



TWO HOSPITALS REVIVE SCHOOL-BASED CARE

In this era of government budget cuts, the school nurse has become a luxury. Recently, the health department of St. Joseph County, IN, discontinued services to Catholic schools in its jurisdiction. The Catholic schools in South Bend and Mishawaka needed to meet state health requirements but had neither the staff nor the funding to do so. Overworked school secretaries were often called on to make medical decisions.

Concerned that children would be made more vulnerable as a result of these financial decisions, Saint Joseph's Medical Center of South Bend and St. Joseph Community Hospital of Mishawaka stepped in to fill the gap. Through the School Health Partnership, the two hospitals train volunteer nurses to provide services for about 6,000 elementary and high school students in the area.

"We were so relieved when the hospitals came forward with a solution to our problem," said Kathleen Barrett-Jones, associate superintendent of Catholic schools for the Fort Wayne-South Bend Diocese. "The principals felt so overwhelmed. At least we could go to them with a plan. They didn't have to take on this added responsibility on their own."

THE PLAN

Each hospital has assigned a coordinator to work with the school principals, who in turn recruit parents who are nurses to volunteer. The coordi-



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nators arrange for volunteers to learn how to provide vision, hearing, and scoliosis screening; report all communicable diseases; and document tuberculosis testing and influenza and hepatitis B vaccinations.

Once trained, the volunteers take on a leadership role in each school. Working with the principal and the hospital-based coordinator, the volunteer nurses schedule mandated screenings for all students to meet state deadlines. The nurses also ensure that all state reports are filed. Each nurse is responsible for assessing the school's individual needs for health education and prevention programs. These programs may be incorporated into existing curricula or they may be additions, such as health fairs and CPR training. The nurse also helps schools take more responsibility by providing first aid education, standardizing first aid kits, or writing protocols for emergencies.

The high schools have slightly different needs. Education about breast and testicular self-examination is a state requirement at the high school level. In the past, these examinations were taught by health teachers who often had no clinical training. Now the professional volunteers provide these services.

The coordinators deliver preventive health materials to each school. The printed pieces list protocols, so that schools will have guidelines to follow when a nurse is not on site. The protocols explain what to do when a child has a fever, for example, and what a rash means. Each school has the name and number of an area health professional to contact in case of an emergency.

Saint Joseph's Medical Center serves 11 schools, encompassing most of the grade schools and the two high schools in South Bend. St. Joseph Community Hospital works with eight

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Parents who are nurses have heard about the program and volunteered.

schools in Mishawaka. Currently students from three nursing schools—Indiana University of South Bend, Saint Mary's College, and Bethel College—work with the volunteer nurses to provide services.

VOLUNTEERS—THE PARTNERSHIP'S BACKBONE

What motivates health professionals to give of their limited time? "I just saw the need," said Deb Ketchum, RN, who volunteers at St. Matthew's Grade School in South Bend. "My children attend St. Matthew's. And when I heard about what had happened, it seemed like the natural thing to do to step in. But believe me, the school needs more than I can give. They all do."

Ketchum works as a nurse in the public school system during the day. At night and on weekends throughout the school year, she fills out the health cards needed for each St. Matthew's student's record. During her spring break she conducted vision and scoliosis screenings at the Catholic school.

Bettye Green, the parish health ministry coordinator at Saint Joseph's Medical Center, also serves as the School Health Partnership coordinator. The Parish Health Ministry Program is similar to the School Health Partnership in that it trains volunteers to provide services. Green trains the parish health ministry volunteers, most of whom are not nurses, to perform health screenings and basic testing right in the churches, usually following Sunday services.


Her work with the school program is similar. She arranges for volunteer

training and sees that the needs of each school are met. Recruiting the volunteers has not been a problem. In some cases, the principals know which parents are nurses and have approached them directly. Other nurses, like Ketchum, have heard about the new program and stepped forward themselves. The volunteer staff also recruits non-nurse parents to take care of the endless paperwork.

"The schools are still identifying their needs and finding out what we have to offer," said Kathy Decker-Burrous, administrator of family and community services at Saint Joseph's Medical Center. "A lot of our existing programs, such as emergency response training, CPR, AIDS education, and babysitting training, could be tailored to a school's needs."

Superintendent Barrett-Jones sees this partnership as one that could benefit other persons, as well the students. "I really hope that the staff can also benefit from the health fairs and other planned programs," she says. "We are all learning more about health concerns, such as the benefits of fitness programs and good nutrition."

Shrinking dollars combine with a growing need for health education, testing, and treatment to challenge healthcare organizations to do more with less. But through innovative efforts like the School Health Partnership in South Bend and Mishawaka, hospitals can pursue creative ways to keep their community healthy. □

 For more information, call Barbara Lohr at 219-237-6814.

END-OF-LIFE CARE

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Data and Information Set, or HEDIS, which keeps track of various kinds of medical data) has added to the competitiveness in today's healthcare environment. Why do those we serve have to demand accountability? Are we unprepared to respond to the thousand "moments of truth" that confront us each day? And, more important, are we afraid to assure patients near the end of life that they will have a dignified and painless death, a death that honors Catholic values and traditions?

Death is an experience from which the survivors can learn much. Unfortunately, healthcare has historically veiled death within its walls. Healthcare providers must share the dying experience with families and the community, and they must also ensure that the dying person is respected.

One vehicle for expressing our commitment to high-quality end-of-life care is an organizational "statement of rights and responsibilities." In this statement, which is our visible expression of the mission, core values, and mutual responsibilities among care givers and patients, residents, HMO members, and clients, we promise to meet certain expectations of a dying person (see **Box**, p. 32)

If we cannot carry out all these promises today, we should at least identify those which we *can* carry out, and commit ourselves to expanding the list. If the cross is the symbol of who we are, then our statement of rights and responsibilities—our values-based assurances—must be the symbol of what we do.

Clearly leadership, resources, and the physical expression of our values are critical components in ensuring appropriate care of the dying. Even when other important factors are present, the absence of these would make it impossible to achieve the transformation essential for providing competent, compassionate care. □

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