DEVELOPING SCHOOL NURSING IN THE WALLINGFORD-SWARTHMORE SCHOOL DISTRICT

Children's Hospital of Philadelphia®

PolicyLab

CONTENTS

EXECUTIVE SUMMARY

This report contains findings and recommendations aimed at informing the support and professional development of school nurses and the role they play in addressing student health needs at the district- and school-level. PolicyLab, a research center at Children's Hospital of Philadelphia, partnered with leaders from the Wallingford-Swarthmore School District to design and implement a review of school nursing programming within their own district and benchmark metrics of interest with surrounding districts in the 2024-2025 academic year.

While data demonstrated strengths of the nursing program, the primary purpose of this brief is to highlight areas for growth and offer recommendations to support the school district in strengthening their school nursing system.

MAIN FINDINGS

FINDING 1:

The current staffing model does not meet the district's nursing needs, thus limiting the support available to students.

SUGGESTED SOLUTION:

Expand the capacity of the school nursing team to meet the needs of students, staff and nurses.

FINDING 2:

School nurses experience a lack of connection and visibility within the school climate, making it difficult to capitalize on their expertise.

SUGGESTED SOLUTION:

Prioritize the integration and visibility of school nurses in the broader school culture to create mutual understanding among staff.

FINDING 3:

The documentation and electronic health record system poses several challenges to nursing staff, and does not provide enough actionable evidence related to student health and nursing activities to administrators.

SUGGESTED SOLUTION:

Streamline documentation and reporting systems to optimize the time of nurses and administrative staff.

FINDING 4:

The supervisory and evaluation structures are not tailored to the unique roles and responsibilities of school nurses.

SUGGESTED SOLUTION:

Develop a model of supervision and support that better aligns with nursing work and expertise.

BACKGROUND & METHODS

PolicyLab is a center of emphasis within Children's Hospital of Philadelphia (CHOP) with expertise in informing program and policy changes through interdisciplinary research. Past relevant work includes an assessment and review of school health services offered by the School District of Philadelphia and multiple reports on topics ranging from behavioral health to health education in schools. Wallingford-Swarthmore School District (WSSD) approached PolicyLab in 2024 in the interest of aligning with their recently developed Strategic Plan, which includes a pathway focused on Wellness and Social/Emotional Competencies. PolicyLab was asked to provide our expertise in evaluating WSSD's school nursing system with the ultimate goal of aligning with this pathway and improving student outcomes via strengthened school health services. WSSD also hoped to develop a process allowing the re-assessment of their district's school health services on an ongoing basis beyond the conclusion of this project. PolicyLab researchers conducted qualitative and quantitative data collection and analysis over eight months to develop a set of recommendations with the hope of supporting WSSD school nurses in achieving their core competencies at a higher level and providing a long-term follow-up evaluation plan.

The key recommendations provided in this report are based on in-depth interviews with WSSD stakeholders and a regional survey of stakeholders in six regional districts. The goal of the survey was to highlight focus areas that local districts also identified as priorities. The contents of this report are informed by the National Association of School Nurses' (NASN) Framework for 21st Century School Nursing Practice. Domains from this framework were used to guide the stakeholder interviews and surveys.

Modern school nursing takes a holistic approach, with a focus on addressing student well-being by supporting their health, safety and academic readiness. The NASN *School Nursing Practice Framework* (see Figure 1) conceptualizes the standards of school nursing practice along four domains: (1) care coordination, (2) leadership, (3) quality improvement and (4) community and public health.
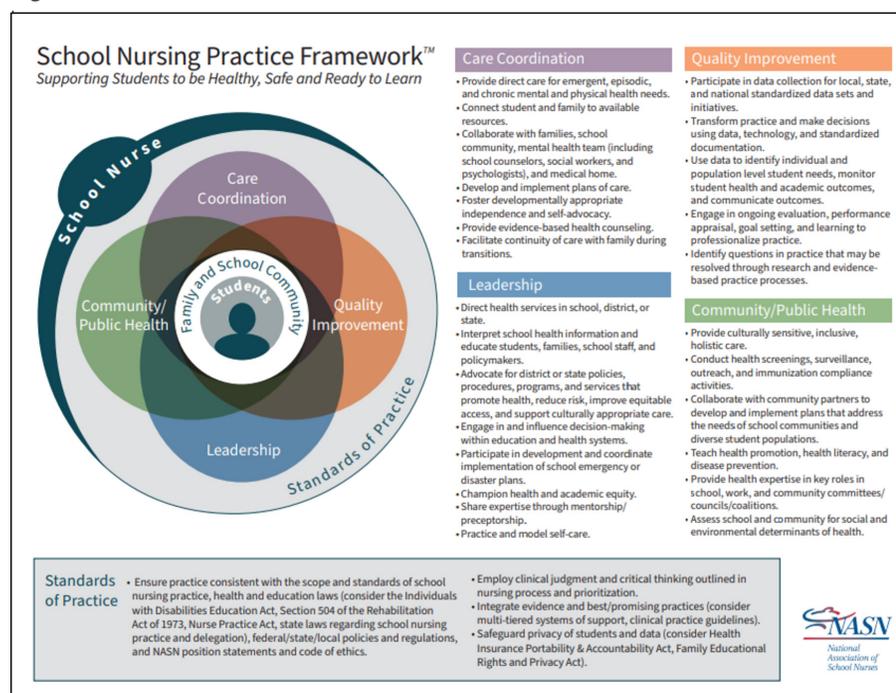
> **"You can't educate a child who isn't healthy, and you can't keep a child healthy who isn't educated."**
> JOYCELYN ELDERS, PEDIATRICIAN AND FORMER U.S. SURGEON GENERAL

Figure 1.

The NASN framework calls for school nurses to be considered public health workers who are embedded in school systems to provide care for students with chronic conditions, referrals to external health systems when needed, routine health screenings and health education. Guidelines suggest school nurses should be considered as part of a school's leadership team. Additionally, the guidelines call for nurses to have the time and support to take a broad perspective on their school's data system to develop population health insights and interventions.

Drawing from the domains of the NASN framework, PolicyLab ("We") developed—and WSSD leaders reviewed—guiding questions for internal interviews with key parties within the district (See Appendix A for sample questions). From June 2024 to December 2024, we conducted two rounds of semi-structured interviews. The first round of interviews prioritized learning directly from nurses about their day-to-day experiences. Nurses from every school in the district were invited to participate in one-on-one remote interviews. In total, 6 nursing staff members shared their thoughts on 1) their priorities as a nurse, 2) the role nurses play in the school community, 3) how nursing activities are tracked, reported, and evaluated, and 4) areas of strength and opportunities for improvements.

After reviewing initial interview responses, we discussed emerging themes with nurses and integrated them into the guiding questions for the second round of interviews with WSSD administrators. WSSD leadership provided a list of 11 administrators, and 8 individuals from the list participated in interviews. In these interviews, administrators shared their perspectives on 1) priorities for nurses and their role in the school community, 2) guidelines, staffing, and supervision structures, 3) data collection and review, and 4) areas of strength and opportunities for improvements. These 14 interviews, lasting between 35 and 60 minutes, were conducted by experienced qualitative researchers who took detailed notes during and after each interview.

Interviews were recorded with participant consent.

