

Metropolitan Board of Health of Nashville and Davidson County June 13, 2018 Meeting Minutes

The meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Carol Etherington at 4:00 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville TN 37209.

Present

Carol Etherington, RN, MSN, Chair
Francisca Guzmán, Vice Chair
Samuel L. Felker, J.D., Member
Margreete Johnston, M.D., MPH, Member
Sanmi Areola, PhD, Deputy Director
Rachel K. (Majors) Franklin, MBA, AEMT, CDEP Bureau Director (Interim)
Jim Diamond, MBA, Assistant Director, Administration and Finance Bureau
Dianne Harden, Director, Financial Management
Joanna Shaw-KaiKai, M.D., Infectious Disease Physician
Brian Todd, Public Information Officer
Gill Wright, M.D., Civil Service Medical Examiner
Tina Lester, R.N., MSN, Director, Population Health Bureau
Les Bowron, Esq., Director of Human Resources
Quan Poole, JD, Metropolitan Department of Law

BOARD OF HEALTH

Hepatitis A Outbreak Update

Rachel Franklin updated the Board on the Department's efforts in response to the hepatitis A outbreak (Attachment I). Dr. Areola offered to share with the Board a breakdown of the number of confirmed cases among the three at-risk groups.

Approval of Grant Applications

There were no grant applications presented.

Approval of Grants and Contracts

Jim Diamond presented 10 items for approval:

- 1. U.S. Department of Health and Human Services – Ryan White Part A**
Term: March 1, 2018-February 28, 2019
Amount: \$4,350,406.00
- 2. State of Tennessee, Department of Health – Tuberculosis Control & Prevention**
Term: July 1, 2018-June 30, 2019
Amount: \$1,610,200
- 3. State of Tennessee, Department of Health – Public Health Emergency Preparedness, Amendment #1**
Term: July 1, 2017-June 30, 2022
Amount: \$4,019,034
- 4. State of Tennessee, Department of Health – Tobacco Prevention & Cessation Services (Tobacco Settlement) * Revised amount from April Board approval due to State funding decrease.**
Term: July 1, 2018-June 30, 2019
Amount: \$97,500

5. **Nashville Academy of Medicine – Charisma Salus Access**
Term: July 1, 2018-June 30, 2019
Amount: \$3,800
6. **State of Tennessee, Department of Human Services – Childcare Agency Immunization Audits**
Term: July 1, 2018-June 30, 2019
Amount: \$30,219
7. **Columbia State Community College – Veterinarian Tech Affiliate Agreement**
Term: July 1, 2018-June 30, 2023
Amount: NA
8. **United Neighborhood Health Services – Homeless Health Services**
Term: July 1, 2018-June 30, 2019
Amount: \$355,200
9. **Environmental Protection Agency – Air Pollution 103**
Term: April 1, 2015-March 31, 2020
Amount: \$79,048
10. **The Community Foundation of Middle Tennessee**
Term: June 15, 2018-December 31, 2018
Amount: \$50,000

Dr. Johnston made a motion to approve the grants and contracts as presented. Ms. Guzmán seconded the motion, which passed unanimously.

Approval of the May 10, 2018 Regular Meeting Minutes

Dr. Johnston made a motion to approve the minutes of the May 10, 2018 Board of Health regular meeting as written. Ms. Guzmán seconded the motion, which passed unanimously.

Director’s Report

Dr. Areola referred to Dr. Paul’s Update provided in the Board packet (Attachment II) and welcomed questions.

Dr. Areola recognized Dr. Michelle Pardue, director of the Oral Health Services program, who is serving as interim director of the Community Health bureau.

In response to Dr. Johnston’s request at the May 10 meeting, Dr. Areola updated the Board on lead in drinking water at Metro Nashville Public Schools.

Dr. Areola and Tom Sharp updated the Board on the FY2019 Budget. At Mr. Felker’s request, Jim Diamond explained how cost of living (COLA) increases would be funded for all eligible employees if a COLA increase were included in the Metro budget.

Report of the Chair

Chair Etherington shared an overview of the responsibilities and accomplishments of the School Health program (Attachment III).

Chair Etherington recognized the efforts of everyone working on the hepatitis A response.

Chair Etherington updated the Board on the interactive meeting held with the Executive Leadership Team and various managers on May 11. The meeting focused primarily on career development, and strengths and challenges.

