

## FileMaker Documentation for School Nurse Case Managers

When logging in to FileMaker, choose the current version (2017-18), then your ESD (171), then click on your name. The opening window will look like this:

The simplest way to navigate from student to student on your caseload is with these arrows.

If you continue to the right across the top, the record # indicates you are on the 2<sup>nd</sup> record out of 5 records that are yours out of a total 316 records being tracked by FileMaker.

When adding a student record, click “Add Record” and it will give you a blank new template that looks like this. It will automatically add your name as the “Advocate”.

### Demographics tab

Add the student’s demographic data that you have access to from interviews and other student records like Skyward.

The “Program Enroll Date” would be the date that you enroll the student and would be identical to the “Current year enroll date” if the student is new this year. If the student was enrolled in previous years, then the dates will be different.

All pink shaded fields will auto-populate. For instance “Age at Enrollment” will automatically populate after you input “Date of Birth”. “Exit date” is completed as the last date of the school year (June 30, 2018). If you exit them before that date, then change the date at that time.

The clip is a place to save “snips” of records pertinent to this student, i.e. signed referral form, emails to school staff or parents, medical records, letters to parents.

The symbol  when clicked on will pop up a window with more information on how to complete the field.

After determining eligibility, click the appropriate circle.

171  
 Last Name First Name County ESD  
 Ibrumfield  
 Advocate Name School District School Grade  
 5927-1028  Remove from 17-18 Database  Active  Waiting List  Inactive

**Demographics** Academics Referral Assessment 1 Assessment 2 Tiers Testing/Attend

**Evidence**

Earned HS Credit    
 Earned HS Diploma    
 Enrolled in GED    
 Enrolled Returned to School    
 Obtained Work    
 Enrolled in Juvenile Justice School

**ESD 171 Staff**

**Academics** tab

Is completed only if appropriate to your student.

171  
 Last Name First Name County ESD  
 Ibrumfield  
 Advocate Name School District School Grade  
 5927-1028  Remove from 17-18 Database  Active  Waiting List  Inactive

**Demographics** Academics **Referral** Assessment 1 Assessment 2 Tiers Testing/Attend

Name Referral Date Gender Date of Birth  
 Parent Last Name Parent First Name Parent Email  
 Address City State Zipcode  
 Parent Home Phone Parent Cell Phone Parent Work Phone Teacher/Counselor/Advisor

**AREAS OF CONCERNS (please check all that apply)**  
**Referral Criteria (check at least one of the top 3 choices)**  
 Acute/chronic and/or life-threatening health condition  
 Unmet health care need (Physical/Behavioral/Mental)  
 Absenteeism  
 Other (below)

**Co-Morbid Factors (check all that apply)**  
 Chronic illness (Physical/Mental)  Special Education  
 Drug/alcohol Issues  Discipline referral  
 English Language Learner  Family Concerns  
 Poor Academic Performance  High Mobility  
 Poverty/low income  Homeless  
 School re-entry  Other

Referred By Referral Date

**Office use only**  
**Risk Criteria**

	Continue	Stop - Does not qualify
Identified or suspected health condition?	<input type="radio"/> Yes	<input type="radio"/> No
Is Health Condition managed or controlled?	Yes <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	No <input type="radio"/> 4 <input type="radio"/> 5
Is Health Condition Minor/Life Threatening?	Minor <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Life-Threatening <input type="radio"/> 4 <input type="radio"/> 5
Estimated required nursing intervention	None <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Very Frequent <input type="radio"/> 4 <input type="radio"/> 5
Total absences (past calendar year)	0-4 <input type="radio"/> 1 <input type="radio"/> 2	5-9 10-14 15-17 18 or greater <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Tardiness	None <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Very Frequent <input type="radio"/> 4 <input type="radio"/> 5
Missing assignments	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5
Off-Task in classroom* *observed by teacher or nurse	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5
		Risk Assessment Total

**ESD 171 Staff**

**Referral** tab

Refers to the referral of this student to the case management program. You will find this information on the referral form.