External Stakeholder Survey with Benchmark School Districts

Interview findings were used to develop an outline of the common themes and ideas shared by nurses and administrators. This outline formed the set of priority areas to evaluate in nearby "benchmark" districts. Based on these priority areas, a survey of roughly 20 items was sent to nurses and administrators in suburban Philadelphia school districts which internal stakeholders at WSSD identified as comparable districts (Garnet Valley, Haverford, Lower Merion, Radnor, Springfield, Upper Darby). The research team received survey responses from 16 school nurses, 23 school principals/ assistant principals, and 3 district administrators. Additionally, 1 respondent marked themselves as "other." In total, 43 responses were received after contacting 181 individuals (23.8% response rate). Survey language was modified based on the stakeholder's identified role in the district. (See Appendix B for example survey questions.)

Potential respondents were contacted three times between February 2025 and March 2025 to complete the survey using a secure online platform. Once the data collection period was closed, responses from the surveys were exported and data was analyzed. Visualizations of findings from the surveys can be found throughout Section 3.

FINDINGS & RECOMMENDATIONS

The WSSD school nursing team brings a strong foundation of clinical competence, dedication to student well-being, and peer-driven collaboration. Nurses and administrators alike reported that the school nurses went beyond their formal job responsibilities to meet student needs, such as nurses arranging their spaces to create a calmer and more comforting environment to align with the school's goal of creating welcoming and stress-free spaces for students.

Participants also discussed the supportive culture of the nursing team, as exemplified in the sense of partnership and preparedness gained from the nursing team's summer huddles in advance of the school year.

Additional strengths of the WSSD nursing team include: 1) numerous Certified School Nurses, reflecting a strong base of credentialed expertise, 2) creative uses of float nurses, indicating the potential for exploring more alternative staffing models, and 3) a high degree of trust and interest in collaboration among nurses and administrators, demonstrating the opportunity for partnership.

Taken together, these strengths point to how well-positioned WSSD is to implement intentional changes to improve the organization of the nursing program and positively impact student health and well-being.

FINDING 1: THE CURRENT STAFFING MODEL DOES NOT MEET THE DISTRICT'S NURSING NEEDS, THUS LIMITING THE SUPPORT AVAILABLE TO STUDENTS.

FINDINGS FROM INTERVIEWS WITH WSSD NURSES AND ADMINISTRATORS

WSSD uses a 1-nurse-per-school model, with a float nurse, an administrative assistant and a substitute nurse available for support. Overall, stakeholders expressed that the current level of staffing is insufficient to meet the nursing needs of the district. Nurses described the numerous tasks that fell to them: conducting, organizing and recording student health screenings, attending to students with acute and non-acute medical needs, coordinating with (and in some cases standing in for) health aides appointed to individual children, administering daily and as-needed medications, and documenting their activities. Nurses expressed the tension they experience when tasks require them to leave their office, voicing concerns that a medical emergency may arise in their absence. Nurses reported struggling to find time for non-direct care tasks (e.g., 504 meetings and generating reports of monthly visit data), with some nurses foregoing mandated breaks in their schedule to catch up with tasks and student care.

While the support of the float nurses and administrative assistant is appreciated, nurses noted some limitations (i.e., the administrative assistant cannot dispense many medications). Both nurses and administrators reported a sense of relief when a float nurse is present, as the staffing on those days increases to 1.5 or 2 nurses for the school day. However, participants noted that aid from a float nurse was time-limited, as float nursing coverage is available about once per week.

WSSD administrators expressed that consistent coverage of the nurses' office is a challenge, especially with the need for nurses to participate in activities outside of the office (e.g., attend 504 meetings, field trips, or address medical emergencies in the school building). Principals reported openness to changing the current model of nurse staffing, but noted that additional factors need to be considered, including associated budget increases and district-level staffing decisions. Principals, administrators, and nurses shared the goal of better supporting students while ensuring that one nurse is not responsible for being present in the office at all times, as this is often impossible due to meetings, field trips, or other student needs.

BENCHMARKING WITH OTHER DISTRICTS

All survey respondents (100%) reported having at least one full-time nurse per school in their district, and 87% reported that their district utilizes an alternative staffing model in addition to staffing one nurse per school. The most common alternative staffing model is nurses splitting time (i.e., one or multiple nurses work part-time in one school and part-time in another), which was reported by a total of 56.4% of respondents and spans all 6 districts. At least one respondent from each district also reported that their district employs float nurses and contracted nurses from external agencies. Respondents from 3 districts reported that their middle- and high-schools employ multiple full-time school nurses.

> Principals, administrators, and nurses shared the goal of better supporting students while ensuring that one nurse is not responsible for being present in the office at all times.

When asked whether the current staffing model meets their needs, 84.2% of administrators and principals and 64.7% of nurses agreed that they feel satisfied with their current staffing model. Table 1 describes the use of each alternative staffing model and the proportion of respondents in benchmarking districts using each model who reported satisfaction with their overall staffing structure.

Table 1. Use of Alternative Staffing Models and Participant Satisfaction

	Float Nurse	Nurses Split Time	Contracted External Nurses	Health Assistants
Total N reporting model is used by their school/district (N, %)	19 (48.7)	22 (56.4)	20 (51.2)	4 (10.3)
Satisfied with current staffing structure	13 (68.4)	14 (63.6)	12 (60.0)	4 (100)
Not satisfied with current staffing structure	6 (31.6)	8 (36.3)	8 (40.0)	0 (0)

Every respondent, regardless of their role, reported that someone (not necessarily a nurse) covers the nurse's office at all times during the school day. Respondents reported several reasons that the nurse may be out of the office including meetings, staffing issues, private school coverage, lunch breaks, field trips or medical emergencies. Constant office coverage appears to be a shared priority and a common operational challenge across districts. Most respondents (56.4%) indicated that an on-call substitute nurse provides coverage when there is advance notice of the nurse's absence (i.e., for a field trip). A smaller number of respondents (20.5%) indicated that another nurse from the district provides coverage, 5.1% reported that a staffing agency provides coverage, 5.1% reported that an administrator provides (limited) coverage, and 15.4% reported that staffing is insufficient for the nurse to leave the office, and thus they do not.

