

Unit Staffing Collaborative Orthopedics (Tilley Dr./San Remo)

Report Submission Date: **2/25/2020**

Unit/ Clinic USC Members

- Kelly Hanley, Nursing Manager.
- Christian Pinillos, Assistant Director.
- Brandi Myers, Practice Supervisor
- MaryKate Canavan RN II
- Linda Clark RN II
- Betty Gilbert RN III
- Norma Daigneault RN III

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 Profile

Our Orthopedic clinics provide Orthopedic evaluations and treatment to patients. The hours of operation are 8:00 a.m. – 5:00 p.m., Monday through Friday.

The Orthopedic clinics at Tilley Drive and San Remo are ambulatory clinics that have a nursing staff (RN and LPN) whose main roles are:

1. Triage (including referrals and patient calls).
2. Patient Education (Surgical patients).
3. Care Coordination.

In our **Tilley Drive clinic**, RNs/LPNs spend most of their time providing pre and post-operative education to our patients and coordinating their pre and post-operative care. The care coordination piece varies between specialties. Also, RNs have an important role in the triage process as some of our specialties see a large number of emergency acute patients that come to us from the emergency department. LPNs have been trained to work with providers (MD/APP) in order to make triage decisions.

Our **San Remo clinic** has one RN II, whose main role is triage. Patients are transferred to the RN by PSS staff or they communicate directly to her via MyChart. The RN also manages Coumadin (per protocol) when a total joint patient requires this therapy. The RN also coordinates care with other providers, other services, and home health care. The RN sees the patient in clinic as needed to assess wounds, assist providers and medical assistants, and provide general nursing assessment and intervention to patients in need.

Meeting Dates

The team met on the following dates:

- September 10th, 2020
- September 24th
- October 8th
- October 22th
- November 5th
- November 19th
- December 3rd
- December 17th
- December 31th
- January 14th, 2021
- February 11th

Minimum Staffing Levels

From AMS report:

Minimum staffing levels	Actual Paid FTEs: .99, Current Pattern FTEs: 1.11, Target Pattern FTEs: 1.11, Variance: 0	Actual Paid FTEs: 8.54, Current Pattern FTEs: 9.28, Target Pattern FTEs: 9.28, Variance: 0
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What are your core RN staffing levels?

Tilley Drive Clinic:

- **RN staff :** We currently have 9 RNs and one RN vacancy. For a total of 10 FTEs.
- **LNP staff :** We currently have 5 LPNs and no vacancies. (3 FTEs, 1 is a .8 FTE and 1 is a .9 FTE.)
- **Nursing coverage:** Call outs and vacations are covered by other nurses (RN/LPN) in the clinic. We try to find coverage within the specialty first. If a nurse in the specialty is not available, we look into our coverage grid* to find a nurse that is trained to cover that specialty.

San Remo Clinic:

- **RN staff:** We have 1 RN (1 FTE) in this clinic.
- **Nursing coverage:** In the event of a call out or vacation this role is covered by an RN from Tilley Drive remotely or in-person.

*Coverage grid is explained on slide 9

Nurse coverage / Vacation coverage

The USC team has decided to improve and continue to develop our nurse coverage/vacation coverage plan:

Nursing coverage at UVMHC Orthopedics will be decided following the guidelines stated below:

- Nurses at our Tilley Drive location can look for their own coverage or the supervisor will work on assignments by following the coverage grid*.
- San Remo nursing coverage will be assigned following the coverage grid.
- San Remo coverage will be assigned to San Remo Nurse 2. If San Remo Nurse 2 is not available, coverage will be assigned following the coverage grid.
- If coverage is needed for 2 consecutive days, the nurse must spend one of those days at San Remo.
- If coverage is needed for 3 days or longer (vacation), the nurse covering and San Remo will work together to determine remote and onsite coverage.

Granting Vacation time during Holidays (peak times):

- We consider peak times: The days before and after Thanksgiving, the week of Christmas and the week after Christmas.
- We will follow Article 18A of the nursing contract.
- We must keep safe staffing volumes at all times, thus when granting vacations during peak times we must make sure that we have a nurse trained to cover surgeons face to face clinics (surgery bookings and patient education) and that we have nurses available for phone/triage coverage.
- In order to successfully cover clinics, triage and phone coverage, our staffing volumes cannot go below 60% of the number of nurses in the healthcare service.
- If a nurse requests a CTO day after the schedule has been published, that nurse is responsible for looking for proper coverage. If proper coverage is identified, CTO will be granted.

*Coverage grid is explained on slide 9

Coverage Grid

- In order to provide appropriate coverage to clinics in all Orthopedic clinics, we will use our coverage grid.
- This grid was generated by compiling information from all bargaining unit members on the orthopedic specialties they are trained to cover.
- This document will be stored in the S drive and it will be available to all bargaining units members.
- This document will be updated quarterly at the all nursing meeting.
- This grid will be used to identify the need to train nurses in order to have proper coverage in all specialties/clinics.
- New bargaining unit members will be trained to their original specialty and 2 others within 6 months of hiring.
- All bargaining unit members must be cross trained to cover at least 3 specialties in our healthcare service including San Remo.
- Our San Remo nurse is not required to cover clinics at Ortho Tilley.

Time Spent on Nursing vs Non-Nursing Duties

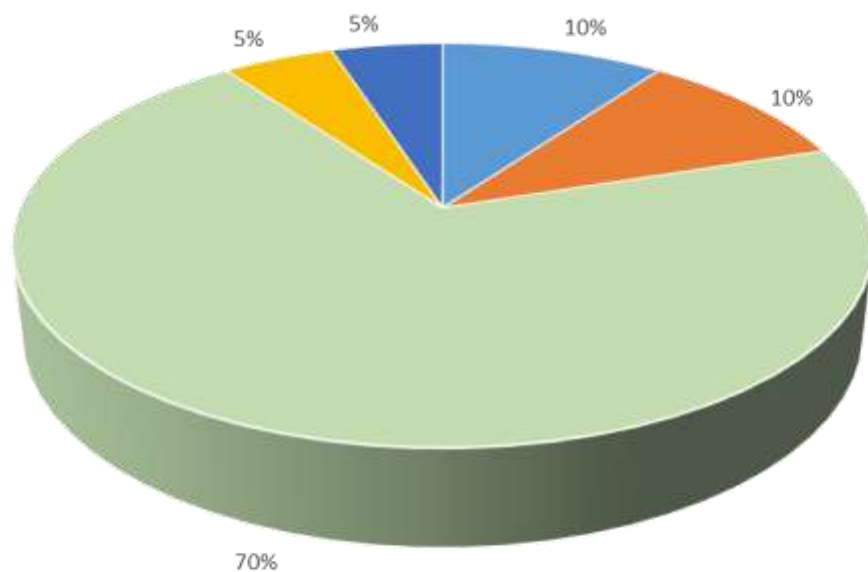
- What is the *approximate* time per week spent on non-nursing functions?
 - See next slide
- What non-nursing functions are consistently assigned to RNs?
 - At our Tilley Drive clinic, we do not have any consistent non-nursing functions assigned to RN/LPNs. However, we have experienced that in some specialties nurses are taking care of more paperwork. Our plan is to identify opportunities and shift this work to Medical Assistants, SCOAs, or PSS staff.
 - We are addressing non-nursing tasks at this time.
 - San Remo has addressed this issue successfully in the last 15 months. This transition was completed by the RN, Practice Supervisor and Medical Assistant Lead.

Time Spent on Nursing vs Non-Nursing Duties continued

- What is the *approximate* time per week spent on non-nursing functions?

San Remo : 2 hours per week.

