Tentative Agreement

Article 1 – Preamble

This agreement is made and entered into as of July 9, 2018 by and between University of Vermont Medical Center (UVMMC), hereinafter referred to as the “Hospital,” and the Vermont Federation of Nurses and Health Professionals, AFT Vermont, AFL-CIO Local 5221, hereinafter referred to as the “VFNHP”. The Hospital and VFNHP recognize that the Hospital’s first responsibility is to provide safe, quality patient care. It is the intent and purpose of the parties hereto to set forth the basic Agreement covering rates of pay, hours of work, and conditions of employment to promote and further harmonious and productive labor-management relations, to act in a manner to assure mutual respect and dignity.
Tentative Agreement

Article 4 – Union Access

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Beginning on October 1 of each year this Agreement is in effect, the Hospital will reimburse bargaining unit employees up to a combined total hours at the bargaining unit employee’s base pay rate (not including other payments such as differentials) for VFNHP activities related to this bargaining unit, such as investigation of grievances, training for grievance representation, collective bargaining, and Weingarten representation, in the following amounts:

- 560 hours (October 1, 20182015 through September 30, 20192016).
- 560 hours (October 1, 20192016 through September 30, 20202017).
- 800 hours (October 1, 20202017 through September 30, 20212018).

Unused hours in any year will be added to the total of the next year up to a maximum of 1000 total hours. The time must be coded as Union Time for payroll purposes and will not be used to calculate overtime rate. All requests for Union Time must be submitted by the VFNHP to the UVMCC Labor Relations. Union Time is not considered work time for any purpose including calculation of overtime, night, or weekend incentive payments.

The union may request that a bargaining unit employee may take unpaid time off to participate in an arbitration related to this agreement. Such requests will not be unreasonably denied.

The Hospital shall allow the Union President, Vice President and Grievance Chair, to reduce their hours or change status to part time of no less than 0.5 FTE. The Hospital will restore the officials to the same position and schedule/shift upon completion of the union leave without loss of Unit or Hospital Seniority, so long as they work in an area with at least 10 committed hours bargaining unit employees. If the work area has less than 10 committed hours bargaining unit employees, the union official shall be offered the next vacancy within the area, subject to any other legal obligations.

Vicki Stetzel 6/28/2018

6/29/2018, Jennifer Medhora RN
Tentative Agreement

Article 9 – Per Diem Employment

A. To be a per diem bargaining unit employee, the following minimum scheduled work commitments must be met:

1. A minimum of three-hundred (300) hours per calendar year.

2. The total hours must include a minimum of one (1) eight-hour holiday shift per calendar year. For purposes of this article, holidays are identified as Thanksgiving, December 24, Christmas, New Year’s, Memorial Day, July 4th and Labor Day.

For bargaining unit employees who work in multiple cost centers, the requirements of this provision can be met in any combination of the cost centers in which the bargaining unit employee holds a per diem position. Hours worked in regularly scheduled special, part-time or full-time positions will not count towards the above work commitments.

All hours worked in per diem positions shall count towards the minimum requirements. Bargaining unit per diem employees, who work in units or departments that do not staff or do not have an on-call system on holidays, will not have to comply with those related requirements in section A.

On call hours will count towards the requirements of this section.

These requirements will be pro-rated during the first calendar year in the per diem position.

B. Prescheduled shifts that are cancelled as a result of Article 20A staffing adjustments will count toward the work requirements outlined in A above.

C. A per diem bargaining unit employee will not be subject to corrective action for failure to satisfy the scheduled work requirements for lack of available shifts throughout the year.

D. All per diem bargaining unit employees will be required to attend mandatory in-service education courses and successfully complete unit competencies and mandatories. Failure to complete unit competencies and/or mandatories by the prescribed due date will result in a cancellation of scheduled hours and corrective action up to, and including, termination.

E. All per diem bargaining unit employees must maintain knowledge and skills that are consistent with current practice standards, as determined by the nurse manager.

F. Per Diem bargaining unit employees must find coverage if they are not able to work a scheduled shift (in accordance with Article 18, Section I). Per Diem bargaining unit
employees who consistently cancel prescheduled shifts may be subject to disciplinary action.