Ms. Guzman asked for confirmation regarding the save rate for adult felines in the MACC Report. Dr. Areola advised that he would provide additional information.

Mr. Felker asked to be updated on the vacancies that were reported recently in the media. Dr. Areola advised that two of the three vacancies were occupied by interim directors and some organizational adjustments had been implemented.

Mr. Felker announced that Mayor Briley had asked him to serve another term, and he had accepted.

Chair Etherington reported that Metro Human Resources is on schedule with the tasks related to the search for a new director and would share a timeline with Board members. She announced that Dr. Jahangir had volunteered to serve on the interview committee, and Dr. Campbell had volunteered to serve as his backup, and that Ms. Guzman had volunteered to serve on the materials review committee, and Dr. Johnston volunteered to serve as her backup. Mr. Felker said he would be in favor of the Board having another work session to move the process along. Chair Etherington said she would meet with Metro Human Resources and report to the Board at the July meeting.

CIVIL SERVICE BOARD

Layoff List – Rescission

Les Bowron informed the Board that a position had been offered to and accepted by the employee who was on the layoff list the Board had approved at the April 12, 2018 regular meeting, thereby rescinding the layoff list.

Personnel Changes

Les Bowron presented the personnel changes.

Exit Interviews

Les Bowron presented the Exit Interview report for the Board's review. Discussion was held regarding the report and various changes to the methods for obtaining exit comments from departing employees were discussed. Mr. Bowron advised Dr. Johnston and Mr. Felker that two allegations of misconduct described in one exit interview would be reviewed and advised the Board that a summary of that review would be provided to Dr Paul to share with the Board.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, July 12, 2018, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 5:50 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

Hepatitis A Outbreak

Update to the Board of Health

June 13, 2018

Rachel K. (Majors) Franklin, MBA, AEMT

Emergency Preparedness & Notifiable Disease Program Manager

Interim Director CD-PHEP Bureau



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Hepatitis A

- Infectious disease of the liver caused by the hepatitis A virus (HAV)
- Vaccine-preventable
- Fecal-oral transmission
- Symptoms: jaundice, severe gastrointestinal discomfort, nausea, fever, diarrhea, fatigue
- Davidson County usually sees 2-3 hep A cases per year



Case Information

- 23 Confirmed Cases (12/1/17 – 6/12/18)
 - Three currently “suspect”
 - All but two cases within identified high-risk populations
 - MSMs
 - Individuals experiencing homelessness
 - Illicit Drug Users
 - Incarcerated
 - Four confirmed in correctional facilities

