

# HIGHWAY HAPPENINGS

Volume 7, Issue 11

A eZine for travel nurses by a traveling nurse!

November 2010

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## Getting Along With Others

Remember in grade school when we had this spot on our report cards that read, "Gets along and plays well with others?" Well, that is about how things are in the big world also.

Your first impression takes you a long ways when it comes to getting along and working well with others upon arrival to your new unit. Go to your charge nurse the first day with a smile and tell them who you are and that, "I'm here to help." Remember that it is awfully hard to chew on someone's butt when they are smiling.

A slight aggressive approach here is much better than one in which you saunter up to the nurses station and just sit there. That may give the first impression that you are lazy and just want to set around instead of being excited to help, and being excited about your new adventure.

Be optimistic that this assignment is going to be the best you have ever had. This is your home floor for the next few months, so don't go onto the floor with an attitude of "what king of mess did I get myself into." The unit may be an older unit, but even older units can have great staff.

Whatever you do, don't be late on your first day. When you first get into town, drive the route several times to get an idea of how long it is going to take to get from your apartment to the

hospital. Then add ten minutes to make sure that you get there early.

In the first week of orientation it is very important to remember that you have two ears and only one mouth. Don't say all the things that you can do, but show them what you can do. Take an active roll in orientation and promote your own independence. One of the easiest ways to do this is to answer call lights without being told to and very promptly. This will show others that you have a willingness to work.

Take the focus off of yourself when people start asking about your background by also being interested in what they have to say. Sometimes the background of others can be just as exciting as traveling around the United States taking care of people. I have ran into fascinating nurses that have lived in some of the places that I have worked at, nurses who lived in the same type of farm that my grandparents lived on, and nurses who are new not only to nursing, but to the United States.

After working there for a few weeks both you and the other nurses get more relaxed and comfortable with each other, but you still have to remember about having two ears and one mouth. This is the easiest time to mess things up by bragging about all the things you have done. Just remember that life is not a

## Epstein's Editorial

box of chocolates, but a jar of jalapeño's that can burn your butts later.

When conflict comes up, you have to use it as a tool for input instead of a tool of destruction. Don't feed into the negative thoughts of others and join into the conflicts that already exist on the floor. Although you might have a few suggestions, it isn't wise to express them until you have settled in and can confide in a charge nurse or unit manager whom really wants to know what you think.

Avoid negative feelings about others and remember that we are all different. Each one of us can bring something to the table to make a positive impact on the unit; you just have to use a lot more tact than you would if you were a regular floor nurse.

Keep opinions to yourself that will cause an emotional outburst. A highly emotional situation can bring up some very bad tempers. When emotions instead of facts come out in a conflict, then you have gone too far.

As a staff nurse you might get along with some nurses but still have a few sparse friends or a cliché that sees things the way you do, but remember as a traveling nurse, you will soon be alienated if you are too far out of the mold. An alienated nurse will never have a fun assignment.




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*"Your first impression takes you a long ways when it comes to getting along and working well with others..."*

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# Company Spotlight

## Flexcare Medical Staffing

### What kind of career opportunities does your company offer?

FlexCare Medical Staffing focuses on travel assignments for Registered Nurses and Allied Health professionals who work within acute care facilities and have at least 1.5 – 2 years of current experience.

### Do you cover all the United States, parts of the U.S. or do you also offer international assignments?

FlexCare has contracts spanning the entire United States, including Hawaii and Alaska. Currently our most heavily contracted states are California, Texas, Washington, Colorado, Arizona, Florida, and South Carolina. We have contracts with some of the largest hospitals chains in the nation including Kaiser Permanente, HCA, Catholic Healthcare West, South Carolina Hospital Association, and Arizona Hospital Association.

### What is your average time from acceptance of application to first day on the job for those nurses ready-to-go?

The application proc-

ess with FlexCare is quite simple. Our recruiters need to have a resume, skills checklist, and two references on file in order to start submitting nurses to various positions - all of which can be completed in just a few hours. Once you interview and accept a position with our company the timeline before starting work can be as little as a few days for nurses that are current on all of their compliance documentation. The average timeframe is usually about 1 week from acceptance to start date.

