With increasing changes in the U.S. health care system, more demands are being placed to provide adequate inpatient nurse staffing, with an eye toward maximizing quality and minimizing long-term costs. While passage and implementation of the Patient Protection and Affordable Care Act (ACA, 2010) has provided more opportunities for nurses in a variety of non-hospital settings, larger and mid-sized hospitals continue to experience significant staffing shortages for reasons that include: inadequately trained newly licensed graduates, geographical restrictions of nursing graduates, retiring long-term employees, and high stress levels leading to rapid staff burnout (Gilmartin, 2013; Kovner, Corcoran, & Brewer, 2011). Currently, there continues to be a strong sense of uncertainty regarding the real effects of the ACA on hospital nursing practice (Krauskopf & Steenhuysen, 2014). In addition, traditional approaches to improve nurse retention have generally been unsuccessful in stemming the perennial problem of staff turnover (Gilmartin, 2013). To further complicate current staffing issues, health care reforms have resulted in overall reduced reimbursements, causing many facilities to cut back staff and benefits, shutter more expensive programs such as obstetrics and birthing centers, and begin considering cuts in hourly staff wages (Tozzi, 2013). Simultaneously, advances in technology and medicine have increased treatment options, creating a higher demand for more complex nursing skills in the inpatient setting. Some institutions are attempting to cut expenses by filling vacant full-time positions with more experienced float-pool or supplemental staff, while avoiding the hiring and orientation process of newly licensed nurses (Bhatt, 2012; Kurtz, 2013). This reduces costs for many medical facilities by eliminating training costs, reducing payouts for expensive benefit packages, and reducing paid leave costs. One popular approach to accommodate these staffing needs is the use of travel or contract nurses. According to the Professional Association of Nurse Travelers (2007), there are an estimated 25,500 Registered Nurse Travelers currently working in the United States.

**Accreditation Process**

There is a multitude of travel/contract nursing agencies providing supplemental staffing in the United States. A listing of these agencies can be found on a number of websites, which are generally industry-sponsored marketing sites and not data- or research-based. Three of the more popular websites include: Travel Nursing (http://www.travelnursing.com), Professional Association of Nurse Travelers (http://www.pantravelers.org), and Travel Nursing Central (http://travelnursingcentral.com). A common attribution expressed by many managers in the use of contract staff are questions about their ability to function independently and competently on the nursing unit, often referring to an older study by Blegen, Vaughn, and Goode (2001) showing higher rates of infections and adverse events with the use of contract staff. Unfortunately, there have been no recent, well-controlled studies in the nursing literature comparing high versus low contract staffing utilization in either medical-surgical or critical care units. It has been shown that years of nursing experience predict fewer adverse events and overall higher quality on nursing units (Needleman, Buerhaus, Stewart, Zelevinsky, & Mattke 2006). More importantly, significant improvements and increased scrutiny regarding the training and experience of contract staff by staffing agencies has occurred over the past 10 years. For example, The Joint Commission (TJC, 2014a) now has a Health Care Staffing Services (HCSS) Certification Program that provides an independent, comprehensive evaluation of a staffing firm’s ability to provide qualified and competent staffing services. Health care staffing firms may apply for Joint Commission certification if they: (1) place temporary clinical staff in other organizations that direct or provide direct patient care; (2) place temporary clinical staff under the direct supervision of another organization’s personnel; (3) collect and present four months of data for each of the three standardized performance measures by the time of the initial on-site review; (4) place at least ten individual clinical employees on assignments by the time of on-site review (TJC, 2014a). TJC published the Health Care Staffing Services Certification Handbook which is available online in PDF format (TJC, 2014b), free of charge. This is a complete discussion of the review process for agencies as well as for customers to peruse. The one area of specific interest to managers utilizing staffing services is the Human Resources section. Here, standards are described for the hiring of clinical staff, methods for working with clinical staff, supervision, continuing education, and performance evaluation. Accreditations are bi-annual and occur via unannounced visits to offices of the agency to review quality data, performance trends and staff/contractor files. Managers and Nurse Executives should always select a Joint Commission accredited travel agency for any travel nursing needs.

