

Article 20B – Unit Staffing Collaboratives

Upon completing the Unit Staffing Collaboratives (USC) Project for Imaging Technologists, at the request of either party, the parties shall meet to negotiate the facilitation of the USC Project in any other specific department or cost center within the technical bargaining unit.

The parties agree that the VFNHP and UVMHC will develop a partnership so that the VFNHP will become integrated and involved in decisions related to the staffing model of each ~~Imaging Technologist 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. If either UVMHC or the VFNHP requests a mutually agreed upon neutral facilitator to work with UVMHC and the VFNHP to refine the design and implementation of the USC Projects, ~~with the~~ costs of the facilitator shared equally between UVMHC and VFNHP.

Each unit committee will be staffed by four (4) representatives selected by the bargaining unit members on the unit and two (2) UVMHC administrators. For ambulatory committees, a minimum of one (1) administrator with an active license or certification to perform the duties of the bargaining unit must be selected.

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 ~~Imaging~~ Technologists on tasks related to patient care versus non-direct patient care
- The maximum patients or exam type being performed in a department, broken down by shift.
- Analysis and recommendation of acuity process and/or tool
- Analysis and determination for Circulating ~~Imaging~~ Technologists to enable Circulating ~~Imaging~~ Technologists to facilitate meal/break coverage and assist in all critical, procedural and acute care units
- Staffing effectiveness data (see Article 20), including unit specific quality data
- Unit-specific quality data, including unit-based improvement initiatives
- Staffing plan (grid) that includes patient care staffing of ~~Imaging~~ Technologists and ancillary staff where appropriate
- Staffing data, including the unit budget
- Completed studies and issue review of patient and staff safety from independent or UVMHC based committees.
- Financial impact of the proposal
- Metrics to be used to measure the effectiveness of the USC Project

No change to rest of article