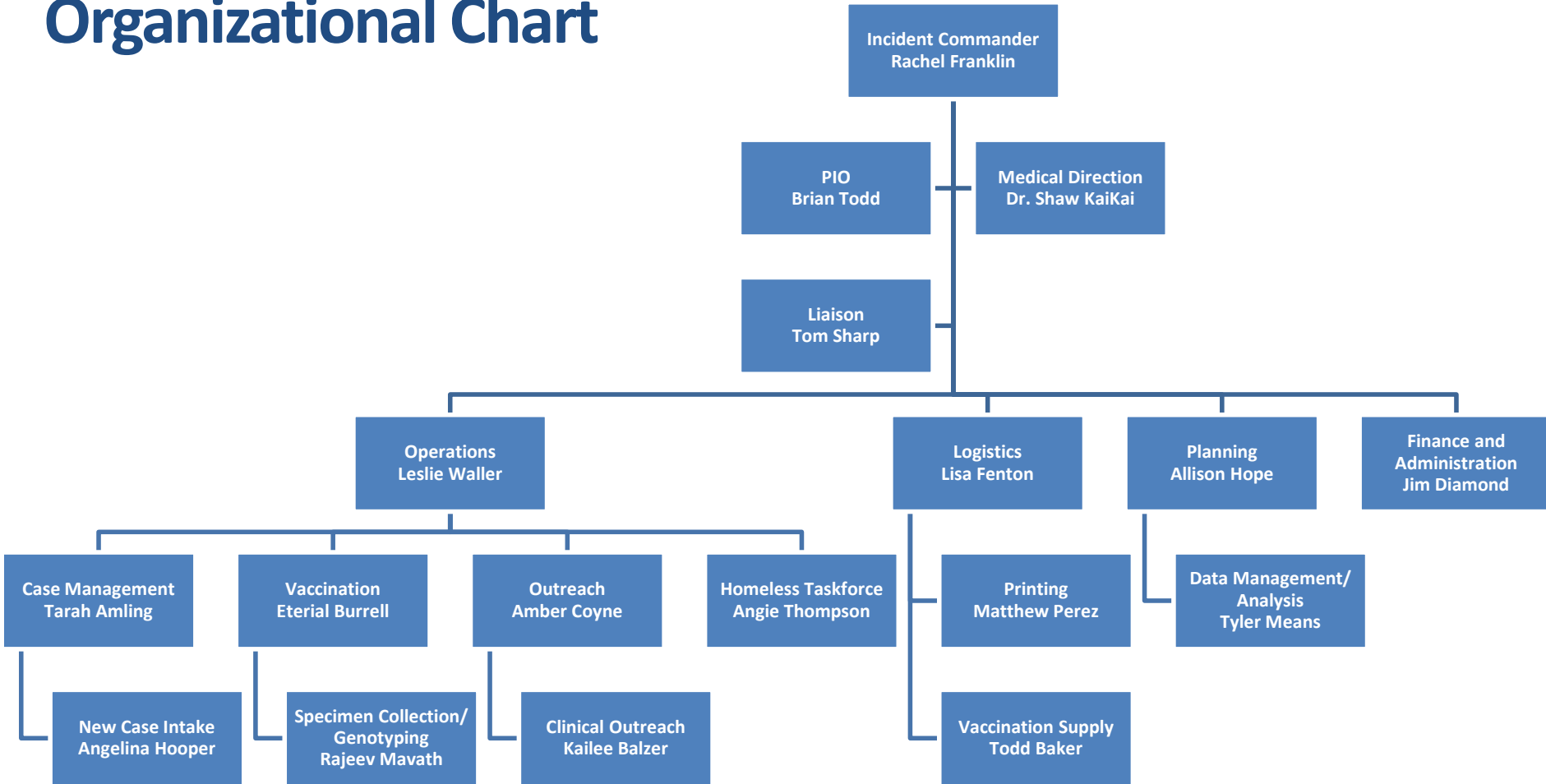


Response Activities

- Incident Command structure activated 5/21/18
- Operations/priorities include:
 - Case identification and interview
 - Contact notification and Post-Exposure Prophylaxis (PEP)
 - Vaccination of at-risk populations
 - MPHD Clinics
 - Neighborhood Health
 - Correctional facilities
 - Homeless outreach
 - Continued coordination and response planning with TN Department of Health
 - Identifying opportunities for vaccination expansion
 - Partnerships
 - Festivals/community events



Organizational Chart



Vaccine Information

- Total of **752** vaccines administered as of Monday, June 11
 - MPHD Clinics - 63
 - Correctional facilities - 573
 - Neighborhood Health - 116
- Request for purchase of 1,000 doses submitted today to Metro Finance
- 2,000 doses of vaccine from TDH will arrive Thursday, June 14, and additional vaccine will be available upon request, according to Dr. Kelly Moore of TDH

Current Operations

- Completing jail vaccinations by end of week
 - Estimated additional 1,000 doses
 - Developing plan for ongoing vaccination at intake
- Beginning homeless vaccinations next week: six dates/locations confirmed
 - 6/18/18: Loaves and Fishes
 - 6/20/18: The Little Pantry that Could
 - 6/27/18: Downtown Library
 - 6/29/18: Caldwell Park
 - 7/2/18: City Road Chapel
 - 7/6/18: Community Care Fellowship
- PRIDE Festival vaccinations – June 23-24
- Ongoing outreach to all at-risk



Questions?

Rachel.Franklin@nashville.gov

615-340-5691



Metro **Public Health Dept**

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Director's Update to the Board of Health June, 2018

Improve and Sustain Family and Child Well-Being

Sexual Assault Center

After two years of work by a multi-agency task force, the ribbon-cutting for a new SAFE clinic at the Sexual Assault Center (SAC) was held last week. The clinic is in the Metro Center area. It will provide free forensic examinations (also known as rape kits) and related services, for anyone 16 and older who has experienced rape or sexual assault. The clinic is principally a partnership between the SAC and Nashville General Hospital. It will be the city's first dedicated non-hospital facility for collecting rape kits for victims of sexual violence. Victims who visit the clinic will also have the opportunity to access advocacy and other support services through the Sexual Assault Center.

