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Unit Staffing Collaborative Medicine Health Care Service

Report submission date: 2/15/2021

Cardiology
Dermatology
Endocrinology
Infectious Disease
Nephrology
Pulmonary
Rheumatology
Transplant

VERMONT FEDERATION OF NURSES & HEALTH PROFESSIONALS

THE University of Vermont MEDICAL CENTER

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Components of USC Project Plan Per Article 20B

- 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

Timeline

- 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 **(Ambulatory: 2/15/2021).** 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 one (1) months of the submission of the final report **(3/15/2021)**. A failure to reject the plan or provide specific reasons for the rejection by either party within one (1) month 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 one (1) month. Either party may initiate mediation following the rejection of a report.

Unit Profiles

- Dermatology: Provides medical and surgical treatment of disorders of the skin, including MOHS Surgery, light therapy, and laser treatments.
- Infectious Disease: Provides care of patients with infectious or potential infectious agents. Also, Travel Clinic for vaccines for patients going abroad and physicals for new Americans. Provider of HIV care for State. Provider of hepatology care for prison system.
- Endocrinology: Provides management and treatment of patients with diabetes and other hormonal/glandular disorders. Provides care for patients with osteoporosis as well.

Unit Profiles Cont.

- Rheumatology: Provides care of patients with inflammatory disorders including joint care and immunological disorders.
- Cardiology: Provides management and treatment of patients with disorders of the heart and circulatory system including pre- and post-procedure care. Also, large Cardiac Rehabilitation practice.
- Pulmonary: Provides care of patients with lung and other respiratory issues including cystic fibrosis, interstitial lung disease, and lung masses. Clinic-based PFT testing.
- Nephrology/Transplant: Provides management of patients with chronic kidney disease, pre- and post-kidney transplant patients.

Meeting Dates

- 9/22/2020 – Kick-off
- 9/23/2020
- 9/30/2020
- 10/14/2020
- 10/21/2020
- 10/28/2020
- 12/2/2020 (break due to cyberattack)
- 12/9/2020
- 12/16/2020
- 12/29/2020
- 1/6/2021
- 1/20/2021

<u>Cardiology Sub-Group</u>

9/29/2020

10/13/2020

10/20/2020

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Minimum Staffing Levels

Core RN staffing levels in each division represented in this report are identified largely in the paid FTEs. While there is an important component of in-person education and treatment as part of the RN role in Medicine, the majority of the role is in support of coordination of care and acute questions through the phone, MyChart, and other synchronous and asynchronous methods.

To address changes in volume that impact staffing levels, the Divisions have traditionally relied on per diem staffing (for increased FTE needs) and CTO (for decreased FTE needs). The reliability of obtaining per diem staff appears to be increasingly variable. To augment per diems, Divisions are participating in the Medical Group resource pool and are exploring cross-covering options.

Minimum Safe Staffing levels

Division	Minimum RN Safe Staffing Level FTE	Comments
Dermatology	1.0	Coverage for phone triage/MA & PSS questions
Infectious Disease	1.5	Coverage for phone triage/MA & PSS questions and travel clinic injections
Endocrinology	2.0	Coverage for phone triage/MA & PSS questions
Nephrology	1.0	Coverage for phone triage/MA & PSS questions
Transplant	2.0	Day and on-call coordinator coverage
Rheumatology	2.0	Coverage for phone triage/MA & PSS questions
Cardiology	3.0	Coverage for phone triage/MA & PSS questions for each ‘pod’ and Cardiac Rehab coverage
Pulmonary	1.0	Coverage for phone triage/MA & PSS questions

Note: These staffing levels would only be sustainable in short-term situations (e.g., one workday).

Time Spent on Nursing vs Non-Nursing Duties

The amount of time spent on non-nursing functions varies by Division and thus challenging to quantify. The goal has been to make efficient workflows for the staff and patients to support optimal clinical care and customer service.

Examples of non-nursing functions by Division are presented in the next seven slides. Many of these tasks can be completed by Medical Assistants, Patient Support Specialists, Providers, and other non-nursing staff. To support these activities we have made the following recommendations:

- Maintain sufficient MA and PSS support staff to ensure tasks don't fall to nurses.
- Review workflows to ensure that MA, PSS, and Prior Authorization staff are completing as much of the functions as possible before or instead of nurse involvement.
- Actively shift non-nursing duties from nursing staff to MA, PSS, and Prior Authorization staff.
- Regular meetings between providers and nursing staff to facilitate communication and workflows

These changes will also have the benefit of ensuring that the registered nurses are working at the top of their license.

