



Documenting Classroom Seat Time Saved by School-Based Health Centers: A Guide for the Field

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Why is documenting “Seat Time” important?

Far too many young people are frequently absent from school leading to significant short and long-term consequences. Children who are consistently absent are more likely to fall behind in school and drop out. Longer-term, they are more likely to be less educated, underemployed, less financially stable, and have poor health.¹ High school-aged children and young people of color – particularly American Indian, Pacific Islander, and African American youth – miss more school than younger students or students in other racial groups.²

Acute illnesses, such as colds, flus or injuries; chronic diseases, such as asthma or diabetes; dental problems; behavioral health problems; and exposure to violence and trauma³ can keep children out of school for short periods of times with chronic regularity or for extended periods.

School-based health centers (SBHCs) can help address these concerns and minimize school tardiness, absences, and early dismissals by providing needed health services on or near school campuses. Without health services on campus, many students might be sent home rather than having their health issues addressed and being sent back to class. These early dismissals mean missed classroom instruction time or “seat time” for students and, in some states, can also mean a loss of funds for the school.

“Seat time” refers to the time that students are actually in their classrooms. Measuring seat time in relationship to use of an SBHC can be compelling when demonstrating the value of this model of care to educators and other stakeholders.

The purpose of this guide is to support SBHC providers and partners to collect data that demonstrate the link between SBHC efforts and classroom seat time saved.

What Does the Research Show?

A study in two urban high schools in western New York analyzed data on students who received SBHC and traditional school nursing services compared to students who only received school nursing services. The author found that students with access to an SBHC were significantly **less likely to be sent home** during the school day than those who did not have access. The author concluded that SBHCs were able to increase student learning or “seat” time.

Source: Van Cura M. The relationship between school-based health centers, rates of early dismissal from school, and loss of seat time. Journal of School Health. 2010; 80 (8):371-377.

¹ <http://www.attendanceworks.org/wordpress/wp-content/uploads/2011/03/Chronic-Absenteeism-and-School-Health-Brief-1.pdf>, accessed 12/22/16

² <https://www2.ed.gov/datastory/chronicabsenteeism.html>, accessed 12/19/16

³ <https://healthyschoolscampaign.org/policy/education/five-health-related-causes-of-chronic-absenteeism/>, accessed 12/19/16.

How can “Seat Time” be documented?

Step 1: Create a Data Collection System

Data Measures:

The key pieces of data that need to be collected to document seat time saved include:

- **Date of visit:** This information will help to organize data collection points. Be sure to list school start/end times above and not the SBHC hours
- **School start time/finish time:** This information will be used to calculate amount of time saved.
- **Time in/out of SBHC:** The time the client entered and left the SBHC. The visit length should include the client’s total time in the SBHC, including wait, triage, treatment, and observation time.
Please note: If time out is not available, time in is still useful data to collect.
- **Reason for the visit:** Seat time data should be collected on visits that could potentially result in school dismissals or absences. Data can be collected by using a list of reasons that providers select from or by using diagnosis codes (i.e., ICD-10 or CPT codes) for the following types of visits:
 - Physical health visits for acute or minor illnesses, such as colds, injuries, stomachaches or headaches;
 - Physical health visits to help manage chronic conditions like asthma; and
 - Behavioral health crisis intervention services.
 - *Please note: Data on health education or ongoing mental health visits should not be included since these visits normally do not result in early dismissals from school.*
- **Client disposition:** This information tracks what happened to the client after each visit, specifically:
 - Sent back to class (or lunch/recess)
 - Sent home (during school day)
 - Other (e.g., emergency room)
 - Not applicable (e.g., client is an adult/community member)

Data Collection Methods:

The method used to collect data should be selected based on what is best for each SBHC and clinic flow. The following are suggested methods:


1. **Paper log:** Seat time data can be collected in either a paper log or added to an existing clinic encounter form. Appendix A contains a sample log that can be used to collect data on the fields described above.
2. **Excel log:** An electronic version of the paper log can be used on a computer or tablet.
3. **Electronic Health Record (EHR):** Most of the data required for documenting seat time are already collected in SBHCs’ EHR platforms (i.e., date of visit, time in, time out, reason for the visit). If possible, the client disposition field should be added to the EHR as an extra field for providers to complete with each encounter. Data from these fields can then be extracted in a flat file for analysis.

