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Policy No:	2 PC 1017	Effective Date: 04/01/05

OBJECTIVE

To assure that outside agency employees staffed at Detroit Medical Center (DMC) sites achieve and maintain comparable competencies to DMC employees working in the same capacity

SCOPE

All DMC sites utilizing non-DMC employees working as health care providers in the DMC who are employees of a contracted temporary staffing agency (agency staff, agency employees)

POLICY

All agency staff must demonstrate competency, complete required orientation and comply with all DMC policy and procedure, and professional practice standards as defined by the Detroit Medical Center.

PROVISIONS

Agency Requirements

1. The agency will provide the following documentation within four hours of request for any agency employee staffed at a DMC facility:
 - A. Picture Identification
 - B. Current BLS-Health Care Provider Status (if required by DMC Job Description). Minimally, a BLS-Health Care Provider Status is required for the Registered Nurse. Other certifications such as ACLS certification may be required for specific areas such as Critical Care, Emergency Department, Pediatrics and Recovery Room.
 - C. Licensed Staff: photocopy of current Michigan licensure, including computer-generated State of Michigan license verification
 - D. Tuberculosis Evaluation
 - 1) Skin testing performed by the Mantoux method performed within the past 12 months. Documentation of this test must appear on letterhead and include the date placed, date read, the measurement in millimeters of induration (even if it is zero) and signatures.
 - 2) Persons with past positive histories need the report of a 2-view (PA and Lateral) chest x-ray performed after the individual tested "positive" and annual documentation indicating they are free of signs and symptoms of Tuberculosis.
 - E. Evidence of Hepatitis B immunization by documentation of the completed series of vaccination and/or a positive Hepatitis B surface antibody titer. If staff has declined immunization, a signed/dated copy of a vaccine consent and decline release form must be provided by the agency.
 - F. Documentation of serum titers indicating susceptibility and/or immunity for Measles, Rubella, Varicella, and Hepatitis C.
 - G. Attestation by the Agency that the following have been validated. Documentation of same to be provided to the DMC on request.
 - 1) Drug screening completed-negative results
 - 2) Criminal history check-negative results
 - 3) Exclusion from Participation in Medicare or other Federal Health Care Programs-not excluded
 - 4) Registered Nurses: relevant employment history
 - Acute Care: 1 year experience within the last 2 years
 - Critical Care: 2 years critical care experience within the last 5 years
 - H. N-95 Fit Testing, if applicable to site or area.

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NetLearning™ and Other Competencies

1. The agency will maintain and provide evidence of successful completion of NetLearning™ Competencies prior to the first shift assigned to work in the DMC:
 - A. Requesting site will assign each scheduled agency employee with a unique DMC NetLearning™ identification number so that the DMC modules may be completed on-line.
 - B. A single NetLearning™ identification number is assigned to the agency employee and is used when working at multiple sites and/or agencies.
 - C. Successfully complete and provide transcript of assigned NetLearning™ modules. This includes validation of age specific competencies specific to potentially assigned populations (e.g. Agency staff working with a primarily adult population must have documented competencies for Adolescent through Old Age).
 - D. The agency will require their staff to complete annual NetLearning™ competencies as well as additional modules required during the course of the year.
 - E. Additional competencies may be required specific to the site, department or unit. These competencies may be validated by observation, attestation, or written examination.

Registered Nurse (RN) Competencies

1. RN are required to complete a DMC medication administration examination (site specific) or for pediatric staff, the Children's Hospital of Michigan Pediatric Medication Examination. The signed and dated answer sheet must be faxed to the specific hospital/site staffing office. When available on-line, the agency RN will successfully complete the computerized version of the DMC medication examination.
2. RNs are required to review and demonstrate knowledge of DMC specific policies/procedures and Blood Administration. The answer sheet, which must be scored, signed and dated, and/or the NetLearning transcript will be faxed to the specific hospital/site staffing office.
3. RNs who work in an adult ICU or Step Down Area are required to have current ACLS provider status and must successfully complete (score \geq 85%) the DMC Critical Care Challenge exam. The RN will complete the exam at requesting DMC site. A scored, signed and dated answer sheet is forwarded to and retained by the agency. The agency will fax a copy of the answer sheet to additional DMC sites scheduling the RN.