Promote and Support Healthier Living

Behavioral Health and Wellness

The Mayor's Behavioral Health and Wellness Advisory Council held its inaugural meeting here last week. The Council is charged with "identifying, reviewing, and promoting community behavioral health priorities, and determining best practice goals and strategies for lessening the impact of mental illness and addiction on the people of Nashville." Dr. Paul and Angie Thompson are members. One of the proposed roles for the Council is to amplify existing efforts in this realm, including specifically the Community Mental Health Systems Improvement work we have led the last three years.

Equity

Our Health Equity Committee has a new subcommittee focused on LGBTQ equity. The subcommittee is hosting two lunch-and-learns this month in celebration of Pride Month. These sessions are open to all staff and board members. Details:

- "Straight Facts about LGBTQIA Life," facilitated by Roberta Nelson from Vanderbilt's Center of LGBTQI Life: June 13, 1-2 PM, Centennial Rooms B & C
- "U=U," facilitated by Brady Morris (Prevention Access Campaign, #UEqualsU): June 19, 1:30-2:30 PM, Centennial Room C

MPHD's Health Equity Assessment Team continues looking at how equity is incorporated in our policies, procedures and practices, as well as learning about overall staff knowledge about the concept. Next steps for the assessment include an all-staff survey that will be conducted from June-July.

We will also have a presence at the Pride parade on June 23. Board members are welcome to join in.

CHA

The Healthy Nashville Leadership Council is now steering its community partner organizations through Phase 3 of the MAPP process for the Community Health Assessment, which as you will recall is for the first time a joint effort that includes, Vanderbilt, St. Thomas, the city's three Federally Qualified Health Centers, and Metro Social Services.

The Community Health Status Assessment is first; the sub-committee began its work in April. This assessment looks at community health and quality of life. Questions this assessment seeks to answer include:

- What are the major health issues in the community?
- Are there diseases or conditions that are concerns, or occur at high rates?

The subcommittee has determined that the twelve categories of data outlined in the MAPP process would provide sufficient structure for a picture of Nashville's health. It is sorting through hundreds of potential indicators and assigning them to categories now.

The Community Themes and Strengths Assessment also is under way. The sub-committee met twice last month to begin answering the following questions:

- What is important to the community?
- How is quality of life perceived in the community?
- What assets does the community have that can be used to improve community health?

The Local Public Health Systems and the Forces of Change assessments will begin in late summer.

Teen Tobacco Summit

Our tobacco control and youth program coordinators were in Chattanooga last week with a half dozen members of the Youth Advisory Board for the TN Strong conference on combating tobacco use among young people. We have developed a goal to partner with Truth Initiative, a non-profit, to create a tobacco-free environment in Nashville by increasing tobacco prevention, protection and cessation. We've developed this partnership with Truth Initiative due to the pending cessation of tobacco settlement funding.

Create Healthier Community Environments

Water

(Dr. Areola will provide a verbal update on the water testing situation in Metro Public Schools)

Art

You may have noticed a new (temporary) addition to our lobby as you entered today. MPHD was chosen in 2010 as one of two local urban health departments nationally to participate in the W.K. Kellogg Foundation-funded Racial Healing Project. Supported by technical assistance from CityMatCH, the purpose of the two-year Racial Healing Project is to support local health departments in the review of national, regional and local policies and decisions (e.g. Interstate 40 being built through North Nashville, and federal redlining in the mortgage loan industry) that affected health and well-being in communities with the poorest health outcomes. MPHD focused on health and well-being in North Nashville and the subsequent impact on infant mortality. In June, Metro Arts launched the "Build Better Tables" summer exhibition of public art. Inspired by the Racial Healing Project, artist Andrea Chung of San Diego crafted her art exhibit, "Eeny, eeny, miny, moe," to bring attention to the limited healthy food options available to residents of North Nashville after the development of I-40. The art will be on display in the lobby through August, and there will be monthly cooking demonstrations through that period as well.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Hep A

(Agenda point --- Rachel Franklin)

