



County of Riverside

INTERNAL AUDITOR'S REPORT

Riverside County Regional Medical Center Nursing Registry Fees Follow-Up

April 17, 2006

Office of
Robert E. Byrd, CGFM
County Auditor-Controller

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April 17, 2006

Mr. Douglas Bagley, CEO
26520 Cactus Street
Moreno Valley, CA 92555

Subject: Internal Auditor's Report #2006-301 Riverside County Regional Medical Center
Nursing Registry Fees Follow-Up

Dear Mr. Bagley:

We have completed a follow-up audit of Riverside County Regional Medical Center's Nursing Registry process. We conducted the follow-up audit during the period October 2005 through December 2005.

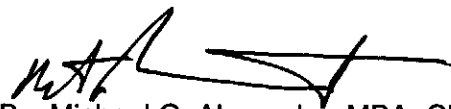
The purpose of the Nurse Registry Fees Follow-Up audit was to determine if management took actions to implement the recommendations and correct the findings reported in Internal Auditor's Report #2004-001. The audit report indicated insufficient controls over the timekeeping process; incorrect billing rates charged on registry invoices; and cost savings in overtime by changing registry nurse schedules from 8-hour shifts to 12-hour shifts as permitted for the healthcare industry by the Industrial Welfare Commission.

We conducted our follow-up audit in accordance with auditing standards established by the Institute of Internal Auditors. These standards require that we plan and perform the audit to provide sufficient, competent, and relevant evidence to achieve the audit objectives. We believe the audit provides a reasonable basis for our conclusions.

Based upon the results of our audit, we determined that management's corrective actions to correct the billing rates charged on registry invoices were satisfactory. We also verified the 12-hour shift provision in the Nurse Registry, Request for Qualifications (PUARC759) dated September 21, 2005 and in the Nurse Registry Fee Schedule as recommended in the audit report. However, management's corrective actions over the nurse registry timekeeping process could be further improved to be more effective.

We thank the Riverside County Regional Medical Center staff for their cooperation during this audit. Their assistance contributed significantly to the successful completion of the audit.

ROBERT E. BYRD, CGFM
Auditor-Controller

A handwritten signature in black ink, appearing to read 'M.G. Alexander', with a long horizontal stroke extending to the right.

By: Michael G. Alexander, MBA, CIA
Chief Internal Auditor

cc: Board of Supervisors
County Counsel
Grand Jury
Lisa Brandl, County Executive Office

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**Executive
Summary**

In 1999, a comprehensive minimum staffing bill, AB 394, was passed which requires that the California Department of Health Services (CDHS) to establish minimum nurse-to-patient ratios effective January 1, 2004. California became the first state in the nation to set numerical limits in most areas of a hospital on the number of patients assigned to a nurse. Due to the high interest and the comments received in late 2002, CDHS revised the nurse-to-patient ratios. On July 1, 2003, CDHS released the revised nurse-to-patient ratios that would be implemented in stages beginning in 2005 through 2008. In January 2005, the number of patients per nurse dropped from six to five for medical/surgical and mixed units. In the *Journal of Nursing Administration* hospitals in California could see their expenditures for registered nurses increase between 5 percent and 41 percent as these staffing ratios become adopted. To meet the nurse-to-patient ratios RCRMC contracts with twelve nurse registries in conjunction with full-time staff and staff from the Temporary Assistance Pool. In order to maintain staffing levels for each shift, approximately 1,860 registry nurses per month are utilized. RCRMC spent \$7,777,324 in fiscal year 2003/04 and \$10,242,472 in fiscal year 2004/05, an increase of 31.7 percent.

Conclusion

Based upon the results of our audit, we determined that management's corrective actions to correct the billing rates charged on registry invoices were satisfactory. We also verified the 12-hour shift provision in the Nurse Registry, Request for Qualifications (PUARC759) dated September 21, 2005 and in the Nurse Registry Fee Schedule as recommended in the prior audit report. However, management's corrective actions over the nurse registry timekeeping process could be further improved to be more effective. It is imperative that adequate controls are in place over the nurse registry timekeeping process in order to ensure actual hours worked are properly documented.

Overview

In July 2003, we conducted an audit over RCRMC Nursing Registry Fees. We provided an assessment about the adequacy of internal controls and compliance with policies and procedures in the following key areas: nurse registry staffing, timekeeping, and the nurse registry invoice payment process. The audit identified inadequacies in the timekeeping and registry invoice payment processes.

RCRMC utilizes a computer application called One Staff to calculate the number of nurses needed for each unit and shift based upon the number of patients and the acuity level of the patients. The Nurse Staffing Office assigns registry nurses to the units for each shift to fulfill the staffing needs. Registry nurses are required to sign-in/out at the beginning and end of their shift at the Nurse Staffing Office. The Nurse

Staffing Office confirms registry nurses' hours worked and forwards the sign-in/out sheets to the registries. Registries invoices are billed on a weekly basis. The Nurse Staffing Office verifies registry invoices, assigns costs centers to the registry nurses' hours billed, and submits registry invoices to the Nursing Administration for approval and processing of payment.

Summarized below are the audit findings, recommended changes, management's corrective actions, follow-up findings and recommendations.

Objectives

To determine if management took actions to implement the recommendations and correct the findings reported in Internal Auditor's Report #2004-001 and to provide an assessment of the adequacy and effectiveness of the corrective actions taken.

Methodology

To accomplish our objectives, we:

- conducted interviews with departmental personnel related to the nursing registry timekeeping process;
 - reviewed the department's policy and procedures, contracts, laws and regulations;
 - performed tests of supporting documentation of registry nurses' hours worked; and,
 - performed tests of invoices to ensure registries are billing the contracted rates and premium rates as stated in the contracts.
-

Timekeeping

Audit Finding 1 reported that no written department policies or procedures existed to dictate the nurse registry staffing process. Staffing personnel performed their duties based upon verbally communicated procedures. We recommended that written department policies and procedures be developed, maintained, and communicated to staff. Management's corrective action to this finding was to have Nursing Administration develop a procedure to address guidelines for registry usage and staffing.

Follow-Up Finding 1

We reviewed Policy No. 18.6.1, Nursing Office and Contracted Registry Responsibilities dated December 2003. Although the policy does dictate the guidelines for staffing of registry nurses it also dictates the Nurse Staffing Office's other responsibilities which include: data entry of registry nurses' hours into assigned cost centers; sending confirmed work shifts to registries; and verifying registry invoices for payment. Based on our review of the policy we determined that the procedures lacked appropriate guidance over these other responsibilities in the Nurse Staffing Office. Without adequate policies and procedures the Nurse Staffing Office is subject to performance that is inconsistent, unpredictable, and unreliable.

Recommendation 1 Provide adequate procedures over these other responsibilities in the Nurse Staffing Office: data entry of registry nurses' hours into assigned cost centers; sending confirmed work shifts to registries; and verifying registry invoices for payment to ensure staff is provided with the guidance necessary to perform their duties.