We are recommending that each division change workflows to remove significant non-nursing tasks from regular nursing workflows.

Time Spent on Nursing vs Non-Nursing Duties

Division	Nursing Tasks	Non-Nursing Tasks
Endocrinology	Phone calls/triage	Patient scheduling
	Signing labs	Faxing
	Working with Walk in patients	Lab pager calls
	Phone calls for providers for meds and procedures	PASC pager calls
		Obtaining chart/chart prep

Time Spent on Nursing vs Non-Nursing Duties

Division	Nursing Tasks	Non-Nursing Tasks
Infectious Disease	Address phone calls, triage, MHM, Chart review/placing orders/follow-up	Rooming -
	Med Refills	Patient scheduling
	Care coordination with Home Health, infusion centers, PCP offices, ED, other departments	Look for lab work – prep charts
	Lab surveillance /address critical labs	Faxing
	Re-order missing labs	Answer phone calls – PASS line
	Dressing changes/assessment	Escort w/c bound patients
	De-clot PICC lines/ Access Ports	Manage IV home ABX list
	Draw blood	EOC Audit monthly
	Give Vaccines	Order and stock supplies
	Send Prior Auths – Meds & Imaging	Dept. of Health Vaccine Management
	Write School / back to work letters	8 hrs weekly Data Entry (Careware) for HIV grant – funded by grant
	Give in-clinic medication / IV meds	
	Teach Hep C, B & HIV medication	
	Field calls for Suicide threats	
	Assist MA's with lifting – incontinence cleanup	
	Travel Health – research chart – interview traveler- teach risks – develop plan	
	Influenza clinic in October	
	Surveillance of Latent TB patients –med tolerance	
	Over 5 hrs weekly COVID – Epidemic concern calls to folks with HIV – grant funded until March	

Time Spent on Nursing vs Non-Nursing Duties

Division	Nursing Tasks	Non-Nursing Tasks
Nephrology/Transplant	Patient Care Coordination	Referrals
	UNOS/CMS Compliance work	Follow-up labs
	Medications refill	UNOS/CMS Compliance work
	List management	Prior auth
	Lab coordination/orders; HLA/DSA kits	Dietary education
	Coordinate with transplant/dialysis/chronic kidney disease	Helping MAs room
	MyChart messages; Inbasket messages; Triage	POCT QC
	Infusions – therapy plans, labs, assisting providers with orders	External edit/enter results
	Inpatient Education for new transplants	
	On call	
	Injections	

Time Spent on Nursing vs Non-Nursing Duties

Division	Nursing Tasks	Non-Nursing Tasks
Rheumatology	Controlled substances visits/state req checklist/follow-up items/chart prep	Assisting MAs with rooming and coverage when MAs are out
	Injections, Biologics, Teaching self injections, vaccines	Writing standing Lab Orders
	Faxes for refills/prior auth	Lab Draw for difficult sticks
	Patient Care Coordination; Patient Education for pts starting new oral medications	Faxing to and from external facilities
	Infusions – therapy plans (internal/external), labs, assisting providers with orders	X-rays and MRIs pushed from external facilities
	MyChart messages/InBasket work/Triage	Scheduling patients for FUR
	Monthly nursing audits and triage	Entering Prior Authorizations

Time Spent on Nursing vs Non-Nursing Duties

Division	Nursing Tasks	Non-Nursing Tasks
Pulmonary	Patient care coordination	Rooming patients
	Patient education	6 minute walks
	Inbasket/MyChart Message/Triage	
	Labs/draws	
	Image review	
	Assist/place orders	
	CF foundation meetings	
	Pre-procedure assessments	
	Post procedure evaluations	

Time Spent on Nursing vs Non-Nursing Duties

Division	Nursing Tasks	Non-Nursing Tasks
Dermatology	Triage	Scheduling
	Apply or administer clinic administered medications	MA coverage (occasionally)
	Lab Orders	
	Procedures: Biologic Injections, Patch Testing, PDT, and Unna Boots	
	Patient Education – injections, procedures, biologics, medications	
	Assist in surgery	
	Perform suture removal, wound checks, dressing changes. Supervise MAs doing the same.	

