

SUMMARY REPORT:

**NURSING SERVICES AT
BERMUDIAN SPRINGS SCHOOL DISTRICT**

April 2002

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INTRODUCTION AND BACKGROUND

The Department of the Auditor General conducts audits of school districts pursuant to its authority under the Fiscal Code.¹ In January 2001, the Department of Health (DOH) referred to the Department's Office of Special Investigations (OSI) a complaint concerning school nurse services at Bermudian Springs School District (BSSD), Adams County.

The Public School Code of 1949 (the Public School Code) requires that "every child of school age shall be provided with school nurse services: Provided, however, that the number of pupils under the care of each school nurse shall not exceed one thousand five hundred (1,500)."² The Public School Code defines a school nurse as "a licensed registered nurse properly certificated by the Superintendent of Public Instruction, Pennsylvania Department of Education (PDE)."³

The Public School Code also provides that "Every school district and joint school board which renders health services to children of school age shall be reimbursed by the Commonwealth on account of health services which conform to the standards approved by the Secretary of Health. Reimbursements shall be paid by the Secretary of Health."⁴ The reimbursement amount is the actual cost of the medical, dental and school nurse services as certified to the Secretary of Health, less any charges deemed unreasonable up to a maximum amount established by law, and an additional amount equal to \$9.70 multiplied by the average daily membership (ADM) of the school district. The maximum reimbursement rate for nursing services is \$7.00 times the ADM.

During the 1999-2000 school year, BSSD provided basic educational services to approximately 2,111 pupils. The school district administrative office and three school buildings (elementary, middle, and high school) are in one location.

Health services in the school district are provided by two school nurses and a school nurse assistant. According to the annual reimbursement requests submitted by BSSD for school years 1994-1995 through 1999-2000, one school nurse was assigned to the elementary and middle schools (elementary school nurse) while the other school nurse was assigned to the high school (high school nurse). Both school nurses were licensed registered nurses certified by PDE. The school nurse assistant, a licensed practical nurse (LPN), was assigned to the middle school.

Each school district and joint school board submits a yearly completed *Request for Reimbursement and Report of School Health Services* (reimbursement request) to DOH as a mechanism to receive reimbursement for school health services.⁵ The table below indicates the amounts DOH reimbursed BSSD for nursing services and total health

¹ 72 P.S. § 403.

² 24 P.S. § 14-1402 (a.1).

³ 24 P.S. § 14-1401 (8).

⁴ 24 P.S. § 25-2505.1.

⁵ DOH refers to the information as the "Annual Report."

services based upon the information provided in BSSD’s annual reimbursement requests submitted for the school years 1994-1995 through 1999-2000.

Table No. 1 – Reimbursement payments to BSSD

School Year	Nursing Services	Total Reimbursement
1994-1995	\$ 13,483.02	\$ 39,095.43
1995-1996	\$ 13,929.41	40,334.64
1996-1997	\$ 14,026.96	40,626.35
1997-1998	\$ 14,280.33	41,353.34
1998-1999	\$ 14,444.21	41,822.11
1999-2000	\$ 14,391.63	41,986.17
Totals	\$ 84,555.56	\$ 245,218.04

In April 2000, DOH’s Division of School Health Services received an allegation that the school nurse assistant at the middle school received no supervision or oversight from the elementary school nurse. If this allegation were true, BSSD would not be eligible for reimbursement of school nurse services provided to the middle school students because services would have been provided by a school nurse assistant and not a school nurse. The allegation also raised a question concerning the possibility that the school nurse assistant worked outside the scope of her nursing license.

In a letter to the BSSD superintendent dated December 12, 2001, the Director of the DOH Division Health stated:

Based upon the discrepancies in your District’s Annual Reports and our communications with you and your staff in this matter, my office has concluded that Bermudian Springs School District has been out of compliance with the Pennsylvania Public School Code and concomitant regulations. As a result of the inappropriate staffing arrangements, adjustments to your District’s Annual Reimbursement Reports may be necessary. Also, we have serious concerns that your District may be out of compliance with the Nurse Practice Act and State Board of Nursing Regulations. I am requesting that you submit in writing, to the Department, an explanation of the current certified school nurse/student assignment for your District, including how medical oversight of the Middle School LPN is being, or will be, accomplished.