**Competency Testing**

All accredited staffing agencies following TJC standards maintain thorough, up-to-date health records, drug screening information, and continuing education records, and will provide competency evaluations in the form of online testing via popular assessment and testing systems including: Prophecy Healthcare Testing (2014) and Cross Country Nursing Competency Assessments/Continuing Education (Cross Country TravCorps®, 2014). While Cross Country Staffing is a proprietary staffing company, it makes its testing program...
available to other agencies, for a fee. Both of these competency evaluation systems provide excellent clinical reviews of all areas of clinical nursing and rigorous tests of concepts and hands-on clinical knowledge for the clinical nurse. Clinical managers may wish to become familiar with the available tests from both of these companies as there are many different tests at varying levels of complexity specific to Critical Care, Telemetry, and Medical-Surgical Units. Managers can request certain passing scores on each test as a criterion for acceptance of the travel nurse on their unit.

**The Selection Process**

After the manager chooses a travel nurse company accredited with “TJC Gold Seal of Approval,” the company submits viable candidates based on the needs that have been detailed. The next step is the interview, usually by telephone and sometimes by Skype or other video-conferencing when possible. Some of the important questions that must be asked include: years of total nursing experience, years as a travel nurse, and years of med-surg, telemetry, and ICU experience. Some managers become preoccupied with specific past training on one or another electronic medical record (EMR) system. After six years of travel nursing, I have learned that if the travel nurse has had experience on any of the top five EMRs, including McKesson HED®, Cerner®, Meditech®, or EPIC®, he or she can become proficient using an alternate EMR in 3-5 shifts, with a basic 1- or 2-day training course.

Unfortunately, some travel companies allow nurses with less than two years of overall nursing experience to accept travel positions. In today’s work environment, managers can be more selective and may wish to set a minimum of three years total experience acceptable for a Med-Surg/Tele unit and three years total with two years ICU experience for the ICU. The presence of clinical certifications and/or a Bachelor of Science in Nursing (BSN) is always a plus and should propel the candidate to the top of the prospect list, because it suggests that (in addition to years of experience) the nurse is committed to his or her specialty area. It is the experience of this writer that travel nurses with two years or less of experience often have difficulties mastering the clinical demands of the unit and frequently are not aware of common medication interactions/effects which cause adverse events resulting in Rapid Response Team (RRT) calls. For example, the blind administration of multiple blood pressure medications with borderline blood pressures and continuing with administration of scheduled insulin for patients with poor oral intake are two of the most common critical thinking errors this writer has observed in younger, inexperienced travel nurses.

**Making the Experience a Win-Win Situation**

The key to a positive and effective experience with the travel nurses selected is determined before they ever arrive on the unit. First, all travel nurses should receive a minimum of two days of general orientation as specified in TJC’s Certification Handbook for Health Care Staffing Services (2014b). After general orientation, including EMR use, the travel nurse should be assigned a mentor or preceptor to assist with basic unit orientation for a minimum of two shifts, which usually includes completion of a skills checklist. Finally, full-time RNs, nursing assistants, and unlicensed staff need a brief orientation meeting – while the travel nurses are going through their own orientation period – regarding the qualifications of the nurses selected to work with them. A brief pep-talk to both day and night staff, especially charge nurses, regarding the incoming travel nurses and referring to them by name gives the staff a sense that they are highly qualified nurses coming to help, assist, and teach. Travel nurses should be treated as colleagues.

When this type of healthy practice environment is created, many travel nurses will renew their contracts multiple times, making the manager’s life easier while also elevating quality and patient satisfaction scores.

**Conclusion**

The use of travel nurses as supplemental staff can be a positive and rewarding experience for the clinical manager and the clinical nursing unit. Experienced travel nurses bring expert clinical experience, knowledge, and rapid critical thinking skills to the nursing unit. However, the selection of staffing agencies and travel nurse candidates, as well as their mentoring upon arrival to the unit, needs to be well-coordinated, well planned, and thoughtful in execution.

**References**


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