

THE SUSTAINABLE SCHOOL HEALTH INITIATIVE

A DOCTOR OF NURSING PRACTICE PROJECT SUBMITTED TO THE OFFICE OF
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Dedication

This project is dedicated to my family, friends, and colleagues. Without their unyielding love and support, none of this would be possible.

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I would like to express my deepest appreciation to my committee: Committee Chair, Dean Mary Boland, for the countless hours you've spent mentoring me; Internal Advisor, Dr. Maureen Shannon, as you have guided me throughout my entire academic nursing journey; and Content Expert, Camille Masutomi, your partnership, passion, and knowledge of the Hawai'i Department of Education has been nothing short of amazing. I am forever grateful to all of you for your help, support, and guidance.

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Abstract

Introduction

Decreasing chronic absenteeism is one of the Hawai'i State Department of Education (HIDOE) Strategic Plan's primary target goals as attendance is a prominent indicator of academic success. Some of HIDOE's schools have over a 30% chronic absenteeism rate.

School-based health initiatives can help address this critical issue. National guidelines recommend one school nurse per 750 children in the public school system. Hawai'i DOE schools serve over 180,000 students for which there are only eight nurses on campuses throughout the state. The evidence is clear that school based health services are effective, but there is a lack of research on which models are best in improving academic outcomes and fiscal solvency.

Business planning is an essential element to success.

The purpose of this project was to design a business model to inform sustainable development of a school based health services program for the Waianae Nanakuli Complex Area located at Nānāikapono Elementary School in order to decrease health related absenteeism and early dismissal rates, and over time lead to improved student academic outcomes. The logic model was used as the conceptual framework.

Methods

The three main activities of this project included a needs assessment, business planning, and evaluation of the resulting business plan. Once completed, the business plan was evaluated utilizing quantitative and qualitative methods by community healthcare experts selected by the core project team. Target goal was an evaluation score of >80%.

Results

The business plan contains ten sections, including a comprehensive financial analysis. Evaluation of the business plan draft resulted in an aggregate score of 86%. Results were compiled, reviewed and applicable changes made. The final draft of the plan, which met our criteria for success, is included in the results section.

Discussion

The School Based Health Services Program model designed can be expanded to reach an entire HIDOE complex area, serving 70% more children and adolescents than a standalone clinic, while increasing fiscal sustainability. The business plan will be used to guide expansion to the remaining HIDOE complex areas contributing to the effort to keep Hawai‘i’s keiki healthy and ready to learn.

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Chapter 1: Executive Summary

Decreasing chronic absenteeism is one of the Hawai'i State Department of Education (DOE) strategic plan's primary target goals as attendance is a prominent indicator of academic success. Some of Hawai'i DOE schools have over a 30% chronic absenteeism rate, where "chronic absenteeism" is defined as missing fifteen or more school days in an academic year.

School-based health initiatives can help address this critical issue. National guidelines recommend one school nurse per 750 children in the public school system. There are over 180,000 children enrolled in Hawai'i DOE public and charter schools. Hawai'i DOE schools currently have eight nurses on campuses throughout the state, for a ratio of approximately one nurse per 22,500 students. Hawai'i principals are given the option to use school funds for a School Health Aide (SHA) position, which requires a candidate to have a high school diploma and current CPR certification and be supervised by the school principal.

The literature is clear that school based health services make a positive impact on academic success and are cost effective when considering total cost of care to a community. There is a lack of research on effective models that address both improving academic outcomes and fiscal solvency, which makes business planning an essential element to success. The three main activities of this project included a needs assessment, business planning, and evaluation of the resulting business plan.

The logic model was used as the conceptual framework. The W.K. Kellogg foundation defines the logic model "as a picture of how your organization does its work –the theory and assumptions underlying the program. A program logic model links outcomes with program activities/processes and the theoretical assumptions/principles of the program." (2006, p. 3).

The project setting was the Hawai‘i (HI) State DOE Nānāikapono Elementary School on the Leeward Coast of Oahu. The school serves more than 860 students, of which 84.3% are receiving free or reduced lunch, and 70% have Medicaid. In the 2013-2014 academic school year there was a 32% chronic absenteeism rate, one of the highest incidences in DOE public schools.

The purpose of this project was to design a business model to inform sustainable development of a school based health services program for the Waianae Nanakuli Complex Area located at Nānāikapono Elementary School in order to decrease health related absenteeism and early dismissal rates, and over time lead to improved student academic outcomes. The business plan contains ten sections, including a comprehensive financial analysis. Once completed, the business plan was evaluated by community healthcare experts selected by the core project team. Results were compiled, reviewed and applicable changes made. The final draft of the plan, which met our criteria for success, is included in Chapter Four’s results section. The SBHSP model designed is able to expand reach to an entire HIDOE complex area, serving 70% more children and adolescents than a standalone clinic, while increasing fiscal sustainability. If project implementation is a success, the business plan will be used to guide expansion to the remaining HIDOE complex areas contributing to the effort to keep Hawai‘i’s keiki healthy and ready to learn.

Chapter 2: Problem

Introduction

One of the Hawai‘i State DOE strategic plan’s primary target goals addresses chronic absenteeism (2012). School health initiatives contribute to meet the goal (School Based Health Alliance, 2013b). National guidelines recommend one school nurse per 750 children in the public school system and there are over 180,000 children enrolled in Hawai‘i State Department of Education (DOE) public and charter schools. Hawai‘i DOE schools currently have eight nurses on campuses throughout the state, for a ratio of approximately one nurse per 22,500 students. Hawai‘i schools are given the option to use funds for a School Health Aide (SHA) position, which requires a candidate to have a high school diploma and current CPR certification and is supervised by the school principal.

This chapter will delve further into the current status of school health in Hawai‘i’s public schools, review the available literature and propose an evidenced based strategy to address the need for a sustainable school health program to keep Hawai‘i’s keiki healthy and ready to learn.

Conceptual Model

The project conceptual framework is the logic model. The W.K. Kellogg foundation defines the logic model “as a picture of how your organization does its work –the theory and assumptions underlying the program. A program logic model links outcomes with program activities/processes and the theoretical assumptions/principles of the program.” (2006, p. 3).

The logic model helps with methodically moving through project planning and implementation in an easy to follow framework. The model is simply laid out and helps to organize project processes into meaningful categories from start to finish. At the fundamental core, the logic model framework boils down to inputs, outputs, and outcomes (see *Figure 1*).

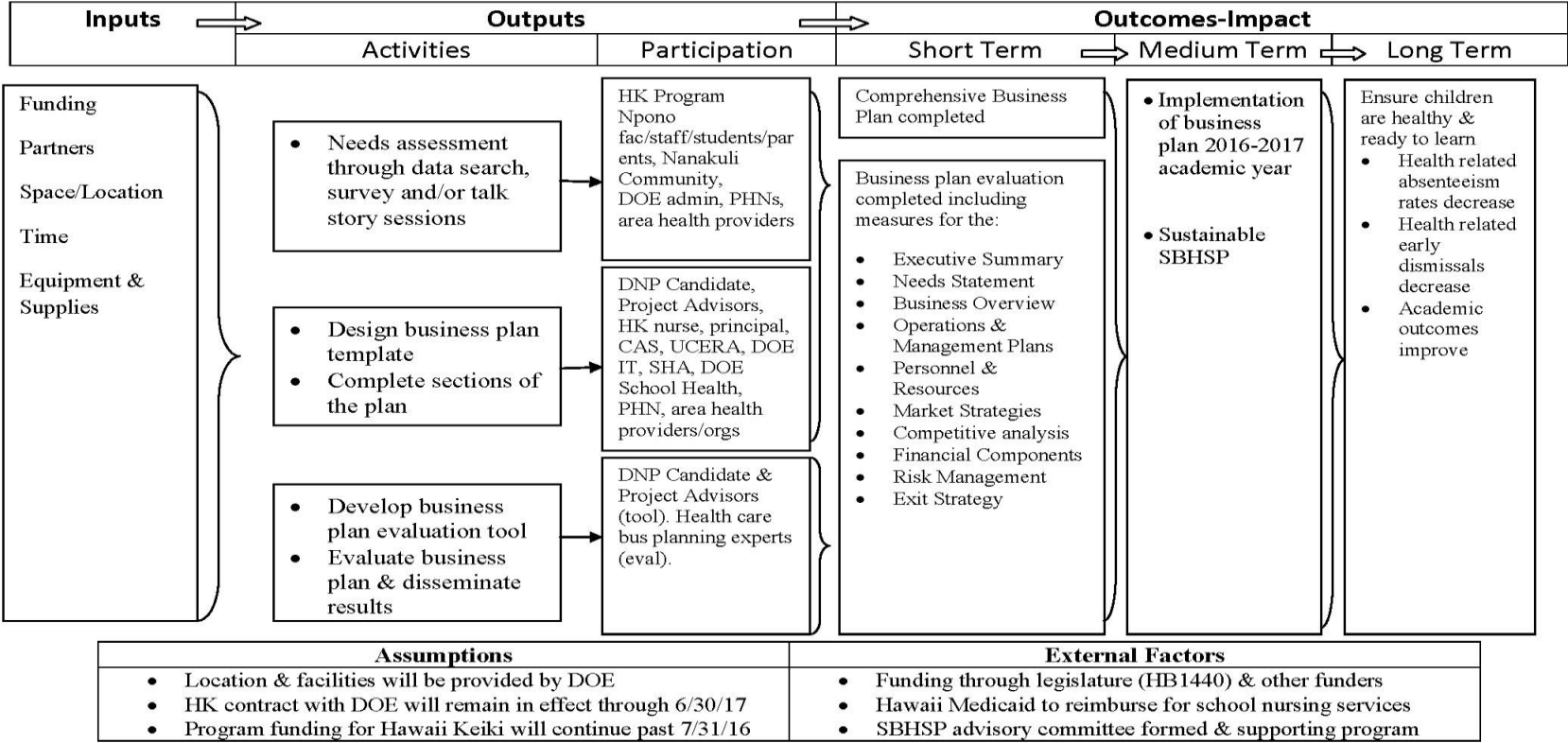
“Outputs” is separated into two subcategories: activities and participation, while the outcomes category is separated into three subcategories; short, medium, and long term goals. The logic model offers a simple way to organize the project, communicate with team members using a familiar language, and, most importantly, maintain consistency while planning, implementing, and evaluating the project (W.K. Kellogg Foundation, 2006). This particular project created a sustainable business plan, which fits well within the framework of the logic model, nested in the overarching goal of creating a school based health services program (SBHSP).

One of the most notable benefits of using this particular framework is that the Department of Education (DOE), Public Health Nurses (PHN) and school related projects of the Department of Health (DOH) use the logic model for program evaluation. The DOE and DOH are the two essential organizational stakeholders involved with the project. Therefore, it was absolutely necessary for all stakeholders to be speaking the same language and frame the project within concepts that were readily understood by all parties. If the project seeks to add value to the DOE and DOH with a possibility for future funding, it must be aligned with current practices.

Figure 1. Project Logic Model

Sustainable School Health Initiative Logic Model

Situation: Nanakuli/Waianae Complex Area desires a SBHSP at Nanaikapono Elementary School. The first step in achieving the goal is to develop a comprehensive business plan.



Problem

There are over 180,000 children enrolled in Hawai'i State (HI) Department of Education (DOE) public and charter schools (Hawai'i State Department of Education, 2014). The HIDEOE is the only department of education in the nation that has statewide reach. It is organized into 15 complex areas. For each complex area there are two to four smaller complexes, for a grand total of 41 complexes. Each of the 41 complexes are defined by a high school, and the elementary and intermediate schools that feed into that particular high school. At the time of this project there were 255 public and 34 public charter schools in Hawai'i.

The Centers for Disease Control and Prevention (CDC) states that "Academic achievement of America's youth is strongly linked with their health" (2014a, Health and Academics section, para.1). This being the case, the US Department of Health and Human Services's Healthy People 2020 guidelines recommend a ratio of one school nurse per 750 children in the public school system (2014b). Hawai'i is one of four states that has a ratio of less than one school nurse per 4000 children (Robert Wood Johnson Foundation, 2010). Specifically, Hawai'i schools currently have eight nurses on campuses throughout the state, for a ratio of approximately one nurse per 22,500 students. Hawai'i schools are given the option to use funds for a School Health Aide (SHA) position, which requires a candidate to have a high school diploma and current CPR certification and is supervised by the school principal.

Three of the HIDEOE Strategic Plan's primary target goals address chronic absenteeism, poor course markings, and behavior related events (2012). School-based health services can help to address these target areas. A study done in 2000 showed a decrease of 50% in absenteeism and 25% reduction in tardiness when school based health centers (SBHC) were on site (School Based Health Alliance, 2013b). Similarly, a study conducted in 2007 found that school nurses

decreased absenteeism by 34% (Bonaiuto). Another study from 2007 found that SBHC users increased their grade point averages (School Based Health Alliance, 2013b) with students who utilized a school nurse on campus improving their grades by 29% (Bonaiuto, 2007). The SBHCs in Dallas found that students who received mental health services in their centers had an 85% decrease in disciplinary actions (School Based Health Alliance, 2013a), and that school nurse utilization improved students' behavior by 29%. The School Based Health Alliance states, "Students, teachers, and parents who have a SBHC rated academic expectations, school engagement, and safety and respect significantly higher than in schools without a SBHC." (2013b, para. 5). In addition, students who had a school nurse on campus reported a 59% increase in quality of life, and 63% improved their health compliance activity (Bonaiuto, 2007). Results indicate that health services offered on campus have the unique ability to integrate clinical service delivery and public health interventions (Clayton, Chin, Blackburn, & Echeverria, 2010). For each of the three primary target goals of the HIDEOE Strategic Plan, there are studies that show school based health services can help achieve them.

Chronic absenteeism is at the forefront of the primary target goals because attendance is one of the most prominent indicators of academic success (C. Masutomi, personal communication, August 11, 2014). Nānāikapono Elementary in Nanakuli on the island of Oahu had a 33% chronic absenteeism rate for the 2014-2015 school year, where "chronic absenteeism" is defined as missing fifteen or more school days in an academic year. The principal was quick to point out that, of those students that are classified as being chronically absent, many have missed far more than fifteen days (D. Knight, personal communication, August 14, 2014). In a survey done at Nānāikapono Elementary in September 2014, 75% of parents said that their child is most likely to miss school because of being "sick" and the second most common reason for missing

school (19%) was for medical appointments (Prothero, 2014). Using the 2000 study results from the School Based Health Alliance, a SBHC at Nānāikapono could be projected to reduce chronic absenteeism by half, resulting in rate of less than 17%.

Roles of school nurses and SBHCs. It is important to differentiate between school health nurse services and a SBHC.

School nurse. A school nurse's responsibility includes the day to day health of students and the larger school community (to include faculty and staff). The National Association of School Nurses (NASN) identifies the following as possible school nursing activities:

- Health screenings such as vision, hearing, and vaccination status.
- Triage or treat accidents and illnesses.
- Medication administration and management of chronic illness
- Support of educational success through individualized education plans (IEP), individualized health plans (IHP), emergency action plans (EAP) and other related planning activities. (National Association of School Nurses, 2015)

School Based Health Centers. SBHCs can provide healthcare services tailored to the communities in which they operate. The SBHC model was developed to bring primary care to schools in underserved communities. The majority of such settings have a designated school nurse. The SBHC services can include, but are not limited to, the following:

- Primary, mental and oral health care
- Comprehensive health assessments, i.e. annual and sports physicals
- Treatment for chronic conditions such as asthma and diabetes
- Treatment of acute illness
- Prescriptions for medications (National Association of School Nurses, 2015)

The evidence indicates that both school nurses and SBHCs are effective in helping to ensure that students are healthy and ready to learn, but these models of care cost money to operate. Without careful planning, the literature contains reports of SBHCs closure due to weak or no financial sustainability planning. Historically, there have been four known SBHCs in Hawai‘i, and only one of the four remains open. The three that closed were said to have failed due to sustainability of funding (B. Arakaki, personal communication, August, 21, 2014; L. Uchimura, personal communication, October 8, 2014; J. Takemori, personal communication, October 8, 2014). The one remaining center that opened in 2013 was constructed using a \$500,000 grant from HRSA (Midweek, 2014). However, it has cut back hours due to low demand for services. Having multiple revenue streams is essential for a SBHC to be sustainable (Davis-Alldritt, 2012). If a new center is to be considered at Nānāikapono School, it is imperative that a sustainable business model be designed to guide development and implementation of health care services.

Uniqueness of Hawai‘i. The HDOE has adopted a community schools approach, The Whole School, Whole Community, Whole Child Model (WSCC) (See *figure 2*). This model is based on the CDC coordinated school health approach combined with the Association for Supervision and Curriculum Development’s (ASCD), whole child framework. The overarching purpose of the approach is to bridge learning and health in a unified and collaborative manner, where the learner is at the center and schools, health agencies, parents and communities together support the learner synergistically. Lewallen, Hunt, Potts-Datema, Zaza and Giles (2015) explain, “By focusing on children and youth as students, addressing critical education and health outcomes, organizing collaborative actions and initiatives that support students, and strongly engaging community resources, the WSCC approach offers important opportunities for school

improvements that will advance educational attainment and healthy development for students.”
(p. 9).

