

# *Glassboro Public Schools*



## **MEMO**

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To: Mark Silverstein

From: Lisa Ridgway

Date: May 14, 2021

Re: Resolution – Professional Medical Staffing Agreement

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Attached please find the 2021-22 professional agreement for Sub Nursing Services. The cost of obtaining a sub RN has increased by \$1 to \$51.00 per hour. Added to the contract is an hourly cost of \$44 per hour for a sub LPN.



# Professional Medical Staffing, LLC Staffing Agreement

This Agreement entered on April 26, 2021 by and between Professional Medical Staffing, LLC, herein after called "**Agency**", doing business as Professional Medical Staffing, and Glassboro Public Schools District, herein know as **Client**

## BACKGROUND

Whereas, **Client** has recognized a need for temporary personnel on an as needed basis;

Whereas, **Agency** is in the staffing business, placing temporary personnel as needed by **Client**, and is willing and able to provide such services to **Client**,

Whereas, **Client** desires to engage **Agency** and, **Agency** desires to provide such services to **Client**, in accordance with the terms and conditions set forth herein,

In exchange for the mutual promises set forth herein, the parties agree as follows:

## I. AGREEMENT TERM AND TERMINATION

**Initial Term.** This Agreement shall commence on July 1, 2021 and shall continue in effect until June 30, 2022.

**With Cause.** This Agreement may immediately terminate prior to the expiration term in the event of other party's material breach and its obligations as provided for hereunder, if such breach is not cured within ten (10) business days of written notice to the other party detailing such breach. If the parties mutually agree that such breach is of a nature that it cannot be cured within ten (10) day period or instances where a cure period or notice would immediately and irrevocably jeopardize patient safety, then either party may immediately terminate this Agreement.

The parties further agree that **Agency's** duty to supply personnel is subject to availability of personnel and failure of **Agency** to provide personnel and or the failure of **Client** to require personnel does not constitute a breach of the Agreement.

## II. DESCRIPTION OF SERVICES

Upon **Client** request, on an as needed basis, **Client** may request **Agency** staffing services and understands **Agency** capability to fulfill service requests is subject to the availability of qualified staff who meets the service request job requirements. **Agency** shall identify and select personnel who possess the skills and experience described at time of service request. To aid the **Agency** in maintaining an adequate supply of qualified personnel to meet the **Client** demands for frequent job service requests **Client** shall provide **Agency** notice. **Agency** will make every effort to identify and place personnel timely including last minute service requests and replacement personnel.

The **Client** shall communicate the details of the assignment such as; start date, duration, location, job description/duties and primary point of contact names. Each party will maintain ongoing communication regarding status of service request, order fulfillment, performance feedback and any other pertinent data. **Client** understands that **Agency** establishes each bill rate per job description and assignment duties and establishes the pay rates for each employee assigned based on job description, work experience, competency and skills. **Client** agrees not to change and/or reassign personnel without prior consent of **Agency**. **Client** acknowledges that **Agency** reserves the right to adjust the bill rates in accordance to the change in service request and job requirements.

**Agency** will promptly notify **Client** of any change to assigned personnel's work schedule caused by callouts, cancellations and/or unforeseen emergencies and will act on identifying replacement personnel timely. In the event assigned personnel fail to report to work and **Agency** does not inform **Client** of changes to work assignment, **Client** will promptly notify **Agency**.

## III. AGENCY SCREENING AND HIRING STANDARDS

The **Agency** sources, screens and evaluates its applicant's level of competency per job description to meet the job duties and hiring requirements of the **Agency, & Client**, per State & Federal conditions of employment including;

- Verification of employment history, professional references and re-hire status
- Proof of clearance to work in the United States
  - Competency Exam & skills checklist
  - Proof of negative Drug Screen
  - State of NJ Sexual Misconduct/Disclosure release
  - Finger printing by NJ DOE

Clinical Personnel must additionally show proof of the following;

Proof of Physical Exam

- Proof of PPD
- Hep B Series and/or signed declination
- CPR Certification
- The **Agency** may contract with an outside firm to perform screening services.