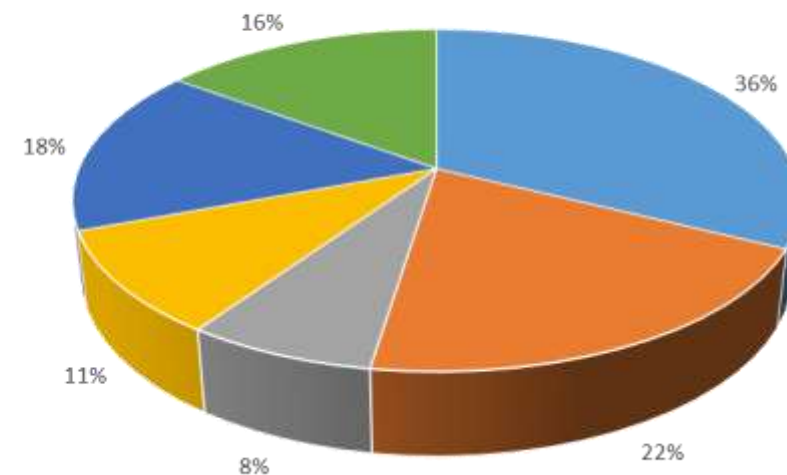
San Remo Effort Survey - Tasks



- Patient education (meeting with patients in person, by phone)
- Care Coordination (communicating with other clinics, providers or resources to assist patient care)
- Patient Triage (RN only)
- Administrative staff (FMLA paperwork, patient related forms, etc.)
- Surgical Scheduling

Tilley : 4.5 hours per week

Tilley Effort Survey - Tasks
Clinics Averaged



- Patient education (meeting with patients in person, by phone)
- Care Coordination (communicating with other clinics, providers or resources to assist patient care)
- Patient Triage (RN only)
- Administrative staff (FMLA paperwork, patient related forms, etc.)
- Surgical Scheduling
- Other: %

* The time spent in non-nursing functions (per week) is an average and includes all specialties in the department and San Remo. Nurses in some specialties have more non nursing duties than others. This will be evaluated by USC team.

Recommendation for Acuity Process

- **What non-phone work drives more acute staffing needs?**

Tilley Drive: The number of patients per clinic, surgical patients in need of education and in some specialties, the time sensitivity of triaging emergency acute injuries, infections, DVT's, pain control, etc. drives our staffing needs. As well as, In basket management and post operative patient interaction.

San Remo: Post operative education for patients experiencing complications or with general questions/concerns. These questions come via MyChart as well as from phone calls. The RN may be called to clinic urgently when a medical assistant or provider requires assistance with a patient or a patient is experiencing an adverse event (i.e. post procedure, injection, or dressing change). Also, patients triaged via the phone, may need to be scheduled to come into clinic to see the nurse for further assessment.

Does in basket volume drive more acute staffing needs?

In basket management and post operative patient interaction drive more acute staffing needs.

Document acuity process, what is considered/discussed:

Tilley Drive: Nurses manage their time to be able to respond to patient needs on clinic days and desk days. During clinic days they meet with surgical patients. They are able to complete other tasks when they are not meeting with patients.

San Remo: The RN prioritizes work by urgent and emergent priority in order to support patients (calling or using MyChart). During our conversations, we established the need for extra RN support in order to provide education to patients before and after surgery. We believe this will reduce the amount of urgent patient issues that drive the work of our RN.

This support will be provided by an RN from Tilley Drive. We have a vacant position and we would like to allocate .4 of this FTE to San Remo. The goal is to allow RN staff to provide much needed education to our surgical patients.

Analysis for Nurse Circulator

- For critical, procedural, acute care units – N/A for ambulatory

Staffing Data including Unit Budget

Spine

Class		TOTAL		
Jobcode	Description	Actual	Budget	Var
Summary FTE Information				
LPN		0.0	0.0	0.0
MLP		4.0	4.0	0.0
Physician		5.1	4.4	-0.7
RN		2.1	2.0	-0.1
Staff Other		6.0	7.0	1.0
TOTAL		17.1	17.4	0.2

Trauma

		TOTAL			
Class	Jobcode	Description	Actual	Budget	Var
Summary FTE Information					
LPN			0.0	0.0	0.0
MLP			0.9	1.0	0.1
Physician			2.9	3.0	0.1
RN			1.7	2.0	0.3
Staff Other			1.1	1.0	-0.1
TOTAL			6.6	7.0	0.4

Hip & Knee

Class		TOTAL		
Jobcode	Description	Actual	Budget	Var
Summary FTE Information				
LPN		1.0	1.0	0.0
MLP		1.7	1.6	-0.1
Physician		2.0	2.0	0.0
RN		0.7	1.0	0.3
Staff Other		2.2	3.0	0.8
TOTAL		7.5	8.6	1.1

Sports

Class obcode	Description	TOTAL		
		Actual	Budget	Var
Summary FTE Information				
	LPN	0.0	0.0	0.0
	MLP	0.0	0.0	0.0
	Physician	4.0	4.0	0.0
	RN	1.9	3.0	1.1
	Staff Other	2.7	4.0	1.3
	TOTAL	8.7	11.0	2.3

Staffing Data including Unit Budget

The heart and science of medicine.

UVMHealth.org/MedCenter

Children Orthopedics

Class		TOTAL		
Jobcode	Description	Actual	Budget	Var
Summary FTE Information				
	MLP	0.6	0.6	0.0
	Physician	1.0	1.0	0.0
	RN	0.8	1.0	0.2
	Staff Other	1.1	1.0	-0.1
	TOTAL	3.5	3.6	0.1

Foot & Ankle

Description	TOTAL		
	Actual	Budget	Var
Summary FTE Information			
LPN	2.8	2.7	-0.1
MLP	1.9	2.0	0.1
Physician	4.0	4.0	0.0
RN	0.2	0.0	-0.2
Staff Other	5.3	6.0	0.7
TOTAL	14.2	14.7	0.6

Physiatry

Class obcode	Description	TOTAL		
		Actual	Budget	Var
Summary FTE Information				
Physician		3.9	3.8	-0.1
RN		0.4	0.0	-0.4
Staff Other		2.1	2.0	-0.1
TOTAL		6.4	5.8	-0.6

Upper Extremity

Description	TOTAL		
	Actual	Budget	Var
Summary FTE Information			
LPN	0.8	1.0	0.2
MLP	3.6	3.6	0.0
Physician	2.0	2.0	0.0
RN	1.0	1.0	0.0
Staff Other	6.6	5.9	-0.7
TOTAL	14.1	13.5	-0.6

Staffing Data including Unit Budget

San Remo:

Class		TOTAL		
lobcode	Description	Actual	Budget	Var
Summary FTE Information				
Management		1.0	1.0	0.0
MLP		4.5	4.5	0.0
Physician		2.9	3.1	0.2
RN		0.9	1.0	0.1
Staff Other		9.9	12.6	2.7
TOTAL		19.1	22.2	3.1

AMS Benchmark Staffing Grid

University of Vermont Medical Center

Current & Target Staffing Pattern

Orthopedics San Reno

Cost Center: 12012146

Completed Provider Visits 13,910

Average per Day 56

		Number of Staff										Total Weekly Req. Hrs w/o repl	Req. FTEs w/o replace	SVH Replace Ratio	Total Paid Hours	Total Paid FTEs	Average per Day	
Skill	Description	Shift Length (hours)	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total Weekly Shifts	Total Weekly Req. Hrs w/o repl	Req. FTEs w/o replace	SVH Replace Ratio	Total Paid Hours	Total Paid FTEs	Hours per Indicator		
A			B							C=AxB		D	E=CxD	F=E/40				
			RN															
RN	8a - 5p	8.0	1.0	1.0	1.0	1.0	1.0			5.0	40.0	1.0	1.110	44	1.1	0.1495	0.1660	
Pattern Total										5.0	40.0	1.0	1.110	44	1.11	0.150	0.166	

University of Vermont Medical Center

Current & Target Staffing Pattern

Orthopedics Tiley Drive

Cost Center: 12012107 et al.

Completed Provider Visits 53,326

Average per Day 213

Average per Day																	213	
Skill	Description	Shift Length (hours)	Number of Staff							Total Weekly Shifts	Total Weekly Req. Hrs w/o repl	Req. FTEs w/o replace	SVH Replace Ratio	Total Paid Hours	Total Paid FTEs	Hours per Indicator		
			Mon	Tue	Wed	Thur	Fri	Sat	Sun							Worked	Paid	
A										B	C=AxB	D		E=CxD	F=E/40			
			RN															
RN	8a - 5p	8.0	8.0	8.0	8.0	8.0	8.0			40.0	320.0	8.0	1.160	371	9.3	0.3120	0.3620	
Pattern Total										40.0	320.0	8.0	1.160	371	9.28	0.312	0.362	

Current Staffing Pattern/Schedule

How is this different from budget and if different, why?

The budget for the Tilley Drive Clinic reflects one more LPN (Trauma specialty) and one less RN. In May 2020, we replaced an LPN that retired for an RN II.