Figure 2. Supported Staffing Changes to Improve Nurses' Day-to-Day Work Life
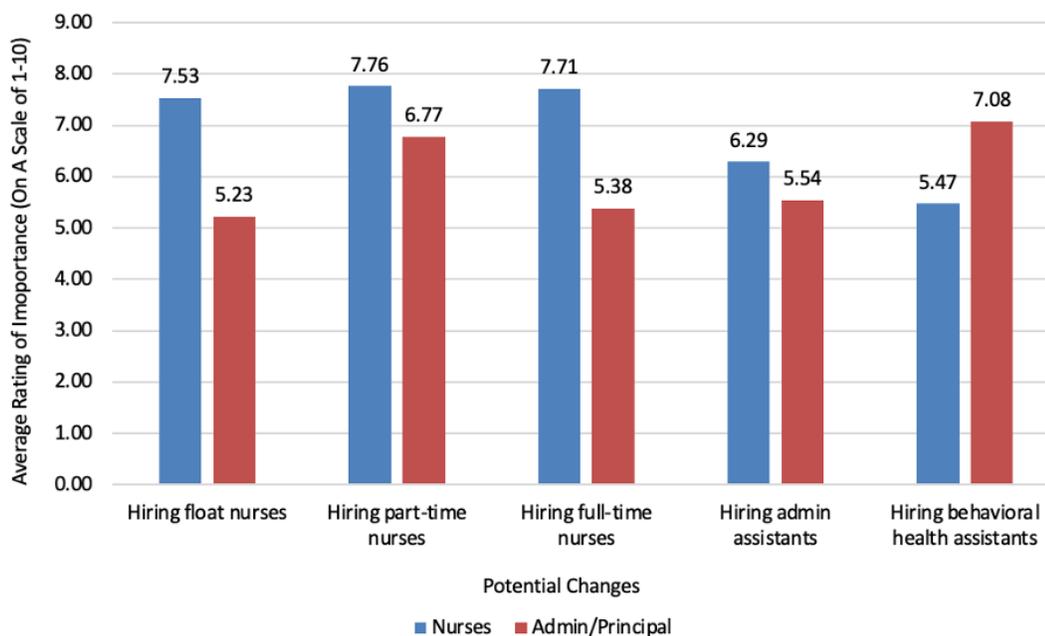
Finally, we assessed the acceptability of several staffing improvements among principals/administrators and nurses. Nurses were asked to rate how much each change listed would improve their day-to-day work life (on a scale of 1-10; least improvement to most), and principals and administrators were asked to rate how likely they would be to support each change (on a scale of 1-10; least likely to most). As indicated in Figure 2, we observed varying levels of favorability and support for each proposed change.

Hiring part-time nurses garnered the highest overall level of agreement and the smallest difference between administrators and nurses, with an average rating of 7.76/10 for nurses and 6.77/10 for administrators. Hiring float nurses was highly favorable among nurses (average rating 7.53/10), but was the change least likely to be supported by administrators (average rating 5.23/10). Overall, these findings indicate a disparity between nursing and administration staffing priorities, suggesting a need to define shared priority areas.

✅ RECOMMENDATIONS FOR NURSE STAFFING MODEL

Expand the capacity of the school nursing team to meet the needs of students, staff and nurses.

Our assessment indicates that the WSSD school health team currently has insufficient capacity to meet student health needs in the district. However, district-level leadership reported budget constraints as a key limitation in expanding the health team staff. Benchmark districts reported similar tensions, though overall, most survey respondents indicated satisfaction with their current staffing model.

WSSD's nursing team has already demonstrated a high level of adaptability and resourcefulness within a constrained staffing model. For example, several nurses and administrators emphasized the critical value of the float nurse's presence, despite this support being available only intermittently. Nurses reported that even occasional float nurse coverage significantly reduced stress, increased flexibility for off-office responsibilities, and improved overall care. This strategic use of limited float coverage illustrates the team's ability to creatively maximize available resources.

Given this demonstrated resourcefulness, WSSD may be well-positioned to pilot alternative staffing models, such as staggered float schedules, shared part-time positions across schools, or a hybrid staffing structure where clinical and administrative tasks are distributed more intentionally. These options could be tested in one or two schools with strong peer collaboration and evaluated for scalability. The strength of the existing team culture—characterized by mutual support and autonomy—provides a solid foundation for this kind of innovation.

We recommend three potential strategic/cost effective opportunities to expand the capacity of the WSSD nursing team:

> ✅ **Expand the capacity of the nursing team using non-full-time positions, such as additional part-time or float nurses.**
>
> While additional full-time nurses would be an ideal circumstance for ensuring consistent nursing coverage, our interviews indicated that this may not be feasible given current resource constraints. Many school nurse participants emphasized that having access to a float nurse has been extremely valuable for maintaining coverage and providing support during busy periods or staff absences.

Additionally, expanding part-time nursing positions emerged as the most widely supported strategy to improve nurses' work life.

Expanding the availability of part-time and float nurses could ease pressure on existing staff, reduce service gaps, and ensure students receive timely, high-quality care across all schools. Notably, A 2014 cost-benefit analysis of Massachusetts' statewide school health services program found that for every $1.00 invested in school health services delivered by school nurses, the state realized a $2.20 return on investment. In response to this study, NASN developed a tool to aid school districts in conducting their own cost-benefit analyses, which can be found here: NASN Cost-Benefit Analysis Tool

Re-evaluate the nurse-to-student ratio relative to student acuity

Nurses indicated that the current staffing model feels insufficient relative to the acuity (i.e., illness severity) of the student population. However, WSSD does not yet have a system in place to accurately assess the nursing needs of the district relative to student acuity. Current Pennsylvania state law requires a minimum nurse-to-student ratio of 1:1,500, regardless of acuity level. Further, the Pennsylvania requirement provides significantly less nursing coverage than the current recommendations by the Centers for Disease Control and Prevention (CDC) and NASN, each of which recommends a minimum 1:750 ratio. , Beyond this minimum, NASN recommends an acuity-based approach to determining school nurse staffing needs, as described below8. WSSD may consider evaluating their nursing needs based on this model, which more accurately includes corrections for the acuity level of students:

- Nurses:well students—1:750
- Nurses:students with chronic conditions—1:225
- Nurses:medically fragile students—1:125
- Nurses:students requiring skilled nursing services—1:1

To calculate the appropriate number of nurses per school, divide the number of students in each category by the recommended ratio, and then total each category. For example, a school with 968 students, 900 of whom are well, 65 of whom have chronic conditions, 2 of whom are medically fragile, and 1 of whom requires skilled nursing would use the following equation:

- Well students: 900/750 = 1.2
- Students with chronic conditions: 65/225 = 0.28
- Medically fragile students: 2/125 = 0.02
- Students requiring skilled nursing services: 1/1 = 1
- Total = 1.5 full-time equivalent (FTE) of general nursing coverage and 1.0 FTE of skilled nursing coverage for the student requiring 1:1 coverage.

✓ Expand budget to support nursing services through
Pennsylvania Medicaid reimbursement.

Pennsylvania's state Medicaid program reimburses schools for
nursing services provided to Medicaid-eligible students with
individualized education plans (IEPs). Through this program,
schools may be reimbursed for providing a number of services
to students with IEPs, including assessments and evaluations of
medical status, medication administration, medication and health
education, monitoring the prevalence of medical conditions, and
more. Information about enrolling in the program can be found
here: PA School-Based Access Program (SBAP)

FINDING 2: SCHOOL NURSES EXPERIENCE A LACK OF CONNECTION AND VISIBILITY WITHIN THE SCHOOL CLIMATE, MAKING IT DIFFICULT TO CAPITALIZE ON THEIR EXPERTISE.

FINDINGS FROM INTERVIEWS WITH WSSD NURSES AND ADMINISTRATORS

Generally, WSSD nurses reported limited collaboration with other professionals in the
school environment and that their primary source of support within WSSD is other
school nurses. Nurses reported feeling removed from the school community, as their
main touchpoints with all students and staff are during annual screenings. Nurses
and administrators alike reported that annual screenings are perceived as disruptive
by many teachers (and even by some administrators), and that there is limited
understanding that nurses have a regulatory deadline for completing screenings. The
feeling that school nursing activities are disruptive seems to be connected to a broader
sense that nurses are siloed within the school culture.

