

Approved _____

Date

3-2-90

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MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Marvin L. Littlejohn at _____
Chairperson

1:30 a/m./p.m. on February 21, 1990 in room 423-S of the Capitol.

All members were present except:

Representative Shallenburger, excused

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Nancy Kirk, Administrator-Countryside Health Center, Topeka
Kay Hale, Kansas Hospital Association
Mary Ann Warren, Ks. Professional Nursing Home Administrators Assn.
Terri Roberts, Kansas State Nurses Association
Jeff Chanay, Vice Pres. Legislative Affairs, Kansas Association of
Homes for the Aging
Dick Hummel, Executive Vice President, Kansas Health Care Association
Jim Yonally, Kansas Assn. of Supplemental Health Care Providers
Linda Lubensky, Executive Director, Ks. Home Care Association
Chip Wheelen, Kansas Medical Society, (printed testimony only)

Chair called meeting to order, drawing attention to hearings to continue on HB 2886.

HEARINGS CONTINUED AGAIN TODAY FOR THE SECOND DAY ON HB 2886.

Nancy Kirk, Administrator, Country Side Health Center, (Attachment No. 1) spoke of concerns, i.e., lack of agency standards to insure that employees hired have not forgotten critical skills; are free from communicable diseases; have had a yearly physical; have received required in-service training. She cited some specifics in cases where a nurse walked off the job. She has informed the pool agencies she would not hire that individual back. The problem is however, that nurse will go somewhere else, and in-adequate care will be the situation again and again. Due to the shortages of nurses, the nursing employment pools have become a fact of life in long-term care. A good regulatory system which will assure quality health care is badly needed. She supports HB 2886.

Kay Hale, Kansas Hospital Association, (Attachment No. 2-A and 2-B) agrees the concerns regarding nursing pools must be addressed. She stressed there are many volunteer efforts being under taken in this regard. She drew attention to hand-out explaining, i.e., contract guidelines; quality assurance; assignment protocol; insurance considerations; medicare requirements; rate sheet. A big concern of their Association is the burden placed on the Board of Nursing to regulate the pools. This Board is already struggling with responsibility in regulating individual providers under its purview. Additional regulatory responsibilities must be seriously considered as to whether the Board has necessary staff. She answered questions.

Mary Ann Warren, Kansas Professional Nursing Home Administrators Assn, (Attachment No. 3) feels HB 2886 is not duplicative legislation. She drew attention to Section 5, and she agrees every employee should have the right to go to work where they choose. It is a grave concern to Care Providers to have the responsibility of indirectly regulating the employees hired from nursing pools. We have had some with lapsed licenses; out of state licenses. The Agency placing these nurses should be held accountable.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 a.m./p.m. on February 21, 1990

HEARINGS CONTINUED ON HB 2886.

Terri Roberts, Kansas Nurses Association (Attachment No. 4) drew attention to her hand-out which includes Guidelines for Supplemental Nursing Services; excerpts from 1989 Interim Report on Nurse Staffing Agencies. She noted RNs and LPNs are already licensed and are competent and qualified nursing personnel, so this additional regulation is difficult to understand. HB 2886 differs only from SB 184 in rate setting of wages for agency staff. She stressed concern if this bill passes, it will serve as a corner stone for legislative rate setting attempts. In Kansas we have very high standards even for nursing home aides. Regulations are already in place for nursing personnel. She answered questions.

Jeff Chanay, Vice President/Gov. Legislative Affairs, Ks. Homes for Aging, (Attachment No. 5) noted their Association has no specific objection to HB 2886, but do believe clear and enforceable contracts between providers and pools is the effective solution to the problems that have arisen. We have discussed these concerns/problems with the Kansas Hospital Association, Kansas Nurses Association and Staff from Nursing Pools to discuss problems and differences. As a result of this meeting all are working cooperatively to mutually agree on contract language that should resolve many concerns that are identified in HB 2886. It is our belief it is better for problems to be solved without legislative involvement if possible.

Dick Hummel, Executive Vice President, Kansas Health Care Association, (Attachment No. 6) spoke to the support of HB 2886. Due to the nursing shortage, more and more health care employers have turned to employment agencies for workers. Nursing homes use of these workers has reached 11%. Concerns are real since some employees are not receiving in-service training such as is required for the regular staff in nursing homes. He noted 14 other states enacted laws last year on this topic. He answered numerous questions.

Jim Yonnally, Ks. Association of Supplemental Health Care Providers, (Attachment No. 7) drew attention to hand-out, (SB 184) and noted perhaps members would like to see for themselves if HB 2886 is any different from SB 184. He noted a motion made during Interim to introduce a bill such as HB 2886, had died for lack of a second. This appears to be a problem between two Industries, and the solution could come about with having good/firm contracts. If a person reporting for work is un-qualified, the contract should spell out what should be done. There are concerns, and many are working in an effort to correct these concerns. He asked for HB 2886 to be killed.

Chair noted (Attachment No. 8) is printed testimony only from Linda Lubensky, Executive Director of Kansas Home Care Association.

(Attachment No. 9) is printed testimony only from Chip Wheelen, Kansas Medical Society.

HEARINGS CLOSED ON HB 2886.

Chair recognized Rep. Branson who asked for two Resolutions to be introduced by this committee. She explained, (Attachment No. 10) would memorialize Congress to take action to cure inequities in Social Security Benefits to the Notch Year beneficiaries. Rep. Green moved to introduce this Resolution, seconded by Rep. Sader, motion carried.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 /a.m./p.m. on February 21, 1990

Rep. Branson explained the second request, (Attachment No. 11) would memorialize Congress to develop a system to provide universal access to basic health care for all citizens. Rep. Cribbs made a motion to introduce this Resolution, seconded by Rep. Hochhauser. Lengthy discussion ensued, i.e., yes, we realize there are many in our country with no health care at all; no it doesn't mean mandatory health insurance; we are trying to encourage access to health care by all citizens. Chair noted at this time Resolutions are not subject to same deadline as Bills.

Vote taken, motion carried. Rep. Buehler and Rep. Weimer recorded as NO votes.

Chair drew attention to bill discussion.

DISCUSSION BEGAN ON HB 2801.

Rep. Hochhauser stated she and Rep. Amos had worked together to amend HB 2801. (Attachment No. 12). She detailed amendment, then moved language changed to read, line 21 to insert after, recoverable, "against a recipient's estate". In line 24 to insert after, estate., and have language read, "For the purposes of this section only, the claim shall be a first class claim against the estate of the recipient". Motion was seconded by Rep. Weimer. Discussion ensued. Vote taken, motion carried.

On Bill as a whole, Rep. Branson moved to report HB 2801 favorably as amended, seconded by Rep. Scott, motion carried. It is recorded that Rep. Amos abstained from voting.

DISCUSSION BEGAN ON HB 2978.

Rep. Amos moved to report HB 2978 adversely, seconded by Rep. Sader. Discussion began, some felt it unnecessary to raise fees at this time as the fee cap is \$60, and the fee is \$55; some felt the Pharmacy Board needs some room for flexibility; if cap is raised now, they won't have to come back next year with this same request.

Vote taken, motion failed.

Rep. Wells moved to report HB 2978 favorably, seconded by Rep. Cribbs, motion carried.

Chair announced the appointment of a Sub-Committee. He and Staff had discussed HB 2800 and concerns with it. Rep. Flottman will chair this Sub-Committee, with other members as Rep. Flower, Rep. Sader.

Chair drew attention to committee minutes of February 14/15/19th. Rep. Amos moved to approve these minutes, seconded by Rep. Green, motion carried.

It was noted the Sub-Committee on HB 2594, HB 2803, HB 2830 will meet Thursday noon, room 522-S with Rep. Shallenburger as Chairman.

Chair noted the balloon for the Physicians' Assistants bill HB 2595 is not yet ready for discussion. That bill hopefully will be discussed tomorrow, (Thursday).