Management's Reply RCRMC Management concurs with this recommendation

Corrective Action:

RCRMC Nursing Administration developed policies and procedures to ensure staff is provided with the guidance necessary to perform below duties:

- **Data entry of registry nurses' hours into assigned cost centers**

RCRMC Registry Staffing Request Form (Attachment 6) will be used as a primary source of information for data entry once it is executed and confirmed by both Nursing House Supervisor and Registries.

Time card will be used as confirmed source information for data entry at the end of each shift and prior to billing.

Policy # 18.6.1.2 Nursing Registry Staff Time/Attendance Reporting and Billing (Attachment 3), and Policy #18.6.1.4 Registry Staff Invoice Process (Attachment 5) clearly outlines the process and procedure of above mentioned tasks.

- **Sending confirmed work shifts to registries**

RCRMC Registry Staffing Request Form (Attachment 6) will be used for confirmed work shifts to registries, and policy # 18.6.1.1 Nursing Registry Staff Utilization (Attachment 2) clearly outlines the process and procedure of Nursing Registry Staff Utilization.

- **Verifying registry invoices for payment**

Policy # 18.6.1.4 Registry Staff Invoice Process (Attachment 5) clearly outlines the process and procedure to verifying invoices with quality control mechanism in place.

Audit Finding 2 stated that the registry sign-in/out sheets used by the Nurse Staffing Office to track the hours worked by registry nurses were not accurately completed. Specifically, we found that registry nurses:

- signed out before their shift had been completed;
- signed in for shifts under the wrong date; and
- failed to sign in and/or out for their scheduled shift.

In addition, the Staffing Office did not monitor sign-in sheets during the signing-in/out process, nor were sign-in sheets reviewed or approved by the department until after the nursing registries submitted their invoices. We recommended that registry nurses be required to complete timesheets, signed by the registry nurse and the unit supervisor, or designee. Management's response to the finding was that the current nurse registry contracts outline the process for timekeeping in the agreement, stating that each registry staff is required to report to the Nurse Staffing Office at the beginning of the assigned shift and at the completion of the shift, and to present a timesheet (provided by the contracted vendor) to the unit Charge Nurse for validation. In addition, Nursing Administration prepared a memo dated December 1, 2003 that was distributed to Nursing House Supervisors and Nurse Managers explaining the registry timekeeping process. Nursing Administration also informed registries of the timekeeping process and sent a letter dated January 7, 2004 confirming their discussions and implementation of the daily timesheets.

**Follow-Up
Finding 2**

Registries are not following the requirements as stated in the vendor contracts or the procedures described in the Nursing Administration's memo dated January 7, 2004. We also found that registry nurses are not following the instructions provided to them on the Time and Attendance Instructions form which outlines RCRMC's expectations for reporting of time and attendance during assigned shifts. Moreover, the Nurse Staffing Office is not adhering to Nursing Administration's policies and procedures over the timekeeping process.

For the follow-up audit, we selected a sample of three days to determine if registry nurses' hours worked were adequately documented. We found that registry nurses continue to sign out before their shift ends and fail to sign-in and/or out for their scheduled shift. Registry nurses do not bring daily timesheets to their assigned unit for validation by the Charge Nurse; therefore, in order to validate registry nurses' hours worked, Nurse Staffing Office personnel manually verify the hours charged on registry invoices to the registry sign-in/out sheets and to the One Staff Staffing Sheets (staffing schedules).

Furthermore, registry nurses' hours worked on the registry sign-in/out sheets did not agree to the One Staff Staffing Sheets. Also, the registry nurses' hours entered into One Staff did not agree to the One Staff Staffing Sheets. Due to the amount of discrepancies found between One Staff and the registry sign-in/out sheets, RCRMC may be billed incorrectly and therefore over pay the registries. We also found overtime hours reported on the registry sign-in/out sheets that did not have the appropriate approval from Nursing Administration as stated in the Nursing Office and Contracted Registry policy.

Additionally, we reviewed the Time and Attendance Instructions form that is provided to each registry nurse for review and which requires their signature as an acknowledgement of receipt. The form gives specific guidelines and instructions for their time and attendance while working at RCRMC. During interviews conducted with unit Charge Nurses on various floors it was repeatedly reported that registry nurses are not at their assigned unit at the start of their shift. Registry nurses are arriving at their assigned units 15-20 minutes late and attributing their late arrival to being held up at the Nurse Staffing Office however, the Time and Attendance Instructions form requires registry nurses to arrive at the Nurse Staffing Office prior to the start of their shift. Since registry nurses are not bringing daily timesheets for Charge Nurses to validate there is no accountability for late arrivals. Based on the results we determined that the controls over the timekeeping of registry nurses'

hours worked are inadequate and the corrective actions taken by management are unsatisfactory.

Recommendation 2.1 Consider an automated system that will allow registry nurses to sign-in/out directly into a computer located at their assigned unit that will automatically track hours, assign hours worked to appropriate cost centers and can be validated by the unit Charge Nurse. The automated system should allow the Nurse Staffing Office to generate reports for registry billing and for verification of registry invoices in a more timely and efficient manner. Meanwhile, enforce the daily timesheet requirement from registry nurses, Charge Nurses, and the Nurse Staffing Office.

Management's Reply RCRMC Management concurs with this recommendation. However, current off the shelf automated systems have a 50 record capacity RCRMC requires 900 record capacity.

RCRMC is seeking an alternative solution by using a semi automated time clock system. Per Professional Services Agreement all registry nurses must report to the Staffing Office at the beginning of the assigned shift and at the completion of the shift, and must sign in and out on daily time sheets provided by County, in this manner the Time Clock will be located at the Staffing Office to allow registry nurses to sign in/out upon their arrival.

Corrective Action:

Policy # 18.6.1.2 Nursing Registry Staff Time/Attendance Reporting and Billing (Attachment 3) and 18.6.1.4 Registry Staff Invoice Process (Attachment 5) clearly outlines the timekeeping and invoices verification procedure.

Projected timeline to set-up and implement this Time Clock system is within 3 to 6 months from the day of the response.

Estimated cost to implement recommendation: \$: TBD

Recommendation 2.2 Ensure the Nurse Staffing Office has adequate policy and procedures to properly perform their duties (Refer to Recommendation 1). Re-train the staff in the Nurse Staffing Office to adhere to Nursing Administration's policies and procedures over the nurse registry timekeeping process and overtime approval.

Management's Reply RCRMC Management concurs with this recommendation.

Corrective Action:

RRCMC Nursing Administration is reviewing Staffing Office personnel qualifications and classifications to ensure their skills and experiences are suitable and fit with staffing functions.

Appropriate training will be provided to Staffing Office personnel as per recommendation.