Importantly, nurses expressed a desire to collaborate more with teachers and
develop mutual understanding about each other's priorities around student health
and academic success. One nurse described an example of successful collaboration
as working with teachers to develop a more effective approach to calling students
for mandated screening by homeroom instead of by grade level in order to reduce
disruption. Another nurse shared that greater collaboration would be helpful to develop
clear guidance about when to refer a student to the school nurse.

WSSD administrators appear to share the feeling that school nurses are not well
integrated into the school community. Many WSSD principals characterized the school
nurses as independent and self-managing. However, the principals also described
a limited understanding of what nurses need, and shared that they do not have the
opportunity to meet with nurses as often as may be necessary. Principals have many
competing priorities within their role, and nurses, handling a large patient load, are
often too busy to engage with the broader school community. The consequences of
this disconnect are lost opportunity for collaboration and, more specifically, lost
opportunity to capitalize on the expertise of nurses in other domains of the school
environment.

Nurses expressed a desire to collaborate more with teachers and develop mutual understanding about each other's priorities around student health and academic success.

When asked about how the data collected during screenings are used, principals discussed that the data from screenings were not used by the schools and only used for reports required by law. As a consequence, the disruption from screenings is effectively seen as having no benefit to the school, apart from complying with existing regulations and potentially catching issues with a few students' health.

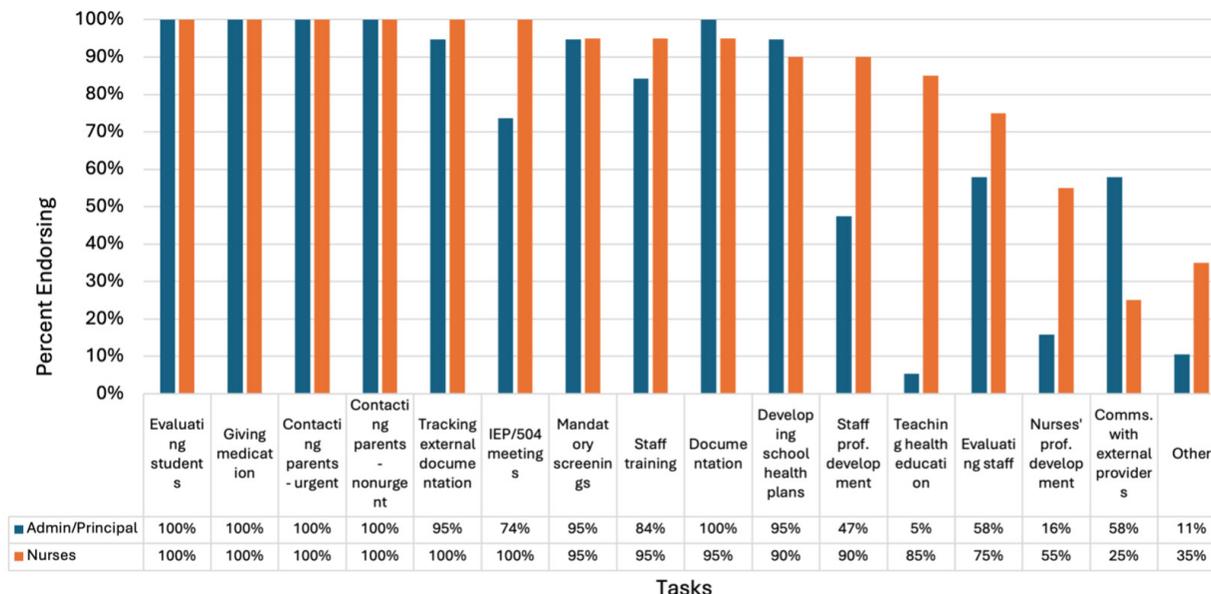## BENCHMARKING WITH OTHER DISTRICTS

We asked benchmark districts who school nurses collaborate with, and whether the nurses feel other school staff understand their roles. Overall, benchmark districts reported a fairly consistent baseline of collaboration between nurses and other school professionals. All nurses (100%, n = 18) reported collaborating frequently with teachers and support staff (i.e., paraprofessionals, behavioral interventionists), and 94.4% (n = 17) of responding nurses reported collaborating frequently with principals/administrators, counselors, and office/admin staff. One survey question asked nurses to rate which domains they collaborate with school staff on, and this data is displayed in Figure 3. Nurses most frequently collaborated with principals and administrators on managing students' urgent needs, managing behaviors, managing screenings, and nurse's office staffing, while collaborating with the fewest number of colleagues on documentation.

Figure 3. Nurses' Most Frequent Collaborators by Domain
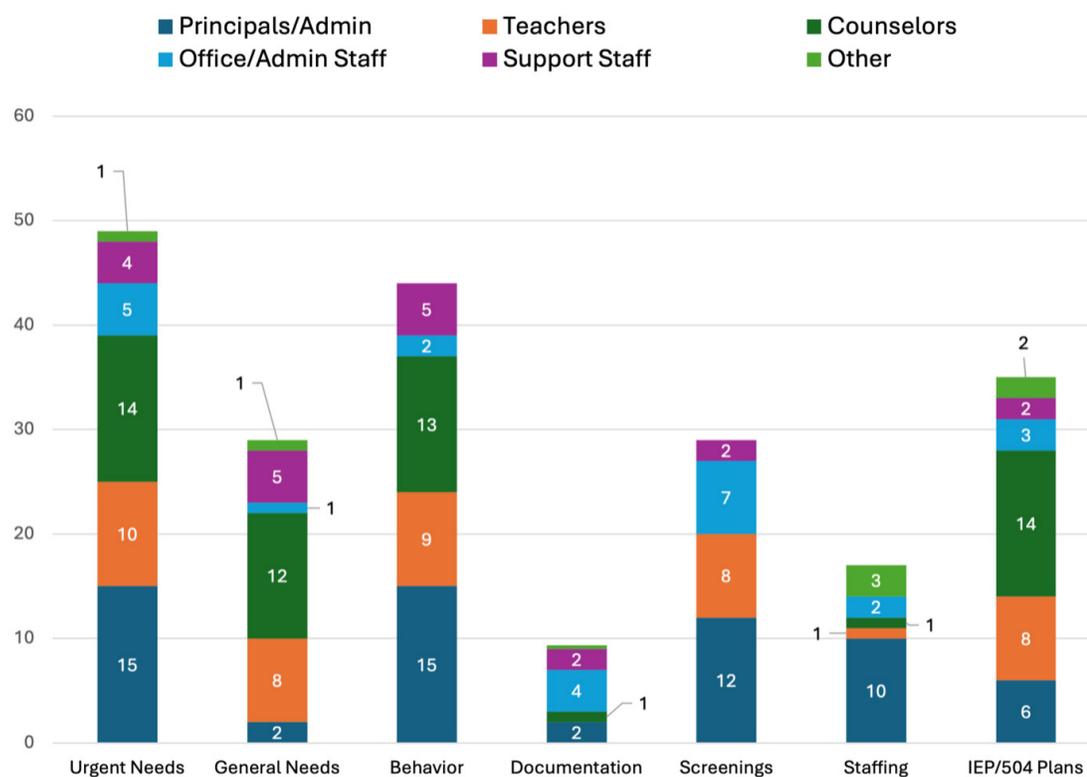
We also noted a disconnect among nurses and administrators from benchmark districts. When asked to identify tasks nurses perform in their school, non-nurses (i.e., administrators and principals) identified fewer tasks (11.4 tasks) compared to nurse respondents (12.7 tasks) This suggests the nursing workload may be underestimated or unseen by non-nurses. Figure 4 depicts each task as selected by nurses and by administrators. Though the difference between groups was small at 1.3 tasks, it was a statistically significant (unlikely to be due to chance) and one nursing task may translate to a large gap in perceived workload and actual workload.

