

**REPRINT**

**REPORT OF THE  
DEPARTMENT OF COMMERCE,  
DEPARTMENT OF HEALTH, AND THE  
DEPARTMENT OF HEALTH PROFESSIONS ON**

# **Temporary Nursing Services**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



## **HOUSE DOCUMENT NO. 13**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
1990**

# Report on Temporary Nursing Services

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- I Executive Summary
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I. Executive Summary

A. Study Overview

This study was initiated by the passage of House Joint Resolution No. 322 to determine the utilization of temporary nursing services by health care facilities and the impact of such utilization practices on the cost and quality of services provided in such facilities in the Commonwealth of Virginia.

The Department of Commerce, the Department of Health, and the Department of Health Professions, through the means of research, a public hearing, and written comments, reviewed the nature of temporary nursing services and their unregulated effect on the public.

The Departments' recommendation is based on an extensive analysis of this information.

B. Key Findings

1. Temporary Nursing Services (TNSs) are used extensively throughout the Commonwealth and can be a cost-saving mechanism for well-administered health care facilities that experience brief personnel shortages.
2. Nursing homes with a high level of Medicaid reimbursable patients report a greater impact from the use of TNSs as a result of the Medicaid Reimbursement Schedule.
3. Temporary Nursing Services, due to their very nature, may provide less than desired services in long-term care facilities where not only physical care but also trust, security, and social interaction are important to residents. Temporary nursing services may be used more appropriately for short-term supplemental assignments while health care facilities monitor and actively recruit to meet their full-time staff needs.
4. There was evidence that some facilities fail to maintain adequate regular staffing, and thus rely too heavily, and at great cost, upon the temporary services. The hourly rate for a temporary nurse can run from 1 1/2 to more than twice that paid to regular staff nurses.
5. Well-organized and administered nursing services have a higher percentage of well-trained, well-oriented nurses. Health care facilities may more effectively regulate quality and cost by refusing to use nursing services whose standards are not high enough and whose rates are too high.
6. Every health care provider has the duty and the responsibility to establish and review qualifications of potential nurses and then accept or reject any health care professional offered them by a temporary nursing service.

7. When problems do occur, mechanisms are available for resolving the conflict. Complaints against nurses can and should be reported to the Board of Nursing when unprofessional behavior occurs, and a contract between the vendor and the provider should allow legal avenues for grievances to be processed.

C. Conclusion

Temporary Nursing Services are widely utilized in the Commonwealth and such utilization may affect cost and quality of health care in facilities which use such services, if the facilities are lax in maintaining good business and health care practices.

However, evidence also demonstrates that good business practices on the part of health care provider facilities will limit or remove risk to the public interest from TNSs.

Testimony from some health care providers recommending an outright ban on TNSs or a cap on charges would be an improper and unnecessary intrusion into otherwise legal business enterprises.

The Department of Commerce, the Department of Health, and the Department of Health Professions conclude that government intervention would not address the problems which are primarily marketplace in nature.

D. Recommendation

The Departments therefore recommend that temporary nursing services and health care providers continue to work together to follow guidelines presented by the American Nurses Association on the use of supplemental nursing services, in order to ensure that quality of care is not jeopardized and that temporary nursing services are effectively utilized.

## II. Introduction

A. Background and Purpose of Report

B. Profile of Temporary Nursing Services

## II. Introduction

### A. Background and Purpose of Report

Members of the 1989 Session of the Virginia General Assembly adopted House Joint Resolution No. 322 introduced by Delegate Mary A. Marshall. This resolution requested the Department of Commerce, the Department of Health, and the Department of Health Professions to study the utilization of temporary nursing services and the impact of such utilization practices on the cost and quality of services provided in health care facilities within the Commonwealth. See Appendix A for a copy of House Joint Resolution No. 322.

Assuming that the legislative intent of this resolution was also to study the need for regulating temporary nursing services, the Departments referred to Section 54.1-100 of the Code of Virginia. The eight-month study included information gathering, research, and a public hearing. This report will serve to outline the findings of the study and then present the Departments' recommendation.

