

Article 20B – Unit Staffing Collaboratives

The parties agree that the VFNHP and Hospital will develop a partnership so that the VFNHP will become integrated and involved in decisions related to the staffing model of each nursing unit/department. Therefore, the parties agree that they will facilitate the Unit Staffing Collaboratives (USC) Project with the intent of creating a collaborative culture, reducing financial impact and building a systems-wide approach to staffing. The Hospital and the VFNHP will hire a mutually agreed upon neutral facilitator to work with the Hospital and the VFNHP to refine the design and implementation of the USC Projects, with costs of the consultant shared equally between the Hospital and VFNHP. Each unit committee will be staffed by four (4) RNs selected by RNs on the unit and two (2) nursing administrators. For ambulatory committees, the areas will be designated between two groups, Primary Care Clinics and Specialty Care Clinics, and the staffing will be a minimum of six (6) RNs selected by RNs within the clinical groupings and two (2) administrators, including a minimum of one (1) administrator with an active RN license.

The following factors will be considered in each USC Project and the results of the USC Project will be summarized in each final report:

- Unit profile
- Minimum staffing levels
- Analysis of time spent by nurses on nursing and non-nursing activities
- Analysis and recommendation of acuity process and/or tool
- Analysis and determination for Circulating RN(s) to enable Circulating RN(s) to facilitate meal/break coverage and assist in transfers/discharges in all critical, procedural and acute care units
- Staffing effectiveness data (see Article 20), including unit specific quality data and NDNQI RN satisfaction and Practice Environment results
- Unit-specific quality data, including unit-based improvement initiatives
- Staffing plan (grid) that includes patient care staffing of RNs and ancillary staff where appropriate
- Staffing data, including the unit budget
- Financial impact of the proposal
- Metrics to be used to measure the effectiveness of the USC Project

All units will have staffing grid plans within 18 months of execution. Units with an existing MUP grid will abide by that until revised or superseded to this process. Areas of focus to be prioritized include units/departments without established staffing plans/guidelines, the operating room, the emergency department, NICU (focus on Lactation Consultant) and the Ambulatory Specialty Clinic group.

The USC Project plan must be completed and submitted to the Chief Nursing Officer of the Hospital and President the VFNHP within three (3) months of completion of project. The manager will make reasonable time available for the committee to work on the written plan. Staffing plans developed under this Article 20B shall require approval by both the Chief Nursing Officer of the Hospital and President of the VFNHP. A decision on the memorandum of agreement shall be made within three (3) months of the submission of the final report. A failure to reject the plan or provide specific reasons for the rejection by either party within three (3) months of submission shall be considered acceptance. Where a final USC Project plan is rejected in good faith by either party, the USC committee shall reconvene and submit a new final report within three (3) months. Either party may initiate mediation following the rejection of a report.

During the USC Project plan process, at a time determined by all parties, each unit will create a timeline for implementation of their plan. During the USC Project plan process, at a time determined by the facilitator, each unit will perform a “transparency check” from which to gauge the feasibility of the project as planned to date, and make adjustments as deemed necessary by the group (inclusive of Hospital and Union). Most current budget and staffing related data will be available for the “transparency check”. Except for extreme circumstances, each USC Project plan will be implemented no later than three (3) months after the implementation date identified in the timeline, subject to approval of the memorandum of agreement.

Each unit upon completion of the process will have its USC Project plan as a side letter to the collective-bargaining agreement. The budgets for each unit will promptly be conformed to the standards and staffing developed in the USC Project plan.

Following the implementation of USC Project plan, the USC, consisting of four (4) clinical staff and two (2) administrators for IP/procedural/Peri-op and a minimum of six (6) clinical staff and two (2) administrators, including a minimum of one (1) administrator with an active RN license for ambulatory groupings, will continue to meet monthly, unless there is mutual agreement to meet every other month. The Committee shall review progress of the staffing grid, submit changes to Staffing Committee for approval, review any Concern Forms filed, prepare quarterly reports to Staffing Committee.

If a unit experiences changes that necessitate modifications in the USC Project plan, the VFNHP and the Hospital agree to meet and confer about re-opening the USC Project plan process as outlined in this article. Criteria for re-opening a USC Project process:

- Substantial changes in acuity, type of patient, service, or facilities.
- Significant new evidence related to research used in the USC Project process on staffing models potentially impacting patient outcomes, or significant evidence indicating changes in patient treatments and care.

The hospital will provide a bulletin board in a public area to showcase the work of the USC Project process. Material for the bulletin board will be provided by the units that most recently have completed a USC Project process or other units as agreed upon by the USC Project process. Materials must be approved by both the hospital and the VFNHP.

For non-ambulatory units, if the schedule is posted for six (6) or more consecutive scheduling postings with an open shift that is not the result of a planned or unplanned leave of absence or the position is posted, the hospital agrees to post and recruit for the position. For ambulatory, if a clinic's visit volume variance exceeds budget by greater than 10% for six (6) or more consecutive months, a volume adjusted position will be posted unless the short staffing is a result of a planned or unplanned leave of absence or a position is already posted.

Compliance with agreed-upon USC Project plan is subject to Article 40, Grievance & Arbitration, except that the parties agree to participate in non-binding mediation before proceeding to arbitration.

Nurses assigned to Nursing Professional Governance, Committee and Task force meetings (either at unit/clinic, department, or Hospital-wide levels) shall be paid to attend such meetings, and the Hospital shall attempt to schedule replacements for all attendees, including in ambulatory settings.