Figure 4. Nursing Tasks Endorsed by Role

	Evaluating students	Giving medication	Contacting parents - urgent	Contacting parents - nonurgent	Tracking external documentation	IEP/504 meetings	Mandatory screenings	Staff training	Documentation	Developing school health plans	Staff prof. development	Teaching health education	Evaluating staff	Nurses' prof. development	Comms. with external providers	Other
■ Admin/Principal	100%	100%	100%	100%	95%	74%	95%	84%	100%	95%	47%	5%	58%	16%	58%	11%
■ Nurses	100%	100%	100%	100%	100%	100%	95%	95%	95%	90%	90%	85%	75%	55%	25%	35%

Tasks

We asked nurses if they felt that non-nursing staff understand their role as a school nurse. A minority (47%) of responding nurses indicated that other school staff understand their roles, suggesting that role disconnect is a tension point for multiple districts and not specific to WSSD. However, these findings indicate that developing mutual understanding between nursing staff and non-nursing staff is a priority. The research underpinning the NASN framework also suggests that greater mutual understanding could increase quality of care delivery and achieve greater satisfaction among nurses.

The survey responses allow a visualization of which tasks are universally agreed to be core nursing tasks, and which tasks may not be seen as important by most school staff members. A visualization of tasks grouped as essential, intermittent and infrequent is present below in Figure 5.

Figure 5. Nursing Tasks Grouped by Frequency of Reporting by Benchmarking Districts
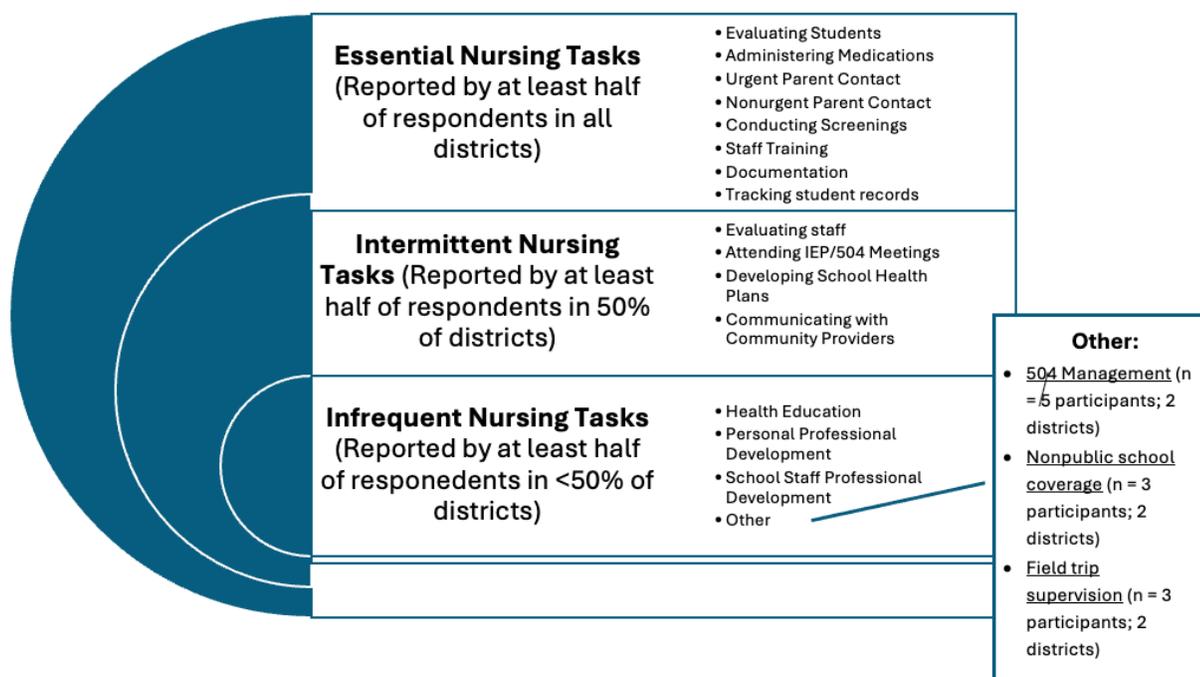
✅ RECOMMENDATIONS FOR ADDRESSING SCHOOL CULTURE AND PERCEPTION OF ANNUAL SCREENINGS

Prioritize the integration and visibility of school nurses in the broader school culture to create mutual understanding among staff.

The broader cultural tension that our interviews with WSSD revealed indicated that school nurses are not visible to the rest of the school community and their roles are not well understood. Creating opportunities for school nurses to be more integrated in the school community outside of the health office will be beneficial for both the nurses and the school community at large. For example, school nurses hold valuable insight and perspective on current issues of child and adolescent wellness and could serve on school-wide teams and workgroups to better serve the school community and promote their integration within the culture.

Although nurses expressed feeling siloed from other staff, they showed a strong desire for deeper collaboration and shared problem-solving. Several nurses proposed thoughtful ideas for reducing disruption caused by screenings and improving referral processes, which involved increased collaboration with teachers, counselors, and administrators. This readiness to engage with colleagues outside the health office is a significant departmental asset that can be intentionally leveraged.

Annual screenings appear to be a consistent area that highlights conflicting needs. Annual screenings are required at the state level and should be an opportunity for school staff and administrators to gain greater insight into the needs of their students. Since principals have reported both that the screenings are disruptive and that they have not found utility in the collected data, there is a clear opportunity for school nurses and other school staff and administrators to develop closer collaboration and understanding.

Potential strategies:

✅ Establish integrated trainings for school nurses to develop shared understanding with other school staff.

The district can build on nurses' proactive spirit by implementing joint professional development sessions or cross-disciplinary working groups. For instance, shared training sessions on student wellness, trauma-informed care, or chronic disease management could serve dual purposes: providing needed education and strengthening interprofessional relationships. WSSD's school nurses have already taken initiative in building informal connections and adapting practices in response to school-wide needs; formalizing these opportunities would simply extend what is already organically underway.

Including nurses in annual training and professional development opportunities may help to bridge the current divide between nursing and the broader school while increasing communication. Integrated training such as this gives the opportunity for shared understanding of priorities and needs between roles. These trainings would also give teachers and school staff the opportunity to let nurses know what their priorities and tension points are. Creating space on a routine basis for school nurses to directly work with the school staff may address not just the need for greater collaboration but will also help nurses better integrate into the school community. The CDC's Whole School, Whole Community,

Whole Child model highlights that greater staff integration may yield improved health and wellness outcomes for students, as well as a broader sense of support felt by the nurses.