This is the only place for parent email which is sometimes the best way to contact a parent.

This data comes directly from the *Referral Form*.

**Risk Criteria** section

Complete this section according to your assessment. The pink shaded box at the bottom auto populates with the risk score and can help in prioritizing students for case management time.

Demographics | Academics | Referral | **Assessment 1** | Assessment 2 | Tiers | Testing/Attend

Known Diagnoses \_\_\_\_\_  
 Current Medications \_\_\_\_\_  
 Medical Home \_\_\_\_\_ Living Arrangement \_\_\_\_\_  
 Current Plans  IEP  504 Plan  IHP/ECP  Behavior Plan

Assessment Start Date \_\_\_\_\_ Assessment Complete Date \_\_\_\_\_  Initial  Annual  
 Date of Last HCP Visit: \_\_\_\_\_  
 Number of ER Visits the year: \_\_\_\_\_ Date of Most Recent ER Visit: \_\_\_\_\_  
 Date of Most Recent Hospitalization: \_\_\_\_\_  
 Student Knowledge of Health Condition:  None  Little  Some  Thorough  
 Skill in Self-Managing Health Condition:  None  Little  Some  Thorough

Ht in inches \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Respiratory \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Head Neck \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Teeth \_\_\_\_\_ Heart Sounds \_\_\_\_\_  
 General Appearance \_\_\_\_\_  
 Skin Hair and Nails \_\_\_\_\_  
 Breath Sounds \_\_\_\_\_ Respiratory Efforts \_\_\_\_\_ Abdomen \_\_\_\_\_  
 Nutrition \_\_\_\_\_ Arms Legs \_\_\_\_\_ Hand Strength \_\_\_\_\_

Case Notes  
 Contact List  
 Sign-In Sheet  
 Risk Assess  
 Print

ESD 171 Staff

**Assessment 1 tab**

Which sections you complete is determined by your nursing judgement and what health condition is qualifying them for case management. There is an acknowledgement that the full assessment may take longer than one visit as you gain rapport and trust with students. Therefore "Assessment start" and "Assessment complete" fields are included.

Demographics | Academics | Referral | **Assessment 1** | **Assessment 2** | Tiers | Testing/Attend

Date \_\_\_\_\_

**Behavior Health Risks** (check all that apply)  
 Mental Health Condition  
 Substance Abuse (ATOD)  
 Sexual Activity  
 Disordered Eating  
 Cutting or Self-harm  
 Suicidal Ideation  
 Other (below) \_\_\_\_\_

**Family History**  
 Mental Health Condition(s)  
 Substance Abuse (ATOD)  
 Incarceration  
 Other (below) \_\_\_\_\_

**Impaired School/Social Function** (check all that apply)  
 Behavior Issues / Discipline referrals  
 Suspended / Expelled  
 Family Issues  
 History of Academic Failure  
 Truancy  
 Stress Management  
 Anger Management  
 Bullied / Bully  
 High Antisocial / Negative Peer Influence  
 Other (below) \_\_\_\_\_

**Strengths: (check all that apply or list specifics)**

Belonging		Independence		Generosity	
Student	Nurse	Student	Nurse	Student	Nurse
<input type="checkbox"/> Family Support	<input type="checkbox"/>	<input type="checkbox"/> Control of Actions	<input type="checkbox"/>	<input type="checkbox"/> Share Time	<input type="checkbox"/>
<input type="checkbox"/> Peer Support	<input type="checkbox"/>	<input type="checkbox"/> Control of Thoughts	<input type="checkbox"/>	<input type="checkbox"/> Share Things	<input type="checkbox"/>
<input type="checkbox"/> Community Support	<input type="checkbox"/>	<input type="checkbox"/> Control of Money	<input type="checkbox"/>	<input type="checkbox"/> Share Respect	<input type="checkbox"/>
<input type="checkbox"/> Pro-Social Activities	<input type="checkbox"/>	<input type="checkbox"/> Control of Time	<input type="checkbox"/>	<input type="checkbox"/> Share Understanding (Empathy)	<input type="checkbox"/>
<input type="checkbox"/> ID 1 Caring Adult	<input type="checkbox"/>	<input type="checkbox"/> Other (below) _____	<input type="checkbox"/>	<input type="checkbox"/> Share Knowledge	<input type="checkbox"/>
<input type="checkbox"/> Other (below) _____	<input type="checkbox"/>			<input type="checkbox"/> Other (below) _____	<input type="checkbox"/>

