Prism: Special Issue on Nursing Centers

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Today's Nursing Centers: State of the Service
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Today's nursing centers shine in the galaxy of health care providers. How can we ensure their survival, foster their growth, and establish them as key players in today's for-profit, managed-care environment?

Nursing centers are a varied bunch. Also known as nurse-managed centers, clinics, wellness centers, and the like, they are organized and managed by nurses within the scope of their professional practice and state law. These centers have been providing high quality, cost-effective services since the late 1970's. They address the needs of all persons but especially the medically underserved, the underinsured, minority groups, HIV/AIDS patients, migrant workers, the homeless, adolescents, and the very young and very old (Higgs, 1988). Services are provided in urban and rural areas using a variety of models and operating in a variety of settings: mobile vans, churches, homeless shelters, retirement communities, rescue missions, strip malls, and even "traditional" sites such as hospitals and colleges. A recent NLN survey found staffing that varied from 1 to 115 nurses, and budgets ranging from $1500 to $40,000,000 per year (A Promising Trend, 1993).

Nursing centers provide direct access to professional nurses who focus on keeping their clients well and limiting complications or disabilities when they are ill. Nurses practice both autonomously and in collaboration with colleagues from a wide range of disciplines. These nurses serve as case managers, providers, and client advocates.

It's clear from widespread experience that nurses at nursing centers are trusted sources of health care (Scott and Moneyham, 1995).

The services provided at nursing centers vary and reflect community needs as well as the expertise, interest, and creativity of the nursing staff. Activities include, but are not limited to, performing physical, functional, and environmental assessments; teaching individuals and groups; screening to identify unrecognized illnesses and modify high risk practices; treating established disorders; counseling; and referrals. Primary care is a major focus. Many centers routinely provide immunizations, Pap smears, and lab work. In some centers, nurses make home visits and provide outreach and case-finding in their communities.

It is estimated that there are about 250 nursing centers in the United States. The exact number is difficult to pinpoint, because centers are not obligated to report their operation to any central agency, and there is no established national registry for this purpose. While the NLN collects information from members of its Council for Nursing Centers and from nursing schools on an annual basis, locating and obtaining information from centers with no connection to the NLN Council or to state-approved schools of nursing is more difficult. In addition, some agencies may not consider themselves nursing centers, even though they meet the criteria for inclusion (nurses controlling their own practice, providing clients

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Financing Centers
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program initiatives. However, all
grants are time-limited and not in-
tended for ongoing operational sup-
port. Long term survivability depends
upon the establishment of a more
stable and reliable financial base.
Reimbursement through managed-
care and other organizations is one
source of fiscal support, especially if it
covers the actual costs of care. Service
contracts with several different organi-
zations are important to increase the
potential pool of clients as well as to
avoid over-reliance on one source of
revenue. At present, regulatory and
administrative barriers in some states
may serve to frustrate full realization
of this funding stream (Olmstead and
Williams, 1996). More importantly, re-
imbursement rates rarely cover admin-
istrative costs, often restrict payment
to a narrow set of services, and do not
cover all the costs of care.
A rich mix of foundation grants for
various aspects of center activities can
help provide supplemental support.
Single or significant reliance on any
one foundation, managed-care organi-
zation, or other single source of rev-
ue places the center’s fiscal solvency
in the hands of others. Should any one
of those revenue sources be inter-
rupt, diminished or eliminated, a
center’s very existence would be seri-
osly jeopardized. Thus, a pluralistic
approach provides for greater stability,
as well as for continued growth and de-
velopment in the future. Today, most
private, corporate, community, and
government sources of funding are in-
terested in funding collaborations, and
they are looking for ways to work to-
gether with other philanthropic groups.
Volunteer Development
Volunteer development is essential in
today’s health care climate. Volun-
tees can contribute creative energy,
time and direct financial support.
They often have access to key re-
sources. Given the inherent limita-
tions in grant support and current
reimbursement mechanisms, volun-
tees may prove to be crucial for many
nursing centers. However,
volunteerism must be actively fos-
tered and supported in order to be
effective and useful rather than a
drain on the center.
Administrative time and resources
must be invested in recruitment ef-
forts, training programs, coordination
of schedules, oversight of activities and
recognition of individual volunteers. In
order to do this, nursing center staff
may need to acquire new knowledge
and skills in community organizing, so-
cial marketing techniques, volunteer
development, accounting procedure,
and tax law. If handled well, volunteerism has the potential to gen-
erate sufficient new income to justify
its administrative costs. These volun-
teer-generated funds are undesignated
funds that can be used to offset general
operating costs that other funding
sources don’t cover.
Conclusion
Nursing centers’ immediate survival
and long term sustainability depend
upon a strong and stable financial
foundation. Current services and pro-
grams, organizational administration
and plans for the future depend upon
a diverse mix of financial resources,
careful strategic planning, and sup-
port from clients, the community,
other health and human service orga-
nizations, and policymakers.
As nursing center directors be-
come more familiar with “micro” and
“macro” health sector economics, fi-
nancial management and strategic
planning, information management,
community and inter-organizational
and public relations, the long-term sustainability
of nursing centers will be assured.
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In a nursing center, clients may be
surprised to be asked about their
health practices and the ways they
have managed illness as well as about
their medical history. Each visit is fo-
cused on determining not only what
may be wrong, but also in helping cli-
ents understand what is happening.
Follow-up care is arranged as needed,
just as in other settings. But at nurs-
ing centers, “follow up” involves
more than simply future appoint-
ments. Staff are quick to provide writ-
ten materials to help clients learn
more about their particular health
concerns. Classes are offered on top-
ics such as parenting, coping with ill-
ness, planning for retirement, and
other “lifestyle” areas. Services such
as weight control programs and stress
management are also available. Each
nursing center develops programs
based on an assessment of community
needs.
The NLN Council for Nursing
Centers brings together practitioners
from nursing centers and other
people who are interested in develop-
ing this resource. The Council hosts
an annual meeting where nurses
share their experiences and work to-
gether to help set a national health
care agenda that incorporates nursing
centers and their concerns. Videos,
books, and a consultation network
also are available through the Coun-
cil. For more information, contact Dr.
Lynda Crawford at the NLN at 800-
669-9656, x404.
This issue of PRISM addresses
several topics of concern to the nurs-
ing center movement and the people
they serve. What are nursing centers
all about? How can information sys-
tems be developed to meet each
center’s needs as well as foster the
establishment of a national database
on nursing centers? How are the cen-
ters best financed? What are the ben-
efits of accreditation to nursing
centers? The growth and develop-
ment of one nursing center in Detroit
highlights some of these issues and
shares the excitement of their
progress.
The future awaits us. We invite
you to join us!