

# Kansas School Nurse Survey: 2009-2010 School Year

## 1. Nurse Information

Each year the Kansas Department of Health and Environment (KDHE) conducts a survey to assess workforce capacity of school nursing services in the state. Each school nurse who provides face-to-face care to students and/or oversees services provided by ancillary personnel is requested to complete a survey and return it to KDHE. This year, the survey will be completed on SurveyMonkey. The report generated from the data is available and presented at the Annual School Nurse Conference in July. All information provided by school nurses is confidential. Survey results are presented as summary data only.

Please print the form, collect your data for the school year, and then enter the data one time, online (SurveyMonkey). You will be requested to enter your survey data between April 25, 2010 and May 9, 2010. (You may estimate numbers seen for the last few weeks of school. We are closing it earlier to give us a chance to review your survey and call you with questions.) If you have questions or have corrections on the data you enter, please call Jane Stueve at 785-296-1300 or [jstueve@kdheks.gov](mailto:jstueve@kdheks.gov). Thank you very much for your participation.

### \* 1. Nurse Information

Name (First name )

Last name):

Work phone

number (e.g.

785-296-1300;

for contact

purposes only if

needed to clarify

a response):

### \* 2. Are you a(an):

RN

LPN

## 2. Nurse Information - LPN

3. If you are an LPN, please list the name of your RN supervisor (First name Last name):

## 3. Nurse Information

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\* 4. Age range (requested to assess the issue of aging workforce):

- Under 21
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71 and over

\* 5. Level of Education (please check highest nursing level and/or educational level achieved):

- LPN
- Associate RN
- Diploma RN
- BSN
- Other Bachelor degree
- Masters
- ARNP
- PhD

\* 6. During the school year how many hours per week (average) do you function as a school nurse? (For this answer, do not enter hyphens, plus, space, period or letters -- only enter numbers.)

Hours per week  
(average):

\* 7. Are you considered full time?

- Yes
- No

\* 8. Do you job share a full time position with other nurses?

- Yes
- No

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\* 9. I am employed by (please check all that apply):

- Local Board of Education
- Public Health Agency
- Private Sector (private school or other)
- Volunteer (no contract)
- Volunteer (contract)
- Co-op (employed by a special education co-op to provide supervision of care or agency nurse contracted through special education co-op)

\* 10. Are you a school nurse coordinator, health services director?

- Yes
- No

### 4. NURSE COORDINATOR OR HEALTH SERVICES DIRECTOR ONLY (I)

\* 11. In your role as a school nurse coordinator or health services director, do you provide direct student care for an assigned group of students?

- I provide direct student care for an assigned group of students. (You will continue to complete the survey providing information on the students you assign to yourself).
- I do not provide direct student care on a regular basis. (Additional questions are related to direct student care, so marking this will end the survey.)

### 5. NURSE COORDINATOR OR HEALTH SERVICES DIRECTOR ONLY(II)

\* 12. In your role as a school nurse coordinator or health services director, how many hours per week do you provide direct student care? (For this answer, do not enter hyphens, plus, space, period or letters -- only enter numbers.)

Hours per week

### 6. School Information

\* 13. Are you responsible for providing school nurse services at:

- Public
- Private, State and JJA
- Both

### 7. Public School Nurses Building Information

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If you are responsible for providing nursing services at a PUBLIC SCHOOL, please list each by the district number(s), building number(s), name of building to which you are assigned, county(ies) and number of students in the building on September 22nd.

Please refer to the 2009-2010 School Building Number(pdf file) that Jane Stueve sent you via email or check on KDHE, Bureau of Family Health, School Health Resources website (<http://www.kdheks.gov/c-f/school.html>).

★ 14. How many public school buildings are you assigned?

Number of  
buildings:

★ 15. Please enter public school information #1:

District Number:

Building number:

Name of building to  
which you are  
assigned:

County:

Number of students  
in the building on  
September 22nd:

16. Please enter public school information #2:

District Number:

Building number:

Name of Building to  
which you are  
assigned:

County:

Number of students  
in the building on  
September 22nd:

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17. Please enter public school information #3:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

18. Please enter public school information #4:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

19. Please enter public school information #5:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

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20. Please enter public school information #6:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

21. Please enter public school information #7:

District Number:

Building number:

Name of Building to which you are assigned:

County:

Number of students in the building on September 22nd:

\* 22. Do you share this public school student population (that you are reporting on) with another public school nurse?

Yes

No

### 8. Public School Nurses Building Information - Nurse Information

23. If yes, please list other public school nurse's name (First name Last name):

Name:

### 9. Private, State, and JJA School Nurses Building Information

If you are responsible for providing nursing services at a PRIVATE, STATE OR JJA SCHOOL, please list each school by school name, county, building and number of all students (including preschoolers).

If you provide services to PUBLIC SCHOOLS ONLY, please go to the bottom of page and click next until you get to PAGE 11. HEALTH SCREENING DATA.