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S Statehouse, at 1:30 /a.m./p.m. on February 21,, 1990

Chair drew attention to HB 2986.

DISCUSSION BEGAN ON HB 2986.

Rep. Green made a motion to report HB 2986 adversely, seconded by Rep. Reinert. Discussion began, i.e., some view this as excessive regulation; it was stressed adult care homes are also the "homes" of non-smokers as well as smokers; difficult to define "meeting rooms"; it would be better to have this regulation be controlled by the individual facilities.

Question called for on vote, show of hands indicated 10 in favor, with 6 against, motion carried. Recorded as voting NO were Representatives Buehler, Shumway, Amos, Flottman, Sader.

Meeting adjourned 2:55 p.m.

GUEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

(Wed)
Date 2-21-90

Name	Organization	Address
Jim Snyder	KFDA	TOPEKA
Jim Yonally	Kan. Assoc. Health Providers	Overland Park
Joan Strubler	KAPS	Manhattan
Marilyn Bradt	KINH	Lawrence
KETIA R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	TOPEKA
Andrew Beard	SBS Adult Services	Topeka
Rosemary Helms	Ks T. A. E. M.	Lawrence, Ks.
Carolyn McQuinn	Medical Personnel Pool	Topeka
Karin McFarland	KAHA	Topeka
Juana Moore	Wichita Univ.	Topeka
Lana Jean Embree	W.U. student	Topeka
Cindy Duce	W.U. student	Hertz
Richard A. Rogers, Esq.	AARP (CCTF)	KCS
Russell Strom	CCTF AARP	Topeka
Jeff Chanary	KAHA	Topeka
Rosilyn James-Martin	SRS	Topeka
Marydell Warren	KPNHAA	Topeka
Alta Amiller Huta	KDOA	Topeka
Richard Moerissey	KDAE	"
Joseph F. Koon	KOHK	Topeka
JOYANE HARRIS	WASHBURN	Topeka
Lynne Francklin	Medical Personnel Pool	Topeka
Dick Hummel	KACA	Topeka

Testimony in support of HB 2886

I appreciate the opportunity to speak to you in support of HB 2886, which requires the registration of nursing employment pools and sets minimum standards. During the past year I was the administrator of a skilled long term care facility in Topeka and I would on occasion request RN's or LPN's from one of the pools.

For the most part licensed nurses from the pools have the same skills as other licensed personnel. However, when I hire a nurse, the individual goes through an orientation program before becoming solely responsible for the care of residents. It is during this period that we are able to determine any deficits in skills. When I request pool personnel, I am dependent upon the agency to certify that licensed personnel are current in the knowledge and skills necessary to do the job.

My primary concerns about pool personnel are the lack of agency standards to assure:

1. that the individuals hired have not forgotten necessary and critical skills
2. that they are free from communicable diseases and have had a physical exam in the past year
3. that certified personnel are receiving the required in-service training.

During the two months in which we used pool nurses, we had three serious incidents which demonstrate the reasons for my concern. The personnel in these incidents came from different nursing pools. An RN did not know what to do when a resident fell and apparently injured herself; and LPN did not know how to operate a suction machine and was discovered using it incorrectly; and RN walked off the job when she discovered that the total on one of our countable medications was in error. In the first two incidents the certified staff informed the nurse of the correct procedures, the third incident left the residents without a RN on duty until we were able to locate one of our off duty nurses.

When such incidents arise, I inform the pools, and request the individual in question not return to our facility. Often I am told they were having problems with this particular individual and I am assured the individual will not be sent to my facility. Unfortunately, the individual will be sent to another facility and no assurance is given that the deficits will be addressed.

The problems I have experienced are not unique and I have been given permission to share the experience of a Hillhaven facility. They received a deficiency because the facility lacked evidence that the "agency personnel were certified, licensed or had completed 40 hours of training". When the agency sent copies of the individuals certificates and physicals, the physical exams were more than one year old. An added concern is guaranteeing the certified nurses aides from the pools are receiving the

*P. Hall
2-21-90
Attn #1*

required 24 hours of in-service training.

Because of the chronic shortage of nursing personnel, nursing employment pools have become a fact of life in long term care. What I ask from the committee is a regulatory system which will assure me the personnel who are sent to my facility have the skills the license or certificate says they should have, and that I am leaving the care of my residents in the hands of someone who is competent.

Thank you for your willingness to consider this issue.

Nancy A. Kirk, LMSW
Administrator
Countryside Health Center
Topeka, Ks.



PNK
2-21-90
Attn #1.
pg 2.



Memorandum

Donald A. Wilson
President

February 19, 1990

TO: House Public Health and Welfare Committee
FROM: Kansas Hospital Association
RE: HOUSE BILL 2886

Thank you for the opportunity to comment regarding the provisions of House Bill 2886. This bill would require that nursing pool obtain a certificate of registration from the Board of Nursing. It also allows the Board of Nursing to establish minimum standards for the registration and operation of a nursing pool.

The Legislature has spent considerable time over the last year studying the issue of nursing pools and the question of whether regulation is needed in this area. We recognize the concept behind this bill and are in agreement that concerns regarding nursing pools must be addressed. In order for the Legislature to be fully informed in dealing with this issue, however, we wanted to inform you of efforts that are being undertaken on a voluntary basis by providers. Attached to our testimony is a copy of a memo regarding appropriate utilization of supplemental staffing agencies from the American Society for Nursing Service Administrators. In addition, we have attached a copy of a publication titled "Nursing Agency Contracting Guidelines," recently completed by the Kansas City Area Hospital Association. This document represents a significant amount of work in dealing with nursing pool issues by a number of providers in the Kansas City Area. The American Nurses' Association Commission on Nursing Services has also published a document titled "Guidelines for Use of Supplemental Nursing Services." We think it is clear that the various groups involved in dealing with these issues are taking a serious look at how to best deal with nursing pools. We think any legislative effort in this area must take these considerations into account.

One concern we have with the bill as it is written is the requirements it puts on the Board of Nursing to regulate nursing pools. We recognize that if legislation is passed, there will be a need for an agency to oversee the regulation. However, the Board of Nursing is currently struggling to keep up with its responsibilities in the area of regulating individual providers under its purview. Any additional regulatory responsibility given to that agency must be seriously considered in light of whether the Board of Nursing has the staffing necessary to carry out that role.

Thank you for your consideration of our comments.

TLB:pj
Attachments

PHW
2-21-90
attm. # 2-A

FEB 14 1990

February 12, 1990

TO: Chief Executive Officer

FROM: Paul Whitaker

RE: NURSING AGENCY CONTRACTING GUIDELINES

Enclosed is a copy of the KCAHA Nursing Agency Contracting Guidelines developed by a task force of the Council on Human Resources and approved by the Board of Directors for membership distribution. This document was developed for the purpose of offering suggested topics and possible methodology for approaching contract negotiation with nursing agencies which provide temporary staffing.

Terminology and specific suggestions outlined in this document are not meant to be prescriptive for hospitals in negotiating contracts but are offered only as a reference for possible approaches to the negotiation process. Market factors, as well as each individual hospital's operating philosophy, will ultimately shape such temporary staffing contracts.

Please share these suggestions with appropriate staff in your organization who may have responsibility for handling temporary nursing staffing needs. It is important for your staff to understand that these are only guidelines for internal hospital use as a reference in working with nursing agencies.

:mkc

P. Whitaker
2-21-90
Attn. #2-B

KCAHA

**KANSAS CITY AREA
HOSPITAL ASSOCIATION**

NURSING AGENCY CONTRACTING GUIDELINES

JANUARY 1990

Prepared by a Task Force of the
Council on Human Resources
Kansas City Area Hospital Association

*pkw
2-21-90* *Attn: 2-B
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NURSING AGENCY CONTRACTING GUIDELINES

JANUARY, 1990

(Prepared by a Task Force of the Council on Human Resources,
Kansas City Area Hospital Association)

P.H.W.
2-21-90
Attn: 2-B
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2-21-90
Attn 2-B
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INTRODUCTION

The Kansas City Area Hospital Association (KCAHA) was requested by a number of nursing administrators in area hospitals to evaluate agreements for temporary staffing of Registered Nurses and Licensed Practical Nurses. These guidelines are a result of multiple meetings of a KCAHA task force of nursing administrators, along with input of legal counsel.