Agency Staff

1. All agency staff will
 - A. As applicable, carry Michigan wallet-size license on person at all times.
 - B. Complete DMC and site or department specific orientation including both written competencies and clinical orientation/validation prior to first independent assignment at the site.
 - C. Maintain current competencies as defined by the DMC or site.
 - D. Function within the scope of their role and the policies and procedures of the institution.
 - E. Wear the designated ID at all times.
2. Agency staff may not count narcotics or maintain narcotic keys.
3. Agency staff will adhere to Personal Appearance Standards policy (2 PC 1001).

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Site Requirements

1. The site maintains a file for each agency employee working at the site. The individual's file contains licensing, information, medical clearance, current competencies, orientation and evaluations.
2. As applicable, agency staff is assigned a unique One Staff™ identifier number by the first DMC site to utilize the agency employee's services. For tracking purposes, all hours worked by the agency employee are entered into One Staff™. Profile data entered includes but is not limited to:

Field	Example	Comments
Name-Agency	Smith, Susan – HCP	Separate entry required for each agency that schedules the employee.
Skill Level	RN, LPN	
Job Class	ICU	
NetLearning™ Id #	Assigned by first Site using agency staff	Same ID# used for employee irrespective of agency or site assigned
CIS Id#	Permanent Id# recorded in One Staff by the site.	Temporary Id# assigned by site. Permanent Id# is assigned by CIS. The site advises the agency staff of the permanent Id# and agency staff contact the Help Desk to activate the password. The site activates the CIS Id# for the assigned shift. (See procedure)
Glucometer	Site specific	Testing and assignment of ID by site Point of Care Coordinator

3. As applicable, the site assigns a temporary Pyxis number to the agency staff and activates a temporary number for the each shift worked.
4. A site/position specific orientation checklist is given to each agency employee during site-specific orientation and completed that day by agency staff and unit/department preceptor. Once completed, the Orientation Checklist is added to the agency employee's site file. *Note: If the employee is staffed at the site by more than one agency, only one orientation checklist is completed, unless additional position, department or unit orientation is required for subsequent assignments.*
5. Agency staff will receive a clinical orientation at each DMC site where scheduled. At the end of the first independently assigned shift, the Department/Clinical Manager/designee will complete the orientation performance evaluation, resolving identified performance problems. The agency staff and evaluator will review and sign the evaluation. The orientation performance evaluation becomes a permanent part of the agency employee's site file. (Appendix C)

Evaluation

1. The DMC Job Performance Evaluation is completed during the first worked shift of each calendar year at each site worked and retained in the agency employee's site file. (Appendix D)
2. The Department/Unit manager/designee reviews all evaluations and addresses identified performance issues with the employee and his/her agency. Documentation of the performance issue and its resolution is maintained in the employee's site file.

Performance Issues

1. All significant performance problems must be addressed immediately, notify the department/unit/clinical manager, or in their absence, the administrative supervisor or other designee. A copy of notification to the agency and documentation of follow-up will be placed in the agency employee's site file.
2. If following investigation it is determined that an agency employee does not meet the performance expectations for the DMC, the individual is "terminated" in One Staff™ and unsatisfactory performance indicated.

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APPENDIX

- Appendix A -Agency Staff Pre-Employment Checklist
- Appendix B -Agency Staff Hospital Orientation Checklist
- Appendix C -Agency Staff Orientation Performance Evaluation (initial)
- Appendix D -DMC Job Performance Evaluation (annual)

ADMINISTRATIVE RESPONSIBILITY

The Chief Nursing Officer has overall responsibility and authority for administration of all policies, procedures and guidelines related to patient care.

APPROVAL SIGNATURE

Patricia E. Natale, RNC, MSN, Chief Nursing Officer
Detroit Medical Center

date

Review Date 03/01/08
 Supercedes 12/1/01, 9/00, 12/01/05
 2 PC 1016, 2 PC 1017, 2 PC 1025