### B. Profile of Temporary Nursing Services

As defined by a federal government study, a "temporary nursing service" (TNS) is an agency that employs nurses and contracts with clients to provide these nurses for temporary or supplemental assignments. Its clients include hospitals, nursing homes, other health care institutions, private physicians, and individual patients. As an employer, the TNS compensates its employees for their hours worked, performs payroll deductions for Federal, state, and local income taxes, covers its employees for Workers' Compensation insurance, and frequently provides professional liability insurance for its nurses.

A temporary nursing service attracts nurses who primarily seek part-time work, flexible schedules or higher hourly wages. In exchange, most agency nurses sacrifice the job security and benefits offered in more traditional employment situations. Such temporary work is attractive to nurses with children, student nurses, and the nurses who are re-entering the labor force after absences of several years. The temporary nurse may work full-or part-time with the TNS, may work regular or irregular days and hours for the TNS, may in fact work for more than one TNS, and may work for both a TNS and for another employer.

Temporary nursing services really emerged as a component of the health care delivery system in the mid-1970's. The growth and utilization of the services has been stimulated by the national nursing shortage, but has not in and of itself been an indicator of a nurse shortage. This statement is the conclusion of a report completed in 1988 by the Secretary's Commission on Nursing, an advisory panel established by the U.S. Secretary of Health and Human Services to examine reports of widespread shortages of registered nurses.

### III. Key Issues

- A. Utilization of Temporary Nursing Services
- B. Impact of Temporary Nursing Services on Quality of Care
- C. Impact of Temporary Nursing Services on the Cost of Care



### III. Key Issues

#### A. Utilization of Temporary Nursing Services

Utilization of temporary nursing services appears to be widespread throughout the Commonwealth. Testimony at the public hearing also indicated that such utilization was universal by both public and private sector providers and primary and secondary care providers. A study completed in April, 1989 by the Virginia Hospital Association reported use of temporary agencies for the week of December 4-10, 1988. For that given week, hospitals reported using temporary agency R.N.s to cover from 1-187.4 shifts. The mean number of shifts covered was 27.6 per institution. Regionally, Hampton Roads and Northern Virginia reported more shifts covered by temporary agency personnel than any other region, with a mean of 41.2 and 46.3 R.N. shifts/week, respectively.

Utilization is also widespread among nursing homes where high R.N. vacancies are being experienced. The Secretary's Commission on Nursing (December 1988) attributed such shortage to the fact that on the average, nursing homes have paid their full-time staff significantly lower salaries and have had more difficulty retaining staff than have hospitals (Jones, et. al., 1987).

#### B. Impact of Temporary Nursing Services on Quality of Care

The research and public comment received on the quality of care from temporary nursing services varied from few problems to significant problems. The Departments charged with this study wish to highlight the following:

1. Temporary nurses are naturally transient in nature, which can be less than favorable in long-term care facilities where the environment provides both physical care and social interaction for patients.
2. There appears to be wide disparity on the willingness of facility administration to require high standards of performance by the nurses temporary agencies provide.
3. A contractual relationship exists between the health care provider and the vendor of temporary nursing services. Such contract provides an arena for settling a breach or violation thereto.
4. Problems identified with the quality of care by a temporary nursing service included higher medication administration errors, undependability, negative family and visitor relations, unprofessional appearance, sketchy documentation, lack of follow through, lack of orientation to the facility, and negative impact on full-time staff morale.

5. The American Nurses' Association's Commission on Nursing Services has established "Guidelines for Use of Supplemental Nursing Services." The Virginia Health Care Association and the Virginia Association for Home Care have endorsed these guidelines and agreed upon supplemental guidelines which are specifically related to issues in nursing homes. See Appendix B for a copy of these guidelines.

C. Impact of Temporary Nursing Services on the Cost of Care

Public comment and testimony received as a result of this study varied tremendously as to the cost of temporary nursing services.

Vendors testified that temporary nursing services can actually help reduce health care costs by allowing facilities to employ additional staff only during peak demand periods which may occur occasionally and last briefly. Vendors also point to a 1983 study commissioned by the Department of Health and Human Services to see if temporary services were adversely affecting quality of care for Medicare and Medicaid patients and substantially increasing reimbursable costs for Medicare and Medicaid. The study concluded that TNSs were of "minor consequences for quantity, quality, and cost of the nation's health care services."

