

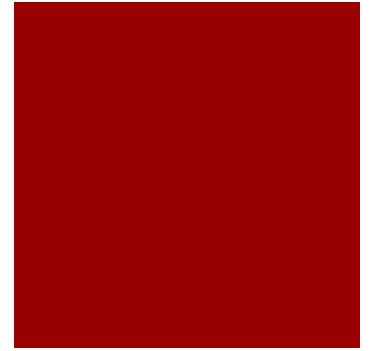


APS Nursing

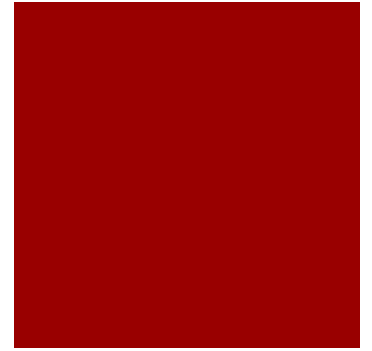
Annual report: FY 2017

Agenda

- General Dept. Statistics
- Medication administrations
- Epinephrine administrations and MMS proposed bill
- Mandatory Defibrillators
- Narcan
- SBIRT
- Field Trips



Agenda (cont.)



- Innovative Coordinator Care Grant: students with diabetes
- Gibbs Recommendations
- Millbrook

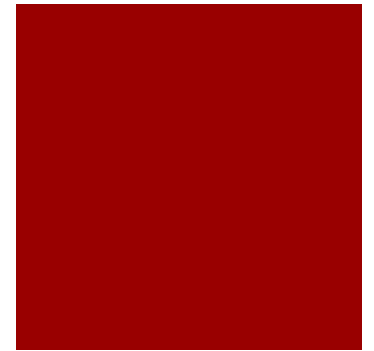
General Statistics



	Encounters to date:	Projected until 6/13/17
Injury	8,510	9786
Illnesses	17,844	20520
Management	5,634	6479
Other	19,786	22,753
Total	51,774	59,538

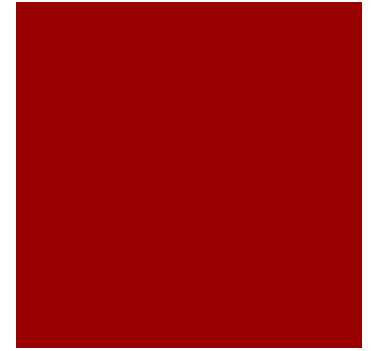
Other category includes minor illness that are categorized differently as “problem” but should be under illness, clothing and eye glass repairs, GYN related issues, splinters, etc.

Statistics: Medications



	2016	2017	2017 Projected
Med administrations:	11635		13350
Insulin administrations	2074		2917
Epinephrine administrations	2	4	

Epinephrine



- Double the administrations this academic year from 2-4 (5).
- Bill proposed by the Mass. Medical Society to make the schools accountable for increase in stock epi-pens. If enacted-parents would not be required to bring them in, except for field trips
- Note: We already stock epi-pens in schools, but this increase is costly.
- 234 students in the district with diagnosis requiring epinephrine