**Strengths - Mastery**

	Student	Nurse
Subject	_____	_____
Hobby	_____	_____
Talent	_____	_____
Other	_____	_____

Case Notes  
 Contact List  
 Sign-In Sheet  
 Risk Assess  
 Print

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**Assessment 2 tab**

A place for you to summarize the assessments you have identified.

**Strengths**

Review with student and identify where they believe their strengths lie and include your nursing assessment as well. These are documented in separate columns.

*\* Refer to Circle of Courage model for more information*

Case Notes  
 Contact List  
 Sign-In Sheet  
 Risk Assess  
 Print

Demographics Academics Referral Assessment 1 Assessment 2 Tiers **Testing/Attend**

Tier 1

- \* Brief Assessment
- \* Information Only
- \* Referral Only

Tier 2

- \* Assessment
- \* Home Visit
- \* Care Planning
- \* Student/Staff/Family Education
- \* Access to health insurance or healthcare

Tier 3

- \* Intensive Case Management
- \* Promote student self management
- \* Liaison with other agencies
- \* Parent Support for IEP/504/Behavior Plans
- \* Care Planning/Complex Health Needs

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**Tiers** tab

Here is where you utilize the Public Health model of care required based on your acuity assessment. Student's Tier can change as case management progresses, either higher or lower (desired).

Case Notes  
 Contact List  
 Sign-In Sheet  
 Risk Assess  
 Print

Demographics Academics Referral Assessment 1 Assessment 2 Tiers **Testing/Attend**

**Math Results**

Pre Math

Post Math

Change in Math Score

	Date Pre Test	Pre Score	%	Date Post Test	Post Score	%
2012-13 School Year						
2013-14 School Year						
2014-15 School Year						
2015-16 School Year						
2016-17 School Year						
2017-18 School Year						
2018-19 School Year						

**Reading Results**

Pre Read

Post Read

Change in Read Score

	Date Pre Test	Pre Score	%	Date Post Test	Post Score	%
2012-13 School Year						
2013-14 School Year						
2014-15 School Year						
2015-16 School Year						
2016-17 School Year						
2017-18 School Year						
2018-19 School Year						

ESD 171 Staff

**Testing and Attendance** tab

This tab will be managed by Todd Johnson.

Nursing's role is to assure MAP testing (Measure of Academic Progress) is done each school year. Students should be tested twice each year and at least 90 days apart. This is one of the data points by which we measure the effectiveness of the Nurse Case Management program.

Absences	
Total Absences 2011-12	<input type="text"/>
Total Absences 2012-13	<input type="text"/>
Total Absences 2013-14	<input type="text"/>
Total Absences 2014-15	<input type="text"/>
Total Absences 2015-16	<input type="text"/>
Total Absences 2016-17	<input type="text"/>
Total Absences 2017-18	<input type="text"/>
Total Absences 2018-19	<input type="text"/>

**Todd's Export  
Todd Only!**

Todd will access and input this data independent of nursing.

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**Date**

**Time Spent**

**Advocate**

**Intervention** Note Number

Assessment

**Contact Type**

Phone

School Visit

Home Visit

Community Based Activity/Appointment

Records Review

Care Coordination Activity

Other

**Care Planning**

IHP

ECP

504

IEP

Other

**Notes**

**Health/Social Referral**

Insurance

Mental Health

Medical

Dental

Chem. Depend.