Temporary Nursing Services also contend that wages of permanent employees identified by health care facilities are understated, for such costs should also include benefits typically offered employees (pension, health insurance, vacation, sick pay, tuition assistance, etc.) as well as indirect costs such as recruitment and general administration overhead. Vendors argue that the difference between agency nurse charges and facility pay rates usually runs 30-35% and reflects the amount available to pay payroll taxes and costs of doing business, unemployment insurance taxes, workers' compensation, liability insurance, recruiting, orientation, and continuing education.

Health care providers, particularly nursing homes with Medicaid patients, testified that the hourly rate charged by TNSs was disproportionately higher than that of permanent employees. The cost of temporary nurses as presented through all public comment varied greatly depending upon the source as well as the region.

While it is outside the parameters of this study, it should be noted that the Medicaid reimbursement system does place severe limitations on long-term care facilities in Virginia which cannot simply pass the additional costs on to patients.

IV. Public Comment

A. Written Comments

B. Public Hearing

#### IV. Public Comment

##### A. Written Comments

Letters were sent to 15 randomly chosen Virginia hospitals and 9 health care agencies and associations requesting information regarding the utilization of temporary nursing services and the impact of such utilization practices on the cost and quality of services provided. Likewise, 18 randomly chosen Temporary Nursing Services operating in the Commonwealth were requested to offer input on this issue. This report has attempted to reflect information gathered from these responses. Three major associations provided significant amounts of information:

1. The Virginia Health Care Association (VHCA), representing over 90% of Virginia's nursing homes, expressed concern that errors and deficiencies that are brought about by temporary nurses are not assigned as the responsibility of the nurse but instead are deficiencies against the nursing home. The VHCA supports the use of the American Nurses Association's Guidelines for Use of Supplemental Nursing Services, but feels that such guidelines are not used systematically. VHCA recommends that TNS should take further responsibility for such requirements as orientation to the facility, review of facility's policies and procedures, and a list of other requirements.

VHCA member nursing homes who provided comment expressed greater concern about the burden placed on Medicaid approved facilities using TNS and the need for government regulation.

2. The Virginia Association for Home Care, whose membership lists 101 home health agencies, opposes any regulation of TNSs. The Association proposes that additional regulation would be duplication of state regulations now being promulgated to license all home health agencies in the Commonwealth. Temporary nursing services which provide physician-ordered home care will be subject to the law.
3. The Home Health Services and Staffing Association representing temporary nursing services throughout the Commonwealth also opposes any regulation of TNSs. The association argues that temporary nursing services keep nurses in the profession, thereby preventing an even greater nursing shortage and that any government regulation would equate to rate setting.

See Appendix C for a cumulative list of all written comments.

##### B. Public Hearing

A public hearing was conducted September 28, 1989 in Richmond at the Department of Commerce. Participants represented the temporary nursing services and health care providers, primarily nursing homes.

See Appendix D for a cumulative list of all hearing participants.

### Summary

- A. Findings
- B. Conclusion
- C. Recommendation

## V. Summary

### A. Findings

The Department of Commerce, the Department of Health, and the Department of Health Professions, after reviewing the public hearing information and written comments, summarized their findings as follows:

