

WOMEN & INFANTS' HOSPITAL

POLICY MANUAL

DEPARTMENT: Human Resources

NUMBER: HR--58

DATE OF POLICY: March 1, 2009

EFFECTIVE DATE: March 1, 2009

SUBJECT: CONTRACT STAFF, VISITING
PROFESSIONALS, STUDENTS AND
OTHER STAFF NOT ON HOSPITAL
PAYROLL

PURPOSE:

The purpose of this policy is to specify definitions, procedures and requirements which must be met before allowing persons who are not Women & Infants' employees, to work, observe or be educated at Women & Infants Hospital. Under no circumstances may anyone be allowed to observe, be educated or perform services until the following requirements are met.

POLICY:

It is the policy of Women & Infants Hospital to ensure the safety of our patients, visitors and employees. Anyone coming to the hospital to perform services, observe, volunteer or be educated, must first meet the hospital's requirements set forth in this policy. Access to the hospital, ID badges and parking privileges are prohibited until compliance with this policy is met. This policy addresses the following categories:

1. Students – Faculty members on-site with students
Clinical and Direct Patient Care Student - Groups/Rotations
Clinical and Direct Patient Care Student - Independent
Non-clinical students/Volunteers
2. Volunteers
3. Temporary and Travel Agency Staff
4. Service Contract Staff
5. Independent Contract Staff
6. Research and Study Staff (not receiving a W&I paycheck)
7. Visiting Professionals
8. Vendors & Consultants
9. Medical Staff (Physician and Advanced Practice Clinicians)
10. Service/Care Arrangement Contracts (sharing of professionals such as physicians, clinicians, or specialists from other hospitals or organizations who provide care or perform services at Women & Infants')

PROCEDURES:

1. Students –
Clinical, Direct Patient Care Students and Faculty, both group rotations and independent students must be processed according to the following procedure by the receiving department. All Nursing and Nurse Practitioner students must be approved by the Associate Vice President of Patient Care Services. For additional details, refer to “Faculty Assessment” and “Nursing Practicum’s” in the Patient Care Services Policy manual located on **carenet**.

Visiting Medical Students, Residents and Fellows must be processed through the applicable department.

(Non-clinical students are processed through Volunteer Services, see procedure #2 below.)
 - a) Hospital must have a signed agreement from the educational institution which meets the hospital’s minimum educational agreement standards. (**Attachment A**).
 - b) Faculty and independent students must provide complete health records required by Women & Infants Hospital Employee Health Department which specifies the student’s name, department and their W&I contact person. Group/Rotation student health records must be maintained by the educational institution and available for inspection upon request.
 - c) Group/Rotation students and faculty are bound by the educational agreement.
 - d) Faculty and independent students must complete the hospital’s mandatory orientation. Group/Rotation students must be trained by the Faculty.
 - e) Orientation options are: Netlearning, **carenet** Orientation Video and post test, attendance at Risk Management mandatory session or attendance at New Employee Orientation.
 - f) Department accepting students must maintain a current copy of the educational agreement, student resumes (if applicable), documentation of orientation and faculty contact information.
 - g) See helpful checklist, **Attachment D**.
2. Volunteers
 - a) Any employee or manager approached by someone interested in volunteering, job shadowing (for volunteers only), unpaid internships, community service, or after school programs, must refer the potential volunteer to the Volunteer Services Department. Employees and managers may not allow someone to work, observe or be educated on their unit until they have been processed through the Volunteers Services Department.
 - b) Potential volunteers must be referred to Volunteer Services to determine if they meet required criteria and to be processed according to established procedures. (See policies: VOL-1 and VOL-2)
 - c) See helpful checklist, **Attachment D**.

3. Temporary and Travel Agency Staff
 - a) Department Head must obtain authorization from their respective Vice President for temporary or travel agency staff.
 - b) Once VP approval is authorized, Department Head must contact Human Resources and provide the information requested in **Attachment C**, “Human Resources Temporary Assignment Request Form”.
 - c) Department Heads may not contact temporary or travel agencies directly. If agencies contact departments, they must be referred to Human Resources.
 - d) Human Resources will research appropriate agencies, negotiate and authorize agency contracts.
 - e) Human Resources will refer qualified candidates to the Department Head who will select final candidate.
 - f) Invoices will be processed through Human Resources and charged to the requesting department.
 - g) Temporary and travel agency staff must provide complete health records, report to Employee Health, participate in orientation, have an approved job description, provide a resume, have satisfactorily passed the background checks which includes a criminal background check and employment references, as well as provide applicable licenses, certifications or other credentials.
 - h) Orientation options are: satisfactorily passing Netlearning mandatories, **carenet** Orientation Video and post test, attendance at Risk Management mandatory session or attendance at New Employee Orientation.
 - i) Department Heads must document competencies for each temporary or travel staff member and maintain copies of resume, documentation of orientation and emergency contact information.
 - j) See helpful checklist, **Attachment D**.