Step 2: Collect and Analyze Data

SBHCs should collect data for a minimum of two-weeks (or ten clinical days). The following are the methods that can be used to analyze and summarize data.


Option #1: SBHC Time Study

From the seat time log or EHR entries, calculate the length of time for each SBHC visit (time in to time out). An average of these visit length times for all SBHC visits and/or separately for each visit type (e.g., medical or behavioral health) can then be presented to stakeholders. These data can help demonstrate that SBHC visits take a minimal amount of time for students to receive needed services so they can return to class as soon as possible, as compared to having to leave school to receive services.

 *Example: SBHC visits across one month averaged 20 minutes. This means having the SBHC on campus took away only 20 minutes of students' classroom instruction time on average compared to students having to leave campus and miss a portion of, if not the whole, school day to obtain needed health services.*

Option #2: Classroom Instruction Time Saved

Based on the time of day that the student was seen and what happened to him/her after the visit, the hours of classroom instruction or seat time saved by having the student return to class rather than being sent home can be calculated. The hours saved across all students served by the SBHC can be added up and then reported as a total number of instruction time hours saved to school administrators or other stakeholders.


 *Example: "Anthony" complains to his teacher that he has a bad headache and wants to go home. He is sent to the SBHC where he is evaluated at 9:30 am and sent back to class by 10:00 am. If school ends at 3:00 pm, the SBHC saved "Anthony" from losing five hours of classroom instruction time as a result of the SBHC visit. You can do the same for all visits and add up the hours to demonstrate the total number of classroom instruction hours the SBHC saved students at your school. For example, if 1,000 SBHC visits saved five hours of seat time on average, the SBHC saved 5,000 instruction hours for the school year.*

Option #3: Average Daily Attendance Funds Saved (when applicable)

Some schools receive a specific amount of annual funding from the state based on students' average daily attendance (ADA). When attendance drops, this revenue drops accordingly. Thus, it can be argued that the SBHC is saving the school district funds when students are sent back to class rather than sent home. This argument is especially true when being sent home means then having to wait several days for a doctor's appointment where their health needs can be addressed before they can return to school.

The number of SBHC clients who were sent back to class following a visit can be multiplied by the ADA revenue provided by the state. To determine the ADA reimbursement rate from the state government, SBHCs can contact either their school district administration or the state Department of Education. For this strategy, it is recommended to assume one missed day of school per SBHC visit that results in the student being sent back to class rather than sent home.

Once the number of absent days saved and the ADA value is determined, the cost savings from the presence of the SBHC services can then be presented to stakeholders. Without the SBHC available to students, these students likely would have missed school and thus reduced the revenue received from the state for their attendance.

 *Example: SBHC providers marked on a log when they saw a student whose visit impacted attendance, including state mandated physicals and sick visits (coughs, rash, ear infections, communicable illnesses, etc.). They had a total of 1,000 of these types of visits for the year. Their ADA reimbursement rate was \$45 per student. At the end of the school year, the SBHC determined that they saved their school a total of \$45,000 in revenue.*

Step 3: Report and Disseminate Findings

The School-Based Health Alliance has created a sample report that can be used to share study findings with health and education partners. Contact research@sbh4all.org for more information.

For More Information

For questions or additional support, please contact: research@sbh4all.org.

Appendix A. Sample Seat Time Data Collection Log

SBHC Name:		School Name:	
School Start Time:		School End Time:	

Notes: 1) Please be sure to list school start/end times above and not the SBHC hours. These times will be used in seat time saved calculations. 2) For Time In/Time Out fields below, please use a 24 hour clock, if possible (i.e., 1:00 pm = 13:00).

Date	Staff Initials	Time In	Reason for Visit	Time Out	Where Did Client Go After Visit?
			<input type="checkbox"/> Allergy related <input type="checkbox"/> Asthma related <input type="checkbox"/> Cold/flu/cough/sore throat <input type="checkbox"/> Crisis intervention <input type="checkbox"/> Injury <input type="checkbox"/> Immunizations <input type="checkbox"/> Pain (stomach, head, tooth ache, etc.) <input type="checkbox"/> Skin/rash <input type="checkbox"/> Sports physical <input type="checkbox"/> Well exam <input type="checkbox"/> Other:		<input type="checkbox"/> Sent back to class (or lunch/ recess) <input type="checkbox"/> Sent home (during school day) <input type="checkbox"/> Other (e.g., emergency room) <input type="checkbox"/> Not applicable (e.g., client is an adult/community member)
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