Ryan White

The Nashville TGA HIV Planning Council does an annual needs assessment highlighting the HIV epidemic in the region and updating the HIV Care Continuum, the series of measures employed by the CDC to

measure progress in eradicating the disease. The data include the number of people living with HIV/AIDS (PLWHA) at the end of 2016; the number of new HIV infections from 2012-2016; the percentage of newly-diagnosed individuals in 2016 who were linked to HIV care within 30 days; the percentage of PLWHA who were retained in HIV care in 2016; and the percentage of PLWHA who were virally suppressed in 2016. As part of this process, a needs assessment report will be presented to the Ryan White Planning Council and community on June 19 here at Lentz. The results are used to inform resource allocation, among other things.

“Rumor” of Scabies

There was a concern last month over a possible scabies outbreak at the Core Civic jail on Harding Road where, as you will recall, there was an outbreak last summer that migrated to the Metro Courthouse and caused considerable consternation among employees there. In response, one of the jail’s pods was treated prophylactically. The other pod was not treated as there were no indications of scabies there. We sent one an epidemiologist and a notifiable disease nurse to the site and determined there was, by all available evidence, no outbreak in progress. We reviewed sick calls, and all inmates suspected of potential scabies are being treated, isolated and held from court. Their clothing, bedding and linens were all being changed out immediately. One of the females admitted to the Health Department that she started “the rumor” of scabies. Nevertheless, we continue to monitor the sick call logs on a daily basis.

Increase Access and Connection to Clinical Care

NGH

The Meharry Task Force on Nashville General Hospital’s Models of Care subcommittee, which is looking at systems of care that might be applicable to Davidson County (including but not limited to Nashville General) and of which Dr. Paul is co-chairman, advanced its work last month with a consensus workshop on the elements a functioning system of care would include. These elements will be refined and conveyed to the larger workgroup. The Metro Council’s Strategic Planning Committee for Nashville General Hospital held its second meeting at Lentz last week and decided on a process for choosing a consultant to guide its recommendations, which are due to the Mayor by the end of the year. The Metro Council members on the committee decided to request an appropriation for that purpose, as the legislation that created the committee did not convey any funding for such. The chairman of the group, Councilman Bob Mendes, has said he intends for the Meharry Task Force’s work to inform the recommendation of the strategic planning committee.

Organizational Updates

Budget

The Metro Council has been meeting extensively in the last month as it attempts to craft its budget proposal in light of the unexpected shortfall in revenue. The biggest issue has been backtracking from the original three-year pay plan promises of cost-of-living adjustments and raises that were passed for FY18; those raises for subsequent years were subject to the availability of funds, and the funds are not available. We did not request any improvements in our budget for FY19. The main issue for us at this point is protecting the status quo budget we were asked by the Mayor to submit, which we did.

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 9-2012)

IMPORTANT NOTES FOR THE BASIC DATA MATRIX

Introduction to the Basic Matrix:

This basic matrix was designed to serve as a tool for basic data collection. It is a simple matrix containing what many (including Asilomar, ASPCA, National Federation of Humane Societies, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not calculate rates but is rather simply a tool for data collection.

Tracking by Species and Age:

The risks associated with being an adult dog, puppy, adult cat or kitten (or neonate of any kind) in a shelter environment will vary a great deal. To help shelters assess populations of animals, this basic animal stats matrix includes a break out by species and age. If tracking statistics broken out by species and age is beyond the capabilities of an organization, a neonate category would be a place to begin. This document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk, a neonate category for both dogs and cats can also be very informative.

Determining Age:

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, http://www.animalsheltering.org/resources/magazine/may_ju contact the National Federation of Humane Societies for a copy of the document.

Beginning and Ending Shelter Counts:

These numbers help frame the population of the animals sheltered and cared for by the organization. We are recommending that a shelter do a walk through – physically count the organization, and not forgetting to count those animals who have been admitted but who are not currently within the shelter (foster care, in the care of a veterinarian, etc.).

Defining Owner Requested Euthanasia:

Some shelters offer pet euthanasia to the public as a service whose cost may be subsidized and therefore more affordable than local veterinary clinics, thus ensuring euthanasia should be recorded as "at the request of the owner", or not, is the subject of much discussion.

For the purposes of this document, we are choosing to define owner INTENDED euthanasia as the euthanasia of a pet whose owner brought the pet to the shelter for that service – it was their intent before arriving.