Basic Needs (food, housing)

Other

**Health Education Intervention**

Student

Family

School Staff

**Academic Referral**

Extended Day

Tutoring

Mentoring

Other

**Plan/Goals**

**Priority Concern(s) Addressed Today**

**Priorities Worked Today**

**ESD 171 Staff**

**Case Notes**

Case notes are accessed by the vertical list of buttons on the right side of the screen. Case notes are to document each interaction with student, family and school staff.

One can add a new case note by either clicking on "Add a Case Note" or scrolling down and a new blank template will appear. No matter how you add a case note they are organized with the newest one at the top.

All appropriate fields must be entered as these are data points that are gathered for the program evaluation.

Start at the top by entering the date of the interaction, time spent and your name. Then Contact Type, Care Planning, Referrals, Health Education and Academic Referrals. You may check more than one box in each field.

Notes  
Details of your interaction.

Plan/Goals  
Next steps that you develop with the student.

Priorities Worked Today  
The first Case Note is where you initiate these priorities by clicking on the "Priorities Worked Today" button. They come out of your assessment and are agreed on with the student. Each time you write a Case Note you will click on this button and your previously entered priorities will be there and you click on each one and it will show up in the "Priorities Concerns Addressed Today" as a list.

Sample case note:

1/8/2018	0:45	Ibrumfield	Intervention	Note Number
Date	Time Spent	Advocate	<input type="checkbox"/> Assessment	
<b>Contact Type</b>			<b>Care Planning</b>	
<input type="checkbox"/> Phone		<input type="checkbox"/> Records Review	<input type="checkbox"/> IHP	
<input checked="" type="checkbox"/> School Visit		<input checked="" type="checkbox"/> Care Coordination Activity	<input type="checkbox"/> ECP	
<input type="checkbox"/> Home Visit		<input type="checkbox"/> Other	<input type="checkbox"/> 504	
<input checked="" type="checkbox"/> Community Based Activity/Appointment			<input type="checkbox"/> IEP	
			<input type="checkbox"/> Other	
<b>Notes</b>			<b>Health/Social Referral</b>	
..... was eager for nurse to meet mother so nurse took student home at end of day. Mother wasn't at home but found her at community computer center. She was crying pretty hard and apologized. Nurse told her she wanted to help get ..... an optometry appointment and well child check to evaluate for asthma and need for medication. Mother agreed. Nurse offered to pick mother up and join in appointment. Students have health insurance. Mother concerned that they are running out of wood for heat. They have food, but no water or electricity. She likes the community but does not qualify for many resources because she is not tribal. They do have health insurance through Medicaid.	<input checked="" type="checkbox"/> Insurance			
			<input type="checkbox"/> Mental Health	
			<input checked="" type="checkbox"/> Medical	
			<input type="checkbox"/> Dental	
			<input type="checkbox"/> Chem. Depend.	
			<input checked="" type="checkbox"/> Basic Needs (food, housing)	
			<input type="checkbox"/> Other	
			<b>Health Education Intervention</b>	
			<input type="checkbox"/> Student	
			<input checked="" type="checkbox"/> Family	
			<input type="checkbox"/> School Staff	
<b>Plan/Goals</b>			<b>Academic Referral</b>	
Mother requested appointment be made for son ..... as well. Nurse will call in the next week and let mom know the date--using email: .....@gmail.com			<input type="checkbox"/> Extended Day	
			<input type="checkbox"/> Tutoring	
			<input type="checkbox"/> Mentoring	
			<input type="checkbox"/> Other	
<b>Priority Concern(s) Addressed Today</b>				
Poverty-Lack of basic needs at home--water and electricity Needs eye exam and probably glasses Needs asthma assessment and well child exam				

Lightshot Screenshot