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, 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 $1,500 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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program initiatives. However, all grants are time-limited and not intended for ongoing operational support. 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 organizations 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, reimbursement rates rarely cover administrative 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 organization, or other single source of revenue places the center's fiscal solvency in the hands of others. Should any one of those revenue sources be interrupted, diminished or eliminated, a center's very existence would be seriously jeopardized. Thus, a pluralistic approach provides for greater stability, as well as for continued growth and development in the future. Today, most private, corporate, community, and government sources of funding are interested in funding collaborations, and they are looking for ways to work together with other philanthropic groups.

Volunteer Development
Volunteer development is essential in today's health care climate. Volunteers can contribute creative energy, time and direct financial support. They often have access to key resources. Given the inherent limitations in grant support and current reimbursement mechanisms, volunteers may prove to be crucial for many nursing centers. However, volunteerism must be actively fostered 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 efforts, 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, social marketing techniques, volunteer development, accounting procedure, and tax law. If handled well, volunteerism has the potential to generate sufficient new income to justify its administrative costs. These volunteer-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 programs, organizational administration and plans for the future depend upon a diverse mix of financial resources, careful strategic planning, and support from clients, the community, other health and human service organizations, and policymakers.

As nursing center directors become more familiar with "micro" and "macro" health sector economics, financial management and strategic planning, information management, community and inter-organizational collaboration, public policy and regulatory development, and public relations, the long-term sustainability of nursing centers will be assured.

References

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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 focused on determining not only what may be wrong, but also in helping clients understand what is happening. Follow-up care is arranged as needed, just as in other settings. But at nursing centers, "follow up" involves more than simply future appointments. Staff are quick to provide written materials to help clients learn more about their particular health concerns. Classes are offered on topics such as parenting, coping with illness, 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 developing this resource. The Council hosts an annual meeting where nurses share their experiences and work together 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 Council. 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 nursing center movement and the people they serve. What are nursing centers all about? How can information systems be developed to meet each center's needs as well as foster the establishment of a national database on nursing centers? How are the centers best financed? What are the benefits of accreditation to nursing centers? The growth and development 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!