# RISK NOTE



## **Agency Staff**

### **OVERVIEW OF ISSUE**

The continuous availability of appropriately skilled and qualified staff is essential for effective healthcare human resource management. The safety and quality of performance within any healthcare organization is linked to the ability to access qualified personnel, and to deploy them in a work environment that optimizes their scope of practice.

Healthcare systems continue to experience an increasing demand for complex and changing healthcare services compounded by recruitment and retention issues. Alternative approaches for resource team models such as an internal pool and optimization of current health human resources has been one approach in addressing human resource shortages. Use of Agency Staff has become a common practice across healthcare sectors and with this there is an increased risk of adverse events. Risks are particularly high when Agency Staff are deployed to services that require a specialized level of skill.

### **KEY POINTS**

- Agency contract in place that meets minimum regulatory and legislative requirements.
- Agency contract in place with adequate insurance and indemnity coverage.
- Clear understanding regarding any regulatory requirements including scope of practice, conditions, and restrictions prior to contracting Agency Staff.
- Orientation and monitoring of Agency Staff.



### **THINGS TO CONSIDER**

### **Definition**

Agency Staff: Regulated and unregulated healthcare providers employed by a third party (e.g., an agency) or contracted, other than by the healthcare organization, to provide healthcare-related services for a temporary or time limited period.

#### **Agency Contract**

- To reduce organizational risks, utilize an Agency Contract that includes standardized language.
- Consider specific staffing requirements, such as skill mix, and specialty areas that may need support.
- Engage health professional leaders, legal and insurance experts to review and collaborate.
- Usual contract sections to consider:
  - Parties in the contract
  - Definitions
  - Terms of agreement (renewal period) in usual instances consider limiting the duration of the term or renewal term of the contract to three years or less and require review before contracts are renewed as changes in your requirements, regulatory oversight, scopes of practice, etc. may have occurred in the interim. For these reasons, avoid automatic renewal provisions and "evergreen" contracts
  - Responsibilities and specifications including but not limited to ensuring who is responsible for performance review and confirming ongoing maintenance of any required licensure

# RISK NOTE



### **Agency Staff**

- Confirmation of your final discretion as to who may provide or continue to provide services in your organization
- Communication protocols between the healthcare organization and staffing agency (key contacts)
- o Services to be provided skills and specialization
- o Payment terms
- Insurance and Indemnification
- o Confidentiality applicable privacy laws governing Personal Health Information (PHI)
- o Records, Reporting and Performance Measures
- o Dispute Resolution
- Termination
- Severability, Modifications, and Surviving Clauses
- Applicable Schedules

### **Regulatory Authority Requirements for Regulated Health Professionals**

When the applicable agency staff are health professions it is important to understand that the regulation of health professions is the constitutional responsibility of the Provinces and Territories and accordingly the importance of confirming licensure, when applicable, with the provincial or territorial body/College. Through their licensing power, health regulatory colleges are responsible to ensure health professionals provide health services in a qualified, professional, and ethical manner. This includes, among other things, setting standards of practice for the profession, investigating complaints about members of the profession and, where appropriate, disciplining them.

When engaging healthcare professionals through an agency, ensure:

- Any required certifications and college registrations are up to date
- Proof of satisfactory professional liability insurance
- Occupational Health and Safety Requirements (e.g., vaccinations and immunizations) have been met
- Compliance with any current jurisdictional restrictions (e.g. restrictions regarding working at multiple sites)
- Require that the agency provide evidence of:
  - Identity verification
  - Skills testing
  - o License verification
  - Reference verification
  - Background check including past employment and education verification
  - Drug screening if applicable
  - Criminal record and sex offender registry search

#### **Orientation**

Onboard Agency Staff using Human Resource processes including but not limited to:

- Signed confidentiality agreement
- Orientation checklist to provide consistency for staff orientation





### **Agency Staff**

- Adhere to organizational processes and policies for onboarding staff such as:
  - Emergency procedures, Occupational Health and Safety training, non-violent crises intervention training, equipment, resources, communications, electronic health records, medication administration, and patient assignment
  - Unit-specific training requirements
- Communication with staff and physicians to ensure they are aware of Agency Staff deployment, scope of practice, and orientation

### **Monitoring**

- Agency Staff utilization data and quality monitoring. Quality monitoring may include onboarding and training of Agency Staff, adverse events reporting, or other unit specific indicators.
- Agency Staff utilization statistics should be tracked as part of regular data collection used to manage and guide workforce planning. This may include financial staffing costs, planned and budgeted staffing versus actual staffing, overtime, sick time, and agency use.
- Individual Agency Staff details including confirmation of evidence from the staffing organization, orientation, and certifications.
- Reports to the staffing agency of any personnel that have been identified as having subpar performance or require additional training or experience prior to deployment.

# REFERENCES

- Gillese E, (2020). Long-term care staffing study.
- HIROC (2018) Risk Note Contracts Insurance Clauses.
- HIROC (2018) Risk Note Contracts Overview of Key Principles.
- HIROC (2018) Risk Note Contracts Indemnification Clause with Hold Harmless and Defense Provisions.
- Ministry of Health and Long-Term Care (2017). Contract Management Guidelines for Local Health Integration Networks.
- Provincial CCAC (2016). Contract Performance Framework Version 5.
- Ontario Ministry of Health and Ministry of Long-Term Care. Health Workforce Planning Branch: Regulated Health Professions.
- Journal of Med Dir Assoc. (2020 Oct; 21 [10]: 1390-1391). Care Aides Working Multiple Jobs: Considerations for Staffing Policies in Long-Term Care Homes During and After the COVID-19 Pandemic.
- Canadian Institutes of Health Research (2019). Advancing a dialogue towards pan Canadian Licensure and Registration of Health Professionals.
- Government of Canada (2021). How businesses and employees can stay safe while operating during COVID-19. Retrieved from the official website of the Government of Canada.
- Health Services Research (2013). Employed Supplemental Nurses and Patient Mortality and Failure to Rescue.
- Journal of Nursing Administration (2012). Quality outcomes of hospital supplemental nurse staffing.