The San Remo Drive Clinic budget is the same.

How is this different from AMS benchmark staffing grid and if different, why?

At the time of our AMS meetings back in February 2020, we had 6 LPNs and 9 RNs at our Tilley Drive Clinic. One of our LPNs retired in May and was replaced by an RN. The goal is to replace LPNs for RNs as they voluntarily retire or depart our clinic.

The San Remo Drive Clinic remains unchanged.

How do you staff M-F ?

Tilley Drive:

- Our clinic days remain the same every week, unless a surgeon is on vacation or a clinic day is added.
- Vacation coverage is assigned to a nurse not in clinic on the day coverage is needed.

San Remo:

- We have an RN on site Monday to Friday from 8:30am – 5:00pm.
- If vacations or call outs happen, the supervisor contacts the Tilley Drive Clinic to provide remote coverage. For vacations, we assign an RN to cover (time is split between face to face and remote work).

Proposed Staffing Pattern/Schedule

- The main proposal is to have our vacant RN position support San Remo's RN in order to provide more education to surgical patients.
- The vacant position was originally assigned to support a surgeon. But this surgeon will be leaving Tilley Drive at the end of November and stopping surgery at the end of October. Once we hire a new surgeon, the RN holding this position will support this provider and San Remo. This is a common practice in our HCS. Most nurses in this building have more than one assignment.
- At the time of our AMS meetings back in February 2020, we had 6 LPNs and 9 RNs at our Tilley Drive Clinic. One of our LPNs retired in May and was replaced by an RN. The goal is replace LPNs for RNs as they voluntary retire or depart our clinic.

Financial Impact of the Proposal

We are not proposing the addition of FTEs in any of our clinics in this report but we will have a shift of resources from one clinic to another.

Metrics to Measure the Effectiveness of the USC Project Plan

How will you know staffing levels are effective?

Tilley Drive:

1. The surgeon clinic will have a nurse available to meet with surgical patients.
2. Nurses are able to return patient phone calls or In basket messages with no delays (24 hour turn around for non-urgent phone calls)
3. Triage of emergency acute patients will be completed on the same day they were received.
4. Collect, review and execute pre-operative requirements in a timely manner.

San Remo:

1. In baskets messages returned with 24 hours (M–F).
2. Phone calls are returned within 24 hours.
3. The RN contacts surgical patient before surgery. (Total joint, upper extremity, foot and ankle, and other patients as needed.)

How will you know changes are effective?

1. **San Remo:** Reduced number of patients calling with questions about post operative care or complications. Education will take place before and after the surgery by the RN. We can anticipate a reduction in the time required for an RN to return calls to patients. Increased patient satisfaction and improved outcomes.
2. **Tilley Drive:** We will be creating a nursing coverage guide that will allow us to assign clinic coverage to nurses that are familiar with the clinics they are covering. This will be reflected in the nurse and provider satisfaction surveys.

Suggestions to consider monitoring:

- Press Ganey - metric specific to nursing (Patient experience with Nursing staff)
- NDNQI
- Nursing Surveys (To be send to nursing staff LPN/RN in April 2021 and expecting results in June 2021)

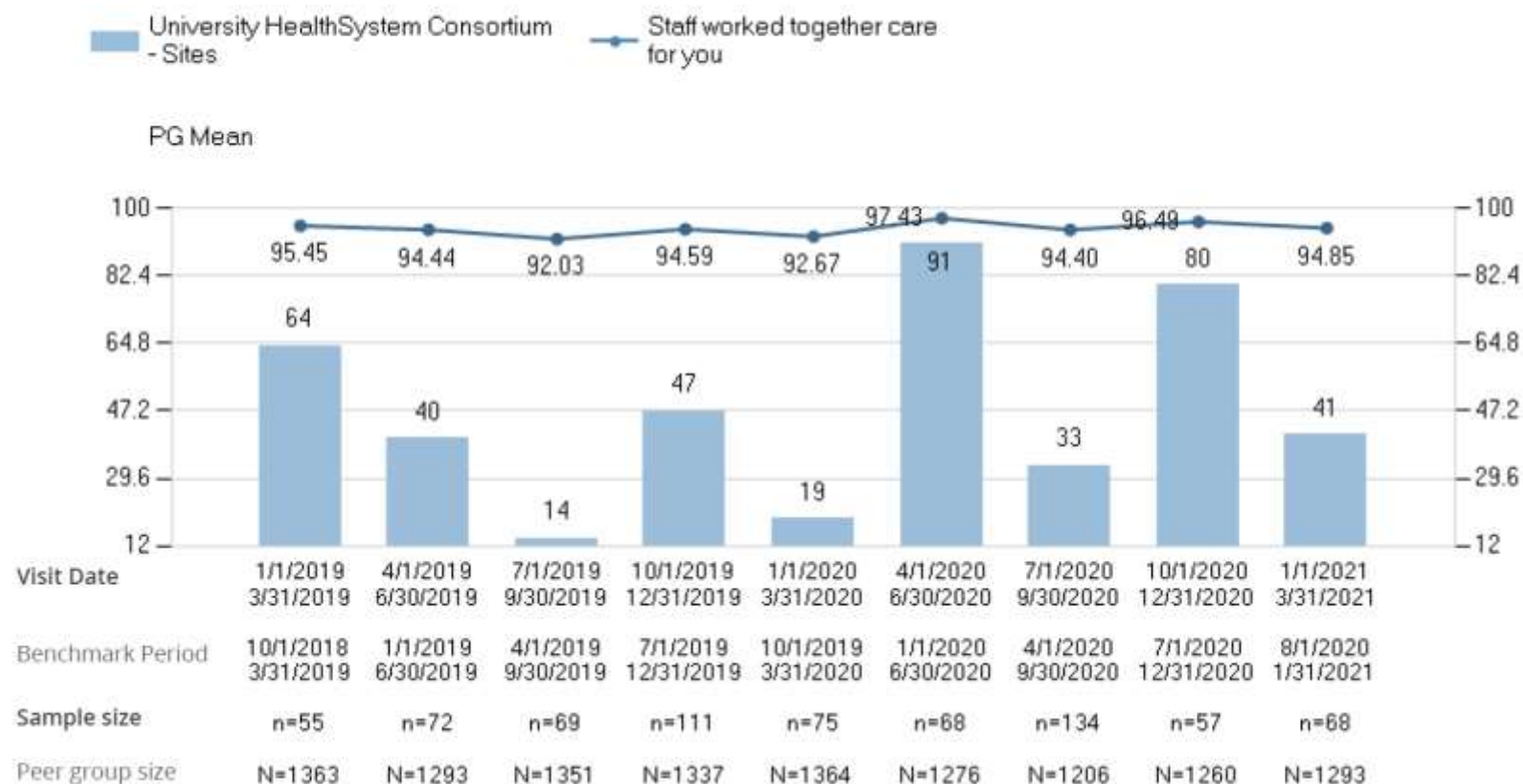
Have the items you identified in the USC (i.e. non-nursing functions) been addressed? We do not have major issues here to address.

This assessment will be ongoing beyond initial recommendations. We will continue to meet twice a month as we complete our recommendations.

