

(3) (2) THE LOCAL HEALTH OFFICER ALSO SHALL BE AVAILABLE FOR CONSULTATION.

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AT THE END OF THE 2-YEAR DEMONSTRATION PERIOD, THE FOLLOWING GOALS SHOULD HAVE BEEN ACHIEVED:

(1) EACH TARGETED STUDENT IN THE AREAS WILL HAVE HEALTH NEEDS OR PROBLEMS IDENTIFIED IN A PROBLEM-ORIENTED RECORD SYSTEM;

(2) A SYSTEM WILL BE IN PLACE AND FUNCTIONING FOR MANAGEMENT OF REFERRALS IN ORDER TO MEASURE:

(I) COMPLIANCE WITH SELECTED HEALTH OUTCOMES;

(II) UTILIZATION OF THE STUDENT'S PREVIOUSLY IDENTIFIED PRIMARY CARE PROVIDERS AS REFERRAL RECIPIENTS; AND

(III) IDENTIFICATION AND UTILIZATION OF PRIMARY CARE PROVIDERS IN THE COMMUNITY FOR STUDENTS WHO HAVE NONE;

(3) THE RATE OF COMPLETED REFERRALS WILL BE INCREASED;

(4) 90 PERCENT OF THE TARGETED POPULATIONS WILL HAVE RECEIVED COMPLETE HEALTH APPRAISALS;

(5) FOR THE PURPOSE OF ANALYZING THE REASON FOR CONTACT AND THE OUTCOME OF CONTACT, DOCUMENTATION BY THE PEDIATRIC-SCHOOL NURSE PRACTITIONERS OF THEIR LIAISON AND COORDINATION PROVIDED FOR STUDENTS' HEALTH PROBLEMS;

(6) THE FREQUENCY OF INAPPROPRIATE SELF-REFERRED OR TEACHER-REFERRED VISITS BY STUDENTS TO THE HEALTH SUITE SHOULD BE DIMINISHED; AND

(7) DATA WILL HAVE BEEN COLLECTED AND SUMMARIZED REGARDING:

(I) THE ROLE OF THE PEDIATRIC-SCHOOL NURSE PRACTITIONER;

(II) THE REASONS FOR SEEKING THE SERVICES OF THE PEDIATRIC-SCHOOL NURSE PRACTITIONER; AND

(III) THE INITIATOR OF THE CONTACT AND WHETHER THE INITIATOR CHANGES OVER TIME.

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