The Kansas City Area Association of Nursing Administrators has endorsed the content of these guidelines.

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2-21-90
attm # 2-B
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TASK FORCE PARTICIPANTS

Nursing Agency Contracting Guidelines

Sandra Barrett
Director of Nursing
Excelsior Springs Medical Center

Lynn Vaughn
Nurse Recruiter
Liberty Hospital

Donna Brewer
Asst. Administrative Director
of Personnel
Lawrence Memorial Hospital

Sue Wilsey
Assoc. Director
of Nursing
Saint Joseph Health Center

Ann Hess
Vice President Patient Services
St. John Hospital

Thad Wilson
Medical Support Nurse of
Pediatric Care Center
Children's Mercy Hospital

Linda Kircher
Director of Medical Surgical
Services
Shawnee Mission Medical Center

Marlene Lang
Vice President Human Resources
Research Medical Center

Therese Mahoney
Vice President, Nursing
Menorah Medical Center

Rosa Miller
Administrator
Truman Medical Center West

Lila Peckham-Wickman
Director Nursing
The Kansas Institute

Shirley Sleeker
Director of Nursing
Lakeside Hospital

Marian Smith
Director of Support Services
North Kansas City Hospital

Bonnie Peterson
Vice President
Childrens's Mercy Hospital

PAW
2-21-90
Attn #2-B
39.6.

OVERVIEW

With continuing shortages of Registered Nurses and Licensed Practical Nurses in the Kansas City area, the need for temporary nursing assistance obtained through agencies has increased in a number of health care institutions. Along with increased utilization of temporary personnel comes increased hospital concern with both maintaining high quality patient care delivery and protecting the institution's financial resources. To address these concerns the following guidelines are presented as a resource to hospitals when negotiating with temporary nursing personnel agencies and when formulating contracts with those agencies for temporary nursing assistance.

Page 4 presents a summary of payment issues which a hospital will likely wish to clarify with a temporary agency before contracting for services. Pages 5 thru 7 outline quality assurance guidelines a hospital may wish to consider incorporating into its temporary agency contract. Page 8 offers a suggested assignment protocol for determining the appropriate timing of requesting or "calling off" a request for agency personnel. Also page 9 reviews several miscellaneous considerations, particularly liability and insurance concerns which hospitals may wish to address in the agency contract.

It is suggested the process of selecting a temporary agency begin long before a staffing crisis occurs. Prior to any meetings with staffing agencies a hospital may want to obtain information on the various agencies in its locale, such as corporate philosophy, references, verification of insurance coverage, basic rate structures, discount options, job descriptions, screening criteria, challenge tests used, and the skills inventory check lists used to determine staff competency levels. Based on this information the agency or agencies which appear desirable may be asked to provide for review a copy of the policy and procedure manual, quality assurance program and a sample contract. This information will provide a solid base from which the nurse executive, human resource director and other responsible individuals may begin the negotiation process.

The Association intends these guidelines to be used only as a reference by hospitals when considering contracting for temporary nursing assistance. Terminology used in this document may vary from terminology in use by specific agencies or specific hospitals. As in any contracting situation each hospital will want to consult its own legal counsel before finalizing a specific contract.

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2-21-90
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SUGGESTED CONTRACT PAYMENT GUIDELINES

Rates

Rates should be clearly defined so neither party will have unexpected costs. Rates should be negotiated for each category of personnel (RN, LPN, Charge RN, etc.), shift differential, specialty (if applicable), weekend differential (if applicable), overtime and holiday (see Addendum I, page 10). Many discounts may be negotiated. These may relate to volume, agreement to use the agency as a primary vendor, early payment, use of contract employees (those who work over 4 weeks), early scheduling (more than 2 weeks in advance), etc.

Definitions regarding rates:

Holiday Rates - Thanksgiving, Christmas, New Year, Memorial Day, 4th of July, Labor Day.

Charge Rates - charge duty rates will apply only when agency personnel are supervising an entire unit, not for team coordination.

Shift Differential - evening and night shift.

Overtime - hours greater than 40 hours per week.

Agreement Period

It is suggested, the agreement be binding on the successful agency and member facility for the period of six months, with the ability to extend for one additional period at the option of the member facility.

Billing Procedures

A weekly invoice for services should be presented to member facilities that reflects the following:

1. name of nurse with Missouri/Kansas license number and title
2. date of service
3. shift work
4. total number of hours being billed for the shift
5. hourly billing rate
6. cost center subtotals
7. extended totals
8. cancellation fees declared separately
9. payment terms and any applicable discount for prompt payment

Taxes

All employee-related taxes attributable normally to the "employer" are normally assumed to be the burden of the agency. If expectations differ, responsibility for such employee-related taxes as FICA, earnings tax collection and other tax issues should be delineated in the contract.

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2-21-90
Attn. #2-B.
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QUALITY ASSURANCE

Recommended Documentation

The following documentation is suggested to be required of all healthcare personnel and to be supplied on request to member facilities by the successful agency:

- * a. Proof of current licensure in Missouri/Kansas
- b. Minimum of two references on file at the agency available for member facility review on request.
- c. Proof of minimum one year's experience in an appropriate care setting for area of assignment within the most recent three year period.
- * d. Proof of annual CPR certification and inservice in fire, safety, and infection control.
- * e. Proof of compliance with immigration laws provided upon request.
- f. A written evaluation is made of R.N.s and L.P.N.s at the end of the probationary period and annually thereafter. The evaluation is criteria based and relates to the standards of performance specified in the individuals job description.
- g. Annual health screen with minimum of T.B. tine test.

Additional documentation is recommended to show proof of special skills as detailed below. Copies of each exam and the acceptable passing score are suggested to be provided by the agency to the hospital prior to acceptance of contract.

PRACTITIONER CLASSIFICATIONS

PRACTITIONER	ADDITIONAL SKILLS
Registered Nurse (R.N.)	N.L.N. Basic Proficiency in Medication Administration Test Basic Medical/Surgical skills I.V. Therapy exam
Critical Care R.N.	R.N. skills as above plus: Specialty medical test Ventilator care test Invasive Pressure Monitoring test Cardiac arrhythmia determination test Neuro assessment test Chest tube maintenance test
Licensed Practical Nurse (L.P.N.)	N.L.N. Basic Proficiency in Medication Administration Test Basic Medical/Surgical skills I.V. therapy exam Administrative skills

- * Copies of these should be provided to each member facility and upon reporting for duty agency personnel must have these in hand.

The member facility may conduct an unannounced audit of the agency's personnel file to verify that all required documentation is present.

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2-21-90
Attn. #2-B
39.8

QUALITY ASSURANCE (CONT'D)

Orientation

- A. Agency personnel should be expected to orient to the member facilities to which they will be assigned. Orientation should occur prior to a patient assignment, for minimum of eight hours; cost of this orientation shift should be assumed by the agency. All required paperwork (Agency Fact Sheet, copies of license, CPR certification, Skills Checklist, results of medicine exam and Agency Information Record) should be completed and presented at the time of his/her facility orientation.
- B. Agency personnel should be oriented to the specific unit by the personnel of that unit. The contract should specify whether the agency or hospital is responsible for the cost of the unit orientation. On certain specialty units, an information sheet for each unit should also be made available to the agency personnel.
- C. Staff Development personnel from the agencies are invited and encouraged to attend the orientation programs of member facilities.
- D. If agency personnel have not worked at a member facility in 6 months, he/she should be re-oriented at agency expense.
- E. For orientation to special areas or individuals requiring orientation longer than the prescribed 8 hour orientation, the agency and member hospital may negotiate the cost of additional orientation.
- F. The agency may verify that personnel sent to member facilities have received and reviewed all materials supplied to the agency by member facilities in an orientation packet.

