



**STAFFING AGENCY
ADMINISTRATIVE POLICIES
AND PROCEDURES**



WELCOME TO NEW SOLUTIONS STAFFING!

We appreciate your visit with us today and would like to outline what will take place while you are here.

You will have an initial meeting with the Agency Coordinator, which will involve an in-depth personal interview. In anticipation of that meeting, we ask that you complete all of the forms included in the Application Packet.

You may also be asked to complete additional forms either prior to or following your interview. This may include taking tests in your clinical area of expertise.

During this pre-employment process, we encourage you to ask questions freely and we will be happy to assist you. We realize that there is a lot of paperwork required to be eligible for employment with New Solutions Staffing but consider this: it will only have to be done once!

To begin, please turn to the Application Packet. In this packet, you will find the following:

- ✓ New Solutions Staffing Employment Application
- ✓ Skills Checklist
- ✓ Acknowledgment Form(s) for Mandated In-Services Training
- ✓ Hepatitis Acceptance/Declination Form
- ✓ HIPAA Education
- ✓ 2 Reference Release Forms
- ✓ Physical Examination Form
- ✓ TB Questionnaire
- ✓ Federal Government W-4 Form for payroll deductions
- ✓ Federal Government I-9 Employment Eligibility Form

Upon completion of these items, please alert the Coordinator. Thank you for the time you have committed to this process.

From all of us at
New Solutions Staffing



AGENCY ADMINISTRATIVE POLICY AND PROCEDURES

We know you will appreciate the personalized service our experienced professional staff can offer and we're comfortable that your assignment will be challenging, interesting, and rewarding!

Use this folder as your Agency Handbook. It will help create a long-lasting, mutually beneficial relationship between New Solutions Staffing and you. You can also use it to store your timesheet copies and other materials we will be sending you on our special programs and bonuses. If you have any questions, your coordinator will be happy to assist you.

Responsibility of Accepting an Assignment

New Solutions Staffing asks that you accept only those assignments you are certain that you will fulfill. Understandably, there are times when unforeseen emergencies occur which will necessitate your cancelling an assignment. If this happens, call your coordinator as soon as possible so that we can make other arrangements. Our telephone lines are open 24 hours a day for you to leave a message. If you fail to report to your assignments or cancel at the last minute without notice or good reason, New Solutions Staffing will not call on you again with new assignments.

Appearance, Attitude, Absenteeism, and Lateness

Please keep in mind that you are a representative of our firm. When reporting to each assignment, be sure to be on time. If you cannot report to work, call your staffing specialist immediately. If you are going to be late, always let us know so that we can advise the client facility. Remember, never call the facility directly. All communications must be through New Solutions Staffing. While at the client facility, maintain a pleasant, courteous, and positive attitude, and always look your best.

Being Hired on a "Permanent Basis"

If one of your clients wishes to employ you on a direct-hire (permanent) basis, you must notify your staffing specialist immediately. Please specify that you are requesting permission to convert from temporary to full-time. We will contact the client and arrange for your employment conversion and release.

Stay in Touch

After the completion of each assignment, you must call our office to let us know of your availability. We will reassign you at that time or will call on you in the future with a new assignment. This is very important for you to remember in order to receive new assignments.

Emergencies

As an employee of New Solutions Staffing, you are covered under the laws of Social Security, Workers' Compensation, and Unemployment Insurance. If there is ever a medical emergency, accident, or injury sustained while on the job, be sure to report it directly and immediately to your coordinator.



Getting Paid

One payroll check is issued **weekly**. You will be paid for all approved hours. This excludes meal breaks. Any overtime hours must be approved by your coordinator in advance. We will **deduct only mandatory income taxes, social security, and other city, state, and federal deductions as required by law.**

Please use only one timesheet for each assignment during a week. For example, if you work two days at one facility and three days at another, you will need to have two completed, approved, and signed timesheets, i.e. one for each facility.

