Bridging the Gap Between Hospitalization and School Re-Entry : A Model Program

Barbara Obst R.N.,M.S.

Objectives

The Learner will be able to:
- Describe the SHNIC Program
- Formulate a smaller version of the SHNIC Program in their community
- Identify three strategies to provide reintegration into the school
- Identify three key players in their community

Disclosure Statement

- I Barbara Obst disclose the absence of personal financial relationships with commercial interests relevant to this educational activity within the past 12 months.
The SHNIC Program

Who We Are
The Specialized Health Needs Intervening Collaboration program (SHNIC) is a collaborative partnership between Kennedy Krieger Institute and the Department of Health. The program was established in 1983 to provide specialized health care services to children and adolescents with special health care needs. SHNIC is the only program of its kind in Maryland, and it has been successfully managed by the Maryland state legislature and the Department of Health.

Who We Serve
We serve children and adolescents with special health care needs, including:
- Physical and developmental disabilities
- Intellectual disabilities
- Emotional and behavioral disorders
- Chronic conditions
- Special education needs

The Development of SHNIC

- A grant program with the Department of Education, Kennedy Krieger Institute, and the Department of Health over 35 years ago
- We have an Advisory Board of special educator supervisors, and SHNIC is a state-funded program.

Our Successes
- In 2022, 90% of participants reported an improvement in their health status following SHNIC services.
- More than 500 people are served through the SHNIC program each year.

Contact Information
For more information, visit the SHNIC website or contact us directly:
- Phone: 410-955-4000
- Fax: 410-955-4004
- Email: info@kki.org
- Website: kki.org

SHNIC Model

- Student admitted to Hospital
- Educator gets consent, and notifies SHNIC
SHNIC Model

- SHNIC Nurse Contacts School Health Services in Local School System (LSS). Training needs identified, training provided if requested
- Orders Received Prior to Discharge
  Factsheets sent to school nurse
- School Arranges Meeting with Parents and Educators, School Nurse, and other related services to determine accommodations, 504/IEP
- Further training with school personnel if requested

Why start a modified SHNIC like program

- Increase coordination of care
- Increase knowledge of school personnel related to medical conditions
- Legislative Alliance for Students with Health Conditions (LASHC) suggests that teachers need preparation regarding chronic health conditions
- School nurses should not be ancillary staff

Potential barriers in the school setting

- No nurse on premise
- Nurse Practice Act does not allow delegation
- Nurse at school does not understand Diabetes Management
- Food issues at school, (no carb counts)
- Lack of education and knowledge of teachers and staff
- Parents/guardians not sharing information
- Student in denial
**Known Barriers**

- What is the law regarding delegation of medication?
- What model of care do they offer for all students regarding medication?
- Is it a private school or public school?
- How can the student be safe at school?

**Impact of chronic illness on students**

- 1:4 children according to Healthy Schools have health issues that affect their ability to succeed in the classroom
- Research has shown that children who are chronically absent in both K and 1st grade are much less likely to be reading at grade level by 3rd grade

**Youth with diabetes**

- According to SEARCH diabetes study, there are more than 190,000 children under the age of 20 with diabetes. The incidence is 1.93/1000 for type 1, 0.24/1000 for type 2 and 0.5/1000 for other forms
- Most youth with diabetes spend a significant amount of their day in school and related activities, 6-10 hours so diabetes care in school is an essential part of their diabetic management plan
Youth with diabetes

- Despite advances in Diabetes Management, many youth around the U.S. fail to meet their A1C goals

Getting started

- Assess your community
- Identify possible school personnel at the Local School System Level or State Level
- Consider writing a grant with State Board of Education, Department of Health and your Hospital

Key players in your local school system

- Director of School Health Services
- Director of Student Services
- School-based health clinics
- Director of Elementary, Middle and High School Administrators
- Director of Special Education
- 504 Compliance
- Local health department representative of chronic illness
Key players at State Level

- Head of school health services at Board of Education or State Health Department
- Head of pupil personnel services at Board of Education
- Head of special education at Board of Education
- Head of chronic illnesses at State Health Department Level

Developing your mini model

- Hospital identifies the school districts they serve
- Local School System (LSS) identifies a dedicated RN to receive orders regarding students with special needs
- The Local School System (LSS) develops a process to notify student team in the individual schools

Mini Model

- The individual school team should consist of the RN, guidance counselor, educator, parents/guardians, and administrator
- The school team and parents should meet prior to student returning to determine IEP/504 accommodations or additional supports
- The team should determine if training is needed for educational staff prior to student returning to school
- Training completed, and evaluate if further training is needed
Role of School Nurse

According to National Association of School Nurses and National Institute of Diabetes and Digestive and Kidney Diseases the following are actions of the School Nurse:

- Ensure compliance with Federal and State laws
- Understand State laws regarding delegation/assignments of nursing tasks and other laws relating to provision of health care in schools
- Obtain and review the student’s current Diabetes Medical Management Plan (DMMP)

Role of the School Nurse

- Using medical orders in the DMMP and information obtained from a thorough nursing assessment, develop and Individualized Health Care Plan and Emergency Care Plan
- Facilitate the initial school health team meeting
- Plan and implement diabetes management training for staff in school settings
- Share with parents/guardians the plan and training
- Obtain all supplies from parents/guardians
- Perform or assist student with routine and emergency diabetes care tasks
- Maintain accurate documentation
- Provide ongoing training
- Assess competence of staff and student and provide supervision
- Reassess student and update IHP as needed
- Foster a supportive environment

Framework

AADE7™ Self-Care Behaviors is a framework that can assist the school nurse in caring for students with diabetes

- Healthy eating
- Being Active
- Monitoring
- Taking Medication
- Problem Solving
- Healthy Coping
- Reducing Risks
Case Discussion

- 10 year old male
- Both parents Intellectually Delayed
- Hospitalized for 5 days
- Intense training for the 10 year old and parents by the diabetes educator in the hospital
- He attended a city school who had a part time nurse
- He was able to perform finger-stick, give himself insulin by pen and read labels for carbs when he was discharged that Friday
- Now what?

Group Discussion for 10 minutes

Bridging the gap

Role of SHNIC Program

- Social worker from hospital contacted SHNIC program
- Orders received from endocrinologist
- SHNIC program contacted school, no nurse, so contacted Principal
- SHNIC invited to school
- Training provided to educators and secretaries regarding hyper/hypoglycemia, diabetes management
Role of SHNIC Program

• Identified what could be done for school lunch, since school did not provide lunch, and carb counting was part of plan
• School decided that they would make lunch for student, until student or parent could do accurate calculations
• Snacks provided by school
• Emergency kits made for classrooms that student was in

Role of SHNIC Program

• SHNIC nurse was there the first day of school, to check supplies with staff
• SHNIC program provided support via phone, with each finger-stick until training was complete for delegation nurse and Certified Medication Technician
• SHNIC program arranged for school to send blood glucose results and insulin log to Endocrinologist
• SHNIC connected home health nurse with school personnel to increase communication between home and school

Role of SHNIC Program

• SHNIC program provided additional training and support for an additional 3 months
Outcome

• Student was able to calculate dosage, with adult supervision, and by the end of the first month was able to deliver proper coverage, and prepare his own lunch
• Student and family was embraced by school and community

SHNIC Contact

• Obst@kennedykrieger.org
• Cell number 410-241-7421

References


To learn more, get involved, and stay connected, visit KennedyKrieger.org/Connect