#### **IV. NON-DISCRIMINATION**

**Agency** conforms to equal employment opportunity standards and practices and does not discriminate against an applicant because of race, creed, color, religion, natural origin, age, sex, sexual preference, or handicap. Neither party shall practice unlawful discrimination against personnel, patients, and other persons during the performance of the Agreement.

#### **V. AGENCY RESPONSIBILITIES**

**Agency** instructs its personnel to wear an Agency Identification Badge and evidence of current Nursing License and/or CPR card.

**Agency** shall assume sole and exclusive responsibility for the payment of wages to personnel, for services performed by them at **Client** and be responsible for withholding Federal and State Income Taxes and paying Federal Social Security Taxes, Unemployment Insurance, and maintaining Workers' Compensation coverage in an amount and under such terms as required by the State Labor Code.

**Agency** does not utilize subcontractors as its usual course of business unless **Agency** and **Client** mutually agree to use of subcontractors. In such case, **Agency** shall hold subcontractor accountable to meet all standards outlined in this agreement.

In the event a previously scheduled employee cancels his/her assignment for any reason the **Agency** will promptly notify **Client**. The **Agency** will immediately search for replacement personnel who possess the qualifications to match the original service request.

The **Agency** shall timely communicate its progress to identify and assign replacement personnel.

The **Agency** maintains a system of documenting, tracking and reporting unexpected incidents, including errors, unanticipated deaths and other events, injuries, and safety hazards relating to the care and services provided.

#### **VI. QUALITY ASSURANCE AND REPORTING PROCESSES**

**Agency** and **Client** shall consult to establish mutual acceptable procedures, and provide adequate communication to ensure overall service satisfaction.

**Client** shall report to **Agency** any unexpected incident, safety and/or occupational hazards, medication errors, sentinel events and/or any concern that affects the quality of care and level of service provided. **Agency** shall work cooperatively, with **Client** to respond timely to resolve all service concerns.

#### **VII. RESPONSIBILITY OF CLIENT**

**Client** shall provide **Agency** personnel with an orientation that includes an explanation of job responsibilities and the policies and procedures of which supplemental personnel must be aware in order to perform job duties

per job standards and any general or specific training.

The **Client** shall monitor and measure personnel performance, provide ongoing training and direct supervision. **Client** will evaluate the performance of assigned personnel at the completion of first shift worked and additionally per **Client** policy. **Agency** will promptly address any performance issues and concerns and replace personnel upon **Client** request.

The **Client** will send the **Agency** a copy of any incident report involving **Agency** personnel of any incident; such as errors, unanticipated deaths and other events, injuries and safety hazards relating to the care and services provided.

**Client** shall recognize **Agency** policy regarding Personnel Float and Reassignments whereby **Agency** personnel shall not accept the reassignment if they do not possess the skills, qualifications and competencies to perform services.

**Client** agrees to authorize **Agency** personnel time ticket daily for verification of hours worked.

**Client** retains full responsibility and authority for patient care while using **Agency** services and shall supervise performance of personnel to assure patient care requirements are met.

If personnel fail to report to work, **Client** will promptly notify **Agency**.

#### **VIII. FEES, BILLING AND PAYMENT TERMS**

**Agency** calculates its bill rates per job category and job assignment requirements and will periodically update the bill rate schedule for any additional job categories per service accordingly. Weekly, the **Client** shall be billed for any services rendered within the Agency payroll/billing period, beginning on the day shift, Saturday and ending on the night shift Friday. The invoice includes the employee name(s), job category and bill rate for any work performed. Failure to report any billing discrepancies within seven (7) days of receipt of invoice will constitute a waiver of any claims. Payments are due within forty five days of invoice date.

#### **IX. TIME KEEPING**

All assigned personnel will document their time worked according to **Agency** requirements. The timecard shall indicate the Client Name, department, service date, arrival and departure time and total hours worked. A designated department supervisor and/or designee must sign the timecard as verification and authorization for hours stated. In the event a supervisor is not available to sign the timecard, **Agency** personnel may call to verbally authorize hours worked. The supervisor and/or designee constitutes acceptance of hours stated and will be billed accordingly.