Moreover, an Accounting Assistant was added to assist with the timely processing of invoices.

Projected timeline is within 3 to 6 months from the day of the response.

Estimated cost to implement recommendation: \$: TBD

Recommendation 2.3 Establish written policy and procedures for unit Charge Nurses that provide guidelines for validating registry nurses hours worked.

Management's Reply RRCMC Management concurs with this recommendation and proposes using the semi automated time clock system as mentioned in the Corrective Action 2.1.

Payment of Invoices

Audit Finding 3 indicated that Westways Staffing Services did not consistently bill the Hospital at the appropriate rate for registry services. Registry nurses' billing rate was a blended rate instead of the base rate. Rather than paying registered nurses at a base rate for eight hours and an overtime rate for four hours, the rate was aggregated to arrive at a blended rate. In addition, we noted the contractor utilized prior contract rates for registry nurses. We recommended that registries be made fully aware of all the contracted terms, hourly rates, and the procedures for determining premium pay. Management's corrective actions included providing all contracted agencies with copies of fully executed contracts and preparing an amendment to the contracts to clarify the use of premium pay.

**Follow-Up
Results**

We randomly selected five invoices from each of the registries used during the last six months. The five invoices contained approximately 314 charges which were tested to determine if registries were billing the appropriate hourly rate, overtime rate, and premium rate as stated in the terms of contract. Based on the results, registries were billing the contracted rates in accordance with the terms of the agreement and used premium rates appropriately.

Audit Finding 4 found that the Office Assistant in the Nurse Staffing Office was responsible for reconciling and approving nurse registry invoices prior to payment being made in the Fiscal office. We recommended the transfer of reviewing and approving nursing registry invoices to the appropriate personnel. Management's corrective actions re-defined the responsibilities of the Office Assistant to verifying registry nurses hours worked and contracted hourly rates on registry invoices, along with assigning cost centers to be charged. Nursing Administration will be responsible for reviewing and approving registry invoices for processing of payment by the Fiscal office.

**Follow-up
Results**

Based on our review of the invoice payment process management's corrective actions to transfer the approval of registry invoices to Nursing Administration has been properly implemented and controls are in place to ensure proper authorization. However, during our review of the invoice payment process we determined that processing registry invoices for payment was not performed in a timely manner.

**Follow-Up
Finding 3**

The process of reviewing registry invoices for payment takes approximately 60-90 days from date of invoice to date of payment; the terms in the nurse registry contracts states that the county shall pay the invoice within 30 working days of receipt of the invoice. However, since invoices are not date stamped when received, we used the invoice date instead of date of receipt for our audit test and approximations. Our results showed that the Nurse Staffing Office spends approximately 14-20 days verifying registry invoices. Other factors contributing to the delay of processing payments are: the time to log registry invoices into the invoice tracking system by Fiscal, approximately 10 days; and the time for the Nurse Staffing Office to receive the invoice from Fiscal, approximately 5 days. Overall, we determined that inefficiencies existed over the registry invoice payment process.

Recommendation 3.1 We recommend that all registry invoices be date stamped with the date of receipt and forwarded to the Nurse Staffing Office immediately.

Management's Reply RCRMC Management concurs with this recommendation.

Corrective Action:

Nursing Administration and the Fiscal Office developed an internal process where upon receipt in Fiscal Services, the invoices are date stamped and logged into the Account Payable process. The Senior Accounting Assistants deliver registry invoices to the Staffing Office directly.

Recommendation 3.2 As mentioned in Recommendation 2.1, consider an automated system for tracking registry nurses' hours worked which will generate reports for

the Nurse Staffing Office to verify registry invoices more accurately and timely. In addition, the system can provide management with invaluable information on the usage of registry nurses.

Management's Reply RCRMC Management concurs with this recommendation.

Corrective Action:

The matters were responded in Corrective action 2.1.

In addition to above, Policy# 18.6.1.4 Registry Staff Invoice Process (Attachment 5) clearly outline the process and procedure of verifying invoices.

Moreover, current RCRMC computerized scheduling system provides Nursing Administration the Registry nurses' usage information.

Audit Finding 5 The registry contracts covering the period August 2003 through September 2004 stipulates any work in excess of eight hours per day be invoiced at time and one half the regular rate of pay. However, the Industrial Welfare Commission's Interim Wage Order allows employers in the healthcare industry to implement a regularly scheduled 12-hours work day, not to exceed 40-hours per week without overtime compensation. We recommended RCRMC management amend the registry contracts to change the normal workday from an 8-hour shift to a 12-hour shift. Management's response to the finding was to ensure that future contracts are coordinated to include the 12-hour shift provision.

**Follow-Up
Results**

Based on our review of the Nurse Registry, Request for Qualifications (PUARC759) dated September 21, 2005 and the Nurse Registry Fee Schedule management has included the 12-hour shift provision as recommended.



April 10, 2006

To: Michael G. Alexander
Chief Internal Auditor

From: Katherine A. Eaves *KAE*
Chief Nursing Officer

Subject: Response to Draft Nursing Registry Fees Follow-Up Audit

06 APR 13 PM 2:29
RIVERSIDE COUNTY
AUDITOR-CONTROLLER

Based on the review of Draft Internal Audit Report #2006301, Riverside County Regional Medical Center Nursing Registry Fees Follow-Up, prepared February 8, 2006 by the County of Riverside Auditor Controller Office, please find the following comments on each of the noted reportable conditions, recommendations and planned actions.

Timekeeping

1. Recommendation:

Provide adequate procedures over these other responsibilities in the Nurse Staffing Office: data entry of registry nurses' hours into assigned cost centers; sending confirmed work shifts to registries; and verifying registry invoices for payment to ensure staff is provided with the guidance necessary to perform their duties.

RCRMC Management concurs with this recommendation

Corrective Action:

RCRMC Nursing Administration developed policies and procedures to ensure staff is provided with the guidance necessary to perform below duties:

- **data entry of registry nurses' hours into assigned cost centers**

RCRMC Registry Staffing Request Form (Attachment 6) will be used as a primary source of information for data entry once is executed and confirmed by both Nursing House Supervisor and Registries.

Time card will be used as confirmed source information for data entry at the end of each shift and prior to billing.

Policy # 18.6.1.2 Nursing Registry Staff Time/Attendance Reporting and Billing (Attachment 3), and Policy #18.6.1.4 Registry Staff Invoice Process (Attachment 5) clearly outlines the process and procedure of above mentioned tasks.

- **sending confirmed work shifts to registries**

RCRMC Registry Staffing Request Form (Attachment 6) will be used for confirmed work shifts to registries, and policy # 18.6.1.1 Nursing Registry Staff Utilization (Attachment 2) clearly outlines the process and procedure of Nursing Registry Staff Utilization.

- **verifying registry invoices for payment**

Policy # 18.6.1.4 Registry Staff Invoice Process (Attachment 5) clearly outlines the process and procedure to verifying invoices with quality control mechanism in place.