NOTE: THE SURVEY IS NOT ASKING NUMBER OF STUDENTS ASSIGNED BUT NUMBER

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## OF STUDENTS IN THE BUILDING.

24. How many private, state or JJA school buildings are you assigned?

Number of buildings

25. Please enter private school information #1:

School name:

County:

Name of building to which you are assigned:

Number of students in building on Sept. 22nd:

26. Please enter private school information #2:

School name:

County:

Name of building to which you are assigned:

Number of students in building on Sept. 22nd:

27. Please enter private school information #3:

School name:

County:

Name of building to which you are assigned:

Number of students in building on Sept. 22nd:

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28. Please enter private school information #4:

School name:

County:

Name of building to  
which you are  
assigned:

Number of students  
in building on Sept.  
22nd:

29. Please enter private school information #5:

School name:

County:

Name of building to  
which you are  
assigned:

Number of students  
in building on Sept.  
22nd:

30. Do you share this private school student population (that you are reporting on) with another private school nurse?

Yes

No

### 10. Private, State, and JJA School Nurses Building Information - Nurse Informat...

If you provide services to PUBLIC SCHOOLS ONLY, please go to the bottom of page and click next until you get to PAGE 11. HEALTH SCREENING DATA.

31. If yes, please list other private school nurse's name (First name Last name):

Name:

### 11. Health Screening Data

During the 2009-2010 school year, how many students were referred following a health screening and how many of these students were subsequently seen by a health care professional (including preschoolers)?

Please complete in such a manner that student numbers are not duplicated if you share the student population with another nurse.

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\*Health screenings mandated by Kansas statute.

32. Total number of students screened (Please do not include rescreenings):

*Vision	<input type="text"/>
*Hearing	<input type="text"/>
*Oral Health	<input type="text"/>
Scoliosis	<input type="text"/>
BMI	<input type="text"/>

33. Number referred to a health care professional:

*Vision	<input type="text"/>
*Hearing	<input type="text"/>
*Oral Health	<input type="text"/>
Scoliosis	<input type="text"/>
BMI	<input type="text"/>

34. Number seen by a health care professional:

*Vision	<input type="text"/>
*Hearing	<input type="text"/>
*Oral Health	<input type="text"/>
Scoliosis	<input type="text"/>
BMI	<input type="text"/>

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35. If BMI is calculated, please provide the number of students in each of the following percentiles (Please do not include repeat calculations):

Less than 5th

Percentile:

5th to 84th

Percentile:

85th to 94th

Percentile:

95th Percentile or

Greater:

### 12. Number of Students That Received Health Care Services

The purpose of this question is to determine the level of care provided by the school nurse for entire 2009-2010 school year. (call 785-296-1300 if this is a concern for you).

The RN determines the level of care provided to each student. Do not include general screenings (ex. vision, hearing, etc.). The total of all students, in all levels, added together will equal the total number of students (unduplicated count) that received health care services from the school nurse during this period.

Each student should be counted only once. If the student has multiple health conditions, count the student one time for the highest level of care received. We realize that there are emergency situations and would like them recorded using this example: a student gets a broken nose, they are not a chronic care student – they should be counted under level 1 --- if the student with the broken nose is already level 4---keep them at level 4.

Please complete in such a manner that student numbers are not duplicated if you share the student population with another nurse.

36. Level 4 - How many students were served with a known chronic health condition that requires a frequent nursing task or procedure that can not be delegated? (Refer to KAR 65-15-102 Delegation Procedures.)

Number of

Students:

37. Level 3 - How many students were served with a known chronic condition that require a frequent nursing task or procedure that can be delegated? (e.g. oral medication, prn inhalers, catheterization, tube feeding, etc.)

Number of

Students:

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38. Level 2 - How many students were served with a known chronic condition with an Individualized Healthcare Plan (IHP) but not requiring frequent nursing care?

Number of  
Students:

39. Level 1 - How many students were served with no identified chronic health concerns (e.g. students that are generally healthy?)

Number of  
Students:

### 13. Visit and Protocol Information

The information on this page should be for entire 2009-2010 school year. Do not count general screenings in your Total number data. You may count individual follow up testing for hearing thresholds and vision assessments that are done to formulate a nursing diagnosis and referral.

40. Total number of:

Students that  
visited the health  
room (Please count  
each student one  
time. Do not count  
teachers or other  
staff):

Visits to the health  
room (The same  
student may be  
counted more than  
once. Do not count  
teachers or other  
staff.):

Visits resulting in  
student being sent  
home:

★ 41. Is the school nurse part of the IEP team?

Yes

No

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\* 42. Do you have a school nurse protocol in place to assist students in identifying a regular source of medical care (medical home)?

Yes

No

\* 43. Does your school have a suicide prevention program?

Yes

No

14. Thank you for response to this survey!

To edit this survey:

\*Press Exit This Survey (top right hand corner) and you can return to the survey at a later date.

\*Press Prev to return to previous pages to make edits.

To submit this survey:

\*Press Done for your survey to be counted.