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Appendix A

Agency Staff Pre-Employment Checklist Health Care Provider

Name of Employee _____ Title/Classification _____

Name of Agency _____ Contact/Telephone # _____

Required Documentation	Comments
<input type="checkbox"/> Picture identification	
<input type="checkbox"/> BLS-Healthcare Provider or ACLS Certification, <i>if applicable</i>	
<input type="checkbox"/> Current Michigan Nursing License /Other Certification	
<input type="checkbox"/> Michigan CIS License Verification, <i>if applicable</i>	
<input type="checkbox"/> TB Test or CXR results	
<input type="checkbox"/> Hepatitis B vaccine validation or Signed/dated Vaccine Consent/Decline release form	
Serum Titer results:	
<input type="checkbox"/> Measles	
<input type="checkbox"/> Rubella	
<input type="checkbox"/> Varicella	
<input type="checkbox"/> Hepatitis C	
<input type="checkbox"/> Copy of completed DMC NetLearning™ Compliance transcript (including Age Specific Competency specific to patient population).	
<input type="checkbox"/> Net Learning Medication Test (RN / LPN only). Note: This test is timed for 1 hour completion and 1 attempt only. Medication study guide is included in the Agency's Orientation Book.	
<input type="checkbox"/> <i>If applicable:</i> DMC Critical Care Challenge Exam-Answer Sheet--scored (passing score of 85% required), signed and dated	
<input type="checkbox"/> N-95 Fit Testing –if applicable to site/area	

Other orientation verification/validation (<i>specify</i>):	Comments
<input type="checkbox"/> Quizzes <ul style="list-style-type: none"> ▪ Patient Rights Quiz ▪ Code of Conduct ▪ Cultural Diversity and Sensitivity ▪ Blood administration Quiz, <i>if applicable</i> 	

Investigations	Comments
<input type="checkbox"/> Drug Screen-negative results	
<input type="checkbox"/> Criminal History-negative results	
<input type="checkbox"/> Exclusion from Participation in Medicare and other Federal Care Programs-not excluded	
<input type="checkbox"/> RN: Relevant employment history: <ul style="list-style-type: none"> <input type="checkbox"/> Acute Care: 1 year experience within the last 2 years <input type="checkbox"/> Critical Care: 2 years experience within the last 5 years <input type="checkbox"/> Other (<i>specify</i>) _____ 	

I, _____, as the representative of _____ agency attest that the preceding investigations (as indicated) have been conducted for the above named individual. Documentation of results to be provided to the DMC upon request.

Name/Title Date
Retain completed Agency Staff Pre-Employment Checklist in the Site's agency employee's file

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Appendix B

Agency Staff Hospital Orientation Checklist
Health Care Provider: Registered Nurse

Name of Employee _____ Title/Classification _____

Name of Agency _____ Site/Depart/Unit _____

Orientation Topics	Date Completed	Reviewed by DMC Staff (initials)	COMMENTS
Sign In System			
Evaluation System			
Orientation Folder			
Physical Environment including location of emergency equipment/Code Cart			
Transcription/Implementation of Orders			
Supply and Medication Pyxis and how to obtain access number			
Medication Administration/MARs/IVP and Drip Lists			
Paging system and how to page emergencies, physician			
Job description/role of department/unit staff			
Code/Emergency Measures- fire alarms, extinguishers, etc.			
Patient Assignment			
Documentation: <input type="checkbox"/> 24-hour Flowsheet <input type="checkbox"/> Trending Record <input type="checkbox"/> Restraint Order/Flowsheet <input type="checkbox"/> POR/PEORs/Progress Notes <input type="checkbox"/> CIS (computer) <input type="checkbox"/> Admission Data Base			
References: Tier Policy documentation on DMC Intranet, Lippincott, AACN-ICU only, Equipment Manual			
IS Confidentiality Statement			
Skills/Quizzes (score >80%, signed, dated) <input type="checkbox"/> Restraint Competency Validation <input type="checkbox"/> Glucometer (<i>site specific</i>)			

Check if applicable – see attached hospital/department/unit specific orientation.

Agency Staff Signature

date completed

DMC Staff Reviewer Signature

Retain completed Agency Staff Hospital Orientation Checklist in the Site's agency employee's file

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Appendix C

AGENCY STAFF HOSPITAL ORIENTATION EVALUATION
Health Care Provider: Registered Nurse