2. Recommendation:

2.1. Consider an automated system that will allow registry nurses to sign-in/out directly into a computer located at their assigned unit that will automatically track hours, assign hours worked to appropriate cost centers and can be validated by the unit Charge Nurse. The automated system should allow the Nurse Staffing Office to generate reports for registry billing and for verification of registry invoices in a more timely and efficient manner.

RCRMC Management concurs with this recommendation. However, current off the shelf automated systems have a 50 record capacity RCRMC requires 900 record capacity.

RCRMC is seeking an alternative solution by using a semi automated time clock system. Per Professional Services Agreement all registry nurses must report to the Staffing Office at the beginning of the assigned shift and at the completion of the shift, and must sign in and out on daily time sheets provided by County, in this manner the Time Clock will be located at the Staffing Office allow registry nurses to sign in/out upon their arrival.

Corrective Action:

Policy # 18.6.1.2 Nursing Registry Staff Time/Attendance Reporting and Billing (Attachment 3) and 18.6.1.4 Registry Staff Invoice Process (Attachment 5) clearly outlines the timekeeping and invoices verification procedure.

Projected timeline to set-up and implement this Time Clock system is within 3 to 6 months from the day of the response.

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Phone: 951-486-4470 • FAX: 951-486-4475 • TDD: 951-486-4397

Estimated cost to implement recommendation: \$: TBD

- 2.2. Ensure the Nurse Staffing Office has adequate policy and procedures to properly perform their duties (Refer to Recommendation 1). Re-train the staff in the Nurse Staffing Office to adhere to Nursing Administration's policies and procedures over the nurse registry timekeeping process and overtime approval.

RCRMC Management concurs with this recommendation.

Corrective Action:

RCRMC Nursing Administration is reviewing Staffing Office personnel qualifications and classifications to ensure their skills and experiences are suitable and fit with staffing functions.

Appropriate training will be provided to Staffing Office personnel as per recommendation.

Moreover, an Accounting Assistant was added to assist with the timely processing of invoices.

Projected timeline is within 3 to 6 months from the day of the response.

Estimated cost to implement recommendation: \$: TBD

- 2.3. Establish written policy and procedures for unit Charge Nurses that provide guidelines for validating registry nurses hours worked.

RCRMC Management concurs with this recommendation and proposes using the semi automated time clock system as mentioned in the Corrective Action 2.1.

3. Recommendation:

- 3.1. We recommend that all registry invoices be date stamped with the date of receipt and forwarded to the Nurse Staffing Office immediately.

RCRMC Management concurs with this recommendation.

Corrective Action:

Nursing Administration and the Fiscal Office developed an internal process where upon receipt in Fiscal Services, the invoices are date stamped and logged into the Account Payable process. The Senior Accounting Assistants deliver registry invoices to the Staffing Office directly.

3.2. As mentioned in Recommendation 2.1, consider an automated system for tracking registry nurses' hours worked which will generate reports for the Nurse Staffing Office to verify registry invoices more accurately and timely. In addition, the system can provide management with invaluable information on the usage of registry nurse.

RCRMC Management concurs with this recommendation.

Corrective Action:


The matters were responded in Corrective action 2.1.

In addition to above, Policy# 18.6.1.4 Registry Staff Invoice Process (Attachment 5) clearly outline the process and procedure of verifying invoices.

Moreover, current RCRMC computerized scheduling system provides Nursing Administration the Registry nurses' usage information.

C.C: Mr. Douglas Bagley, CEO

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

		Page 1	of 2
Subject: Nurse Staffing Office and Contracted Registry Responsibilities		Effective date: 12/03	Policy No. 18.6.1
		Supersedes:	Revised Date: 03/06
Departments Consulted: Nursing	Reviewed & Approved by:	Approved by: 	

PURPOSE: This document describes the responsibilities of Nurse Staffing Office/officers and Contracted Registries on the provision of temporary nursing staffing services.

POLICY: The provision and utilization of temporary nursing staffing services.

PROCEDURE:

1. Nurse Staffing Office/officer Responsibilities

- 1.1. All RCRMC nursing registry requests are centralized through the Nurse Staffing Office. Nursing House Supervisor (NHS) and designated Staffing Clerk will be responsible and communicate with contracted Registries for nursing staffing needs.
- 1.2. NHS and designated Staffing Clerk for the present shift will be responsible for the nursing registry staff utilization process for the current and on coming registry staffing needs (see policy # 18.6.1.1 and 18.6.1.2) and any patient care issues.
- 1.3. Chief Nursing Officer (CNO), Assistant Chief Nursing Officer (ACNO) or designee approve/pre-approve any registry overtime, termination and requisition.
- 1.4. Accounting Assistant/s will be responsible to oversee the billing and invoicing process (see policy #18.6.1.2).
- 1.5. Staffing Clerks will be responsible to oversee registry staff personnel records including but not limited to licenses, medical records, trainings, evaluation reports and so on (see policy #18.6.1.3).
- 1.6. RCRMC computerized scheduling system (System) Administrator (System Administrator) will be responsible to oversee System's administration and maintenance functions including but not limited to system update, training, data reconciliation and so on (see policy #18.6.1.2 & 18.6.1.3).

1.7. NHS, Staffing Clerks, Accounting Assistants and System Administrator shall perform their duties at the best interest of RCRMC and ensure that all relevant sections of the Service Agreement's Terms and Conditions and Nursing Administration policies are met.

2. Contracted Registry Responsibilities

2.1. Registry agencies are responsible for confirming available staff according to RCRMC nursing registry staff utilization policy 18.6.1.1, and ensuring that all required information is met prior to confirmation. It is RCRMC's prerogative to confirm registry staff(s) prior to the designated time. If a registry staff arrives at RCRMC without being confirmed and is not needed, the registry staff will be sent home without any compensation to the registry agency.

2.2. Registry agencies shall ensure that registry staff is fully aware of the confirmed assignment including the date, shift and assignment location/unit prior to their assignment start time.

2.3. Registry agencies are responsible to inform their registry staff, all information related to time and attendance requirements described in RCRMC Nursing Registry Staff Time/Attendance Reporting and Billing policy 18.6.1.2.

2.4. Registry agencies will be responsible for providing registry staff work qualifications as requested by RCRMC Staffing Office staff (copy of licenses, certificates, etc.) prior to starting work.

2.5. Registry agencies shall ensure that all mandatory documents including Registry staff hospital orientation and training information are returned to RCRMC at the designated date and time.

2.6. Registry agencies shall ensure that contracted registry staff must be able to provide qualifications to work on demand while on duty at RCRMC (license CPR, ACLS, NRP etc.)

2.7. Registry agencies shall advise their staff that there will be an evaluation on their first three assignments and followed-up with annual evaluation by the assigned unit manager.