Internal Quality Assurance Program

The successful agency should demonstrate that it has established a quality assurance program. The agency's quality assurance program may include on-site visits by agency supervisors, who check in with nursing administration upon entering the hospital. The agency must fully comply with the rules and regulations resulting from regulations requiring mandatory reporting of nurse discipline to the State Board of Nursing.

Continuing Education

In addition to the documentation recommended, the successful agency should provide continuing education for their staff. Hospitals may wish to permit agency staff to attend their continuing education programs on the nurses own time or at agency expense.

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QUALITY ASSURANCE (CONT'D)

Reports

The successful agency may be requested to furnish to the member facility for review by the Quality Control Committee, or appropriate individual/group, the following reports:

- a. Usage Report (to include hospital-specific figures for the following:
 1. nursing hours supplied, classified by billing units delineated in request-for-proposal,
 2. total hours requested by hospital,
 3. total hours requested which agency was unable to fill,
 4. hospital cancellations of agency assigned shifts,
 5. agency cancellations of assigned shifts,
 6. agency referrals refused by hospitals,
 7. extended monthly totals of all above points.
- b. Quality Assurance Report (proceedings of the internal quality assurance program blinded by facility and individual involved.) Provided quarterly.
- c. Continuing Education Reports (compilation of all Continuing Education classes attended.) Provided quarterly.

Disciplinary Proceedings

The successful agency should investigate any offense/complaints promptly. If the offense results in ill will towards the hospital, there should be no charge for the agency employee for that shift.

If the offense/complaint results in a State Board of Nursing hearing, all reasonable expenses that exceed the Board's reimbursable limits should be paid for by the agency.

The hospital should provide the agency with written documentation of verifiable offenses and other information required to conduct disciplinary proceedings.

The hospital normally reserves the right to refuse utilization of any agency nurse for any reason the hospital deems appropriate.

Ongoing Evaluation

Ongoing evaluation of services is critical and should be discussed during the initial negotiations. Criteria for this evaluation may include: consistency in pricing, accurate billing, response time, quality of nurses, relationship with the hospital, response to requests other than ordering staff, consistency of orientation of nurses, follow through (e.g. not sending nurses the hospital has refused before), no "blocking of shifts" (agreeing to cover shifts for which they do not have staff), and no trading of nurses after they are assigned.

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ASSIGNMENT PROTOCOL

Assignment Protocol

An agency contract should contain a protocol for requesting and for cancelling an order for assistance. The following assignment protocols are recommended:

- a. The agency should prioritize request by the order in which they are received.
- b. Regarding assignment cancellations, the following guidelines are suggested:
 - i. If cancellation notice given to agency 2 hours or more prior to shift, then no charge to member hospital.
 - ii. If cancellation notice given to agency less than 2 hours prior to shift and agency personnel cannot be reached, then the member hospital should be liable for a 2 hour cancellation fee.
 - iii. If the agency must cancel an assignment less than 4 hours prior to shift, then the member hospital should receive a 4 hour credit from the agency.
 - iv. If the agency nurse does not report to the assignment or is sent home because he/she is unable to function, the hours assigned should be credited to the member hospital. There may be a 4 hour minimum if the member hospital doesn't timely cancel or if the agency personnel is sent home before the end of the shift.
- c. If overtime pay is to be incurred on any shift assignment, the agency should disclose overtime at the time of assignment. If not, then the agency should absorb the overtime expense.
- d. Both the agency and hospital should agree not to overtly recruit personnel from one another.
- e. Agency should declare up front if assigning a nurse that has not oriented to requesting hospital.

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MISCELLANEOUS

Medicare Requirements

The successful agency, as a subcontractor of member facilities who are Medicare providers, should agree to give access to its books and records to the Secretary of Health and Human Services and the Comptroller of the United States, their agents and designees provided that all such requests for access and/or inspections meet all requirements of the regulations. Subcontractor should agree to maintain these records for access for a period of four years after the services are furnished under contract.

Representation

The agency should agree not to use or imply the name of any member facility in connection with advertising, public relations, or recruitment.

Insurance Considerations

The hospital may wish to involve its legal counsel, risk manager or other appropriate source to assist in evaluating liability exposure potentially incurred by utilizing agency nurses. The agency should be expected to hold the member hospital harmless for any liability exposure incurred by agency personnel. In addition, the successful agency should supply the following:

- * Workers' Compensation and Employers' Legal Liability protection for employee job related injuries as required by statute.
- * General Liability covering the agency, its agents, and employees for the bodily injury, personal injury, and property damage claims of the public, arising out of operations, activities, and premises.
- * Professional Liability covering the agency, its agents, and employees for the bodily injury, personal injury, and property damage claims of the public arising out of its professional operations, including its activities in rendering medical care.
- * Excess (Umbrella) Liability covering claims in excess of the coverages listed above.

All policies of insurance should be supported by certificates of insurance, provided to member facility by insurance company prior to contract initiation.

Cancellation

An agreement may typically be cancelled without cause by either party upon thirty (30) days written notice.

PHEW
2-21-90
Attn. #2-B
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ADDENDUM I

RATE SHEET

	WEEK DAY			WEEK END		
	7-3	3-11	11-7	7-3	3-11	11-7
RN	_____	_____	_____	_____	_____	_____
RN CHARGE	_____	_____	_____	_____	_____	_____
LPN	_____	_____	_____	_____	_____	_____
HOLIDAYS	_____					
SHIFT DIFFERENTIAL	_____					
OVERTIME	_____					
GEOGRAPHIC COVERAGE	Describe the Kansas City Metro area organizations where your agency is currently highly effective in filling assignments: _____ _____					
OTHER COMMENTS	_____ _____					

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840 North Lake Shore Drive
Chicago, Illinois 60611
Telephone 312.280.6410

Appropriate Utilization of Supplemental Staffing Agencies An ASNSA Informational Bulletin

Background

The issues surrounding the recurrent nurse shortage in the last three decades mirror the health care environment, particularly in relation to the supply, demand, and distribution of nursing personnel. Increased technology and specialization are two major factors that have profoundly affected nurses, nursing practice, and nursing care delivery systems. Competition for students traditionally entering nursing, the diversification of nursing positions available, and the changing nature of hospitals as the major employer of nurses, have increased the complexities in forecasting the nursing labor market. On an institutional level, changing financial incentives in particular have ushered in a reexamination of staffing, staff mix, and scheduling patterns. In like manner, concerns regarding the provision of nursing services through individual nurses employed by a supplemental staffing agency (SSA) have reemerged. SSA's which grew out of the 1970-1980's shortage as identifiable entities, were designed as a resource for the institution and as an employment opportunity for nursing personnel. SSA's usually provide nursing personnel under these circumstances:

- . Planned and unplanned absences of staff e.g. vacation, illness
- . A fluctuating patient census
- . Budgeted vacant positions

Nurse Executive Strategies

In dealing with the issues surrounding the need for SSA's, the nurse executive should develop a multifaceted approach, beginning with a strategic planning process that includes the development and use of an adequate data base. Nursing specific as well as hospital specific information should be included with the data base, as, for example, staffing mix, occupancy rate, and length of stay. If utilization of SSA's is being considered, alternative management strategies such as an internal registry, flexible scheduling and staffing, and job sharing should be examined. Whatever strategies are selected, the nurse executive should consider employee morale with fluctuating staff levels, patient care outcomes, and nursing personnel productivity.