Clinic Quality Outcomes/Patient Satisfaction Baseline Information

Hip & Knee

My Sites: 'ORTHO-ADULT RECON #443'

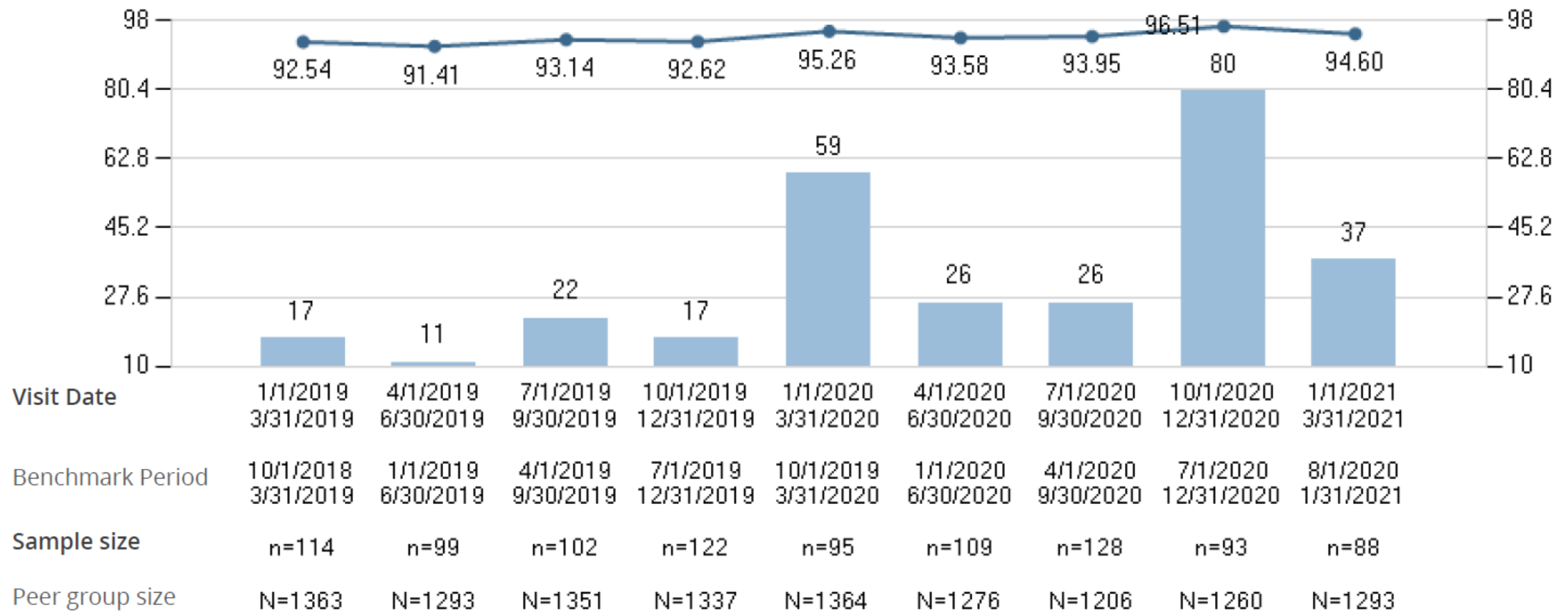


Ortho Foot & Ankle

My Sites: 'ORTHO-FOOT/FRACT/TRAUMA #441'

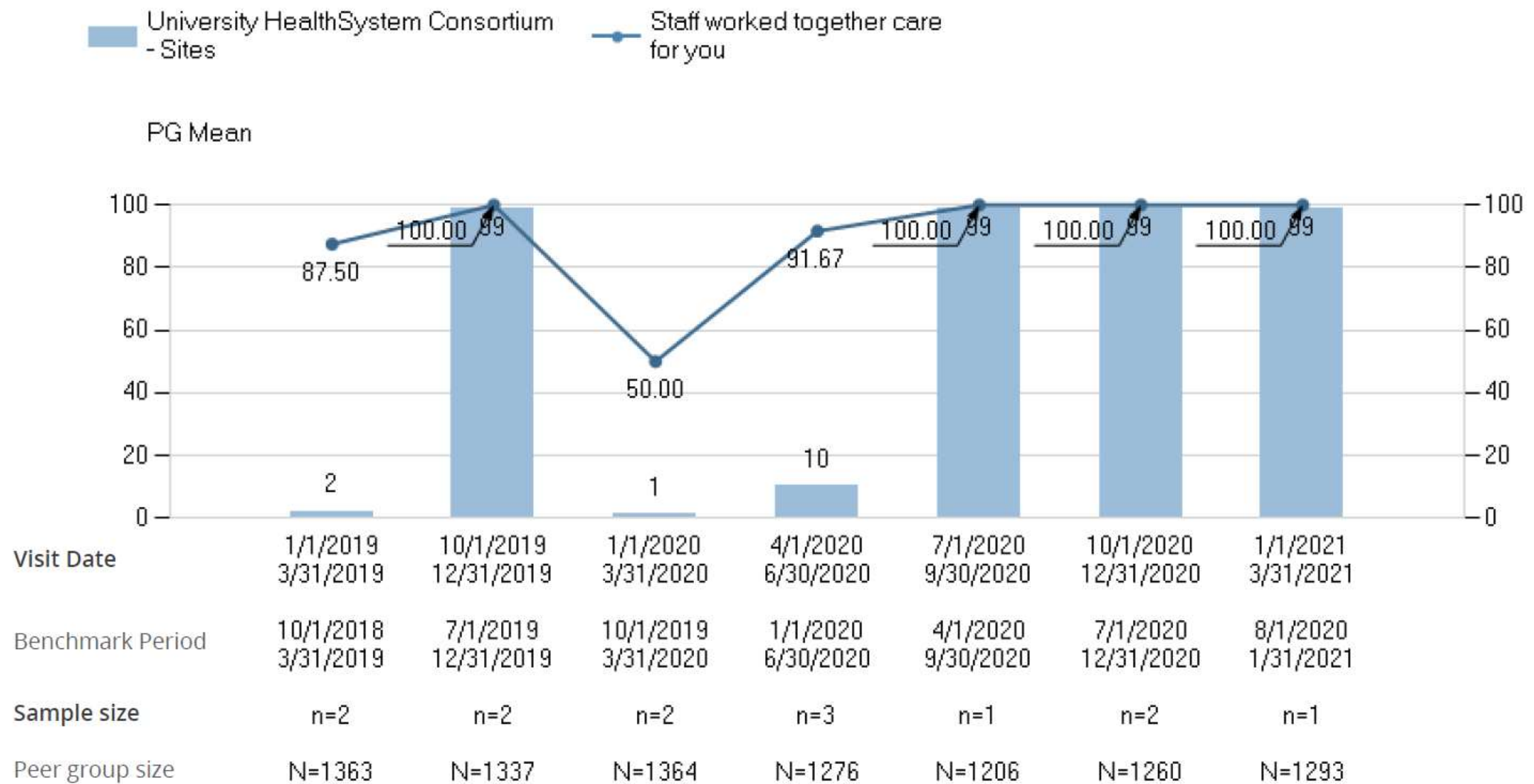
University HealthSystem Consortium - Sites Staff worked together care for you