Reset school-wide expectations for annual screenings.

Principals and teachers (via report from principals) reported that screenings are disruptive, but they remain a large component of the nursing role and are required to be completed annually to maintain compliance and promote student health. Therefore, opportunities for greater collaboration exist. It may be beneficial to the school culture to clearly discuss why screenings are happening, and engage a group of stakeholders (i.e., nurses, teachers, administrators) to devise a plan to make screenings minimally disruptive and maximally efficient.

Develop a nursing leadership role with input in school administration.

A national poll by NASN found that 52% of school nurses serve on safety committees, 87.% serve on IEP/504 committees, 51% serve on attendance committees and 57.9% serve on school wellness advisory committees. However, NASN also recommends nurses be involved in other educational support committees, multi-tiered system of supports (MTSS) groups, and technology committees. Involving school nurses in more decision-making entities can help the entire school ecosystem better identify student health issues and provide opportunities for school nurses to be better integrated into the school culture.

FINDING 3: THE DOCUMENTATION AND ELECTRONIC HEALTH RECORD SYSTEM POSES SEVERAL CHALLENGES TO NURSING STAFF, AND DOES NOT PROVIDE ENOUGH ACTIONABLE EVIDENCE RELATED TO STUDENT HEALTH AND NURSING ACTIVITIES TO ADMINISTRATORS.

FINDINGS FROM INTERVIEWS WITH WSSD NURSES AND ADMINISTRATORS

WSSD currently uses PowerSchool, a student information system that allows for the storage, tracking, and monitoring of several domains of student data including attendance, grades and behavior. The platform also includes a health monitoring system, or electronic health record (EHR), in which nurses can input and track student health data such as student physical exam records, health histories, medications, and in-school visit data.

In WSSD interviews, nurses described that although PowerSchool meets their most basic needs (i.e., securely storing information related to student health and in-school health office visits), the program comes with several limitations. Nurses reported developing time-consuming workarounds to accomplish certain tasks. For example, since PowerSchool software does not automatically calculate body mass index (BMI),

Nurses described that although PowerSchool meets their most basic needs, the program comes with several limitations.

nurses export relevant data from PowerSchool to calculate BMI in an external program, and then manually input each student's BMI measurement in their PowerSchool record. Nurses also reported the measurement of student health acuity as a major challenge with their data collection and reporting system.

Interviews indicated that PowerSchool estimates the amount of time nurses spend providing care to students based solely on the number of visits to the health office. However, nurses reported that this metric may be an oversimplified measure of nursing time, as the time spent in each visit varies widely based on the severity of the complaint, the student's medical complexity, and the plan of care. PowerSchool does not capture frequent visits from students with chronic conditions, such as those who receive daily medication or who need frequent monitoring of conditions such as diabetes. Nurses noted that not having a system to reliably measure acuity has made it difficult to demonstrate the time and effort associated with nursing activities and, particularly since COVID, the growing need among students for mental health supports. Better documentation of acuity would help determine the level of student need and inform decision-making for nurse staffing (See details under Finding and Recommendation 1).

Administrators generally feel favorably about the PowerSchool EHR software as it meets their administrative needs. They noted its ability to maintain FERPA compliance and to house student data in one place, allowing the available health data to provide context for other student data (i.e., attendance and grade data). WSSD nurses universally discussed acuity measurement, but the topic was not raised by administrators when asked about challenges with the existing documentation system.

BENCHMARKING WITH OTHER DISTRICTS

The survey addressed acuity tracking, EHR programs, and prompted respondents to share specific pros and cons of their systems. We found that 4 out of 6 districts surveyed use some form of acuity tracking; the most common methods of tracking acuity are via monitoring accident reports and nursing notes. Additionally, while PowerSchool is the most used EHR, Frontline is the most positively reviewed EHR, and 83% of school nurses who use Frontline (n=5) reported that it meets their needs. Two nurses reported using Frontline as a supplement to PowerSchool, and both reported that their needs are met. Table 2 visualizes the pros and cons of each EHR system as reported by survey respondents.

Table 2. Reported Pros and Cons of Electronic Health Record Programs

PowerSchool		SNAP	
Pros	**Cons**	**Pros**	**Cons**
• Customizable (with help from IT) • Easy to navigate	• Cannot track medication administration • Inefficient/not made for health documentation • Slow report generation • One-by-one printing of screening results	• Easy reporting • Everything is centrally located	• Inconsistencies • Can be difficult to access
Frontline		**Frontline + PowerSchool**	
Pros	**Cons**	**Pros**	**Cons**
• Cloud-based program makes remote work possible • Creating reports is simple	• Medication section is difficult to navigate	• Easy to use • Interventions are easy to document	• Do not completely integrate/"talk to each other"

✅ RECOMMENDATIONS FOR DOCUMENTATION AND REPORTING SYSTEMS

Streamline documentation and reporting systems to optimize the time of nurses and administrative staff.

Interviews with WSSD nurses and administrators suggest that the current documentation and reporting system is not well-suited to serve as a tool for school nurses to improve their care and compliance but rather complicates and sometimes impedes workflows. Streamlining this system may help to optimize nurses' time spent documenting. As a result, the quality of documentation will be increased with a decrease in time to complete charting, allowing nurses to provide more comprehensive care to students. Districts can also use school health data to inform and support effective staffing models. A growing body of research suggests that consistent nurse staffing is linked to improved student access to care.

WSSD nurses have demonstrated a high degree of adaptability in working with a documentation system that includes numerous challenges. Their use of creative workarounds, such as manual BMI calculations and supplemental acuity tracking, reflects a commitment to data integrity and student care despite system limitations. This resourcefulness suggests that, with the right tools and stakeholder input, the nursing team is well-positioned to adopt and shape a more efficient documentation system. The strong peer support across the nursing team can further support successful onboarding or optimization of new platforms, especially if implementation includes dedicated time for knowledge-sharing and cross-training.

Potential strategies:

> ✅ **Examine new EHR systems for favorability, cost and their match with district needs.**
>
> Onboarding an entirely new EHR system may allow for a more customized system that more robustly meets the needs of nurses and health office staff. Though our assessment did not include a large enough sample to recommend the uptake of a specific EHR, benchmark district data did indicate that SNAP and Frontline appear to be the most common alternatives to PowerSchool, as indicated in Table 2.
>
> Our data indicate that it is important to include the nursing perspective when selecting an EHR; this will ensure that the software is acceptable, feasible and useful to the end-user. To aid in the selection of a new EHR system, NASN published a guide highlighting several areas of consideration, potential uses of EHRs, and including other resources to maintain regulatory compliance. The guide is available here: NASN - Selecting an EHR.

✓ **Examine systems that may supplement or integrate with PowerSchool.**

Some survey respondents reported using PowerSchool as a supplement to a more clinically focused EHR. The PowerSchool software integrates with a number of such systems, which can be found here: PowerSchool-compatible EHRs. Of note, though the combination of Frontline and PowerSchool was reported in the survey data, the two programs do not directly integrate, and they serve similar functions (i.e., Frontline is a student information system which includes a health monitoring component, as is PowerSchool).