P. Newell
2-21-90
Attn: #2-B
09.15

If SSA's are used, the following guiding principles should be translated into operational terms:

1. A mutual understanding between the nursing staff and the nurse executives should be established that clearly defines the purpose and utilization of SSA's.
2. A strong contractual agreement that identifies realistic and measurable goals regarding expectations and standards necessary for ensuring acceptable levels of performance should be developed.
3. Preestablished mechanisms between the institution and the SSA that monitor competence and adherence to agreed upon standards should be established.
4. Preestablished mechanisms that result in verification of the education, experience and skills of SSA personnel with the individual requirements of assignments should be established.
5. Preestablished mechanisms that provide for orientation of SSA personnel with institution and unit should be developed.

June, 1984

PNW
2-21-90
Attn #2-B
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KANSAS PROFESSIONAL NURSING HOME ADMINISTRATORS ASSOCIATION

3601 West 29th
Topeka, Kansas 66614
Phone: 913-273-4393



My name is Mary Ann Warren. I represent Kansas Professional Nursing Home Administrators Association, an organization of over 200 licensed and practicing administrators. We represent both private proprietorship and not for profit facilities.

WE SUPPORT HOUSE BILL 2886

We believe that all nursing pool employees working in health care facilities must meet the minimal standards of training, orientation, continuing education, and health standards required by regulation of the facility. We do not believe this bill is a duplication of the present requirements.

The persons we employ, or temporary nursing pool employees, must be prepared to meet the sometimes complicated needs of the residents we serve. To do less is an injustice to the field of practice.

Like all employees everywhere, we believe in the right to change jobs without a penalty imposed by the employer. Every employee everywhere should have this freedom. Each employee working in our facilities is free to change jobs at their discretion, and we too have many dollars invested in the training of that employee.

Thank you for your time and consideration.

*PHW
2-21-90
Attn #3*

Mary Anne Warren
700 Prairie Ct.
Topeka, Kansas 66606

Mary Anne Warren, Administrator
Briarcliff Care Center, Topeka

IN SUPPORT OF H.B. 2886

Even though I would have high standards of care regardless of whether the nursing home industry were regulated, this does not mean that nursing homes don't need to be monitored. The nursing pool's represented in this room also probably have high standards - however, as an industry, they need quality assurance from the state.

What presently happens is administrators like me are indirectly regulating the pools ONLY as their service affects the nursing home. Health and Environment surveyors will find my home deficient and out of compliance as a result of a nursing pool's actions. But I would question - where is the pool placing a nurse with a lapsed license or out of state license once the nursing home has balked? Do they get placed in a home health setting or a blood bank?

I do not think that the present system of indirect regulation is appropriate. It does not really hold the nursing pools accountable. The nursing pool industry needs to have minimum standards and needs to be accountable to a regulating agency.

Thank you for supporting H.B. 2886

PAW
2-21-90
Attn #3
Pg. 2.



TERRI ROBERTS, J.D., R.N.
EXECUTIVE DIRECTOR
KANSAS STATE NURSES' ASSOCIATION
700 JACKSON, SUITE 601
TOPEKA, KANSAS 66603
(913) 233-8638
February 21, 1990

S.B. H.B.2886 REGULATION OF TEMPORARY NURSING POOLS

Chairman Littlejohn and members of the House Public Health and Welfare Committee, my name is Terri Roberts, R.N., I am the Executive Director for the Kansas State Nurses' Association, representing registered nurses in the state of Kansas.

Thank you for the opportunity to present comments regarding House Bill 2886.

H.B. 2886 provides that the Board of Nursing would establish, by rules and regulation, minimum standards for the registration and operation of the nursing pools. Such regulations would be designated to protect the public's right to high quality health care by assuring that nursing pools employ competent, qualified nursing personnel, and that such nursing personnel are provided to adult care homes and hospitals in a way to meet the needs of residents and patients. Generally this provision would look like a very positive provision that we would want to support, however, if you consider that R.N.s and L.P.N.s, which are employed by these temporary nursing pools, are already licensed and competent and qualified nursing personnel, it's very difficult to understand the need for this type of additional regulation. It would be very different if the nursing pools employed people without any kind of training, but in Kansas, we have very high standards, even for nursing home aides that they must have 90 hours of training, and this includes those that are hired by nursing pools to be hired out to adult care homes in Kansas. There are already in place quality control measures, licensure for R.N.s and L.P.N.s, and the training that is provided to nursing home aides of 90 hours and the ongoing continuing education requirement that is required of them. We believe that these measures are more than adequate to protect the public's right to competent and qualified nursing personnel and see no need for further legislation such as that proposed by H.B. 2886.

This is not the first time that we have appeared before this legislature on this issue. S.B. 184 which was introduced in the Senate last year and added to the list of issues reviewed in interim committee under proposal 42 included the regulation of nursing pools.

During the interim there were several conferees, all affiliated with the Kansas Health Care Association, which testified in support of regulating temporary nursing pools, and numerous conferees which opposed such measure. The interim proposals did not include the state regulation of temporary nursing pools.

PH/CO
2-21-90

attm #4

To my knowledge there have been no formal complaints filed with the Kansas Board of Nursing regarding R.N.'s or L.P.N.'s specifically working for agencies, for incompetence in the past 6 months. Should the issue of competency arise, all employers, particularly those under the Kansas Risk Management laws, are required to report such incidences. One would suspect that if such a trend did emerge that increased regulation may be considered. We do not, however, support it at this time.

I might add that the only difference between this bill and S.B. 184 is rate setting of wages for agency staff. Considering how enthusiastically the for profit nursing home industry supports this legislation I strongly suspect that this bill if passed we will serve as the corner stone for legislative rate setting attempts. It would be unfortunate that the "Quality" issue would be used to support the financially driven concept of rate setting, the two are not related.

Attached is a copy of guidelines that were published in 1979 by ANA to assist the industry. They specifically identify where responsibilities lie with respect to the agency and the facility. They also strongly encourage the development of a contract.

Additionally, I have attached a copy of a position statement of KSNA regarding our opposition to fee restrictions for nursing staffing agencies.

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KANSAS STATE NURSES' ASSOCIATION

AND

AMERICAN NURSES' ASSOCIATION

STATEMENT ON FEE RESTRICTIONS FOR NURSING STAFFING AGENCIES

Nurse staffing agencies provide the services of nurses to health care employers on a temporary full-time or part-time basis. These agencies have become important components of nursing employment and the nursing labor market. In part, this growth reflects the proliferation of temporary employment in the U.S. economy generally. The growing reliance of health care employers on nurse staffing agencies also reflects the impact of the current nursing shortage, the evening, night and weekend employment requirements and the lack of flexible scheduling in nursing. Nurses are attracted to agencies for higher wages and the ability to control their work schedules. For that, they sacrifice job security and benefits offered by traditional employment opportunities.

Because of the increased demand for nurses and the resulting nursing shortage, agencies are raising per diem rates paid to nurses in order to attract sufficient numbers of nurses to meet the staffing needs of health care employers. Consequently, agencies are raising the rates charged health care employers. Efforts are being made to establish maximum rates that can be charged by nurse staffing agencies. Legislation to restrict the fees agencies may charge have been proposed or enacted in several states, and similar legislation may be proposed by the federal level as well.

The Kansas State Nurses' Association and the American Nurses' Association opposes the introduction of fee restrictions which would, in effect, restrict the compensation of nurses employed by nurse staffing agencies. Such actions will also result in the removal of an important source of wage competition. Economic studies have repeatedly documented that improvements in the compensation have a demonstrable impact on the profession's ability to recruit and retain the required number of nurses to meet the demand for nursing care. Thus, fee restrictions on nurse staffing agencies which affect nurses' compensation will, in the long run, delay the resolution of the nursing shortage.

ANA Cabinet on Nursing Services
ANA Cabinet on Economic and General Welfare August, 1988
KSNA Board of Directors February, 1989

*Psill
2-21-90
Attm #4
Pg 3*

**Guidelines
for Use of
Supplemental
Nursing Services**



**American Nurses' Association
Commission on Nursing Services**

*PNW
2-21-90
Attn # 4
09/24*

INTRODUCTION

The Commission on Nursing Service has viewed with concern the rapid proliferation of services that provide temporary nursing personnel. The impact of the growth of supplemental nursing services has not as yet been fully ascertained. Some believe use of supplemental nursing services may affect continuity of nursing care, staff morale, and costs of nursing services. The effects of the use of such services need to be studied.