In a reply letter dated December 15, 2000, the BSSD superintendent denied being out of compliance with the regulations and provided documentation in support of his position. In January 2001, the DOH Division of School Health contacted the Department for assistance.

After receiving the referral from DOH, OSI conducted an investigation. OSI interviewed current and former employees of BSSD as well as representatives of DOH, PDE, and the State Board of Nursing. OSI reviewed records maintained by the school district, the reimbursement requests the school district submitted to DOH, and the legislation and regulations governing school nursing services. During the investigation, OSI obtained information concerning other occasions when nursing coverage at BSSD may not have complied with the Public School Code's requirements, including the 2000-2001 school year, and included it in the Findings.

There were no allegations, and no evidence was obtained, that questioned the quality of health care received by individual BSSD students in specific cases.

The draft results of the investigation were provided to BSSD and DOH in August 2001. Both sent written responses which have been incorporated into the report where appropriate and are also included as separate sections.⁶

⁶ DOH also sent us a copy of a letter from a legislator for the district in which BSSD is located. The letter expressed support for BSSD and essentially restated the position taken by BSSD in its response.

SUMMARY OF FINDINGS

Although DOH has no specific applicable written guidelines, the available evidence warrants a conclusion that there was insufficient supervision, direction and oversight of the nursing assistant at the BSSD Middle School during the 1999-2000 school year.

During the 2000-2001 school year, BSSD failed to hire a qualified substitute school nurse for the elementary school.

During the 1999-2000 school year, BSSD failed to provide a qualified substitute school nurse for the high school.

BSSD's use of a part-time nurse during the 1996-97 school year was not in compliance with the Public School Code requirement as interpreted by the Commonwealth Court.

DOH should obtain from BSSD a portion of the reimbursement the school district received for school nurse services between the 1994-95 and 2000-2001 school years for the reasons stated in the Finding Nos. 1 through 4 of the report. The total repayment to which DOH is entitled is approximately \$10,763.

The report also includes an observation concerning certification requirements of persons performing nursing services at BSSD.

RECOMMENDATIONS

1. DOH should obtain repayment from BSSD of the \$4,625 paid to the school district as reimbursement for nursing services at the middle school during the 1999-2000 school year. (Finding No. 1.)
2. DOH should establish written guidelines identifying what constitutes supervision, oversight and direction by a certified school nurse. (Finding No. 1.)
3. DOH should require the signatures of certified school nurses on requests for reimbursement for nursing services submitted by school districts to verify and document that the services were provided. (Finding No. 1.)
4. BSSD should include supervisory responsibilities for nursing assignments and others in school nurse job descriptions and performance evaluations. (Finding No. 1.)

5. DOH should review the BSSD reimbursement request for the 1999-2000 school year and reduce the amount to which BSSD was entitled by \$714 to reflect the high school nurse's absence during approximately 18 percent of the school year. (Finding No. 2.)
6. DOH should require school districts to report extended absences of school nurses as part of reimbursement requests submitted to DOH. (Finding No. 2.)
7. DOH should review BSSD's reimbursement for the 2000-2001 school years and reduce the amount of reimbursement by \$1,862 to reflect the absence of the elementary school nurse after March 8, 2001. (Finding No. 3.)
8. DOH should review BSSD's reimbursement for the 1996-97 school year and reduce the amount to which BSSD is entitled by \$3,562 to reflect the absence of a full-time school nurse at the high school during year. (Finding No. 4.)

Finding No. 1 – Although DOH has no specific applicable written guidelines, the available evidence warrants a conclusion that there was insufficient supervision, direction and oversight of the nursing assistant at the BSSD Middle School during the 1999-2000 school year.