PG Mean



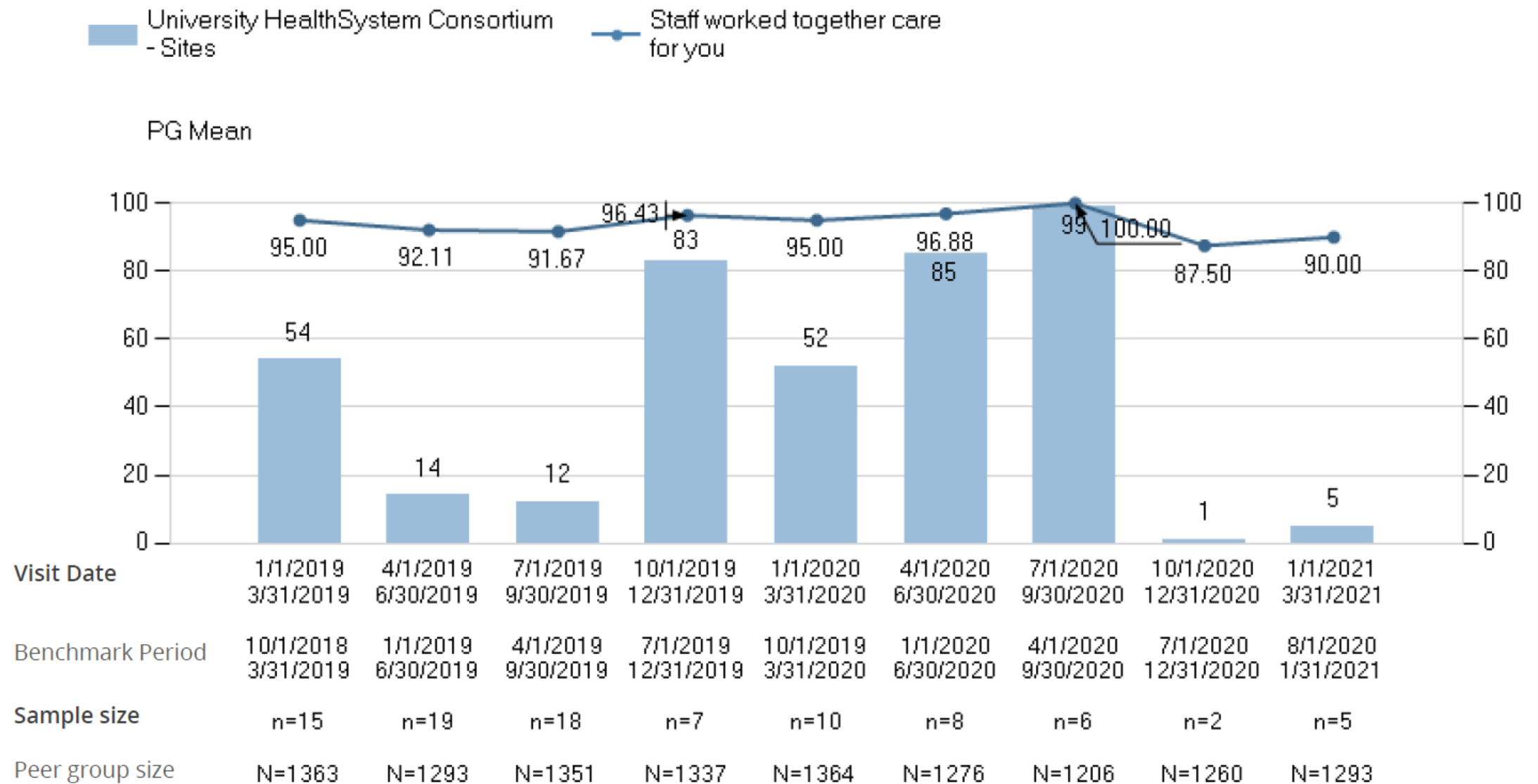
Ortho Oncology

My Sites: 'ORTHO-ONCOLOGY'



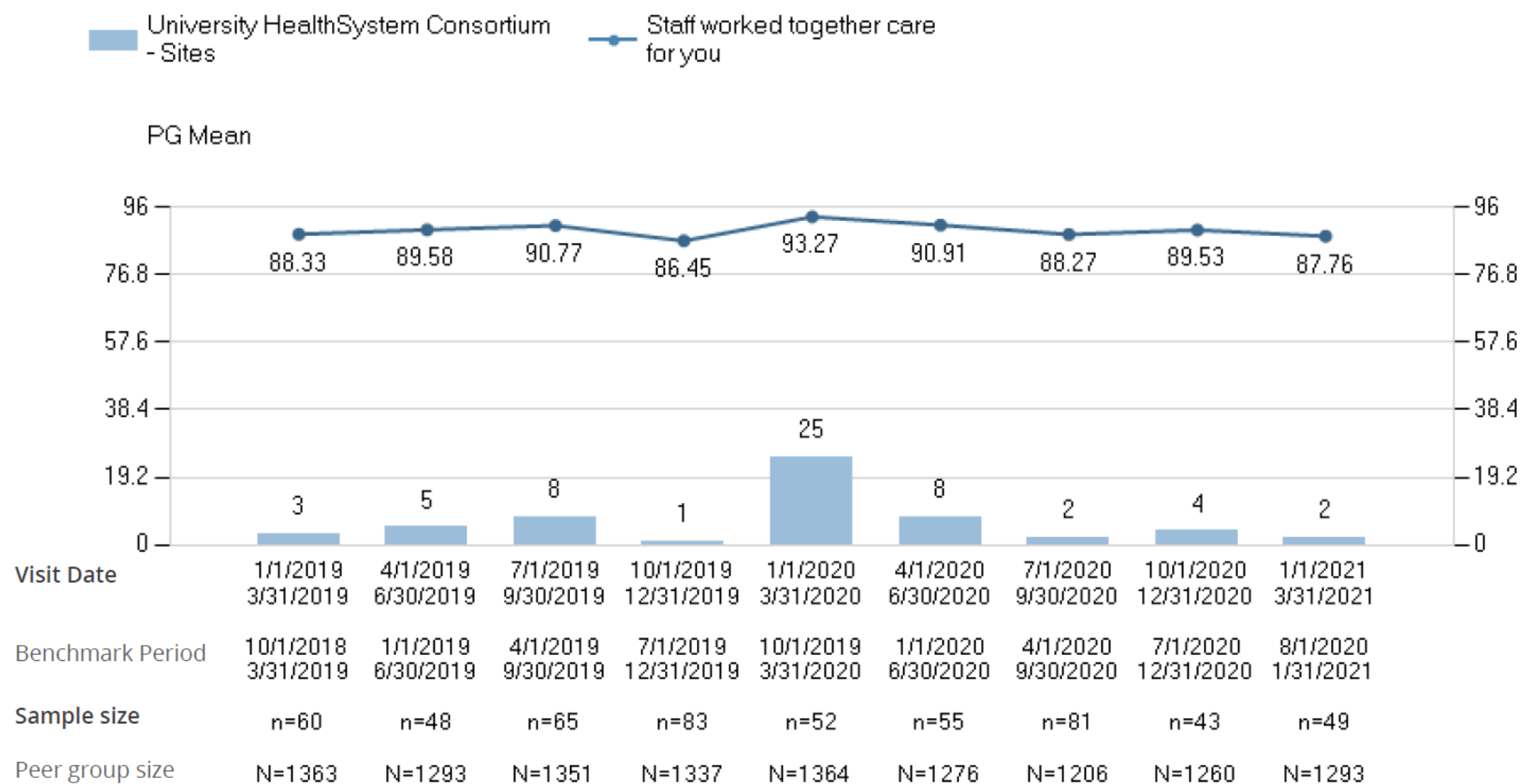
Ortho Pediatrics

My Sites: 'ORTHO-PEDIATRIC SERVICES #448'



