

**Improving Nursing Care in Chicago Public Schools:
*Creative and Meaningful Solutions Left on the Table***

A report prepared by Raise Your Hand for Illinois Public Education

www.ilraiseyourhand.org



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Executive Summary

A group of CPS parents organized through RYH (the RYH Nursing Group) has been meeting regularly with CPS Administrators from the Office of Diverse Learner Supports and Services (ODLSS) since September, 2018, to discuss the current alarmingly inadequate, inconsistent and unreliable level of nursing care available for many students with medical care needs in CPS (see [Attachment A, Members of RYH Nursing Group](#)). Our hope in requesting these meetings was to shine a light on the ways parents see the current system putting our children at risk and to provide recommendations to improve the quality and consistency of nursing care in CPS. At each meeting, the RYH Nursing Group provided numerous suggestions for new ways that CPS could manage nursing services and improve care. In October, CPS personnel assured these parents that they would be releasing a plan in December that would address the parent concerns about the competence of nurses and the need for continuity of care.

The plan provided after the meeting in December of 2018 consisted of increasing the budget for temporary nursing services by \$26M and increasing the pool of temporary agency nurses. The RYH Nursing Group fears that the use of temporary agency nurses will remain a resounding failure. The budget may increase, but CPS will continue to have no meaningful oversight or assurance of competency, accountability or placement of non-CPS nursing staff.

RYH Nursing Group's Concerns Regarding CPS' Delivery of Health Services to Students

1. Lack of nurse leader(s) at the high administrative level
2. Failure to notify parents that their child may be entitled to a 504 Plan and in-school nursing services
3. Untrained and/or temporary agency nurses
4. Absence of a nurse or another qualified staff member to provide nursing care
5. Failure to notify parents of the absence of a nurse
6. Inconsistency in staffing
7. Improper assignments
8. Lack of communication between all entities (CPS, RCM, Parents, etc.)
9. No meaningful oversight of temporary agency nurses
10. No guaranty of competency of temporary agency nurses
11. No clear process for resolution of complaints
12. Inconsistent support from administration
13. Lack of creative solutions around staffing
14. Inadequate pay for qualified nurses
15. Inadequate pay for nurses providing acute care
16. Unreasonable travel time between schools for Certified School Nurses (CSN)
17. No formal process for making parents aware of their rights under the law

18. Lack of transparency surrounding temporary agency nurse training and competency

RYH Nursing Group's Recommendations to Improve Nursing Care in CPS

1. Create a supportive environment for the delivery of nursing services
2. Create a culture of inclusion for students with medical needs in schools
3. Provide appropriate training for all nursing staff on specific tasks related to specific medical conditions
4. Deploy appropriately trained nurses to deliver medical care to students with specific medical conditions
5. Provide appropriate training for all nursing staff on new medical technology and devices in use by students in CPS
6. Create a formal CPS process to inform parents when healthcare staff fails to appear at their assigned school
7. Create a formal CPS process for parents, students, school staff and administrators to file complaints about nursing care or temporary agency nursing staff
8. Create accountability measures when a nurse from a temporary agency fails to appear at their assigned school
9. Create accountability measures when healthcare staff does not follow protocols
10. Deliver nursing care with a "least restrictive environment" model and minimize disruptions to learning
11. Provide continuity of care so nurses providing direct care can become knowledgeable about specific student needs and build trust with individual students
12. Provide adequate staffing by qualified and competent personnel
13. Create a new position of a healthcare manager/ liaison/ facilitator to coordinate care
14. Create a system that ensures nursing staff has access to, time to review and are following orders in IEP and 504 Plans
15. Develop training for nursing staff around the social-emotional challenges for students with medical needs
16. Expand the Diabetes Care Aide role in schools
17. Contract at a higher and stratified level of pay with individual agencies that are currently staffing home health care for Medically Fragile and Technology Dependent (MFTD) students and identify a pool of backup nurses trained to deliver these high levels of care
18. Create a new "Health Care Aide" (HCA) position in every CPS school to provide routine daily medical care, minor first aid care, maintain immunization records, pursue immunization compliance and assist CSNs in preparing required documentation
19. Hire a Systems Design Manager to redesign CPS' nurse training and deployment system to include HCA position and oversight of temporary agency nurses