Figure 2. WSCC Model (Lewallen et al., 2015)



Literature Synthesis

Search strategy. An electronic search was conducted which included Academic Search Premier, CINAHL, OneSearch Mānoa, and PubMed. Searches utilized a number of techniques and tools. Search terms included keywords, phrases, and subject headings. Many search terms included some variation of “school based health center”, “school health services”, and “school nursing services” in combination with a number of other terms such as, “primary care”, “Medicaid reimbursement”, “elementary school”, “operations”, “carve out funds”, “economics”, “business planning”, and “model”. Search strategies included boolean operators

such as “AND” and “OR”. Limits and filters utilizing publication date and article type were also used. The dates of the articles included in this synthesis range from 2000 to 2014.

Number of studies. A total 91 articles were retrieved, out of which 16 were used for this literature synthesis (see Table 1). Inclusion criteria for selection of the 16 used primarily consisted of applicability to the project focus, locale, and recency of publication.

Level of evidence grading tool used. Mosby’s Quality of Evidence was the tool utilized to grade the evidence. There was a good deal of literature available on school health with the majority of data falling into the category of descriptive studies, as most of the studies did not involve the environment being manipulated.

Levels of evidence. See Table 1.

Table 1. Levels of Evidence

Level of Evidence	Description	Articles Used
I	Meta-analysis	1
II	Experimental design (RCT)	0
III	Quasi-experimental design	2
IV	Case-controlled, cohort, longitudinal studies	1
V	Correlation studies	1
VI	Descriptive studies	7
VII	Authority opinion or expert committee reports	2
Other	Performance improvement, review of literature	2

Synthesis of evidence by sub concept.

School based health services and academic outcomes. Six of the 16 articles chosen for this literature synthesis were related to the effect that SBHCs have on academic outcomes. Each one of the articles found a positive correlation utilization of SBHCs and an increase in academic outcomes. Reports have shown that SBHCs increase attendance and course grades while decreasing disciplinary incidents. All three of these indicators assist in a student’s success in

school. This sub-concept represents the largest body of literature available for the literature review.

Cost-benefit. Five of the articles concerned the cost-benefit of having a school based health center. Each of these articles showed that there was a cost savings in health care expenditures when looking at the impact on the community. In an economic analysis of school based nursing services (not a SBHC) in the state of Massachusetts with 477,163 students, there was a \$2.20 cost benefit for every \$1 spent on school based health services provided by nurses (Wang et al., 2014) .

Operating costs. Two of the articles discussed operating costs, but much of the information was not current or relevant to Hawai'i's environment. One article was from 2003 and the other was from 2008. Both investigated the costs in continental US states.

Operating strategies. Five of the articles dealt with operating strategies, all but one were descriptive studies. Strategies included telemedicine and academic service partnerships. There were no studies found that documented partnering efforts with a Federally Qualified Health Center (FQHC), a recommended approach to capture the highest reimbursement potential as they are reimbursed at the cost of providing the service rather than a rate negotiated with the insurer.

Nurse practitioners (Advanced Practice Registered Nurses) providing care.

Quality of care. There are many studies that speak to the effect of Nurse Practitioners (NP) providing quality care. One such systematic review found that NPs providing primary care received higher levels of patient satisfaction than physicians providing the same services. In addition, they found that the quality of life for patients receiving care from NPs was higher than that of patients being treated by physicians. The findings also suggested that NPs earned especially high marks for patient teaching which resulted in patient knowledge and adherence to

treatment plans (Keleher, Parker, Abdulwadud, & Francis, 2009). The same study points out that nurses are able to address a wider range of roles such as “chronic disease management, illness prevention and health promotion” (Keleher et al., 2009, p. 16). A randomized trial concluded that if role responsibilities were equal, NPs providing care in the ambulatory care setting had no significant difference in patient outcomes compared to those of primary care physicians (Cleary et al., 2000).

Cost effectiveness. The American Academy of Nurse Practitioners (AANP) report on *Nurse practitioner cost-effectiveness* (2013b) states that the range of compensation for primary care physicians in 2004 was \$130,000 to \$208,000, while the mean compensation for NPs was \$73,630 at that same point in time. In addition, the Medicare reimbursement rates for NPs in the majority of states is 85% of the fee schedule amount for physicians (American Academy of Nurse Practitioners, 2013a).

Summary of the literature. The literature indicates that both school nurses and SBHCs make a positive impact on academic success and are cost effective when considering total cost of care to a community. With the WSCC model in mind and collaboration at heart, creating a hybrid approach to address the health needs of students is possible in a state with no school nursing structure. A program that combines the traditional roles of the school nurse and a SBHC could be employed to seamlessly help ensure that students are healthy and ready to learn. This innovative approach will be termed the school based health services program (SBHSP).

Innovation/Objective

Evidenced-based strategy and rationale. The strategy that will be utilized in this endeavor builds on the strengths of the school nurse, SBHC and WSCC models to create a hybrid model tailored to the unique needs of Hawai‘i’s community. This innovation will be a

SBHSP that is led by nursing and managed by NPs. The literature provides positive support that school based health services do assist in children being healthy and ready to learn, but it is not specific as to which model is the best when considering operations in fiscal terms.

Leaders from the Hawai‘i DOE, DOH, and Department of Human Services (DHS) have shared first-hand accounts of the school based health centers that have failed in Hawai‘i due to funding. It is clear that a program of this nature will need to tap into a variety of streams of revenue generation, such as: Medicaid and third party insurance reimbursement, private funders, grants, department budgets, school budgets, and funding through the legislature. All of these avenues were investigated for possible funding streams. The form of the SBHSP depends largely on the various funding streams that can be captured. It is evident that in order for the SBHSP to be sustainable, it’s an absolute necessity that the program has the ability to seek reimbursement from public and private insurers for the services rendered.

The Complex Area and school play a central role to the planning and decision making process. Preliminary project conversations with the Complex Area Superintendent, school principal, teachers, parents, and staff indicate a desire to explore the costs of operating such a program and the various approaches that are possible. The project used current available information, interviews with stakeholders, current business practices, reimbursement rates, legislative initiatives and the cost of services and products to develop the business plan. This information will be thoroughly presented in Chapter Four.

Summary

The literature reviewed shows that children have better academic success when they are healthy and ready to learn. One of the HDOE Strategic Plan’s primary target goals addresses chronic absenteeism (2012). School based health initiatives have been shown to positively

address that concern (School Based Health Alliance, 2013b). Out of Hawai‘i’s 255 public schools, there is only one school based health center, which is not operating under a sustainable model, and another eight schools that currently have a nurse on their campus. Schools have the option to use their allocated funds to hire a School Health Aide (SHA). Nānāikapono Elementary School in Nanakuli, Oahu, has one of the highest rates of chronic absenteeism in the state. The purpose of this doctor of nursing (DNP) project was to design a sustainable business plan that will result in a viable on site nurse managed school based health services program at Nānāikapono Elementary School to decrease health related absenteeism and early dismissal rates in an effort to improve academic outcomes. Hawai‘i’s keiki all deserve to have access to quality healthcare that ensures they are healthy and ready to learn.

Chapter 3: Methods

Introduction

The purpose of this doctor of nursing (DNP) project was to design a business plan that will result in a viable sustainable school based health services program at Nānāikapono Elementary School in order to decrease health related absenteeism and early dismissals; increase screening for conditions that impact learning; and provide primary care. The three main activities of this project included a needs assessment, business planning, and evaluation of the resulting business plan.

The project used the logic model. The W.K. Kellogg foundation defines the logic model “as a picture of how your organization does its work –the theory and assumptions underlying the program. A program logic model links outcomes with program activities/processes and the theoretical assumptions/principles of the program.” (2006, p. 3). The three foundational categories of the logic model include; “Inputs”, “Outputs”, and “Outcomes”. This chapter will follow that format and describe the first two categories of “Inputs” and “Outputs”. “Outputs” is further divided into two groups, “Activities” and “Participation”. The final category, “Outcomes”, will be thoroughly reviewed in Chapter Four (see Appendix A for completed Logic Model).

Definitions

The definitions used in this project are as follows:

Business Plan: A strategic planning approach to develop the SBHSP. It includes: industry analysis, customer analysis, competitive analysis, marketing plan, operations plan, management team, and financial plan.

Business Plan Evaluation: Utilizing a business plan evaluation tool, a team of health business planning experts will evaluate the business plan on the following aspects: industry analysis, customer analysis, competitive analysis, marketing plan, operations plan, management team, and financial plan.

Financial Sustainability: The degree to which the SBHSP financial projections will allow the program to cover the operating costs within 2 years of start-up.

Health Related Chronic Absenteeism: Defined in the HIDEOE as missing school for 15 or more days in an academic year due to health reasons.

Early Dismissal: Student sent home from school due to illness.

Logic Model: Inputs (See Appendix A for completed Logic Model)

Funding. The business planning portion of the project itself will take minimal funding. The primary costs will include paper and printing and be in the form of student work hours spent towards meetings, planning, and collaboration. Funding strategies to implement the SBHSP will be a major part of the business planning activity.

Partners. The three primary partners include the Hawai‘i Keiki (HK) program of the UH Mānoa School of Nursing and Dental Hygiene (SONDH), the HIDEOE, and the Hawai‘i State DOH. Within those organizations/programs there are subgroups for each. Hawai‘i Keiki operates through the school practice organization, University, Clinical, Education and Research Associates (UCERA) doing business as the University Health Partners. The DOE is a large organization with many branches; the project touches several groups of DOE. Primary public partners include: the DOE Liaison for HK; Nānāikapono Elementary School administrators, faculty, and staff; Nanakuli/Waianae Complex Area Superintendent; School Based Behavioral Health services lead; DOE IT; and DOE Data Governance. Within the DOH, the project partners

with the Deputy Director for the Health Resources Administration, Public Health Nursing Branch, Immunization Branch and other branches within the department.

There are other important stakeholders that are involved including, but not limited to: parents and children of Nānāikapono Elementary, area health providers, health organizations and programs such as the Healthy Hawaii Initiative, screening providers, and the John A. Burns School of Medicine (JABSOM) Department of Psychiatry.

Space/location. Nānāikapono Elementary school is contributing approximately 1000 square feet of facility space, plumbing, utilities, and custodial services for the SBHSP. The neighboring schools of Nanakuli Elementary, Intermediate, and High School have also indicated their interest and willingness to provide space as the project expands to a shared SBHSP model.

Setting. The project setting is within the Hawai‘i State DOE. The department employees more than 25,000 personnel, and there are currently 255 public school and 34 public charter schools providing education to more than 181,000 students. Nānāikapono Elementary School serves more than 860 students, of which 84.3% are receiving free or reduced lunch, and 70% have Medicaid. In the 2013/2014 academic school year there was a 32% chronic absenteeism rate (Principal D. Knight, personal communication, August 14, 2014) and 75% of parents surveyed stated that absences were due to being “sick.” One third of the student body have a known serious condition (i.e., diabetes, asthma, seizures, etc.). The school was ranked 187th out of 191 schools evaluated via Hawai‘i State Assessment for Reading and Math (HAS), and is comprised of the following ethnic makeup; 68.6% Pacific Islander, 10.6% Hispanic, 9.4% Asian, 1.0% White, 1.6% African American, and 7.9% Other (Schooldigger.com).

Time. Time is in high demand for project partners, an estimated amount of work hours will be tabulated.

Equipment/supplies. Equipment and supplies required for the planning portion of the project include general office items, such as paper, access to copier, ink, binders, cell phone, land lines, laptops, and internet access. Equipment and supplies for service delivery will be discussed in the business plan.

Logic Model: Outputs –Activities and Participation

Needs assessment. A health needs assessment was one of the three main activities of the project. Nānāikapono Elementary had a parent health needs assessment completed in the first quarter of the 2014-2015 school year; a resultant School Health Profile was completed in the second academic quarter. (See Appendix D)

Who (*participation*). The health needs assessment was completed by the Hawai‘i Keiki program in collaboration with the Principal of Nānāikapono Elementary School. A total of 339/860 (39%) parents of children that attend Nānāikapono Elementary returned the survey.

What. The data collected from the health needs assessment, along with other available data, assisted the project team to understand the health needs at Nānāikapono; as a result, a School Health Profile was created. Other collected information used to determine needs includes the monthly school health room report, review of student health records, and health room visit logs.

When. The initial health needs assessment was completed in the first quarter of the 2014- 2015 academic year. The School Health Profile was completed in the second quarter of the same academic year.

Where. The surveys were passed out and collected during the annual back to school open house at Nānāikapono in October 2014.

Business planning: Designing the template. Business planning is the second of three

major project activities. The first part of the process is designing a business plan template to guide the planning process. As the planning process ensued it was evident that the structure of a standard business plan did not capture the unique information required to inform implementation of school based health services. Through researching available literature and resources, the School Based Health Alliance (SBHA) was found to offer multiple resources for business planning, including a business plan template. The business plan created for this endeavor, utilized that template as a basis.

Who (participation). This activity was primarily completed by the DNP candidate, the HK nurse at Nānāikapono, school principal, and complex area superintendent (CAS).

What. The business plan included the following sections:

- Executive summary
- Needs Statement
- Business Overview
- Operations and Management Plans
- Personnel and Resources
- Market Strategies
- Competitive Analysis
- Financial Components
- Risk Management
- Exit Strategy

When. The finalized business plan template was targeted to be completed in the Fall of 2015, and met that target date.

Where. While the project supports the Waianae Nanakuli Complex Area (9 schools) and the school health center will be located at Nānāikapono Elementary school, much of the work was completed off campus, and shared virtually. In-person meetings were arranged to review and revise the design.

Business planning: Completing the business plan. Completing the sections of the business plan was the latter half of the business planning activity.

Who (participation). The core planning team included the DNP candidate, the principal, HK nurse at Nānāikapono, and the Complex Areas Superintendent (CAS). The Dean of SONDH and DOE Liaison served as advisers on all planning activities. Other members who provided assistance with that planning process included UCERA, DOE IT, DOE Data Governance, DOE Nānāikapono School Health Aide, School Health section of DOE, public health nurses, area health providers, and health screening providers/organizations.

What. This business plan will be used as the launching board for the implementation phase of the SBHSP at Nānāikapono.

When. The actual business plan was targeted for completion by Spring 2016. That timeline was met.

Where. The project took place at Nānāikapono Elementary school, with much of the work completed off campus, and shared virtually. In-person meetings were arranged to review and revise sections completed by assigned team members.

Evaluation: Designing the tool. Evaluation of the feasibility of the business plan was the third major activity of the project. The first component of this evaluation activity was to design the business plan evaluation tool.

Who (participation). This activity was primarily completed by the DNP candidate.

What. The business plan evaluation tool consisted of a series of questions utilizing the Likert scale to enable responses to be quantified. The following areas were evaluated in assessing the strength of the business plan.

- Executive summary
- Needs Statement
- Business Overview
- Operations and Management Plans
- Personnel and Resources
- Market Strategies

- Competitive Analysis
- Financial Components
- Risk Management
- Exit Strategy

When. The finalized evaluation tool template was targeted to be completed in the Fall of 2015, which was met.

Where. The activity took place at Nānāikapono Elementary school, with much of the work completed off campus, and shared virtually. In person meetings were arranged to review the design.

Evaluation: Completing the evaluation. The second and final part of the evaluation activity was completing the actual business plan evaluation (See Appendix B).

Who (participation). The participants involved in the evaluation of the business plan included a team of business planning experts in healthcare selected by the core team of the DNP candidate and project advisers. The Dean of SONDH and DOE Liaison were intimately involved with all planning activities.

Sample size. The sample size consisted of four participants.

Inclusion/exclusion criteria. The participants consisted of team members who were well versed in the healthcare business planning process.

What. Utilizing the business plan evaluation tool, the project evaluation criteria was to have the SBHSP business plan receive an average rating of 4 out of 5 on a Likert scale by the evaluation team.

Data collection procedures. The data were collected and aggregated utilizing Google Forms.

When. The business plan evaluation was to be completed by the end of the Spring 2016 academic term.

Where. The evaluations were distributed via the internet utilizing Google Forms. A meeting to review the outcomes was convened once the results were compiled. Feedback from the evaluators was discussed and incorporated into the final business plan included in the results section.

Logic Model: Assumptions and External Factors

The project assumptions and external factors are described below.

Assumptions. The assumptions of the project are as follows:

- The SBHSP facility location will be provided by DOE
- Utilities and custodial services will be provided by DOE
- Hawai‘i Keiki’s contract with DOE will remain in effect through June 30, 2017
- Program funding for Hawai‘i Keiki will continue past July 31, 2016

External factors. The external factors that will influence the project include:

- Funding needs identified in the business plan will be met
- CMS approves State Plan Amendment request from Hawai‘i Medicaid to include reimbursement for school based nursing services
- A Nānāikapono SBHSP Advisory Board is created and supporting the program

Human Subjects Considerations

The human subjects risk was minimal, as the project was focused on planning rather than implementation. No children received treatment in the planning process, although their school health records were examined in an effort to understand the health needs at Nānāikapono. All information collected from surveys was anonymous and were reported in aggregate.

