

Individualized Health Planning Learning Collaborative

Annual Heartland Regional Conference

April 24, 2014

Kansas City, MO

Acknowledgements

This project is supported by a grant from the Genetic Services Branch of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA). Grant Number: H46MC24089

*A special thank you to the
Heartland Advocates Work Group
for their dedication and support for this initiative.*

Why A Focus on IHP?

- **Complicated, complex systems**
 - Silos and barriers among integration of health and school
- **Lack of interest from school professionals**
 - Focus was on school performance, not health
- **Increased concern among stakeholders**
 - Families and grant advisory members expressed a strong desire to address school health for YSHCN
 - Dream of a system where the school nurse serves as the bridge between health and education

The Learning Collaborative Approach

“Focus on spreading, adopting, and adapting best practices across multiple settings and creating changes in organizations that promote the delivery of effective interventions and services.”

Definition from the National Child Traumatic Stress Network Learning Collaborative Toolkit



Ongoing
Learning Process

Team Based

Data Driven

Outcomes of this LC

- **Effective Policies and Procedures**
 - Improve IHP development and implementation efforts
 - Ensure the health needs of students with special health care needs and/or genetic conditions are met
 - Support effective communication and collaboration among those who work directly with the student
 - Outline roles throughout the process
 - Promote student engagement and enhance youth self-determination

Outcomes of this LC

- **Support School Nurses**
 - Improve quality of plan
 - Decrease time spent on development
 - Reduce potential negative health events
 - Provide training and support for all school personnel
 - Improve knowledge of conditions and encourage continuous learning

Outcomes of this LC

- **Develop Strategies, Tools and Resources**
 - Enhance coordinated care among all providers
 - Ensure continuous care throughout the school day and across the school years
 - Engage families in all aspects of care
 - Support student development
 - Improve school performance and outcomes

Our 5-Year Project Goals

Write Practice Guidelines or Protocols

- Identification of Students in Need for IHP
- IHP Development & Implementation

Local and/or State Implementation

- Assist in development of strategies, tools & resources
- Utilize tools at local level

Training Development

- Educate school nurses on outcomes of LC
- Provide school nurses with resources for effective implementation

Potential Policy Change

- Provide recommendations at the local and/or state level

How We Did It!!

- **8 State Teams**

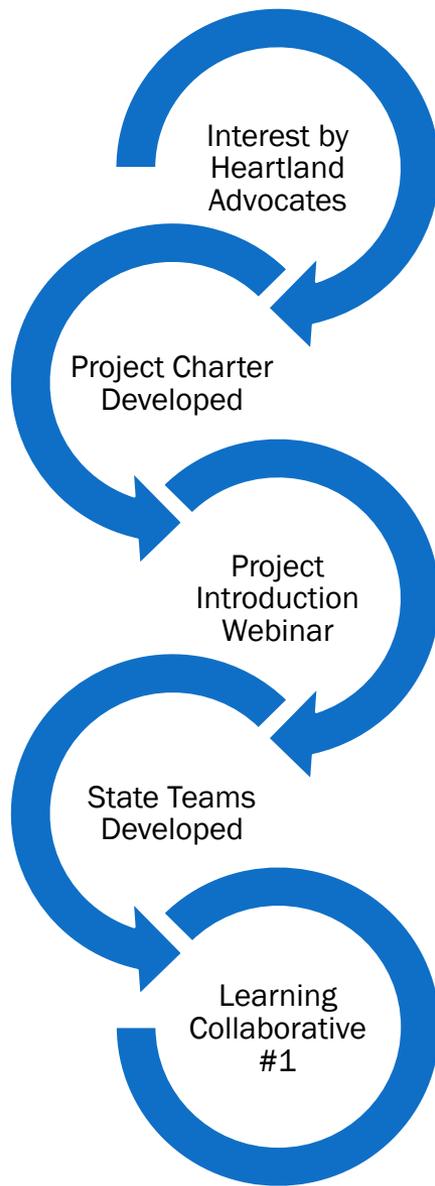
- Family advocates
- School nurses
- Healthcare providers
- State-level coordinators
- Special education professionals
- Others interested in improving the IHP process

How We Did It!!

- **Learning from One Another**
 - Sharing collective experiences and challenges
- **Evaluation**
 - Collecting Data
 - Determining effectiveness of processes
 - Identifying wide-spread implementation potential and feasibility
 - Making changes for system improvement

What We Have Learned So Far

Fall 2012 to April 2013



Learning Collaborative #1

- **Team Why's**
- **Primary Focus**
 - Collaboration
 - Communication
 - Education
- **Information Needs**
 - IEP vs. 504 vs. IHP
 - HIPAA vs. FERPA



Team Why's

- **Arkansas**

- Develop a collaborative system-based, adaptable IHP process to improve the health of school children.