✓ **Engage PowerSchool experts to optimize the use of the current EHR system.**

As described in the survey responses, PowerSchool includes many features and can be optimized to best meet district needs. Optimizing the PowerSchool system could provide nurses with new opportunities, workarounds, and resources to use the current health record software, but in a more cost- and time-effective way. PowerSchool provides varying levels of optimization and education for partnering school districts. Current PowerSchool clients can receive system use audits, transformation recommendations and strategic consulting. More information about offered services is available here: PowerSchool Consulting Services

FINDING 4: THE CURRENT SUPERVISORY AND EVALUATION STRUCTURE FOR NURSES DOES NOT PROVIDE IMPORTANT CLINICAL SUPPORT AND OVERSIGHT.

💬 **FINDINGS FROM INTERVIEWS WITH WSSD NURSES AND ADMINISTRATORS**

WSSD school nurses currently receive performance reports from the principal of their school using the modified Danielson Rubric, which was developed for teachers. Nurses reported that the adapted Danielson Rubric is not particularly relevant to their daily tasks. In particular, nurses indicated that they prefer more specific feedback about clinical areas for improvement and best practices. While WSSD nurses do collaborate with the nursing supervisor at the beginning of the year to discuss best practices, they reported that the feedback they receive from their direct supervisors (principals) does not help them improve in core nursing competencies. The nurses generally reported preferring a supervisor with clinical experience who can offer more detailed feedback on their clinical competencies.

Principals reported that while they are impressed by the school nurses' independence and rapport with the students, they do not always feel well equipped to evaluate the school nurses. Principals described feeling confused about how to use the adapted Danielson Rubric effectively with their nurses. While each school's principal serves as a formal supervisor for the nurses, because of the demands on the schedules of both principals and nurses, both groups reported limited interaction with each other.

> **Principals reported that while they are impressed by the school nurses' independence and rapport with the students, they do not always feel well equipped to evaluate the school nurses.**

Consequently, the principals do not have many opportunities to observe the nurses to provide detailed feedback, and many principals reported that they base their annual evaluation off one or two hours of observation in the nurse's office and their general impressions from the reports of other school staff.

BENCHMARKING WITH OTHER DISTRICTS

In the survey of other districts, respondents shared information about who supervises and evaluates school nurses in their district. Most nurse respondents (n=15, 83.3%) reported that they are supervised by district-level administrators, and 69.2% of nurses reported being evaluated on the Danielson Rubric or something similar. However, fewer than half of the school nurses (n=8, 44%) reported satisfaction with their evaluation system. When asked how nurse evaluations should be updated, 44% of respondents (n=4) suggested developing a nurse-specific evaluation rubric, while another 44% (n=4) suggested having a nurse as the evaluator. (Note: These questions were toward the end of the survey and not required to answer. Many respondents exited the survey before responding to these questions, or elected not to answer them, and the total n is lower than for other questions.)

RECOMMENDATIONS FOR SUPERVISION AND EVALUATION OF NURSES

Develop a model of supervision and support that better aligns with nursing work and expertise.

WSSD uses the Nonteaching Professional adaptation of the Danielson Rubric to evaluate nurses across 4 domains: Planning and preparation, educational environment, delivery of service, and professional development. While these domains are important for all school professionals to adhere to, important school nursing competencies fall outside of these four areas. For example, the adapted rubric collapses some important components of the NASN nursing competencies (See Figure 1) into the category "delivery of service," but the evaluated items under that domain are not clinical in nature—they include clear communication, flexibility and information gathering. School nurses also have assessment, medical care planning and intervention responsibilities which the existing rubric does not capture.

The NASN framework also highlights the deeply clinical nature of the school nursing role, which is difficult for someone who is not clinically trained to evaluate. NASN recommends a clinical evaluator so that school nurses can receive detailed feedback on how to improve in their core clinical tasks, such as triage, assessment, care planning, and medication administration. However, due to the union structure at WSSD, our understanding is that the individual providing performance reviews to the school nurses cannot be within their bargaining unit. This issue complicates matters and means the simple solution of having the nursing supervisor conduct performance reviews will not be possible.

While formal supervision is currently constrained by union structure, WSSD nurses have established informal systems of peer support and collaboration that can serve as a foundation for more structured professional development. The team's willingness to reflect on and seek feedback for clinical growth, combined with their high credentialing levels, suggests that a central office liaison, particularly one with clinical expertise, could be a welcomed and effective source of guidance. Building on this existing culture of continuous improvement would allow WSSD to enhance nurse supervision in a way that is both feasible and aligned with current strengths.

Potential strategies:

✓ **Use the NASN framework to enhance and update the Danielson Rubric.**

Though the main tenets of the Danielson Rubric are required to be included in evaluations per Pennsylvania state law, schools and school districts may request approval to add additional areas of evaluation. The NASN framework may be a useful starting point to make the rubric more relevant for nursing positions. The framework's key components of the school nurse's role, as defined in an article published by NASN in 2016, are provided in Appendix C. Information on requesting approval for modifications to the evaluation process is available here: PA Evaluation Regulations and Process for Modification

✓ **Collaborate with other school districts to provide shared clinical observation or supervision.**

WSSD may consider collaborating with neighboring school districts to pool resources in multiple ways. First, districts could collaboratively support one full-time nurse supervisor whose role includes clinical supervision of and reporting for nurses in all districts. The state of Connecticut has documented the feasibility and effectiveness of this model: CT School Nursing Manual (See Pages 20 and 21). Second, WSSD could collaborate with other districts to provide informal clinical supervision and feedback, where nurses from neighboring districts spend a number of hours observing other nurses to offer clinical feedback, insight and advice.

✓ **Leverage regional resources from school nursing organization.**

 The Pennsylvania Association of School Nurses and Practitioners (PASNAP) provides regional consultancy and may be able to assist in providing supervision or building a reciprocity system. Though information about fees, capacity, and processes is not readily available, contact information for regional consultants can be found here: PASNAP Consultant Information

ONGOING ASSESSMENT & EVALUATION OF SCHOOL HEALTH SERVICES

The ongoing assessment and evaluation of WSSD's school health services is an important mechanism to understand, adapt, and measure changes to the school health program in the future. Thus, evaluation of school health services should ideally be conducted before, during, and after changes are implemented. A comprehensive evaluation should assess the district's services across several domains, such as preventive health services, mental health services, infrastructure, health equity, and resource allocation. Multiple evaluation tools exist, which are described below:

Health services Assessment Tool for Schools (HATS)

The HATS tool was developed by the American Academic of Pediatrics (AAP) to aid school districts and state-level programs in self-assessing the quality and comprehensiveness of their school health services. The tool comprises multiple sections to assess school health services on both the district and state levels. The district-level tool includes eight separate sections: infrastructure, chronic condition management, emergency & disaster preparedness, mental health & social services, school-based screenings & preventive health, sexual & reproductive health, infectious disease prevention & management, and oral health. After responding to the questions in each module, the district receives an automatic score ranging from 1.00-4.00, where 1.00-1.99 indicates a need for attention, 2.00-3.49 indicates room for improvement, and 3.50-4.00 indicates that all key elements are present.

