

## PROFESSIONAL NURSING EMPLOYEE GUIDE

### INTRODUCTION

Your signed acceptance of this guide establishes you as an employee of Health Care **INNOVATIONS**, a Michigan Corporation. Health Care **INNOVATIONS**, Inc. ("**INNOVATIONS**") is a nurse-owned and operated business that promotes the expertise of nurses who pride themselves as professionals. **INNOVATIONS** facilitates the placement of experienced registered nurses in positions that offer clinical practice services to health care institutions.

### PLACEMENT OPTIONS

**INNOVATIONS** is a provider of highly skilled registered nurses in a variety of areas.

- **Contracts** may be issued for specific amounts of time, generally 13 weeks, in a unit that is mutually agreeable. This approach promotes consistency in care giving and fosters the development of professional relationships. Hours, shifts, weekend rotation, etc... are specified in the contract. Self-scheduling allows the maximum amount of flexibility available in nursing.
- **Per diem** placements are available to provide flexibility on a day-to-day basis. The per diem option benefits those individuals whose weekly commitment may vary, or it may serve to augment their present schedule.

**INNOVATIONS** provides professional nurses to meet clients' supplemental staffing needs. The availability of assignments will, and does, fluctuate dependent upon market demand.

This document describes **INNOVATIONS'** company policies and procedures and is intended to be a usable guide for professional nurses providing direct patient care. All employees will receive a copy of this guide at the time of their employment. It is the right and responsibility of each employee to know the information contained within the document before providing care at client institutions. The nurse must be familiarized with policies of client institution pertaining to his/her role as professional caregiver, fire/safety procedures, etc.

The beginning and end of shifts, as well as weekend shifts and holidays, will be determined by each client institution. Some client institutions may require employee attendance at an orientation program. Each orientation program will be determined (including dates, times, and content) by the individual client institution.

### EEO/AFFIRMATIVE ACTION

**INNOVATIONS** will strive to treat each individual with respect and give every person equal employment opportunities; based on the individual's credentials, skills, and experience related to the requirements of the position, while affording equal opportunity to all applicants regardless of national origin, religious affiliation, race, color, gender, age, veteran or handicap status.

### TERMINATION STANDARD

**INNOVATIONS** is considered an at-will employer. This means that both the employee and **INNOVATIONS** may terminate the employment relationship at any time, with or without cause, with or without notice. It is recommended that a two-week written notice before termination of employment be given to either the employer or **INNOVATIONS** (the affected party).

## **CREDENTIALS**

It is **INNOVATIONS'** policy to verify all credentials, (licenses and references) submitted by each individual as reflected on the employment application. (Copies of documents supporting employee's credentials are required.) **INNOVATIONS** may, at its sole discretion, provide this information and the employee's home telephone number to its clients to facilitate placement.

**INNOVATIONS** requires that each health care employee be tested annually for tuberculosis (by intra-dermal method). If, during the previous twelve months, the employee has taken a tuberculosis test, and it was administered and interpreted by a qualified professional health care provider, the employee may furnish **INNOVATIONS** with a copy of the test results prior to providing health care to clients.

1. **INNOVATIONS** requires a complete chest x-ray report to be furnished by any employee following a positive reaction to a tuberculosis skin test.
2. Employee has provided an employment and professional history to **INNOVATIONS** prior to the execution of this agreement. **INNOVATIONS** shall have the right to submit that history, as well as the employee's home phone number, to its client medical institutions in order to place employee in a work assignment. Employee hereby authorizes **INNOVATIONS** to conduct a background search of employee. Employee consents to **INNOVATIONS** delivering said personal documentation and the results of the background search to **INNOVATIONS'** client institutions as necessary, and employee releases and forever discharges **INNOVATIONS** from any and all liability in connection with the disclosure of said personal documentation and background information to the client medical institutions.
3. Employee shall provide to **INNOVATIONS** a copy of any and all evaluations prepared by client medical institution within seven (7) days of receipt of evaluation by employee.

## **ACKNOWLEDGMENT**

I acknowledge that I have received the Health Care **INNOVATIONS**, Inc. Professional Nursing Employee Guide. I further acknowledge that I have read the Employee Guide and agree to abide by the policies contained in this Employee Guide and to respect the confidentiality of all parties as written in the guide.