Time Spent on Nursing vs Non-Nursing Duties

Division	Nursing Tasks	Non-Nursing Tasks
Cardiology	Medication ordering / medication education for patients	Mailbox distribution of mail
	Prior-authorizations of medication	Faxing
	Pre-procedural education and order sets for ablations/cardioversions	Chart preparation for upcoming visit
	Assisting MAs.	Scheduling appointments
	Elective dofetilide admission process	Writing Lab Orders
	Sub specialty patient educations (heart failure, electrophysiology, structural heart, pulmonary hypertension)	Result external lab results into EHR/scans
	My chart messages	Prior- Authorization of medication
	Triage patients calls	
	Give results to patients	
	Patient care coordination	
	referrals	
	Signing lab orders/ ordering labs	

Recommendation for Acuity Process

Items that impact acuity in the clinical medicine setting are:

- Walk-ins, particularly acutely ill walk-ins
- Staff training for new services and staff orientation
- Increases in procedural volumes
- Providers away – need them to cover their colleagues' Inbaskets

Drivers of increased In-basket messages include: days before holidays and long weekends, Mondays, and Fridays. Another area that can impact workload variably are "high utilizers" – patients who call/use My Chart frequently.

Recommendations to adjust for this workload variably are:

- For "high utilizers", we try to increase follow-up office visits and/or incorporate SW and other resources (SASH – support and service at home – was one recommendation).
- Developing a 'Doc of the Day' to help manage these incremental workloads.
- Creating an "overflow" system that could assist when these messages exceed a certain volume would be helpful.

Staffing Data including Unit Budget

Division – Position	FY21 Budgeted FTEs
Dermatology RN	4.00
Infectious Disease RN	3.00
Endocrinology RN	3.40
Nephrology/Transplant Nephrology RN Transplant RN	2.20 4.30
Rheumatology RN	3.65
Cardiology/Rehab RN	12.65
Pulmonary RN	3.00
Total	36.20

AMS Benchmark Staffing Grid

Note: From AMS benchmark reports

Division – Position	Actual Paid FTEs	Target Staffing Pattern
<u>Dermatology</u> RN MOHS RN	 2.50 0.00	 3.00 1.20
<u>Infectious Disease</u> RN	 3.08	 3.08
<u>Endocrinology</u> RN	 2.04	 1.94
Osteo RN	0.40	0.50
<u>Nephrology/Transplant</u> Nephrology RN Transplant RN	 2.23 4.30	 2.28 4.30
<u>Rheumatology</u>	5.93 (3.69)	5.93 (3.69)
<u>Cardiology/Rehab</u> RN	 10.93	 12.11
<u>Pulmonary</u> RN	 1.83	 3.31
Total	33.24 (31.00)	37.65 (35.41)

Current Staffing Pattern/Schedule

The difference between the current staffing pattern on the AMS reports versus the current budget/actual is largely a function of vacancies under recruitment. Recruiting for RNs in Medicine has been an ongoing challenge, but our goal has been to maintain budgeted FTEs for RNs. A few notes:

- Sub-specialty divisions in the Department do not utilize LPNs in their staffing pattern as LPNs have a limited scope.
- The typical staffing scheduling pattern for RNs is relatively consistent in FTEs across each weekday (weekends excluded) to manage the consistent phone/triage volume each day.
- Where there are in-person visits, those staffing patterns should mirror the in-person volumes.
- As outlined in a previous slide, CTO (scheduled or unscheduled) is managed through per diems, cross-coverage, change in scheduled visits, and, in the future, a resource pool.

The AMS target staffing patterns for Medicine are similar to the budget. In the next slide, we propose some changes to the AMS recommendation. Please see below for a summary of those changes:

- Endocrinology – The volume used by AMS was ~18% lower than actual volumes. Additionally, the Osteo time needs to reflect 5 days per week of coverage. When recalculating the figures, we estimated roughly 4.0 FTEs (13,612 volume x .37 AMS worked hour benchmark + 40 hours Osteo) x 1.16 AMS Paid/Worked ratio = 3.93 FTEs.
- Transplant – The 0.10 FTE variance reflects coverage needs for the hepatobiliary surgery nurse who is a single incumbent position. As this is a per diem position, we did not include it in the financials.
- Rheumatology – When the AMS reports were developed, Rheumatology was staffing a dedicated infusion room. That infusion activity has since moved to Shepherdson 4 with some remaining residual infusion-related nursing activity in Rheumatology. Removing the associated infusion FTEs, leaves a need for roughly 3.80 FTEs. This is slightly higher than our current budget of 3.65 FTEs probably due to increased coverage. This transition of infusion workload is still in process thus actual FTEs maybe higher than 3.8 until all workflow changes are complete.