Reimbursement forms submitted to DOH by BSSD for the school years 1994-95 through 1999-2000 state that the elementary school nurse was responsible for the health care of the middle school students. The forms also state that a health aide provided nursing services to the middle school students. The health aide, a Licensed Practical Nurse (LPN), was hired as a school nurse assistant. Her job description states that the school nurse assistant “will perform selected nursing duties under the direction of the school nurse as permitted within the scope of the qualifications for a licensed practical nurse or registered nurse (emphasis added)”

The school nurse assistant was responsible for the daily medical needs of the middle school students. The elementary school nurse was responsible for those duties that the school nurse assistant could not perform due to the limitations of school nurse assistant’s credentials as an LPN.

According to DOH representatives, the use of an LPN or health aide is acceptable provided that the individual “works under the direction or oversight of a certified school nurse.” However, there are no guidelines as to what constitutes working under the direction or oversight of a certified school nurse.

According to a DOH representative, DOH recommends that the certified school nurse communicate regularly with the health aide, know what is going on at the health aide’s location, know who the serious cases are and what the health plans are for those students, check up on the health aide, and be on-call.

The elementary school nurse was hired by BSSD in the fall of 1994. She told OSI that she was never informed that she was responsible for supervising the school nurse assistant and never assigned responsibility for health care or oversight of the health care for the middle school students.

According to the elementary school nurse:

- She spent about 97 to 100 percent of her time at the elementary school. She confirmed that she went to the middle school when there were emergencies and conducted health-related assemblies and assisted in health screening at the middle school.
- In April 2000, she became concerned about the possible effect of the lack of supervision of the LPN at the middle school on the elementary school nurse’s nursing license and began making inquiries about the scope of her responsibilities at the middle school.

- The nursing assistant at the middle school rarely contacted her except in the case of extraordinary events such as an accident; she and the nursing assistant never had regular consultations; and the elementary school nurse did not review health plans for middle school students.
- The elementary school nurse found out that the school district was reporting to DOH that the middle school students were part of her caseload. In her view, this was not true and her nursing credentials were being misused by BSSD.

According to the elementary school nurse, she discussed her concerns with the elementary school principal (her supervisor); he told her she was only responsible for the elementary school. She said that she also discussed the matter with a DOH staff person who served as school health consultant for the DOH south central district, which includes BSSD.

The elementary school principal told OSI that he considered the elementary school nurse to be the middle school nurse's supervisor prior to the 2000-2001 school year, at which time BSSD transferred the responsibility to the high school nurse. The DOH southeast district school health consultant told OSI that the elementary school nurse contacted her in March 2000 about the elementary school nurse's concerns. According to the DOH school health consultant, BSSD's use of the elementary school nurse at the middle school might be considered indirect assessment of the quality of care provided by the nursing assistant, but would not be sufficient to meet the required level of guidance. The DOH school health consultant also said that she believed there could be "a perceptual difference" between BSSD and the elementary school nurse over what is meant by "professional supervision."

There is no documentation at BSSD that the elementary school nurse was assigned any duties relating to the health care needs of the middle school students or was responsible for the quality of care provided by the school nurse assistant. Specifically, the job description for school nurse, revised just after the elementary school nurse was hired, makes no specific reference to the school nurse assistant or any responsibility for the school nurse assistant. The only responsibilities listed in the school nurse job description that may relate to the school nurse assistant are (1) to be aware of the state requirements for school health services and to ensure that these obligations are carried out, and (2) to perform other duties related to the position of school nurse as requested by the superintendent or building principal. The performance evaluations of the elementary school nurse did not include a category for supervision of the school nurse assistant.

All BSSD employees interviewed by OSI, with the exception of the elementary school nurse, stated that the elementary school nurse supervised the school nurse assistant. The school nurse assistant told OSI she believed that the elementary school nurse was her supervisor because the elementary school nurse always said that she was the school district nurse. The school nurse assistant interpreted that to mean that the

elementary school nurse was the head nurse in charge of everything, i.e., all nursing activities. The elementary school nurse also apparently told the school nurse assistant that as an LPN she was working under the elementary school nurse's registered nursing license. Additionally, the school nurse assistant heard the middle school principal refer to the elementary school nurse as the school nurse assistant's supervisor. The school nurse assistant "always felt that [the elementary school nurse] was there and responsible for [the school nurse assistant]."

