

INDICATORS OF SAFETY NET STATUS IN NURSE-MANAGED CLINICS

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Purpose: The purpose of this paper is to propose a set of indicators of the safety net status of nurse-managed clinics and the populations they serve and to compare the indicators with those used by safety net hospitals and systems. The term “safety net” is widely used to describe services and providers for vulnerable populations. This concept is most often defined according to populations, providers and funding streams (Weinick & Shin, 2004). It is important to determine which measures most accurately reflect the safety net demands on nurse-managed clinics in order to obtain a full depiction of populations using safety net services and their needs. This is especially important because the indicators of safety net strength are used to influence health policy. **Method:** This study used a longitudinal design. Chart data were collected from 1998-2001 from three nurse-managed school clinics in one community and compared with data from two national sets of indices of safety net providers and systems. Variables included from the nurse-managed clinics were percent of children on the free and reduced cost breakfast and lunch program, percent of children with special needs, demographic composition of the clinic and school populations, and client residence in medically underserved and economically distressed census tracts. National reports used for comparison were the Agency for Healthcare Research and Quality *Monitoring the Safety Net* initiative (2003) and the National Association of Public Hospitals and Health Systems monograph *America's Safety Net Hospitals and Health Systems, 2001*. **Findings:** Indicators of the safety net status of nurse-managed clinics appear to differ from those proposed as national indicators for monitoring the status of the safety net for vulnerable populations. **Discussion:** Community-wide indicators of safety net status can help illuminate the demands on nurse-managed clinics but do not provide a clear picture of the nature of client needs and services provided in such clinics. More localized data such as that from the organization (in this case the schools) and neighborhood seem to better reflect the nature of safety net demands on nurse-managed clinics than community-wide measures. This has implications for future research on the nature of clinical decisions made and types of clinical interventions provided to vulnerable populations in nurse-managed clinics that differ from other forms of care delivery.

Weinick, R. & Shin, P.W. (2004). Monitoring the Health Care Safety Net: Developing Data-Driven Capabilities to Support Policy Making.

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