#### **X. CANCELLATION POLICY**

In the event **Client** wishes to cancel service, **Agency** requires a two (2) hour cancellation notice. In the event sufficient notice is not provided and **Agency** is unable to contact personnel, **Client** will be subject to a cancellation fee. The cancellation fee is calculated as follows; hourly bill rate times two (2) hours. To offset the loss of wages, **Agency** reimburses its personnel a portion of the cancellation fee.

#### **XI. RECRUITMENT AND HIRING POLICY**

**Client** cannot refer, transfer, recruit or employ **Agency** personnel without the written or verbal consent of **Agency**. If **Client** desires to hire **Agency** personnel, upon notification, **Client** must meet and/or agree to meet one of the following conditions:\*

1. **Agency** employee has met the present assignment conditions and has consecutively worked One Thousand (1000) hours.\*\*
2. **Agency** employee has not worked for **Client** within One Hundred Twenty (120) days of hire notification.
3. **Client** will agree to pay a Direct Hire Placement Fee, for the open position an amount equal to twenty percent (20%) of the annual starting salary if less than One Thousand (1,000) hours.

\*The Client must meet one of the following recruitment & hiring conditions or Client will be invoiced a Direct

Hire Placement Fee.

\*\* After One Thousand (1000) hours, the Direct Hire Placement fee is reduced to 10% of the annual Starting Salary.

## **XII. INDEPENDENT CONTRACTOR RELATIONSHIP**

**Agency** and **Client** hereby agree that the relationship of **Agency** and its personnel is at all times that of an independent contractor and not that of a partner, agent or joint venture of **Client**. At no time shall **Agency** personnel possess the authority to charge items or incur debts or other financial obligations on behalf of **Client** to any contracts, agreements, covenants or obligations of any kind whatsoever.

**Agency** personnel shall perform the duties required by **Client** in his or her direction consistent with his or her professional obligations. To the extent that any direction on or supervision is required, such direction or supervision shall be provided by or on behalf of **Client**.

## **XIII. CLIENT EQUIPMENT & VALUABLES**

When **Agency** personnel and his/her assigned duties requires operating a motor vehicle and/or handling cash; mutual consent to entrust **Agency** personnel shall be in writing. If **Client** should allow personnel to operate any motor vehicle and/or handle cash without prior written consent, **Client** shall accept full responsibility for any loss, bodily injury, property damage, fire, theft, collision or public liability damage. The **Client** shall not advance cash or valuables to **Agency** personnel for any reason, and waives any and all rights to the amount or value of any such cash or valuables advanced against monies owed to this **Agency**.

## **XIV. INDEMNIFICATION**

**Agency** shall indemnify, save and hold harmless **Client** from any judgment for money damages **Client** may suffer from; claims, causes of action and liabilities for bodily injury, sickness, disease or damage to any person, excluding an employee of **Agency**, which injury or damage is caused by the gross negligence of **Agency** personnel while performing within the scope and course of their services to **Client**, except to the extent that such is caused through the negligence of the **Client** or **Client's** agents, servants, officers and personnel, and except to the extent that the personnel furnished by **Agency** acted under the direction of the **Client**, or **Client's** personnel.

## **XV. INSURANCE**

**Agency** shall maintain in force at its own expense all insurance coverage required by law in connection with provision of services. Certificate of Insurance shall be provided to **Client** which details effective dates and amount for the following coverage as requested:

- Workers Compensation
- State Disability
- General Liability Insurance

## **XVI. CLIENT CONFIDENTIALITY & HIPAA SECURITY AND PRIVACY**

**Agency** and its personnel shall agree to maintain **Client** confidentiality and conduct themselves accordingly and not disclose to third parties any information related to business practices, programs, financial information or any other confidential information to comply with all Federal and State laws and regulations. **Agency** agrees to fully comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its associated regulations, and more specifically, in 45 C.F.R. §§ 160 and 164. Standards for Privacy of Individually Identifiable Health Information, Final Rule (the "Final Privacy Rule"), and in 45 C.F.R. §§ 160, 162 and 164, Health Insurance Reform Security Standards, Final Rule (the "Final Security Rule") collectively referred to as ("HIPAA"), as they may be applicable to **Agency**.