2.8. Registry agencies shall ensure all invoices are built in agreement with the billing information from RCRMC. Any discrepancies shall be discussed and resolved between Registry and Nursing Accounting Assistant prior to invoicing (see policy 18.6.1.2).

2.9. Registries agencies must comply with all Service Agreement's Terms and Conditions and Nursing Administration policies while providing temporary nursing staffing services.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Subject:		Effective date:	Page 1	of 3
Nursing Registry Staff Utilization		03/06	Policy No. 18.6.1.1	
Departments Consulted:		Supersedes:	Revised Date:	
Nursing Administration		Reviewed & Approved by:	Approved by:	
			<i>Katherine Jones</i>	

PURPOSE: This document describes the policy and procedure for Nursing House Supervisor (NHS) and Staffing Clerk when performing their duties on the request and/or utilization of nursing registry staff.

POLICY: Nursing registry staff is to be utilized only in situations when RCRMC full-time, part-time, per diem staff and the use of overtime are not adequate to meet patient care needs. Examples include unanticipated increase in census, acuity and/or unanticipated number of sick calls. All in-house nursing resources are to be utilized and assessed for availability prior to use of nursing registry staff.

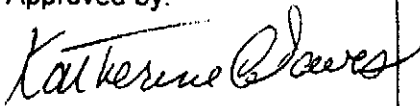
PROCEDURE:

1.0	Weekly registry staff projection:
Step	Process followed
1.1	NHS shall collaborate with unit manager and project the weekly registry staffing need on every Friday, morning, based on the Core staff level for the workweek from Monday to Sunday and follow-up with a daily review.
1.2	Every Friday NHS shall email the weekly RCRMC registry staffing request form to all registries before 12:00P.M for the coming workweek (Monday to Sunday).
1.3	Registries shall respond to the weekly request by returning the Form via email before 3:00P.M, Friday.
1.4	NHS assesses the response/s, to determine which registry staff is suitable for the assignment with the help of Staffing Clerk prior to confirmation. Assessment includes but is not limited to the registry staff qualification, performance history, classification etc.
1.5	NHS and Staffing Clerk must consult Education Services for any uncertain registry staff classification prior to confirmation.
1.6	The finalized Form with confirmed information such as date, assignment location, shift hour and classification shall be emailed to respective Registry for confirmation before 5:00P.M, Friday.
1.7	NHS and/or designated staffing clerk shall summarize all confirmed registry staff from the weekly request and enter all information into RCRMC computerized scheduling system (System) before 7:00P.M, Friday.
1.8	NHS and/or designated Staffing Clerk shall print the weekly Staffing Sheet for reference before the start of 1 st shift of the workweek, Monday morning. Staffing Sheet should clearly identify the weekly staffing coverage beginning from the morning 7:00A.M. to the next morning 7:00A.M.

2.0	Daily registry staff review:
Step	Process followed
2.1	NHS shall collaborate with unit manager on the daily staffing need and email the daily RCRMC registry staffing request form to all registries before 11:00A.M for the coming night and day shifts.
2.2	Registries shall respond to the daily request by returning the Form via email before 2:00P.M.
2.3	NHS assesses the response/s, to determine which registry staff is suitable for the assignment with the help of Staffing Clerk prior to confirmation. Assessment including but not limited to the registry staff qualification, performance history, classification etc. Consult Education Services for any uncertain registry staff classification prior to confirmation.
2.4	The finalized daily registry staff request form with confirmed information such as date, assignment location, shift hour and classification shall be emailed to respective Registry from Staffing Office for confirmation before 4:00P.M.
2.5	NHS and/or designated staffing clerk shall summarize all confirmed registry staff and relevant information from daily request Form, and enter all confirmed information into RCRMC System before 5:00P.M.
2.6	Staffing clerk shall enter confirmed assignment information into the System according to the system set-up, prior to the registry staff reporting to duty and the printout of staffing sheet. Information such as assignment cost center, shift, and personnel information shall be entered into the system accurately.
2.7	NHS and/or designated Staffing Clerk shall print the daily Staffing Sheet and post them outside of the staffing office for reference before the start of night shift 7:00P.M. Staffing Sheet should clearly identify the next 24 hours staffing coverage beginning from the evening, 7:00P.M to morning 7:00A.M.
3.0	NHS shall use Cost Center Request/Cancellation Form for all changes make prior to and/or within the shift, after confirmed information is entered into the System. This Form shall be forwarded to System Administrator and Accounting Assistant II for action and file.
4.0	Staffing Clerk shall ensure all mandatory documents for both active and new registry staff/s are in files prior to confirming an assignment.
5.0	No registry staff can be assigned and/or confirmed to an assignment if the registry staff is listed as DNR in System.
6.0	No registry staff can be assigned to an assignment if the registry staff canceled previous assignment more than 1 time in a workweek.
7.0	No registry staff can be assigned to an assignment if the registry staff has been tardy more than 2 times in a workweek.
8.0	No registry staff can be assigned to an assignment if the registry staff was "No show" on previous confirmed assignment.
9.0	NHS and/or designee are the only authorized officer/s to request for overtime. CNO, ACNO or designee must approve/pre-approve any registry overtime.

10.0	NHS shall use their best judgments on the request, confirmation and cancellation of registry staff's assignment. The Cost Center Request/Cancellation Form shall be used for all new registry staff and/or cancellation of any registry staff's assignment. This form should be forwarded to System administrator for immediate action and copy to Accounting Assistant II.
11.0	NHS shall consult CNO and ACNO for any dismissal, termination and/or DNR an active registry staff. Once the decision is determined by either CNO or ACNO, NHS shall inform respective Registry immediately by phone and follow-up with a written notification of such dismissal, termination or DNR with information of appropriate cause within 24 hours. Copy of the notification shall be filed with respective registry staff's personnel file. The Cost Center Request/Cancellation Form shall be completed and forwarded to System Administrator for immediate action and copy to Accounting Assistant II.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

		Page 1	of 3
Subject: Nursing Registry Staff Time/Attendance Reporting and Billing	Effective date:	03/06	Policy No. 18.6.1.2
	Supersedes:		Revised Date:
Departments Consulted: Nursing Administration	Reviewed & Approved by:	Approved by: 	

PURPOSE: This document describes the policy and procedure for Nursing Registry Staff clock in/out time keeping, recording and billing.

POLICY: All Registry Staff must use the time clock for clock in at the beginning of the assignment and clock out at the ending of the assignment, clock in and out for break at the appropriate assignment locations. Recorded information also serves as RCRMC's Registry Staff sign in sheet.