- **Iowa**

- All students deserve to have an education and related services without barriers.

- **Kansas**

- Quality education for students in a safe and healthy environment with individual student success being the goal.



Team Why's

- **Missouri**

- We believe all children in the state of MO have a right to excellent education and provision of multidisciplinary services to support unique healthcare needs within the school system. We believe in optimal functioning for the highest quality of life.

- **Nebraska**

- Empower families and schools to meet all students' needs by focusing on reducing barriers, and working together for solutions – because together we are better.



Team Why's

- **North Dakota**

- For all CYSHCN to obtain optimal health while promoting learning and performance at school by providing cohesive care and communication among service providers, individuals and families.

- **Oklahoma**

- To improve the communication between schools and families. By improving communication, everything else will fall into place.

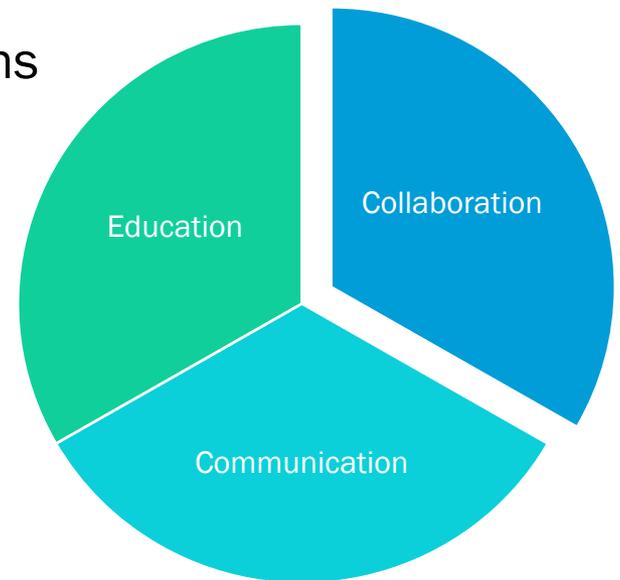
- **South Dakota**

- To have a health plan to give parents a voice, and give consistent services to students with health needs.



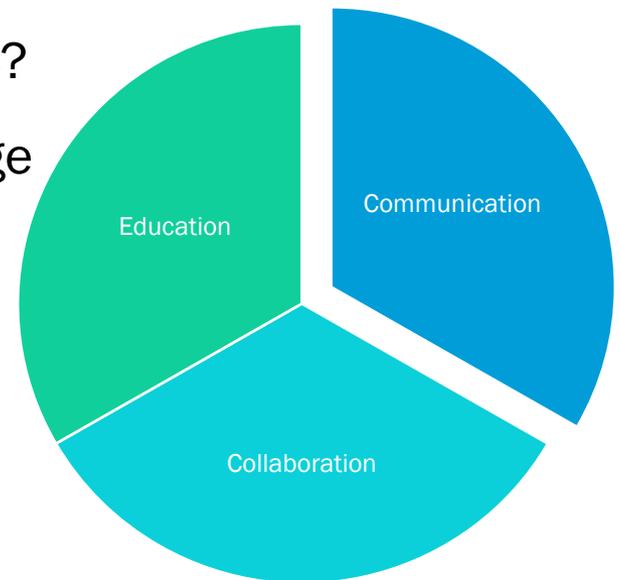
Focus for Project (from LC1)

- **Collaboration is KEY**
 - MUST be a collaborative process
 - Everyone should be at the table
 - School Nurse, Families, Teachers, Healthcare Providers, etc.
 - Need for increased knowledge and education
 - Inclusion of school nurse in IEP/504 teams
 - Attaching the IHP to these other plans
 - Need for this project because not all students NEED an IEP or 504 plan



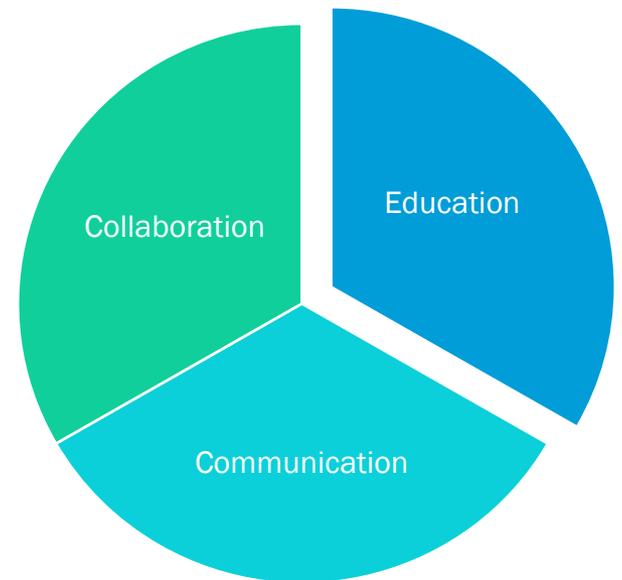
Focus for Project (from LC1)