Name of Agency Employee _____ Signature/Title _____

Name of Agency _____ Date _____

Evaluated by (signature/title) _____ Signature/Title _____

Evaluation Descriptors	Evaluation	Comments
1. Practices DMC customer service standards (respect, courtesy, ownership, privacy, professionalism, responsiveness).	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
2. Conducts and documents patient assessments. Completes Admission Data Base.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
3. Alert to changes in patient condition; identifies need for immediate action.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
4. Recognizes unclear/inappropriate therapies; follows up with physician.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
5. Documents assessment findings.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
6. Formulates and documents Plan of Care consistent with medical plan, including all psycho/social factors and collaborates with other members of health team when determining patient goals.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
7. Provides individual patient care and documents outcomes.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
8. Coordinates with ancillary departments participating in the patient care process, to ensure all needs are met.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
9. Intervenes with appropriate technique, procedure, equipment and safety precautions, to meet the needs of patients and families.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
10. Documents progress towards outcomes.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
11. Sets priorities and changes priorities as patient status, work demands, schedule change, or emergencies occur.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
12. Reviews physician's orders; clarifies questions and initiates orders in a safe and timely manner.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
13. Demonstrates knowledge and skills for providing care appropriate to the age of patients served.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
14. Able to discharge patient according to established system and/or facility guidelines.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
15. Administers medications according to system and/or facility as it applies, policy, monitors and documents patient response. Monitors appropriate lab values for therapeutic ranges of medications and for indications of drug related toxicities.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
16. Delegates patient care responsibilities to nursing support staff and ancillary departmental staff as appropriate, and follows up on delegated assignments to ensure plan of care is followed and achievement of expected results. Ensures documentation of all delegated patient care.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
17. Communicates relevant information to RN/charge nurse, physician, and other members of the health care team.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
18. Keeps supervisor or charge nurse informed concerning events, problems, or general status of the unit.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
19. Complies with cost containment measures.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
20. Demonstrates current knowledge of policies and procedures and standards of practice.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	

Retain completed Agency Staff Orientation Evaluation in the Site's agency employee's file

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Appendix D

AGENCY STAFF JOB PERFORMANCE ANNUAL EVALUATION

Health Care Provider: Registered Nurse

Name of Agency Employee _____ Signature/Title _____

Name of Agency _____ Date _____

Evaluated by (signature/title) _____ Signature/Title _____

Job Duties and Evaluation Criteria

Demonstrates commitment to DMC Mission, Vision and Values <ul style="list-style-type: none"> ▪ Follows all DMC policies and procedures applicable to job classification ▪ Maintains confidentiality ▪ Participates in process Improvement activities 	<input type="checkbox"/> Meet Expectations <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A
Coordinates patient care activities for assigned group of patients <ul style="list-style-type: none"> ▪ Manages activities to ensure efficiency, optimize outcomes and maintain appropriate length of stay ▪ Assesses and coordinates discharge planning needs of patient/family 	<input type="checkbox"/> Meet Expectations <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A
Provides direct patient care as determined by patient, family and unit needs <ul style="list-style-type: none"> ▪ Provides and documents patient/family education based on assessed needs. ▪ Develops, documents and implements nursing care plan to meet goals. ▪ Practices culturally sensitive and age-specific care. ▪ Administers and documents medications according to policy and procedure ▪ Appropriately assesses, documents and manages patient's "fifth vital sign"-Pain ▪ Maintains a safe patient environment ▪ Performs treatments and procedures according to Policy and Procedures/Standards of Care ▪ Utilizes age specific criteria when planning, providing and evaluating patient care activities 	<input type="checkbox"/> Meet Expectations <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A
Provides leadership for care delivery team; delegates specific tasks and activities to other caregivers <ul style="list-style-type: none"> ▪ Delegates, supervises and evaluates care delivered by other team members ▪ Mentors other caregivers to improve patient care and to develop their skills 	<input type="checkbox"/> Meet Expectations <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A
Collaborates with physicians, care management specialists and other health care providers in carrying out the nursing process <ul style="list-style-type: none"> ▪ Interacts with other health care team members to facilitate the plan of care 	<input type="checkbox"/> Meet Expectations <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A
Participates in professional development activities <ul style="list-style-type: none"> ▪ Attends and review staff meeting minutes ▪ Completes yearly competencies ▪ Attends unit in-services ▪ Assists with new staff orientation 	<input type="checkbox"/> Meet Expectations <input type="checkbox"/> Needs Improvement <input type="checkbox"/> N/A

Comments *(required if Needs Improvement indicated in any category)*

Key	Meets Expectation	Performs job duties and responsibilities in a satisfactory manner
	Need Improvement	Has not achieved performance expectations. Performance improvement is necessary to achieve satisfactory level.
		Review of evaluation with employee and agency required.

Retain completed Job Performance Annual Evaluation in the Site's agency employee's file