

