1. Temporary Nursing Services are used extensively throughout the Commonwealth and can be a cost-saving mechanism for well-administered health care facilities that experience brief personnel shortages.
2. Nursing homes with a high level of Medicaid reimbursable patients report a greater impact from the use of TNSs as a result of the Medicaid Reimbursement Schedule.
3. Temporary Nursing Services, due to their very nature, may provide less than desired services in long-term care facilities where not only physical care but also trust, security, and social interaction are important to residents. Temporary nursing services may be used more appropriately for short-term supplemental assignments while health care facilities monitor and actively recruit to meet their full-time staff needs.
4. There was evidence that some facilities fail to maintain adequate regular staffing, and thus rely too heavily, and at great cost, upon the temporary services. The hourly rate for a temporary nurse can run from 1 1/2 to more than twice that paid to regular staff nurses.
5. Well-organized and administered nursing services have a higher percentage of well-trained, well-oriented nurses. Health care facilities may more effectively regulate quality and cost by refusing to use nursing services whose standards are not high enough and whose rates are too high.
6. Every health care provider has the duty and the responsibility to establish and review qualifications of potential nurses and then accept or reject any health care professional offered them by a temporary nursing service.
7. When problems do occur, mechanisms are available for resolving the conflict. Complaints against nurses can and should be reported to the Board of Nursing when unprofessional behavior occurs, and a contract between the vendor and the provider should allow legal avenues for grievances to be processed.

Such findings lead the Departments to determine whether regulation is required. Section 54.1-100 of the Code of Virginia states that no regulation shall be imposed upon any profession or occupation except for the exclusive purpose of protecting the public interest when:

1. The unregulated practice of the profession or occupation can harm or endanger the health, safety and welfare of the public, and the potential for harm is recognizable and not remote or dependent upon tenuous argument;

The Departments find that the unregulated practice by temporary nursing services can harm or endanger the health, safety and welfare of the public, but that such harm is based on remote and tenuous argument since licensing of all nurses is required in the Commonwealth. Such licensing and competency requirements for nursing care professionals could be characterized as thorough and complete, with high entry standards based on education and examination and strict regulatory standards.

2. The practice of the profession or occupation has inherent qualities peculiar to it that distinguish it from ordinary work and labor;

Temporary Nursing Services are not unique, but provide licensed nurses an alternative to full-time employment.

3. The practice of the profession or occupation requires specialized skill or training and the public needs, and will benefit by, assurances of initial and continuing professional and occupational ability; and

Again, this requirement is already addressed by Board of Nursing licensing standards as well as the state license and national accreditation standards for hospitals and nursing homes that require all staffing contracts to include provisions ensuring that the quality of care provided by the facility is not compromised by use of some temporary staff.

4. The public is not effectively protected by other means.

Problems which might occur should be effectively dealt with through good administration of the vendor/facility contract. Grievances or complaints against nurses should be reported to the Board of Nursing when appropriate.

#### B. Conclusion

Temporary Nursing Services are widely utilized in the Commonwealth and such utilization may affect cost and quality of health care in facilities which use such services, if the facilities are lax in maintaining good business and health care practices.

However, evidence also demonstrates that good business practices on the part of health care provider facilities will limit or remove risk to the public interest from TNS.

Testimony from some health care providers recommending an outright ban on TNS or a cap on charges would be an improper and unnecessary intrusion into otherwise legal business enterprises.



The Department of Commerce, the Department of Health, and the Department of Health Professions conclude that government intervention would not address the problems, which are primarily marketplace in nature.

C. Recommendation

The Departments therefore recommend that temporary nursing services and health care providers continue to work together to follow guidelines presented by the American Nurses Association on the use of supplemental nursing services in order to ensure that quality of care is not jeopardized and that temporary nursing services are effectively utilized.

VI. Appendices

- A. House Joint Resolution No. 322
- B. Joint Statement of Responsibilities of  
Supplemental Nursing Services and Nursing Homes  
in the Provision of Nursing Care Utilizing  
Supplemental Nurses
- C. Cumulative List of Written Comments
- D. Cumulative List of Public Hearing Participants

**GENERAL ASSEMBLY OF VIRGINIA -- 1989 SESSION**  
**HOUSE JOINT RESOLUTION NO. 322**

*Requesting the Department of Commerce, the Department of Health, and the Department of Health Professions to study the utilization of temporary nursing services.*

Agreed to by the House of Delegates, February 24, 1989  
Agreed to by the Senate, February 23, 1989

WHEREAS, Virginia's nursing homes are highly dependent on licensed and competent staff in order to meet federal and state regulatory requirements; and

WHEREAS, the quality of care in nursing homes is directly affected by the training and level of competence of its personnel; and

WHEREAS, nursing homes in Virginia are experiencing a shortage of licensed registered and licensed practical nurses; and

WHEREAS, there has been a proliferation of temporary nursing pools throughout the Commonwealth; and

WHEREAS, Medicaid is the primary funding mechanism for the reimbursement of nursing home services, and Medicaid's regulations require such facilities to adhere to its containment initiatives; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Commerce, the Department of Health, and the Department of Health Professions are requested to study the current utilization practices of employment agencies specializing in the provision of certified and licensed temporary nursing personnel to health care facilities and the impact of such utilization practices on the cost and quality of services provided in such facilities within the Commonwealth of Virginia.