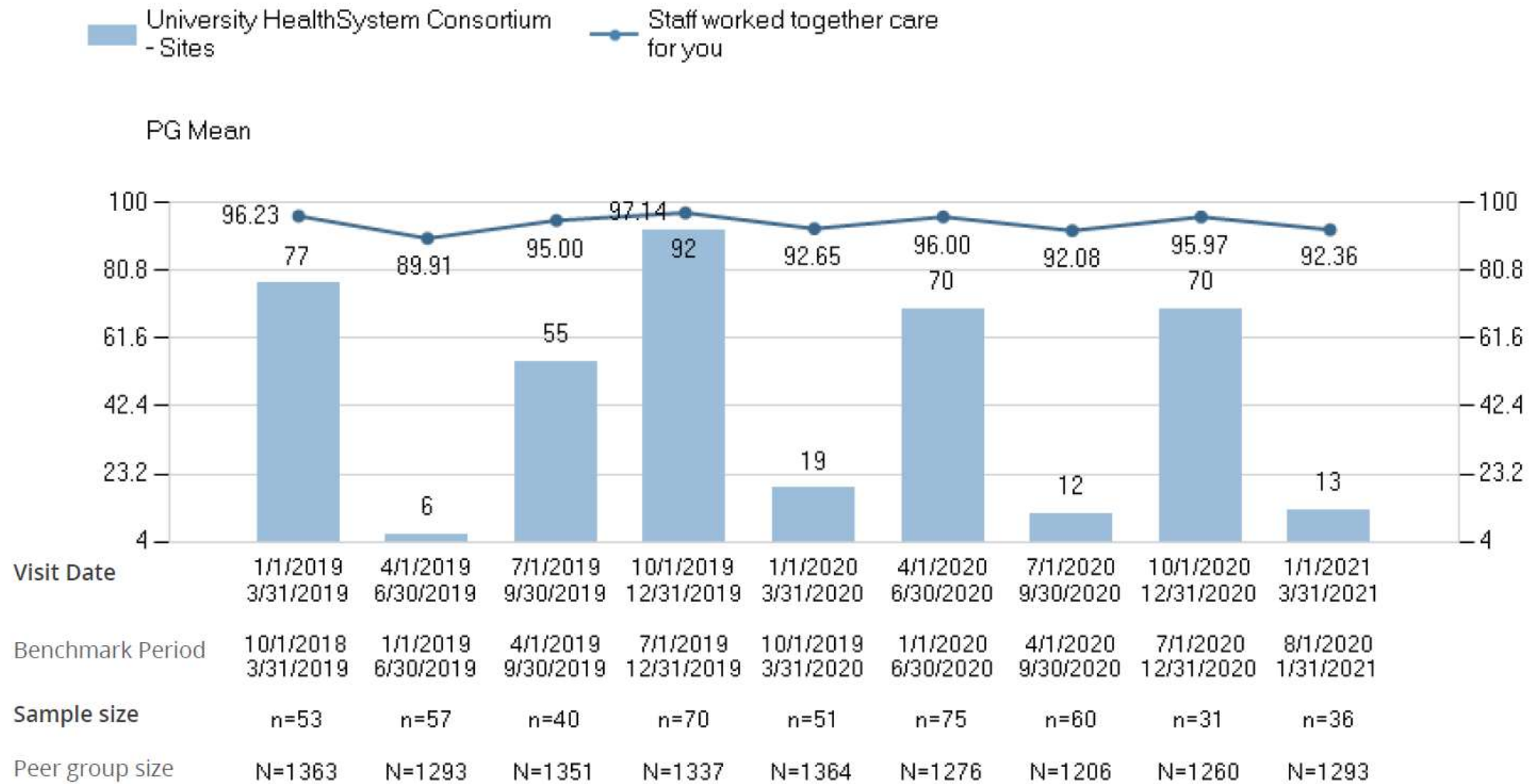
Ortho Spine

My Sites: 'ORTHO-SPINE SERVICE #442'



Ortho Sports

My Sites: 'ORTHO-SPORTS MEDICINE #444'

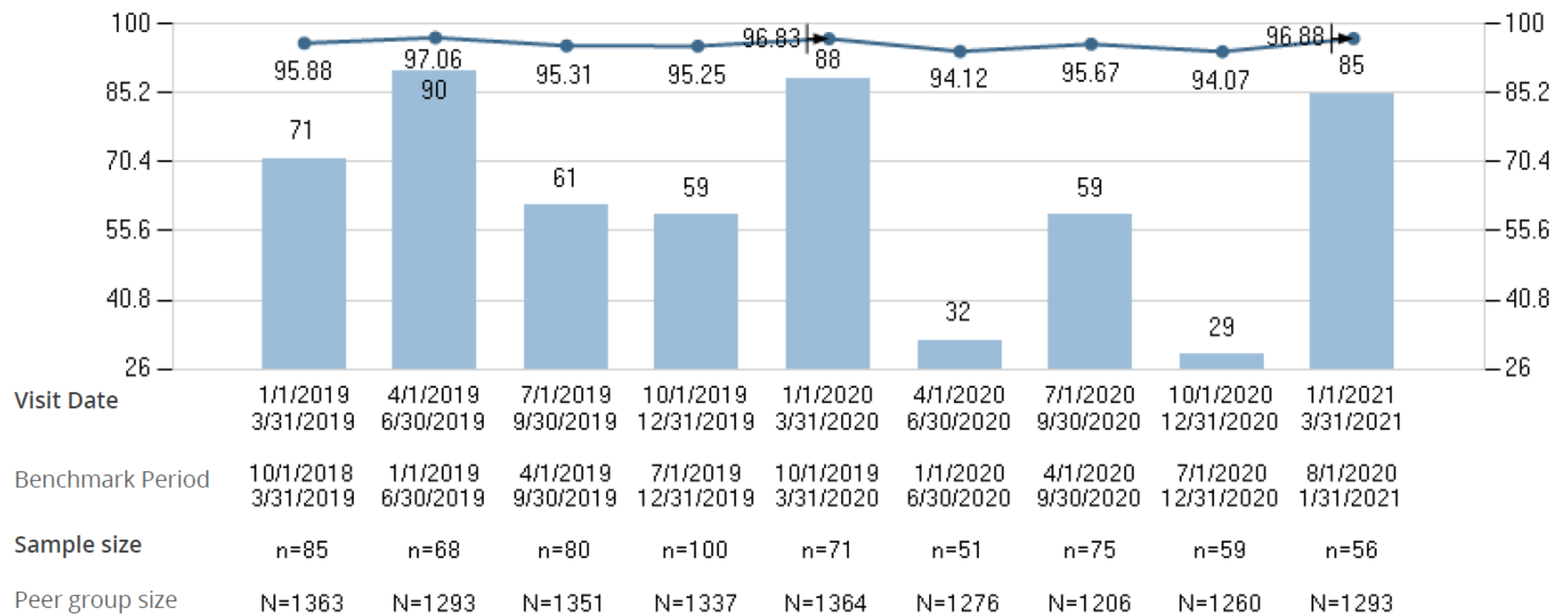


Upper Extremity

My Sites: 'ORTHO-UPPER EXTREMITY SERV 446'

University HealthSystem Consortium - Sites Staff worked together care for you

PG Mean



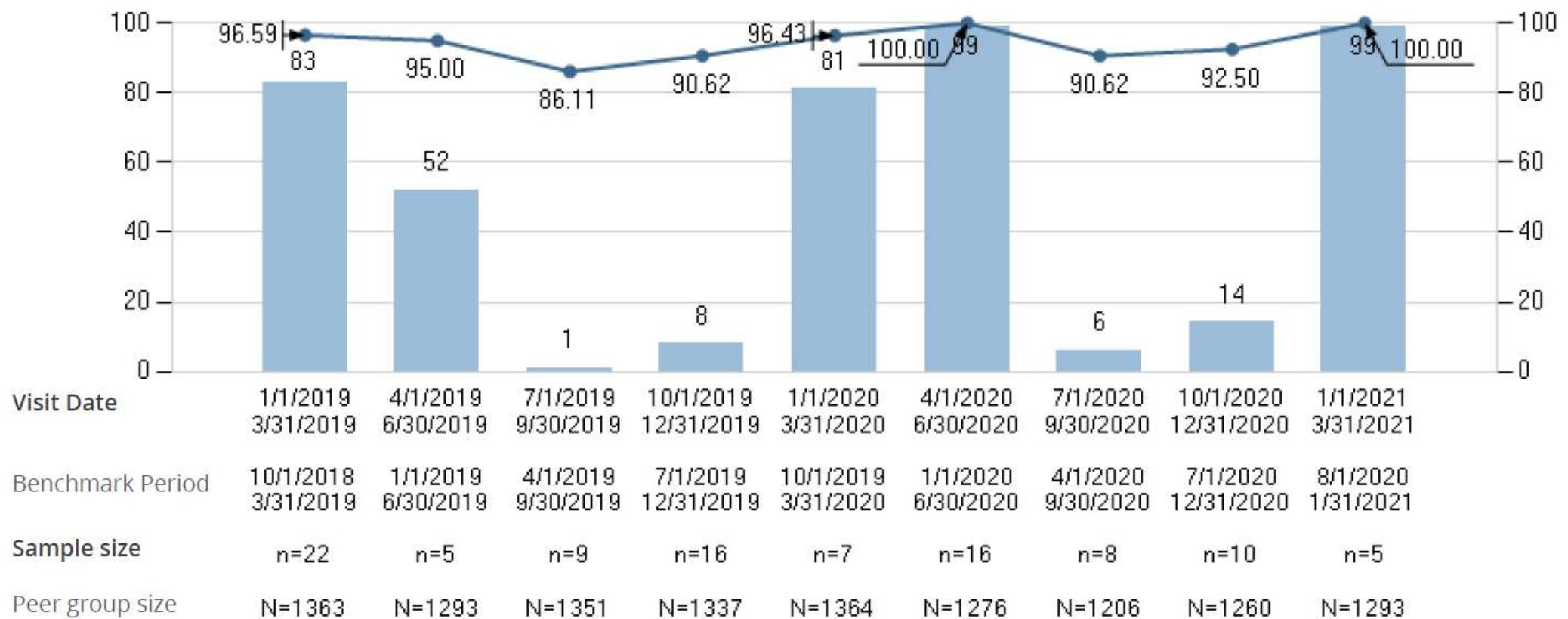
Ortho Trauma

My Sites: 'ORTHO-TRAUMA'