Any other definition of "owner requested" euthanasia leaves much up to interpretation and therefore a great deal of variation among organizations and their reporting. This definition helps to ensure consistent application and record keeping.

Live Admissions Only

For the purposes of this matrix we are tracking LIVE admissions only, i.e. animals who are alive when they come into an agency's possession. Animals who are dead at the time of admission are a data point to track, but that information is not tracked by this matrix.

What is Possession?

"Adoption" and "Transferred to another Agency" both make reference to possession. The primary concept here is one of ownership. For example, in foster care, the animal is adopted or transferred to another Agency, possession is now with the new owner, or with another Agency.

Where are the "Others"?

This basic data matrix focuses on canines and felines. Many organizations also provide extraordinary services for other pets (pocket pets, rabbits, ferrets) and animals captured here.

Why a Basic Matrix?

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many have agreed are the minimum data points an organization should gather to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization already gathers a great deal of data, that they will consider rolling up (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against other organizations. This matrix does not reflect any preference for the variety of live release rates used in animal sheltering and welfare. Most rates, other than full Asilomar rates, are able to be calculated from the data points included.

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 6_13_2011)

BASIC DATA MATRIX

Species By Age		Canine		Feline		Total
		Adult	Up to 5 months	Adult	Up to 5 months	
A	Beginning Animal Count (date: 05/01/2018)	45	4	21	7	77
Intake						
B	Stray/At Large	213	58	51	125	447
C	Relinquished by Owner	55	9	31	41	136
D	Owner Requested Euthanasia	15	0	5	0	20
E	Transferred in from Agency	0	0	0	0	0
F	Other Intakes	21	9	3	0	33
G	TOTAL INTAKE	304	76	90	166	636
Outcomes						
H	Adoption	82	23	21	31	157
I	Returned to Owner	120	5	2	0	127
J	Transferred to another Agency	49	34	16	26	125
K	Other Live Outcome	0	0	0	0	0
L	TOTAL LIVE OUTCOMES	233	87	40	146	496
M	Died in Care	0	0	1	0	1
N	Lost in Care (Physical Inventory Adjustments)	0	0	0	0	0
O	Shelter Euthanasia	22	0	18	11	51
P	Owner Requested Euthanasia	13	0	5	1	19
R	TOTAL OUTCOMES	304	87	64	159	567
Q	Ending Shelter Count (date: 5/31/2018)	85	32	58	21	196
	SAVE RATE:	92.44%	100.00%	77.65%	93.33%	91.57%

METRO ANIMAL CARE AND CONTROL

Trailing 12 Month – Data Report

		Trailing 12 Month Average	
		May-18	Ending May 31, 2018
A	Intake Total	724	555
B	Stray	457	316
C	Owner Surrender	182	160
D	Owner Req. Euthanasia	21	31
E	Wildlife	29	12
F	Other	59	21
G	Adopted	182	217
H	Transfer	138	123
I	RTO	129	108
J	ORE Euthanized	25	30
K	Wildlife Euthanized	13	7
L	Euthanasia Total	94	106
M	Euthanasia %	8%	12

Data Report Key

Intakes

Outcomes

School Health

May 11, 2018

Full-time Nurses Influence Health

- Provide direct care to students
- Provide screening and referrals for health services
- Promote a healthy school environment
 - Monitor immunizations
 - Participate in safety monitoring
 - Participate in developing prevention plans
- Provide health education
 - Communicate directly with parents about students health issues

Full-time Nurses Influence Mental Health

- Identify students struggling with mental, psychosocial or emotional issues
- Liaise between community mental health providers, the family, and school personnel
- Connect parents and children with school and community resources for mental health services and monitor continued treatment and follow-up
- Participate as a team member to create safe school environments such as anti-bullying programs, antiviolence programs, and suicide prevention programs

Full-time Nurses Influence Families

- Coordinate the linkage between the medical home, family and school
- Provide education to parents, families and school personnel
- Serve as a health information resource for families
 - Identify potential health issues
 - Refer appropriately
 - Provide follow-up
 - Responsive to parent concerns

Full-time Nurses Influence the School Community

- Provide leadership for the provision of health services
- Save principals, teachers, and staff a considerable amount of time that they would have spent addressing health concerns of students
- Provide health education to school staff and teachers
- Participate in the development of emergency response plans
- Participate as a member of the Coordinated School Health Team

The successful proposal to expand the School Health program provided improved access to a school nurse by MNPS students.