Limitations

There were several limitations to this project. One of the notable limitations is that the impact of this project, once the business plan is implemented, may not be immediately evident. A longitudinal assessment may be necessary to reveal its true contributions. Another limitation of the project is funding, though the planning process requires little by the way of fiscal reserves, the actual implementation will require a generous amount of funding. Identifying possible funding streams was part of the business planning process. Limitations particular to the planning process could include the possibility that the resultant business plan designed for Nānāikapono may not apply to schools in other complex areas. It also may not be generalizable to other locations outside of Hawai‘i due to the unique characteristics of the islands.

Chapter Summary

The purpose of this DNP project was to design a sustainable business plan to inform development of a school based health services program for the Waianae Nanakuli Complex Area and located at Nānāikapono Elementary School to decrease health related absenteeism and early dismissal rates and over time leading to improved student academic outcomes. The three main activities of this project included a needs assessment, business planning, and evaluation of the resulting business plan.

The model utilized for this project was the logic model. The three foundational categories of the logic model include; “Inputs”, “Outputs”, and “Outcomes”. This chapter has followed that format and focused in on the first two categories of “Inputs” and “Outputs”. “Outputs” was further divided into two groups, “Activities” and “Participation”. The final category, “Outcomes”, will be thoroughly reviewed in Chapter Four.

Chapter 4: Results

Introduction

The purpose of this doctor of nursing (DNP) project is to design a sustainable business plan that would result in a viable school based health services program at Nānāikapono Elementary School to decrease health related absenteeism and early dismissals; perform screenings for conditions that impact learning; and provide primary care. The three main activities of this project included a needs assessment, business planning, and evaluation of the resulting business plan.

The project used the logic model. The W.K. Kellogg foundation defines the logic model “as a picture of how your organization does its work –the theory and assumptions underlying the program. A program logic model links outcomes with program activities/processes and the theoretical assumptions/principles of the program.” (2006, p. 3). The three foundational categories of the logic model include; “Inputs”, “Outputs”, and “Outcomes”. The previous chapter described the first two categories of “Inputs” and “Outputs”. “Outputs” was further divided into two groups, “Activities” and “Participation”. The final category, “Outcomes”, will be thoroughly reviewed in this chapter (see Appendix A for the completed Logic Model).

Business Plan

The entire completed business plan follows.

Nānāikapono School Based Health Services Program

Business Plan

May 2016

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I. Executive Summary

A. Business Overview

The Hawai‘i Keiki Nānāikapono School Based Health Services Program (SBHSP) provides healthcare and prevention services to help keiki stay healthy and ready to learn. The program is a fiscally sustainable healthcare delivery model using public funding, cost recovery, and community engagement to moderate the impact of social determinants of health of children attending public schools in Nanakuli, Hawai‘i.

B. Success Factors

Our program is well positioned to build public sector cross agency collaboration with the Department of Education (DOE), Department of Health (DOH), and Department of Human Services (DHS) to:

- Eliminate gaps and reduce redundancies across the many school health initiatives and funding streams;
- Build partnerships and teamwork among school health and education professionals in the school;
- Build collaboration and enhance communication among public health (DOH), school health (DOE), higher education (University of Hawai‘i) and health professionals in the community; and
- Focus efforts on helping students engage in protective, health-enhancing behaviors and avoid risk behaviors.

The Hawai‘i Keiki Program uses master's prepared school nurses to provide evidence based school health services to ensure screening for common conditions, up to date immunizations, and collaboration with community care providers to manage chronic conditions that impact readiness to learn.

The program operates through the practice organization of UH Mānoa School of Nursing and Dental Hygiene. The University, Clinical, Education, and Research Associates (UCERA), is a UH Board of Regents approved non-profit, which allows for agile movement in receiving grants, implementation of an electronic health record system, market rate compensation for providers as well as a Medicaid and third party payment billing infrastructure to recoup costs for eligible services.

C. Financial Plan

Below is an overview of our expected financial performance over the next four years:

	FY1	FY2	FY3	FY4
Net Service Revenue	51,210	168,334	173,560	178,949
Non-Service				

Revenue	196,750	172,010	177,170	182,485
Total Revenue (less denied claims)	244,375	330,244	342,052	354,277
Total Expenses	297,624	318,973	328,581	338,479
Net Income	(53,249)	11,271	13,472	15,798

II. Needs Statement

There are over 180,000 children enrolled in Hawai‘i State (HI) DOE public and charter schools. The Centers for Disease Control and Prevention (CDC) state that “Academic achievement of America’s youth is strongly linked with their health”(2014a, Health and Academics section, para 1). This being the case, the US Department of Health and Human Services’s Healthy People 2020 guidelines recommend a ratio of one school nurse per 750 children in the public school system. Hawai‘i is one of four states that has a ratio of less than one school nurse per 4000 children (Robert Wood Johnson Foundation, 2010). With the addition of six more nurses through Act 139 in the 2015 Legislative session, the State of Hawai‘i DOE currently has eight nurses on campuses throughout the entire state, that’s a ratio of 1 nurse per 22,500 students if they were spread evenly. When looking at the actual situation, the ratio is even less, as the nurses are housed at just eight schools, which serve a total of less than 7,000 students, leaving over 173,000 students without a nurse at their campus.

The SBHSP model integrates the roles of a school nurse and a school based health center in the context of the CDC’s Whole School, Whole Community, Whole Child model, as both have been shown to decrease health related absenteeism and early dismissals. The following activities in the integrated model may ensue:

- Health screenings such as vision, hearing, and immunization
- Triage or treat accidents and illnesses
- Medication administration for management of chronic illness
- Support of educational success through individualized education plans (IEP), individualized health plans (IHP), emergency action plans (EAP) and other related planning activities
- Primary health care services
- Comprehensive health assessments, i.e. annual and sports physicals
- Reimbursement from public and private insurance for billable services
- Treatment for chronic conditions such as asthma and diabetes
- Prescriptions for medications

The evidence indicates that both school nurses and school based health centers (SBHC) are effective in helping to ensure that students are healthy and ready to learn. They cost money to

operate and without careful planning, the literature contains reports of center closure due to weak or no financial sustainability planning. Historically, there have been four known SBHCs in Hawai‘i, and only one of the four remains open. The three that closed were said to have failed due to sustainability of funding (B. Arakaki, personal communication, August, 21, 2014; L. Uchimura, personal communication, October 8, 2014; J. Takemori, personal communication, October 8, 2014). The one remaining center that opened in 2013 was constructed using a \$500,000 grant from HRSA (Midweek, 2014). However, it has cut back service hours due to low demand. Having multiple revenue streams is essential for a SBHC to be sustainable (Davis-Alldritt, 2012). If a new center is to be considered, it is imperative that a sustainable business model be designed prior to implementation.

A. *Demographics*

The SBHSP sits within the Nanakuli community on the Leeward side of Oahu. Nānāikapono Elementary School has opened in 1933 and moved to a new facility in 2004 mauka of the original site. The basic demographics of the school community are as follows (2014-2015 academic year):

- 855 students enrolled
- Ethnicities of population include:
 - 57.1% Native Hawai‘ian
 - 11.8% Samoan
 - 9.6% Filipino
 - 4% Micronesian
 - 3.5% Caucasian
 - 2.7% Multiple ethnicities
 - 2.6% Asian
 - 1.7% Other Pacific Islander
 - 1.7% Hispanic
 - 1.5% Black
- 87.9% students receiving free or reduced lunch (an indicator of poverty)
- 33% chronic absentee rate
- 70% on Med-QUEST, the state Medicaid program

Identified health needs of students at the Nanakuli complex are as follows:

- One third (34%) of students have a serious health condition noted on their DOE Emergency Card (asthma, seizures, food allergies, etc.)
- Less than a quarter of those students have an Emergency Action Plan (EAP). Without an EAP students are not able to be treated by the School Health Aide with medication treatment (i.e. rescue inhaler). Emergency Medical Response needs to be called, and treatment will be on hold until they arrive.
- 245 students at Nānāikapono have been identified as having asthma, but there are no action plans in place currently.
 - Asthma is the leading cause of school absences (Asthma and Allergy Foundation of America, 2016)

Our SBHSP will initially serve the students of Nānāikapono Elementary, but expand to serve all students in the Nanakuli Complex, eventually building capacity to address faculty, staff and community health needs.

B. SBHSP Outcomes

A study done in 2000 showed a decrease of 50% in absenteeism and 25% reduction in tardiness when school based health centers (SBHC) were on site (School Based Health Alliance, 2013b). Similarly, a study conducted in 2007 found that school nurses decreased absenteeism by 34% (Bonaiuto). Another study from 2007 found that SBHC users increased their grade point averages (School Based Health Alliance, 2013b) and with students who utilized a school nurse on campus improving their grades by 29% (Bonaiuto, 2007). The SBHCs in Dallas found that students who received mental health services in their centers had an 85% decrease in disciplinary actions (School Based Health Alliance, 2013a), and that school nurse utilization improved behavior by 29%. The School Based Health Alliance states, “Students, teachers, and parents who have a SBHC rated academic expectations, school engagement, and safety and respect significantly higher than in schools without a SBHC.” (2013b, para. 5). In addition, students who had a school nurse on campus reported a 59% increase in quality of life, and 63% improved their health compliance activity (Bonaiuto, 2007).

Three of the HODOE strategic plan’s primary target areas address chronic absenteeism, poor course markings, and behavior related events (2012). For each of the three primary target goals of the HODOE Strategic Plan, there are studies that show school based health services can help achieve them.

Decreasing chronic absenteeism is at the forefront of the primary target goals because attendance is one of the most prominent indicators of academic success (C. Masutomi, personal communication, August 11, 2014). Nānāikapono Elementary in Nanakuli on the island of Oahu had a 33% chronic absenteeism rate for the 2014-2015 school year, where “chronic absenteeism” is defined as missing fifteen or more school days in an academic year. The principal was quick to point out that, of those students that are classified as being chronically absent, many have missed far more than fifteen days (Principal D. Knight, personal communication, August 14, 2014). In a survey done at Nānāikapono Elementary in September 2014, 75% of parents said that their child is most likely to miss school because of being “sick” and the second most common reason for missing school (19%) was for medical appointments (Prothero, 2014). Using the 2000 study results from the School Based Health Alliance, a school health services program at Nānāikapono could be projected to reduce chronic absenteeism by half, resulting in rate of less than 17%.

III. Business Overview

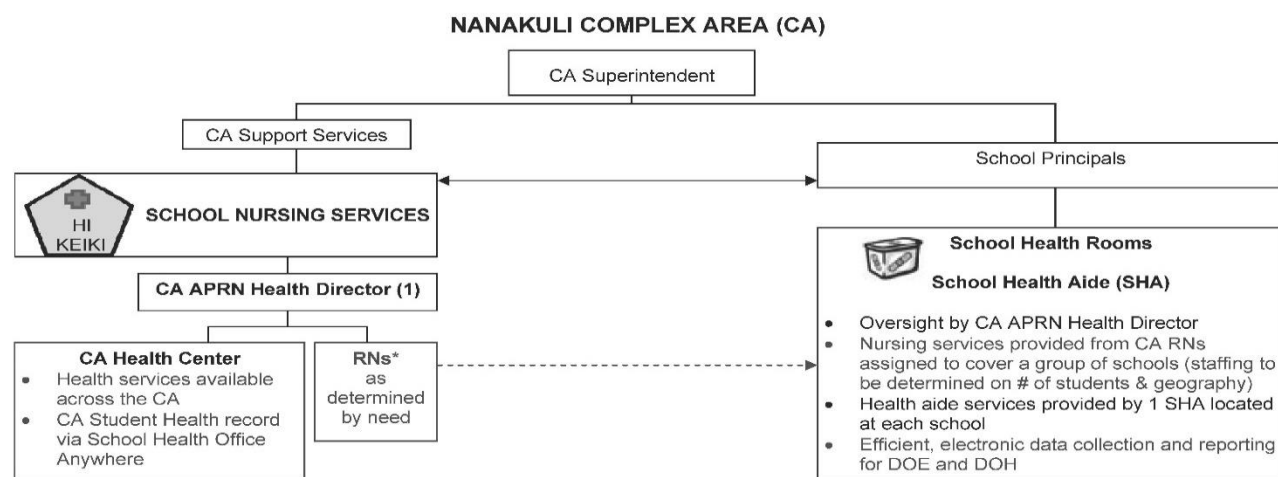
A. SBHSP Description

The program strategy builds on the strengths of the school nurse, SBHC and WSCC approaches to create a hybrid model tailored to the unique needs of Hawai‘i’s community. This innovation

will be a school based health services program (SBHSP) that is led by UH Mānoa Nursing and managed by a nurse practitioner(s). The SBHSPs will provide services where students are, in the school, so students can avoid health-related absences and get support to succeed in the classroom. The Nānāikapono SBHSP will provide comprehensive primary care health services such as annual exams, care for illnesses, counseling, prevention, and education. It will have the capability to give students medical attention when needed, diagnosing and treating problems like asthma and diabetes early on, thereby preventing bigger problems later.

The program model will include one full time Advanced Practice Registered Nurse (APRN), a full time Registered Nurse (RN), and a half time Medical Assistant (MA), that works in concert with the HDOE and, in particular, each school's School Health Aide (SHA). The main SBHSP site will be located at Nānāikapono Elementary School. By utilizing an RN for outreach, case finding, and case management, the program will provide services for all four Nanakuli Complex Area schools to include Nanakuli Elementary, Intermediate, and High Schools. The combined total number of student population is 2,370. The School Based Health Alliance (SBHA) model template suggests a first year expected utilization rate of 50% and an average of three visits per user.

The diagram below represents the program model:



KEY FUNCTIONS FOR THE CA

CA Health Center Services

- Provide health services at the CA Health Center
- Physicals and immunizations for the uninsured
- Clearances for students to go back to school who were excluded

CA School Health Infrastructure

- Develop standardized treatment approaches for common conditions
- Provide professional development to RNs and SHAs
- Implement the web-based School Health Office electronic record
- Serve as health/medical content resource expert to CAS and Principals
- Point of contact for organizations delivering health services in the schools
- Coordinate nursing students in schools to develop promotion and education programs
- Manage billing for reimbursable health services

Conduct Health Initiatives, Reporting and Planning

- Prepare health resource maps
- Collect data for DOH, DHS & DOE reporting
- Serve as school health content expert
- Liaison in developing coordinated school health and wellness plans with Complex Areas, Superintendents, DOH, and DHS school-based health initiatives and public and private entities

**To be determined by # of students, geography, fiscal resources*

KEY FUNCTIONS AT EACH SCHOOL

Provide School Nursing Services (according to scope of practice)

- Implement Bright Futures screening
- Administer medications to children
- Assure completion of sports clearance physicals
- Manage Emergency Action Plans (EAP) for chronic conditions (e.g., diabetes, allergies)

Develop and Provide Clinical Support to School Health Aide and School Health Room Operations

- Serve as content expert and referral point for complex cases
- Monitor case loads of SHA
- Participate in training of SHAs
- Delegate authority to SHA for specific health protocols and procedures as appropriate
- Review school health room services for quality assurance

Coordinate

- Participate in EAP and IEP development for students with special health needs
- Coordinate with the Public Health Nursing Branch of DOH to develop, implement, monitor, and evaluate evidence based protocols and procedures
- Participate in school wellness activities

B. SBHSP History

The SBHSP is part of the Hawai‘i Keiki: Healthy & Ready to Learn program. The program is a partnership of University of Hawai‘i Mānoa Nursing and the Hawai‘i DOE which links education with health to achieve student, school, and system success by building school based health services. It’s uniquely positioned for cross agency collaboration and already has a built infrastructure, billing capabilities, and support staff. Increasing funding to the program would allow for additional nurses to be placed in schools and has the opportunity to bring in fully licensed graduate nursing students to assist in clinical activities with no additional fiscal implications. Cost reimbursement potential for the program is another advantage, as access to an electronic health record system with Medicaid and third party payment billing capabilities is provided through UCERA.

C. Sponsoring Agencies

Nānāikapono Elementary School:

Nānāikapono is one of four schools within the DOE Nanakuli Complex and was first established in 1933. In 2004 the school relocated to a new site across the street with state of the art facilities, complete with central air and advanced technology capabilities. Nānāikapono’s name means “Look to the Righteous” which is the school’s foundation as they strive to provide every child with necessary learning opportunities to fully develop physically, emotionally, intellectually, and socially. The school partners with a number of local organizations and programs to provide support services for students, parents and teachers (HIDOE, 2015)

University Clinical, Education, & Research Associates (UCERA):

UCERA is private non-profit faculty practice organization that supports the clinical operations of UH Manoa Nursing. The mission of UCERA is to contribute to “the goal of improving the health care status of the citizens of Hawai‘i and the Pacific by supporting the education, research and clinical activities of the School. It supports financial diversification of the School by developing revenue generating initiatives in collaboration with hospitals, government agencies and other entities.” (UCERA, n.d.)