The BSSD superintendent (who hired the elementary school nurse in 1994) told OSI that the elementary school nurse was responsible for those items at the middle school that the school nurse assistant could not perform because of her nursing credentials. The superintendent stated that there was no vagueness or misunderstanding between the elementary school nurse and school district administrators regarding the elementary school nurse's duties relating to health issues. According to the superintendent, the elementary school nurse frequently reminded school district administrators about the school nurse assistant's limitations.

Documentation in school district records supports the superintendent's statements. For example, according to the records, the elementary school nurse participated in medical screenings, discussed health issues, and organized the immunization programs at the middle school.

The following information obtained from interviews and records also suggests that the elementary school nurse was involved with the health care of middle school students:

- There were telephone conversations between the elementary school nurse and the school nurse assistant.
- The elementary school nurse visited the middle school, although infrequently.
- The school nurse assistant sent the elementary school nurse a copy of the monthly summary report of medical services.
- The elementary school nurse was "instrumental" in revising the BSSD health services manual that provides written guidelines on first aid and medical treatment. The school nurse assistant follows those guidelines when providing treatment to middle school students.
- The elementary school nurse responded to medical emergencies at the middle school.

- The elementary school nurse was available to assist the school nurse assistant when necessary.⁷

OSI obtained copies of approximately 25 health records identified as “health room reports,” concerning middle school students that contained the elementary school nurse’s signature. The documents were included within the information sent to DOH by the BSSD superintendent in December 2000. According to the elementary school nurse, the signatures on the reports were hers; however, she maintained that these related to emergencies and the number of forms was so few that it showed that she did not provide routine coverage at the middle school.

According to the school nurse assistant, during the 1999-2000 school year the elementary school nurse telephoned infrequently, became unresponsive to the school nurse assistant’s telephone calls and failed to attend a class she was assigned to teach to middle school students. The elementary school nurse also no longer received the monthly summary report of medical services provided by the school nurse assistant.⁸ Beginning with the 2000-01 school year, the superintendent assigned the high school nurse to supervise the school nurse assistant.

The elementary school nurse, who is presently involved in adversarial administrative proceedings with BSSD, has stated consistently that she did not direct or oversee the school nurse assistant and, therefore, that the yearly reimbursement forms submitted by BSSD to DOH contained false statements. The BSSD superintendent maintains consistently that the elementary school nurse was responsible for the health care of middle school students. The statements of the two individuals cannot be reconciled.

Conclusions and Recommendations

There is support for the claim that there was a sufficient level of supervision, direction and oversight of the school nurse assistant at the middle school to meet the Public School Code’s requirement during part of the period under review. The support consists of the statements of BSSD staff (other than the elementary school nurse) and school district records. Given the statements and records, and also given the absence of explicit guidelines, we cannot conclude that there was no basis for the reimbursement paid to BSSD for years up to and including the 1998-99 school year. However, during the 1999-2000 school year, the available evidence indicates that the system for nursing services at the BSSD middle school broke down and did not function at the level of the prior years.

⁷ In the BSSD’s superintendent’s response to the draft report, he also pointed out that the school nurses trained the school nurse assistant in the use of medical equipment.

⁸ Only one of the BSSD health room reports mentioned above appeared to have been prepared during the 1999-2000 school year.

During the 1999-2000 school year, the elementary school nurse's activities in connection with the middle school students appeared to constitute a substantially lower degree of supervisory or oversight responsibility than is required by the Public School Code. This conclusion is based on the evidence of the elementary school nurse's (a) lack of interaction with the school nurse assistant, (b) failure to receive and review the monthly summary reports of medical services, and (c) failure to participate in at least one medical program at the middle school during that school year.