### What size is your company, and can I expect to be treated as a number or a name?

FlexCare Medical Staffing is a medium sized company who has built their business primarily off of referrals from other travel RNs. Having never advertised, word of mouth has been a proven means for our company to grow. FlexCare caps the amount of RN's each recruiter can have working for them, allowing the time necessary to develop a strong personal relationship with between each nurse and

their recruiter. Having worked in the travel nurse industry for over 10 years, the owners of FlexCare created a structure that encourages our recruiters to add a personal touch to each placement and avoid the mentality of just trying to get as many RN's on contract and passing off issues for other departments to handle.

### Can I expect personal service with your company?

Your recruiter at FlexCare Medical Staffing is your sole point of contact within our company. Your recruiter is responsible for all aspects of your assignment, including QA Compliance, Housing, Travel, Rental Car, Payroll, and Benefits. Meaning, your recruiter will have an intimate understanding of your entire experience with our company. Any questions or concerns that you have will not be pushed onto support staff. Your recruiter has a vested interest in making your experience all it can be.

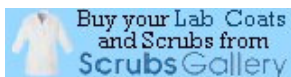
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### For More Information

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## From Joe's Desk...

As summer dwindles down and fall fast approaches, Congress for the fifth year in a row has yet to finalize tax laws that will affect the coming year, leaving many taxpayers hanging. When the lame duck Congress reconvenes expect a slew of activity that could affect your tax planning for the coming years. The healthcare reform law has equally impacted the tax code and the potential for modification or repeal also looms on the horizon. What's worse, the Treasury Department cannot publish withholding tables until Congress finishes its tinkering, meaning that employers, payroll companies, and taxpayers alike will all have to wait till the laws are passed before figuring out their net pay on their paychecks. And finally, many taxpayers may be adversely affected if Congress does not extend to Bush era tax cuts. Don't be fooled into thinking that these tax cuts are merely for the rich. "Rich" is a difficult

term to define as many low income individuals depend heavily upon dividends and investments to meet ends.

One of the more amusing tax related events in Congress was Representative John Carter's press release of his innovative new bill called the "Rangel Rule". Below is the text:

"All U.S. taxpayers would enjoy the same immunity

from IRS penalties and interest as House Ways and Means Chairman Charles Rangel (D-NY) and Obama Administration Treasury Secretary Timothy Geithner, if a bill introduced today by Congressman John Carter becomes law. Carter, a former longtime Texas judge, today introduced the Rangel Rule Act of 2009, HR 735, which would prohibit the Internal Revenue Service from charging penalties and interest on back taxes against U.S. citizens. Under the proposed law, any taxpayer who wrote "Rangel Rule" on their return when paying back taxes would be immune from penalties and interest."

**Federal Tax Issues: Flexible Spending Arrangements:** In the recent past you could use flexible spending accounts to pay for over-the-counter medications that were used to treat ailments without a doctor's prescription. Under the Health Reform Act this will change in 2011. In order to successfully be reimbursed for purchases of over-the-counter medications, you will need a physician's order. The IRS has posted some frequently asked questions about the new flexible spending rules on its website.

**New per diem rates: The New Per Diem Rates for 2011 Have Been Released.** There are some noticeable reductions in the lodging allowances in many loca-

# Travel Tax News

tions.

The highest and lowest amounts from meals are still the same.

**New rules for landlords:** Most people have heard of the new 1099 reporting rules where almost any purchase of an item or service over \$600 must be reported to the IRS - another blessing of the Healthcare Reform Act. These reporting rules extend to landlords even those with only one property. Any payment over \$600 to one service provider will need to be reported on a 1099 as of 2011. Only temporary rentals of primary residences are exempted and potentially, landlords who have income below certain thresholds will relieve of the requirement. Additionally, this means that most landlords will have to obtain a separate tax ID number in order to report these amounts.

**Repayments of home buyer's credits:** If you recall, when the first home buyer's credits were introduced, the credit required a payback over 15 years beginning with the 2011 tax year. This provision was subsequently dropped the next year when the credit was increased 8000. With the first year of this payback requirement arriving in 2011, the IRS is gearing up enforcement and particularly focusing on sales of these homes. Those that benefited from the credits that require pay back are required to pony up the entire amount if the home is sold for a gain. The payback is limited by the amount of the gain up to the




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# Travel Tax News

## More From Joe's Desk

principal amount of the credit. To enforce compliance, the IRS will begin reviewing real estate databases for sales of homes for which the credit was taken. Expect a friendly letter from the IRS should your home be suspect to sale.

Good news for self-employed individuals: Beginning with the 2010 tax return, the deduction for health insurance for self-employed individuals will be deducted directly from business income and not as a line item deduction on the main page of the tax return. This is a substantial benefit that is consistent with the salary reduction treatment that employees receive through employer provided health insurance.