Nurse Assignments – The number of assigned schools for each nurse has decreased from 3-4 to most nurses having only 2 schools. The result is an improved availability for the nurses to see students other than the ones who have required skilled nursing services.

High School Initiative – The expansion funds enabled us to provide a full-time nurse to 12 of the 16 traditional high schools.

Office Visits – Since the expansion of the School Health Program caused the office visits have increased by 51% this school year.

Attendance Phone Calls – A pilot was begun to learn the effectiveness of a nurse calling the parents of absent students. In one school, this was done in conjunction with a focused effort to reduce chronic absenteeism (missing more than ten days of school). This school year the chronic absenteeism rate was reduced from 16.6% this school year compared to 18.0% last school year. The nurses involved in this project reported cultivation of relationships with families and the schools. They were able to refer students who needed health care or intervention for other family issues which keep students out of school.

7th Grade Immunization Initiative – An increase in school nurses has allowed us to begin a 7th grade immunization initiative. School nurses reviewed all 6th grade immunization records to determine who was prepared to start 7th grade. Students who were missing the required Tdap were sent home a letter, a copy of their current immunization record. Included was a reminder regarding immunizations which were not required but recommended (for meningitis and HPV).

Vision Referrals – Additional nurses enabled a more concerted focus on providing free eyeglass vouchers for student who cannot afford corrective lenses. There was almost a 100% increase of the vouchers distributed.

Time Spent in Travel Between Schools – Due to the increase in nurses and smaller nurse assignments there has been a decrease in time spent in travel by eight hours/day.

Expansion of Medicaid Reimbursement Program – Expanded TennCare reimbursement into nine traditional schools for students (both students with an IEP and without and IEP) who receive skilled nursing services.