University HealthSystem Consortium
- Sites

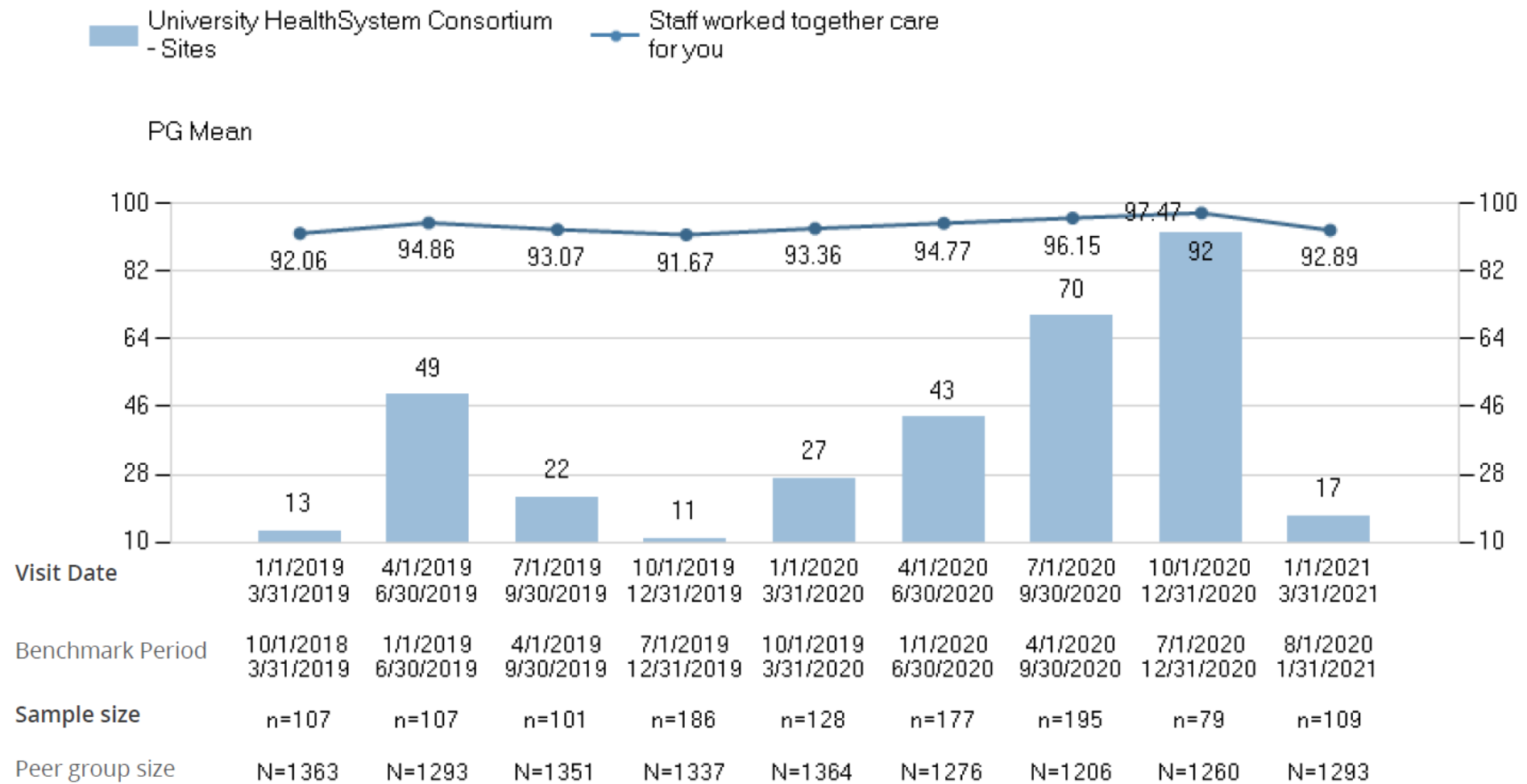
Staff worked together care
for you

PG Mean

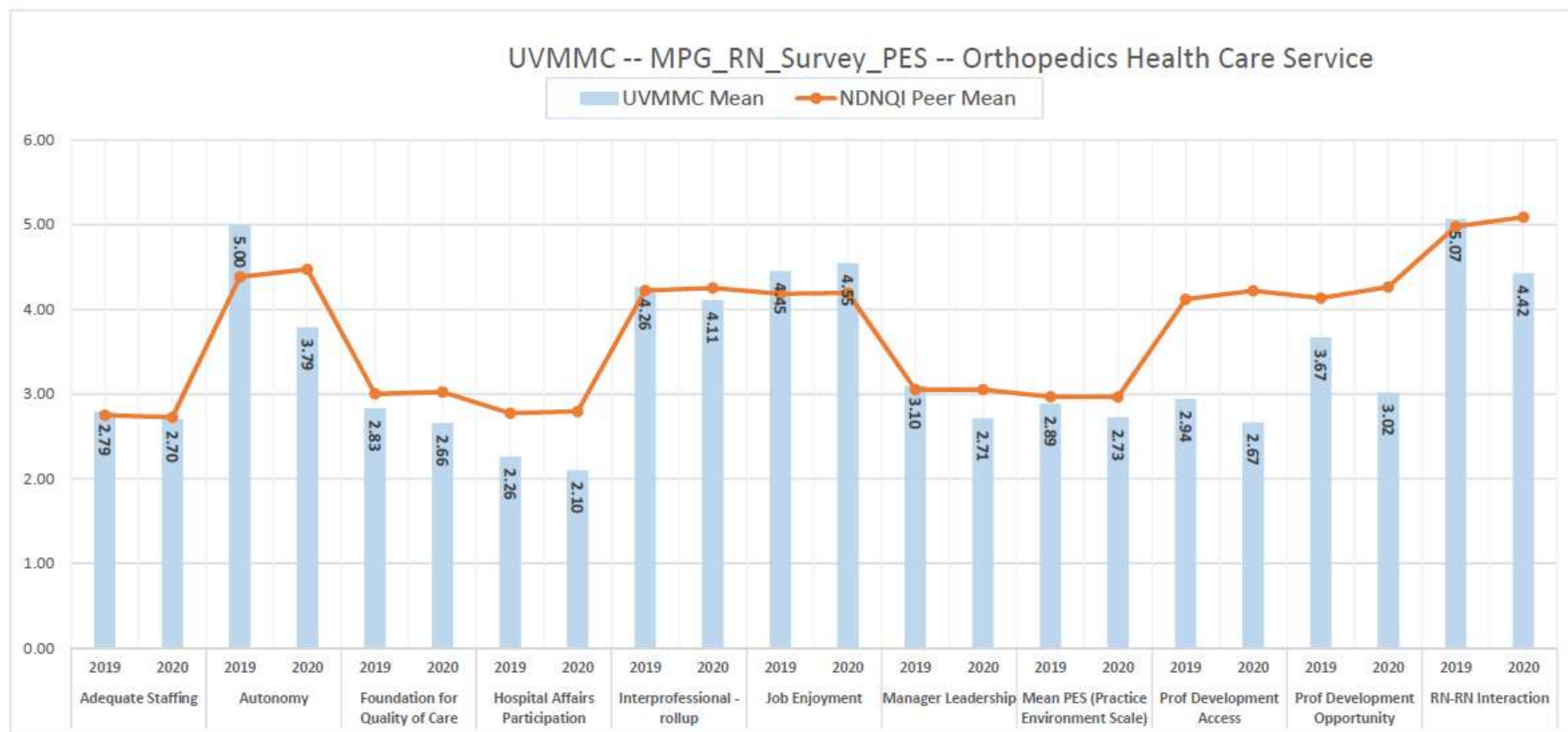


San Remo

My Sites: 'ORTHO-SAN REMO DRIVE'



Staff Satisfaction Baseline



MyChart Baseline Quality Process Metric

- 2020 – Patient Satisfaction – Likelihood to Recommend

Column														2020 % Total	Total % Total
2020															
Row Labels	201910	201911	201912	202001	202002	202003	202004	202005	202006	202007	202008	202009			
UVM MEDICAL CENTER SERVICE AREA	83.1%	75.4%	77.8%	81.4%	83.2%	83.7%	82.5%	84.6%	84.0%	82.7%	82.1%	79.7%	81.5%	81.5%	
Grand Total	83.1%	75.4%	77.8%	81.4%	83.2%	83.7%	82.5%	84.6%	84.0%	82.7%	82.1%	79.7%	81.5%	81.5%	

For FY2020, As a department we are at 81.5% for 'Likelihood of your recommending our practice to others'. Our Target is to get to 100%.