- **Communication is KEY**
 - MUST engage all parties to determine solutions
 - Communicating available services/supports to families
 - Communicating student needs to school nurses
 - Doctor's orders – what needs them, what doesn't?
 - How is the IHP different than the IEP/504?
 - Need for an unbiased liaison to help bridge the communication gap
 - Building rapport and trust is **CRITICAL**



Focus for Project (from LC1)

- **Education is KEY**
 - Parent advocacy education
 - What can be included in an IHP?
 - Understanding differences of IEP vs. 504 vs. IHP
 - Mutually beneficial collaboration
 - Need for resources/tools
 - Who should be involved and when?
 - Defining roles and responsibilities



LC 1 Follow Up

July 2013

Comparing School-Based Plans for CYSHCN and/or Genetic Conditions Webinar

August 2013

HIPAA and FERPA Working Together While Keeping the Privacy of the Student in Mind

June – August 2013

State Matrices: Laws/Policy Overview, IHP Form, and Communication



Overview of State Laws, Policies, and Resources

Federal Laws

Individuals with Disabilities Education Act (IDEA)

Section 504 of Rehabilitation Act of 1973

State Laws

Nurse Practice Act

State-level IDEA law

3 states have state laws with specific reference to IHP

AR (Education Chapter of the AR Code), IA (State IDEA), OK (OK House Bill 1051, 2007)

Overview of State Laws, Policies, and Resources

- Formal or Informal Policies
 - Many states have something that supports IHP development

What
do
these
policies
cover?

Management of health care for students with health needs

Responsibilities within the steps of the nursing process

Duties of those responsible for providing services and role of parents

Requirement to integrate IHP into the IEP

Collaboration among health and education teams

Medication administration

Nursing delegation

“Standard” Form Introduced

- Form developed by KS to be used as resource or support for school nurses
- Primary Question:
 - Could it work as a “Standard” form to develop an IHP?
- Intended Use:
 - Obtain health history from family
 - Organize health information
 - Gather necessary information to plan for health needs
 - Serve as IHP for those without

Feedback on Standard Form

Benefits

- Consistent & complete information
- Familiarity & continuity among IHP team members
- Increased utilization for daily use/contact with student
- Assist in gathering health information
- Communication tool
- Uniform and transparent
- Increased collaboration

Barriers

- School policies/requirements
- Not required, no formal support
- Change from current practice
- Lack of school nurses (and time)
- Could evoke assumptions about diagnoses
- Discrepancies between the medical and school plans
- May limit autonomy and creative thinking

Feedback on Standard Form

- What's missing:
 - Nursing Care Plan
 - Assessment, Diagnosis, Outcomes, Planning, Interventions, Evaluation
 - Release of Information/Consent Form
 - Delegation process
 - Goals & Outcomes
 - Place for child's photo
 - Place to share child's mannerisms and personality traits
 - Communication plan
 - Signature of agreement from PCP
 - Notes/Comments

Primary Question Answered: NO this could not be a standard form – BUT – could be a good resource

Communicating the IHP

Benefits of Communication

- Allow for better collaboration and commitment among team members
- Result in better safety and care for students
- Minimize risk of errors and avoid unnecessary adverse effects
- Lessens confusion for all parties, especially families
- Reduce anxiety of school staff and parents
- Continuity of care
- Time saver for nurse – can get vital information to staff faster
- Ensure all care needs are addressed
- Reduce school absences