Summary Proposed Staffing Pattern/Schedule

Division – Position	AMS Target Staffing Pattern	FY21 Budget	USC Medicine Proposal	Variance to FY21 Budget
<u>Dermatology</u> RN MOHS RN	 3.00 1.20	4.00	4.00	0.00
<u>Infectious Disease</u> RN	 3.08	3.00	3.00	0.00
<u>Endocrinology</u> RN Osteo RN	 1.94 0.50	3.40	4.00	(0.60)
<u>Nephrology/Transplant</u> Nephrology RN Transplant RN	 2.28 4.30	 2.20 4.30	 2.20 4.40	 0.00 (0.10)
<u>Rheumatology</u> RN	 5.93 (3.69)	3.65	3.81	(0.16)
<u>Cardiology/Rehab</u> RN	 12.11	12.65	12.65	0.00
<u>Pulmonary</u> RN	 3.31	3.00	3.00	0.00
Total	37.65 (35.41)	36.20	37.06	(0.86)

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Financial Impact of the Proposal

- We are recommending an increase in the Department of Medicine of 0.86 FTE over the FY21 Budget.

- The 0.10 FTE for Transplant (Hepatobiliary Surgery) and the 0.16 FTE for Rheumatology are per diems, so we have excluded them from the financial calculation below to come-up with the actual expense based on a 0.60 FTE.

- Using step 11 (FY21) for hourly rate for an RNII and 33% for fringe, the change in expense for this recommendation is $67,710.

Metrics to Measure the Effectiveness of the USC Project Plan

We are proposing three measures to measure the effectiveness of the USC Project Plan consistent with the rest of the Medical Group (data on subsequent slides):

- Patient Satisfaction – How well the staff worked together to care for you
- NDNQI – Adequate staff to get work done
- Quality Process Metric – MyChart Medical Request Turnaround Time

Summary of Metrics:

- We need to spend more time understanding these metrics and what they are measuring as well as collecting some metrics.
- Staff collaboration is appreciated by patients and above benchmarks.
- Perception of insufficient staff by nurses to accomplish work; getting worse over time; and further below benchmarks.
- Completion of MyChart messages is generally done in a timely manner.

Metrics to Measure the Effectiveness of the USC Project Plan

Press Ganey: “Staff Worked Together to Care for You” (% top box scores)

Division	Benchmark 7/1/20-12/31/20	Actual 7/1/20-9/30/20	Actual 10/1/20-12/31/20
Cardiology	92%	95%	98%
Dermatology	92%	97%	97%
Endocrinology	50%	93%	95%
Infectious Dx	95%	94%	98%
Pulmonary	49%	81%	95%
Rheumatology	34%	92%	94%
Nephrology			
Transplant	12%	83%	92%

Metrics to Measure the Effectiveness of the USC Project Plan

NDNQI Data – Do you have adequate staff to get the work done

Benchmark Year	Medicine Mean	AMC Mean
2018	2.60	2.59
2019	2.14	2.55
2020	1.91	2.50

Score is on a 1-4 scale.

Metrics to Measure the Effectiveness of the USC Project Plan

Quality Process Metric – MyChart Medical Request Turnaround Time (average days by time period)

Division	January 2021	FY 2021
Dermatology	0.4	1.4
Infectious Disease	0.2	1.7
Endocrinology	1.0	1.1
Nephrology	0.0	3.8
Transplant	1.1	1.3
Rheumatology	1.0	15.1
Cardiology	0.8	2.8
Pulmonary		

Final Recommendations

Many of these tasks can be completed by Medical Assistants, Patient Support Specialists, and other non-nursing staff (example providers). To support these activities we have made the following recommendations:

<u>Highest Priority – Complete within Two Months (by 5/1/21)</u>

- Recruit incremental RN for Endocrinology.
- Maintain sufficient MA and PSS support staff to ensure tasks don't fall to nurses – build FY22 budgets and complete MA/PSS recruitments.
- Review workflows to ensure that MA, PSS, and Prior Authorization staff are completing as much of the non-nursing functions as possible before or instead of nurse involvement – Supervisors to review Division-specific recommendations in each clinic and create action plans/fixed processes.
- In-basket – turn around time by provider impacting nurse's work – Recommendation: 48 hours turn around time, sign visit notes w/in 72 hours – Supervisors to review in-basket messages and bring concerns to Division Chief/Department Leadership of areas with problematic response time.