IRS attends remedial reading courses: The Senate approved the "Plain Writing Act of 2010" which requires the use of plain English on all federal documents, including those prepared by the IRS. The legislation requires the federal government to write new publications, forms, and publicly distributed documents and a

"clear, concise, well organized" manner that follows the best practices of plain language writing. One person close to the developments said in a written statement that federal government documents, such as tax returns, federal college aid applications and Veterans Administration forms would be written "in simple easy-to-understand language." The House subsequently passed the bill with modifications so it is currently back in the Senate chambers for final draft. This has the potential to be great reading for insomniacs.

Cell phones no longer considered "listed property": The recordkeeping rules for cell phones used in business have been relaxed.

Return transcripts easier to obtain.: The IRS has a new toll-free number (1-800-908-9946) taxpayers may use to order free copies of their tax account transcripts. Those who use the service should have the transcript(s) within two weeks

Beware of spam from the Electronic Federal Tax Payment System: (EFTPS) Many taxpayers received e-mails informing them that their estimated tax payments were rejected. An explanation and illustration of the message can be found [HERE](#).

Roth conversions no more flexible: Beginning in

2011 converting from a traditional IRA to a Roth IRA can be less taxing. Whenever this is done, the taxpayer must pay income tax on the distribution but not penalties. New laws allow the income tax to be deferred into 2011 and 2012.

State Tax Issues: California-delaying refunds again California announced that many refunds will be delayed for an undetermined period and IOUs are possible yet again. The California Franchise Tax Board Has Posted a Frequently Asked Questions Page on Their Website—[HERE](#)

Kansas Implements Tax Amnesty Program: The Kansas Department of Revenue announced a tax amnesty program certain taxes (income, withholding, sales, privilege, severance, estate, liquor, cigarette and tobacco products) that will run from September 1 through October 15, 2010. The program applies only to tax liabilities due and unpaid tax periods ending on or before December 31, 2008 and applies to interest and penalties if the delinquent tax liability is paid in full during the amnesty period. Taxpayers who elect to participate in the amnesty program relinquish all administrative and judicial rights of appeal with respect to the tax liability at issue. No tax payment received within the amnesty program provisions is eligible refund or credit and no payment of interest

or penalties made prior to September 1, 2010 is eligible for amnesty. Taxpayers may contact the Kansas DoR to discuss eligibility and applications may be made via telephone with a department agent.

Company News: Last September we exhibited at the Healthcare Staffing Summit in Chicago. Joe hosted a roundtable discussion on tax advantage programs in the healthcare staffing industry. The next week Joe attended the third annual Travel Medical Professionals Conference in Las Vegas. Though smaller in attendance than in the past, the information shared at this conference was invaluable to future and current travelers. Next year's conference will be held on September 26 and 27th at the Embassy Suites on Paradise Road in Las Vegas.

TravelTax has a sibling! Due to the increasing amount of consulting work we have split our company operations into two companies. TravelTax LLC will continue to provide tax preparation for mobile and contingent professionals both domestic and international. Our new sibling, Joseph C. Smith Tax Consultants LLC, will handle all consulting, representation, and audit work. It's still the same people, just two names for marketing purposes. Check out the new website that Daina, Joe's wife, created: [www.JosephCSmith.com](http://www.JosephCSmith.com)



[www.ipitravel.com](http://www.ipitravel.com)

## Diabetes: Five Ways To Be Active In Your Care At The Hospital

(OAKBROOK TERRACE, Ill. – November 3, 2010) People with diabetes need to take extra precautions if they find themselves at the hospital, according to The Joint Commission's Speak Up™ educational campaign. The campaign is supported by the American Association of Diabetes Educators, American Diabetes Association and Juvenile Diabetes Research Foundation.

The Joint Commission's new Speak Up™ brochure "Diabetes: Five ways to be active in your care at the hospital" includes tips for people living with diabetes and encourages them to ask a trusted family member or friend to be an advocate during trips to the emergency room or any planned hospitalization. Topics covered in the brochure include finding out how diabetes will be managed during hospitalization, asking about medications and possible interactions, talking with the hospital dietician, avoiding infections, and planning for recovery at home.

"Going to the hospital presents special challenges for people with diabetes, but being prepared will help them to be active participants in

their care. It will also help patients ensure that their diabetes is appropriately monitored and controlled while they are hospitalized," says Mark R. Chassin, M.D., M.P.P., M.P.H., president, The Joint Commission.