In order to be paid in a timely fashion, your signed and approved timesheet must be turned in by our specific deadlines. Please ask your coordinator for specific instructions relating to your location deadlines. Your check will be mailed with a blank timesheet for your next assignment. If permitted by the coordinator, your time slip may be faxed back to the office.

New Solutions Staffing is your employer. You are paid by us. There is never a fee or registration charge to our temporary staff.

IMPORTANT: There are certain subjects that you should not discuss with anyone other than your New Solutions Staffing coordinator. These include: your hourly pay rate; your home address; your telephone number. This information is strictly confidential.



EMPLOYMENT GUIDELINES AND AGREEMENT

New Solutions Staffing is dedicated to providing the community with the highest level of healthcare professionals capable of performing in the most competent, professional, and reliable manner. The following information is provided to assist you in understanding Agency requirement and procedures. If you have any questions during or following the interview process, please speak to your New Solutions Staffing coordinator, who will be happy to assist you.

Required Credentials and Documentation

Prior to beginning employment, the following documentation must be on file with New Solutions Staffing. Requirements may vary by position and/or state.

✓ **State Licensure/Certification**

Proof is necessary for each state in which a candidate may practice. Original documentation must be verified by a representative of New Solutions Staffing.

✓ **Malpractice Insurance**

Policy must cover \$1 million / \$3 million limits of liability.

✓ **CPR Certification**

BCLS is mandatory for everyone, advanced certification where required for designated areas.

✓ **2 Passport Size Photos**

For identification badges.

✓ **Physical Examination**

Annual physical exam is required and may include results of the following:

PPD or chest x-ray

Immunity to Mumps or Measles

Immunity to Rubella/Rubeola

Immunity to Varicella

Hepatitis Screening/Immunization or Waiver

✓ **Professional References**

References must document recent, relevant clinical experience, and be provided by candidate's direct supervisor. If a candidate is seeking placement in more than one clinical area, a reference is required for each specialty.

✓ **Continuing Education Credits**

Proof of CEUs or certificates of attendance for coursework as required by the state.

✓ **Review of State and Joint Commission Mandatory In-Services**

New Solutions Staffing will provide guidelines for the above topics.

✓ **Successful Completion of Nurse Tests and/or a Skills Checklist**

IT IS YOUR RESPONSIBILITY TO PROVIDE CURRENT, VALID CREDENTIALS AND OTHER REQUIRED DOCUMENTATION TO MAINTAIN ACTIVE EMPLOYMENT WITH NEW SOLUTIONS STAFFING.



SCHEDULING AND RECONFIRMATION

Employees of New Solutions Staffing are selected not only for their high standards and professionalism, but also for their personal integrity and individual commitment. Your responsibility to honor your work commitment is essential to the continued success of both your professional career and your relationship with New Solutions Staffing. Accordingly, it is expected that you carefully plan the dates and times you are available to work so that cancellations do not occur.

Consider yourself committed to the date of availability given.

Should a facility wish to schedule with you directly while you are on assignment, by all means, secure the next opportunity for yourself. However, it is imperative that you notify us of any such bookings so that we can assure payment for your services. This is especially true if you provide services to more than one Agency facility. Make sure your Coordinator has not scheduled you on another assignment.

TIMESHEETS AND PAY

New Solutions Staffing employees are paid each week contingent upon the proper and timely completion of New Solutions Staffing's Timesheet. Unsigned or improperly completed timesheets may result in the delay of your paycheck. The two methods of submitting your payroll information are an individual timesheet or New Solutions Staffing's Sign-In Book, located at the facility (usually at the nursing office).

- **Individual Timesheets**

The individual timesheet is completed as described in the Welcome Packet. It is your responsibility to have your timesheet approved with signature and at our offices by the weekly deadline to assure timely payment each week.

- **Agency Sign-In Book**

For RNs, LPNs, CNAs, and other healthcare professionals performing shift assignments, New Solutions Staffing's Sign-In Book may be used to record your payroll information. This sign-in book contains sign-in sheets where you must sign and out for each shift you work. In addition, you will be asked to log any breaks, the Unit/Department where assigned, and if you worked overtime or through your break. A supervisor's signature is required.