Metric Definition:

MetricName	MetricId	num_desc	den_desc	val_desc	target
Likelihood of your recommending our practice to others	MD O4	Number of responses where a 5 was selected	Total Number of responses	Percent of responses where 5 was selected as a response to "Likelihood to recommend our practice to others" in the patient satisfaction survey. Data for the report is based on surveys received in the previous calendar month. The "Likelihood to recommend our practice to others" is the Press Ganey question on the survey.	100%

MyChart Baseline Quality Process Metric

- 2020 – Referrals – Creation to Scheduled Date

		Colu	Total
		2020	Days
Row Labels		Days	Total
UVM MEDICAL CENTER SERVICE AREA		6.5	6.5
Grand Total		6.5	6.5

For FY2020, As a department we are at 6.5 days for 'Creation to Scheduled Date (Referred To:). Our Target is to get to 3 days.

Metric Definition:

MetricName	MetricId	num_desc	den_desc	val_desc	target
Creation to Scheduled Date (Referred To)	961006	Sum of ReferralFact.CreationToScheduledDate. AKA time between referral received and referral scheduled. (Referral Scheduled <> Appt Date)	Total number of referrals.	This metric returns the difference in business days between the creation date and scheduled date of referrals	3

MyChart Baseline Quality Process Metric

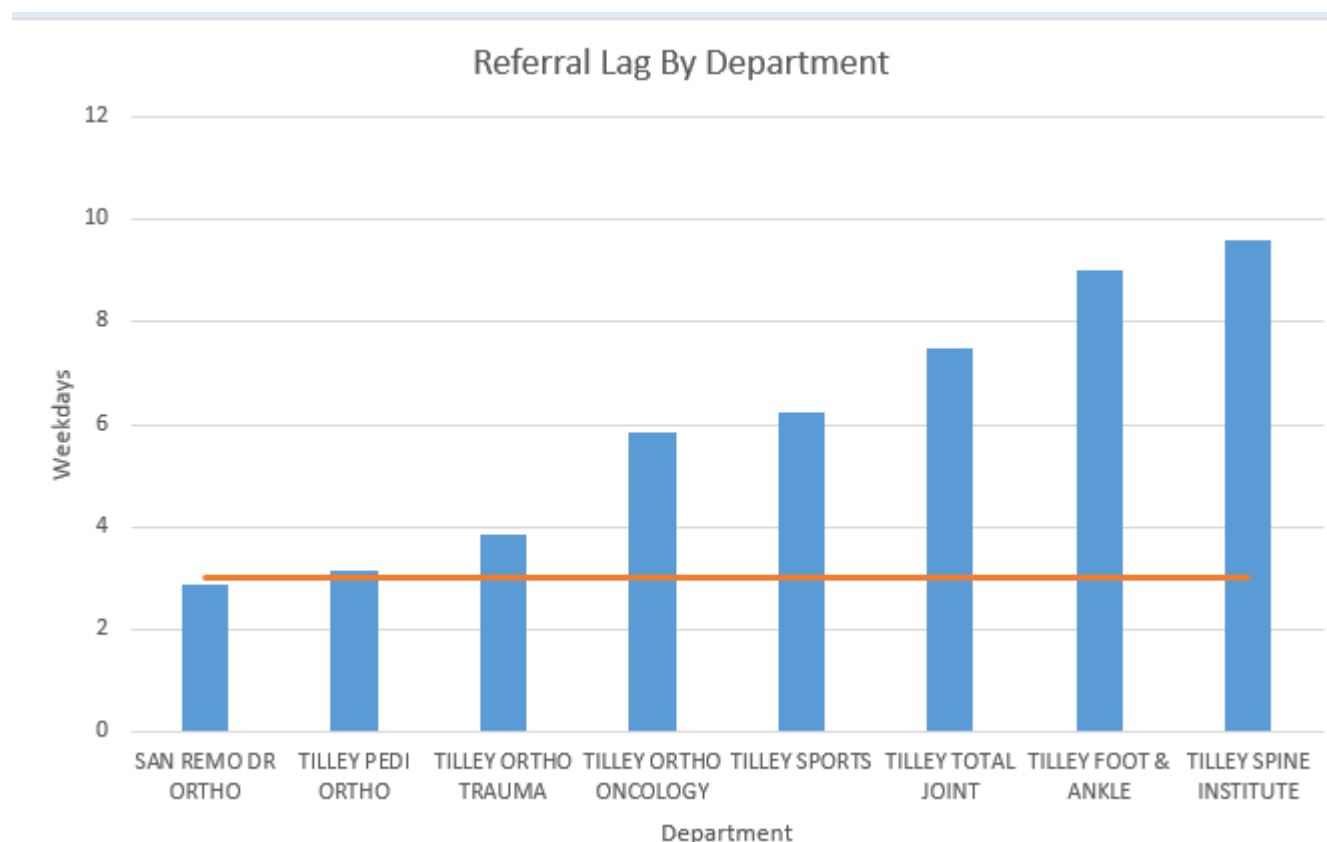
- 2020 – Patient Satisfaction – Likelihood to Recommend



For FY2020, As a department, we were at 81.5% for 'Likelihood of your recommending our practice to others'. The above reflects the breakdown per clinic. Our Target is to get to 100%.

MyChart Baseline Quality Process Metric

- 2020 – Referrals – Creation to Scheduled Date



For FY2020, We were at 6.5 days for 'Creation to Scheduled Date (Referred To:). The chart to the right, reflects the data per clinic. Our Target is to get to 3 days.

Metric Definition:

MetricName	MetricId	num_desc	den_desc	val_desc	target
Creation to Scheduled Date (Referred To)	961006	Sum of ReferralFact.CreationToScheduledDate. AKA time between referral received and referral scheduled. (Referral Scheduled<> Appt Date)	Total number of referrals.	This metric returns the difference in business days between the creation date and scheduled date of referrals	3

Areas of opportunity

- Autonomy: The USC team wants to work with the nursing staff in empowerment. We want to make sure we provide everyone with a voice when deciding how nursing care is provided in our healthcare service and how improvements should be conducted.
- RN-RN interactions: We want to continue breaking down the silos. Improve collaboration, communication and support between Tilley specialties and San Remo.
- Interprofessional Roll-up: We want to continue exploring ways to collaborate with other areas of the hospital from Pre-op to Miller 6.
- Job enjoyment: We need to continue to find ways to promote job satisfaction. We have been in crisis mode due to the current pandemic and OR closures. We need to look at education, communication and overall development as a way to promote job satisfaction/enjoyment.

Highlighted Changes

We have decided to make 3 recommendations that affect both clinics in our HCS. This will be completed according to the dates stated below:

Recommendation # 1: (Expected to be completed by May 1st)

Provide RN support for San Remo clinic in order to provide surgical patients with education. We have a vacancy at Tilley Sports specialty. We will shift part of the effort from this RN to support San Remo. This is a common assignment in our HCS as most nurses have 2 assignments that equal 4 clinic days and a desk/admin day.

Recommendation # 2: (Expected to be completed by May 15th)

We will continue working on creating a coverage grid that will allow us to provide appropriate vacation coverage. Since November 2020, we are transitioning to having our clinic schedule available 4 weeks in advance (Goal of March 2021). This allows for coverage conversations and transition of duties. We are working on coverage documents to aid nurses covering for other sub specialties to feel more prepared to support providers and patients without delays.

Recommendation # 3: (Expected to be completed by April 15th)

We have used these meetings to discuss the need of a comprehensive onboarding process for new nurses entering our HCS.

The goals are:

- Updating all onboarding documents and check-lists.
- Assigning a preceptor to help with onboarding (action needed: supporting nurses to attend preceptor classes).
- Provide more context about all clinics in the HCS (San Remo and Tilley Drive).

Project Plan Approval

May 3, 2021

Dear Orthopedics (San Remo and Tilley Drive) USC Team:

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 plan has been approved. 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 plan, 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
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Peg.Gagne@uvmhealth.org

Deb Snell, RN
President VFNHP
Debs@vfnhp.org

Time line and Deliverables

- Check in/progress update - completed call with P. Gagne and D. Snell on **October 22, 2020 at 8:15am**
- Final plans submission deadline:
 - **AMBULATORY CLINICS: February, 15th, 2021**
- Submit to: CNO and President VFNHP
 - Scan as 1 document and email to Peg.Gagne@uvmhealth.org and debs@vfnhp.org