The Joint Commission's new diabetes education campaign is part of the award-winning Speak Up™ program. Speak Up™ brochures help patients be active participants in their care and are available in English and Spanish at [www.jointcommission.org](http://www.jointcommission.org).

The basic framework of the Speak Up™ campaign urges patients to:

- Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know.
- Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professionals. Don't assume anything.
- Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.
- Ask a trusted family

# Healthcare News

member or friend to be your advocate.

- Know what medications you take and why you take them. Medication errors are the most common health care errors.
- Use a hospital, clinic, surgery center, or other type of health care organization that has undergone a rigorous on-site evaluation against established state-of-the-art quality and safety standards, such as that provided by The Joint Commission.
- Participate in all decisions about your treatment. You are the center of the health care team.

Speak Up™ brochures also are available on topics including visiting your doctor's office, understanding medical tests, recovering after leaving the hospital, preventing medication mistakes, preventing infections, health literacy, preparing to become a living organ donor, avoiding wrong site surgery and preventing errors in care. To sign up to receive future issues of Speak Up™, please go [HERE](#) to join the Speak Up™ listserve.



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*"Going to the hospital presents special challenges for people with diabetes..."*

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# Nursing News

## American Nurses Association President Leads Briefing on Continuing Threat from Sharps Injuries

Washington, DC (Vocus) November 4, 2010

Ten years ago, Congress passed the Needlestick Safety and Prevention Act, legislation aimed at protecting nurses and other health care professionals from being injured by needles and other sharp objects that can carry bloodborne infections. A November 4th briefing hosted by the American Nurses Association (ANA) examined the efficacy of that legislation and what more needs to be done to safeguard the lives and health of the nation's nurses and health care workers.

"ANA conducted a survey in 2008 that found that 64 percent of nurses reported being accidentally stuck by a needle at work. Even though much progress has been made, too many health care professionals are still at risk of a needlestick injury," stated Karen Daley, president of ANA. "A decade ago, ANA was instrumental in driving reform on needlestick safety, and on the 10th anniversary of the Needlestick Safety and Prevention Act, we are renewing our commitment to save lives through safe needles."

The briefing formally introduced Karen Daley, PhD, MPH, RN, FAAN, the new president of the ANA,

who played a critical role in the Act's passage. Twelve years ago, Daley was working in a hospital emergency department and was accidentally stuck by a used needle. Consequently, she was infected with both the hepatitis C and HIV viruses. Since then, she has been one of the nation's most vocal advocates for improvements in the safety of health care work environments.

Daley, along with ANA CEO Marla Weston, PhD, RN, led a discussion with panelists about changes that are still needed to prevent injuries. For example, nurses in some workplace settings lack access to safety devices and some employers fail to include frontline nurses in device selection (as required). In addition, better reporting and tracking of injuries and stepped up enforcement by the Occupational Safety and Health Administration would help target efforts for needed improvements. Panelists also stressed the importance of making sure workers report their injuries and that timely post-exposure prophylaxis takes place.

"Nurses do not believe their work environment is as safe as it should be," said Daley. "There are a number of steps that em-

ployers can take to make the workplace safer, and we encourage nurses and employers to work together to instill a culture of safety that emphasizes prevention of injuries as a priority."

To mark the 10th anniversary of the enactment of the law, ANA re-launched its Safe Needles Save Lives campaign to educate nurses about the law and what they can do to prevent needlesticks and other sharps injuries. A number of materials are available at <http://www.needlestick.org>.

The American Nurses Association (<http://www.nursingworld.org>) (ANA) is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent member nurses associations, its organizational affiliates, and its workforce advocacy affiliate, the Center for American Nurses. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.



*To mark the 10th anniversary of the enactment of the law, ANA re-launched its Safe Needles Save Lives campaign*

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## Accunurse Voice Technology Featured in 4th Edition of Nursing Informatics Textbook

# Nursing News

Pittsburgh, PA October 13, 2010 – AccuNurse® (www.accunurse.com) is pleased to announce that its voice technology for the long-term care industry is featured as a chapter in the 4th Edition of Nursing Informatics: Where Technology and Caring Meet, a textbook for nursing students. The textbook, published by Springer, Inc., draws insight from a leading healthcare initiative known as Technology Informatics Guiding Education Reform (TIGER).