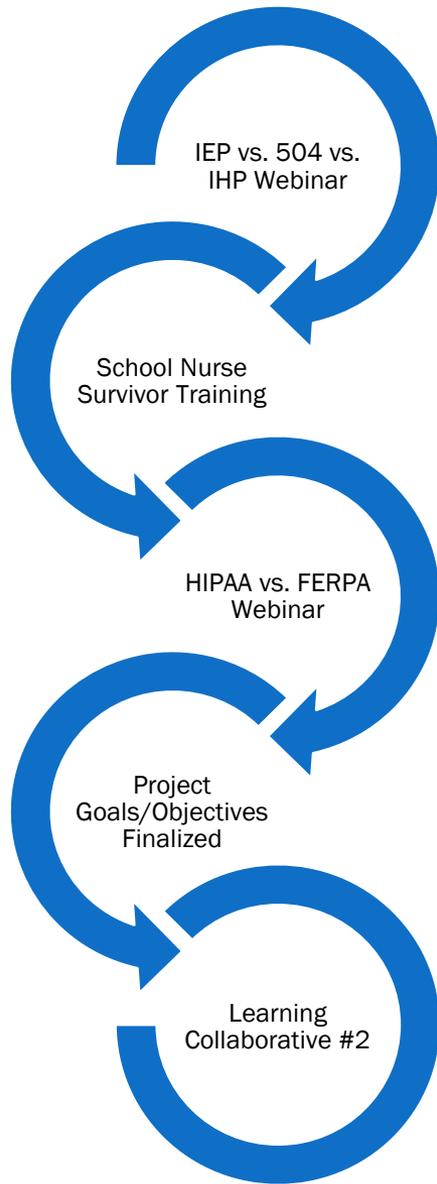
Barriers to Communication

- Time for all parties
- Parental Resistance (School ⇔ PCP)
- Facility Concerns (HIPAA vs. FERPA)
- Lack of awareness
- Agreement on form or mode of sharing information
- Create more paperwork

Communicating the IHP

- Existing Policies, Protocols, Procedures
 - Very few written or practices policies for communicating with medical providers.
 - Limited initiatives related to communicating with families.
 - Little mentioned about communicating with other school professionals
- What COULD a policy look like?
 - Standardized form would work best
 - Must be short and succinct
 - Consent from parents
 - Including what information is shared among team members
 - Opportunity for in-service and training
 - When appropriate
 - Policy/guideline outlining the process and flow
 - Not specific to individual providers

May to September 2013

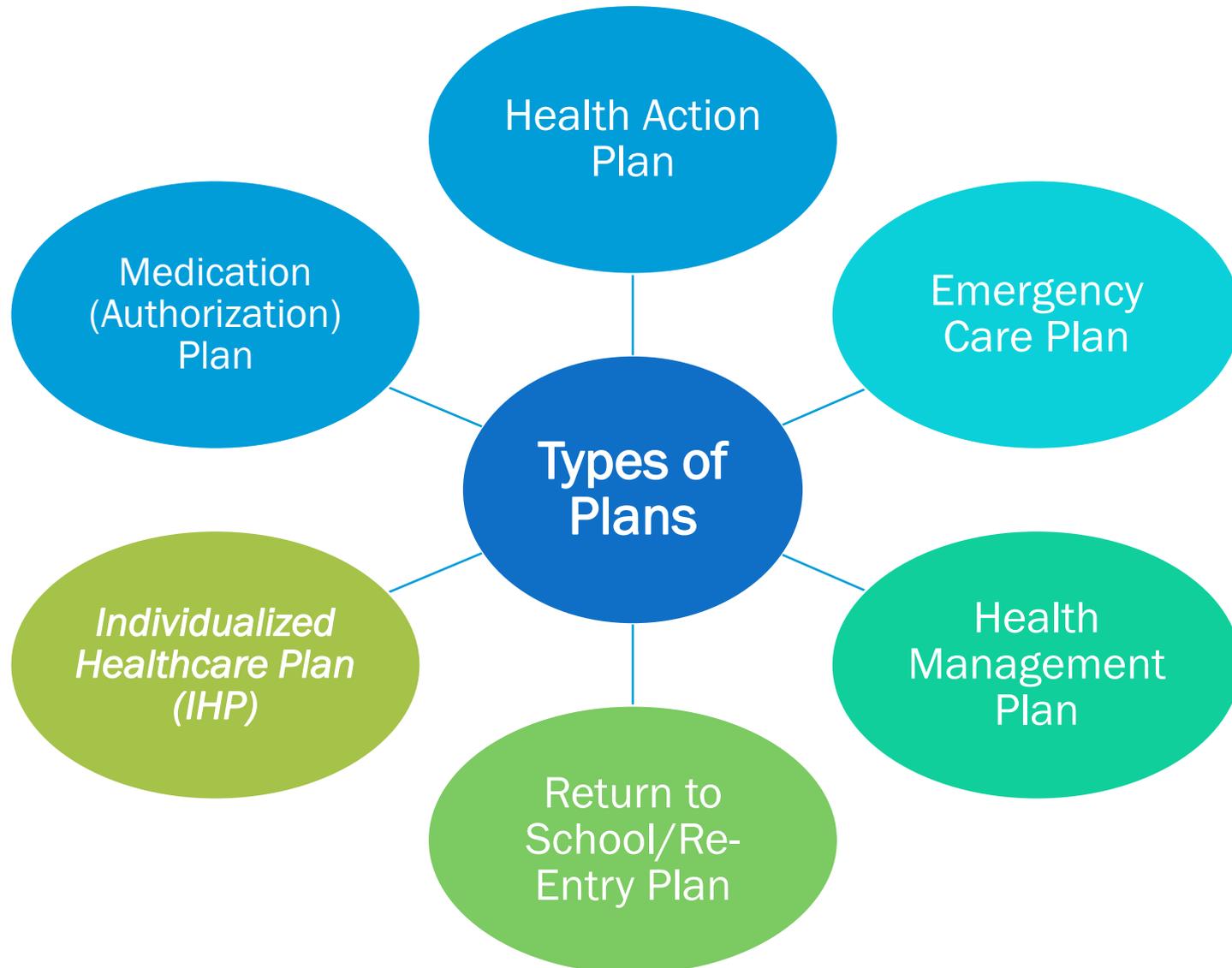


Learning Collaborative #2

- Types of Plans Used in School
- School Health Liaison Potential
- Team Member Roles and Responsibilities
- Strategies for Improvement