It is absolutely essential to sign in upon your arrival and sign out upon your departure. Failure to do so may result in delay of your paycheck. In the unlikely event that the sign-in book is not available to you, especially at the time of departure, contact the nursing supervisor for assistance. If help is not available, call New Solutions Staffing.

The sign-in sheet is forwarded to New Solutions Staffing for payroll processing. It is not necessary for you to submit an Agency individual time sheet.

IMPORTANT: There may be instances when a facility will require both an individual timesheet and the Sign-In Sheet. You will be advised at the time of your assignment if you must do both.



RULES WHILE ON ASSIGNMENT

New Solutions Staffing supplies supplemental staff to a wide range of healthcare facilities with varying requirements and procedures. At the time of assignment, your Agency representative will review any specific facility requirements with you. The information below explains New Solutions Staffing's guidelines while on assignment.

Orientation

Orientation requirements and reimbursement vary according to each facility. Some require that you read and study their Orientation Guidelines in our office prior to your first assignment. Included will be an acknowledgment form for you to sign, attesting that you have read and understood the material. This form must be brought with you at the time of your first assignment. Your Agency representative will explain the process to you. Other facilities will require you to attend their orientation program at their site.

Presentation of Credentials

Most healthcare facilities require you to bring your CURRENT ORIGINAL registration and an acceptable form of ID each time you are scheduled to work. Should you arrive without these documents, the facility has the right to refuse your services. This will be deemed a late cancellation on your part and will be subject to review.

Identification and Attire

Most healthcare facilities and all hospitals require an Agency ID badge or facility ID badge to be worn while on assignment. If you have not received your ID badge by the time of your first shift, please bring another form of photo identification with you to the facility. Unless otherwise informed, your attire shall consist of a clean, neat, standard uniform. Your uniform should always be in compliance with the dress code for that facility and clinical area. If you are unsure of what to wear, please ask your Agency Coordinator or representative.

Shift Time and Breaks

Shift times and breaks vary according to the policies of each facility. If you will not be getting your break or expect to work additional time, notify the supervisor immediately. The supervisor will either relieve you or authorize additional time. Any additional time will be paid only if authorized by a supervisor via a signature on either your timesheet or in New Solutions Staffing's sign-in book.

Call your Agency immediately if:

- You anticipate being late or will be unable to keep your commitment to work.
- You arrive at the facility and are told you are not scheduled to work and/or are asked to go home. **PLEASE DO NOT LEAVE THE FACILITY PRIOR TO CONTACTING US.**
- You are at a facility and you are asked to:
 - Float to an area outside your expertise
 - Take charge without prior knowledge or consent
 - Take what you believe to be an unsafe patient assignment
 - Move mid-shift to another unit within your clinical area without prior planning or notification
 - An occurrence (incident) occurs
- If you have arrived at the facility for the beginning of your scheduled shift and that shift is cancelled, please call your Coordinator or the on-call Coordinator immediately while you are at the facility.