D. Vision

Our vision is a healthy and thriving Nanakuli community.

E. Mission

The SBHSP will provide evidenced based professional, quality health services that meet the identified health needs of the students, families, faculty and staff of the DOE Nanakuli Complex community.

F. Values

The SBHSP has core values which guide our clinical care and business decisions.

- Accessible and affordable evidenced based healthcare for all young people.
- Quality, cutting-edge health practices.
- The cultures and languages of our clients and their families.
- Community engagement in planning and assessment of our services.
- Partnership and collaboration.

G. Program Goals

Goal 1: Preparations for launch of SBHSP completed.

- Objective 1: EHR (EPIC & HOA) is operational at NPono by July 23, 2016
- Objective 2: 100% of SBHSP staff will be trained on use of EHR by beginning of 2016 - 2017 academic year
- Objective 3: Credentialing of NPono SBHSP APRN is 100% completed by July 1, 2016 by UCERA
- Objective 4: 100% of staff required, facilities ready, and supplies delivered for SBHSP operations by the beginning of 2016 - 2017 academic year (7/23/16)
- Objective 5: Hawai'i Keiki admin completes 100% of school health manual final draft and has clinical advisory committee approve it by 7/23/16.

Goal 2: Implementation of business plan realized

- Objective 1: SBHSP operational for the start of the 2016 - 2017 academic year.

IV. Operations and Management Plans

A. Locations and Facilities

Our SBHSP is located at Nānāikapono Elementary School in the Nanakuli Community. From this location we are able to serve children from the neighboring school locations including, Nanakuli Elementary, Intermediate & High School. All schools are located within a two-mile radius.

B. Operating Procedures

Agencies and or guidelines that guide our standard of care include the School Nursing Standards and Scope of Practice from the National Association for School Nurses and the American Nurses Association, the Centers for Disease Control & Prevention, the American Academy of Pediatrics, and the Pediatric Five Minute Clinical Consult.

The expected most commonly purchased supplies in the SBHSP will be:

Medical supplies	Tests	Medical equipment	Medications
ACE wraps/bandages	Hcg preg test	Glucose monitor	Tylenol
Alcohol Prep Pads	Monospot	Pulmonary Spirometer (office model)	tab/liquid/chewable
Bag valve mask/Ambu- Child	Rapid strep	Pulse oximeter-finger	Ibuprofen
Bandages	Rapid flu	Ophthalmoscope/otoscope	liquid/tab/chew
Cotton balls	Urine dipstick	Oral/Axillary thermometer	Tums
Dermabond	Glucose test strips	Temp probe covers	Claritin tab
Feminine hygiene prod		Blood pressure cuffs	Benadryl liquid/cap
Gauze 2x2		Spot vital signs	Antibiotic ointment
Gloves-latex & powder free		Spot vital signs mobile stand	Glucagon
Heating pad		Nebulizer machine	Epi pen/jr
Hibiclens		Nebulizer tubing & mask	Silvadene cream
Flexible ice blanket		Medical refrigerator w/ term alert	Cough medication (mucinex/robitussin)
Lighted ear curette		Penlight scissors	Decongestants (Zyrtec, Mucinex, Sudafed)
Standard procedure mask		Exam table	Throat lozenges
Needles 3 ml and 5 ml		Scale	Anti-itch cream - hydrocortisone/calamine
Soaking bins/basins			Nix or NitFree
Syringes 5cc/10cc			Albuterol solution
Paper tape			
Tweezers			
Urine cup			
Exam table paper			
Lancets			
Medicine cups			
Tongue depressors			

C. SBHSP Services & Value Projections

SBSP Services:

Direct Services

- Diagnosis and treatment of illness and injury
- Comprehensive well-child and well-adolescent exams with risk assessment
- Sports physicals Management of chronic conditions, such as asthma and diabetes
- Immunizations (DOH approved Vaccines for Children site)
- Laboratory tests
- Comprehensive reproductive health services (for adolescents)
- Over the counter medications and prescriptions
- Referrals and coordination with primary care providers and outside services such as x-rays, medical specialists, and other services not offered by the SBHSP

Prevention and Health Education

- School-wide wellness and health promotion services
- Individual and small group targeted health education, such as weight management, nutrition education, asthma management, and smoking cessation
- Developing placement for interdisciplinary health sciences students from UH

Student Support

- Med-QUEST outreach and enrollment assistance
- Case management
- Support educational success through:
 - Individual Education Plans
 - Individual Health Plans for children with chronic conditions
 - Disaster plans
 - School wellness planning (Colorado Association for School-Based Health Care, 2010)

Value Projections: (Please see assumptions in Appendix A & balance sheets in Appendix B for full descriptions)

Student Utilization	Year 1	Year 2	Year 3	Year 4
Student Population at NPono	860	860	860	860
# of users	462	462	462	462
# of visits/yr	1,433	1,433	1,433	1,433
Utilization %	54%	54%	54%	54%
Other Area Schools Utilization	Year 1	Year 2	Year 3	Year 4
Eligible Population Other Schools	1,457	1,457	1,457	1,457
# of users	-	783	783	783
# of visits/yr	-	2,428	2,428	2,428
Utilization %	0%	54%	54%	54%

Avg Billable Amt per Visit	Year 1	Year 2	Year 3	Year 4
Medical	\$ 100	\$ 100	\$ 100	\$ 100
Other				
Reimbursement Rates %	Year 1	Year 2	Year 3	Year 4
Medicaid/QUEST	39.70%	40.89%	42.12%	43.38%
Medicare				
Private Insurance	0%	67.92%	70.41%	73.00%

D. Data Collection, Reporting and Evaluation

Collecting, reporting and evaluating data are essential SBHSP activities. The following are the main components of our plan.

- **Baseline Data:** Obtaining baseline data prior to the SBHSP opening by utilizing a health needs survey for parents and another for faculty to help determine program objectives and will serve as a baseline to compare future data received.
- **Process & Outcome Evaluation:** Process evaluation to measure how the program is being implemented as well as outcome evaluation, to analyze the actual program outcomes (focusing on the clients), will both be measured through a comprehensive set of evaluation tools.
- **Evaluation Tools:** The tools required in the collection of the necessary data for evaluation include:
 - Student, family, faculty & staff health needs surveys
 - Monthly, quarterly, and annual reports generated through the electronic health record system.
 - Student, family, faculty & staff satisfaction surveys
 - Quality monitoring quarterly & annual template that utilizes data from above tools, along with additional community variable sets (i.e. rate of local ER visits).
- **Data types and variables collected will include:**
 - Data geared towards policymakers and funders such as:
 - Number of children with access to SBHSP services
 - Number of children served
 - Insurance status of children served
 - Number of uninsured children that SBHSP helped to obtain coverage
 - Effect on local ER and hospitalizations
 - Health care outcomes before and after SBHSP opens
 - Data geared towards school administrators and board members such as:
 - Number of students leaving school due to illness or injury
 - School attendance
 - Rates of graduation
 - Improvement in grades and other academic outcomes
 - Parent and student satisfaction
 - Data geared towards government administrators such as:
 - Users by ethnicity, gender, and age
 - Access to/utilization of primary and preventative services
 - Assess to/utilization of reproductive health services
 - Immunization rates
 - Tobacco, alcohol, and other substance abuse prevention programs
 - Obesity and management programs
 - Sources of revenue, including insurance and in-kind revenues

- Data geared towards users and parents such as:
 - Hours of operation
 - Wait times
 - Types of services provided
 - Privacy and confidentiality
 - Courteousness and friendliness of staff
 - Answers to student and parent questions
 - Quality of services
 - Convenience for student and families
 - Family communication with SBHSP providers (Colorado Association for School-Based Health Care, 2010)

V. Personnel and Resources

A. Management Team

School of Nursing & Dental Hygiene Dean, Mary Boland, DrPH, RN, FAAN
 Responsibility: Executive leadership of the SBHSP

Mary G. Boland is Dean and Professor of the School of Nursing and Dental Hygiene at the University of Hawai‘i at Manoa. At the University of Hawai‘i, she is committed to shaping the future of nursing education and scholarship for Hawai‘i and the Pacific region. Today, the school is increasing enrollments and has added a master’s entry track to address the shortage of entry level practitioners and develop leaders in nursing; conducting research to identify and address significant chronic health programs; and deepening our relationships with our local and global communities. We are leading the way in use of technology to remove geographic distance as a barrier to graduate education. Master and doctoral programs are designed using technology to address the needs of rural students living in underserved communities throughout Hawai‘i and the United States. Dean Boland founded the HK Program and continues to lead statewide policy development to improve access to school based health services. She is an inactive Pediatric Nurse Practitioner (PNP) with extensive experience in developing health services systems for children in underserved communities.

Hawai‘i Keiki Program Director, Benjamin Kilinski, MSN, RN, CPNP
 Responsibility: Tactical & operational responsibility of the SBHSP

Benjamin Kilinski has been a PNP since 2012, specializing in primary care with national board certification through the Pediatric Nursing Certification Board. In addition to advanced practice nursing, his experience as a Registered Nurse includes 4 years of pediatric and emergency nursing at a premier pediatric hospital in Brooklyn, NY. Prior to his career in nursing, Ben spent nearly a decade working through United Way Organizations to provide direct services for homeless youth and children with developmental disabilities. He received both his undergraduate (2009) and graduate (2012) nursing education at New York University College of Nursing in New York City. Before joining the Hawaii Keiki program in 2015, he worked for a Federally Qualified Health Center serving as the Lead Provider of a School Based Health Center in the East Harlem neighborhood of Manhattan. As a participant both in CNCS's Americorps and

HRSA's National Health Service Corps, Ben has demonstrated a consistent commitment to vulnerable populations. Ben has served as adjunct faculty with NYU College of Nursing, is a fellow of the National Association of Pediatric Nurse Practitioners, and maintains membership in Sigma Theta Tau International Honor Society of Nursing.

B. SBHSP Staffing and Structure

SBHSP staff

Staff name	Degree	Role (example: nurse practitioner, physician, dentist, clinical assistant)	Hrs/ wk at SBHSP
Lindsey Christensen	MSN, RN	Pediatric Nurse Practitioner	40
TBD	RN	Registered Nurse	40
TBD	HS, BA/BS preferred	Medical Assistant	20

SBHSP Partners

Fiscal agent	University Clinical, Research & Education Associates (UCERA), practice organization of the University of Hawai'i at Mānoa Department of Nursing
Relationship with HI DOE	Memorandum of Agreement between UCERA & HIDEO. Program operates under the Hawai'i Keiki Program
SBHSP community partners	Department of Health Public Health Nursing Branch; Kaiser Permanente; Waianae Coast Comprehensive Health Center; Nānāikapono Elementary School faculty, staff, keiki & families; Nanakuli community & community based organizations

C. Strengths, Weaknesses, Opportunities, & Threats

We have outlined our strengths, weaknesses, opportunities, and threats (SWOTs) in the following chart:

Strengths Internal, Positive Factors	Weaknesses Internal, Negative Factors
<ol style="list-style-type: none"> 1. Funding for current year 2. Increased access and quality healthcare for all keiki 3. Decreased student time away from class 4. Decreased school faculty and administrators time away from educational activities 5. Excellent APRN in place and integrated into the school community 6. Good ties with necessary stakeholders (DOH, DOE [on school and complex 	<ol style="list-style-type: none"> 1. Challenging to set meetings convenient for all stakeholders 2. Measurable objectives that matter to the DOE (the triad of absenteeism, course markings and behavior [student conduct]) will take time to actualize 3. Challenging to isolate variables that SBHSP will affect directly in regards to absenteeism, behavior and course markings 4. Resistance to change

<p>level], community partners)</p> <ol style="list-style-type: none"> 7. SONDH collaboration affords a value add of providing nursing and dental hygiene students 8. DOE providing space and utilities thereby reducing overhead cost 9. Contract with UCERA allows for expedited help with HR & Credentialing 10. SHA works well with APRN 	
<p><u>Opportunities</u> External, Positive Factors</p>	<p><u>Threats</u> External, Negative Factors</p>
<ol style="list-style-type: none"> 1. Possibility for Medicaid reimbursement for school health services 2. Investigate other possibilities for reimbursement from third party payers 3. Collaboration with SONDH course coordinators/program directors –for student projects & clinical sites SONDH has many community partners –may be able to broker more community ties for keiki services from community providers 4. Business plan can be modified to community needs and used elsewhere to expand once developed 5. Interest in the community for SBHSPs –opportunity for community members to utilize center outside of school times as well. 6. School health is a growing field 	<ol style="list-style-type: none"> 1. Med-QUEST management requiring prior authorization from PCP 2. Contract to provide services perceived as not being openly discussed with all involved parties prior to HK staff being hired 3. Long term financial sustainability

VI. Market Strategies

A. Product

Our product brings health services to the school campus. Services such as the following can be delivered:

- Health screenings such as vision, hearing, and vaccination status
- Triage or treat accidents and illnesses
- Medication administration and management of chronic illness
- Support of educational success through individualized education plans (IEP), individualized health plans (IHP), emergency action plans (EAP) and other related planning activities.
- Primary health care
- Comprehensive health assessments, i.e. annual and sports physicals

- Treatment for chronic conditions such as asthma and diabetes
- Treatment of acute illness
- Prescriptions for medications
- Collaboration with primary and tertiary level care providers

Our customers need access to effective quality health care

Our customers want to access health care on campus. Parents are able to stay at work and children able to stay at school while receiving care.

B. Service Delivery

Our SBHSP clients will access our services on a walk in and appointment basis.

C. Pricing: Please see reimbursement rates in Appendix A: Overview & Assumptions

Initially there will be no charge for uninsured or privately insured customers. All children will be seen without direct charge to them or their families. In years two and three, we plan to seek reimbursement from non- MedQUEST insurance plans. The SBHSP has created a fund to cover those co-pays. For students that are uninsured, we will assist them to obtain health insurance coverage.

D. Messaging

The primary messages in our promotional materials are:

- We provide quality services regardless of the ability to pay
- Services save parents time and worry
- Services are child, teen, & family friendly

Our slogan or tagline is “Keeping Hawai‘i’s Keiki Healthy & Ready to Learn”

E. Advertising

Our program will utilize all available marketing technologies and techniques. Evaluation of techniques utilized and outcomes for each of the audiences will be monitored to ensure the most effective strategies are in place. The plan for advertising our SBHSP is outlined below:

Audience	What	When	Materials	Anticipated outcome
Student/Teacher	Present in all classrooms	August	Brochures	Students and teachers will know how to access SBHSP.
	Present at all school assemblies	August	Brochures	
	SBHSP information in	August	Brochures	

	registration packets			
	Periodic announcements on school PA system about SBHSP	Monthly	Script	Self-referrals will increase. Keep clients abreast of any changes in services, staff, and hours.
	SBHSP information posted in public places in school: halls, bulletin boards, newsletter, school blog & Facebook page	Put up new hard copy information every 3 months, blogs and Facebook page monthly	Posters/blogs	
Parents	Present at all PTA events	Monthly	PPT, Brochures	Parents will know what services the SBHSP provides
	Present at all school parent events	Throughout school year	Brochures	
	SBHSP information in registration packets	August	Brochures	
	SBHSP information posted in public places around office and pick up/drop off locations, school newsletter and on school blog & Facebook page	Put up new hard copy information every 3 months, blogs and Facebook page monthly	Posters/blogs	Will understand how their keiki can access SBHSP.
	Brochures sent home with students & available at office	August	Brochures	Self-referrals will increase. Keep parents abreast of any changes in services, staff, and hours.
School Faculty & Staff	Present at monthly staff & faculty school meetings	Monthly	PPT, Brochures/fliers	Faculty & Staff will know what services the SBHSP provides Will understand how students can access the SBHSP.