Types of Plans (from LC2)



Student Liaison (from LC2)

Pros

- Assist with communication
- Give parents a voice
- Help with establishing plans on new students
- Unbiased party
(coordinates on behalf of child/family)
- Mediator
- Support for transition

Cons

- Funding
- One more person to coordinate with
- School/District resistance
- Duplicative of medical home care coordinator
- Won't address needs of all transition students

Team Member Roles (From LC2)

IHP Team Members

- Parent/Guardian
- Student
- School Nurse
- Other School Staff
- Student's Health Care Provider (if possible)

Parent's Role

- Notify the school about your child's health needs
- Provide written medical documentation
- Participate as part of the IHP team
- Provide medication and supplies, as needed
- Provide contact information for emergencies
- Educate your child to develop self-care skills
- Promote good health, personal care, nutrition, and physical activity

Student's Role

- Participate in IHP team meeting
- Inform school staff when he or she is experiencing a change in health condition



From the Families Together, Inc. IHP Rack Card

Minor wording changes were forwarded for future revisions of this card

School Nurse's Role

- Be responsible for the development of the IHP
- Participate as an IHP team member
- Get parental permission to exchange information with the student's physician(s)
- Manage the IHP activities
- Ensure IHP implementation
- Complete and maintain all documentation
- Train pertinent staff on content of the IHP

Other School Staff's Role

- Participate as an IHP team member
- Assist in the development of the IHP
- Receive necessary training
- Help with the implementation and evaluation of the IHP
- Make special environmental alterations and store needed supplies

Physician's Role

- Serve as an IHP team member (if possible)
- Provide information to the team about the student's health care needs
- Assist in determining if special training is needed for school staff

Regulations from the Kansas State Board of Nursing require a nursing care plan (IHP), if procedures are provided at school.

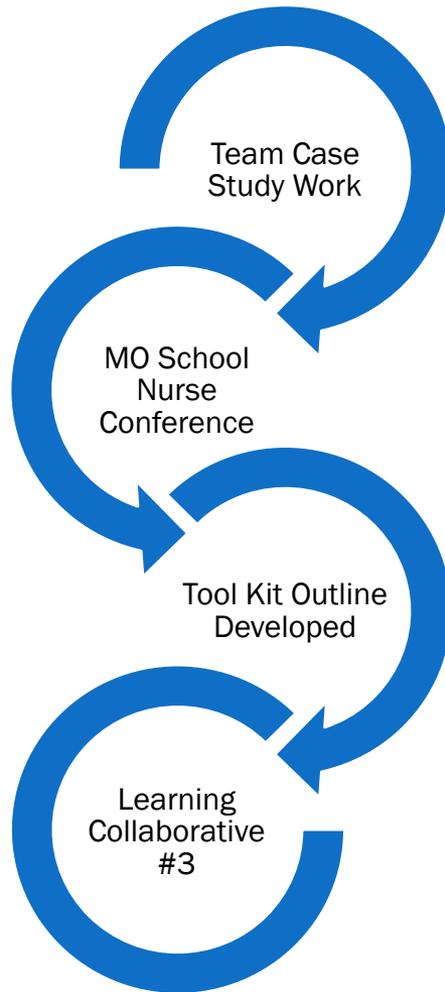
Limited formal feedback for project was received, majority felt these roles were sufficient for this project.

Key Themes So Far

- Collaboration & Partnership is CRITICAL
- Improved Communication is Necessary
- Need Education/Increased Knowledge
- Each State is Unique – “One Size Fits All” Model Will Not Be Effective

Sept. 2013 to Feb. 2014

Learning Collaborative #3



- Case Study Presentations
- Maximizing on Strengths
- Next Steps
- Addressing Gaps/Barriers
- Key Stakeholders



Getting School Recognition

- MUST engage school administrators (principals, superintendents, school board, etc.)

HOW?