G. Compensation

1. All per diem bargaining unit employees are eligible for applicable differentials as per Articles 18 and 23.

2. Per diem bargaining unit employees will receive the following hourly differentials in addition to the differentials set forth in Section G.1., for all hours worked:

   Holiday hours (see Article 25) ................ $5.00 per hour
   Night hours (11pm to 7am)  ................ $6.00 per hour
   Weekend hours (Fri. 11pm to Sun. 11 pm) .. $6.00 per hour
   Evening hours (3 pm to 11 pm) ............. $4.50 per hour
   Day hours ....................................... $2.00 per hour

   The differentials in Section G.2. shall be combined when applicable for any single hour worked.

3. Per diem employees who work at least 300 night shift hours during a calendar year will be paid an annual lump sum equal to $3 per hour for all hours worked in addition to all other applicable differentials, including the differentials in Section G.

H. See Article 18B for summer bonus opportunity.

I. Any committed hours nurse, who requests to become a per diem in the unit that they are currently employed in may request to do so and shall not be unreasonably denied, so long as there is a vacancy (or the cost center does not have at least 1 per diem per 5 FTEs) and the preference card process is followed according to Article 12. Each cost center with at least 10 bargaining unit FTEs shall have a minimum of one per diem position per 5 FTEs.

J. Temporary Assignment. Any per diem employee who agrees to a temporary full-time assignment for a limited, pre-determined, pre-scheduled duration of at least 8 weeks, will receive an additional payment of $500 per pay period, to be paid as a lump sum bonus at the conclusion of the temporary assignment. Any per diem employee who agrees to a temporary part-time assignment for a limited, pre-determined, pre-scheduled duration of at least 8 weeks, will receive an additional payment of $500 per pay period, to be paid as a lump sum bonus at the conclusion of the temporary assignment. To receive the lump sum bonus, the employee must not miss more than three (3) scheduled days during the assignment. Unit Seniority shall determine selection among qualified per diem applicants for temporary assignments. Hours worked during a temporary assignment shall count towards the hours in Section A.1. and G.3.
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Article 11 – Seniority

A. Definition

1. Hospital Seniority shall be defined as stated on the seniority list as of July 10, 2006, or, if hired after July 10, 2006, as continuous employment from the date of hire.

2. Unit Seniority shall be defined as continuous employment on a unit/cost center in a bargaining unit position as appropriate. These years shall be added to the Hospital seniority, for the purpose of determining seniority in scheduling practices. The Hospital UVMMC will maintain the unit and hospital seniority lists. The VFNHP will have regular access to the lists.

3. Seniority shall mean Hospital seniority unless otherwise specified below:

<table>
<thead>
<tr>
<th>Article</th>
<th>Seniority Type Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Vacancy / Job Posting</td>
</tr>
<tr>
<td>12A</td>
<td>Internal Posting Shift/ Schedule Preference</td>
</tr>
<tr>
<td>16</td>
<td>Layoff</td>
</tr>
<tr>
<td>17</td>
<td>Recall</td>
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<tr>
<td>18</td>
<td>Hours of Work/ Staff Schedules:</td>
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<tr>
<td>18A</td>
<td>Scheduling Vacations/ CTO</td>
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<td>18B</td>
<td>Summer CTO</td>
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<td>19</td>
<td>Overtime</td>
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<tr>
<td>20A</td>
<td>Staffing Adjustments</td>
</tr>
<tr>
<td>37</td>
<td>Military Leave</td>
</tr>
<tr>
<td>38</td>
<td>Short Term Leave of Absence</td>
</tr>
<tr>
<td>45</td>
<td>Parking</td>
</tr>
</tbody>
</table>

B. Loss of Seniority

1. A bargaining unit employee will lose hospital and unit seniority when:
a. The employee is terminated (voluntary or involuntary).

b. The employee is laid off (see Article 17 – Recall).

2. A bargaining unit employee will lose unit seniority when:

   a. A bargaining unit employee transfers from one unit to another unit.

C. Restoration of Unit Seniority

Bargaining unit employees who leave a bargaining unit position in a unit, but return to that unit in a bargaining unit position within one (1) year shall have her/his unit seniority restored. Seniority for this purpose will be seniority at the date of last separation from the bargaining unit. The parties may agree to extend the one-year time limit on a case-by-case basis.