Overview

RYH Parent Group Meetings with CPS on Need for Improved Nursing Care and Medical Compliance

In the fall of 2018, Raise Your Hand (RYH) met with a group of parents who were profoundly concerned about the lack of competent nursing care for children in Chicago Public Schools (CPS). Parents were unable to get nurses for their children, despite a clear legal mandate that these nurses be present and, in many cases, had been unable to get competent nursing care at school for years. This problem is widespread and involves children with needs that fall into the following categories:

1. **Daily Medical Need** - children with daily medical needs, such as Type 1 Diabetes, medication dosing, etc.
2. **Irregular Emergency Medical Need** - children with irregular emergency medical needs, such as those who may need emergency seizure medication, an inhaler, etc.
3. **Complex Medical Need** - children with complex medical needs, such as children who rely on G-tubes and ventilators, who are considered medically fragile and technology dependent (MFTD)

CPS agreed to meet with the RYH Nursing Group and these meetings took place on 9/24/18, 10/10/18, 11/7/18, and 12/14/18. Parents explained their concerns, their frustrations, and shared their personal stories of their children put at risk by inadequate or non-existent nursing care. The RYH Nursing Group also gave numerous suggestions for ways CPS could manage nursing services so that they could successfully provide the mandated care to students. At the October meeting, CPS personnel assured parents that they would be releasing a plan in December that would address the parent concerns about the competence of nurses and the need for continuity of care.

After the meeting on December 12, 2018, CPS informed us that the District would be increasing their budget for temporary agency nursing services by \$26M. It remains to be seen whether the staffing numbers resulting from this “tripling down” on the temporary nursing agency contracts bring the number of nurses working in CPS schools to a level that meets legally-mandated needs. Regardless of the *possibility* of increasing numbers of nurses who may actually show up for work, the RYH Nursing Group fears that the use of temporary agency nurses will remain a resounding failure because CPS has no meaningful oversight or assurance of competency, accountability or placement of non-CPS nursing staff. Adding two additional temporary nursing vendors will not improve care, as CPS has failed to address the critical issues that the RYH Nursing Group brought to the table - *the need for consistency and competency of care*. We assert that this move is irresponsible, short-sighted and will fail to bring the consistent, quality nursing care that is necessary for *all* students needing such care in CPS.

Current Barriers to Quality Care in CPS

Barriers for Students with Daily Medical Needs

CPS staffs many of these cases with temporary agency nurses who are inadequately trained. Three parents in the RYH Nursing Group that we brought to the meeting with CPS had to file Office of Civil Rights (OCR) Complaints due to egregious errors made by temporary agency nurses. Their cases were resolved after CPS agreed to provide full-time nurses for their children. However, there are many parents who are unaware of their rights surrounding medical care while at school and are unaware that the OCR Complaint process even exists. For non-English-speaking parents who have language barriers or an unwillingness to engage with the federal government because of fear of deportation, they must rely on the professionalism and competency of CPS staff and its contractors to keep their children safe and properly cared-for. In any case, no parent should have to file an OCR Complaint to get quality care.

Barriers for Students with Emergency Medical Needs for Chronic Conditions

CPS is not properly training all nursing staff on the administration of medication for many conditions. Despite having doctor's orders for things like medication administration for epilepsy, CPS has included "call 911" in the care plan for many students. Parent Laurel Henson at Smyser Elementary, who has been trying to get someone trained on her son's medication for months, and who spoke at a CPS board meeting in October 2018, still has no one trained at the school to administer her son's life-saving medication. If not administered within 5 minutes, a child such as Laurel's son can have very serious consequences such as brain damage or death and it is unlikely that an ambulance would arrive within that critical 5-minute window.

There is rampant inconsistency at schools on the training of other emergency medications. One common example relates to some nursing staff being untrained on the emergency administration of glucagon for students who have Type 1 diabetes. This commonly injected drug is an effective remedy for dangerously low blood sugar, but many parents have reported that no one is trained in the building to administer this potentially life-saving medicine. Another example relates to the administration of emergency asthma medication. A parent whose child attends a school in Little Village reports that she is regularly called into the school to administer her daughter's emergency asthma medication with a common hand-held inhaler because there is no nurse assigned to do so. CPS's failure to adequately train and assign staff to administer emergency medications puts many of our children at risk for injury or death.