1 Item #: 2
 2 Code: Resolution I-16 A-101
 3 Title: Epinephrine Auto-Injectors in Schools and Individualized
 4 Health Care Plans
 5 Sponsors: B. Dale Magee, MD
 6 Lloyd Fisher, MD
 7 MA Chapter of the American Academy of Pediatrics
 8 DeWayne Pursley, MD, President
 9
 10 Recommendation:
 11
 12 Mister speaker, your reference committee recommends that Resolution I-16 A-101 be
 13 **adopted.**
 14
 15 1. **RESOLVED, That the MMS support schools using their own emergency**
 16 **supply of epinephrine auto-injectors instead of requiring parents to purchase**
 17 **individually labeled epinephrine auto-injectors for each child and that each**
 18 **student and employee who has life-threatening allergies be required to**
 19 **provide their designated school with an individualized health care plan; and,**
 20 **be it further (HP)**
 21
 22 2. **RESOLVED, That the MMS encourage school districts to adopt as policy use**
 23 **of their own emergency supply of epinephrine auto-injectors instead of**
 24 **requiring parents to purchase individually labeled epinephrine auto-injectors**
 25 **for each child and that each student and employee who has life-threatening**
 26 **allergies continue to be required to provide their designated school with an**
 27 **individualized health care plan; and, be it further (D)**
 28
 29 3. **RESOLVED, That the MMS communicate its policy regarding support for**
 30 **school-supplied epinephrine auto-injectors and the requirement for**
 31 **individualized health care plans for both students and employees to**
 32 **appropriate Massachusetts organizations, including the Massachusetts**
 33 **Association of School Committees, the Massachusetts Association of School**
 34 **Superintendents, and the Massachusetts School Nurse Association. (D)**
 35
 36 Fiscal Note: No Significant Impact
 37 (Out-of-Pocket Expenses)
 38

Mandatory Defibrillators

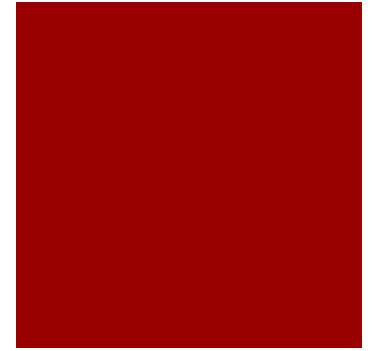
- Necessary in all schools: APS already in accordance with school based defibrillators
- Yearly maintenance contract in place
- Three at AHS, two at Ottoson, one at all other schools
- This is a mandated requirement from the state enacted in S.2449, Jan. 2017
- <https://malegislature.gov/Bills/189/S2449>

Narcan

- All schools have Narcan in the emergency supply bags
- No need of administration in the schools.



SBIRT



- Mandated by State to have students screened at two grade levels: Middle (7) and High (9) by academic year 2018
- Ottoson piloted 7th grade this year with a state grant
- Ivy Laplante instrumental in the coordination
- CRAFFT screening tool
- <http://www.ceasar-boston.org/CRAFFT/index.php>

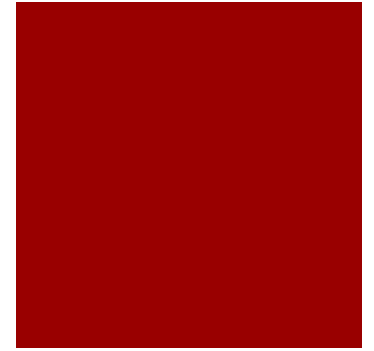
CRAFFT



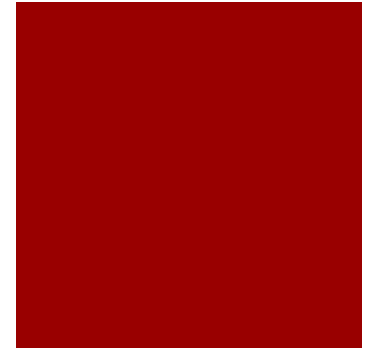
- CRAFFT is a mnemonic acronym of first letters of key words in the six screening questions. The questions should be asked exactly as written.
- **C** -Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- **R** -Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- **A** -Do you ever use alcohol/drugs while you are by yourself, ALONE?
- **F** -Do you ever FORGET things you did while using alcohol or drugs?
- **F** -Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- **T** -Have you gotten into TROUBLE while you were using alcohol or drugs?