D. Restoration of Hospital Seniority

Bargaining unit employees who return to work in a bargaining unit position within one year shall have hospital seniority restored. Seniority for this purpose will be seniority at the date of termination. The parties may agree to extend the one-year time limit on a case-by-case basis.

The provisions of this Section DC shall not reduce or otherwise adversely affect unit seniority as calculated on July 10, 2006.
Tentative Agreement

Article 15 – Work Preference

Preference for available bargaining unit work shall be given to bargaining unit employees over Agency nurses. Bargaining unit work shall not include preference for individual patient assignments. Agency nurses may be utilized (i) for covering a leave of absence, (ii) for posted, unfilled vacancies, if no qualified candidate has applied during the posting period, until the new candidate has completed unit orientation, and/or (iii) for unanticipated staffing fluctuations on a temporary basis not to exceed ninety-one (91) days. Agency contracts may be renewed so long as one of the above restrictions remains satisfied, as long as the vacant position remains posted and there are no applicants at the time of the renewal. Agency nurses shall not be used to eliminate bargaining unit positions, or to permanently replace or reduce the hours of bargaining unit positions. Prior to utilizing an Agency nurse, the Medical Center will offer the temporary assignment, including leaves of absence, first to per diems as provided in Article 9.
Tentative Agreement

Article 18 – Hours of Work / Staff Schedules

* * * *

D. Scheduling Practices

The following priority will be used:

1. Bargaining unit employees with committed hours will be scheduled first.

2. Bargaining unit Per Diems will be offered the ability to pre-schedule shifts/hours according to the skill needs of that unit for that shift. If two or more bargaining unit Per Diems with the same skill and ability request the same shift/hours, the bargaining unit Per Diem with the most unit seniority will be given that shift/hours. Bargaining unit Per Diems may fill out an “availability form” to assist the scheduler. (See Article 9 – Per Diem for additional information.) Agency nurses will be scheduled after Per Diem bargaining unit employees have completed their pre-posting process.

3. The schedule will be posted and will include a posting of the vacant shifts/hours. The schedule will have the date it was posted.

* * * *

I Canceling a scheduled shift

If a bargaining unit employee is not needed to work a shift, according to the procedure in Article 20A Staffing Adjustments, the Hospital will make every effort to notify the bargaining unit employee as quickly as possible. If the bargaining unit employee does not receive any notification and shows up for work and is not needed, the bargaining unit employee will be paid two (2) hours of courtesy pay at the rate the employee would have been paid.

* * * *

SIDE LETTER:

The Medical Center and the Union agree to create an ad hoc committee of the APP Council on the subject of APRN weekend clinic staffing. If an agreement is not reached within 6 months following the execution of the Agreement, either party may request to re-open negotiations on the topic of weekend scheduling for APRNs. The ad hoc committee will be composed of 2 Medical Center representatives and 2 APRNs chosen by the VFNHP. Monthly reports on the progress of the committee will be provided to the APP Council, the Director of APPs and shared with all APRNs in Primary Care, Family Medicine and Pediatrics.

7/24/18 [Signature]

Vicki Stetz 7/24/18
UVM Medical Center Proposal

Article 18A – Scheduling Vacations/CTO

The Nurse Manager on each unit will work collaboratively with the bargaining unit employees on the unit to facilitate each bargaining unit employee’s ability to take time off.

The bargaining unit employee and the manager on each unit must mutually agree upon the seniority list as written and posted. The Hospital will provide the unit seniority lists to each unit and the Nurse Manager and the unit steward will work together to ensure the accuracy of the list.

1. Seniority Sign-Up

a. The unit seniority sign-up period will begin September 1st and conclude on October 31st. The CTO request book will have a calendar from January 1st through December 31st that will be made available for requests for vacations/CTO. The procedure for unit seniority sign up is outlined in section 2 of this article. Inpatient and peri-op units shall permit at least one nurse per shift to receive approved time off. Inpatient and peri-op units and with at least 50 committed hours nurses will approve one additional nurse off per day. Outpatient and procedural areas shall permit at least one nurse per day to receive approved time off. None of these requirements shall decrease existing practice.

b. The Nurse Manager will review the entries and the CTO book will be available on the unit no later than November 7th. No changes will be made to the original sign-up sheets; the original sign-up sheets must remain in the sign-up book.

c. Additional requests may be signed up for on a “first come, first served” basis after the CTO book is placed back on the unit and until the schedule is taken by the scheduler to create the next schedule.

d. The Hospital holidays of Thanksgiving, December 24th, Christmas and New Year’s will not be included in the CTO request book. The procedure for holiday requests is outlined in section 5 of this article.