The utilization of temporary nursing personnel is the result of many factors in a changing labor force, a changing economy, and a change in work values. It is the commission's belief that nursing administrators have responsibility to critically examine the practice climate in their facilities and to take steps to assure a professional climate that will lead to job satisfaction and job stability.

In recognition of the current insufficient supply of nurses, which is projected to worsen by 1982, the Commission on Nursing Services has articulated a set of guidelines for use of temporary nursing personnel. The primary purpose of the guidelines is to protect the patient. To this end, these guidelines are designed to do the following:

1. Delineate a set of responsibilities for the supplemental nursing service, the utilizing organization, and the individual nurse employed by a supplemental nursing service in the areas of selection, orientation, assignment, evaluation, and professional development of temporary nursing personnel.
2. Determine essential factors in agreements between nursing service organizations and supplemental services.
3. Serve as a guide to nurses considering employment by a supplemental service.
4. Provide a framework for continuing discussion with regulatory agencies as to the appropriate utilization and evaluation of temporary nursing personnel and their impact on the provision of safe and appropriate patient care.
5. Encourage study of the use of supplemental services, including examination of the effects of use of such services on the quality of nursing care, staffing patterns, staff morale, and patient care costs.

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2-21-90
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pg 5
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OPERATIONAL DEFINITIONS

EMPLOYER:

A company (supplemental staffing service, temporary help contracting company) that employs nurses to be placed in health care facilities or other organizations to provide nursing care on a temporary basis to meet variable staffing needs.

UTILIZER:

Health care facilities or other organizations that utilize supplemental nursing service employees on a temporary basis to meet variable nurse staffing needs.

NURSE:

Individual registered nurse employed by a supplemental nursing service and assigned to a utilizing organization to provide nursing care.

REGISTRY:

Organization that, for a fee paid by the nurse, maintains a roster of private duty nurses who contract privately with individuals. This paper does not address the use of private duty nurses.

AGENCY:

"A company that places nurses in jobs for a fee or commission. An agency does not employ nurses." This paper does not address the use of such agencies for nurse placement in organizations.

*Donovan, Lynn. What the 'Rent-a-Nurse' Trend Means to You, *R.N.* (November 1978), 79.

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I. RESPONSIBILITIES FOR SELECTION

EMPLOYER	SHARED (EMPLOYER AND UTILIZER)	UTILIZER	NURSE
Select registered nurse employee, utilizing the following: <ul style="list-style-type: none"> • Personal interview criteria. 	Verify current RN license in state.	Be aware of selection process used by employer.	Maintain current licensure. Select a reputable employer.
<ul style="list-style-type: none"> • Review of education and experience (employees with less than 1 year experience should not be used in this capacity). 			Arrange for increasing experience and maintain skills required for practice.
<ul style="list-style-type: none"> • Skills inventory. 			
<ul style="list-style-type: none"> • Competency testing (if available). 			Maintain certification, where applicable.
<ul style="list-style-type: none"> • Identification of certification, continuing education credit; staff development program(s); special preparation, such as critical care. 			Maintain professional liability insurance.
<ul style="list-style-type: none"> • Health care statement meeting legal requirements of area. 			Engage in self care and health maintenance activities.
Review, with prospective employee <ul style="list-style-type: none"> • Policies • Practices • Job description delineating the functions, responsibilities, and qualifications of the position. 		Provide the facility's pertinent practices and job descriptions to the employer.	Obtain satisfactory information to function in setting.
Provide professionally acceptable reference checks.			

II. RESPONSIBILITIES FOR ORIENTATION

EMPLOYER	SHARED (EMPLOYER AND UTILIZER)	UTILIZER	NURSE
Include in orientation review of utilizing organization's policies and practices, job description, and brief philosophy of nursing services.	Prepare information and present applicable policies and practices of institution.	Prepare staff for appropriate utilization of supplemental nursing staff.	Be familiar with and accountable for functions within the job description.
	Plan on-site orientation (for accountability for content).	Include in on-site orientation the following pertinent key factors: <ul style="list-style-type: none"> • Philosophy of nursing service. • Established criteria/standards for nursing practice and related procedures on the assigned nursing unit. • Identification of and means of reaching immediate supervisor. • Patient care emergency procedures and location of equipment and supplies. • Patient identification system. • Medication procedures. • Documentation procedures. • Location and activation of fire alarm system and other patient safety systems, such as injection control program. • Manner of reporting unusual incidents or injuries. 	Abide by standards of ethical practice and conduct as defined in the ANA Code for Nurses. Utilize recognized standards of nursing practice. Document the nursing process. Adhere to policies and procedures of utilizer and employer.

P. H. New
 2-21-90
 Attn. #4
 Pg. 7.
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III. RESPONSIBILITIES FOR ASSIGNMENT

EMPLOYER	SHARED (EMPLOYER AND UTILIZER)	UTILIZER	NURSE
Maintain and update a skill inventory available to the utilizer as a documented tool of existing education, experience, and skill.		Indicate in request to employer specific skills needed. Attempt to match skill of employee to needs of patients.	Refuse assignment that is beyond the scope of preparation. Appear on duty when assigned. Complete assignment according to standards.
		Require that nurses assigned to special care areas have documented education and experience comparable to that needed.	
		Do not assign supplemental nursing personnel to charge nurse positions, except in instances where the institution knows the competence of the individual.	
	Whenever possible, reassign a nurse to the same utilizer and the same unit.	Give priority, in all cases, to continuity of assignment.	

IV. RESPONSIBILITIES FOR EVALUATION

EMPLOYER	SHARED (EMPLOYER AND UTILIZER)	UTILIZER	NURSE
	<p>Establish system for the evaluation of performance, including the following:</p> <ul style="list-style-type: none"> • System of immediate feedback to deal with unacceptable performance. • Written evaluation at regular intervals. • Review of evaluation with the nurse. <p>Maintain record of performance.</p> <p>Assign designated individuals to coordinate and monitor the supplemental staffing activities.</p>	Observe nursing performance during assignments in relation to stated standards of care to provide feedback and/or immediate counseling.	Evaluate own performance against standards of practice.

V. RESPONSIBILITIES FOR PROFESSIONAL DEVELOPMENT

EMPLOYER	SHARED (EMPLOYER AND UTILIZER)	UTILIZER	NURSE
	Encourage supplemental personnel to maintain and keep abreast of current standards of nursing care through continuing education programs offered within the nursing and health care community.		Keep abreast of changes in nursing through active participation in relevant programs of continuing education.

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FACTORS TO CONSIDER IN DEVELOPMENT OF AGREEMENT

Utilizers and supplemental nursing services should develop a written agreement to clarify responsibilities. The agreement should include the following:

1. Length of term of agreement.
2. Description of service, including category of personnel to be provided, and statement regarding the right of the utilizer to use other employers.
3. Documentation of worker's compensation insurance, general and professional liability insurance, federal identification number.
4. Time frame for request for services, cancellation, penalties, withdrawal of permission to perform on premises.
5. Rate schedule, including specialty differentiations (e.g. critical care, emergency room), weekend rates (if different), shift differentials, dates of specific holidays, and rates for the three shifts on holidays.
6. Billing mechanism for paying employer.
7. Process for amending the schedule of rates, by mutual agreement only.
8. Indemnification clause holding the utilizer not liable for claims, demands, causes of actions or judgments, and attorney fees arising out of services performed by the employer.
9. Clause to conform with Title VII of the Civil Rights Act of 1964.

Parties to the agreement should consult legal counsel before signing the agreement to assure that local, county, state, and federal requirements are appropriately included.