Barriers for Students with Complex Medical Needs.

Many students who are medically fragile do not have nurses trained on interventions such as ventilators, G-tubes, catheters, ostomy care, etc. For example, parent Guiller Bosqued has been at Wildwood Elementary daily since 2017 because there is no full-time nurse at the school for her child. As a result, she has had to forego work and pay for over 18 months. She has contacted CPS many times for help, and CPS acknowledged in our 12/14/18 meeting that they were aware of their ongoing failure to provide appropriate nursing care.

Parent Myra Young, who previously appealed directly to the CPS Board and also attended the meetings with CPS, has struggled over the years to get trained care for her daughter at her school. She conveyed the need for a different approach for students who are MFTD. Ms. Young suggested that, for nursing care for students who are MFTD, CPS should contract directly with the few agencies who are already providing home care for these children and that these nurses must be paid at a higher rate than a “typical” school nurse because of the acute level of care required. She shared with CPS many suggestions proffered by the group “MFTD Waiver Families” (a support and advocacy organization for families of children who receive home nursing in the state of Illinois through the MFTD Waiver and related programs). CPS said they would schedule a follow-up meeting to address these concerns and recommendations, but no one from CPS has yet reached out to Ms. Young to schedule this meeting. Other parents have told us that temporary RCM nurses have been sent to care for their children who are MFTD, but the nursing staff did not have the training or certification to do the required tasks outlined in the IEP or 504 Plan (see [Attachment B, MFTD Waiver Families: CPS Nursing for Children who are Medically Fragile and Technology Dependent](#)).

Insufficient Staffing to Cover Nursing Needs

At the start of the 2018/2019 school year, CPS Leadership said there were staffing delays tied to the required background checks CPS put in place as a result of the scandal of widespread sexual abuse of CPS students by staff (see [Attachment C, Nurses assigned to CPS students still sidelined, awaiting background results, Chicago Sun-Times, dated 09/09/2018](#) and [Attachment D - Parent group, teachers' union decry CPS nursing deficiencies, ABC 7 News Chicago, dated 09/24/18](#)). However, nursing vacancies were a long-standing and ongoing problem in CPS years before the new background check requirements were implemented in the summer of 2018. The nursing shortage has little to do with delays in hiring resulting from background checks.

Prior to 2015, CPS had minimally contracted with temporary nursing agencies such as Maxim Healthcare and ATC to provide direct care to students. However, in the summer of 2015, CPS entered into a single-source, \$30M contract with the temporary nursing agency RCM Health Care Services. Per CPS, they went to this single-source contract with RCM

because they felt RCM could address three key issues: efficient scheduling of nurses, professional development opportunities, and staffing vacancies (see [Attachment E, CPS Press Release, dated 6/24/2015: New CPS Nursing Contract To Improve Efficiency in Services and Better Meet Student Needs](#)). Clearly, the CPS-stated goals of this contract with RCM were not met, as there are ongoing and rampant problems with nursing scheduling, training and inadequate numbers of nurses to meet student need.

Whether the nursing shortage in CPS is the result of it's deliberate move towards increased privatization of services, attrition, fewer people entering the nursing field or all of the above, what is clear is that the current system is broken and CPS must increase its nursing staff numbers. There are currently not enough nurses to meet the actual legally-mandated need for nursing care for students in CPS. In the course of the RYH Nursing Group's meetings with CPS, we discussed staffing numbers and who is providing this staffing. Below is a breakout of the types of full-time CPS nurses broken down by level of licensure or certification, their general duties in CPS, their current staffing numbers and the number of vacancies for each level of licensure or certification.

