

Original Question: PER DIEM POLICY SUMMARY

ORG A:

POLICY: Per Diem (PRN) positions are utilized to augment regular staffing needs. Per Diem positions will be kept to a minimum and monitored by the department Director or designated Manager. A Per Diem employee will be paid the established Per Diem rate for the position with no benefits. Per Diem hours are not guaranteed.

PROCEDURE: Per Diem staff coverage is defined as working the full shift requested, not a portion thereof. Failure to provide coverage for at least 75% of the shift will be considered one instance of unavailability to provide coverage. A Per Diem employee who fails to meet the above requirement for two consecutive months shall not continue employment with the health system. The requirements shall not apply in a month during which the operational and or scheduling needs of the department do not require the scheduling of the PRN employee. Exceptions may be made for catastrophic illnesses or events. Planned vacations must be communicated in advance with a manager, and may also be considered an exception. If the PRN position has not been scheduled for 120 days, based on the operational needs of the department, the position may be terminated.

PRN staff will:

- Maintain all necessary certifications, licenses, credentials, and privileges
- Maintain core competencies for position description
- Complete all annual and mandatory educational requirements within the time frame required
- Complete departmental training requirements within the time frame required.
- Responsible for keeping up to date on department changes in policies, procedures.
- Attend staff meetings as required and review staff meeting minutes.
- Maintain a current working knowledge of all department policies and procedures
- Agree to travel to off-site locations as needed
- Be available to work 2 shifts per pay period or 4 shifts per month.
- Be available to work weekend/holiday rotation(s) based on department need

ORG B:

Our therapists must work once per quarter to main competencies for both IP coverage and OP MBS studies. We do not have a maximal. I have some that work 1x per week. They do not typically attend meetings unless they are staffing regularly for medical leave. They do receive updates that go out via email to keep them updated.

ORG C:

- PRN teammates are expected to be scheduled at least 1 shift each quarter, unless:
 - They are specifically identified as a “seasonal” employee
 - The teammate is working a consistent schedule in the department
- PRN providers are expected to participate in the on call rotation for their specific discipline unless either of the above criteria are met
 - Being on call at least 1 weekend per quarter fulfills the PRN requirement even if not called in

- PRN team members are subject to scheduling changes based on staffing required for patient care needs and census/volume fluctuations
 - In the event that hours are not needed by the therapy department in a given quarter, the PRN team member will not be held to the minimum requirement
- PRN hours must be approved by a supervisor
- PRN team members are accountable to ensure licensure and certifications are current when applicable
- PRN team members must complete all required competencies, mandatory in-services and NetLearning modules
- PRN team members are responsible to remain informed of all meeting minutes shared electronically
- The time required to complete competencies, mandatory meetings and mandatory educational conferences/programs, although paid, does not fulfill hours required for the minimum 1 shift per quarter
- PRN team members not meeting the PRN requirements, including completion of competencies shall be subject to termination

ORG D:

Min of 4 hours per week and they do not HAVE to attend staff meetings. They do have to complete all mandatory education and complete leader rounding quarterly, but can be virtual. They get paid for anything work related- doing their CPR, meetings, completing mandatory education.

ORG E:

We use PRN for both inpatient and outpatient Pediatrics. We have early intervention therapists (most of which originally trained at our site) that cover during school breaks (where we have increased outpatient demand), weekend coverage/rotation, and I believe they have 100/year commitment where they can decide which days to pickup. We also are fortunate in that we have had some colleagues that have retired that will come back and pickup when needed as well. They are not expected to be at team meetings for us. We have their phone numbers and typically will also send them a request for more hours as we need them as well if we want to give regular staff PTO that they request in advance or if we have too much demand and need the extra help for outpatient. We have PRN who will cover for maternity leaves as well, but this is dependent on time of year for the EI therapists.

ORG F:

We don't have per diem staff but do have some casual team members. We don't have a firm policy at this point, but we do request that each casual team member works 2 weekend days per month.

ORG G:

We currently require at least 40 hour per year (with required 4 weekends). We do not require staff meetings but expect that they check email routinely and complete required education as

assigned. We have wanted to increase the hours requirement to a certain number per quarter (like our nursing colleagues) but we fear that it will potentially cause us to lose PRN staff that can only work weekends (which still provide a great benefit). I should note that we are in a rural area and struggle with maintaining an adequate PRN staffing pool.