<u>Next Priority – Complete in this Calendar Year (by 12/31/21)</u>

- Identify coverage for all areas within Medicine (for example per diems and resource pool).
- Regular meetings between providers and nursing staff to facilitate communication and workflows – ensure each division has a regular provider: nursing meeting.
- Medication refill detail – standard fields defined (template) within progress note to ensure ease of refills or, more optimally, providers enter all initial medications as part of visit workflow.
- Ensuring provider clinic coverage (i.e. on call provider, 'Doc of the Day') so clinic is not left with no providers in clinic.
- Schedule dedicated time for in person injections and procedures.
- Increase use of the in-clinic Pharmacist in patient education/secure Pharmacist support for each clinic.
- Develop formal orientation plans with MGET (Medical Group Education and Training) for new staff and new services.

<u>Recommendations Not In USC Team's Control</u>

- EPIC Sprints for each Division in Medicine (ID completed, Hem/Onc scheduled).

Highlighted Changes By Division

Dermatology:

Recommendations:	Rationale:
Have PSS get referrals to Provider	Makes sure provider has support needed
Have an RN cover peds patients	Currently don't have RN with peds experience
Have new RN train in peds	Currently don't have RN with peds experience
Have access to resource pool (future) & per diems	This would help with scheduled and unscheduled CTO coverage
Move patient scheduling to another resource	Would keep RNs from being pulled into non-RN tasks
Have pharmacy rep to help with injection training and patient education	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Have MA scanning labs and chart abstracts (if don't have one currently)	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license

Nephrology/Transplant:

Recommendations:	Rationale:
Have PSS secure prior auth	Some teams have person doing their prior auth, this would make it consistent across HCS
If MA is out have another MA (not RN) do rooming	Would keep RNs from being pulled into non-RN tasks
Have access to resource pool (future) & per diems	This would help with scheduled and unscheduled CTO coverage

Highlighted Changes

Endocrinology:

Recommendations:	Rationale:
Have access to resource pool (future) & per diems	This would help with scheduled and unscheduled CTO coverage
Obtain more training on Osteo	Clinic would have more education to cover that specialty and meet patient needs better
Improve communication flow between PASC and Clinic	Having to take pager calls which take RN away from patient care
More inclusive staffing meetings (i.e. RN/providers)	Would help communication between to better care for patients and clinic needs
Phone calls for providers for meds and procedures - move to MA	Would keep RNs from being pulled into non-RN tasks
Move Scan/intake/Faxing tasks	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Have Mas complete supply checks	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Assisting providers with med refills (more education for providers)	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Blood glucose/Downloading glucose monitor data	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Lab entry - pending labs	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Reports requests come back to RN	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Have pharmacy rep to help with injection training and patient education?	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license

Highlighted Changes

Infectious Disease & Pulmonary:

Recommendations:	Rationale:
Have access to resource pool (future) & per diems	This would help with scheduled and unscheduled CTO coverage
Move patient scheduling to another resource	Would keep RNs from being pulled into non-RN tasks
Have pharmacy representative to help with injection training and patient education?	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Have MA scanning labs and chart abstracts	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license

Highlighted Changes

Rheumatology:

Recommendations:	Rationale:
Have access to resource pool (future) & per diems	This would help with scheduled and unscheduled CTO coverage
Move patient scheduling to another resource	Would keep RNs from being pulled into non-RN tasks
How to manage/educate on therapy plans/order - Provider education	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Critical value labs/therapy plan work to provider	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Need 'Doc of the Day'/carry pager for Shep 4	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Have MA scanning labs and chart abstracts	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license

Highlighted Changes

Cardiology

Recommendations:	Rationale:
Have someone else take prior auth for medications	Some teams have person doing their prior auth, this would make it consistent across HCS
Have access to resource pool (future) & per diems	This would help with scheduled and unscheduled CTO coverage
Move provider scheduling to another resource reviewing the schedules and the plan for that day (e.g., does the patient need an ekg; do they need zoom or telemed)	Would keep RNs from being pulled into non-RN tasks
Have support staff result external lab results into EHR/scans (chart prep)	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Have support staff complete faxing and mail	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Have support staff complete chart preparation for upcoming visits	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Have support staff place lab orders for pre approved lab order sets (staff pend orders)	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license
Have support staff pend faxed paper medication refills	Would help take non-RN tasks from RNs so they make focus on patient care and working to full scope of license

Project Plan Approval

May 3, 2021

Dear Medicine USC Teams,

Thank you very much for your engagement and efforts in the Unit Staffing Collaborative (USC) project. We are pleased to let you know that your project plans with an additional 0.60 FTE (Endocrinology RN) have been approved for FY 22. If there is an urgent need for the FTE addition prior to FY 22 (10/1/2021), please follow the position review/ approval process with your leadership team.