CPS-Employed Nursing Staff					
Nursing Categories in CPS	Qualifications	Duties in CPS	Budgeted Nursing Positions	Current Staffing	Current Vacancies
Certified School Nurse (CSN) working for CPS	Licensed Registered Nurse and Licensed Professional Educator	Administrators and Supervisors over HSN's and LPNs; little direct service to students; responsible to write and attend meetings for IEPs and 504 Plans; usually assigned to handle 4-6 schools.	127	105	22
Health Service Nurse (HSN) working for CPS	Licensed Registered Nurse	Provide direct care to students; qualified to write 504 Plans and attend 504 meetings.	83	79	4
Licensed Practical Nurse (LPN) working for CPS	One year LPN nursing coursework and clinical hours; license must be renewed every 2 years with 20 hours of continuing education.	Licensed practical nurses provide direct basic nursing care and work under the direction of registered nurses and doctors.	121	106	15

CSNs - CPS only has 105 CSN positions filled right now with 22 vacant positions. These are Registered Nurses with a Professional Educator's License that are certified to write the

nursing portions of the 504 Plan and IEPs and attend the meetings. CSNs usually cover students in 4-5 schools and they rarely deliver direct care. Under the current CPS system, CSNs are also supposed to supervise the nurses who handle direct care, but both parents and CSNs report that the full-time CSNs are stretched so thin they cannot supervise in any meaningful way the nurses who provide daily care, and they are regularly redeployed to schools to cover care when RCM nurses do not show up to their assigned schools. This disruption of routine creates serious delays in having timely IEP and 504 Plan meetings. Chronic RCM nurse absences have led many CSNs to leave the job due to chaotic and untenable working conditions. It is noteworthy that the number of CPS-employed CSNs has declined by 50% in the past decade.

Decline in Number of Full-Time CPS-Employed CSNs	
<u>Year</u>	<u>CSN Staffing</u>
2009	203
2015	141
2019	105

(See [Attachment F, CTU Report on Nursing Services at CPS, dated 02/24/2016.](#))

HSNs - CPS reports that they have filled 79 of the 83 budgeted HSN positions. HSNs can assess for 504s and provide daily care but they are not licensed to cover IEP meetings. They also provide direct care to students.

LPNs - CPS reports that they have filled 121 of the 106 budgeted LPN positions. These nurses provide direct care to students. They are not certified to cover IEP or 504 meetings.

RCM - CPS reports that they are using 160 temporary nurses from RCM right now to cover daily nursing care needs. Parents report that RCM nurse attendance is often unreliable and they are often inappropriately deployed to provide nursing care to students who have needs on which the nurses have not been trained.

With 800 CPS students requiring daily medical care and CSNs spending much of their time in IEP and 504 meetings between 4-5 schools, there are only 175 full-time CPS LPNs and HSNs to do the daily medical care of 800 students at 513 District-run schools and 131 charter, contract and SAFE schools. Of these 644 schools, there are 198 temporary RCM agency nurses providing direct care.

Much of the time, nursing staff in CPS are only assigned to handle daily needs and students who have emergency medical needs – some of which are life threatening – are just not getting staffing unless they happen to be at a school with a CPS-employed nurse who has been assigned to a student with a daily medical need in the same school.

Little Sense of Urgency

At our meeting on December 14, CPS said that they have a goal of hiring 20 full-time nurses every 6 months as they “scale up” CPS-employed nursing staff. However, they were only able to hire 10 between the start of the school year and December. We do not think this is an ambitious enough goal and that CPS should increase their goal to 40 at a minimum, especially as school nursing jobs are often attractive to nurses who may be retiring from a clinical setting.

No Tracking of Temporary Agency Nurses

At our December 14 meeting with CPS, we asked if there is historical attendance data for temporary agency nurses so we could have clarity about exactly how many schools were left without required nursing coverage and how many different nurses were providing coverage at a given school. We were particularly concerned about nursing staff that just failed to show up. Dr. Keenan, Chief of CPS ODLSS, shared that schools call in to a call center at ODLSS on a daily basis if a nurse fails to show up for work and that CPS redeploys nurses to meet unfilled needs. She said CPS does not keep track of RCM nurse absences and that the only way they know if an RCM nurse has not come to work is if the school calls ODLSS to request a replacement nurse. So, if a school does not report a nurse absence, the student needing nursing care will not have it that day. Since we have had so many complaints from parents about nurses failing to show up or having multiple nurses in a given week, we thought it would be helpful for CPS to be able to track where the voids in service are. With the current system in place, no one is being held accountable to keep track of nursing staff, attendance, or hours of coverage required by a student’s 504 plan (this is particularly important for students with diabetes, who may need blood sugars checked at specific times of the day). CPS is negligent in failing to put a system in place to track attendance of contracted nursing staff, relying on an outside contractor that has proven to be unreliable.