				<p>Teacher referrals will increase.</p> <p>Keep faculty & staff abreast of any changes in services, SBHSP staff, and hours.</p>
DOE Complex Area Administration	Present at all Complex Area Principals Meetings	Monthly	Brochures/fliers	<p>Complex Area Superintendent and Nanakuli-Waianae Principals will understand what services the SBHSP provides</p> <p>Will understand how students can access the SBHSP.</p> <p>SBHSP client population will grow from inclusion of neighboring schools</p> <p>Keep CAS & Principals abreast of any changes in services, SBHSP staff, and hours.</p>

Community	Present at Nanakuli Community Board meeting, Defend Waianae, Alignment 96792, and other community organizations/individuals	Monthly	Brochures/fliers	Community members will know what services the SBHSP provides Build connections and opportunities for collaboration
Primary Care Providers (pediatricians and family practice)	Present at related primary care organizations, i.e. Hawaii Chapter of American Academy of Pediatrics. Reach out individually to providers.	Monthly at meetings and opportunities present	Brochures, PPT, flyers	Educate providers on what services the SBHSP provides Build connections and opportunities for collaboration

VII. Niche analysis

A. Competition

Our nearest competitors are:

1. Waianae Coast Comprehensive Health Center (WCCHC)
2. Waianae High & Intermediate SBHCs
3. Kaiser Permanente
4. Community primary care providers

B. Key Assets of Competitors and SBHSP

Competitor name	Strengths	Weaknesses	Assets they have that the SBHSP does not	How the SBHSP is different than competitor
WCCHC	Part of larger corporate system	Location not convenient for children &	Corporate structure to help offset costs	Services convenient for children &

	<p>Extensive hours</p> <p>People know this clinic/ know how to use it</p>	<p>adolescents</p> <p>Many adolescent clients do not feel it is private</p> <p>Not located in Nanakuli</p> <p>Services not offered on campus</p>	<p>Nicer facility/ more equipment</p> <p>Specialists available</p>	<p>adolescents</p> <p>Staff specialize in pediatric health care</p> <p>Clients see services as confidential and respectful</p>
Waianae High & Intermediate SBHCs	Part of larger corporate system (WCCHC)	Location not available for Nanakuli school students and families	<p>Corporate structure to help offset costs</p> <p>Specialists available at main site</p>	Services convenient for children, adolescents & families of Nanakuli
Kaiser Permanente	<p>Part of larger corporate system</p> <p>People know this clinic/ know how to use it</p>	<p>Location not convenient for children & adolescents</p> <p>Many adolescent clients do not feel it is private</p> <p>Services not offered on campus</p>	<p>Corporate structure to help offset costs</p> <p>Nicer facility/ more equipment</p> <p>Specialists available</p>	<p>Services convenient for children & adolescents</p> <p>Staff specialize in pediatric health care</p> <p>Clients see services as confidential and respectful</p>
Community primary care providers	<p>Some are well known and have a strong history in the community.</p> <p>Most part of larger organizations of WCCHC & Kaiser.</p>	<p>Services are not offered on campus</p> <p>Wait times to get appointments may be long.</p> <p>May not be accepting new clients</p>	<p>Able to offer and seek reimbursement for a larger spectrum of services.</p> <p>Many are part of larger health care organizations in the community</p>	Services convenient for children, adolescents & families of Nanakuli

C. Plan for Addressing Competition

Collaboration is key to our success. For the benefit of continuity of care for our client, we plan to collaborate with our competitors in providing shared clients with the best patient focused care. For required services beyond our scope, referrals to children’s primary care providers will be made. The table below reviews the focus areas and strategies we will utilize in those domains.

Focus	Strategies
Collaboration	<ul style="list-style-type: none"> Utilizing HI Medical Association directory, list of FQHCs, and HI AAP membership list, use zip codes to identify practices in the school catchment area and create a personalized message to go to each practice to advise them of this new school based support service and invite them to contact the nurse Inform that with parent consent, they will be sent reports of contacts and visits with their patients and reaching out if is a semi acute/acute situation. Have an open house at the school and invite them to visit the site Participate in HI AAP continuing education efforts Attend grand rounds at Kapiolani Medical Center, and other hospitals that hold them.
Updated service delivery	<ul style="list-style-type: none"> Our plan for updating our services to keep up with the market is annual convention attendance at NASN, AAP, Hawai‘i AAP and other related conventions and seminars. Membership in national and local organizations related to school health delivery. All nurses will be nationally certified school nurses
Monitoring competition	<ul style="list-style-type: none"> Our plan for monitoring our competition is to keep informed on community happenings through participation in Leeward Coast community organizations such as the Nanakuli Neighborhood Board, Alignment 96792, and Defend Waianae.

VIII. Financial Components

A. Key Assumptions

Our assumptions are as follows:

- DOE will provide facility, space, utilities, & custodial services.
- We have base funding in the forms of legislative funding and grants from several agencies.
- SBHSP offers competitive base salaries.
- SBHSP will bill Medicaid through University Clinical, Education, & Research Associates (UCERA).
- SBHSP will conduct and charge for school sports health exams.
- SBHSP will offer all required student vaccines free of cost.

- UH Mānoa Nursing will continue to seek additional private and public funds to underwrite additional expenses.

B. Cash Flow Projections (Please see Assumptions & Overview in Appendix E & Financials in Appendix F for full descriptions)

Year: 2016-2017	
Non-patient Revenue	196,750
Patient Revenue	51,210
Total revenue	244,375
Salaries & Benefits	233,688.26
Purchased Services	2,267.00
Equipment & Supplies	-
Malpractice Expense	101.00
Meetings & Travel	1,400.00
Other Operating Expenses	9,900.00
Administrative Costs	50,267.64
Total expenses	297,624
Net revenue (expense)	(53,249)

C. Best/Worst Case Scenarios

Factors that can affect our revenue include: less than projected client volume, percent of clients with Med QUEST, acceptance of private insurance in addition to Medicaid, increasing services

to additional schools and expanding to the larger community, additional grants and funding through the legislature.

Our best-case scenario projections are based on an increased utilization rate for each year in both Nānāikapono and other area schools. An increase of 5% for reimbursements, and a level of 4% for denied claims. These variables result in the following projections for the next four years:

	FY1	FY2	FY3	FY4
Patient Revenue	129,571	179,833	208,211	236,130
Non-Pt Revenue	196,750	172,010	177,170	182,485
Total Revenue (less denied claims)	321,138	344,649	377,053	409,170
Total Expenses	306,525	320,342	332,538	344,952
Net Income	14,613	24,308	44,515	64,219

Our worst-case scenario projections are based on a decreased utilization rate for each year in both Nānāikapono and other area schools. No increase for reimbursements, and an increased rate of 10% for denied claims. These variables result in the following projections for the next four years:

	FY1	FY2	FY3	FY4
Patient Revenue	53,320	134,401	156,764	183,644
Non-Pt Revenue	196,750	172,010	177,170	182,485
Total Revenue (less denied claims)	213,896	223,877	238,273	255,584
Total Expenses	293,991	306,439	316,572	327,235
Net Income	(80,095)	(82,562)	(78,300)	(71,651)

We believe the most-likely scenario is the following projection:

	FY1	FY2	FY3	FY4
Patient Revenue	51,210	168,334	173,560	178,949
Non-Pt Revenue	196,750	172,010	177,170	182,485
Total Revenue (less denied claims)	244,375	330,244	342,052	354,277
Total Expenses	297,624	318,973	328,581	338,479
Net Income	(53,249)	11,271	13,472	15,798

D. Sustainability Plan

Our plan for financial sustainability includes the following steps:

Step	Timeframe	Anticipated outcome
Ensure marketing plan is implemented –registration packets must be given to student families	July – Aug 2016	Registration complete with start of school student packet
Provide access to services for neighboring schools	Academic year 2016-2017	Increase of potential client population by 60%
Provide access to services for family community members	Academic year 2018-2019	Increase of potential client population by over 200%
Active networking with legislators -- request additional funding for 2017 legislative session	2017 legislative session	Bill for an Act to sustain or increase funding for Hawai'i Keiki
Continue seeking community partnership and federal grants	Continuous	Grants will cover billable services short fall
Monitoring services utilization to ensure projections are on target	Continuous	Adjust resources and expenditures to match utilization needs efficiently

F. Overall Assessment

Our overall assessment of the financial viability of the SBHSP is robust, as there are a variety of funding streams available to the SBHSP. Rent and most utilities are without cost, and large portion of the operating costs will be covered through Medicaid billing, grants and funding through the legislature will be used to offset remaining expenses. This assessment is based on:

- Key assumptions
- Annual costs and projection
- Monthly cash flow
- Likelihood of worst case scenario occurring

IX. Risk Management

First and foremost, we follow HIDEOE risk-reduction policies already in place.

Additional risk situations we have considered and risk reduction strategies we have in place include the following:

Anticipated risk situation	Risk reduction strategy
Potential for worst case scenario occurring	Continue to monitor patient revenue, work closely with UCERA and Med QUEST to achieve efficient and effective reimbursement practices. Continue to build outcome data supporting continued legislative support. Continue to seek additional community and national funding available.
Potential for incident reporting	Training, monitoring, malpractice insurance coverage
Provider backgrounds (criminal)	All new hires will have background checks, and the results will be reviewed before they start working with clients.
Staff having basic safety training (CPR, first aid, blood borne pathogens, crisis intervention training)	All staff will have individual safety training plans that are updated regularly.
Transporting students	We have a transportation policy that addresses insurance and parental consent issues.
Occasional hostile parents (this can sometimes happen when abuse situations arise)	Notify principal of possible hostile parent (no names) arrival; principal may elect to have security nearby.
Data integrity	FERPA & HIPAA trained and certified

X. Exit Strategy

In the event that we have to close our SBHSP, we have considered the following items that will need to be addressed in a professional and expedient way: (all strategies will be carried out by Hawai'i Keiki Administration in concert with UCERA)

Areas to consider	Exit strategy
Staff	Minimum of 3 mos notice with a goal of 6 months
Partners	Minimum of 3 mos notice with a goal of 6 months
Transfer of clients	Find services to transfer our clients with at least 2 months' notice
Client's records	Transfer of client records will be held in accordance with the HIPAA
Communication with school district	School and complex area are our partners and will have been aware of all developments prior to any decision being made on closure
Communication with parents	Notice to parents will go out once staff and partners have been informed
Communication with community	Communication with the community will commence once staff and partners have been informed
Debtors	Debts will be paid through cash reserves and assets that were liquidated
Funders	Will be notified as soon as the decision to close has been made
Excess cash reserves	Excess cash reserves to be credited back to School of Nursing and Dental Hygiene (SONDH) via UCERA
Assets	Will be utilized by UCERA, SONDH, or liquidated to pay debts

Evaluation Results

The participants involved in the evaluation of the business plan included a team of four planning experts in healthcare selected by the DNP candidate and project advisers. The Dean of SONDH and DOE Liaison were intimately involved with all planning activities. The evaluation criteria used the business plan evaluation tool for the SBHSP business plan (See Appendix G). The benchmark was to receive an overall average rating of 4 out of 5 on a Likert scale by the evaluation team. Each of the section questions of the evaluation also allowed for qualitative data to be inputted by the reviewers. The data were collected and aggregated utilizing Google Forms. Feedback was reviewed and utilized in refining the business plan, which resulted in the final draft that was presented in the initial section of this chapter.

The aggregate of the scores for each of the ten sections was 4.3 out of 5 points. Each section met the benchmark as well, with the exception of the competitive analysis and risk management sections. The competitive analysis received an initial score of 3.75 out of 5. The expert panel noted that the competitive analysis section would benefit from the inclusion of community primary care providers as competitors in the analysis. The suggested edit was made and implemented in the final version of the business plan which appeared at the beginning of the results section.

The risk management section also scored a 3.75 out of 5. For this subject area, the evaluators suggested that the plan address the risk of achieving the worst case scenario and what would be done to mitigate that risk. That change was also made to the final draft of the business plan. It is worthy to note that the business overview received a score of 5 out of 5, which is significant, as it is the section that captures the essence of the SBHSP model. A summary for each of the section scores as well as the overall business plan are presented in Table 2 (See Appendix H for the complete results report).

Table 2: Results Overview

Section	Raw Score	Mean Score	Percentage Score
Executive Summary	18	4.5	90%
Needs Statement	18	4.5	90%
Business Overview	20	5.0	100%
Operation & Management Plans	19	4.75	95%
Personnel & Resources	16	4.0	80%
Market Strategies	17	4.25	85%
Competitive Analysis	15	3.75	75%
Financial Analysis	17	4.25	85%

Risk Management	15	3.75	75%
Exit Plan	17	4.25	85%
Overall	172	4.3	86%

Summary

In conclusion, the purpose of this DNP project was to design a sustainable business plan to inform development of a school based health services program for the Waianae Nanakuli Complex Area and located at Nānāikapono Elementary School to decrease health related absenteeism and early dismissal rates and over time leading to improved student academic outcomes. The three main activities of this project included a needs assessment, business planning, and evaluation of the business plan that was developed. The results of the business planning efforts were reported in this chapter. The fifth and final chapter will explore result interpretations, implications, recommendations, and plans for dissemination.

Chapter 5: Discussion

Interpretation of Findings

The evaluation criteria utilizing the business plan evaluation tool for the SBHSP business plan (See Appendix F) was to receive an overall average rating of 4 out of 5 (on a Likert scale) by the evaluation team. The data were collected and aggregated utilizing Google Forms. The results met our criteria for success.

All feedback received from the evaluation process was reviewed and applicable changes made. The final draft of the plan was included in Chapter 4's results section.

Implications/Recommendations

One of the HIDOE strategic plan's primary target goals addresses chronic absenteeism (2012). School health initiatives contribute to meet this goal (School Based Health Alliance, 2013b). National guidelines recommend one school nurse per 750 children in the public school system. There are over 180,000 children enrolled in Hawai'i State DOE public and charter schools. Hawai'i DOE schools currently have eight nurses on campuses throughout the state, for a ratio of approximately one nurse per 22,500 students. Hawai'i schools are given the option to use funds for a School Health Aide (SHA) position, which requires a candidate to have a high school diploma and current cardiopulmonary resuscitation (CPR) certification. The SHAs are supervised by the school principal who is neither required to be CPR certified, nor have healthcare training.

The evidence indicates that both school nurses and SBHCs are effective in helping to ensure that students are healthy and ready to learn, but they cost money to operate. Without careful planning, the literature contains reports of SBHCs' closures due to weak or no financial sustainability. The strategy that was utilized in this project built on the strengths of the school

nurse, SBHC and WSCC models to create a hybrid model tailored to the unique needs of Hawai'i's communities. The integrated model designed through this project can be utilized to guide the implementation of sustainable school based health services in the Nanakuli Complex Area.

Positive performance in an expanded model could ultimately help to grow the school health momentum at a state level. According to the School Based Health Alliance 2013-2014 Census Report there has been a 20% increase in SBHCs across the nation since their 2010-2011 report (School Based Health Alliance, 2015). Funding for centers also continues to grow, as seven out of ten centers report receiving government funding and eighteen states have dedicated nearly \$85 million to school based health centers (School Based Health Alliance, 2015). Funding for school nurses continues to be a struggle as DOE budgets nationally are experiencing cut backs (Robert Wood Johnson Foundation, 2013), but the body of research continues to grow supporting the benefits and cost effectiveness of utilizing school nurses. Wang's cost benefit analysis of school nursing services indicated a benefit of \$2.20 for every dollar invested in school nursing services (Wang et al., 2014). There are also an increasing amount of studies showing the effectiveness of school nursing services, which reduce health related absenteeism, early dismissals, and increase grade point averages (National Association of School Nurses, 2015).

When the growth of SBHCs is tied with the efficacy of school nursing services in an integrated SBHSP model, the breadth of services is increased dramatically, lending to expansion of favorable outcomes and fiscal sustainability. In so doing, the integrated model has the potential to make an even greater positive impact to support academic learning through health interventions. The school health movement is gaining momentum as communities recognize, and

research validates, the value that a school health program adds to the learning experiences and overall quality of life for children.

Plans for Dissemination

All stakeholders will be invited to the project presentation, and copies of the plan distributed to them. An essential next step in the implementing process will be community focus groups to discuss the plan. Feedback from the focus groups will be collected, compiled and utilized in the implementation phase. The Hawai'i Keiki leadership will use the plan to both guide their implementation and monitor their experiences against the fiscal assumptions. They will adjust the plan, if required. Beginning in 2017, the plan will be shared with organizations exploring providing school based health services in Hawai'i.

Summary

Prior to 2014, only 2 of Hawai'i's 255 public schools had a school nurse on campus and neither of the nurses were certified in school nursing. In addition, school health rooms are staffed by a SHA, which requires the person only have a high school diploma and CPR certification. The SHA is considered an Unlicensed Assistive Personnel (UAP) and is supervised by the school principal who receives no school health training and is not required to have CPR certification. Often times, the SHA is the only person on campus who is CPR certified.

In 2015, Hawai'i's State Legislature enacted Act 141, which provides funding for six additional nurse positions through the Hawai'i Keiki: Healthy & Ready to Learn Program (Hawaii Keiki Program). The program is a partnership between the University of Hawai'i Mānoa Nursing and the Hawai'i DOE which links education with health to achieve student, school, and system success by building school based health services. Expanding funding to reach all fifteen DOE school complex areas would help to address the need of Hawai'i State DOE Strategic

Plan's primary target goals that address chronic absenteeism, poor grades, and behavior related events. Evidence from around the country shows that when a school nurse is present, student attendance improves, as does academic performance. Additionally, principals and teachers are not called upon to address health concerns and can focus on helping children learn.

In conclusion, the purpose of this project was to design a business model to inform sustainable development of a school based health services program for the Waianae Nanakuli Complex Area. The program is located at Nānāikapono Elementary School with the goals of decreasing health related absenteeism and early dismissal rates and, over time, leading to improved student academic outcomes. The business plan was evaluated and met our criteria for success. The SBHSP model that has been designed can be expanded to reach to an entire HIDOE complex area. This would result in serving 70% more children and adolescents than a standalone clinic, while increasing fiscal sustainability. If project implementation is a success, the business plan will be used to guide expansion to the remaining HIDOE complex areas, thereby contributing to the effort to keep Hawai'i's keiki healthy and ready to learn.