We have not determined individual responsibility for the breakdown of the supervisory system at the middle school. However, the level of supervision, direction and oversight was less than the Public School Code requires. As a result, BSSD received reimbursement from DOH to which it was not entitled, i.e., \$4,625, for nursing services at the middle school during the 1999-2000 school year. DOH should, therefore, obtain repayment of that amount from BSSD, either through direct repayment or downward adjustment of future reimbursement payments.

The absence of appropriate written DOH guidelines as to what constitutes direction, oversight and supervision of a certified school nurse is troubling. The lack of such guidelines makes it difficult for the school districts to establish adequate procedures and for auditors to perform program oversight functions. Given the paramount importance of ensuring that school districts provide adequate nursing services for students, we recommend strongly that DOH establish such guidelines, with appropriate assistance as needed from other agencies.

Disputes such as that which occurred between BSSD and the elementary school nurse concerning whether the appropriate level of services was provided at the middle school could be resolved more readily, or even prevented, if DOH required the signatures of certified school nurses on the school districts' requests for reimbursement as verification that nursing services listed on the requests were provided. The signature of a responsible licensed professional would provide additional assurance to DOH and school districts. It would also put the school nurses on notice of what is expected of them.

It would also be helpful if BSSD, as well as all school districts, would include a statement of responsibilities for supervision, direction and oversight of nursing assistants and others, in school nurse job descriptions and performance evaluations as a means of documenting that the requisite level of service is being provided and that the responsible individual is aware of the requirement.

Finding No. 2 – During the 1999-2000 school year, BSSD failed to provide a qualified substitute school nurse for the high school.

The BSSD high school nurse was scheduled to begin an extended absence approximately two weeks before the end of the 1999-2000 school year. The high school principal told OSI that during the high school nurse's absence, the school district had planned to use "the other nurses within the school district" to provide health services at the high school. Due to unforeseen circumstances, the high school nurse began her leave early and was on leave for 33 days, or 18 percent of the 180-day school year. The school district did not hire a substitute school nurse to replace her, but, as planned initially, relied upon the "other nurses within the school district". This left one school nurse for the entire school district of approximately 2,111 pupils for a 33-day period thereby exceeding the statutory ratio of one school nurse for every 1,500 students.

The high school principal told OSI that he requested assistance for high school students from the school nurse assistant assigned to the middle school whenever possible. He said that he refused to call upon the elementary school nurse to provide services at the high school because, in his opinion, she took too long (15 to 20 minutes) to respond to an emergency.

The elementary school nurse told OSI that she went to the high school infrequently and that when she mentioned to the superintendent that the school district was in violation of the Public School Code requirement relating to nursing coverage, he responded that the school district would be in compliance because the high school nurse would still be listed as part of the staff.

The annual BSSD reimbursement request submitted to DOH for the 1999-2000 school year did not disclose any information about the above situation at the high school. The elementary school nurse was reported as being responsible for the elementary and middle schools and the high school nurse was reported as being responsible for the high school. It was not disclosed that the high school nurse was on extended leave for 18 percent of the 180-day school year. There was no reference at all to the extended leave. It should be noted that DOH does not require that leave be reported on the reimbursement form.

Based on the reimbursement request submitted by BSSD for the 1999-2000 school year, the school district received approximately \$3,895 for the high school. Had it been reported that the high school nurse was on leave for 18 percent of the school year, BSSD would be eligible to receive a lower amount, approximately \$3,181, a difference of \$714.

Conclusions and Recommendations

The absence of the high school nurse for 18 percent of the school year appears to be inconsistent with the Public School Code's requirement that school districts provide school nurse services. DOH should review the BSSD reimbursement request for the 1999-2000 school year and reduce the amount to which BSSD was entitled, i.e., from \$3,895 to \$3,181.