State School Infrastructure Measure (SSHIM)

The SSHIM tool was developed to aid states in assessing school health services at the state-level. Though the tool was not designed for individual district use, many of the domains could be easily adapted to district-level assessment, making the tool potentially of use to WSSD. The SSHIM encompasses seven domains: Evidence-based school nursing practice standards; school nursing workforce professional competency standards; school nursing delivery of school-age population healthcare; equity in student access to professional nursing services; leadership, governance, coordination, and collaboration; school health information technology and data integration; and resource allocation. Scoring of the SSHIM assessment is based on each domain, and then combined and categorized into three levels: Beginning to support school health, progressing toward support for school health, and supporting school health.

Based on an overall assessment of each of these two free-to-use tools, the HATS system emerges as likely the most useful, relevant, and appropriate tool for WSSD to regularly assess their school health services. The HATS tool allows for online completion and storage of prior responses, automatic scoring, and collaborative completion of items between school nurses, administrators, and others. Finally, the HATS tool is compatible with the AAP's TEAMS course, which offers a systematic process to make improvements to school health services, helping to generate important next steps from assessment results.

CONCLUSION

Our report finds that school nurses are generally well-respected in the Wallingford-Swarthmore School District but feel stretched thin and therefore struggle to reach their full clinical potential or optimize student health outcomes. To improve the experience of WSSD school nurses and the delivery of services to WSSD students, we recommend the district address the school nurse staffing model, the perception and integration of nurses across the district, the electronic health record, and the supervision and evaluation of nurses. This report includes potential strategies to make substantial changes in response to these key issues. Benchmarking to other school districts in suburban Philadelphia indicates that addressing these key areas can lead to substantial improvements for the school nursing system at WSSD.

Using insights from the National Association of School Nurses and current research, this report reaffirms the importance of school nurses as public health professionals and takes the position that school nurses must be empowered to not just provide direct care to students, but to innovate population-level surveillance and health promotion efforts. This vision of school nursing should be considered a long-term goal. Recommendations in this report are aimed at laying the groundwork for WSSD to develop its nursing program such that this vision is attainable. Adopting a public health perspective in the development of school nursing throughout WSSD will better position the district to proactively address complex, system-wide health challenges in the years ahead.

APPENDIX A: SAMPLE INTERVIEW QUESTIONS

For Nurses

1. Please describe how you see the nurse's role operating with respect to student needs.
   a. What do you want students to go to the nurse's office for?
2. Tell us about yearly health screenings.
   a. How manageable are they?
   b. What opportunities do you see to make screenings happen more seamlessly?
3. How do you track your time in a given week?
   a. Are there natural categories of activities or duties that make sense to you?
4. Are there school community issues that you feel the nurse should have a larger voice in?

For Administrators

1. How involved do you feel the school nurses are in the school culture/environment?
2. What pieces of information do you see as most important for school nurses to convey to you?
3. How do screenings factor into your priorities?
4. What are the priorities you need to keep in mind when making decisions about where to allocate resources?

APPENDIX B: SAMPLE SURVEY QUESTIONS

1. Which tasks are part of the school nurse's role in your school/district? (Select all that apply)
   a. Evaluating students for illness/wellness
   b. Evaluating staff for illness/wellness
   c. Administering daily and as-needed medications
   d. Contacting parents with urgent health needs (i.e., illness or injury at school)
   e. Contacting parents with nonurgent health needs (i.e., missing documentation)
   f. Conducting mandatory state health screenings
   g. Conducting mandatory staff training (e.g., allergy management, seizure protocol)
   h. Documenting student chronic health conditions
   i. Tracking student medical documentation (e.g., physical and immunization records, IEPs, 504s)
   j. Attending IEP/504 meetings
   k. Developing school health plans (e.g., Asthma/Seizure Action Plan, concussion return-to-school plans)
   l. Teaching or co-teaching health education for students
   m. Communicating with community health providers (PCPs or specialists) to coordinate referrals
   n. My own professional development
   o. Contributing to the professional development of school staff
   p. Other
   q. I'm not sure

2. Does your school or district employ any non-standard staffing model? (i.e., anything other than a single nurse assigned to a single school). Select any that apply.
    a. Float nurse (one or multiple nurses that float between schools; does not have a "home" school)
    b. Nurses split time (one or multiple nurses works part-time in one school and part-time in another)
    c. Contracted nurses (from external agencies)
    d. Health assistants (not nurses) working in the health office
    e. We do not use any alternative staffing model
    f. I'm not sure
    g. We use a model not described here
    h. Documenting student chronic health conditions
    i. Tracking student medical documentation (e.g., physical and immunization records, IEPs, 504s)
    j. Attending IEP/504 meetings
    k. Developing school health plans (e.g., Asthma/Seizure Action Plan, concussion return-to-school plans)
    l. Teaching or co-teaching health education for students
    m. Communicating with community health providers (PCPs or specialists) to coordinate referrals
    n. My own professional development
    o. Contributing to the professional development of school staff
    p. Other
    q. I'm not sure
3. Is someone "covering" the nurse's office at all times?
    a. Yes
    b. No
    c. I'm not sure
4. Who typically covers in the nurse's place? (free text)
5. Does your current health record system meet your needs?
    a. Yes
    b. No
    c. I'm not sure
6. Describe the biggest problem(s) with your EHR system. (free text)
7. Describe your favorite thing(s) about your EHR system. (free text)
8. Do you feel that the current model of evaluation/supervision is sufficient?
    a. Yes
    b. No
    c. I'm not sure
9. Which roles in the school do you collaborate with on a regular basis?
    a. Principals/administrators
    b. Teachers
    c. Counselors
    d. Office and administrative staff
    e. Support staff (i.e., paraprofessionals, behavioral interventionists)
    f. Other
    g. None of these

APPENDIX C: KEY COMPONENTS OF NURSE'S ROLE

as described by the NASN Framework

Care Coordination
- Case management
  - Chronic disease management
  - Collaborative communication with other members of the school team
  - Direct care including routine treatments, medication administration, and addressing acute needs
- Nursing delegation to unlicensed assistive personnel
- Student care plans, including Individualized Health Care Plans (IHP), Emergency Care Plans, educational plans (e.g. 504 plan, IEPs)
  - Student-centered care to ensure student needs and desires are met
  - Education to empower students and families to be decision makers in their own care
  - Student self-empowerment to help students realize their own capability to manage their health conditions
  - Transition planning (from other health care settings to the school setting, or to future school or employment settings)

Leadership as mindset
- Advocacy for student needs
  - Developing and implementing policies to address children's issues within the school setting
  - Being aware of emerging models of practice
- Lifelong learning
  - Engage in advanced education, certification, and activities to support competent professional practice
  - Staying current with current medical and information technology

Quality improvement
- Continuous QI, which can be thought of as the nursing process in action: assessment, identification of the issue, developing a plan, implementing the plan, and evaluating if the goals/outcomes are achieved
- Data collection and documentation of daily tasks, progress towards student health goals, etc.
- Evaluating meaningful health and academic outcomes

Community and public health
- Health education and promotion efforts through schoolwide programming, immunization programs, screenings, referrals, and follow-ups
- Cultural competency
- Surveillance – the ongoing systematic collection, analysis, and interpretation of health-related data
- Outreach to individuals or groups at risk to provide education or find ways to reduce risk

Standards of practice
- Clinical competence
- Ethics
- Critical thinking
- Evidence-based practice

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