Field trips

- Nurse required on field trips for students with serious medical conditions
- Nurse is not necessary if parent of student with medical condition is on the trip
- Increase in necessity driven by increase in students with diabetes.
- Nursing dept. absorbing the cost



ICC grant



- Innovative Care Coordinator Grant through Mass DPH halved in all participating districts
- Focus was on Mental Health the two years prior
- This year was focused on Students with Diabetes
- 2016: 9 students
- Presently: 13 students (had 14 until last month)
- Quite successful with Lauren Connors as Care Coordinator

Slide 15: ICC stats

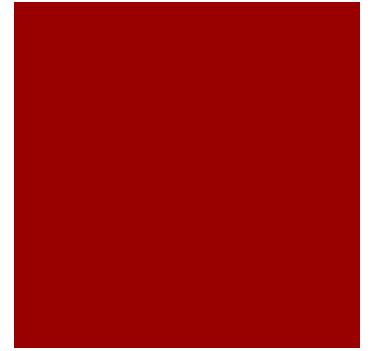
- Ottoson: highest number-5 students with DM, all in the 6th grade. Next year total of 6 minimally
- Projected to have minimally 15 students next academic year
- iPads for each school with CGM apps and educational apps.
- Identifiers in next slide have been changed to protect the identity of the children-12 students noted as this was done prior to the last three new diagnosis.



Name	Total Visits	Scheduled Visits	Non Scheduled Visits	Non-Scheduled 2/24/17-3/24/17 (indicates previous month)	Hypoglycemic	Total Absences	Total Dismissals	Average Time (Sched Visit)	Average Time (Non-Sched)
AA**	359	206 (57%)	95 (26%)	9 (down from 14)	6 (0.02%)	7 (not T1D related)	1 (not T1d related)	2 min	CGM 4 min/ hypo 15 min
AB**	556	218 (39%)	134 (24%)	19 (down from 20)	16 (0.03%)	3 (non T1D related)	0	2 min	CGM 6 min/ hypo 15 min
AC**	272	147 (54%)	77(28%)	9 (down from 12)	16 (0.05%)	9 (not T1D related)	2 (not T1D related)	5 min	CGM 5 min/ hypo 18 min
AD	129	119 (92%)	8(0.06%)	0 (down from 2)	7 (0.05%)	2 (1 sched endo appt)	2 (not T1D related)	3 minutes	hypo 15 min
AE**	475	330 (69%)	79 (16.7%)	13 (down from 16)	4 (0.01%)	2 (not T1D related)	0	7.5 min	10 minutes
AF**	176	92 (52%)	49 (28%)	0 (down from 2)	6 (0.03%)	1 (not T1D related)	3 (1 Endo appt)	2 min	hypo 15 min/ POD or CGM 10-12 min
AG	168	111 (66%)	36 (21%)	9 (down from 14)	4 (0.02%)	3 (not T1D related)	12 (10 hyperglycemia)	3 min	hyperglycemia 30-40 min
AH**	248	177 (71.4%)	65 (26.2%)	17 (up from 12, started CGM)	2 (0.01%)	4 (2 days @ diagnosis)	0	2.5 minutes	4 minutes/ hypo - 15 minutes
AI**	354	236 (66.7%)	86 (24.2%)	16 (up from 10, started CGM)	15 (0.04%)	4 (1 endo appt)	0	6 minutes	hypoglycemic - 15 minutes
AJ	161	110 (68.3%)	19 (11.8%)	5 (down from 7)	7 (0.04%)	7 (not T1D related)	1 (not T1D related)	8 minutes	hypoglycemia -15 minutes
AK**	132	55 (41.6%)	50 (37.9%)	6 (down from 14)	6 (0.05%)	9 (2 days @ diagnosis)	5 (2 T1D related)	2.5 minutes	10 minutes r/t correspondence w/ parents
AL**	139	115 (85%)	11 (0.08%)	0 (down from 2)	6 (0.04%)	4 (not T1D related))	2 (1 endo appt)	2 minutes	CGM 5 min/ hypo 15 min

Gibbs

- Architectural recommendations complete
- Recommended two AED's for the school
- Recommend 1.5 nurse positions for the school.



Millbrook

- Approx. 35-40 visits to Millbrook between AHS nurses and Ottoson nurses
- General time of need was noon: most difficult time of the day due to medications, etc.
- Student needing medication briefly this year
- Must have nurse available to go to location based on licensure of school based program