It is also apparent that DOH's failure to require school districts to report school nurses' absences as part of the school districts' reimbursement requests creates a situation in which school districts may claim and obtain more reimbursement than they might be entitled to, especially when there are extended absences of school nurses. For that reason, it is recommended that DOH should adopt a requirement that school districts report, at a minimum, extended absences by school nurses, i.e., absences for more than 15 days, on reimbursement requests submitted to DOH.

Finding No. 3 - During the 2000-2001 school year, BSSD failed to hire a qualified substitute school nurse for the elementary school.

The investigation was conducted during the 2000-2001 school year. As part of the investigation, we learned that the elementary school nurse was absent for 59 days, or 33 percent of the 180-day school year. According to statements by the BSSD superintendent in the school district's response to OSI's draft summary report, the elementary school nurse was not placed on extended leave; the school district considered the absences on a daily basis. According to the superintendent, the elementary school nurse "abandoned her position in March 2001."

The school district provided health coverage to the elementary school students by using a combination of substitute registered and licensed practical nurses, the high school nurse, and the school nurse assistant. None of the substitute nurses held a school nurse certificate from PDE. Therefore, the high school nurse was the only school nurse for the entire school district of approximately 2,111 pupils, thereby exceeding the statutory ratio of one school nurse for each 1,500 students.

Conclusions and Recommendation

DOH should review BSSD's reimbursement for the 2000-2001 school year and reduce the amount to which BSSD was entitled by \$1,862 to reflect the absence of the elementary school nurse after March 8, 2001, when the school district was put on reasonable notice that the employee would be absent for an extended period.⁹

⁹ Reimbursement funds for the 2000-2001 school year were not included in Table No. 1. The \$1,862 figure was determined on the basis of information provided to OSI by BSSD in early 2002.

Finding No. 4 - BSSD's use of a part-time nurse during the 1996-97 school year was not in compliance with the Public School Code requirement as interpreted by the Commonwealth Court.

In June 1996, the Pennsylvania Commonwealth Court issued a decision stating that use of a combination of full-time and part-time school nurses to meet the ratio of school nurses to pupils violated the Public School Code requirement that the number of students under the care of a school nurse shall not exceed 1,500. The Court concluded that although the interpretation might have made sense from a purely statistical or mathematical perspective, it made absolutely no sense when applied to the real world, as there is no such thing as half a nurse and noting that either there are two nurses on duty or there is one nurse.¹⁰

Prior to this ruling, BSSD employed a full-time school nurse and a part-time school nurse to provide health services to its approximately 2,000 students. BSSD continued to employ one full-time and one-part-time school nurse during the 1996-1997 school year, the first full school year after the Commonwealth Court's ruling. Beginning with the 1997-1998 school year, BSSD employed two full-time school nurses.

The reimbursement request submitted to DOH by BSSD for school year 1996-1997 stated that one full-time and one part-time nurse provided nursing services.

DOH reimbursed BSSD \$3,562 for school nurse services provided to the high students during the 1996-97 school year. No funds were withheld.

Conclusions and Recommendation

During the 1996-97 school year, BSSD failed to comply with the Public School Code's requirement as interpreted by the Commonwealth Court. It is recommended that DOH should review BSSD's reimbursement for the 1996-97 school year and reduce the amount to which BSSD is entitled by \$3,562 to reflect the absence of a full-time school nurse at the high school during that year.

¹⁰ Battaglia v. Lakeland School District, 677 A.2d 1294 (Pa. Cmwlth. 1996).

OBSERVATION – BSSD may have used substitutes and a licensed practical nurse to perform services for which they were not certified.

During the investigation, OSI found that BSSD had used substitutes to serve as school nurses at various times during the school years under review. (See Finding Nos. 2 and 3). According to Certification Staffing Policies and Guidelines (CSPG) issued by PDE’s Bureau of Teacher Certification, substitutes must hold an educational certificate for the position in which the individual is substituting. The requirement extends to all professional employees. School nurses are considered to be professional employees. Therefore, BSSD’s use of substitutes who were not certified school nurses may have violated PDE’s certification requirements. Additionally, the use of the nursing assistant, an LPN, at the middle school, as discussed in Finding No. 1 may also have violated those requirements. A copy of the report is, therefore, being provided to PDE for review and appropriate action.