4. Service Contract Staff –
Service Contract Staff provide services to the hospital through another company on a regular basis. (Examples include: Anesthesia Inc, Technology In Medicine, Sodexo, Valet Park New England, Baby Photo Service, Professional Security and Interpreter Services.)
 - a) Department Head must obtain authorization from their respective Vice President for Service Contract Staff.
 - b) Service Contracts must meet the hospital’s minimum standards as set by Women & Infants’ Risk Management and/or Legal Services (see **Attachment A**).
 - c) Service Contracts must be signed by the appropriate Executive (CEO, COO, SVP, VP, or AVP).
 - d) Department Head is responsible for processing invoices.
 - e) Service Contract Staff must provide complete health records, report to Employee Health, participate in orientation, have an approved job description, provide a resume, satisfactorily pass the background checks which include a criminal background check and employment references, as well as provide any licenses, certifications or other credentials.

- f) Orientation options are: satisfactorily passing Netlearning mandatories, **carenet** Orientation Video and post test, attendance at Risk Management mandatory session or attendance at New Employee Orientation.
- g) Department Heads must document competencies for each temporary or travel staff member and maintain annual performance appraisals for long-term service contract personnel (employed 1 year or greater). Department Heads must also maintain a current copy of the service contract, copies of contract staff confidentiality agreements, resumes, documentation of orientation and emergency contact information.
- h) See helpful checklist, **Attachment D**

5. Independent Contract Staff

Independent Contract Staff are individually paid through Accounts Payable and are not through an agency or company. (Examples include: Childbirth Educators and Reiki Therapists)

- a) Department Head must obtain authorization from their respective Vice President for Independent Contract Staff.
- b) Independent Contracts must meet the hospital's minimum standards as set by the Women & Infants' Risk Management and/or Legal Services, see **Attachment A**.
- c) Contracts must be signed by the appropriate Vice President.
- d) Department Head is responsible for processing invoices.
- e) Independent Contract Staff must provide complete health records, report to Employee Health, participate in orientation, have an approved job description, provide a resume, satisfactorily pass the background checks which include a criminal background check and employment references, as well as provide any licenses, certifications or other credentials.
- f) Orientation options are: satisfactorily passing Netlearning mandatories, **carenet** Orientation Video and post test, attendance at Risk Management mandatory session or attendance at New Employee Orientation.
- g) Department Heads must document competencies for Independent Contract Staff members and maintain annual performance appraisals for long-term contract members (employed 1 year or greater). Department Heads must also maintain a current copy of the independent contract, copies of contract staff confidentiality agreements, resumes, documentation of orientation and emergency contact information.
- h) See helpful checklist, **Attachment D**.

6. Research and Study Staff (not receiving a W&I paycheck)

Research and Study Staff are defined here as paid directly by another organization and come to W&I premises to perform research studies on a regular weekly basis. (Examples include: Research and grant funded staff paid by another hospital, but whose work is located here at W&I.)

- a) Department Head must obtain authorization from their respective Vice President for Research and Study Staff.
- b) Contracts must meet the hospital's minimum standards as set by the Women & Infants' Risk Management and Legal Services, **Attachment A**.
- c) Contracts must be signed by the appropriate Vice President.

- d) Department Head is responsible for processing invoices, if applicable.
- e) Research and Study Staff must provide complete health records and report to Employee Health, participate in orientation, have an approved job description, resume, satisfactorily passed the background checks, which includes a criminal background check, employment references, and any necessary licenses, certifications or other credentials.
- f) Orientation options are: satisfactorily passing Netlearning mandatories, **carenet** Orientation Video and post test, attendance at Risk Management mandatory session or attendance at New Employee Orientation.
- g) Department Heads must document competencies for each Research or Study Staff member and maintain annual performance appraisals for long-term staff members. Department Heads must also maintain a current copy of the contract, copies of confidentiality agreements, resumes, documentation of orientation and emergency contact information.
- h) See helpful checklist, **Attachment D**.

7. Visiting Professionals

- a) Visiting Professionals must provide complete health records, report to Employee Health, participate in orientation, have learning objectives, provide a resume, satisfactorily pass the background checks which include a criminal background check and employment references, as well as any licenses, certifications or other credentials. **See Attachment A**.
- b) Visiting Professionals must sign a confidentiality agreement.
- c) Visiting Professionals must participate in mandatory orientation. Orientation options are: satisfactorily passing Netlearning mandatories, **carenet** Orientation Video and post test, attendance at Risk Management mandatory session or attendance at New Employee Orientation.
- d) Department accepting visiting professionals must maintain copies of confidentiality agreements, resumes, documentation of orientation and emergency contact information.
- e) See helpful checklist, **Attachment D**.