It is imperative that nursing department staff be advised of the terms of the agreement.

PHW
2-21-90
Attn # 4.
Pg. 9.
over

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PNW
2-21-90
Attn: #4
Pg. 10.

RE: PROPOSAL NO. 42 -- IMPACT OF LICENSED NURSING
SUPPLY AND DISTRIBUTION*

Proposal No. 42 directed the Special Committee on Public Health and Welfare to:

1. identify the supply of licensed nurses in Kansas and any trends in nursing impacting the future availability of nurses;
2. review the impact on health care delivery and facilities of the supply and distribution of licensed nurses;
- ★ 3. consider the role of nursing pools, nursing salaries, and working conditions on the supply and distribution of nurses;
4. study the role of nursing education programs in meeting the needs of health care institutions and programs for nursing personnel and the supply and distribution of nurses;
5. consider the use of alternative health care personnel in various health care settings; and
6. study other matters that may impact on the delivery of nursing care in Kansas.

Nurse Staffing Agencies

Nurse staffing agencies provide nurses to health care employers on a full or part-time temporary basis and have become a growing part of the nursing labor market. In part, the growth of nurse staffing agencies, sometimes referred to as nursing pools, are a reflection of the development of a temporary employment segment of the economy in the country as a whole. In part, the growth of nurse staffing agencies reflects the widespread dissatisfaction expressed by nurses with traditional employment settings in terms of scheduling, flexibility, wages, control

over nursing practice, and other areas. It was noted by conferees that nurse staffing agencies and the growing number of licensed personnel who work through such agencies reflect the market place in terms of nursing and play an important role in retaining trained nurses in the active workforce. Only the Kansas Health Care Association among all the conferees who met with the Committee supported state intervention in the form of regulation of nurse staffing agencies.

excerpts from 1989 Interim Report

P. H. W.
2-21-90
Attn #4
Pg. 11.



Kansas Association
of Homes for the Aging

Enhancing the quality of life
of those we serve since 1953.

1990 KAHA
Board and Officers

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Lou Esplund
Minneola Nursing Home
Minneola

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John R. Grace
President/CEO

Kevin McFarland
Chief Operating Officer

MEMORANDUM

To: House Public Health and Welfare Committee
From: Kansas Association of Homes for the Aging
Date: February 20, 1990
Re: House Bill 2886

Presented by Jeff Chanay, KAHA Vice-President of
Government/Legislative Affairs

The Kansas Association of Homes for the Aging represents 125 not-for-profit nursing and retirement homes in rural and urban areas across our state. On behalf of KAHA, I wish to state our association's position on HB 2886, and would offer a few general observations concerning this bill.

Although KAHA has no specific objection to HB 2886, our association believes that clear and enforceable contracts between providers and pools is the effective solution to the problems that have arisen. During the past few weeks, KAHA, the Kansas Hospital Association, the Kansas State Nurses Association, and representatives of temporary nursing pools have met to discuss our problems and differences. As a result of these meetings, the organizations are working on mutually agreeable contract language that will resolve the problems that HB 2886 identify.

It is the position of KAHA that where problems can be satisfactorily addressed without legislative involvement, KAHA is opposed to the creation of an additional layer of bureaucracy. We believe that HB 2886 creates an unnecessary regulatory scheme.

We thank the committee for the opportunity to present our testimony on HB 2886.

*P. How
2-21-90
Attn. #5*



KHCA

Member of
ahca

Kansas Health Care Association

221 SOUTHWEST 33rd STREET
TOPEKA, KANSAS 66611 • 913-267-6003

DATE: Tuesday, February 20, 1990
TO: House Public Health and Welfare Committee
SUBJ: Position on H.B. 2886, Registration of Nursing Pools

Members of the Committee:

We are in support of H.B. 2886, requiring the registration of nursing pools which supply temporary health care employees to health providers, by the State Board of Nursing.

Minimum standards for registration include (lines 16-37):

- ° temporary employees meet minimum, licensing, training, orientation, and continuing education standards for position employed;
- ° temporary employees meet health qualifications of the Department of Health and Environment;
- ° the pool can't restrict the employment opportunities of its employees;
- ° the pool must carry malpractice insurance coverage.

Because of the nursing shortage, more and more health care employers have had to turn to employment agencies for workers. Nursing homes used agency nurses for 11% of all nursing hours, on average. The industry averaged 30 hours a week of nursing overtime.

There is a need for this bill. Nursing homes are receiving temporary employees who are unqualified and unsuitable. There are other conferees here today to explain this problem.

One recent example just brought to my attention was a facility cited with a deficiency because the pool employee didn't have in-service training, a requirement for regular staff.

Fourteen states enacted laws last year on this topic. We believe that the elderly and infirm in Kansas nursing facilities deserve the same protection.

CONTACT: Dick Hummel, Executive Vice President

PAKED
2-21-90
Call # 6

SENATE BILL No. 184

By Committee on Public Health and Welfare

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AN ACT relating to nursing pools; establishing registration standards and limits on certain fees charged to adult care homes.

Be it enacted by the Legislature of the State of Kansas:

Section 1. This act shall be known as the nursing quality assurance act.

Sec. 2. As used in this act:

(a) "Board" means the Kansas state board of nursing.

(b) "Adult care home" means any nursing home licensed under the provisions of the adult care home licensure act.

(c) "Secretary" means the secretary of social and rehabilitation services.

(d) "Nursing pool" means any person, firm, corporation, partnership or association engaged for hire in the business of providing or procuring persons to be employed on a temporary basis in adult care homes as medical personnel including, but not limited to, nurses, nurse assistants and nurses' aides. For purposes of this act nursing registries shall be considered to be nursing pools. Nursing pool does not include an individual who only is engaged in providing services on a temporary basis to an adult care home.

Sec. 3. (a) No person shall operate a nursing pool until such operation has been issued a certificate of registration from the board. Each separate location of the business of the nursing pool shall have a separate registration.

(b) The board shall establish by rules and regulations procedures for issuing certificates of registration and shall provide necessary forms. The board may establish annual registration fees.

(c) Each application for a certificate shall include at least the following information:

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44 (1) The name and address of the owner and operator;
45 (2) if the applicant is a corporation, a copy of its articles of
46 incorporation, a copy of its current bylaws and the names and ad-
47 dresses of its officers and directors owning more than 5% of the
48 corporation's stock;

49 (3) any other information which the board determines is necessary
50 to properly evaluate the application.

51 (d) A registration issued by the board shall remain effective for
52 a period of one year unless sooner revoked or suspended.

53 Sec. 4. (a) The board shall establish by rules and regulations
54 minimum standards for the registration and operation of a nursing
55 pool. These rules and regulations shall be designated to protect the
56 public's right to high quality health care by assuring that nursing
57 pools employ competent and qualified nursing personnel, and that
58 such nursing personnel are provided to adult care homes in a way
59 to meet the needs of residents and patients.

60 (b) The standards shall include as a minimum:

61 (1) The nursing pool shall document that each temporary em-
62 ployee provided to an adult care home meets the minimum licensing,
63 training, orientation and continuing education standards for the po-
64 sition in which the person shall be employed in the adult care home.

65 (2) The nursing pool shall comply with all pertinent regulations
66 of the department of health and environment relating to the health
67 and other qualifications of personnel employed in adult care homes,
68 including the requirement that all temporary employees shall have
69 a current negative tuberculin skin test or chest x-ray.

70 (3) The nursing pool shall not require, as a condition of em-
71 ployment, that employees of the nursing pool recruit new employees
72 for the nursing pool from among the permanent employees of the
73 adult care home to which the pool employee has been assigned.

74 (4) Personnel policies shall be developed which shall include at
75 a minimum: A personal interview, thorough reference check, annual
76 evaluation of employees based on questionnaires developed and sent
77 to adult care homes and other health care facilities in which pool
78 personnel are employed.