RESPONSE OF DOH

Note: The response was contained in a September 10, 2001, letter from the DOH Deputy Secretary for Administration. Comments relating to corrections of numerical calculations and dates have been incorporated into the report. The response also contained the following with regard to the report's Conclusions and Recommendations:

DOH disagrees with the recommendation that its Division of School Health should require school districts to report school nurse absences on the DOH's Request for Reimbursement and Report of School Health Services.

We do not think that requiring that data alone will necessarily provide us with the information needed to ascertain whether there has been adequate or proper staffing that conforms to all relevant statutes, regulations and case law. The questions required to make a confident determination would be numerous, complicated and cumbersome. Discussion with PDE yielded a response similar to ours. They do not track or obtain this kind of information on specific school district employees in relation to the basic education subsidy. The Division of School Health will give further study to this area of the report for possible future enhancements.

DEPARTMENT OF THE AUDITOR GENERAL'S COMMENTS

DOH should reconsider its position concerning the recommendation that school nurses' absences be reported. While it may be both difficult and unnecessary to monitor daily leave, extended leaves of absence, i.e., over 10-15 days, obviously create a significant gap in required nursing services which school districts can and should remedy promptly and in compliance with the Public School Code and the expectations of parents of public school children.

RESPONSE OF BSSD

The response was a long and detailed letter from the BSSD superintendent dated August 9, 2001. Portions of the response have been incorporated into the report. The following is the edited response:

Prior to the 1990-91 school year, BSSD's model for nursing services was one full-time nurse shared at the elementary and middle schools and a .5 time nurse at the high school. When a nurse was not available in a particular building, it was the secretaries or administrator's responsibility to perform basic first aid for minor bumps and bruises. One of our 1.5 nurses was always available for any serious problem. In 1990-1991 a full-time LPN, school nurse assistant, was employed to relieve our secretaries and administrators of these responsibilities. It is obvious that an LPN is more

qualified than a secretary or administrator to perform such duties. The school nurse assistant did not perform any duties that the school nurse needed to do. The position description illustrates the types of duties that the school nurse assistant can do and states that the school nurse assistant is under the direction of the school nurse. The elementary school nurse has provided direction to the school nurse assistant since 1990-1991 to and including 1999-2000. For the 2000-2001 school year the high school nurse assumed these responsibilities.

During the 1994-1995 school year, the elementary school nurse gave both direct and indirect supervision to the school nurse assistant. The model that was used in the past, which incidentally is used by many school districts throughout the Commonwealth, was not changed. The school nurses trained the school nurse assistant in the use of equipment. Since 1994-1995 until 1999-2000, the elementary school nurse and the school nurse assistant communicated frequently using phone and direct face-to-face communication. Communication did become infrequent during the spring of 1999-2000, which caused me to make the change during the 2000-2001 school year. The elementary school nurse, for reasons known only to her, stopped communicating with the school nurse assistant at the middle school. I found out about this too late in the school year to make any changes. You have seen documentation of the elementary school nurse even doing some of the daily “nuts and bolts” items for the school nurse which allowed the school nurse assistant to observe a school nurse in action. This is direct supervision, as a teacher would do with a student or a superintendent with a principal. The elementary school nurse assisted with the screening of students at the middle school. In May 1995, the elementary school nurse was instrumental in the revision of the BSSD’s Booklet on Health Services. (The superintendent provided OSI with the Booklet.)

During my association with the school district, which has been over twenty years, four of which was as the middle school principal, I have never heard of any problems with our health services from either DOH or the Department of the Auditor General. During this time your department has frequently audited our district and I am not aware of any non-compliance issues associated to school health. I can recollect one meeting with a DOH representative where she commended our district for our health services to students. I am neither aware of any concerns regarding supervision that the elementary school nurse had with the school nurse assistant prior to the spring of the 1999-2000 school year.