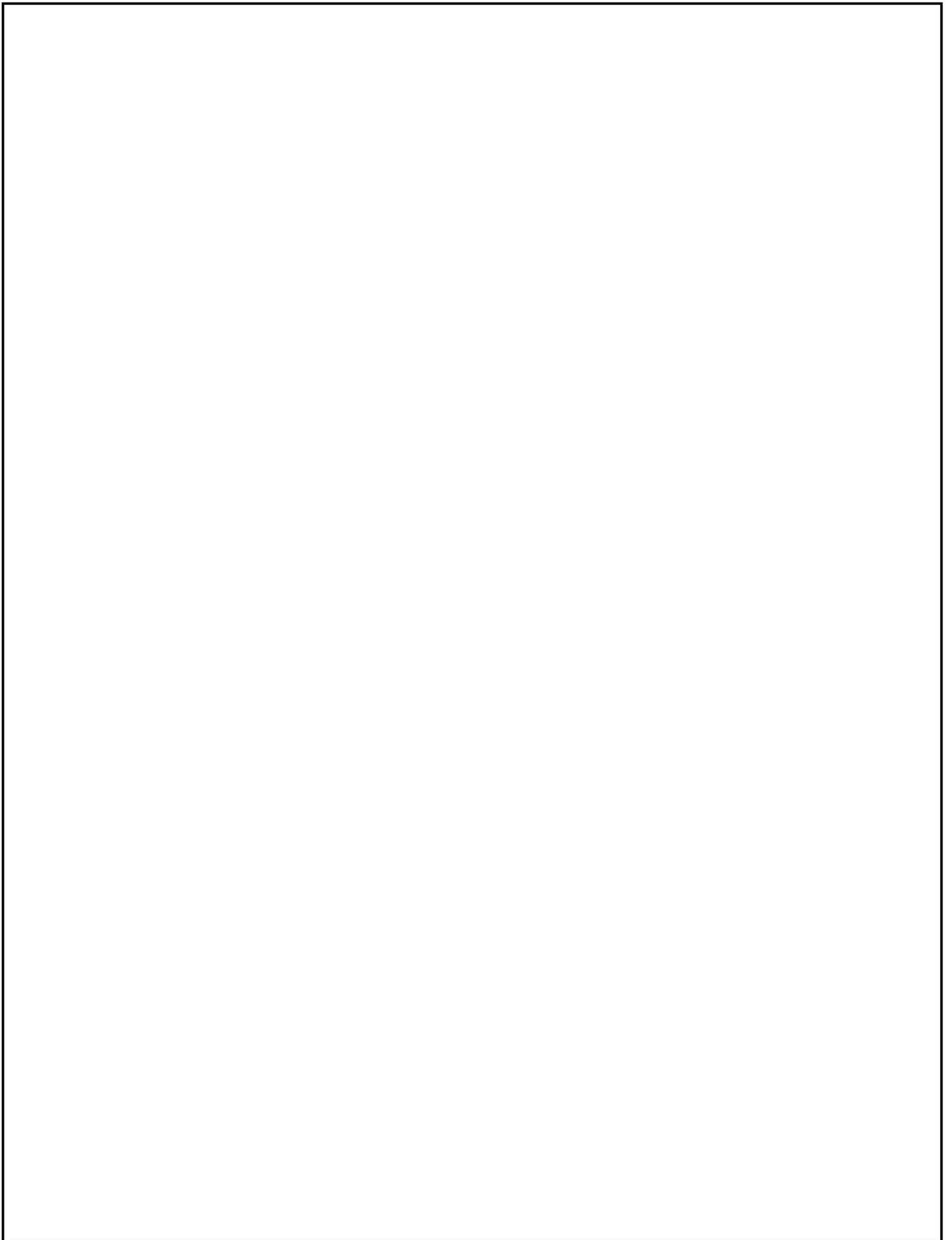
STANDARDS OF CONDUCT

New Solutions Staffing has always insisted that our temporary staffing associates maintain the highest standards of ethical and professional business behavior. In all dealings with our clients, the public, and with each other, all temporary staffing associates on assignment are expected to perform their duties with the highest degree of honesty, integrity, loyalty, and dedication to New Solutions Staffing and its clients.

New Solutions Staffing has developed some particular policies and rules for this end. Temporary staffing associates on assignment who engage in any of the following enumerated conduct, or in any other actions or omissions that New Solutions Staffing determines to be contrary to its standards of acceptable conduct or to otherwise be inappropriate, shall immediately be deemed ineligible for future assignments. Please read the following and ask your Coordinator any questions that you may have.

1. If you are insubordinate or demonstrate a lack of cooperation
2. If you fail to either cancel (with as much notice as practical) or appear when scheduled at any two assignments
3. If you fail to submit required I-9 documentation before the start of your first assignment
4. If you receive two sub-standard client performance evaluations
5. If you have three unsatisfactory reasons for lateness or absences
6. If you fail to successfully and/or satisfactorily complete two or more assignments
7. If you cause any type of disruption at a client's worksite (e.g. harassment, fighting, theft)
8. If you are released by one or more clients for behavioral reasons on two occasions and one incident is extreme or serious, as determined by New Solutions Staffing, you will be deemed ineligible for future assignments based on that single incident.