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Appendices

The following items are included in this appendix

A: Logic Model

B: Evaluation Plan

C: Literature Matrix

D: Overview and Assumptions

E: Financials

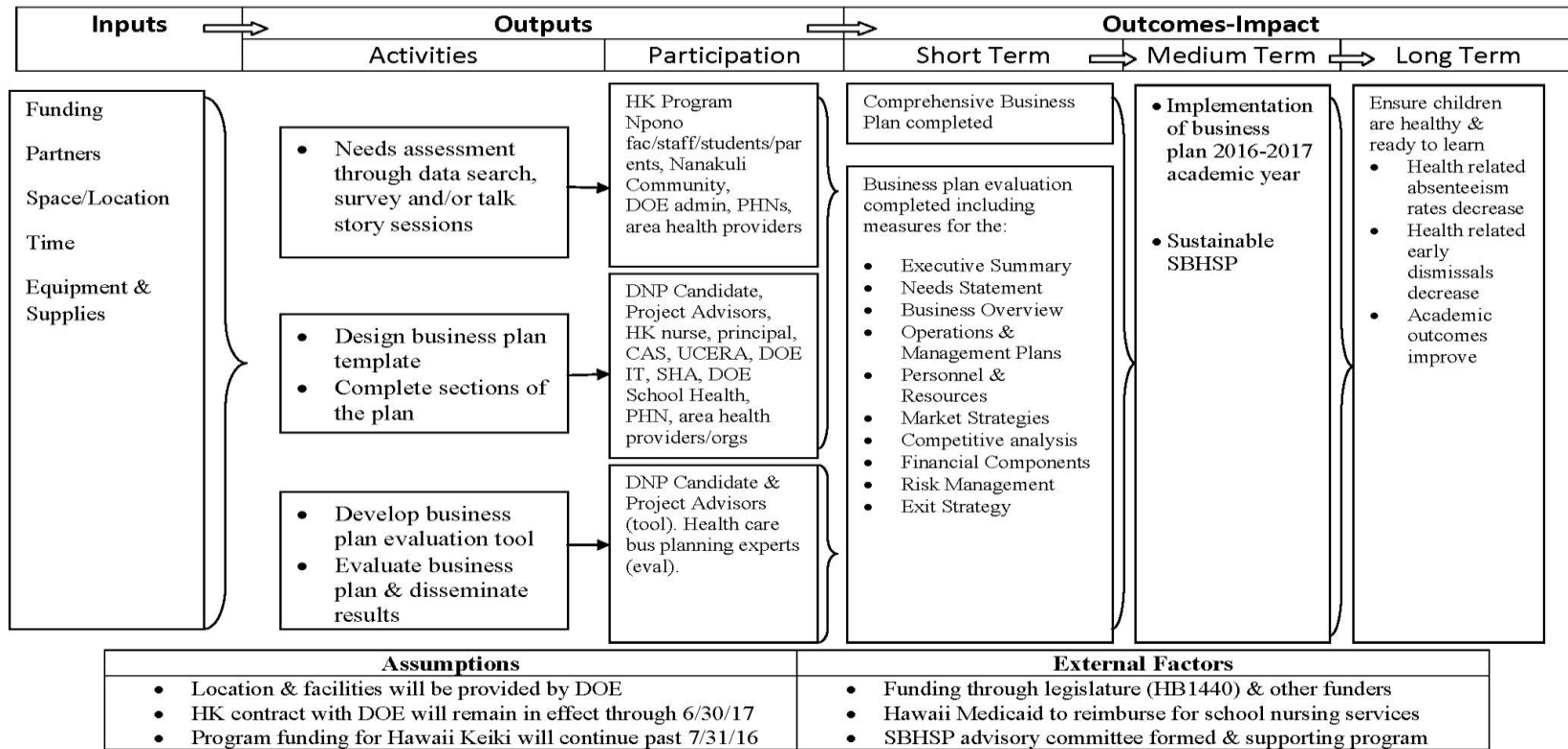
F: Evaluation Tool

G: Results

Appendix A: Logic Model

Sustainable School Health Initiative Logic Model

Situation: Nanakuli/Waianae Complex Area desires a SBHSP at Nanaikapono Elementary School. The first step in achieving the goal is to develop a comprehensive business plan.



Appendix B: Evaluation Plan

Nanakuli/Waianae Complex Area Sustainable School Health Initiative Evaluation Plan

Domain	Evaluation Questions	Indicators	Data Source/Method	Person(s) Responsible	Timeline
Business Plan	How strong is the Nanaikapono SBHPS business plan?	Business plan receives at least an average rating of 4/5 by evaluation team	Business plan evaluation tool –7 categories, Likert scale as well as open ended questions	Evaluation team comprised of community healthcare experts in business planning to be selected by the DNP candidate & project advisors.	Evaluation completed by end of 2015/2016 academic year

Appendix C: Literature Matrix

Author	Year	Journal	Title	Purpose/Question	Study Design	Sample	Data Collection	Findings	Lvl Evidnce	Strgrth	Notes
Adams & Johnson	2000	Pediatrics	An Elementary School-Based Health Clinic: Can It Reduce Medicaid Costs?	To provide data on how much the Whiteford Elementary School-Based Health Clinic (WESBHC) saved on Medicaid health care costs	Descriptive	US: Medicaid -enrolled Children ages 4-12 from Whiteford EI compared to the same from another school district without a SBHC	Descriptive & multivariate analysis to identify the differences in Medicaid healthcare costs between the two groups.	Students from Whiteford EI had lower; inpatient, non-emergency department transportation, drug and emergency department Medicaid expenses.	Level VI	Good (for level VI)	Older study --other variables could be at play since the schools from which the samples were taken are not identical.
Basch	2011	Journal of School Health	Healthier students are better learners: High-quality, strategically planned, and effectively coordinated school health programs must be a fundamental mission of schools to help close the achievement gap.	Closing the achievement gap -- discussion of implications for educational policy and practice in regards to school health.	Review of literature	US: Literature review and synthesis of information from 7 articles.	Drawn from analysis of current literature.	Students that are healthy learn better. List of 6 recommendations at the federal, state and local government level to help remove health related barriers.	Other	Fair	Very informative article, but it is not a study. It is a research report.
Berti, Zylbert, Rolnitzky	2001	Journal of Pediatric Health Care	Comparison of health status of children using a school-based health center for comprehensive care	Compare health problems and medical coverage of homeless & housed children that used a SBHC in New York.	Descriptive	US: 76 homeless children & 232 housed children.	Medical records from the SBHC reviewed and compared	Homeless children 2.5 X as likely to have health problems and 3x as likely to have severe health problems when compared to housed children. #1 issue for homeless children -- asthma.	Level VI	Good (for level VI)	Helpful information in identifying the health disparities between homeless and housed children. Unsure if we'll use this in our synthesis as most children in Nanaikapono are housed, but they definitely are in an underserved area.
Doolittle, Williams, Cook	2003	Medical Care	An estimation of costs of a pediatric telemedicine practice in public schools.	What the estimated costs costs were for an ambulatory pediatric telemedicine practice.	Descriptive	US: Kansas --10 school clinics. 386 consults with 286 children. 71% of children black or hispanic.	Surveys for parents regarding condition of child and costs to family accessing the service. Standard cost-accounting procedure utilized in calculating provider cost.	Avg cost of telmedicine \$173.13-\$7328.17. At 165 consults telemedicine and in person visits equal at \$153. At 200 consults telemedicine was less by up to 9.5% in some cases.	Level VI	Good (for level VI)	We wouldn't use the same setup at a SBHC, but helpful in learning more about telemedicine, as it appears to not offer that much of a cost savings strategy. Prior thinkings were that it was a cost effective approach.
Guo, Wade, Pan, Keller	2010	American Journal of Public Health	School-based health centers: Cost-benefit analysis and impact on health care disparities	evaluate the impact of school-based health centers	Quasi-experimental	US: 5056 students from 7 schools in 4 districts in SBHC and non-SBHC groups (quarterly total Medicaid reimbursement costs assessed)	Ohio Medicaid claims, enrollment file with race/ethnicity, and survey reports from parents	Net social benefit estimated at \$1,352,087 at 3 years. Avg \$35 Medicaid savings per student per year.	Level III	Strong	Relevant, current in comparison to others, will be helpful in supporting value of doing the same in Hawaii.
Maenpaa, Paavilainen, Astedt-Kurki	2012	Scandinavian Journal of Caring Sciences	Family-school nurse partnership in primary school health care	To develop a theory regarding the importance of collaboration between primary school nurses and families	Descriptive	Finland: 6th graders n=22, parents n=19, school nurses n=20	Group discussions with 6th graders. Interviews with parents and free form essays from school nurses.	At present the collaboration between school nurses and families was found to be mainly through problem based communication.	Level VI	Fair	Not what we were looking for data. Interesting to note the differences verbiage and design between studies within the US and from other countries.

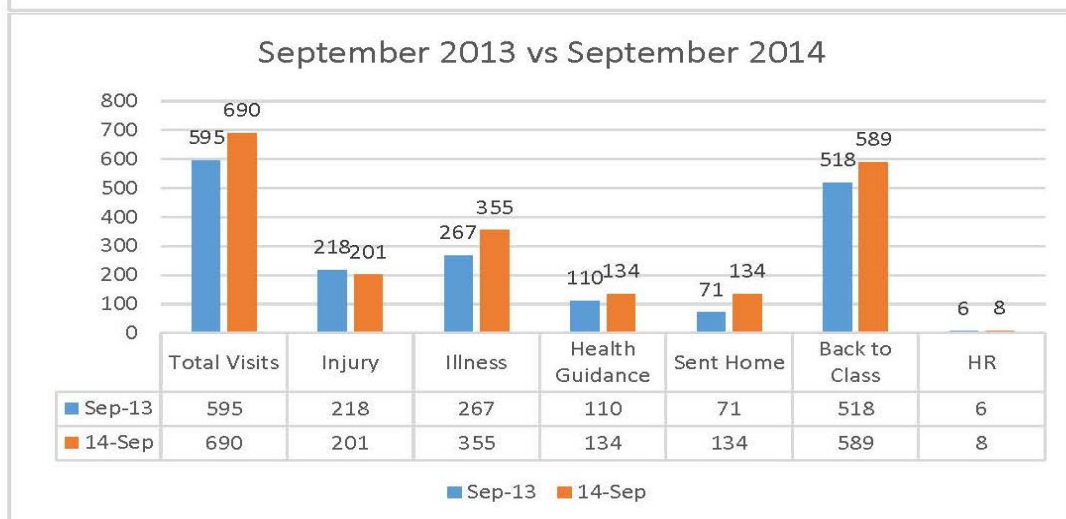
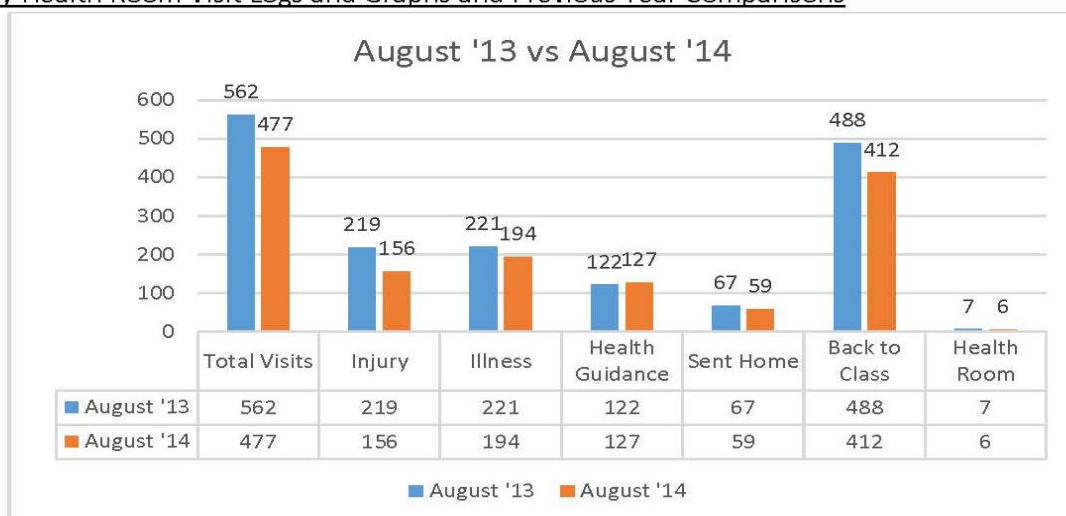
Author	Year	Journal	Title	Purpose/Question	Study Design	Sample	Data Collection	Findings	Lvl Evidnce	Strgrth	Notes
Murray, Low, Hollis, Cross, Davis	2007	Journal of School Health	Coordinated school health programs and academic achievement: A systematic review of the literature	To examine evidence that school health programs aligned with the Coordinated School Health Program model improve academic success	Systematic Review	US: Studies from 1945 with an emphasis on 1980 to present were identified from computerized databases. 4 studies met the highest scientific standard, 13 were at the next highest.	Combined Health Information Database, CINAHL, all EBM Reviews, EBSCO, Econ Lit, ERIC, Medline, National Academy Press, PsycArticles, PsycInfo, PubMed, and Social Science Citation.	Most significant evidence of school health program is in asthma when consists of parental involvement and health education. Lack of negative impact of physical education and academic outcomes. Not much evidence from rigorous studies that support positive effect of nutrition services, health services and mental health programs. No rigorous evidence found to support staff health promotion programs or school environment on academic outcomes.	Level I	Fair	Study was helpful in seeing the 17 reviewed studies. Article was from 2007, and at that time lacked other rigorous studies in much of the school health realm. Limited scientifically rigorous evidence to support connection of school health with academic outcomes in this study.
Nystrom, Prata	2008	Public Health Reports	Planning and sustaining a school-based health center: Cost and revenue findings from Oregon.	Costs and revenues of SBHCs	Descriptive	US: 5 Oregon SBHC systems	Variety of data sources and case studies. All Oregon SBHCs completed a survey on revenues from 2005-2006	Min, Med & Max start up and annual operations costs were calculated	Level IV	Strong	The analysis is very helpful in understanding the costs associated with running a school based health clinic.
Sanford	2001	Journal of Pediatric Health Care	Delivering health care to children on their turf: An elementary school-based wellness center	Review the process of creating and outcomes of a school based wellness center.	Descriptive	US: 1 elementary school school-based wellness center. (George Watts Elementary). 82.3% African American, 7.8% White, 9.9% Latino, biracial or Asian	Attendance rates and proficiency test scores.	Academic achievement increased in some areas but decreased in others. Attendance rates appear to have increased.	Other	Poor	Although the strength of evidence is poor. This article is helpful in reviewing an example of how a SBHC came to be, identifying barriers, and reviewing outcomes. The outcomes did not seem overwhelmingly indicative in favor of having a SBHC, although the article still makes a case for them and that it is successful in helping children to be healthy and ready to learn.
Shiber	2002	Public Health Nursing	A win-win model for an academic nursing center: Community partnership faculty practice	Examine the benefits of having a community partnership faculty practice.	Opinion	US: 1 faculty practice in Baltimore, Maryland	Descriptive information from the faculty practice	Win for the community and win for the school	Level VII	Poor	Not a study, but information is useful in considering the models possible in running a SBHC. This particular article was not in relation to a SBHC, but the community partnership faculty practice model is one possible strategy.

