

Article 20 – Staffing

High quality patient care is the shared goal of UVMMC and VFNHP. UVMMC and VFNHP agree that staffing UVMMC with the appropriate number of skilled, reliable nursing and ancillary employees is an essential element for the provision of quality patient care. Additionally, the Registered Nurses, Licensed Practical Nurses and the administration working in the only academic health center in Vermont recognize their societal obligation to provide safe, high quality care to patients who seek care at UVMMC.

UVMMC and the VFNHP agree that patient care should be patient centered, always according the patient the highest respect and acknowledging the individual as an informed, discriminating consumer. Care is competent, effective and collaborative. It respects the patient's values, preferences and needs. UVMMC and the VFNHP also agree that units staffing must consider the importance of ensuring that the quality of the nurse's work life is appropriate, based on the American Nurses Association findings that it has been shown that the quality of work life has an impact on the quality of care delivered.

The Staffing Committee established by the July 10, 2003 Collective Bargaining Agreement shall be continued. The membership shall be comprised of three (3) RN Bargaining Unit employees chosen by the VFNHP, one (1) LPN Bargaining Unit employee chosen by the VFNHP and four (4) nurse administrators chosen by UVMMC. The Committee shall foster group participation through cooperative relationships and a consensus decision making process. The Committee will serve as an advisory resource to the Unit Staffing Collaboratives (see Article 20B) by providing unit teams with research and data from national nursing specialty organizations as well as findings from national nursing research regarding nurse staffing and patient outcomes. The Staffing Committee will meet at least 10 times per year. The topics for agenda and discussions will include, but are not limited to:

1. Review of written nurse staffing plans and grids from the Staffing Collaboratives.
2. Review of nurse staffing effectiveness for each unit/clinic including but not limited to actual vs. budgeted average daily census, budgeted versus actual staffing levels (Nursing Hours Per Patient Day (NHPPD) or other staffing metrics/UOS), acuity (Case Mix Index/Severity of Illness), comparison to current benchmarks (NDNQI/LMI) and nursing sensitive outcomes.
3. Other nurse staffing issues brought forward by the Staffing Collaboratives.
4. Review of written policies, procedures and protocols affecting nurse staffing.
5. Development of a process for analysis/trending of "concern forms."
6. Review of "concern form" reports from Staffing Collaboratives and development of action plan for issues identified.
7. Regular review actual unit of service measurement for each unit.

The Staffing committee will make recommendations to the CNO and President, VFNHP, as it deems necessary. Staffing Committee members will be paid for all time spent in Staffing Committee meetings.

UVMMC will ensure that organizational policies and procedures, job descriptions and standards of nursing conform to the Vermont State Board of Nursing regulations and advisory opinions and all other state laws and regulations related to the practice of nursing. UVMMC shall promulgate and enforce policies, rules and regulations to ensure that applicable professional standards, including applicable specialty standards of nursing practice are established and carried out so that safe and effective nursing care is provided to patients.

UVMMC shall continue to work with the VFNHP to ensure that written policies, procedures and protocols affecting nurse staffing are reviewed with the VFNHP and are readily available to nursing staff.

UVMMC will make good faith efforts to maintain RN and LPN staffing consistent with staffing plans developed through the Unit Staffing Collaboratives (see Article 20B). Good faith efforts shall include the dedication of reasonably necessary resources to implement appropriate nurse recruiting and retention practices and a commitment to hire every qualified nursing applicant whenever there are nursing vacancies. Similarly, UVMMC agrees to make good faith efforts through the dedication of reasonably necessary resources to recruit and retain staff that support nurses in the provision of clinical care. UVMMC reserves the right to exercise its reasonable discretion in establishing and determining the qualifications to be required of nursing applicants.

Any LPN currently employed by UVMMC who is either grandfathered or enrolled in a nursing program and actively pursuing a Registered Nurse degree may be counted equally with an RN for the purpose of staffing on the unit where they currently practice.

Staffing Guidelines

UVMMC shall abide by all staffing guidelines promulgated by agencies, accrediting institutions, professional nurse organizations and by the Unit Staff Collaboratives – See Article 20B. Daily staffing levels in all units will include the appropriate number of patient care staff, including RNs and ancillary staff where appropriate, and will be managed according to changes in volume, acuity and skill level in addition to established staffing grids.

Staffing grids shall include the appropriate number of patient care staff, and ancillary staff where appropriate. A patient assigned 1:1 patient observation shall not be deducted or excluded from any census or staffing grid.

Charge Nurses (excluding Vascular Access), Care Coordinators, Nurse Educators, CAT Nurses, and Lactation Consultants will not count toward primary RN staffing assignments in grids. Additionally, Charge Nurses (excluding Vascular Access) shall not be assigned patients, except in urgent situations, and will continue to be included in the overall Direct Care Hours.

In the event that any RN or LPN, including Charge Nurses, believes in her or his professional opinion she or he has been given an assignment that is unsafe, or that in her or his opinion endangers patient care, she or he will immediately notify her or his supervisor or designee. The supervisor or designee will review the assignment at that time. If the RN or LPN disagrees with the review of the assignment, she or he will work as directed and may do so under protest. A “Concern Form” will be provided by the VFNHP. It will reflect the bargaining unit employee’s name, shift, unit/department, supervisor they submitted the form to, the date and description of the incident and the supervisor’s response. Nothing in this paragraph shall limit the rights of nurses under the Healthcare Whistleblower’s Protection Act, 21 VSA *507.

Charge RNs

Employees eligible to be assigned as charge nurses shall receive no less than 60 hours of training, including on-the-job training, in appropriate staffing standards, protocols, policies, and software programs prior to first charge assignment.

In the event that any charge nurse believes that the staffing grid requires additional nurses or staff, the charge nurse will ask the supervisor or designee to authorize. If the supervisor denies the request and the charge nurse disagrees, the charge nurse may complete a “Concern Form” to be provided to the VFNHP as detailed in this Article.