

To: House Committee on Education
From: Wendy Niskanen RN
RE: Support for HB 2959

Chair Neron, Vice-Chairs Wright and Hudson and members of the committee—

My name is Wendy Niskanen, and I am here today as a licensed registered nurse of 19 years who has worked in Oregon schools since 2008. I am the Oregon Director on the Board of the National Association of School Nurses, and I am currently Project Lead at the Oregon School Nurses Association; I am testifying on their behalf today in support of HB 2959.

As the Co-Chair of the OEA Health Professionals Committee, I have had the opportunity over the past year to hear from registered nurses, occupational therapists, physical therapists, and speech language pathologists who work in schools. One clear concern expressed by many licensed professionals working in an education setting is the disconnect between the requirements of licensure and the realities of practice in schools. I am grateful for the opportunity to testify in support of House Bill 2959, which would create a task force to examine the intersection between health professionals' licensure standards and the law, rule, policy, and protocol around the delivery of health services in schools. We share the belief that our students deserve the best possible educational experience including health services which keep them safe and support their learning; however, while we share that belief, we recognize that the systemic lack of shared understanding between education leaders and school health professionals is deleterious to the delivery of health services in school settings. A task force will give us direction as we work toward long-term solutions.

Though we share the same goals for our students, a lack of understanding about licensed practice requirements by educators without health expertise can lead to disruptions in the care of students. School administrators are faced with difficult choices every day, and they most often base their decisions on what might make sense through an educator's lens. Nursing judgment, based upon a comprehensive assessment and supported by nursing knowledge, may indicate a course of action which differs from an administrator's intuitive solution. Too often in school nursing practice, a nurse will make a recommendation which is not heeded resulting in a poor student outcome.

I would like to include three examples shared by nurses in Oregon schools.

- 1) We heard from a nurse about a student with swallowing difficulties. The nurse expressed concerns about the feeding protocol which was put in place and requested that a feeding team be established (a multidisciplinary team which approaches feeding decisions from the perspective of a variety of licensed health professionals). The nurse's concern was not heeded. The student was fed in school and ended up aspirating -- food and liquids went down the wrong pipe multiple times -- and the student developed aspiration pneumonia.

- 2) A nurse shared a concern about a student with a new tracheostomy. The nurse had assessed the student and rated the student as “nursing dependent,” a high level of acuity requiring 1:1 care. School administrators asked the nurse to reduce the assessed acuity, so they would not have to hire more staff. They suggested that the nurse train unlicensed staff to assess airway obstruction and perform trach suctioning rather than accepting the assessment of a licensed registered nurse.
- 3) I was made aware of a case in which a school administrator approved a walking field trip without notifying the nurse or ensuring staff with first-aid training would attend. This decision resulted in a five-year-old being walked back to the school with a fracture in multiple bones of the arm (without stabilization, without calling the school for back-up, attended only by a volunteer parent). This lack of appropriate school support and planning might have been prevented by utilization of school nursing services to establish appropriate health-related field trip procedures.

These examples of educator judgment overriding nursing judgment place licensed health staff in a position where their assigned duties cannot be carried out according to standards of safe and legal nursing practice. This results in a high proportion of RNs leaving the school setting within their first 3 years as they realize how unsafe their assignments are.

The Oregon Nurse Practice Act requires the nurse to decline an assignment if it is unsafe or contradicts standards of practice. School nurses all over the state are consistently put into a situation in which they believe that an assignment, their caseload, is unsafe, but they are not afforded the opportunity to decline the caseload; in that circumstance, the licensed health professionals must potentially choose between their licenses and their jobs. Recommendations from this task force would support a better understanding of how to share expertise and when to defer decision-making authority to licensed health professionals in the school setting.

In addition to the examples of disconnect I have mentioned, I want to focus the remainder of my testimony on the critical issue of inadequate health documentation systems in schools. The Oregon Nurse Practice Act requires that nurses “document... in a timely, accurate, thorough, and clear manner.” In Oregon, very few school nurses have access to electronic records systems that are adequate for health-related charting. Some districts have a student information system which provides areas for nursing notes, but they do not “do not provide opportunity for documentation with nursing language or medical terminology, do not have capacity for interoperability” which is recommended by the National Association of School Nurse’s position statement on electronic health records (uploaded as testimony). The systems in place are inefficient; they take nurses’ time away from students. They do not best support thorough and concise documentation and they are not comprised of reportable fields, so they cannot recognize trends). They do not offer interoperability between health professionals and educators.

To ensure all students are safe, healthy, and ready to learn, we need documentation systems that ensure health information is entered accurately and efficiently. We need documentation systems that support critical health functions such as identifying trends and communicating with

all members of the care team. We need documentation systems that “facilitate optimal student [and] population health and academic outcomes.” A task force will study documentation requirements across licensures and make recommendations about documentation systems. This information can advise decisions about documentation systems which support school health and ensure students can access their education safely and focus on their learning. When we consider the paucity of funding for school health services in Oregon, we should also recognize the potential of an effective documentation system as a component of school Medicaid billing. A documentation system that supports accurate record-keeping related to health services also supports access to school Medicaid funds. That added funding could enable schools to hire additional staff; unfortunately, these funds remain significantly underutilized in our state.

HB 2959 will create a Task Force to examine the scope of practice for each type of licensed health professional in schools, establish criteria to help define when procedures are inconsistent with scope of practice, and provide recommendations for alignment.

Thank you for your time today, and I encourage the committee to vote YES on HB 2959.

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