Determinations of violations of the foregoing rules will be based upon objective evidence, credibility determinations, and the client's recitation of the facts and other criteria New Solutions Staffing deems credible and relevant. The above lists set forth examples of behavior that will result in automatic ineligibility for future assignments. This list is not intended to be all inclusive.



**HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY ACT
(HIPAA)**

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

One of the hottest issues in Compliance is the Health Insurance Portability and Accountability Act, known as HIPAA. The government is very serious about healthcare providers and their employees complying with HIPAA. Failure to follow the HIPAA rules can result in serious fines and employees can even be sent to jail for merely looking at a medical record they were not authorized to view.

In 2013, HIPAA was strengthened by the adoption of additional laws. All healthcare providers are now required to notify the federal government when confidential patient information is accessed, used, or disclosed improperly, unless the healthcare provider can demonstrate that there is a low probability that the protected health information was compromised. This is a much stricter standard than in years past. The fines and penalties for violations of HIPAA can be enormous – up to \$1.5 million per violation.

The media routinely publicizes instances where patient data is lost, stolen, or otherwise improperly acquired. For example, a Florida Emergency Department staffer was sentenced to 12 months in federal prison for inappropriately accessing 760,000 electronic health records and then stealing and selling information about motor vehicle accident patients to an individual co-conspirator, who then used the data to solicit legal and chiropractic businesses. These media reports hurt healthcare providers' reputations.

The HIPAA Privacy Rule

The HIPAA Privacy Rule puts restrictions on the uses and disclosures of protected health information (PHI). PHI is all individually identifiable information about a patient's healthcare services or payment rendered for those services. PHI comes in many forms, including oral, written, and electronic. Any communication of PHI is covered by HIPAA.

Examples of PHI include, but are not limited to:

- the patient's name
- the patient's social security number
- the patient's diagnosis or information about the medical treatment the patient received
- the physician's personal notes on a patient
- the patient's billing information (including health insurance carrier)
- the patient's date of birth

There are many other types of data that are PHI. Think about your own job. What types of PHI do you work with? What steps do you take to safeguard your patients' PHI?

The Privacy Rule also gives patients certain rights with respect to their PHI. These rights are:

- ✓ The right to access, inspect, and copy a patient's own medical records, including the right to obtain an electronic copy of the medical record if it is maintained electronically by the health system
- ✓ The right to request restrictions on the release of a patient's medical records, including disclosure restrictions to a health insurer when a patient pays out-of-pocket for his/her medical treatment
- ✓ The right to opt out of the patient directory while in the hospital
- ✓ The right to request an accounting of the disclosures made of the patient's medical records to outside entities
- ✓ The right to request an amendment of his or her medical records and to receive a response to this request within 60 days
- ✓ The right to receive a Notice of Privacy Practices at the first treatment encounter or by request
- ✓ The right to request and receive confidential communications concerning their PHI by alternative means
- ✓ The right to file a complaint with the Office for Civil Rights of the US Department of Health and Human Services if HIPAA is violated
- ✓ The right to be notified if the privacy of his/her protected health information has been breached, as defined by HIPAA

The “Minimum Necessary” Rule

HIPAA has a “Minimum Necessary” Rule regarding PHI. This rule states that when you are using or disclosing a patient’s PHI, you must use or disclose only the minimum amount necessary to achieve the purpose of the use or disclosure. For example, if you receive an inquiry regarding a patient’s bill from an insurance carrier, you only need to disclose the patient’s PHI that relates directly to the inquiry. The patient’s entire medical record does not need to be disclosed.

Use and Disclosure of PHI

PHI may be accessed, used, or disclosed only when specifically permitted by HIPAA. All other uses or disclosures are prohibited.

