SCHOOL-BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

IMPROVING HEALTH AND MENTAL HEALTH IN SCHOOLS
National Quality Initiative

Documenting Classroom Seat Time Saved by School-Based Health Centers:

A Guide for the Field »

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WHY IS DOCUMENTING "SEAT TIME" MEANINGFUL?

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 other racial groups.[2]

Acute illnesses, such as colds, cases of flu, or injuries; chronic diseases, such as asthma or diabetes; dental problems; behavioral health problems; and exposure to violence and trauma[3] can keep children out of school for short periods with 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. Students with SBHCs can address health issues and send students back to class. Students without SBHCs often need to be picked up by parents or caregivers to seek further care. Early dismissals mean students miss classroom instruction or "seat time." In some states, they also lead to a loss of funds for the school. Measuring seat time related to SBHC use 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 in collecting 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] https://www.attendanceworks.org/wp-content/uploads/2017/09/Chronic-Absenteeism-and-School-Health-Brief-1.pdf, assessed 1/25/23/
[2] https://www2.ed.gov/datastory/chronicabsenteeism.html, accessed 1/25/23
[3] https://healthyschoolscampaign.org/blog/five-health-related-causes-of-chronic-absenteeism/, accessed 1/25/23.

HOW CAN "SEAT TIME" BE DOCUMENTED?

Step 1: Create a Data Collection System

Data Measures:

The data that needs to be collected to document seat time saved include:

- **Date of visit:** This information will help to organize data collection points.
- Time in/out: 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 unavailable, entry time is still valuable data to collect.*
- **Reason for the visit:** Collect seat time on visits that could potentially result in school dismissals or absences. SBHCs can do this 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: Do not include data on health education or ongoing mental health visits since these visits typically 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 the school day)
    - Other (e.g., emergency room)
    - Not applicable (e.g., the client is an adult/community member)

Data Collection Methods:

SBHC should select the method to collect data based on what is best for each SBHC and clinic flow. The School-Based Health Alliance (SBHA) suggests:

1. **Excel log:** SBHA will provide a tracking sheet accessible on a computer or tablet.
2. **Electronic Health Record (EHR):** SBHCs' EHR platforms already collect most data required for documenting seat time (i.e., date of visit, time in, time out, and the reason for the appointment). If possible, the client disposition field should be added to the EHR as an extra field for providers to document at each encounter. Extract the data to a flat file to analyze.
3. **Paper log:** Please email SBHA's Quality, Research, & Evaluation team at research@sbh4all.org if you need a paper log.

Step 2: Collect and Submit the Data

SBHCs should collect data for at least two weeks (or ten clinical days).

To have data analyzed, submit the completed excel file or EHR export by uploading here. Alternatively, email the report to research@sbh4all.org. *Never share Protected Health Information or data that identifies clients (i.e., names, birthdates, etc.) with SBHA.*

Step 3: Data Analysis

SBHA staff will compile and analyze data for each SBHC and all SBHCs that submit data collectively. SBHA will look at the data from the following perspectives.

SBHC Time Study

SBHA will calculate the length of time for all SBHC visits and each visit type. 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, compared to having to leave school to receive services.

> Example: SBHC visits across one month averaged 20 minutes. 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.

Classroom Instruction Time Saved

SBHA will calculate the hours of classroom instruction or seat time saved for students who return to class rather than being sent home based on the time of day the student received services and what happened after the visit. The sum of hours saved across all students served by the SBHC demonstrates to school administrators or other stakeholders the total amount of instruction time saved.

> Example: "Anthony" complains to his teacher that he has a bad headache and wants to go home. He is sent to the SBHC, evaluated at 9:30 am, and then returned to class by 10 am. If school ends at 3:00 pm, the SBHC saved "Anthony" from losing five hours of classroom instruction time due to the SBHC visit. You can do the same for all appointments 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.

Average Daily Attendance Funds Saved (when applicable)

Some schools receive specific annual funding from the state based on students' average daily attendance (ADA). When attendance drops, this revenue drops accordingly. In this case, an SBHC saves the school district funds when students are sent back to class rather than home. This argument is powerful when being sent home means having to wait several days for a doctor's appointment to address their health needs before returning to school.

To determine the ADA reimbursement rate from the state government, SBHCs can contact either their school district administration or the state Department of Education. This strategy assumes one missed day of school per SBHC visit, resulting in the student being sent back to class rather than sent home. Without an SBHC, students would likely miss more school days, reducing attendance-based school revenue.

> 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 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 4: Report and Disseminate Findings

SBHA staff will compile data and produce a summary of each SBHC's data findings to review and share locally.

FOR MORE INFORMATION

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

96%

In North Carolina, staff from ten SBHCs collected seat time data for a two-week period. The results were compelling: **students were sent back to class rather than to their homes or to outside providers in 96% of the recorded SBHC visits.** This saved each student an average of three hours and 45 minutes of classroom instruction time on the day of their SBHC visits. As part of their advocacy and fundraising efforts, SBHC staff used these data to show their local school boards how SBHCs contribute to the academic environments of schools in their districts. One SBHC administrator explained, "The seat time data highlight the potential impact of SBHCs on educational outcomes. Seat time in school increases educational time — and preserving educational time enhances students' opportunities for academic success. The seat time data tell a useful story at both the county and state levels and can be used for advocacy efforts targeted at educators, legislators, and funders of SBHC work."