## **XVII. SAFETY IN THE WORKPLACE**

Safety in the workplace is a shared responsibility and we are proactive in controlling costs associated with workplace injuries. To ensure the safety and well-being of workers, the **Agency** reserves the right to perform an

on-site safety inspection. **Client** must adhere to OSHA operating standards, to provide personal protective equipment and authorize personnel who has demonstrated competency to perform job duties and utilize equipment.

Despite the promotion of safety in the workplace sometimes injuries are unavoidable. In the event an **Agency** employee sustains an injury while performing his/her job duties the **Client** is responsible to notify the **Agency** immediately. An individual who sustains serious injuries requiring emergency treatment should be sent to the nearest hospital, all other injuries should be treated at a designated **Agency** Facility. The injured worker may be released to return to work and assume full duty immediately. When applicable; individuals who are released to work with restrictions may be able to perform modified duties. In the event **Clients** cannot accommodate modified work duties, **Agency** will identify replacement personnel to perform work duties of original service request. The injured worker may be assigned to work at an **Agency** Branch office. The **Agency** will instruct the **Client** to complete a report and provide the names of any witnesses if applicable. An **Agency** representative will contact you to discuss the injury and plan of action for personnel to return to work safely.

#### **XVIII. COMPLIANCE WITH CLIENT POLICIES AND PROCEDURES.**

**Agency** personnel shall provide services and cooperate in a professional, ethical and diligent manner consistent and in accordance to any professional standards, any federal, state, local or other public or private body exercising authority with respect to **Client**. To ensure personnel is well informed and he/she can deliver quality patient care, **Client** shall provide **Agency** personnel access to its policies and procedures.

#### **XIX. COMPLIANCE WITH LAWS**

**Agency** shall comply, at its own cost and expense, with the provisions of all federal, state, county and municipal laws, ordinances, regulations and orders pertaining to the performance and provision of its services under this Agreement. **Agency** shall take all measures necessary to remedy promptly any violation (s) of any such law ordinance, rule, regulation or order. This Agreement shall be construed and enforced in accordance with the laws of the State of New Jersey.

#### **XX. REMOVAL**

It is the sole discretion of **Client**, or his/her designee, to determine engagement in misconduct by any **Agency** personnel, **Client** may request immediate removal of assigned personnel and shall inform **Agency** of this action immediately. **Agency** shall make every reasonable effort to replace personnel.

#### **XXI. ENFORCEMENT OF AGREEMENT**

This Agreement contains the terms and conditions agreed upon by both parties hereto and no oral agreement regarding the subject matter herein shall be binding. This Agreement supersedes all prior contracts, agreements, and or understanding, whether written or oral between the parties, relating to the subject matter hereof.

#### **XXII. AMENDMENTS/WAIVER**

No waiver of any provision of this Agreement may be amended or waived unless such amendment or waiver is in writing and signed by both parties. The waiver by either party of a breach of any provision in this Agreement shall not operate or be construed as a waiver of any subsequent breach.

#### **XXIII. SEVERABILITY**

If any provision of this Agreement is determined by a court of competent jurisdiction to be invalid, illegal, or unenforceable, such provision shall be considered severed from the rest of this Agreement, and the remaining provisions shall continue in full force and effect as is the invalid provision had not been included.

#### **XXIV. ASSIGNMENT/DELEGATION**

This Agreement cannot be assigned or delegated, in whole or in part, by either party without prior written

consent of the other party. If a party consents to any such assignment or delegation, such consent is subject to the condition that all terms and conditions of this Agreement are binding on the assignees or delegates.

All notices or other communications required under this Agreement shall be deemed duly given if in writing, delivered personally or sent by registered or certified mail, return receipt requested, first-class postage prepaid.

In Witness Whereof, the Parties Hereto Have Executed This Agreement:

John P. ...

Print Name/Title

Print Name/Title

Jackie ... 5/1/21

Authorized Signature/Date

Authorized Signature/Date



## BILLING RATE SCHEDULE

Job Category	Weekday
RN Sub	\$51.00/hour
LPN	\$44.00/hour

Pay/Bill Period. The pay/bill period commences with the day shift Saturday morning and ends with the night shift, Friday.