It is important to note that PHI may always be used for treatment of a patient. No authorization or consent by the patient is required for this use. The Minimum Necessary Rule discussed above does not apply to the use of PHI for treatment. Generally, the Privacy Rule permits disclosure of PHI to an individual who is involved in the patient’s care, so long as the patient does not object to this disclosure.

In general, PHI also can be used to obtain payment for healthcare services rendered to the patient, for healthcare operations, when requested by the patient, or when required by law. The law does contain some exceptions to these general rules, so be sure to contact the division of Corporate Compliance within the facility you are working or your immediate supervisor with any questions.

Remember that the rules about PHI include verbal or spoken PHI. Do not discuss PHI where you can be overheard by others. Try to move to a more private location before discussing it.

Finally, it is important to always dispose of PHI properly. This means shredding it and disposing of it in locked bins. Do not throw out paper containing PHI in regular wastebaskets or dumpsters.

If you follow these steps, you will help to keep patients’ PHI safe.

PHI can be used for research. However, it can be used only with the approval of a Health System-authorized Institutional Review Board (IRB) and with either informed consent and authorization, a waiver of informed consent or authorization, or under a data use agreement as determined by the IRB.

Finally, the 2013 HIPAA regulations also included several changes that affect the use and disclosure of PHI. For example, medical providers can now release the immunization records of patients enrolled in educational institutions that are required by the state to have such information, as long as the provider obtains permission for the release of the records from the patient or from the patient's parent or guardian, if the patient is under 18 years of age. The law no longer requires the medical provider to obtain written permission before the information can be released. Similarly, PHI may now be released to family members and others who were involved in the care, or payment for care, of a deceased patient prior to death, unless doing so is inconsistent with any prior expressed preference of the deceased patient that is known to the Health System. These changes in the regulations were meant to make it easier on patients and on family members or individuals involved in the patient's care to access the patient's PHI.

Not all of the regulations released in 2013 made it easier to disclose PHI. Many of the regulations actually made it more difficult for medical providers to use or disclose PHI without written authorization from the patient. For example, the new HIPAA regulations place severe limitations on the ability of medical providers to sell PHI or to use PHI for marketing purposes. As a result, the health system has a general prohibition against selling the PHI of patients, and it will only do so in very limited circumstances if it has a prior written authorization from the patient. The Health System must also obtain a patient's authorization using a HIPAA-compliant authorization form before using or disclosing the individual's PHI for Marketing purposes. Healthcare staff should speak to a supervisor or the facility's division of Corporate Compliance if they have any questions about the sale or marketing of a patient's PHI.

The Security Rule

The HIPAA Security Rule protects electronic PHI and sets standards for the electronic transmission of PHI. The Security Rule provides three types of safeguards:

1. The **administrative safeguards** set limits on who may access PHI electronically. It also requires detection systems to detect and prevent security breaches and ongoing evaluations and audits of computer systems' security.
2. The **physical safeguards** required by the Security Rule include facility access controls, such as ID badges, which must be worn at all times. The Security Rule also requires device and media controls to track hardware.
3. The **technical safeguards** include software to monitor for viruses, the encryption of data, and system tracking of logon attempts. It is important that all healthcare workers in a facility have a basic understanding of the technical safeguards as they help the facility reduce the risk to electronic protected health information or ePHI.
 - **Access Control:** Everyone must have a unique ID and password and should never share it.
 - **Electronic Access:** Electronic records must be accessible at all times.
 - **Automatic Logoff:** After a certain period of inactivity, system should force a logoff.
 - **Audit Controls:** The ability to see who has accessed the patient's record.
 - **Integrity:** System checks to ensure no data has been manipulated either unintentionally or by an unwanted source.
 - **Person or entity authentication:** You are who you say you are (password, token, or both).
 - **Encryption protecting PHI at rest:** Data is encrypted while stored where appropriate and reasonable.
 - **Encryption in transit:** Data is encrypted while being transmitted.

The healthcare facility's Health Systems are always working hard to ensure the security of data through these safeguards and others.