In the spring of the 1999-2000 school year, the elementary school nurse met with me concerning our current model of nursing services. She wanted to change the current model to have the school nurse assistant alternate with her between the elementary and middle schools. Our administrators felt that this new model would not permit the close relationship that must

exist among nurse, student and parents at both the elementary and middle schools.

During the 2000-2001 school year, our high school nurse was assigned to supervise the school nurse assistant. The model of nursing services continued as we had since 1990-1991. The major difference is in personalities.

The district agrees that a certified school nurse was not employed for the high school nurse during her leave of absence. The decision was made because she was to only be out approximately two weeks where sick days would be used. It should be noted that no certified school nurse was available to be employed as a substitute. We did not have any certified school nurses on our substitute list. Attempting to get an emergency certificate for the amount of time seemed inappropriate, but obviously should have been pursued.

The elementary school nurse was never granted an extended leave in the 2000-2001 school year. We considered her absences on a daily basis. She could have returned to work at any time. We utilized a registered nurse and a licensed practical nurse on the same basis that a substitute teacher can sub in an area outside their certified areas for up to 15 days. The elementary school nurse never asked for a leave of absence to this date. Rather, she abandoned her position in March 2001, and has not contacted any appropriate school official even seeking a leave of absence – leaving the students and the elementary school in a crisis mode.

Our district budgeted over \$92,000 in 2000-2001 in salaries and benefits for our current model of nursing services (2 school nurses and 1 school nurse assistant). By changing the model to the minimum coverage (1.5 school nurses), according to the State regulations, our district could have saved over \$40,000; however, I personally do not believe that we would be providing our children with the necessary services that would be needed. To now cite our district for approximately \$27,000 would be devastating at a time when local taxpayers do not believe the State is meeting its financial obligations to education.¹¹

We are greatly concerned about the tentative results of this investigation. It appears that documentation and answers offered by school employees were ignored. We believe persons who are friends of the elementary school nurse who did not fully investigate both sides of the matter provided the information from DOH. [The response then described administrative and legal proceedings involving the elementary school nurse and BSSD.] No statements were given under oath. We provided ample information to

¹¹ This is in reference to the amount of recommended repayment stated in the draft report prior to the further review of information submitted by BSSD.

show that the elementary school nurse was very actively involved in nursing supervision and/or nursing activities in the middle school.

I strongly suggest that this complaint be dismissed or reduced to a verbal warning. The definition of supervision varies among all of us. I realize that we have a personnel problem. Unfortunately it has caused this problem, which we are dealing with currently.

DEPARTMENT OF THE AUDITOR GENERAL'S COMMENTS

Information concerning the role of the elementary school nurse at the BSSD middle school presented in the BSSD response and in interviews with BSSD staff has been incorporated into the findings, conclusions and recommendations of the final report. We carefully considered the arguments presented on behalf of BSSD. While there is evidence that the elementary school nurse did not perform duties at the middle school to the extent that the requirement of the Public School Code was met, there is also evidence that, for at least part of the relevant time period, an adequate level of supervision was provided. In the final analysis, there appears to be a sufficient factual basis to conclude that the school district should be required to make repayments to the Commonwealth for the failure to provide nursing services during the specific periods referred to in the Findings and Recommendations.

We agree with the BSSD superintendent's statement that the definition of the term "supervisor" varies in the context of nursing services. For this reason, we have recommended strongly that DOH establish written guidelines, which DOH should disseminate to all school districts and monitor compliance with them.

The dispute between BSSD and the elementary school nurse has compounded the difficulty of determining the facts concerning nursing services in the school district. This unfortunate situation reinforces the need for better procedures and controls of the type presented in two of our recommendations: BSSD should include nursing supervisory duties in job descriptions and performance evaluations for all of its licensed school nurses. DOH (as well as school districts) should require that reimbursement requests submitted by school districts should be signed by the licensed nurses responsible for providing the services as verification that the services listed on the reimbursement requests were, in fact, provided.

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