PROCEDURE:

RCRMC Nurse Staffing Office Responsibilities:	
Step	Process followed
1	Staffing Office will provide a weekly timecard to registry staff for the workweek from Monday to Sunday at the beginning of Monday morning Shift, 7:00A.M, and night shift, 7:00P.M.
2	Timecards will be placed in a wall rack with folders next to the front door at the Staffing Office.
3	Staffing Clerk will collect registry staff timecards at the end of each week, Monday, morning 7:30AM. Timecards will be verified and approved by Accounting Assistant II or designee and information recorded in the timecard shall be entered into RCRMC computerized scheduling system (System).
4	"Registry Staff Attendance" and "No Show" reports shall be printed from the System by Accounting Assistant II as the "RCRMC Registry Staff sign in sheet" and email to respective registry for billing prior to the C.O.B, Tuesday.
4.1	A copy of the "No Show" report shall be forwarded to RCRMC Fiscal division for reimbursement process, before the next billing period, C.O.B Tuesday.
5	All invoices shall be verified and processed in agreement with RCRMC online requisitioning procedure and Professional Service Agreement by Accounting Assistant II. Any discrepancies should be addressed directly with Registry and correction shall be made with revised invoices.

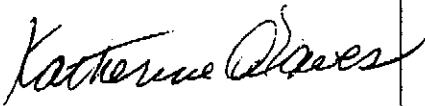
5.1	All discrepancies on billing information (Registry Staff Attendance report) and "No Show" compensation shall be discussed and resolved with Registry before the next billing period, C.O.B Tuesday and prior to invoicing. Revised "Registry Staff Attendance" and "No Show" reports shall be forwarded to Registry for billing.
Contracted Registry Responsibilities:	
Step	Process followed
1	Registry staff must pick-up the timecard and clock in at the beginning of each assignment in Staffing Office, and clock out in the Staffing Office at the ending of each assignment.
2	Registry staff must print their names and the name of the Registry, in ink at the top of the time card prior to clocking in. Any misprint of name, and/or unclear of identification may result in no compensation.
3	Registry staff must report to their assigned location immediately after clock in, and clock out in Staffing Office immediately after their shift end.
4	Registry staff must clock in and out for break within their shifts at the assigned location. 30 minutes break within the shift is mandatory.
5	Registry staff must clock in and out within 6 minutes of the start time and end time. For example; <ul style="list-style-type: none">• If the shift start time is 7:00 A.M, registry staff will be considered as being on time if they clock in between 7:00A.M and 7:06 A.M. The actual billing will be considered from 7:00A.M• If the shift starts time are 7:00A.M, registry staff will be considered late if they clock in after 7:06. The actual billing will be considered from 7:07A.M• If the shift ends time is 7:30P.M, registry staff will be considered as being on time if they clock out between 7:30P.M and 7:36 P.M. The actual billing will be considered at 7:30 A.M.
6	If registry staff reports to the assignment location without clock in stamp on the timecard then no compensation is to be made to the registry staff, unless otherwise immediate validation is sought from both the House Supervisor and Unit Manager with the approval from Nursing Administration or designee. "Time Card Correction Form" must be used for all validation and file with Accounting Assistant II.
7	If registry staff returned the timecard to Staffing Office at the end of the shift without clock out stamp on the timecard from Staffing Office then no compensation is to be made to the registry staff, unless otherwise immediate validation is sought from both the House Supervisor and Unit Manager with the approval from Nursing Administration or designee. "Time Card Correction Form" must be used for all validation and file with Accounting Assistant II.
8	Registry staff must initial their timecards at the end of each shift and sign the timecards at the end of each workweek.

9	If Registry staff loses their timecards while they are on assignments, then there will be no compensation for any assignment/s worked in that week; unless otherwise immediate validation is sought from both the House Supervisor and Unit Manager with the approval from Nursing Administration or designee. "Time Card Correction Form" must use for all validation and file with Accounting Assistant II.
10	Registry staff must complete their designated schedule shifts.
11	Registry staffs timecards are the property of RCRMC and shall be remained with Staffing Office at all times.
12	All discrepancies on billing information (Registry Staff Attendance report) and "No Show" compensation shall be discussed and resolved with Accounting Assistant II before the next billing period, C.O.B Tuesday and prior to invoicing. All invoices shall be built according to "Registry Staff Attendance" report.

General Overview:

Step	Process followed												
1	No compensation for not taking break, tardy and make-up time.												
2	No compensation for overtime without prior approval from Nursing Administration and/or designee.												
3	No compensation for any clock in more than 6 minutes before the shift start.												
4	No compensation for any clock out more than 6 minutes after the shift end.												
5	Fraction of one half hour is: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 60%;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Time Table</th> <th style="text-align: left; padding: 2px;">Fraction of one half hour</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">1 – 6 minutes =</td> <td style="padding: 2px;">0.1</td> </tr> <tr> <td style="padding: 2px;">7 – 12 minutes =</td> <td style="padding: 2px;">0.2</td> </tr> <tr> <td style="padding: 2px;">13 – 18 minutes =</td> <td style="padding: 2px;">0.3</td> </tr> <tr> <td style="padding: 2px;">19 – 24 minutes =</td> <td style="padding: 2px;">0.4</td> </tr> <tr> <td style="padding: 2px;">25 – 30 minutes =</td> <td style="padding: 2px;">0.5</td> </tr> </tbody> </table>	Time Table	Fraction of one half hour	1 – 6 minutes =	0.1	7 – 12 minutes =	0.2	13 – 18 minutes =	0.3	19 – 24 minutes =	0.4	25 – 30 minutes =	0.5
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1 – 6 minutes =	0.1												
7 – 12 minutes =	0.2												
13 – 18 minutes =	0.3												
19 – 24 minutes =	0.4												
25 – 30 minutes =	0.5												
6	Nursing House Supervisor (NHS) and/or nurse manager and/or designee are the only authorized person who can request for overtime and Overtime Form must submit to Nursing Administration or designee for approval.												
7	NHS and/or designee are the authorized person to approve all Correction Forms.												
8	Clock "in and/or out" for another registry staff, other than the person named on the timecard is considered fraudulent and falsification. Both registry staffs will be penalized by NO compensation for all assignment/s worked. Immediate written notification concerning the matter shall be forwarded to the respective registries. Registry staffs shall be DNR.												
9	Clock "in and/or out" for the registry staff by RCRMC employee is considered fraudulent and falsification. Any violation of this procedure may result in disciplinary action and/or termination of employment.												

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

		Page 1	of 2
Subject:		Effective date:	Policy No. 18.6.1.3
Nursing Registry Staff Record Management		03/06	
		Supersedes:	Revised Date:
Departments Consulted: Nursing Administration	Reviewed & Approved by:	Approved by: 	

PURPOSE: This document describes the policy and procedure for Nursing House Supervisor (NHS) and Staffing Clerk when performing their duties on record keeping, and also serves as a guideline for record management.

POLICY: All Nursing Registry information including but not limited to personnel information/records, statistic data/reports, requisitions/invoices, staffing methodology etc shall retain and file in a designated filing cabinet according to the California Healthcare Association (CHA) records retention guide, County of Riverside general records retention schedule and RCRMC record retention policy and procedure.