I received **INNOVATIONS'** Orientation and Training Information and have read and understand it. I have no further questions at this time. I understand that I can ask questions of the work site supervisor or **INNOVATIONS'** supervisor at any time.

## **PROFESSIONAL CONDUCT**

Employee is charged with the responsibility to provide whatever care is necessary and to perform professional services according to standards of care and competence as represented by employee and employee's employment and professional history which has been provided to **INNOVATIONS**, and employee shall comply with all hospital policies and procedures and rules and regulations affecting nurses, including all personnel policies. Employee shall at all times conduct himself/herself according to good business standards, applicable laws and regulations, and perform in a professional manner.

## **GUIDELINES FOR ETHICAL CONDUCT**

**INNOVATIONS** endorses the Code for Nurses adopted by the American Nurse Association to provide guidance in the definition and interpretation of ethical conduct. We continually seek to assure and maintain the ethical and professional conduct and practice of our professional nursing staff.

### **Code for Nurses** (adopted by American Nursing Association)

- Provides services with respect for human dignity and the uniqueness of the patient unrestricted by the considerations of social or economical status, personal attributes, or the nature of health problems.
- Safeguards the patient's right to privacy by judiciously protecting information of a confidential nature.
- Acts to safeguard the patient and the public when healthcare and safety are affected by the incompetent, unethical or illegal practice of any person.
- Exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.
- Maintains competence in nursing by participating in activities that contribute to the ongoing development of the professions body of knowledge.
- Assumes responsibility and accountability for individual nursing judgments and actions.
- Participates in efforts to implement and improve standards of nursing.
- Works to establish and maintain conditions of employment conducive to high-quality nursing care.
- Strives to protect the public from misinformation and to maintain the integrity of nursing.
- Collaborates with members of the health profession and other citizens in promoting community and national efforts to meet the health needs of the public.

## **CONFIDENTIALITY**

1. Employee agrees that all records and other work products during the term of this agreement, including all patient records pertaining to each and every patient of the client institutions, shall be property of said client institutions.
2. Employee herein agrees not to remove any said documents or records from the client institutions without the prior written consent of said institutions and **INNOVATIONS**. Employees shall not at any time, either during employment or at any time after employment for a period of five years, disclose to any person or entity the methods or procedures used by **INNOVATIONS** in fulfilling contracts relating to its business (placing employees) efforts. Upon termination of the employment relationship with **INNOVATIONS** for any reason whatsoever, employee shall not take, without the consent of the CEO of the corporation, any data, reports, programs, tapes, lists, programming documentation or any other written, graphic or recorded information, instrument or document relating or pertaining to **INNOVATIONS**. A violation of this paragraph could cause irreparable injury to **INNOVATIONS** and that corporation shall have the right, in addition to any other remedies available at law or equity, to enjoin employee in Court for violating this provision.
3. In the course of employment with **INNOVATIONS**, you may have access to information pertaining to the hospital or patients. You agree to use this information only for the benefit of your patients.

4. You shall agree to and understand that you will not, at any time, disclose to any person or entity, other than in the course of regular employment duties, information concerning:
- A) The business operations or internal structure of hospital.
  - B) Information regarding patients and other staff of hospital.
  - C) The nature of work performed for hospital.
  - D) Information about or pertaining to patients serviced by hospital.
  - E) Any and all passwords given to staff for accessing hospital information systems.

### **WITHHOLDING TAXES**

All applicable deductions that are required by Federal and State law, such as Federal Income Tax, Social Security Tax (FICA), and State Income Tax will be calculated and deducted from the employee's pay in accordance with those laws. Some local governments (municipalities) also require withholding for income tax. During the employment procedure with **INNOVATIONS**, the employee must complete the required Federal, State, and local withholding exemption forms to determine the correct amount of tax to be withheld. Employees are responsible for completing withholding documents for all applicable local taxes where they work or live.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### **BADGE/NAME TAG ORDER**


Name
Title

CHARGE TO:            900- Home Office  
                              300- Professional Staffing

Clip                         Lanyard  

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Name and Credentials** (Optional)

ID Badge Made: \_\_\_\_\_ by \_\_\_\_\_

ID Badge Sent: \_\_\_\_\_ by \_\_\_\_\_