

The University of Vermont Medical Center (“UVMCC”) and Vermont Federation of Nurses and Health Professionals, Local 5221 (“VFNHP”) agree to the following transition plan for staffing the Miller Building:

Miller Transition Units:

Units that will be decreasing beds:

- McClure 5 (Miller 4)
- Baird 3 (Miller 6)
- Baird 4

Units that will be increasing beds:

- Shep 3 (Miller 3)
- Shep 4 (Miller 5)
- New B3/ Shep 3N Medicine

Guiding Principles:

- Inclusive, collaborative process
- Patient family centered
- Supportive of staff expertise/ preferences
- Balanced and equitable – skill, training, ability, prior performance and experience
- A place for everyone
- Timely
- Utilize our contract to guide decisions/ process

Process:

1. Prior to November 2nd:
 - a. Unit staff will complete Miller Transition Preference Card (all staff on McClure 5, Baird 3, Baird 4, Shep 3 and Shep 4).
 - i. Staff will indicate three preferences – first, second and third, and include preferences for unit and shift.
 - ii. Preference cards will be submitted by November 2nd.
 - b. Number of FTEs (full-time, part-time and per diem staff needed by shift) complete for Miller configuration and posted for Miller 3, Miller, 4, Miller 5, Miller 6, Baird 3/ SB3N Medicine, Baird 4.
 - c. Meet & Greet Expo/ Shadow/ Open House opportunities available on units that will be increasing beds
 - d. Incentives
 - i. Purpose: To attract committed hours internal experienced nurses from the units that are decreasing beds to the new medicine unit
 - ii. Amount: \$8000 in five installments over 2 years (for full time, amount will be prorated for part time staff)
 - iii. Available for a minimum of 1/3 of total FTEs (approx. 15 FTEs)

- iv. Eligibility:
 - 1. Indicate Baird 3/Shep 3N as first preference
 - 2. Written commitment to unit for two years from opening date
 - 3. Greater than 2 years of UVMHC acute care experience (as of May 1, 2019) OR demonstrated skill and ability in preceptor and charge/circulator roles.
- 2. Unit staffing will be “locked” as of November 5th for transition staffing plan – no new external hires for units involved until transition plan is completed (approximately 2 – 3 weeks).
- 3. Week of November 5, 2018:
 - a. Article 12: Vacancy/ Job Posting
 - i. Definition: A vacancy is defined as a newly created position or a position that becomes vacant due to an employee leaving the position.
 - b. All units will fill positions for new unit configuration – shift/ hours – according to the Miller plan (number of FTEs - full-time, part time and per diem staff by shift needed)
 - c. Rationale – configuration of hours/ shifts will change – i.e. number of staff needed on days will change so need to address all positions
 - d. Process for filling positions will follow the framework set forth in 12 and 12A using the Miller Transition preference cards and unit seniority.
 - i. Two full days will be scheduled during the week of November 5, 2018 for this process.
 - ii. Two nurse leaders and two bargaining unit employees from each unit will participate in the process, in addition to the nurse schedulers who support these units.
 - iii. All groups will meet together in a large conference room for both days
 - iv. Guideline targets for staff configuration on each unit:
 - 1. Committed hours
 - a. 60-80% full time
 - b. 20-40% part time
 - 2. Per Diem 10-20% of the total head count
 - 3. Minimum of 2 charge experienced nurses/ shift
 - 4. At least 30 – 40% experienced RNs (2 years and greater experience)
 - 5. Not more than 60% RNs with less than 2 years of experience
 - v. Placement checkpoints will be established throughout the days to discuss:
 - 1. Any variation to guideline targets
 - 2. Progress toward filling positions
 - 3. Move to second preferences
 - 4. Any barriers/ issues arising
- e. The following groups will be considered “internal” for this process – where more than one unit is listed, unit seniority would be according to the current units, and would be blended together in order of unit seniority.
 - i. Miller 3: Current Shep 3 and Baird 3 staff who have Miller 3 as first preference
 - ii. Miller 4: Current McClure 5 staff

- iii. Miller 5: Current Shep 4 staff
 - iv. Miller 6: Current Baird 3 staff
 - v. Baird 3/ Shep 3N Medicine: All units that will be decreasing beds
 - vi. Baird 4: Current Baird 4 staff
4. Week of November 12, 2018: After “e” completed, any staff from units that will be decreasing beds (B4, M5, B3) who have not been placed will be considered for openings, based on preference cards and a 1:1 discussion with current manager and managers of open units.
 5. Week of November 19, 2018: Units increasing beds will post all remaining vacancies for inpatient nursing staff applicants. Process for filling vacancies will follow article 12, with the exception of the 6 month requirement.
 6. Staffing assignments for nursing staff on Miller Transition Units will be completed by December 3, 2018.
 7. All Miller units and Baird 3/SB3 will be closed units as described in Article 21.A
 8. Article 12 D Trial Period Extension
 - a. At any point during the one year trial period or prior to the Miller Transition date, the bargaining unit employee who does not receive their first preference for unit placement may choose to return to his/her original patient population if a vacant position is available, after the vacancy has been made available to bargaining unit employees on that unit. If a vacant position is not available, they would complete a preference card for that unit and receive first consideration when a position becomes available.
 9. This MOA is agreed upon without prejudice or precedence to any provision in the CBA, and parties agree the MOA is pertinent solely for the Miller transition.

On Behalf of VFNHP

Date

On Behalf of UVMHC

Date