RISK RESOURCES

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INSURANCE SOLUTIONS FOR HEALTHCARE PROVIDERS

Aligning Expectations Between Senior Care Facilities and Staffing Agencies: A Risk Management Perspective Part 1

Staffing agencies play an increasingly key role in senior care settings as facilities manage staffing shortages, fluctuating census, and heightened regulatory scrutiny. While agency partnerships can support continuity of care, they also introduce risk when expectations around roles, supervision, documentation, and accountability are unclear or inconsistently applied.

As a risk management consultant who advises both senior care facilities and staffing agencies, I frequently see claims, survey deficiencies, and disputes that arise not from intentional misconduct, but from misaligned expectations and operational assumptions. When clarity is lacking, gaps emerge that can compromise patient safety and regulatory compliance.

In this three-part series I examine expectation alignment from both perspectives. We will focus on establishing foundational expectations and identifying common areas of operational misalignment, while outlining practical risk-reduction strategies to minimize exposure.

While staffing agreements may outline roles and responsibilities, risk most often emerges in day-to-day operations when expectations are unclear, processes are inconsistently applied, or communication between the facility and staffing agency breaks down. These gaps, more than lack of clinical skill, are a frequent source of patient safety events, documentation errors, and regulatory exposure.

The following common areas highlight where these gaps are most likely to surface in daily clinical operations.

Shared high-risk scenarios may involve:

- Inadequate orientation leading to medication errors, care, omissions, or near-miss events
- Unclear supervision structures particularly during shift transitions or high-acuity situations
- Differing documentation standards between agency and facility workflows
- Scope-of-practice misunderstandings particularly related to task delegation
- Delayed or incomplete incident reporting resulting in regulatory scrutiny or defensibility challenges

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Senior Care Facility Expectations of Staffing Agencies

Senior care leadership often views staffing agencies as an extension of the facility workforce. Common expectations include:

- Verification that clinicians meet applicable credentialing, licensure, and qualification requirements prior to placement
- Pre-assignment preparation, including communication of role expectations and verification of required baseline training, with personnel capable of adapting quickly to facility workflows
- Consistent staffing without frequent or unexpected cancellations
- Ongoing communication with the facility regarding any scope limitations, restrictions, or changes affecting assigned personnel
- Compliance with facility policies such as documentation and infection prevention

Staffing Agency Expectations of Senior Care Facilities

Staffing agencies also face regulatory obligations and liability exposure and rely on cooperation from facilities. Common expectations include:

- A safe working environment for staff
- Clear communication of facility-specific credentialing, qualification, and documentation expectations
- Orientation to facility policies, workflows, and documentation systems relevant to assigned roles
- Accurate role descriptions and clarity of duties
- Defined supervision and escalation pathways for agency clinicians during assignments

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ALIGNING EXPECTATIONS BETWEEN SENIOR CARE FACILITIES AND STAFFING AGENCIES: A RISK MANAGEMENT PERSPECTIVE PART 3

Questions for senior care facility leadership:

- Has the facility's Patient Safety Culture been formally assessed?
- How does the facility communicate credentialing and qualification expectations for agency clinicians?
- How is orientation for agency staff defined and how are competencies verified and documented?
- How are medical record documentation expectations communicated and enforced?
- Who is responsible for supervision and escalation during a shift?
- How are incidents involving agency staff reported up the chain of command?
- What action is taken for immediate debrief and investigation post incident and are follow-up actions taken and communicated to affected parties?

Questions for staffing agencies:

- How does the agency verify and maintain clinician credentials and qualifications?
- How do clinicians receive facility-specific information prior to arrival?
- How are safety concerns reported during assignments?
- How are incidents communicated back to the agency?
- Are expectations communicated clearly with defined accountability within the team?
- What steps can strengthen shared accountability and communication?

Risk management strategies for both parties to consider:

- Promote a culture of safety and shared accountability for quality outcomes across both entities.
- Define orientation, supervision, scope of duties, and reporting responsibilities prior to engagement.
- Establish clinical oversight responsibilities, identify shift specific leadership contacts, and reinforce escalation protocols.
- Provide facility specific documentation requirements to the agency, ensuring clinician familiarity and competency.
- Clarify role responsibilities and duties.
- Define incident reporting procedures and follow-up expectations.
- Develop standardized, unit-specific orientation tools that highlight high-risk activities.

Conclusion

When expectations are clearly defined and consistently reinforced across both organizations, patient safety is strengthened, accountability is clarified, and defensibility is enhanced.

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