79 Sec. 5. The nursing pool shall not restrict in any manner the
80 employment opportunities of its employees and shall not in any

81 contract with an adult care home require the payment of liquidated
82 damages, employment fees or other compensation of the employee
83 if hired as a permanent employee of the adult care home.

84 Sec. 6. The nursing pool shall carry malpractice insurance to
85 insure against the loss, damage or expense incident to a claim arising
86 out of the death or injury of any person as the result of negligence
87 or malpractice in the provision of health care services by the nursing
88 pool or by any employee of the nursing pool and provide proof of
89 such insurance to any person who receives nursing pool services.

90 Sec. 7. The board shall establish by rules and regulations ap-
91 propriate penalties for the violation of this act, including registration,
92 suspension or revocation.

93 Sec. 8. The secretary shall annually establish maximum rates for
94 reimbursement for personnel of registered nursing pools employed
95 in adult care homes. Nursing pools may not bill or receive payments
96 from adult care homes at a rate higher than the maximum rate
97 established pursuant to this section. Maximum rates shall include
98 administrative fees, contract fees or other special charges in addition
99 to hourly rates for personnel supplied to adult care homes.

100 Sec. 9. This act shall take effect and be in force from and after
101 its publication in the Kansas register.

102

Handwritten initials and date:
11-21-89
C. J. ...



Kansas Home Care Association · 4101 West 13th Street · Lawrence, Kansas 66046 · (913) 841-2833

To: House Public Health & Welfare Committee
From: Kansas Home Care Association
Date: February 20, 1990
Subject: H.B. 2886, Regulation of Nursing Pools

On behalf of the Kansas Home Care Association, I wish to take this opportunity to express some of our concerns regarding H.B. 2886, an act relating to the regulation of nursing pools.

The home care industry is one that has long been heavily regulated, both statewide and federally. And, although quality assurance is of prime importance to our providers, we are aware of the burden that duplicative requirements can place on any organization's ability to provide efficient and cost effective services. So too, when viewing supplemental staffing agencies, we do not question the need for quality assurance regulation, but caution against duplicating requirements and regulations already in effect through Health & Environment, State Board of Nursing, etc. Quality is an important issue for all pools or registries, maybe even more so for those providing paraprofessional aide services; but it would appear to be neither financially or operationally effective to create a two-fold system for the same regulations. Moreover, we are somewhat concerned that H.B. 2886 might become the vehicle by which "rate setting" could be imposed on staffing agencies in the future...a practice that we strongly oppose as discriminatory.

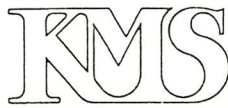
The Kansas Home Care Association has been impressed by the voluntary actions taken this year by the supplemental staffing agencies. Not only have they formed a non-profit professional organization to address industry problems, but they have begun efforts to monitor their own ethical standards through the drafting of "standards of practice" for the use of supplemental staff relief services. We encourage your support of such efforts, and hope that your actions will assist their industry in insuring quality services rather than creating any additional unnecessary bureaucracy.

Thank you for your consideration.

Sincerely,

Linda Lubensky
Executive Director

*P. New
2-21-90
Action # 8*



KANSAS MEDICAL SOCIETY

1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383
Kansas WATS 800-332-0156 FAX 913-235-5114

February 20, 1990

TO: House Public Health & Welfare Committee
FROM: Kansas Medical Society *Chris W. ...*
SUBJECT: House Bill 2886; Regulation of Nursing Pools

Thank you for this opportunity to offer a few comments in regard to HB 2886. The Kansas Medical Society does not have a formal position on this subject, but we do wish to focus the Committee's attention on a couple of features of the bill. Specifically, section 5 (line 27, page 2) prevents nursing pools from restricting the employment opportunities of its employees. This aspect of the bill could improve opportunities for recruitment of nursing professionals to work in settings that are suffering from a shortage of nursing personnel. We do not believe that any nursing pool or other entity should be able to create obstacles to such employment by way of punitive contracts or conditions of employment.

In addition, we would like to point out a couple of concerns in regard to section 6 (line 32, page 2). In line 32, the term "malpractice" should probably be changed to read "liability." In lines 34 and 35, the phrase "negligence or malpractice in the provision of" should probably be changed to read "rendering or failure to render." This suggested terminology is in conformity with other statutory language dealing with liability in the provision of health care services.

Thank you for considering our concerns.

CW:lg

*This w/ handed
out yesterday*

*PKW
2-21-90
atlm + ~~...~~
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HOUSE CONCURRENT RESOLUTION NO. _____

By

A RESOLUTION memorializing Congress to take appropriate action to cure inequities in Social Security benefits to the Notch Year beneficiaries.

WHEREAS, The United States Congress enacted legislation in 1977 which reduced Social Security benefits for retirees who were born after 1916 and before 19²⁶30; and

WHEREAS, The Notch Year retirees are subject to reductions in their social security benefits which is inequitable. Other retirees with the same work records may receive higher social security benefits; and

WHEREAS, Many Congressional members, both in the United States Senate and in the House of Representatives, have expressed support for enacting legislation to resolve the Notch Year inequities; and

WHEREAS, There are now pending in Congress several major Notch Year bills to help cure these inequities: Now, therefore,

Be it resolved by the House of Representatives of the State of Kansas, the Senate concurring therein: That we memorialize Congress to take appropriate action to cure inequities in Social Security benefits to the Notch Year beneficiaries; and

Be it further resolved: That the Chief Clerk of the House of Representatives be directed to send enrolled copies of this resolution to the Kansas Congressional Delegation.

P. H. W.
2-21-90
Attn #10

CONCURRENT RESOLUTION NO. _____

By

A CONCURRENT RESOLUTION memorializing Congress to develop and take action on a system to provide universal access to basic health care for all citizens.

WHEREAS, A large percentage of the population of this country is without access to basic health care; and

WHEREAS, The increasing costs of providing health care are burdening the budgets of every state in the Union; and

WHEREAS, The various states do not have adequate resources to develop individual systems or to meet the financial demands of providing universal access to basic health care for their citizens; and

WHEREAS, The need for providing basic health care to all citizens is urgent, and the solution to this national problem must be found at the national level; and

WHEREAS, There is widespread support for a restructuring of the health care system in order to insure affordable basic health care at all levels of society; and

WHEREAS, Congress should take immediate action to initiate and develop a system to meet the urgent need to provide access to basic health care for all citizens: Now, therefore,

Be it resolved by the _____ of the State of Kansas, the _____ concurring therein: That we memorialize Congress to develop and take action on a system to provide universal access to health care services for all citizens; and

Be it further resolved: That the _____ of the _____ be directed to send enrolled copies of this resolution to the Kansas Congressional Delegation.

*PHW
2-21-90
attm. #11*

HOUSE BILL No. 2801

By Committee on Public Health and Welfare

2-2

*PH 90
2-21-90
Attorney #12*

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AN ACT concerning social welfare; relating to funeral and burial expenses of recipients of assistance; amending K.S.A. 39-713d and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 39-713d is hereby amended to read as follows: 39-713d. (a) The secretary, on the death of a recipient of assistance, if the estate of the deceased or other available resources are insufficient to pay the decedent's funeral and burial expenses, may pay funeral and cemetery expenses in amounts ~~which shall not be more than the maximum amounts~~ fixed for such purposes by rules and regulations adopted by the secretary. ~~Any funeral and burial expenses paid are recoverable by the secretary as a debt due to the state. If it is found that the recipient's estate possesses income or property, up to the total amount of the expenses paid may be recovered by the secretary from such estate. The claim shall be a fourth class claim against the estate of the recipient.~~

against a recipient's estate

For the purposes of this section only,

first

(b) Whenever a cemetery lot has been purchased or acquired for a recipient of assistance, either before or after death, and such cemetery lot was not purchased or acquired with public funds, the cost of such cemetery lot shall not be deducted from the funeral expenses authorized by this section.

Sec. 2. K.S.A. 39-713d is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

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