The Departments shall complete their work in time to submit their recommendations to the Governor and the 1990 Session of the General Assembly pursuant to the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

**ahca**  
American Health Care Association

**Joint Statement of  
Responsibilities of Supplemental  
Nursing Services and Nursing Home  
In The Provision of Nursing Care  
Utilizing Supplemental Nursing**

**hhssa**

HOME HEALTH SERVICES  
and STAFFING ASSOCIATION

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**hhssa**

HOME HEALTH SERVICES  
and STAFFING ASSOCIATION

Recognizing the need for guidelines relating to the utilization of supplemental nursing services by nursing homes, the American Health Care Association and the Home Health Services and Staffing Association adopt this Joint Statement of Responsibilities in order to achieve the following purposes:

- To ensure that supplemental nursing services provided to nursing homes satisfy standards of high quality;
- To improve working relationships between supplemental nursing services and nursing homes by clarifying their respective responsibilities; and
- To create a cooperative framework for resolving any future problems which may arise in such relationships.

Both organizations endorse the "Guidelines for Use of Supplemental Nursing Services" published by the American Nurses Association in December, 1979. The guidelines set out below are intended to supplement that document and to address specific issues related to use of supplemental nursing services by nursing home facilities. Supplemental nursing services and nursing homes are encouraged to take into account such other standards relating to the delivery of nursing services as may be appropriate.

The provider of supplemental staffing and the nursing home facility should assume the following respective responsibilities:

#### **Supplemental Nursing Service**

1. Carefully screen applicant for supplemental nursing employment, including:
  - Personal interview to assess educational qualifications and experience and reference checks;
  - Verification of all required professional licenses with state authorities;
  - Verification that state health requirements have been satisfied.
2. Take steps to assure the competence of employees, such as:
  - Establishing procedures for continuing evaluation of employees by qualified supervisory personnel;
  - Arranging visits by the supervisor to the nursing home facility to review employee performance;
  - Establishing programs for in-service education and training of employees.
3. Strive to satisfy as fully as possible the needs of the nursing home facility using supplemental nursing services by:

- Determination of the specific requirements of the facility for a particular assignment and matching the skills, experience and desires of the nurse assigned to such requirements;
- Provision for advance orientation of the assigned nurse to the facility's known policies and procedures;
- Reasonable efforts to assure continuity of care through reassignment of personnel to the same facility.

4. Respect the unique and valuable role of supplemental nursing services in the health care community by instructing its employees not to solicit the permanent staff of the facility for recruitment as employees of the service.
5. Assume the legal obligations of an employer under applicable employment, payroll and taxation statutes and regulations with respect to supplemental nurses assigned to a facility.
6. Ensure that the supplemental nurses assigned to a facility are bonded and insured, including general liability, professional malpractice and worker's compensation insurance.

#### **Nursing Home Facility**

1. Evaluate the qualifications of supplemental nursing services and determine their adherence to the policies and procedures described above.
2. Cooperate fully with supplemental nursing services utilized by:
  - Providing the service with written documentation of the facility's policies and practices which may be used by the service for advance orientation of supplemental nurses;
  - Planning for use of supplemental nursing services through advanced scheduling;
  - Informing the service of the specific skills, experience and working conditions demanded with respect to a particular assignment;
  - Establishing procedures for the effective and thorough orientation of supplemental nurses upon commencement of an assignment;
  - Establishing procedures for cooperative supervision and performance evaluation of supplemental nurses by both the facility and the service, including prompt notification by the facility to the service of any performance inadequacies.
3. Respect the unique and valuable role of supplemental nurses in the health care community by instructing permanent staff not to solicit supplemental nurses for recruitment as employees of the facility.

