JOURNAL OF HEALTH CARE FINANCE

Winter 2023

We Nurses Need to Reframe Our Own Perceptions of Our Value Before We Can Convince Anyone Else!

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As COVID-19, RSV, and the flu add to the pre-existing challenges to health care delivery, nursing has finally started to be seen, albeit occasionally, in the media. The public, and our health care colleagues, are beginning to get a glimpse of what we have been doing on a day in, day out basis for centuries. I challenge us, as a profession, to seize this opportunity. I know, you all are saying, "Are you kidding? We can't possibly do ONE MORE THING!"

I issue the challenge because, quite frankly, if we don't advocate for ourselves and take the reins on nurses' role in health care, someone else will. In the mid-1800's the LPN/LVN program was created to meet the shortage of RNs. In the late 1900's we saw the emergence of UAPs. Now community paramedicine is being proposed. All of these roles have been needed to fill the care gaps that RNs can't, and, bottom line, our patients and communities need care. Those of us who are a bit more mature remember the days when we learned how and performed tasks such as: starting IVs and drawing blood – now done by IV teams/phlebotomy (billable), testing urine and measuring specific gravity – now done in the lab (billable), performing ROJM exercises – now PT (billable), performing respiratory toilet and administering breathing treatments (billable), mixing IV meds – now left to Pharmacy which is probably the best way, and wound care – now done by PT (billable). Does anyone see a theme here?

Why is nursing still billed under room and board? Because, as a profession, we don't advocate for ourselves and articulate what we do. We also spend the bulk of our time doing clerical tasks that do not require an RN. Alright, none of this is news – so what do we do about it?

Strategies and solutions to leverage the opportunity that is before us:

- Studies have shown that if nurses were allowed to practice at the top of our license (the stuff we were educated and legally permitted to do) and we got rid of the clerical red tape (do you love your EHR?) there would not be a nursing shortage!
- Reporting of heath system capacity should be in terms of number of nursing hours available, not number of beds. Beds can, and are, stacked up in every nook, cranny, closet, and hallway, but to quote Dr. Sylvain Brousseau, President of the Canadian Nurses Association, "No nurses, no healthcare!"
- Registered professional nurses can get a National Provider Identifier (NPI). They're free and they are the first steps toward being counted and are used by other health professionals for billing purposes. Isn't it time that we create the pathway to bill for what we do? What if nurses were contracted staff like our physician colleagues? Would systems still want us to take the time to document everything in twelve different places in the dang EHR rather than actually doing things for and with our patients?
- To take things a step further, shouldn't nursing care be a revenue line, not an expense line in system budgets? Who is responsible for reducing length of stay, community-acquired infections, falls, errors/adverse reactions, readmissions…the list goes on and on. Nursing saves the healthcare system way more money than we cost!