8. Vendors & Consultants

- a) See Materials Management policy MAT.MGM.—11, Patient Care Policy/Procedure “New Equipment in the OR”, and Patient Care Policy/Procedure “Clinical Areas”.
- b) The Sales Representative, Technical Assistant or Consultant may be present in a clinical area during a patient procedure only after proper credentialing and permission of the patient is obtained. **See Attachment A**. Proper credentialing includes following the Employee Health procedures, see helpful checklist, **Attachment D**.

9. Medical Staff (Physician, PhD, CNM, NP, and other Allied Health Professionals)

- a) All Medical Staff including Physicians and Advanced Practice Clinicians must be processed through the Medical Staff Office.
- b) Contact the Medical Staff Office for processing requirements and procedures prior to allowing the candidate to perform services.

- c) Doctors (MD, PhD) and Advanced Practice Clinicians will not be allowed to work until the credentialing process has been completed.
 - d) See helpful checklist, **Attachment D**.
10. Service/Care Arrangement Contracts:
- a) Service/Care Arrangement Contracts include the sharing of professionals such as physicians, clinicians, or specialists from other hospitals or organizations who provide care or perform services at Women & Infants’.
 - b) These arrangements must have an approved contract which includes language such as designated in **Attachment A**.
 - c) See helpful checklist, **Attachment D**.

RESPONSIBILITY:

- 1. It is the responsibility of all staff, students, visiting professionals, medical staff, vendors, and volunteers as defined in this policy to adhere to the requirements of this policy.
- 2. It is the responsibility of executives and management to appropriately follow the procedures set forth in this policy, and to ensure that all staff as defined in this policy are processed accordingly.
- 3. It is the responsibility of all processing departments to monitor compliance with this policy. Processing departments include: Human Resources, Volunteers, Employee Health, Security, Medical Staff Office, Medical Education, Nursing Education, Auxiliary and Materials Management.

Attachments:

- Attachment A: “Contract Wording”
- Attachment B: “Confidentiality”
- Attachment C: “Human Resources Temporary Assignment Request Form”
- Attachment D: “Checklist for Contract Staff, Visiting Professionals, Students, Other Staff Not on Hospital Payroll”

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Contract Wording
Contract Staff,
Visiting Professionals, Students, and
Staff not on Hospital Payroll

**All contract language must be approved by Women & Infants' Legal Services
and/or Risk Management.**

ALL CONTRACTS:

Contracts must have language relating to:

1. The role of the hospital, the role of the staff member/student and the role of the agency/academic institution.
2. Must include orientation to and ensure compliance with hospital policy & procedures, including confidentiality. Staff and Students must complete hospital Mandatory Orientation.
3. Specify satisfactory completion of criminal background check for all students and candidates. References and OIG/Medicaid Sanction List verification for all paid contract staff. Copies or access to these documents are required upon request.
4. The hospital reserves the right to terminate a student, staff member or contract if not in compliance with hospital policy and procedures.
5. The maximum length of a contract is three years. All contracts must be reviewed every three years.

HEALTH / IMMUNIZATIONS:

The Agency or Educational Institution shall insure that all staff, students and faculty meet the established health requirements which include:

1. Each staff member or student has had a current physical examination
2. A negative TB screen within 12 months or evidence of a negative chest x-ray and no evidence of symptoms or completion of treatment
3. Vaccination for Hepatitis B or declined in accordance with the OSHA guidelines
4. Rubella immunity through titers or vaccine dates
5. Measles and Mumps immunity through titers or vaccine dates
6. Chicken Pox immunity via immunization, or positive titers, or evidence of disease by documentation
7. Health Records document that all students have received Influenza Vaccine or have declined such
8. TDaP vaccine booster documented if last TD was greater than 2 years ago. This is in compliance with the CDC recommendations that all Health Care Personnel, who have direct patient contact should receive a single dose of TDaP as soon as feasible if they have not received TD in the past 2 years.

Students/Staff will not be allowed to start nor receive an ID Badge until compliance with providing complete immunization records are met. Copies of all tests or declinations will be made available to the Employee Health Department upon request.

INSURANCE:

Must include the following language:

1. "Shall maintain liability limits of no less than \$1,000,000/incident and \$3,000,000 in the aggregate."