## APPENDIX C

Cumulative List of  
Written Comments Submitted  
to the Department of Commerce

<u>Name</u>	<u>Affiliation</u>	<u>Position</u>
Kathy Carrique	Upjohn HealthCare Services	Supports TNSs as a cost containment factor in health care
Thomas E. Reynolds	Personnel Pool of America, Inc.	Supports use of TNSs as a valuable service
Peter C. Clendenin	Virginia HealthCare Assoc.	Submitted letters from numerous members documenting problems with TNSs
Karen R. Selden	Virginia Association for Home Care	Supports TNSs as partial solution to nursing shortage
Jane N. Inge	Home Health Services and Staffing Association	Rate-setting of nursing pool services is unwarranted and unnecessary
Donald L. Husi	Williamsburg Landing	Uses temporary nursing services because the facility is a private pay facility
Ann M. Rhome	Alpha Home Care	TNSs meet a need and provide cost savings
Jo Ann O. Eure	Eure Professional Staffing, Inc.	TNSs provide benefits to health care facilities and to nurses seeking employment flexibility
Milton A. Katz	Riverside Convalescent Ctr	Concern that TNSs are too expensive and jeopardize continuity of patient care
Merlin R. Steider	Francis N. Sanders Nursing Home, Inc.	Does not utilize TNSs
Patricia N. Miller	Coliseum Park Nursing Home	TNSs are expensive and make recruitment of full-time staff more difficult
Kenneth H. Axtell	Williamsburg Community Hosp.	Been pleased with TNSs
Rexford F. Beckwith	Rappahannock Westminster-Canterbury	Medicaid reimbursement makes it impossible to pass cost of TNSs on to patients

<u>Name</u>	<u>Affiliation</u>	<u>Position</u>
Matt Farmer	Forest Hill Nursing Home	TNSs rates are too high; jeopardize patient care
Betty Cochran	HCMF Corporation	Rates charged by TNSs are exorbitant





<u>Name</u>	<u>Affiliation</u>	<u>Position</u>
Mary Ann Lucas	Lafayette Villa	Increase in cost of TNSs has doubled over past year
David H. Hassenpflug	Newport News Baptist Retirement Community	Have not utilized TNSs
Thelma J. Wilson	Autumn Care of Portsmouth	Cost and impact of TNSs was prohibitive
Berit Kuntz	Medicenter/Virginia Beach	Concerned with cost and quality of services
K. Sue Kwentus	Northampton-Accomack Memorial Hospital	Do not use TNSs
Donna Forsyth	Kimberly Quality Care	TNSs can be a part of cost containment



APPENDIX D

Cumulative List of  
Public Hearing Participants

<u>Name</u>	<u>Affiliation</u>	<u>Position</u>
Karen Selden	Virginia Association for Home Care	No evidence to support detrimental effects of TNSs on cost or quality of nursing care
Steve P. Haggerty	Autumn Corporation	Supports government regulation of TNSs
Susanna Sugarman	National Nurses Service	Opposes any rate-setting of TNSs
John VanOver	Upjohn HealthCare Services	TNSs charge health care facilities only the salary and other personnel and administrative costs, plus a reasonable profit
Ann M. Rhome	Visiting Nurses Association	Opposes rate setting which would exacerbate nursing shortage
Thomas Reynolds	Medical Personnel Pool	No significant quality or cost problems with TNSs that prudent buying can't rectify
Marcia Easterling	Elizabeth Adam Crump Manor	TNSs fees are too high; TNSs can't provide social models in long-term care
Mary Jane O'Boyle	Camelot Hall Nursing Home	Would use TNSs only when other options were unavailable
Charles Weeden	Medical Facilities of America	Cost versus quality of care issue
Peter Clendenin	Virginia Health Care Assoc.	Supports systematic use of American Nurses Association's Guidelines for TNSs
Morris Rooke	Libbie Convalescent Center	TNSs restrict nursing homes' ability to recruit full-time staff