

Electronic Health Records: An Essential Tool for School Nurses to Keep Students Healthy

Position Statement

NASN Position

It is the position of the National Association of School Nurses (NASN) that all registered professional school nurses (hereinafter referred to as school nurses) should have access to a software platform for student electronic health records (EHRs) that includes nursing language/medical terminology and complies with standards of confidentiality, security and privacy. Interoperability of records with other members of the healthcare and school-based teams facilitates optimal student/population health and academic outcomes. While educational/student data management systems may offer health data modules, these systems do not provide opportunity for documentation with nursing language or medical terminology, do not have capacity for interoperability with the student's community-based health records, and may not have the appropriate Health Information Portability and Accountability Act (HIPAA) and Family Rights Educational Privacy Act (FERPA) standards of confidentiality.

Background

EHR programs are meant to share information from all the healthcare providers involved in the care of the patient, regardless of the health organization, and are subject to multiple federal, state and local regulations (Johnson, 2017; The Office of the National Coordinator for Health Information Technology [HealthIT.gov], 2011). EHRs are designed to document and share information appropriately beyond the originating organization (HealthIT.gov, 2011). EHRs in a school setting that have the capability to manage data and share it with members of the health care team outside of the school setting can serve to optimize coordination of care.

Documentation of health information is an expectation of professional school nursing practice (American Nurses Association & NASN [ANA & NASN], 2017). EHRs facilitate improved quality, safety and efficiency of care; lower the costs of healthcare; improve privacy of health information; and allow greater patient access to their own health records (U.S. Department of Health and Human Services [HHS]; Office of the National Coordinator for Health Information Technology, 2014). Health technology and EHRs also help organize care through improvement of clinical decision-making and facilitation of statistical evaluation (Kartal & Yazici, 2017).

The Centers for Medicare and Medicaid Services (CMS, 2019) actively promotes EHRs with the goal of improving healthcare. The American Academy of Pediatrics (AAP) considers the use of an EHR “[as] a mark of professionalism and a means to improve quality, efficiency, and safety of pediatric care” (Lehmann, O’Connor, Shorte, & Johnson, 2015, p. e8). The Institute of Medicine (2003) has indicated that EHRs should support delivery of patient care, be key evidence-based data points, improve patient safety, improve efficiency, facilitate management of chronic health conditions, provide outcome analysis, and share data across settings.

The transformation toward interoperable health information technology infrastructure and the establishment of health information exchanges (HIEs) is impacting all aspects of professional nursing, including school nursing practice. “Interoperability is the ability of different information systems, devices or applications to connect, in a coordinated manner, within and across organizational boundaries to access, exchange and cooperatively use data amongst stakeholders, with the goal of optimizing the health of individuals and populations” as proposed by the Healthcare Information and Management Systems Society (HIMSS, 2018).

Rationale

EHRs that are clinically/medically based are designed with the potential to interface within the larger healthcare interoperability ecosystem. EHRs should:

- Be encrypted, with each individual user having “his or her own unique user name and password” (NASN, 2019, p. 29), that “authenticates a legally recognized electronic signature of the entry into the record” (Johnson, 2017, p. 103);
- Have the ability to produce an audit log of changes made to an original entry (overwrite protection);
- Include a date/time stamp for each entry;
- Have a secure backup system beyond the end user’s computer (Johnson & Guthrie, 2012; Johnson, 2017);
- Have partitions that limit access to sections of the record depending on each team member’s need to document and see information;
- Map school nursing documentation to standardized coding such as SNOMED (Systemized Nomenclature of Medicine) and LOINC (Logical Observation Identifiers Names and Codes) to facilitate interoperability and care coordination (Johnson, 2017);
- Support the collection of data points as defined by NASN’s *National School Health Data Set: Every Student Counts!* (NASN, 2018); and
- Facilitate third party reimbursement to local education agencies for healthcare provided to students.

EHRs assist school nurses in providing population-based healthcare to the entire school community through efficient data management processes including documentation, reporting, and analysis of student health data. EHRs have the capability of aggregating data in real time, allowing the school nurse to quickly identify health trends, such as communicable diseases or students with the potential for health risks, and take swift action (Birk-Urovitz et al., 2017). For example, school nurses share aggregated absence and communicable disease data with local health departments to inform community disease surveillance. School population health data shared via EHR can track immunization compliance, incidences of environmental and chronic health conditions, and effective prevention activities (Association of State and Territorial Health Officials [ASTHO], 2016). Use of aggregate data from standardized school nurse documentation would support a national school health database that could be used to describe student healthcare needs, best outcome-based interventions, and academic success (Maughan et al., 2014).

EHRs generate a legal document of care provided by the school nurse (Kartal et al., 2017), meet the requirements for quality documentation and communication among the health care team (Akhu-Zaheya, Al-Maaitah, & Hani, 2017), and are an investment to assist improvement of student health and academic outcomes. Due to the specialized requirements of a school EHR that differ from the educational/student data management system, school nurses are integral members of the information technology selection committee. School nurses are equipped to determine EHR quality, training, policy/procedure, security, and stakeholder education.

Conclusion

EHRs in the school setting are an essential tool for the 21st century school nurse, having the potential to engage school nurses in student-centered practice. School nurse utilization of an EHR has the potential to improve the efficiency and quality of healthcare, thereby having a positive impact on the health, safety, and educational success of students.

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