OTHER CONSIDERATIONS:

Student Groups:

1. School must forward schedule 2- 3 months prior to the start of the semester.
2. New clinical faculty must contact Patient Care Administration/Assistant (PCA) 2- 3 months prior to the start of the semester to complete the competencies process and orient to the clinical units.
3. School assumes responsibility for review health regulations; orienting students to mandatory education & conducting the criminal background check.
4. Security must receive a list of all student groups for ID badges.

Independent students:

1. School forwards a request for clinical placement to PCA 1-3 months prior to the start of the semester.
2. PCA recruits "mentors" to work with the student.
3. School assumes responsibility for review of health regulations & conducting the criminal background check.
4. School forwards documentation of student names, faculty contact & dates of clinical to PCA.
5. Students must complete the mandatory education prior to starting.
6. PCA forwards student name to Security for ID badge.
7. Provide License,(as applicable) CPR, NPR (as applicable) to PCA contact
8. School provides course/learning objectives to PCA contact who forwards to "mentor"

Independent clinical (without a contract)

1. Person must be referred to and processed through Volunteer Services.
2. Department Manager is responsible for complying with Attachment D.

NOTE: PCA keeps master calendar to keep tract of student groups/independent students to avoid duplication & overload

CONFIDENTIALITY:

During your observation experience at the hospital, you may know or have access to information concerning a patient and his/her condition.

All information concerning patients and their conditions is strictly confidential. It is important that you respect a patient's privacy and do not discuss such information with other patients, visitors, employees, family, or friends.

Inquiries about the condition of patients should be directed to the information desk. Any violation of a patient's privacy will be grounds for disciplinary action.

Date: _____

Time: _____

Signature: _____

Human Resources Temporary Assignment Request Form

Please complete this form so that we can fill your temporary assignment request as quickly as possible and to best suit your needs.

Department Requesting:

Cost Center:

Dept Head/Supervisor:

Type of Position:

Hours/time/days:

Total of Hours per week:

Length of the Assignment (if unsure, please put approx.):

Location:

Desired Start Date:

Would you like to review resumes?

Interview candidates?

Please include a description of the primary duties/requirements of the temporary assignment (please indicate specific skills necessary, i.e. medical terminology, bi-lingual, computer/software, etc.):

****HR USE ONLY - PLEASE DO NOT COMPLETE****

Agency Called: _____

Date Filled: _____

Contact Person: _____

Person reporting/filled by: _____

Date requested: _____

DOB: _____ SSN: _____

Second Agency Called: _____

Employee Health Appt.: _____

Contact Person: _____

Start Date: _____ Rate: _____

CHECKLIST FOR:

**CONTRACT STAFF
VISITING PROFESSIONALS
STUDENTS
OTHER STAFF NOT ON HOSPITAL PAYROLL**

_____ **Name of Student/Staff:** _____

_____ **Educational Institution/Agency/Grant Name:** _____

New Contract or Contract Needing Updating:

_____ Create Draft using Contract Wording template, then contact Women & Infants' Legal Services or authorized department

_____ Final Contract must be maintained by authorized department such as Human Resources, Volunteer Services, Medical Staff Office, Medical Education, Associate Vice President of Patient Care, or Materials Management

_____ Contract Expiration Date: _____
(maximum 3 years)

Current Standing Contract:

_____ Expiration Date: _____
(renew at least every 3 years)

_____ **Students:** Copy must be on file in Department

_____ **Other Staff:** Contract must be maintained by authorized department such as Human Resources, Volunteer Services, Medical Staff Office, Medical Education, Associate Vice President of Patient Care, or Materials Management

_____ **Student/Staff Start Date:** _____

_____ **Anticipated End Date:** _____

_____ **Department:** _____

_____ **Health Records:** _____ Sent to Employee Health
_____ Maintained by Educational Institution

_____ **Background checks conducted:**
References and criminal background check (maintained on file)

_____ **Orientation/Mandatory Education:**
Date Completed: _____

_____ **Job Description or Learning Objectives:**
Students: Sent to Preceptor
Other: Maintained in department file

_____ **Resume on File** (if applicable)

_____ **License:** Primary Source Verification and copy

_____ **CPR** (as applicable): Copy of card

_____ **NRP** (as applicable): Copy of card

_____ **Obtained Security ID Badge**

_____ **Completed Competency Assessment:** maintain in file

_____ **Signed Confidentiality Agreement** (if not already in contract)

_____ **Annual Performance Appraisal:**
Department Manager must conduct a performance appraisal at least once annually for all contract staff here one year or greater.

_____ **Annual Mandatory Education:**
Department Manager must have all long-term staff participate in the hospital's annual mandatory educational requirements.

_____ **Ongoing Health Requirements:**
All long-term staff must update their health records annually and adhere to the hospital's Employee Health Requirements.

_____ **Date Terminated:** _____