What’s a Nurse’s Value? Making Cents of Care

IMAGINE IF, at the end of a shift, every nurse wrote out a bill for the care he or she just delivered. What would be on the bill and how much would each nurse charge? It is a provocative question and gets to the heart of how to measure the added value nurses bring to the health care system. I have asked that question many times over the years. One place I recall was a hospital cardiac care unit where I was touring the unit with the nurse manager. I asked the billing question to a preceptor orienting a young nurse. She went through her own patients, one patient with routine congestive heart failure and another with complex dysrhythmia, and described the various things that would be included on her patient bills. She looked at the new nurse, smiled, and said she would charge more than her. It was a sobering reminder of the different types of experiences and expertise nurses bring to the bedside and the challenge to measure the value of each nurse.

The Value of Each Nurse

We struggle with the question: what is good nursing care? Common answers include reduction or elimination of nurse-sensitive quality measures such as injuries, infections, and pressure ulcers. Indeed, Florence Nightingale extolled over 150 years ago: “If a patient is cold, if a patient is feverish, if a patient is faint, if he is sick after taking food, if he has a bedsore, it is generally the fault not of the disease, but of the nursing” (Nightingale, 1860). The actions of nurses as well as many others caring for the sick and injured have a direct effect on the outcomes of care. However, there is a more personal question: who is a “good” nurse and what are his or her characteristics and virtues?

If nursing is measured as the collective efforts of all nurses caring for all patients within a particular setting, how can we distinguish the individual contribution of each nurse? How would we measure performance and outcomes of care and then provide positive feedback to help promote a professional environment to allow each nurse to achieve his or her very best effort? The question is both timely and relevant as we move toward wider implementation of value-based care.

Measuring Nursing Value

In a recent article in Nursing Economics$, a group of nurses and others engaged in a national expert panel proposed a method to measure nursing care value (Welton & Harper, 2016). The model identifies key data elements in the electronic health care record to link a nurse and patient as well as identify characteristics of that encounter. For example, a shift assignment in an acute care setting links each nurse and patient. From these data one could measure the workload based on patient acuity or the effects of the experience or academic preparation of each nurse in relationship to the outcomes of care for each patient.

By linking nurses to patients in many different settings, we can also determine the actual hours of care delivered and, if a wage is available, calculate the actual or “true” direct nursing cost of patient care. This is relevant as we move toward bundled payment models. Future nursing care delivery models will require more accurate cost metrics to better understand the added value of nurses.

Recommendations

Where do nurses fit in the overall value equation? As we move forward with health care reform, that answer lies not in measuring nursing care as a composite whole, but as the aggregate of the contribution of each individual nurse. That will require changes in how we measure care toward the performance, costs, and quality of the care provided by each nurse. That raises difficult questions about how to compare or benchmark the care of nurses across different patients and different settings. What if a nurse is not doing well in managing a patient’s pain or giving medication on time? What if the most costly nurses are caring for the least complex or acute patients? How will nurses respond as greater accountability for

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a range of new outcomes measures are implemented and placed on each nurse?

To answer these questions, the following must occur:
1. Produce new methods to extract common data from the electronic health record at the individual encounter between a nurse and patient to provide key information about cost, quality, performance, payment, and clinical care.
2. Reconfigure internal costing and billing systems to separate nursing care and charge for nursing care directly to each patient rather than standardize room and board or other average methods.
3. Recommend each nurse apply for National Provider Identifier (NPI) code. Use NPI in all interactions of nurses and patients.

If these recommendations are implemented, we will have the ability to identify the added value each nurse brings to patient care. This represents a fundamental shift in how nursing care is viewed. Individual accountability, assessment of performance at the individual nurse level, and allocation of direct care time and costs of each nurse to each patient will provide the links to quality and outcomes of care. We have the ability to implement these recommendations in the next few years. Is there political will and consensus within the nursing community to move forward with these recommendations? Failure to take ownership of the data and metrics to link nurses to value-based care will likely lead to imposition of nursing value metrics from outside the profession. We are at a crossroad and it is time to challenge traditional views of nursing care value.

REFERENCES