Provide the RIGHT information to the RIGHT people

Demonstrate health impacts on school performance

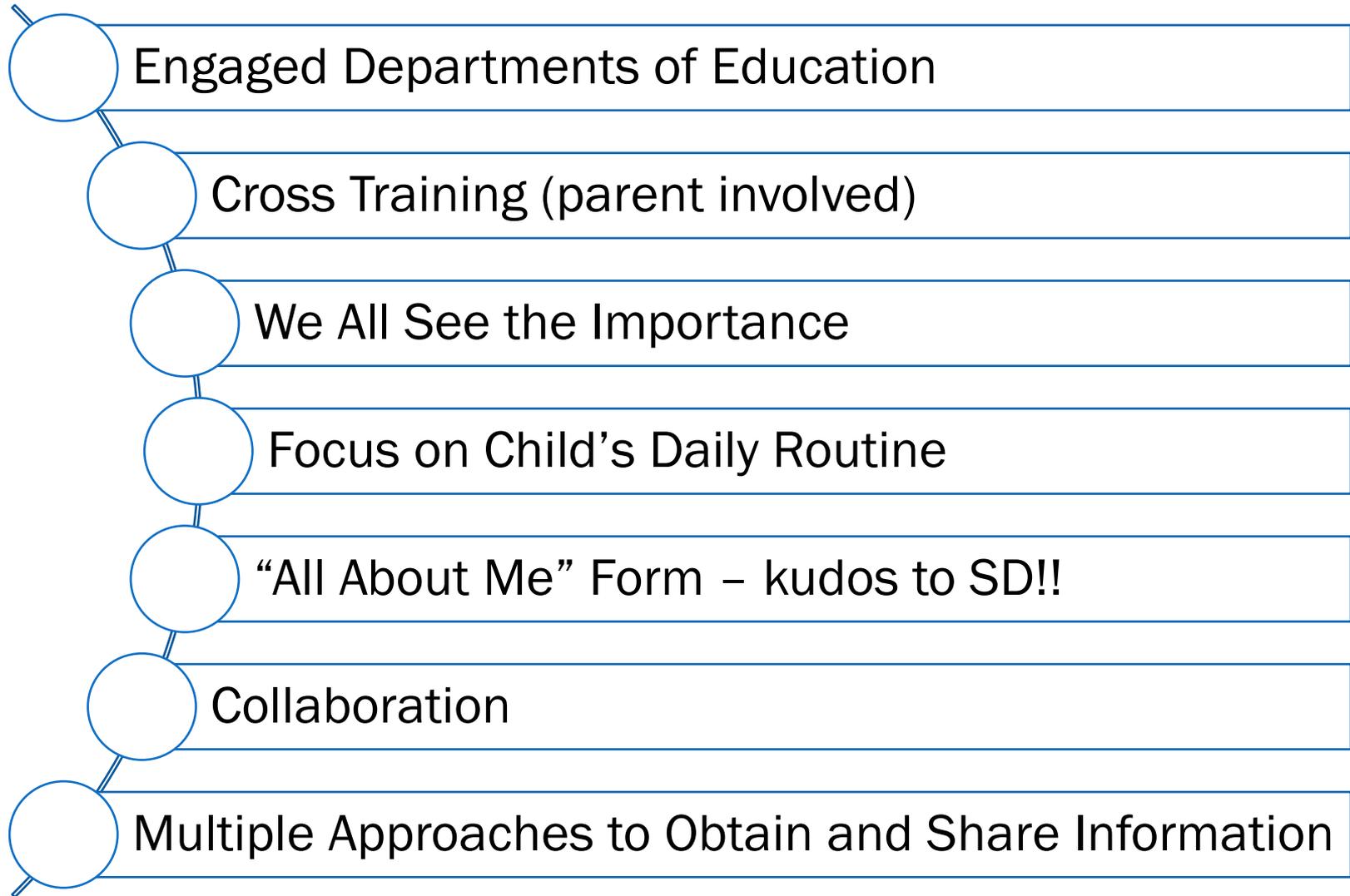
Strong partnerships

Local and school policies

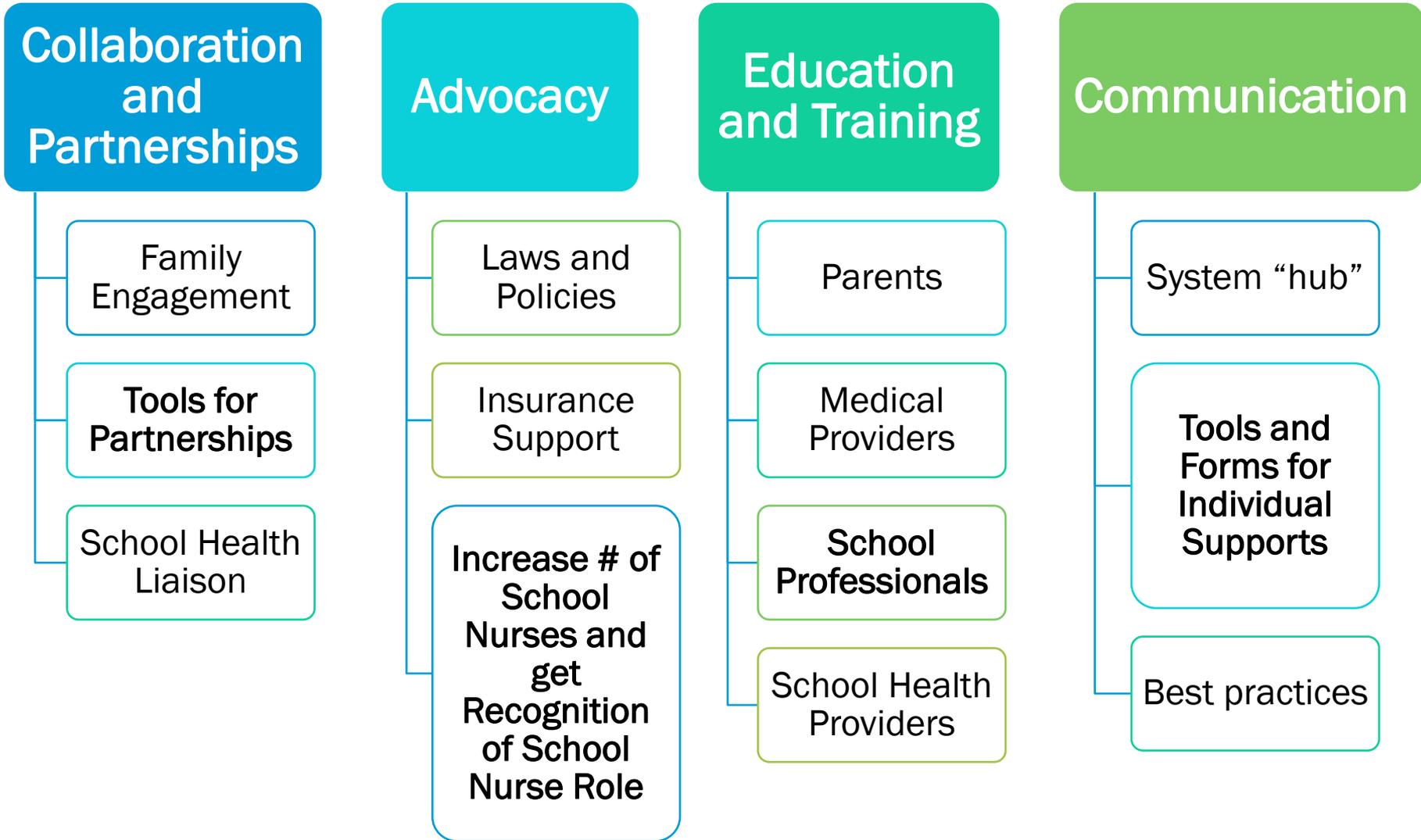
Parent advocacy

Training and education

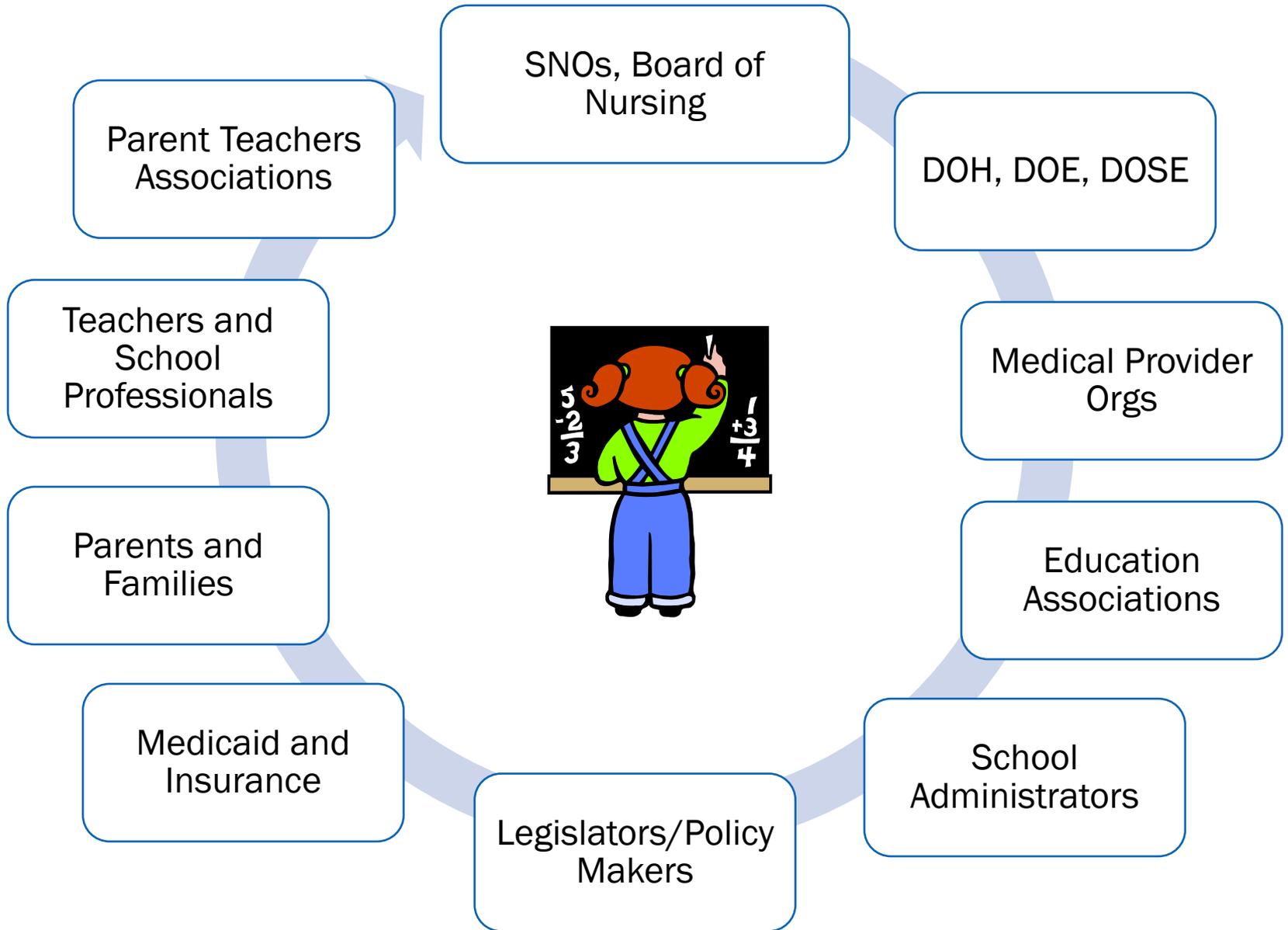
Strengths Recap (from LC3)

- 
- Engaged Departments of Education
 - Cross Training (parent involved)
 - We All See the Importance
 - Focus on Child's Daily Routine
 - "All About Me" Form – kudos to SD!!
 - Collaboration
 - Multiple Approaches to Obtain and Share Information