If you have any questions about the USC project approvals, please let us know.

Going forward, your USC team is responsible for the implementation and ongoing monitoring of the effectiveness and progress of your staffing plans, review of any Concern Forms and submission of proposed changes/ reports to the Staffing Committee (see Article 20B).

Regards,
Peg and Deb

Peg Gagne, MS, RN
Chief Nursing Officer
Peg.Gagne@uvmhealth.org

Deb Snell, RN
President VFNHP
Debs@vfnhp.org

Time line and Deliverables

- Check in/progress update - scheduled call with P. Gagne and D. Snell held on **1/6/2021.**

- Final plans submission deadline:
  - **AMBULATORY CLINICS: February 15, 2021**

- Submit to: CNO and President VFNHP
  - Scan as 1 document and email to Peg.Gagne@uvmhealth.org and debs@vfnhp.org

Appendix 1 – Rheumatology
Proposed Staffing Grid

Staff	Hours	Shift Length	M	T	W	Th	F	Total Hours		Paid Hours*	FTEs**
Triage	80	8	16	16	16	16	16	80		89	2.23
Clinic	56	8	16	16	8	8	8	56		63	1.58
Total			32	32	24	24	24	136		152	3.81
										*=work hours * CTO factor (11.6%)	
										**=paid hours/40	

Appendix 2 – Transplant/Nephrology Proposed Staffing Grid

Staff	Hours	Shift Length	M	T	W	Th	F	Total Hours		Paid Hours*	FTEs**
RN II Pre Tx Coordinator	40	8	8	8	8	8	8	40		40	1.00
RN II Post Tx Coordinator	40	8	8	8	8	8	8	40		40	1.00
RN II Living Donor Coordinator	40	8	8	8	8	8	8	40		40	1.00
RN Care Coordinator Transplant Quality	20	8/4		8		8	4	20		20	0.50
Nephrology RN III	32	8	8	8		8	8	32		36	0.90
Nephrology RN III	24	8			8	8	8	24		27	0.68
Nephrology RN III	24	8	8	8	8			24		27	0.68
RN II Hepatobiliary	32	8		8	8	8	8	32		36	0.90
Total								252		266	6.66
										*=work hours * CTO factor (14%) Only applied to Neph. Transplant cross-covers each other	**=paid hours/40

Appendix 3 – Endocrinology
Proposed Staffing Grid

Staff	Hours	Shift Length	M	T	W	Th	F	Total Hours		Paid Hours*	FTEs**
RN	96	8	16	24	24	16	16	96		111	2.78
Osteo RN	40	8	8	8	8	8	8	40		46	1.16
Total								136		157	3.94
										*=work hours * CTO factor (16%)	**=paid hours/40

Appendix 4 – Dermatology
Proposed Staffing Grid

Staff	Hours	Shift Length	M	T	W	Th	F	Total Hours		Paid Hours*	FTEs**
RN	100	8	20	20	20	20	20	100		116	2.90
RN MOHS	40	8	8	8	8	8	8	40		46	1.15
Total								140		162	4.05
										*=work hours * CTO factor (16%)	**=paid hours/40

Appendix 5 – Pulmonary Proposed Staffing Grid

Staff	Hours	Shift Length	M	T	W	Th	F	Total Hours		Paid Hours*	FTEs**
RN	120	8	24	24	24	24	24	120		132	3.31
Total								120		132	3.31
										*=work hours * CTO factor (10.3%)	**=paid hours/40

Appendix 6 – Infectious Disease Proposed Staffing Grid

Staff	Hours	Shift Length	M	T	W	Th	F	Total Hours		Paid Hours*	FTEs**
RN	120	8	24	24	24	24	24	120		123	3.08
Total								120		123	3.08
										*=work hours * CTO factor (2.5%)	**=paid hours/40

Appendix 7 – Cardiology/Card Rehab Proposed Staffing Grid

Staff	Hours	Shift Length	M	T	W	Th	F	Total Hours		Paid Hours*	FTEs**
RN	344	8	72	72	72	72	72	360		410	10.3
RN Rehab	80	8	16	16	16	16	16	80		92	2.3
Total								440		506	12.6
										*=work hours * CTO factor (13.9%)	**=paid hours/40