The chapter, Extending Care: Voice Technology, highlights the transformation of voice from global supply chain applications to health care applications, supporting mobile workers, including nurses and other members of the care-giving team. The needs of nurses are also referenced, including the work of the Robert Wood Johnson Foundation (RWJF) and the American Academy of Nursing for a research project called, "Technology Targets: A Synthesized Approach for Identifying and Fostering Technological Solutions to Workflow Inefficiencies on Medical/Surgical Units."<sup>1</sup>

The RWJF-funded study found that nurses do not want to be passive

consumers of technology and are disappointed with current technologies that lead to 'workarounds' and take time away from their patients. Nurses indicated the need for executives and technology vendors to "listen to the voice of the staff." Several major themes emerged from the study in terms of what nurses indicated they want from technology solutions:

- Devices that are "smart," voice-activated, portable and/or wireless
- Systems that provide tracking, documentation and communication functions
- Interoperability of systems

"We're always pleased to have validation in the work we're doing to make the lives of caregivers more efficient," said Jim Rock, president of Vocollect Healthcare Systems.

"We're seeing firsthand how voice is helping to transform the culture of our customer organizations. This is the result of using voice for more accurate, real-time data capture at the point of care, but also guided by clinical solutions experts who work in conjunction with facilities to help enable better clinical decisions and outcomes. Together, it's a winning

combination for the caregiver and the healthcare organization and we're pleased to be at the forefront of this transformation."

Written by lead author, Debra M. Wolf, RN, PhD from the Department of Nursing, Slippery Rock University; the chapter also focuses on specific applications of voice in both acute care and long-term care settings.

About AccuNurse: AccuNurse provides sound business guidance and data-driven clinical outcomes to long-term care's leading facilities. Through its CliniFusion model, which couples the depth and knowledge of senior clinical advisors with the power of voice technology, the company has taken a leadership role in preparing long-term care for 2014 reform, streamlining the work of the caregiver, and making substantial and lasting improvements to the performance of their facilities. This 'fused' approach to achieving clinical outcomes is what empowers AccuNurse to address problems no one else can. AccuNurse is part of Vocollect, Inc., the global leader in delivering voice technology to mobile workers on six continents. For more information, check them out at: [www.accunurse.com](http://www.accunurse.com)

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*"We're always pleased to have validation in the work we're doing to make the lives of caregivers more efficient."*

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*The purpose of this eZine is to bring you quality information about travel nursing and the travel nursing field. This eZine is published every month. By subscribing to our yahoo group, you will receive a notice when the eZine is published. You will find the link to subscribe at: <http://www.highwayhypodermics.com/ezine.htm>*

*If you are looking for a discussion area about travel nursing, try the Highway Hypodermics blog at: <http://travelnursinghighway.blogspot.com/> More valuable information can be found there along with more updated travel nursing information.*

*To send your comments of suggestions, please feel free to email Epstein at [highwayhypo@yahoo.com](mailto:highwayhypo@yahoo.com)*

**THANKS TO ALL FOR SHOWING YOUR SUPPORT OF THIS WEBSITE AND EZINE, AND REMEMBER TO REFER OTHER TRAVEL NURSES TO THIS WEBSITE!**

## Flexcare (continued)

## Company Spotlight

**I work night shift, what if I have problems at night?**

Every recruiter forwards their work phone to their cell phones when they leave for the night or for the weekend. Reaching your recruiter would not be an issue.

**What about professional insurance?**

Our General and Professional Liability Insurance is well above industry standards and more than sufficient for our nurses.

**What other type of benefits does your company provide?**

FlexCare Medical Staffing creates a pay package dependent on what our nurses need. Some of our travelers choose to take nothing more than just a full tax advantage pay package and provide all of the amenities for themselves, whereas some of our other travelers choose to have us provide them Travel, Licensure Reimbursement, Housing, and Medical Insurance. You tell us what you need and we will structure a pay package around your needs.

**What makes your company more than "just another" travel company?**

FlexCare Medical Staffing is more than just another travel company for quite a few reasons. Our staff has an average of 8+ years in the industry. Our Account Managers have close relationships with our clients. Our Recruiters are your sole point of contact within the company. We do not pay off of a gross margin - meaning the higher the rate we have at a hospital - the more money you will make. Our Recruiters do not make commission off

of how much they do or do not pay you. And, we have built our company primarily off of referrals.

FlexCare recruiters do not negotiate with our RN's on their pay packages. We offer our best pay package from the start. We feel it is important that each nurse/recruiter relationship be founded on trust and working with each other's best interests in mind.