Protecting ePHI

Everyone in the healthcare facility is responsible for protecting PHI, whether it's contained in a written document, stored on a portable device or a computer, or spoken about between employees in an appropriate context. Each facility's HIPAA policies help everyone do this by informing employees about the safeguards and procedures that must be utilized to secure PHI. For example, most healthcare facilities have a policy regulating the use of portable devices containing PHI.

Computer users must actively protect all facility computers from loss or theft. It is very important that all employees keep track of their equipment and storage devices. Computers should be locked whenever not in use.

Employees should never leave a computer or any device containing PHI – or paper PHI – in a car overnight. The computer, device, or files should be removed from the visible areas of the car during short stops. It only takes a minute for a thief to break into a car and take the PHI.

All computers and mobile devices must be password protected, and a screensaver should be used whenever possible in accordance with the healthcare facility's policy. Employees should store all documents containing PHI on network drives, not on their computer hard drive.

Email and Social Networks

Email, social media networks, and programs such as Instant Messenger can be as fun as they are useful. However, you must be extremely careful when using them in the workplace or when referencing the workplace.

The basic principles for using your work-based email are:

- ⇒ Use your workplace email for work-related business only.
- ⇒ Do not forward workplace emails to a personal email account.
- ⇒ Make sure that your emails are professional in all respects.
- ⇒ Email communication with patients or about patients must be treated with the same confidentiality as the written or electronic medical record.
- ⇒ Emails that contain a patient's PHI must have the word "secure" or the term "PHI" in the subject line.
- ⇒ A patient's PHI should never be included in the subject line as that does not get encrypted.
- ⇒ The special rules for email communication with patients, such as patient consent and encryption, must be followed at all times.
- ⇒ If you are not sure how to encrypt emails at your location, please call the help desk in your facility.

Facebook and Twitter

Increasingly, Facebook and Twitter are becoming a vehicle for business and personal communication. The facility's confidentiality policy and HIPAA privacy rules apply equally to anything posted on Facebook or Twitter that is patient health information or confidential business information.

Absolutely no facility health system information should be posted on your personal Facebook account or any other similar social media sites. This includes protected health information, stories about things that happened in the workplace, and confidential business information. Even if it seems harmless or doesn't identify the patient, you cannot put any health system information on your personal Facebook or Twitter pages. Think before you act. Protect patient privacy and protect the health system's confidential business information.

Health System Business Information and Employee Data

In addition to PHI, please remember that all health system business information, which includes employee personal data, should be treated as confidential at all times. You should only use this information when you are required to do so for your job. You should never use health system information for personal gain or for any other unauthorized reason.

Breach Notification

One of the most important developments under HIPAA is the updated breach notification requirement. Beginning in 2011, certain kinds of improper disclosures of PHI must be reported to the federal government and the affected patients must be notified of the breach. "Breach" is defined as "an unauthorized acquisition, access, use or disclosure of unsecured, unencrypted protected health information which violates the HIPAA Privacy Rule and compromises the security or privacy of PHI. An impermissible use or disclosure of protected health information is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates that there is a low probability that the protected health information was compromised."

Anyone associated with the health system who becomes aware of a breach or even a potential breach must notify their immediate supervisor and the facility's division of Corporate Compliance immediately. Compliance and the Legal Affairs division will take the lead in making the determination as to whether the breach must be reported to the government and whether the affected patients need to be notified.

No one other than the Compliance and Legal Affairs should attempt to make this determination or conduct an investigation into the alleged breach. Your responsibility is to notify Corporate Compliance as soon as you become aware of the potential breach. Compliance and Legal Affairs, along with any other appropriate departments, will handle the rest of the matter.

Duty to Report Compliance Violations

All facility health system employees have a duty to report compliance-related violations. These include: HIPAA, coding and billing issues, EMTALA violations, theft of company assets, Stark and Anti-Kickback violations, gift issues, and violations of the Code of Ethical Conduct and the Health System's policies and procedures.

There are a number of ways that you can report violations. You can report to your supervisor, to the facility's division of Corporate Compliance, or to the Compliance Helpline (if available). In addition, be sure to report all violations to your staffing agency.