Inadequate Communication

Because RCM nurses are not employed by CPS and, thus, are not really accountable to anyone at the school level, school Administrators who are supposed to be “steering the ship,” are often left just as frustrated as the parents and students who are not getting appropriate care. Some RCM nurses are notorious for failing to return parent phone calls and staffing changes day to day. The result is that parents who want to discuss concerns with respect to the medical care their child received lose the opportunity to discuss those concerns with the person who actually provided the care and parents often have no way of

determining the name of the nurse they wanted to speak to. Direct parent calls to RCM with inquiries regarding staffing concerns also often go unanswered. This lack of communication and accountability leads to mistrust and anger on the part of parents and administrators alike.

CPS is Failing to Provide Continuity of Nursing Care and Assurance of Competency of Nursing Care

Parents report that there is often little consistency of nursing care for their children. In some schools, several different nurses are assigned to a given school over the course of a week. This is dysfunctional at best and dangerous at worst. It is important that students feel they can trust the nurses who are assigned to give them care. Trust can only develop through numerous positive interactions and that can only happen with time and consistency. There are additional problems achieving consistent nursing care, as some RCM nurses work on a part time basis that does not align with the CPS calendar. RCM nurses often come and go throughout the year or just fail to show up to their assigned school some days. This inconsistency of care can put students with medical needs in a vulnerable and insecure emotional state, often leading to increased anxiety, depression and even school refusal.

All nurses are not created equal. They have varying levels of education, clinical experience, certification, training and competencies. The “revolving door” of RCM nurses means that these temporary nurses often have little time to read the IEPs and 504 Plans for the students to which they are assigned prior to providing medical care. There is no connection between tangible nurse competencies and student need, thus there is no system in place where RCM assigns students with specific medical needs to nurses who are trained to deliver medical care for the same specific conditions. Every parent in the RYH Nursing Group who have children who have daily medical needs for Type 1 Diabetes have had their children receive nursing care in CPS that put their children’s lives in danger.

RECOMMENDATIONS

From the perspective of a parent who has a child with medical needs in school, the most important principles of care are ***continuity of care and competency of care***. The RYH Nursing Group asserts that CPS does not value these principles in a consistent and universal way.

In the four meetings we had with CPS, we made numerous suggestions to improve the nursing design system at CPS as well as accountability measures that CPS could implement to improve care. Currently, the CPS system is dysfunctional and students are often not receiving regular, trained care for medical needs. CPS operates a nursing care system with an insufficient number of full-time nurses and a rotating crop of temporary nurses. This causes chaos, uncertainty, and unsafe practices at the school level. Because CPS told us their main barrier to providing comprehensive quality care was a state nursing shortage, we provided alternative options to hiring different categories of workers who could provide care and offset some of the tasks that the meager number of CSNs are providing. Many other states and even districts in IL have come up with creative solutions to counter the nursing shortage.

Health Care Aides

The RYH Nursing Group has found many Districts in Illinois and in other States that employ non-nurse staff to perform a wide variety of health care tasks, such as routine direct medical care (with parent approval), assisting nursing staff with medical documentation, maintaining student medical records at the school level, pursuing immunization compliance, etc. While these kind of jobs vary in title and responsibility, for purposes of this report, we will refer to these positions as Health Care Aides (HCA). Utilizing non-nursing staff can help offset the duties of the full-time CSNs in the District and allows them to provide more direct medical care to students. We have compiled a list of some Illinois Districts that utilize Health Care Aides, broken down by District, Job Title, Qualifications and Job Description (see [Attachment G, List of Other Illinois Districts Utilizing Health Care Aides in Schools](#)).

We have also found many Districts in other States that employ HCAs and have compiled a list of examples of the types of positions that are being created across the country in response to a shortage of nurses available to staff schools (see [Attachment H, List of other States Utilizing Health Care Aides in Schools](#)).