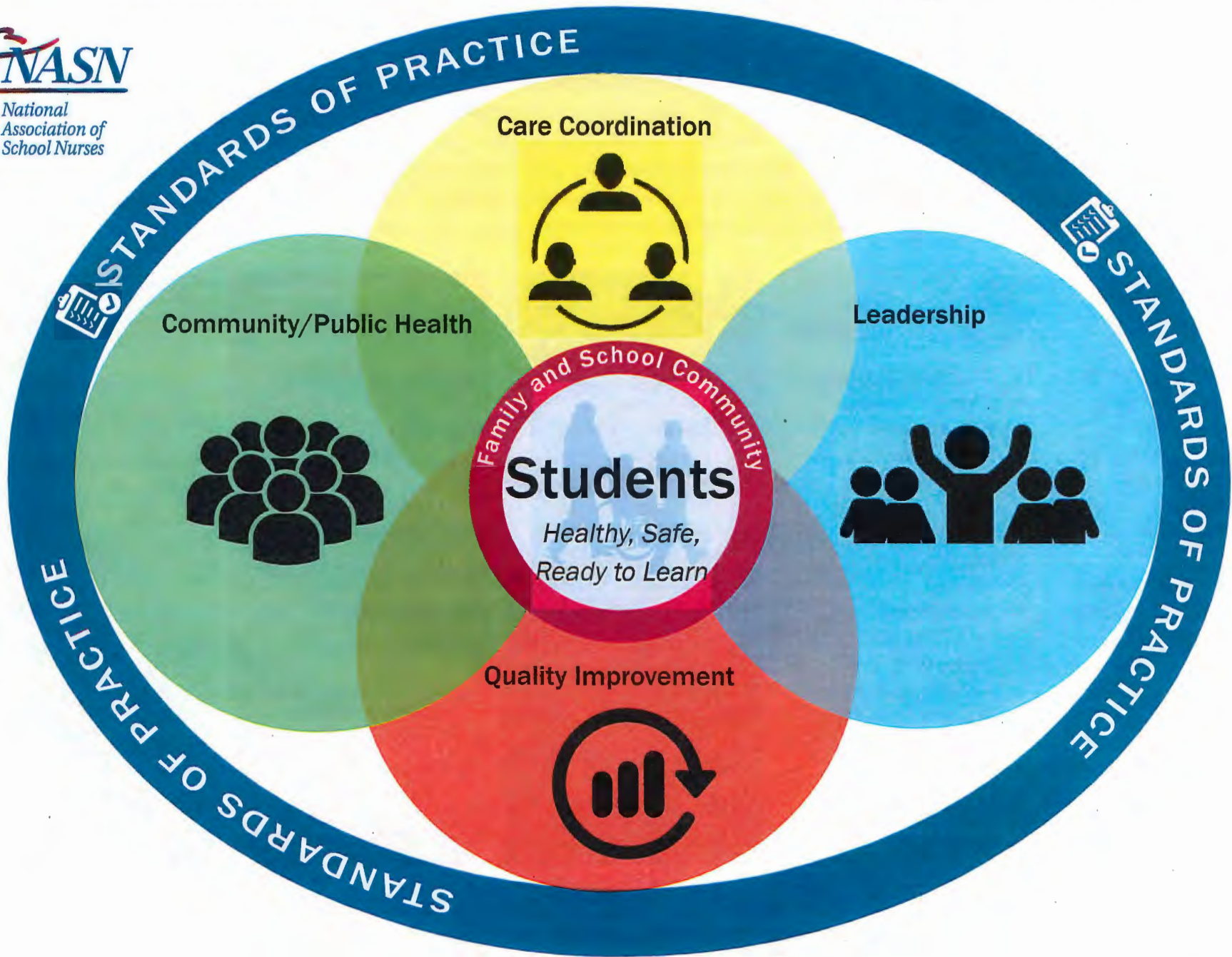
Future of School Health

Resume the remainder of expansion as soon as possible. Benefits will include:

- Continued improvement of student access to a school nurse
- Achieve a full-time nurse in all High Schools
- Expand care coordination and services provided to students and schools

Framework for 21st Century School Nursing Practice – Our program is intent on utilizing this framework to ensure our practice is aligned with the National Association of School Nurses best practice guidelines.

Framework for 21st Century School Nursing Practice™



Framework for 21st Century School Nursing Practice™

NASN's *Framework for 21st Century School Nursing Practice* (the *Framework*) provides structure and focus for the key principles and components of current day, evidence-based school nursing practice. It is aligned with the Whole School, Whole Community, Whole Child model that calls for a collaborative approach to learning and health (ASCD & CDC, 2014). Central to the *Framework* is student-centered nursing care that occurs within the context of the students' family and school community. Surrounding the students, family, and school community are the non-hierarchical, overlapping key principles of *Care Coordination*, *Leadership*, *Quality Improvement*, and *Community/Public Health*. These principles are surrounded by the fifth principle, *Standards of Practice*, which is foundational for evidence-based, clinically competent, quality care. School nurses daily use the skills outlined in the practice components of each principle to help students be healthy, safe, and ready to learn.



Standards of Practice

- Clinical Competence
- Clinical Guidelines
- Code of Ethics
- Critical Thinking
- Evidence-based Practice
- NASN Position Statements
- Nurse Practice Acts
- Scope and Standards of Practice



Care Coordination

- Case Management
- Chronic Disease Management
- Collaborative Communication
- Direct Care
- Education
- Interdisciplinary Teams
- Motivational Interviewing/ Counseling
- Nursing Delegation
- Student Care Plans
- Student-centered Care
- Student Self-empowerment
- Transition Planning



Leadership

- Advocacy
- Change Agents
- Education Reform
- Funding and Reimbursement
- Healthcare Reform
- Lifelong Learner
- Models of Practice
- Technology
- Policy Development and Implementation
- Professionalism
- Systems-level Leadership



Quality Improvement

- Continuous Quality Improvement
- Documentation/Data Collection
- Evaluation
- Meaningful Health/ Academic Outcomes
- Performance Appraisal
- Research
- Uniform Data Set



Community/ Public Health

- Access to Care
- Cultural Competency
- Disease Prevention
- Environmental Health
- Health Education
- Health Equity
- Healthy People 2020
- Health Promotion
- Outreach
- Population-based Care
- Risk Reduction
- Screenings/Referral/ Follow-up
- Social Determinants of Health
- Surveillance

ASCD & CDC. (2014). *Whole school whole community whole child: A collaborative approach to learning and health*. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wsc-a-collaborative-approach.pdf>