

Decision Item #22: ELIMINATE SELECTED NURSE FUNCTIONS AND REDUCE ALLOCATION ACCORDINGLY

Background: The 2000-2001 allocation for Student Services includes an allocation of 21.1 nurses and 26.58 nurse assistants to provide health services. As described in the budget narrative, “the health services staff provides services to all students in the MMSD to ensure that health problems or concerns are not barriers to a student’s learning.” The District also has six additional nurse FTE funded externally (outside the Student Services budget).

Nurses perform many functions, including health curriculum, direct nursing services (counseling, crisis intervention, communicable diseases, diagnosis and treatment, direct care and referral, and screening), immunizations, staff development, clinics and other efforts to increase attendance, coordination with parents, community, and health care providers, and AODA assessment and prevention. The District also recently expanded health services to include administering acetaminophen/ibuprofen, administering epinephrine and nebulized medication, and diagnosing minor acute illnesses.

The District produces an annual report summarizing health services. This report provides substantial data about health office visits and disposition. In 2000-2001, there were 259,177 office visits. Of those, nurse assistants provided 195,552, and nurses provided 59,262 (both the nurse and assistant provided services in the remaining visits). Nurse assistants are often the first to see students to come to the health office. Nurses, in addition to seeing students, provide numerous other functions, including services to staff, acting as a health advocate to groups of students, services to special education students, health educator services, screening and general management. During the 1998-1999 school year, the District conducted a random sampling time study of nurses’ time. Following are the results⁵:

	Nurses		
Function	% of Time	FTE Allocation	Cost Allocation
Direct Nursing Services (to staff)	1.90%	0.4	\$ 27,461
Health Advocate (individual student)	43.49%	9.2	\$ 628,564
Health Advocate (groups of students)	7.87%	1.7	\$ 113,746
Special Education Services	6.05%	1.3	\$ 87,441
Health Educator	6.65%	1.4	\$ 96,113
Health Screening	2.67%	0.6	\$ 38,590
General management	31.80%	6.7	\$ 459,608
Total		21.1	\$ 1,445,308

⁵ The Health Educator function also includes a small amount of time counseling to groups of students. This time was not considered to materially affect this analysis. The number of health sessions in 98-99 was 719, compared with 824,834, and 854 in 00-01, 99-00 and 97-98, respectively. In 97-98, the health educator function represented 7.87% of nurses’ time – over 1% more than in 98-99, when fewer sessions were offered. Given that counseling to groups is less than 1% of this time, the allocation of 6.65% to the Health Educator category is appropriate.

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Background: (cont.) There are two categories into which these functions fall:

Functions directed to improving students' health:

- ✓ Health Advocate (individuals)
- ✓ Health Advocate (groups)
- ✓ EEN Services
- ✓ Health Screening

Functions that are discretionary:

- ✓ Health Educator
- ✓ Direct Nursing Services to Staff

The remaining function, general management, is assumed to be required to perform the above (this category includes supervision of the nurse assistants, transportation between sites, staff meetings and development and record-keeping). Although 30 percent of time for management duties may appear high at first glance, given the inclusion of record keeping in this category, it cannot be determined without a detailed operational review whether reductions in the percent of time for management are possible.

Although the data have not been collected since 98-99, the two years for which data were collected show fairly stable levels of effort for each function. In addition, while there have been some changes in services (reductions in Special Education assessments due to the IDEA implementation and increases in health advocate to students), these changes would represent shifts in time between functions directed to students' health, and would not affect discretionary functions.

As the data shows, 8.5 percent of nurses' time is spent delivering discretionary services. Given an allocation of 21.1 nurses, this translates into approximately 2 nurse FTE.

Expenditures: The 2001-2002 Student Services budget includes approximately \$1.4 million for nurses.

Revenues: The District receives Medicaid revenue for nursing service to students. In 2000-2001, this amount totaled \$16,471. This revenue should not be affected by eliminating the discretionary functions identified.

FTE: If the above discretionary functions were eliminated, approximately 2.0 FTE could be eliminated.

Anticipated Savings: Assuming an average salary with fringe benefits of \$68,500, approximately \$137,000 could be saved if nurses no longer provided direct services to staff or provided educational services and the allocation were reduced accordingly.

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Student Impact: There is no student impact of discontinuing nursing services to staff. If the nurse's role as health educator were eliminated, there would be an increasing requirement for teachers to teach health related classes. Currently, teachers can request that a nurse teach health related classes (the most common request being human sexuality). If nurses no longer provided this function, teachers would be required to teach these classes. There is no data to suggest that health courses are more effective when taught by a nurse than when taught by a regular teacher.

Strategic Priorities: Nurses' functions are linked to the strategic priorities of student support and home community partnership. There is no direct link between eliminating the identified functions and strategic priorities.

Board Priorities: Nurses' functions that focus on improving student health are directed at improving attendance, which is a key Board priority. Therefore, those functions were not identified as options for reductions. However, there is no link to Board priorities for the role of nurse as health educator (if teachers provide instruction) or as provider of nursing services to staff.

Effectiveness: No data were provided to suggest that nurses are better health educators than teachers.

Other Considerations: This analysis presumes that eliminating functions and the corresponding demands on nurses' time can lead to a reduction in overall allocation of nurses by a corresponding amount. It should be noted, however, that there are likely operational differences in how nurses spend their time, based on the needs of the schools to which they are assigned. Therefore, this reduction in functions and total nurse FTE's allocated to schools should be accompanied by a reexamination of the allocation formula to ensure continued appropriateness.

Although there is no uniform national standard for nurse student ratios, the National Association of School Nurses recommends the following ratios:

- 1:750 general populations
- 1:250 mainstreamed populations
- 1:125 severely handicapped populations

The current ratio of nurses to students is 1:950. A reduction of 2.0 FTE would yield a ratio of 1:1040. While this is higher than professional association standards, it is important to note that the District also has 26.6 nurse assistant FTE's to assist in service delivery.

The principal survey results provide additional information on the appropriateness of nurse allocations (prior to any adjustments). When asked to rank the importance of over 20 allocations, principals at high schools, middle schools, and elementary schools ranked nurses as 3, 6, and 4, respectively (with one being the most important).

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Other Considerations: In analyzing the role of nurses in providing services to staff, it should be noted that some nurses may serve as Employee Assistance Program (EAP) representatives, and may include time spent in that function in this category. However, since any employee can serve as a representative, eliminating the function of nursing services to staff should not affect the EAP program.

Alternatives: This analysis did not include the option of eliminating or reducing nurses assistant allocations. Because nurse assistants are often the first tier provider of services to students who come in to the health office, reducing nurse assistant allocation would require a commensurate increase in nurse allocation (with a higher average salary).