The RYH Nursing Group acknowledges that creating a Health Care Aide position in CPS might be perceived by some to be a “downgrade” in the level of care that can be provided by CPS-employed CSNs, HSNs, RNs and temporary agency nurses. We assert that establishing this CPS-staffed, full-time position in every CPS school would actually increase

the consistency and competency of care for students who need daily medical care. There is already a law in place that provides for the designation of a non-nurse “Dedicated Care Aide” to provide routine Diabetes care in school (see [Attachment I, Illinois Council of School Attorneys Answers to FAQs Care of Students with Diabetes Act](#)). In addition, with respect to the use of Epi-Pens to counteract life-threatening allergic reactions, the CPS Policy Manual already allows nurse authorization to “[p]rovide an Epi-Pen to a student or any personnel authorized under a student’s Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or 504 Plan to administer an Epi-Pen to the student, that meets the prescription on file...” (see [Attachment J, CPS Policy Manual Administration of Medication Policy Section: 704.2, Board Report: 12-0125-P02, Adopted: January 25, 2012](#)). We envision CPS staffing a full-time HCA at every school to assist the CSNs with much of the medical record keeping and documentation at the school while also acting as a Dedicated Care Aid for students with Type 1 Diabetes (with parent approval), Epi-Pen needs, possibly administering routine medications and providing routine first aid. With the HSN handling much of the daily and routine medical care and the medical records for students at each school, nursing staff would be freed up to meet the needs of students who require emergency medical care and other conditions that warrant care by a nurse.

Accountability Measures for Contracted Temporary Nursing Agencies

There are many children in CPS who have nursing needs who are (1) going without nursing care; (2) getting inconsistent nursing care; or (3) getting inadequate or inappropriate nursing care. CPS must develop creative solutions to overcome its inability to fill nursing vacancies. Adding two additional temporary nursing agency vendors to supply CPS with more of the same will lead to the continued systemic dysfunction that puts CPS students in danger every day. Since CPS has contracted with additional temporary nursing vendors, we recommend the following accountability measures for those temporary nursing vendors:

- CPS needs to collect the same data for temporary nurses as they do full-time CPS-staffed nurses
- CPS must require that RCM and any additional contracted agencies provide the license or certification documentation, competency reports, background check, and how competency evaluations were conducted for each and every nurse working in Chicago Public Schools
- If requested, CPS must inform parents of the competencies of nurses employed by temporary agencies who provide nursing care to their children
- CPS must track nurse absentee rates, student assignments and hours worked
- CPS must formally assess all nursing staff for specific competencies with respect to delivery of medical services based on medical needs and assign accordingly
- CPS must provide oversight and accountability for the 195 temporary agency nurses
- CPS must ensure that the increased pool of nurses provide adequate and competent coverage

Redesign the Nursing System in CPS to Bring Accountability, Functionality and Transparency

When it comes to nursing care in CPS schools, parents want a consistent and competent provider -- one who is appropriately-trained and knowledgeable about the care specific to their child. We ask CPS to commit redesigning CPS' Nursing Care System with priority given to providing continuity and competency of care. To accomplish this endeavor, the RYH Nursing Group requests that CPS hire a Systems Design Manager to redesign the CPS Nursing Care System to include, among other things, the following:

- The urgent exploration of alternative staffing models that meaningfully address the nursing shortage and timely implementation of same
- The addition and integration of a new HCA position at every CPS school¹
- The development of meaningful oversight and accountability measures for *all* nurses (including temporary agency nurses) who deliver medical care in CPS
- The installation of a professional nurse to administer the CPS Nursing Care System
- The creation of a transparent, trackable and easily accessible communication system
- The development of clear policies and procedures for all conditions (i.e., what is the procedure for opting for a Diabetic Care Aide? which policies ensure that inhalers, epinephrine, and other emergency medications are accessible to staff who are qualified to administer these medications for each individual health condition?)
- Making the policies and procedures referenced above available on the CPS website

[Index of Appendices with Links](#)

¹ In consideration of providing alternate solutions for sustainable health care coverage for students, we considered the following potential places to hire: students in nursing schools; EMTs/Paramedics; early retired nurses from hospitals