Author	Year	Journal	Title	Purpose/Question	Study Design	Sample	Data Collection	Findings	Lvl Evidnce	Strgth	Notes
Strolin-Goltzman, Sisselman, Melekis, Auerbach	2014	National Association of Social Workers	Understanding the relationship between school-based health center use, school connection and academic performance	Compare differences between SBHC users and nonusers in: 1. school connectedness 2. academic performance. Also use structural equation modeling to test pathway between SBHC usage and academic performance.	Correlational	US: 793 participants from three schools in a large northeastern urban city. 233 elementary, 110 middle, 450 high school.	In person surveys for students and parents. School database for participant demographic variables.	Significant correlation between SBHCs, school connectedness and academic performance.	Level V	Good	Shows that there is a correlation between better academic outcomes and SBHC use, and those who use SBHCs have a higher degree of school connectedness which also then supports a correlation with improved academic outcomes.
Sullivan-Marx, Bradway, Barnesteiner	2010	Journal of Nursing Scholarship	Innovative collaborations: A case study for academic owned nursing practice	Importance of academic service partnerships	Descriptive	US: PA --one 10 year program evaluated	Program outcomes reviewed	Quality of care & financial goals met -- helps for the school's credibility in regards to mission of education, research, service and practice.	Level VI	Fair	Good information, but really just a description of the program. Helpful in that Hawaii Keiki has the potential to be an academic owned nursing practice.
Swider, Valukas	2004	Journal of School Health	Options for sustaining school-based health centers	Discuss sustainable options for school-based health centers	Opinion	US: SBHCs	A review of possible funding streams available for SBHCs	Various funding opportunities exist. Successful SBHCs utilize a variety of funding streams	Level VII	Poor evidence (but very helpful information)	Information is very helpful to the project, but the evidence is poor. The article is informational, rather than a study.
Walker, Kerns, Lyon, Bruns, Cosgrove	2009	Journal of Adolescent Health	Impact of school-based health center use on academic outcomes	1: SBHC effects on academic outcomes. 2: Difference of impacts between medical and mental health services on academic outcomes	Quasi-experimental	US: (Seattle) --9th graders who used the SBHC within the first semester (n=444), compared with nonuser group (n=1,861)	Differences between the users and non-users through propensity score	Increase in attendance (medical users), GPA (mental health users). No difference in disciplinary incidents.	Level III	Good	Very helpful to correlate academic outcomes, also helpful in identifying the value of integrated psychiatric services.
Wang, Vernon-Smiley, Gapinski, Desisto, Maughan, Sheetz	2014	JAMA	Cost-Benefit Study of School Nursing Services	Provide cost-benefit information to help in efforts to find funding for school nursing services	Descriptive	US: 477,163 students	Benefits measured in terms of medical procedure costs, teachers & parents productivity loss.	\$2.20 benefit for every \$1 invested	Level VI	Good (for level VI)	Helpful to show cost-benefit of school health services
Young, Ireson	2003	Pediatrics	Effectiveness of school-based telehealth care in urban and rural elementary schools	Evaluate the quality and cost effectiveness of using the "plain old telephone system" technology	Descriptive	US: 1 rural and 1 urban telehealth SBHC (comprised of 1 FTE RN, .5 FTE MH consultant and linked ped & child psychiatrist.	Satisfaction surveys to providers, nurses, parents and children. Providers & nurses evaluated how well clinical decision making was supported by telehealth. Parents also surveyed as to fiscal affects	Satisfaction for all stakeholders was high. Nurse and provider "decision confidence" scale as 4-4.8 on a 5 point scale. Avg cost savings per family 3.4 hours of work.	Level VI	Good (for level VI)	Helpful in that one of the proposals for the SBHC at Nanikapono involves a telehealth aspect to help with cost effectiveness. Downside of this article is that it is from 2003 -- telehealth has come a long way since this time and the POTS method would probably no longer be employed.

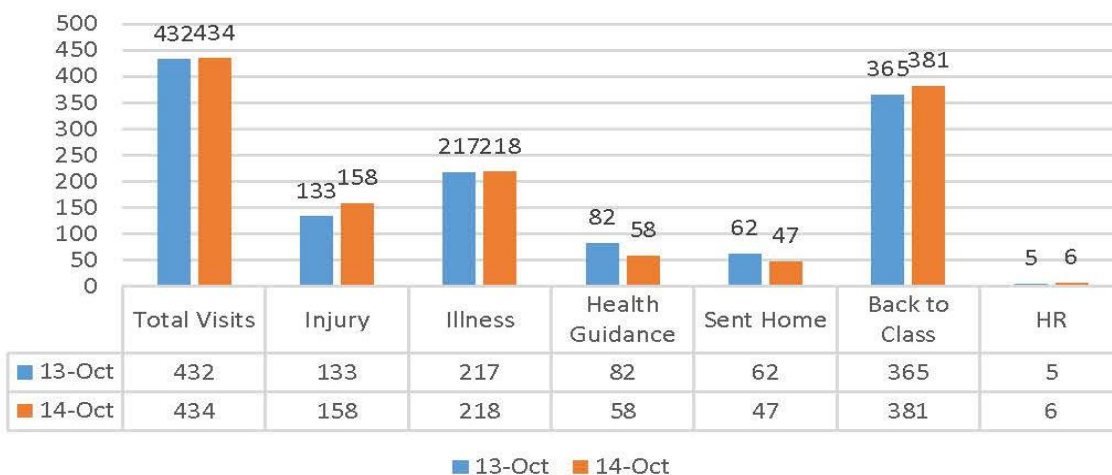
Appendix D: School Health Profile

Nanaikapono Elementary School Profile SY14-15

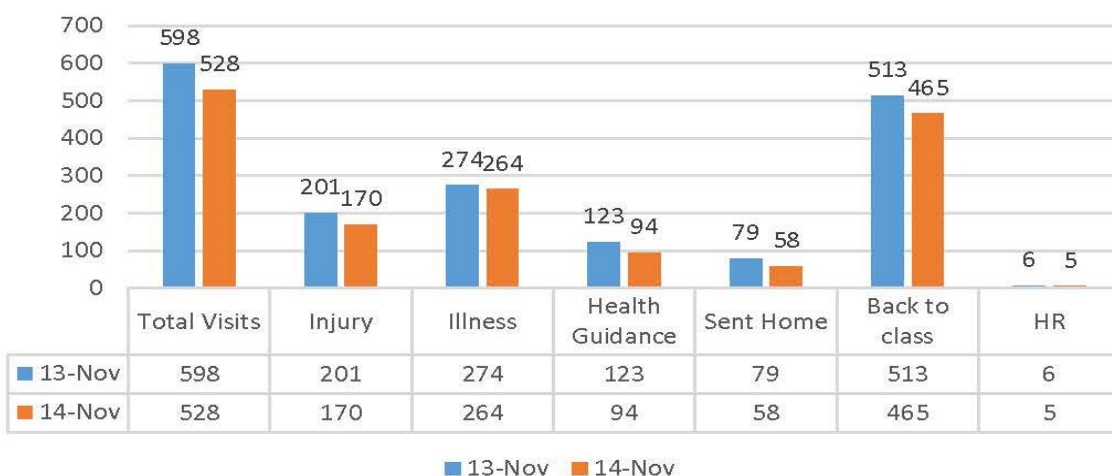
- Total students currently enrolled- 863
- Serious Conditions list- Currently 290
 - *Asthma*: Currently 245
 - *Seizures*: Currently 11
 - *Food Allergy*: Currently 30
- EPI lists-
 - 16 on list
 - 11 missing Physical Examinations and F14
 - 3 missing TB
 - 12 missing one or more other vaccinations
 - 5 signed consents for VFC have been returned
- Monthly Health Room Visit Logs and Graphs and Previous Year Comparisons



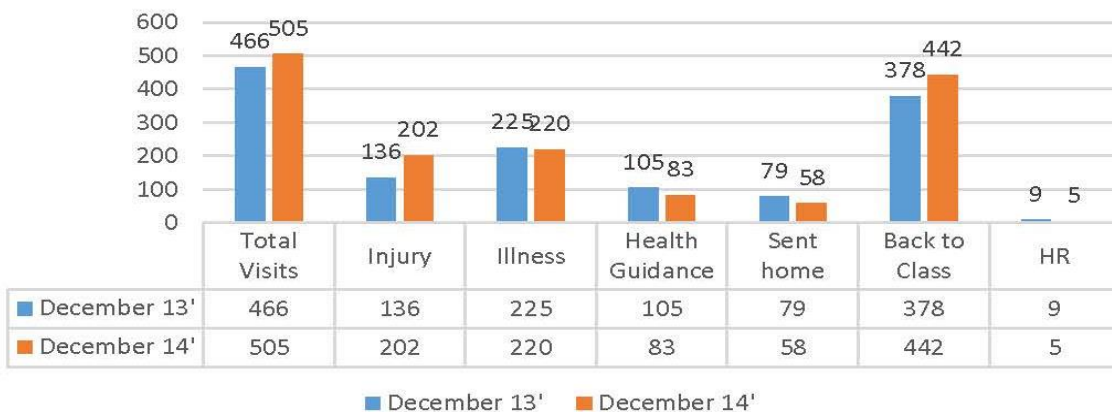
October 13' vs October 14'



November 13' vs November 14'



December 13' vs December 14'



Community Health Needs Assessment Results

- **56%** of students at Nānāikapono were reported on our survey to be of Native Hawaiian descent.
- **11** parents of 339 that took our survey reported NOT having health insurance for their child.
- Approximately **70%** of those who reported having health insurance for their child had Quest. This is consistent with the numbers that we obtained from the emergency health cards that were turned in at the beginning of the year.
- Although only 11 of our students were reported to not have insurance, on a separate question “If your child does not have a primary care provider (Pediatrician), what issues prevent you from accessing care?” **22** parents reported not having insurance, **12** said the inability to pay for care, and **8** said transportation.
- When asked “Does your child suffer from any chronic conditions?” **87** parents reported asthma, **23** reported allergies, and **14** reported eczema (The allergic triad).
- Less than **1%** of those with asthma have an Emergency Action Plan in place
- **12** parents reported that their child hasn’t seen the dentist.
- Parents showed interest in **hearing, vision, and dental screenings**, in that order.
- **45%** of our families reported NOT eating the recommended daily servings of fruits and vegetables.
- Parents reported that **48%** of their children DO NOT get the daily recommended time of physical activity.
- Recent studies have found a positive correlation between physical activity and an increase in executive function and attentional inhibition.
- Approximately **30%** of parents reported that their child gets more than the recommended 2 hours of screen time daily.
- **75%** of parents said their child is most likely to miss school because of being “sick.” Followed by **19%** of parents who said their child was most likely to miss school because of medical appointments.
- The top 2 items identified by parents on which they would like to learn more about were **nutrition and weight management**.

- **19%** of parents said they were concerned with their child's weight. Recent studies found that obese children already are showing warning signs of heart disease.
- When asked "What is needed to improve the health of your family and neighbors?" the top response was **healthier foods**.

Appendix E: Overview & Assumptions for Financials

Overview:

1. Began with the financial model from the School Based Health Alliance as a basis
2. 5 tabs within the Excel file
 - a. Data Input – statistical and revenue assumptions
 - b. Staffing Input – staffing, wages and benefits
 - c. Other Costs Input – other costs
 - d. Income Statement – calculated pro forma income statement. All numbers on this tab are pulled or calculated from other tabs.
3. Each table is set up for 4 years of data. Year 1 is assumed to be fiscal year July 1, 2016 to June 30, 2017.

Assumptions:

- Revenue – reimbursement rates are assumed to increase by 3% each year
- Expenses – All expenses including salaries are assumed to increase by 3% each year

Tab: Data Input

Component	Item	Assumption	Calculated or Entered	Cell Reference
General	School Name	SBHSP housed at Nānāikapono Elementary School	Entered	Data Input – row 3
Student Utilization	Student population	School enrollment numbers as of October 2015 for Nānāikapono EI	Entered	Data Input - row 9
	Utilization Percentage	53.76% Basis: Per the Colorado school experience, 64% of students consent/enroll and 84% of those enrolled have a visit.	Calculated	Data Input – row 12
	Number of users	Student Population times Utilization Percentage	Calculated	Data Input – row 10

Component	Item	Assumption	Calculated or Entered	Cell Reference
	Number of visits per user	3.1 Basis: Information from School Based Health Alliance	Entered	Data Input – row 11
	Number of visits per year	Number of Users times Number of Visits per User	Calculated	Data Input – row 12
Other Area Schools Utilization	Eligible other area schools population	School enrollment of other schools in the area as of October 2015 for Nanakuli El, Inter & HS	Entered	Data Input – row 15
	Utilization Percentage	YR1: 0 YRs 2-4: 53.76% Basis: Per the Colorado school experience, 64% of students consent/enroll and 84% of those enrolled have a visit. First FY will be spent grounding services at Nānāikapono, with target to expand services to neighboring schools in YR2	Entered	Data Input – row 18
	Number of users	Other Area Schools Population times Utilization Percentage	Calculated	Data Input – row 16
	Number of visits per user	3.1 Basis: Information from School Based Health Alliance	Entered	Data Input – row 17
	Number of visits per year	Number of Users times Number of Visits per User	Calculated	Data Input – row 17
Mix of Care		100% medical	Entered	Data Input – rows 21-23
Student Population – Insurance Coverage	QUEST Integration	Based on number of students in the school that are eligible for free or reduced lunch Basis: Students that are eligible for free or reduced lunch most likely qualify for QUEST	Entered	Data Input – row 26
	Private Insurance	Balance of visits assumed to be for students with private insurance	Calculated	Data Input – row 28
Average	Medical	Assume \$100. Does not affect results.	Entered	Data Input –

Component	Item	Assumption	Calculated or Entered	Cell Reference
Billable Amount per Visit				row 44
Reimbursement Rate	QUEST Integration	<p>About 40% (varies depending on number of new students each year)</p> <p>Based on the following:</p> <ul style="list-style-type: none"> • Assume that average for most visits would be an E&M level 3 service. Per UCERA’s HMSA QI payment history with other APRN or PA, • New Patient reimbursement rate (99203) = 66.27 • Established Patient reimbursement rate (99213) = 38.42 • Assume percentage of new students being seen is = (1/number of grades) times (1/number of visits per user) 	Entered	Data Input – row 39
	Private Insurance	<p>About 68% (varies depending on number of new students each year)</p> <p>Based on the following:</p> <ul style="list-style-type: none"> • Assume that average for most visits would be an E&M level 3 service. Per UCERA’s HMSA commercial payment history with other APRN or PA • New Patient reimbursement rate (99203) = 97.28 • Established Patient reimbursement rate (99213) = 66.50 <p>Assume percentage of new students being seen is = (1/number of grades) times (1/number of visits per user)</p>	Entered	Data Input – row 41
Percentage of Claims Denied		<p>Start with 7% in year 1 and decrease to 4% by year 4</p> <p>Basis: MGMA, Financial Management, “The ideal is to have claim denials at 5% or less of the total claims submitted.</p>	Entered	Data Input – row 45

Component	Item	Assumption	Calculated or Entered	Cell Reference
		Better performing groups typically had 4% of claims denied.”		
Other Revenue Sources	Grants and Contributions	Year 1: \$167,000 increase of 3% for Years 2-4 Basis: Annual legislative funding divided by 6 schools		Data Input – row 48
	Government/Other	Year 1: \$29,750 for each of 6 schools (excludes Wilcox) Basis: \$8,500 and \$21,250 for Medicare and Medicaid EHR Meaningful use Monies, respectively		Data Input – row 50

Tab: Staffing Input

Component	Item	Assumption	Calculated or Entered	Cell Reference
Position and Salaries for Base Year	Nurse Practitioner salary	Annual salary of \$92,560 for each school Basis: Projected pay starting 7/1/16. Assumes no vacancies. Current salary adjusted for 4% increase for next year	Entered	Staffing Input – row 8
	Registered Nurse	Annual salary of \$75,000 for each school Basis: Projected pay starting 7/1/16. Assumes no vacancies.	Entered	Staffing Input – row 9
	Medical Assistant	Part-time based on \$20 per hour 6 hours per day and 36 calendar weeks of school (180 days in school year)	Entered	Staffing Input – row 10
Benefits		23.54% Basis: UCERA’s budget worksheet for 2017 for non-physicians where >.5 FTE	Entered	Staffing Input – row 18
Annual Salary		Assumed to be 3% for each year from year 2.	Entered	Staffing Input

Component	Item	Assumption	Calculated or Entered	Cell Reference
Increase				– row 19

Tab: Other Costs Input

Component	Item	Assumption	Calculated or Entered	Cell Reference
Purchased Services	Purchased Services	\$500 for each year for items such as biohazard disposal and oxygen	Entered	Other Costs Input – row 8
Equipment & Supplies	Medical, office and small equipment	0 Basis: Provided by DOE	Entered	Other Costs Input – row 12-14
Malpractice expense	UH & SF Malpractice Tail	\$67 for each APRN Basis: UCERA 2017 budget	Entered	Other Costs Input – row 17
	Malpractice Reserve	\$34 for each APRN Basis: UCERA charges a reserve of 50% of malpractice costs for the deductible	Entered	Other Costs Input – row 18
Meetings and Travel	Business Transportation	\$700 per person (x 3 staff) total \$2100 Basis: mileage allowance based on historical reimbursement	Entered	Other Costs Input – row 22
	Meetings & Travel	\$0 Basis: inter-island travel, car rental, accommodations and meals not needed since site is on Oahu	Entered	Other Costs Input – row 24
Other Operating Expenses	Telephone	\$900 for each staff (x3 staff) for cell phone costs total \$3600	Entered	Other Costs Input – row 27
	Book & Subscription	\$400	Entered	Other Costs Input – row 31
	License & Fees	\$2,300	Entered	Other Costs

Component	Item	Assumption	Calculated or Entered	Cell Reference
	(conferences)	Basis: conference attendance. Additional \$350 in year 1 is for certifications (other schools already have the certification)		Input – row 32
	Marketing Expense	\$300 Basis: Fees are minimal as many marketing activities are through existing internet avenues and school based announcements	Entered	Other Costs Input – row 33
	Membership Fees	\$250 for NASN membership	Entered	Other Costs Input – row 35
Taxes and Fees	Department Tax	5% of total expenses (charged to central admin)	Calculated	Other Costs – Input row 39
	UCERA CBO	9% of FFS claim revenues (charged to central admin)	Calculated	Other Costs Input – row 39
	UCERA Admin	9% of total expenses (charged to central admin)	Calculated	Other Costs Input – row 39
	Dean's tax	2% of total revenue (charged to central admin)	Calculated	Other Costs Input – row 39