PROCEDURE:

Required Files/records, and staffing clerks responsibilities:	
Step	Process followed
1	Weekly and daily registry staffing request forms should be attached to the relevant staffing sheet and filed in the Staffing File at the end of the week and 24 hours coverage by the staffing clerk.
2	Invoices, invoice reconciliation work sheets and Peoplesoft requisition forms should be filed in the Invoice File by Accounting Assistant II.
3	Office stationery requisition forms and "Receive Delivery Detail Report" should be filed in the Stationary File by Accounting Assistant II.
4	Overtime approval form and time card correction form should be attached to the time card and filed in the Time Card File by Accounting Assistant II.
5	Registry staff attendance report should be filed in the Attendance Report File by Accounting Assistant II.
6	Registry staff licenses, medical records, trainings and documents such as notice of termination should be filed in the respective registry staff Personnel File by staffing clerk.
7	Cost center request/cancellation form should be filed in the Cost Center Request/Cancellation File by the System Administrator.
8	System data reconciliation should be filed in the Data Reconciliation File by the System Administrator.
9	System maintenance/update reports should be filed in the System Update File by System Administrator.
10	Statistic data/reports should be filed in the Statistic File by System Administrator.

Subject: Nursing Registry Staff Record Management	Policy No. 18.6.1.3
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11 Any records that are associated with the Staffing Office's function should be filed at the best discretion of the staffing clerks.

Staffing records/systems administration and maintenance:

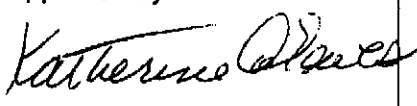
Step	Process followed
1	System Administrator shall close current workweek Registry staffing information for any correction at the end of the following workweek. Any correction shall be approved by both NHS and Accounting Assistant II with notification to Nursing Administration.
2.0	All information and documents shall be filed in date sequence in an appropriate file folder.
2.1	Registry Staff personnel records shall be placed in a file folder with file guides as the divider of each section of the information. File layout details as follow: <ul style="list-style-type: none"> • Sections are Licenses, Medical records and Trainings. • Each file folder shall hold up to 2" of 2 hole punched documents equivalent to 200 pages. • File index shall be placed at the front of the first section. • Close file form shall be placed at the front of the File index when the file is filled. • Second volume of the file shall be created for each closed file and so on.

3 Below table is basic guideline for record retention and subject to change with notice from RCRMC Executive Office:

Record	Retention Period	Reference
Nursing education and training records	6 years	CHA
In service training records	6 years	CHA
Personnel records	6 years after termination	CHA
Requisitions	2 years	CHA
Statistics and reports	6 years	CHA
Policies and procedures	6 years after revision	CHA
Staffing patterns, including methodology used	6 years	CHA
Applications-employees, permanent and temporary, and non-employees	2 years after date of personnel action. Records must be kept at least 1 year. Longer in cases of interest.	CHA
Employee Health records – <ul style="list-style-type: none"> • Employee not subject to OSHA regulations • Employee subject to OSHA regulations 	6 years Duration of employment plus 30 years	CHA CHA
Overtime reports	5 years	CHA
Purchase requisitions	2 years	CHA

4 All designated filing cabinets shall have clear label of the contents in the label holders of the drawers and accessible by all Nursing Administration officers.

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

		Page 1	of 3
Subject:		Effective date:	Policy No. 18.6.1.4
Registry Staff Invoice Process		03/06	
		Supersedes:	Revised Date:
Departments Consulted: Nursing Administration	Reviewed & Approved by:	Approved by: 	

PURPOSE: This document describes the policy and procedure for Staffing Accounting Assistant to process invoices.

POLICY: All invoices shall be verified and processed in agreement with RCRMC online requisitioning procedure and Professional Service Agreement.

PROCEDURE:

Accounting Assistant Responsibilities:	
Step	Process followed
1.	Timecard shall be verified and approved against Data information from RCRMC computerized scheduling system (System).
2.	If information recorded in the timecard is not recorded in the System, then Cost Center Request/Cancellation or Timecard Correction Forms shall be used for amendment with appropriate approval.
3.	All information recorded in the timecard shall be entered into System.
4.	"Registry Staff Attendance" and "No Show" report shall be printed from the System as the "RCRMC Registry Staff sign in sheet" and emailed to respective registry for billing prior to the C.O.B, Tuesday.
5.	All discrepancies on billing information (Registry Staff Attendance report) and "No Show" compensation shall be discussed and resolved with Registry before the next billing period, C.O.B Tuesday and prior to invoicing.
6.	Revised "Registry Staff Attendance" and "No Show" reports shall be forwarded to Registry for billing.
7.	A copy of the "No Show" report shall be forwarded to RCRMC Fiscal division for reimbursement process, before the next billing period, C.O.B Tuesday.
8.	Invoices shall be verified against Registry Staff Attendance Report and processed in agreement with the Professional Service Agreement. Refer to "Step 5" for any discrepancies and "Step 10" for Invoice reconciliation process.

9.	Compute payment amount by transforming Registry Staff Attendance report to Excel worksheet.
10.	Invoice reconciliation shall be clearly indicated on the Payment worksheet. Payment worksheet must attach with Invoice and process according to RCRMC online requisition process.
11.	Processing Timecard:
11.1.	Registry staff must print their names and the name of the Registry, in ink at the top of the time card prior to clocking in. Any misprint of name, and/or unclear of identification may result in no compensation.
11.2.	Registry staff must clock in and out for break within their shifts at the assigned location. 30 minutes break within the shift is mandatory.
11.3.	Registry staff must clock in and out within 6 minutes of the start time and end time. For example; <ul style="list-style-type: none">○ If the shift start time is 7:00 A.M, registry staff will be considered as being on time if they clock in between 7:00A.M and 7:06 A.M. The actual billing will be considered from 7:00A.M○ If the shift starts time are 7:00A.M, registry staff will be considered late if they clock in after 7:06. The actual billing will be considered from 7:07A.M○ If the shift ends time is 7:30P.M, registry staff will be considered as being on time if they clock out between 7:30P.M and 7:36 P.M. The actual billing will be considered at 7:30 A.M.
11.4.	If registry staff report to the assignment location without clock in stamp on the timecard then no compensation is to be made to the registry staff, unless otherwise immediate validation is sought from both the House Supervisor and Unit Manager with the approval from Nursing Administration or designee. "Time Card Correction Form" must be used for all validation.
11.5.	If registry staff returned the timecard to Staffing Office at the end of the shift without clock out stamp on the timecard from the assignment location, then no compensation is to be made to the registry staff, unless otherwise immediate validation is sought from both the House Supervisor and Unit Manager with the approval from Nursing Administration or designee. "Time Card Correction Form" must be used for all validation.
11.6.	Registry staff must initial their timecards at the end of each shift and sign the timecards at the end of each workweek.
11.7.	If Registry staff loses their timecards while they are on assignments, then there will be no compensation for any assignment/s worked in that week, unless otherwise immediate validation is sought from both the House Supervisor and Unit Manager with the approval from Nursing Administration or designee. "Time Card Correction Form" must be used for all validation.
11.8.	Registry staff must complete their designated schedule shifts.
11.9.	No compensation for not taking break, tardy and make-up time.

