# Comprehensive Pediatric Care Includes Communication With the School Nurse

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**ABSTRACT**

With complex pediatric diagnoses being cared for in primary care, it is essential for the nurse practitioner (NP) to communicate the plan of care for the child with the school nurse. Misconceptions regarding the law and the barriers to communication between NPs and school nurses are outlined to enhance continuity of care and to improve the health of children. Information outlined in this article will empower NPs to advocate for their patients and ensure that necessary school setting accommodations are in place to allow the child to fully participate in the educational experience in an optimal state of health.

**Keywords:** interprofessional communication, school-age children, school health, school nurse



When children have difficulties with their health, the first stop for parents is often the health care provider's or nurse practitioner's (NP's) office. Providing comprehensive pediatric care involves diagnosis and management of acute and/or chronic issues in addition to primary care. The goals are to provide optimal care, ensure patient safety, and promote growth and development. The NP gives instructions to the parents (and often the child) regarding the measures they should take to resolve the problem and prevent complications. Ideally, patients will follow the plan of care; however, often the child returns to school and experiences detractions from the plan of care because of a lack of communication between the provider and the school nurse.

There has been a significant evolution in the sharing of health information between health care professionals for the purpose of enhancing continuity of care. The separation of doctors' notes and nurses' notes and the separation of educational endeavors to isolate the specialty's turf have moved to interprofessional education and increased sharing. Kalb and O'Conner-Von[1] describe this separation in preparation and practice as educational "silos" even though research shows that increased collaboration results in better health outcomes; improved efficiency, safety, and quality of health care; greater patient satisfaction; and strengthened health systems. This lack of sharing is also true among nursing specialties, specifically between the NP and the school nurse.

Technology has enhanced the potential for disciplines to communicate more effectively. Electronic health records are required as of 2014; this offers the potential for instant access to health care data and potentially improved communication between health care professionals to streamline patient care.[2,3] Several barriers to quality preventive care in children continue to exist, such as a lack of continuity or communication from clinician to clinician.[4]

The implementation of electronic health records offers the ability to connect all clinicians involved in the care of the child. This article explores the issues, laws, and barriers between NPs and school nurses to enhance communication and continuity of care to improve the health of children.

The following case outlines the need for improved communication between the primary care and the school settings. JC is an 11-year old boy recently discharged from the local hospital after a 2-day admission over the weekend for new-onset acute asthma exacerbation. Discharge medications included the following: 2 mg/kg prednisone for 5 days, Advair MDI125/50, Singulair 5 mg chewable every day,

Zyrtec 5 mg every night, and Proventil every 4 hours as necessary with Spacer. He was seen on Monday by the NP for follow-up and a note to return to school. During the appointment, the asthma action plan was reviewed. After detailed education with the patient and the mother, the NP, feeling comfortable with the child's level of knowledge of treatment and medications, also wrote a note for the patient to carry his own inhaler at all times. Two days later on his return to his class, JC appeared in the school nurse's office. The child complained of wheezing after running at recess. He did not have his inhaler. On auscultation, he had scattered expiratory wheezing throughout all lobes. There is no asthma action plan on file. On further questioning, the nurse had no knowledge of the child's hospital admission or medications, nor had she been given the note allowing the child to carry his inhaler. The school nurse calls the provider's office to clarify, but the office refuses to acknowledge the child is a patient there or to clarify the order, citing Health Insurance Portability and Accountability Act (HIPAA) rules. Unable to contact the mother, the nurse made the decision to send the child by ambulance to the emergency department, where he was evaluated, given a nebulizer, and released several hours later in the care of his mother.

## HIPAA

HIPAA was developed to protect insurance coverage for those who had lost or changed their jobs and to prevent the denial of health insurance by the new insurer on the basis of pre-existing medical conditions. It also established standards to ensure the security and privacy for the electronic transmission of identifiable data related to an individual's health status. This is referred to as the "Privacy Rule" to protect individually identifiable patient health information (PHI).[5] The Privacy Rule does allow health information to be shared via electronic, paper, or oral means when necessary to support quality health care and to protect the public's health.[5]

Because the Family Educational Rights and Privacy Act (FERPA) governs student records within the school environment, Congress did not address educational institutions in the final HIPAA regulations.[6] According to the National Association of School Nurses,[6] the fundamental ethical and legal principles underlying FERPA and HIPAA are the same. FERPA protects student information in education records, whereas HIPAA protects individually identifiable health information, in any form, that is used or disclosed by a covered entity. HIPAA privacy requirements, which are more detailed and directive than FERPA privacy requirements, provide useful reference standards for school district policy, procedures, and practices related to the protection and disclosure of student health information.[6]

HIPAA is intended to ensure that an individual's health information is appropriately protected. In 2008, the US Department of Health and Human Services issued a statement when asked whether the HIPAA Privacy Rule allows a health care provider to disclose PHI about a student to a school nurse or physician.[7] Their published answer supports sharing information to promote quality health care and protect the public's health. It reads as follows:

> Yes. The HIPAA Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent. For example, a student's primary care provider may discuss the student's medication and other health care needs with a school nurse who will administer the student's medication and provide care to the student while the student is at school.[7]

To avoid any suggestion of impropriety, some schools have added the following statement to the emergency card sent to all parents at the start of the school year: "I give permission for the school nurse to discuss necessary information regarding my child's medical care with the health care provider." At the same time, school nurse groups have advocated for their state organization of the American Academy of Pediatrics to add a corresponding line to their office HIPAA forms that give permission for that office to share medical information with the school nurse to clarify care provided in the school.[6]

One exception to HIPAA allows a health care provider to disclose PHI when there is a belief that the disclosure (1) is necessary to prevent or lessen a serious and imminent threat to the health or safety