Appendix F: Financials

**Nanaikapono School Based Health Services Program
Cash-Basis Income Statement**

	Year 1	Year 2	Year 3	Year 4
# Visits by Type of Care				
Medical	1,433	3,861	3,861	3,861
Other	-	-	-	-
Total	1,433	3,861	3,861	3,861
# Visits by Insurance Type				
Medicaid/QUEST	1,290	3,475	3,475	3,475
Medicare	-	-	-	-
Private Insurance	143	386	386	386
Other/Govt	-	-	-	-
Self-Pay	-	-	-	-
Total	1,433	3,861	3,861	3,861
Medical visits by Insurance Type				
Medicaid/QUEST	1,290	3,475	3,475	3,475
Medicare	-	-	-	-
Private Insurance	143	386	386	386
Other/Govt	-	-	-	-
Self-Pay	-	-	-	-
Total	1,433	3,861	3,861	3,861
Revenue				
Grants & Contributions Revenue	167,000	172,010	177,170	182,485
In-Kind Revenue	-	-	-	-
Community Benefit	-	-	-	-
Govt/Other Revenue	29,750	-	-	-
Total Non-Patient Revenue	196,750	172,010	177,170	182,485
Gross Patient Revenue				
Medicaid/QUEST	128,991.74	347,527.76	347,527.76	347,527.76
Medicare	-	-	-	-
Private Insurance	14,332.42	38,614.20	38,614.20	38,614.20
Other/Govt	-	-	-	-
Self-Pay	-	-	-	-
Total Gross Patient Revenue	143,324	386,142	386,142	386,142
Unreimbursed Portion				
Medicaid/QUEST	(77,782)	(205,420)	(201,157)	(196,766)
Medicare	-	-	-	-
Private Insurance	(14,332)	(12,387)	(11,425)	(10,427)
Other/Govt	-	-	-	-
Self-Pay	-	-	-	-
Total Unreimbursed Portion	(92,114)	(217,808)	(212,582)	(207,193)
Net Patient Revenue				
Medicaid/QUEST	51,210	142,108	146,371	150,762
Medicare	-	-	-	-
Private Insurance	-	26,227	27,189	28,187
Other/Govt	-	-	-	-
Self-Pay	-	-	-	-
Total Net Patient Revenue	51,210	168,334	173,560	178,949
Minus Denied Claims	(3,584.68)	(10,100.06)	(8,678.00)	(7,157.96)
Total Revenue	244,375	330,244	342,052	354,277
Expenses				
Salaries & Benefits	233,688.26	240,698.91	247,919.88	255,357.48
Purchased Services	2,267.00	2,320.01	2,374.61	2,430.85
Equipment & Supplies	-	-	-	-
Malpractice Expense	101.00	104.03	107.15	110.37
Meetings & Travel	1,400.00	1,443.40	1,488.15	1,534.28
Other Operating Expenses	9,900.00	10,197.00	10,502.91	10,818.00
Subtotal Expenses	247,356.26	254,763.35	262,392.70	270,250.96
Administrative Cost	50,267.64	64,209.50	66,188.10	68,227.90
Total Expenses	297,624	318,973	328,581	338,479
Net Revenue/(Expense)	(53,249)	11,271	13,472	15,798
Cost per User	643.74	256.08	263.79	271.74
Cost per Visit	207.66	82.61	85.09	87.66

Data Input Sheet

Identifying Information

School Name	Nanaikapono School Based Health Services Program	
SBHSP Name	Nanaikapono School Based Health Services Program	
Sponsor Name	Hawaii Keiki Program	
Sponsor Type	University	Click in cell to select from list

Student Utilization

	Year 1	Year 2	Year 3	Year 4
Student Population	860	860	860	860
# of users	462	462	462	462
# of visits/yr	1,433	1,433	1,433	1,433
Utilization %	54%	54%	54%	54%

Other Area Schools Utilization

	Year 1	Year 2	Year 3	Year 4
Eligible Other Schools Population	1,457	1,457	1,457	1,457
# of users	-	783	783	783
# of visits/yr	-	2,428	2,428	2,428
Utilization %	0%	54%	54%	54%

Mix of Care

	Year 1	Year 2	Year 3	Year 4
Medical, Immunization, Other	100%	100%	100%	100%
Other	-	-	-	-
Total	100%	100%	100%	100%

Types of Insurance Coverage

	Year 1	Year 2	Year 3	Year 4
Medicaid/QUEST	90%	90%	90%	90%
Medicare	-	-	-	-
Private Insurance	10%	10%	10%	10%
Other/Govt				
Self-Pay				
Total	100%	100%	100%	100%

Avg Billable Amt per Visit

	Year 1	Year 2	Year 3	Year 4
Medical	\$ 100	\$ 100	\$ 100	\$ 100
Other				

Reimbursement Rates %

	Year 1	Year 2	Year 3	Year 4
Medicaid/QUEST	39.70%	40.89%	42.12%	43.38%
Medicare				
Private Insurance	0%	67.92%	70.41%	73.00%
Other/Govt				
Self-Pay				
% of Claims Denied	7%	6%	5%	4%

Other Revenue Sources (annual amt)

Grants and Contributions	167,000	172,010	177,170	182,485
Community Benefit				
Govt/Other	29,750			

Nanaikapono School Based Health Services Program

Staffing Sheet

Positions & Salaries for Base Year	\$/Hour	Hrs/Week	Wks/Year	Total Salary
Nurse Practitioner				\$ 92,560
Nurse, RN				\$ 75,000
Medical Assistant	\$ -	-	-	\$ 21,600
Input position or select from pull-down list	\$ -	-	-	\$ -
Input position or select from pull-down list	\$ -	-	-	\$ -
Input position or select from pull-down list	\$ -	-	-	\$ -
Input position or select from pull-down list	\$ -	-	-	\$ -
Input position or select from pull-down list	\$ -	-	-	\$ -

	Year 1	Year 2	Year 3	Year 4
Benefits	23.54%	23.54%	23.54%	23.54%
Annual Salary Increase		3%	3%	3%

	Summary			
	Year 1	Year 2	Year 3	Year 4
Nurse Practitioner	92,560	95,337	98,197	101,143
Nurse, RN	75,000	77,250	79,568	81,955
Medical Assistant	21,600	22,248	22,915	23,603
Input position or select from pull-down list	-	-	-	-
Input position or select from pull-down list	-	-	-	-
Input position or select from pull-down list	-	-	-	-
Input position or select from pull-down list	-	-	-	-
Input position or select from pull-down list	-	-	-	-
Total Salaries	189,160	194,835	200,680	206,700
Benefits	44,528	45,864	47,240	48,657
Total Salaries & Benefits	233,688	240,699	247,920	255,357

Nanaikapono School Based Health Services Program

Schedule of Program, Administrative and Other Costs

	Year 1	Year 2	Year 3	Year 4
Purchased Svc	500	500	500	500
EPIC Support & Maint	1,767	1,820.01	1,874.61	1,930.85
Total Purchased Services	2,267	2,320	2,375	2,431
Medical Supplies				
Office Supplies				
Small Equipment				
Total Equipment & Supplies	-	-	-	-
UH & SF Malpractice Tail	67	69.01	71.08	73.21
Malpractice Reserve	34	35	36	37
Malpractice		-	-	-
Total Malpractice Expense	101	104	107	110
Business Transportation	1,400	1,443.40	1,488.15	1,534.28
Meeting Meals	-	-	-	-
Meetings & Travel				
Total Meetings & Travel	1,400	1,443	1,488	1,534
Telephone	3,600	3,708.00	3,819.24	3,933.82
IT Maintenance	2,400	2,472.00	2,546.16	2,622.54
Recruitment	250	257.50	265.23	273.18
Postage & Freight	400	412.00	424.36	437.09
Books & Subscriptions	400	412.00	424.36	437.09
License & Fees	2,300	2,369.00	2,440.07	2,513.27
Marketing Expense	300	309.00	318.27	327.82
Gifts	-	-	-	-
Dues & Membership Fees	250	257.50	265.23	273.18
Other	-	-	-	-
Total Other Operating Expenses	9,900	10,197	10,503	10,818
HK Admin	50,268	64,210	66,188	68,228
Total Administrative Costs	50,268	64,210	66,188	68,228

Appendix G: Evaluation Tool

3/31/2016

Business Plan Evaluation

Business Plan Evaluation

Please evaluate the business plan using the criteria below:

*** Required**

1. Executive Summary *

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

2. Comments:

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3. Needs Statement *

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

4. Comments:

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5. Business Overview *

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

6. Comments:

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7. Operations and Management Plans *

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

8. Comments:

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9. Personnel and Resources *

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

10. Comments:

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11. Market Strategies *

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

12. Comments:

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13. Competitive Analysis *

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

14. Comments:

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15. Financial Analysis *

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

16. Comments:

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17. Risk Management *

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

3/31/2016

Business Plan Evaluation

18. Comments:

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19. Exit Strategy *

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

20. Comments:

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.....



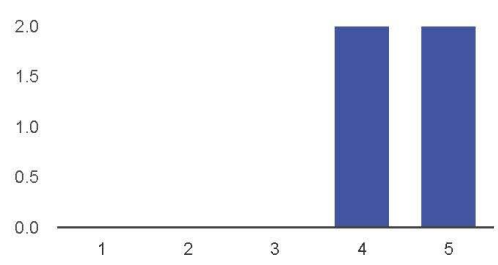
Appendix H: Results

4 responses

[Publish analytics](#)

Summary

Executive Summary



Poor: 1	0	0%
2	0	0%
3	0	0%
4	2	50%
Excellent: 5	2	50%

Comments:

If the investors are government, I'd expand on the social determinants of health as it relates to economic gain for the area.

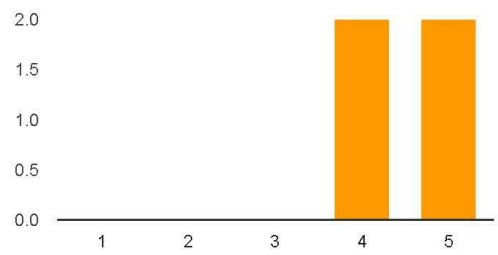
The executive business plan is concise and clear.

clearly provides summary. change "gross service revenue" to "net service revenue"

Needs Statement

5/9/2016

Business Plan Evaluation - Google Forms



Excellent: 5 2 50%

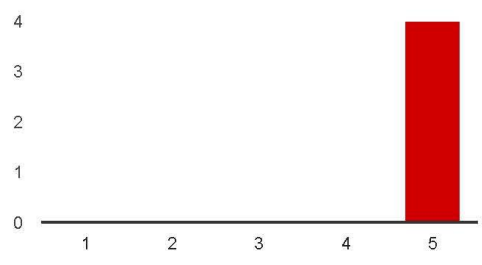
Comments:

I would correlate the asthma and seizures rate to high absenteeism.

The needs statement is descriptive, giving the reader a clear picture of why a SBHSP is necessary in this community.

slightly confusing - says that Hawaii is one of 4 states with ratio of less than 1 per 4000 then says that with addition of 6 nurses there will be 1 per 22,500 and assuming actual then 1 per 7,000.

Business Overview



Poor: 1 0 0%

2 0 0%

3 0 0%

4 0 0%

Excellent: 5 4 100%

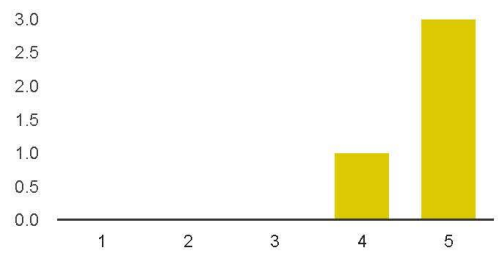
Comments:

5/9/2016

Business Plan Evaluation - Google Forms

I appreciated the connection/participation of health to the child's academic performance. The diagram representing the program model helps to understand the complexity of the program and its entities.

Operations and Management Plans

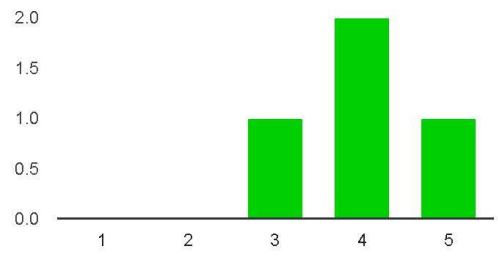


Poor: 1	0	0%
2	0	0%
3	0	0%
4	1	25%
Excellent: 5	3	75%

Comments:

I would expand on the management team description and what qualities they bring as it relates to a successful outcome.
Concise and descriptive.

Personnel and Resources



5/9/2016

Business Plan Evaluation - Google Forms

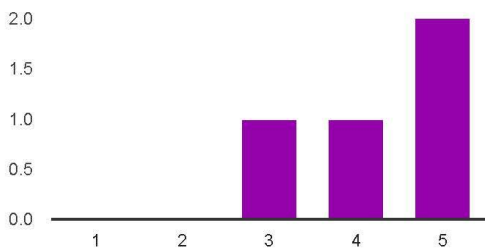
Poor: 1	0	0%
2	0	0%
3	1	25%
4	2	50%
Excellent: 5	1	25%

Comments:

The chart format provides reader with information in a concise manner. This makes it easier for the reader to review and understand.

Additional threat - physician relationships

Market Strategies



Poor: 1	0	0%
2	0	0%
3	1	25%
4	1	25%
Excellent: 5	2	50%

Comments:

Good depth and breath, would consider adding an evaluation on the strategies for the different population on what worked/or did not work.

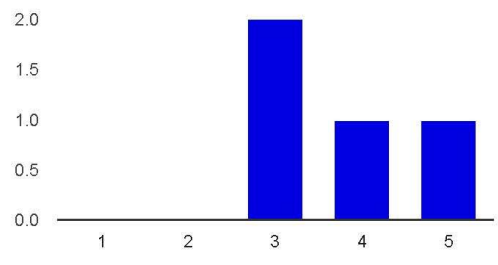
Great marketing strategies plan that is well thought-out and specifically targets the diverse community audience.

should there also be a marketing strategy to the PCP/physicians in the area? is another opportunity - the chance to partner with KSBE or other area agencies?

Competitive Analysis

5/9/2016

Business Plan Evaluation - Google Forms



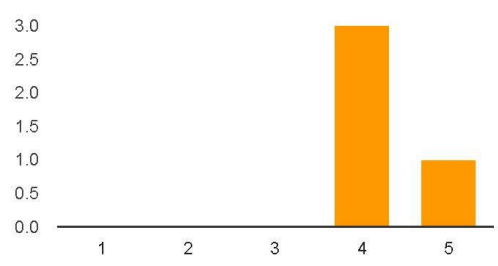
Poor: 1	0	0%
2	0	0%
3	2	50%
4	1	25%
Excellent: 5	1	25%

Comments:

Well thought out. Collaboration is key.

Other competition include - community physicians/PCPs, are there any minute clinics in the area?

Financial Analysis



Poor: 1	0	0%
2	0	0%
3	0	0%
4	3	75%
Excellent: 5	1	25%

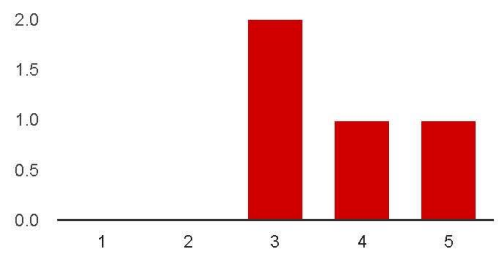
Comments:

I would expand on the financial assumptions by describing the historical government funding and health utilization for the area.

Comprehensive analysis.

include a narrative description of what is the parameters that would cause the best case or worst case scenario to occur?

Risk Management



Poor: 1	0	0%
2	0	0%
3	2	50%
4	1	25%
Excellent: 5	1	25%

Comments:

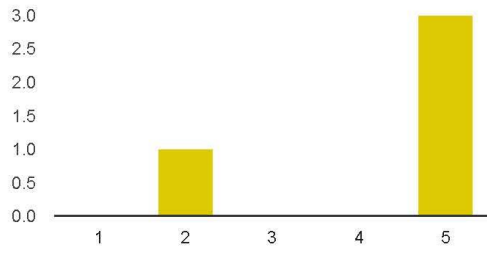
Risk Management situations are concise with strategies adequately addressing specific situation.

typically, a risk management for a business plan, would be the risk that you are achieving your worst case scenario and then what would be the plans to get you to then achieve your best case scenario. so, if there is a risk of not getting funding, then what would you do to mitigate that risk.

Exit Strategy

5/9/2016

Business Plan Evaluation - Google Forms



4 0 0%
Excellent: 5 3 75%

Comments:

All areas considered and adequately planned.
very well thought out

Number of daily responses