11.10.	No compensation for overtime without prior approval from Nursing Administration and/or designee.														
11.11.	No compensation for any clock in more than 6 minutes before the shift start.														
11.12.	No compensation for any clock out more than 6 minutes after the shift end.														
11.13.	<p>Fraction of one half hour is:</p> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Time Table</th> <th style="padding: 2px;">Fraction of one half hour</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">1 – 6 minutes =</td> <td style="padding: 2px;">0.1</td> </tr> <tr> <td style="padding: 2px;">7 – 12 minutes =</td> <td style="padding: 2px;">0.2</td> </tr> <tr> <td style="padding: 2px;">13 – 18 minutes =</td> <td style="padding: 2px;">0.3</td> </tr> <tr> <td style="padding: 2px;">19 – 24 minutes =</td> <td style="padding: 2px;">0.4</td> </tr> <tr> <td style="padding: 2px;">25 – 30 minutes =</td> <td style="padding: 2px;">0.5</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </tbody> </table>	Time Table	Fraction of one half hour	1 – 6 minutes =	0.1	7 – 12 minutes =	0.2	13 – 18 minutes =	0.3	19 – 24 minutes =	0.4	25 – 30 minutes =	0.5		
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11.14.	Nursing House Supervisor (NHS) and/or nurse manager and/or designee are the only authorized person who can request for overtime and Overtime Form must be submitted to Nursing Administration or designee for approval.														
11.15.	NHS and/or designee are the authorized staff to approve all Time Card Correction and Overtime Forms.														

DAILY/WEEKLY: _____

RCRMC REGISTRY STAFFING REQUEST FORM

ATTACHMENT: 6

DATE: _____

COST CENTER	RCRMC USE ONLY							RCRMC USE ONLY							RCRMC USE ONLY	
	MON	TUES	WED	THUR	FRD	SAT	SUN	REGISTRY STAFF	CONFIRMED BY							
SHIFT/UNIT	D	N	D	N	D	N	D	NAME	"√"							
ACCU																
RN																
LVN																
CNA																
ER																
RN																
LVN																
CNA																
L/D																
RN																
LVN																
CNA																
M/S																
RN																
LVN																
CNA																
NICU																
RN																
LVN																
CNA																

DATE: _____

COST CENTER SHIFT/UNIT	RCRMC USE ONLY														RCRMC USE ONLY CONFIRMED BY
	MON		TUES		WED		THUR		FRD		SAT		SUN		
OB/PP	D	N	D	N	D	N	D	N	D	N	D	N	D	N	
RN															
LVN															
CNA															
PCCU															
RN															
LVN															
CNA															
PCU															
RN															
LVN															
CNA															
PEDS															
RN															
LVN															
CNA															

Note:
 For weekly request, Registry must response by email this document to Staffing Office before 3:00P.M Friday.
 For daily request, Registry must response by email this document to Staffing Office before 2:00P.M of the day.

REGISTRY STAFF COST CENTER REQUEST OR CANCELLATION FORM

REGISTRY STAFF NAME: _____

REGISTRY NAME: _____ CURRENT STATUS: NEW ACTIVE INACTIVE

Please circle the option

START DATE	FROM		TO		SHIFT CODE	CLASSIFICATION CODE	"X" THE BOX		END DATE	SHIFT CODE	REASON CODE	"X" THE BOX	
	SHIFT CODE	CLASSIFICATION CODE	ADD	DELETE			ADD	DELETE				CHANGE	DELETE

NURSING HOUSE SUPERVISOR: _____ SYSTEM ADMINISTRATOR: _____

SIGNATURE : _____ SIGNATURE: _____

DATE: _____ DATE: _____

CHIEF NURSING OFFICER/ASSISTANT CHIEF NURSING OFFICER: _____

SIGNATURE : _____

DATE: _____

Note: All DNR must approved by either CNO or ACNO

REGISTRY STAFF
OVERTIME REQUEST FORM

REGISTRY STAFF NAME: _____

REGISTRY NAME: _____

STAFFING OFFICE USE ONLY						
DATE	SHIFT CODE	CLOCK TIME		REGULAR HOUR	OVERTIME HOUR	TOTAL SHIFT HOUR
		IN	OUT			

REQUESTED BY: _____

NAME _____

SIGNATURE _____

TITLE _____

DATE: _____

APPROVED BY: _____

NAME _____

SIGNATURE _____

TITLE: _____

DATE: _____

REGISTRY STAFF'S QUALIFICATION AND MANDATORY DOCUMENTS CHECK LIST

NAME: _____
 TITLE: _____
 SPECIALITY: _____
 REGISTRY NAME: _____

REQUIRED DOCUMENT	EXPIRATION DATE		VERIFIED DATE/SIGNATURE				NOTES		
	FY 05/06	FY 06/07	FY 07/06	FY 05/06	FY 06/07	FY 07/06	FY 05/06	FY 06/07	FY 07/06
RN/LVN License									
CNA #									
BLS									
ACLS									
PALS									
NRP									
Fetal Monitoring									
Picture ID									
Health Status Verified									
Confidentiality Agree#									
Unit Competency list									
Accucheck									
Abuse Reporting									
HIPAA									
Environment of Care									
End of Life Issues									
Infection Control									
Medication Errors Test									
Pain Mgmt Test									
Guidelines for Monitoring Patients									
Blood Transfusion Policy									
Verbal Order/Tel Policy									
Subst. Wastage Agree#									
Time and Attendance									
Agency Competency									
Background Check									
Job Description									

* NOTE: Under the column of "NOTE" please use "N/A" or "Applicable" to indicate whether the item is required or not.

REGISTRY STAFF
CLOSED FILE INFORMATION

ATTACHMENT 11

CURRENT VOL NUMBER: _____ NEXT VOL NUMBER: _____

ARE THE FOLLOWING FISCAL YEAR INFORMATION COMPLETED? YES OR NO

IF THE FISCAL YEAR INFORMATION IS COMPLETED PLEASE PLACE "√" ON THE BOX.

IF THE FISCAL YEAR INFORMATION IS NOT COMPLETED PLEASE FOLLOW-UP BEFORE CLOSE THE FILE.

FY 05/06	FY06/07	FY 07/06

FILE

CLOSED

LAST VERIFIED DATE: _____

FILE CLOSED BY: _____

OFFICER NAME: _____

SIGNATURE: _____

DATE: _____