Where do we go next?



Stakeholder Analysis



Vision & Mission

VISION

- All children and youth with genetic conditions within the Heartland region achieved optimal health and education outcomes.

MISSION

- To improve the health of children and youth with genetic conditions by partnering with all stakeholders involved in the child's individualize health planning through advocacy, communication, education, and collaboration.

Aims

Empowerment

- Students, Families, School Nurses, Service Providers, School Administrators

Training and Education

- Parents, Schools, Special Educators, School Administrators

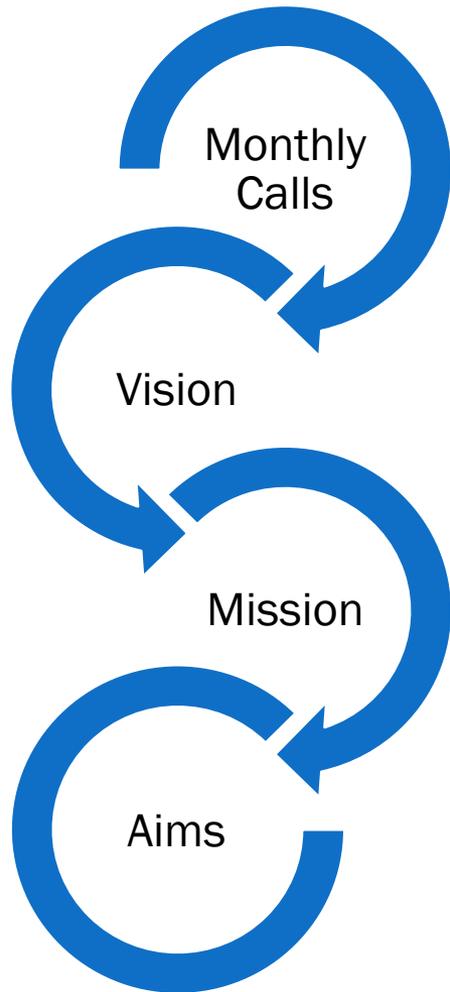
Information and Resources

- Providing health services and support effective policies

Share Best Practices

- System “hub” or tool kit

Feb. 2014 to Today



Wrap Up Activities

- Compile and summarize all data
- Bi-weekly planning team calls
- Monthly state team calls
- Develop plan for Year 3



Questions?

Heather Smith, MPH

Director, Special Health Services

Kansas Department of Health and Environment

hsmith@kdheks.gov ** 785-296-4747