

Article 20B – Unit Staffing Collaboratives

Each Unit Staffing Collaborative committee will be staffed by four (4) nurses selected by nurses on the unit and two (2) administrators, including a minimum of one (1) administrator with an active RN license. Committee composition can be changed with mutual agreement.

The following factors will be considered in each USC Project Plan (initial and revised) 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 if applicable and available (in Epic or related national organization).
- Analysis and determination for Circulating RN(s) to enable Circulating RN(s) to facilitate meal/break coverage, help with increased acuity and assist in transfers/discharges.
- Review of staffing benchmarks from professional organizations, NDNQI, Labor Management Institute and other sources.
- Staffing effectiveness data (see Article 20), including unit/clinic specific quality data and improvement initiatives. Patient satisfaction data and staff satisfaction and engagement results.
- Current staffing plan (grid) that includes patient care staffing of RNs and ancillary staff where appropriate
- Current staffing data, including the unit/clinic budget/actuals
- Proposed staffing plan/improvement initiatives
- Financial impact of the proposed staffing plan/improvement initiatives
- Proposed timeline for implementation
- Metrics to be used to measure the effectiveness of the USC Project

A USC Project Plan for the Ambulatory Resource Pool will be initiated upon ratification of this contract.

For any newly created units/clinics/cost centers, The USC Project Plan final report (as described above) for the new area must be completed and submitted to the Chief Nursing Officer of UVMHC and President of VFNHP within six (6) months of the creation of the new unit. 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 UVMHC and President of 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, 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 UVMMC and VFNHP). 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. Six (6) months after the agreed upon implementation date, the unit will report the status of their USC project to the Staffing Committee, including any incomplete/unfulfilled portions and/or any identified barriers to fully implementing the agreed upon USC project plan. If barriers are identified the Staffing Committee will notify/meet with the CNO and VFNHP President to discuss a resolution.

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) nurses and two (2) administrators, including a minimum of one (1) administrator with an active RN license, will continue to meet monthly, unless there is mutual agreement to meet every other month. The Committee shall review progress of the staffing plan, 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 UVMMC 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 volume, 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.

Reopening Process:

- USC identified a need for modification(s) in the unit’s existing USC project plan, based on the criteria above.
- USC will submit a request to the Staffing Committee to reopen their USC project plan with rationale/evidence. The Staffing Committee will use the above re-opening criteria to approve/deny the request.
- If the request to reopen is approved, the USC will create an amended USC project plan to address the identified needs and submit the revised project plan proposal to the Staffing Committee for approval.
- The Staffing Committee will either return the revised Project Plan to the USC for additional work or approve the plan.
- If approved by the Staffing Committee, the revised USC project plan will be submitted to the CNO and VFNHP President for final approval.

UVMMC 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 UVMMC 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, UVMMC 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 UVMMC shall attempt to schedule replacements for all attendees, including in ambulatory settings.