

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 per the terms of the agreement.

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 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. Neither 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, 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 bargaining unit employees 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 bargaining unit employees to enable circulating bargaining unit employees 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 bargaining unit employees 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

The parties agree to act in good faith to ensure all units will have staffing grid plans within 18 months of execution. Units with an existing grid will abide by that until revised or superseded to this process. Areas of focus to be prioritized include units/departments without established staffing plans/guidelines.

The USC Project plan must be completed and submitted to the appropriate UVMHC Vice President and President of the VFNHP, or their designees, within three (3) months of completion of project. 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 appropriate UVMHC Vice President and President of the VFNHP, or their designees. 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, at a time determined by the joint facilitator, 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 UVMHC and the 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.

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 unit committee will continue to meet monthly, unless there is mutual agreement to meet every other month. The committee shall review progress of the staffing grid, submit changes to Staffing Committee for approval, review any Concern Forms filed, and prepare quarterly reports to Staffing Committee.

If a unit experiences changes that necessitate modifications in the USC Project plan, the VFNHP and UVMHC 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 acuity, type of patient, service, or facilities.

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- 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.

UVMHC 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 UVMHC and the VFNHP.

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.