

Hiring Temporary Nursing Staff

Question

What are the risks associated with hiring temporary nursing staff, and how can hospitals and other healthcare organizations mitigate those risks?

Answer

Healthcare facilities often employ temporary nursing staff (e.g., agency nurses, travel nurses, and PRN nurses) to alleviate staffing shortages. However, this practice can be very expensive and pose specific risks, according to Dr. Graham Billingham, MedPro Group's Chief Medical Officer. Temporary nurses may have a:

- Lack of familiarity with the facility's staff and providers, which may affect teamwork
- Lack of or limited knowledge of the facility, medical equipment, the electronic health record (EHR) system, and other technology systems
- Lack of familiarity with the facility's quality improvement and patient safety programs and initiatives
- Minimal or abbreviated orientation to the facility's clinical area

"It's absolutely essential to emphasize the temporary nurses' orientation and make it as comprehensive as possible to reduce any potential risks to your facility," Dr. Billingham says.

"Further, the facility may have an inability to fully appreciate the skill sets of these nurses until they are working in the facility's clinical setting."

A 2020 study also found that, in addition to posing risks, some safety concerns are specifically related to the use of temporary nurses. These concerns include the potential for temporary nurses to be less familiar with unit practices and associated disruptions to the continuity of care and team communication.¹

To help alleviate these potential risks and safety concerns, following are some risk management considerations when employing temporary nursing staff:

- When hiring nurses directly without using an agency, verify their education, licensure, certifications, employment history, and references via primary source verification, which includes direct correspondence, documented telephone verification, secure electronic verification from the original qualification source, or reports from credentials verification organizations.² Require temporary nurses to produce original documents rather than photocopies. Be sure to follow state and federal laws in your credentialing processes.
- Conduct state and federal criminal background checks on all temporary nurses, including checking for felony activity. Additionally, search sexual offender, abuse, and neglect registries, and require all nurses to be fingerprinted.
- Verify temporary nurses' U.S. citizenship or confirm their compliance with federal immigration laws.
- Check whether temporary nurses have been excluded from federal healthcare programs by using the [Department of Health and Human Services Office of Inspector General's exclusions database](#).
- When hiring temporary nurses from staffing agencies, implement a due diligence process and devise appropriate criteria for assessing and evaluating the agencies. Develop written policies, procedures, and checklists associated with the due diligence process.
- Carefully evaluate nursing agencies and provide ongoing oversight to ensure that robust hiring and credentialing processes are in place that follow state and federal laws. Confirm that agencies are verifying nurses' education, licensure, certifications, employment, and references using primary source verification.
- Review contracts with nursing agencies to ensure appropriate qualifications for staff are included and that credentialing and competency assessment policies are comprehensive and thoroughly documented. Maintain documentation related to credentialing for all agency nurses.
- Ensure that written contracts between nursing agencies and your healthcare organization include indemnification language. "The agency, through its contract, should indemnify and hold the facility harmless from any and all liability that was allegedly caused by the agency nurse."³

- Ensure written contracts with nursing agencies include language stating the agency's responsibility to remove and replace a temporary nurse at no cost to the facility should the nurse not be qualified or have performance/behavioral issues.
- Require temporary nurses to carry their own professional liability insurance coverage (either through their agency or personal carrier). Ensure that limits and exclusions are sufficient and acceptable to the facility.
- If consistent with state law or organizational policy, require pre-employment drug testing and random drug testing (if applicable) for all temporary nurses.
- Provide a comprehensive onboarding process for temporary nurses. Orient them to your facility's policies and procedures, patient care expectations and ratios, computer access and the EHR system, medical equipment, infection control practices, the unit on which they will work, and identified gaps. Their assignments in the facility should meet their experience levels.
- Validate that temporary nurses' clinical competencies are appropriate to the level of care provided on the unit to which they're assigned, including familiarity with patient equipment used on the unit. Be sure temporary nurses receive a formal orientation to the unit to which they are assigned. Provide a preceptor and/or mentor during the temporary nurse's orientation.
- Include temporary nurses in departmental meetings as well as quality improvement processes and patient safety briefings.
- Provide educational tools, such as "cheat sheets"; frequently used resources; frequently asked questions and answers; and short, how-to videos with a QR code, for travel nurses to scan and watch on their smartphones at the patient's bedside.
- Report temporary nurses' misconduct or other inappropriate actions to their agencies (if applicable) and licensing boards.

Resources

To learn more about using temporary staff and addressing staffing deficits, see MedPro's [Risk Resources: Staff Shortages and Workforce Issues](#).

Endnotes

¹ Dall'Ora, C., Maruotti, A., & Griffiths, P. (2020). Temporary staffing and patient death in acute care hospitals: A retrospective longitudinal study. *Journal of Nursing Scholarship*, 52(2):210-216.

² The Joint Commission. (2022, February 4). What is primary source verification and to whom does it apply? Retrieved from www.jointcommission.org/standards/standard-faqs/critical-access-hospital/medical-staff-ms/000001357/

³ ECRI. (2021, February 1). Understaffing. *Health System Risk Management*. Retrieved from www.ecri.org/components/HRC/Pages/Empl11.aspx

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