**Sample School Health Office**

 **Data Collection Tool**

**INTRODUCTION:**

The National Association of School Nurses (NASN) has developed a national standardized data set of health care delivery so that all school nurses may collect specific data the same way.

We have created the sample documents below to provide School Nurses with an easy-to-use documentation tool to collect data on school healthcare staffing, student health data, vision & hearing deficits, and student outcomes.

This data provides important information on how a student's health impacts their ability to remain in school safe, healthy, and ready to learn. We encourage School Nurses to use this tool to document the important work being done to support health and learning.

**INSTRUCTIONS:**

1. Each **School Nurse** may use the attached forms to collect their individual school’s data on:

* Staffing and chronic health conditions
* Vision and hearing referrals and outcomes
* Health office dispositions
1. At the end of the school year, each school nurse may use these tools to share their aggregated school totals with their supervisor.
2. It may be used to aggregate all school data totals to provide a comprehensive picture of school health services in your district.

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| **Building Level Data Collection** | **District-Level Data Collection**   |
| * Use the **Student Health Data Tally Sheet to collect building-level data.** It is a “snapshot” of the data you have on that day.
* Share with your district level
 | * Aggregate & transfer School Health Staffing & Student Health Data Tally Sheets from all schools to the **District Health Staffing & Student Health Data Summary**.
* Submit the total number for your district to NYSCSH via the [SurveyMonkey link](https://www.surveymonkey.com/r/CountUsInNYS) .
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| * Record office visits daily using the **Student Health Data Tally Sheets.**
* Transfer monthly tally sheet totals to the **School Student Health Data Summary.**
 | * Aggregate & transfer School Student Health Data Tally Sheets from all submitting schools to the **School Student Health Data Summary**.
* Submit the total number for your district to NYSCSH via the [SurveyMonkey link](https://www.surveymonkey.com/r/CountUsInNYS) .
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**Building Level Health Data Collection Sheet for Each Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month)**

**Instructions**:

* Insert days of month in calendar in the black box; total visits each day and insert on lines.
* Transcribe totals to School Nurse End of Year Totals Form.
* Tally daily totals to monthly summary.
* Tally REASONS for visits.

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| **Disposition Categories** |
| **Return to Class:**  Student visits to RN resulting in student returning to class or staying in school |
| **Student Sent Home:** Student visits to RN resulting in student being sent home |
| **911 Calls:** Student visits to RN resulting in 911 being called |
|  |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **🞎****\_\_** | **🞎****\_\_\_** | **🞎****\_\_\_** | **🞎****\_\_\_** | **🞎****\_\_\_** |
| **\_\_\_** | **\_\_\_** | **\_\_\_** | **\_\_\_** | **\_\_\_** |
| **\_\_\_** | **\_\_\_** | **\_\_\_** | **\_\_\_** | **\_\_\_** |
| **🞎****\_\_\_** | **🞎****\_\_\_** | **🞎****\_\_\_** | **🞎****\_\_\_** | **🞎****\_\_\_** |
| **\_\_\_** | **\_\_\_** | **\_\_\_** | **\_\_\_** | **\_\_\_** |
| **\_\_\_** | **\_\_\_** | **\_\_\_** | **\_\_\_** | **\_\_\_** |
| **🞎****\_\_\_** | **🞎****\_\_\_** | **🞎****\_\_\_** | **🞎****\_\_\_** | **🞎****\_\_\_** |
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| **\_\_\_** | **\_\_\_** | **\_\_\_** | **\_\_\_** | **\_\_\_** |
| **🞎****\_\_\_** | **🞎****\_\_\_** | **🞎****\_\_\_** | **🞎****\_\_\_** | **🞎****\_\_\_** |
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| **\_\_\_** | **\_\_\_** | **\_\_\_** | **\_\_\_** | **\_\_\_** |

Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return to Class: \_\_\_\_\_\_\_\_\_ Students Sent Home: \_\_\_\_\_\_\_\_\_\_ 911 Calls:\_\_\_\_\_\_\_\_

**Building Level Health Data Collection Sheet for End of the Year Totals\_\_\_\_\_\_\_\_(Year)**

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| **School Nurse:** | **School Name:** |
| **Date Submitted:** | **School District:** |

**School Student Health Data Summary**

**Insert the totals using the data from the monthly calendars.**

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| **Student Visits** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **TOTAL** |
| **Returned to Class** |  |  |  |  |  |  |  |  |  |  |  |
| **Sent Home** |  |  |  |  |  |  |  |  |  |  |  |
| **911 Calls**  |  |  |  |  |  |  |  |  |  |  |  |
| Does this data reflect the entire school year? \_\_\_ Yes \_\_\_ No (if no, what % of year is represented) |

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| **Screening** | **Total Referrals Sent** | **Returned Referrals** | **No Rx Glasses Hearing Aid** |
| **Hearing** |  |  |  |  |  |
| **Vision** |  |  |  |  |  |

**School Health Staffing & Student Health Data Collection Tally Sheet
 Completed by the building School Nurse**

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| **School Health Staffing in YOUR SCHOOL** |
| **Data Point** | **Total** |
| 1. Number of enrolled students in your school |  |
| 2. Total number of **RN FTEs** with an assigned caseload providing direct services |  |
| 3. Total number of **LPN FTEs** providing direct services to all students |  |
| 4. Total number of **non-RN, non-LPN, Health aides FTEs** that provide regular  health services to all students |  |
| 5. Total number of supplemental/float RN FTEs providing direct services to all students |  |
| 6. Total number of RN FTEs with special assignments (medically fragile children, e.g., 1:1 etc.) |  |
| **Student Health Data in YOUR SCHOOL** |
| **Data Point** | **Total** |
| 8. Number of students with an asthma diagnosis |  |
| 9. Number of students with Type 1 Diabetes diagnosis |  |
| 10. Number of students with Type 2 Diabetes diagnosis |  |
| 11. Number of students with seizure disorder diagnosis |  |
| 12. Number of students with life threatening allergy (anaphylactic reaction Diagnosis) |  |
| 13. Number of students with any cardiac condition diagnosis |  |
| 14. Number of students with Inflammatory Bowel diagnosis |  |
| 15. Number of students with Behavioral or Emotional diagnosis – ADD, Autism, Anxiety |  |