2. Seniority Sign-Up Procedure

a. The CTO book will circulate beginning with the most senior bargaining unit employee and will be handed off to the next bargaining unit employee on the seniority list until all bargaining unit employees have signed up or until the final sign-up date, whichever comes first.

b. This process must occur in a timely manner to ensure all bargaining unit employees are able to sign up for CTO during the sign-up periods.

This proposal is offered without admission or precedent as to any existing practice or interpretation of any agreements with the Union, or any existing practice or policy. The Hospital reserves the right to alter, amend, supplement or withdraw proposals without prejudice.
c. During the seniority sign-up period, bargaining unit employees may sign up for their authorized hours to work in four weeks (two pay periods) with only the authorized hours in two weeks (one pay period) during the months of June, July and August.

d. The CTO request book may not leave the unit.

e. It is the responsibility of each bargaining unit employee to be ready to sign up during the sign-up period.

f. A bargaining unit employee may contact another bargaining unit employee by phone to complete the sign up. The person signing the book must initial and date the entry.

g. If there are extenuating circumstances that require special consideration, it is recommended that the bargaining unit employee contact her/his Nurse Manager and VFNHP steward to review available options.

3. After the Seniority Sign-Up Procedure

a. The CTO request book will be reviewed by the Nurse Manager by the date outlined in section 1 of this article. Requests that are deemed granted will be marked as such in the CTO request book. No request for time off will be unreasonably denied. Requests will not be altered or removed.

b. The book will then be placed on the unit for bargaining unit employees to sign up for additional scheduled CTO hours/days on a “first come, first serve” basis.

c. Additional days may be requested and granted during the calendar year and until the scheduler takes these requests to create the schedule.

d. Any bargaining unit employee who finds appropriate coverage for her/his shift may take CTO within the parameters of Article 18 Scheduling, section L. Use of such coverage will not be denied because of posted holes.

4. APRN Vacation/CTO Requests

Advanced Practice Nurses will work with the physician leaders, practice supervisors and directors, and/or other practitioners in their clinics and services to arrange coverage for their CTO requests. CTO requests will not be unreasonably denied.

5. Holiday Rotation

a. Holidays off will be rotated as equally as possible to afford each bargaining unit employee a fair share of the holidays off.

Vicki Stobbe 9/19/18

Molly Wallner RN 9/19/18

This proposal is offered without admission or precedent as to any existing practice or interpretation of any agreements with the Union, or any existing practice or policy. The Hospital reserves the right to alter, amend, supplement or withdraw proposals without prejudice.
b. No bargaining unit employee will be required to work more than two (2) of the Hospital holidays during the November-January time period in any given year.

6. The processes outlined above may be done electronically, where the appropriate platform exits.
Tentative Agreement

Article 18B – Summer CTO

Bonus for Not Taking CTO Vacations During June, July & August

1. Bargaining unit employees who are interested in being considered for the Summer CTO bonus program must notify their manager by August 15th of the prior year. Before the beginning of Seniority Sign-Up, managers will inform bargaining unit employees if they will be eligible to participate in the Summer CTO bonus program.

2. A bargaining unit employee who meets the following requirements will receive a bonus up to $1500. The bargaining unit employee must:
   - Have been informed by their manager that they are eligible to participate in the Summer CTO bonus program
   - Not take more than two (2) consecutive scheduled shifts as CTO in June, July and August
   - Not take more than a total of three (3) days of CTO in June, July and August. The Summer CTO Bonus will not be denied as a result of a single absence which does not exceed 4 hours.

3. In addition:
   - This $1500 bonus is based on bargaining unit employees who have worked 72 or more hours per pay period during June, July and August.
   - Bargaining unit employees who work less than 72 hours per pay period during June, July and August will have the CTO Bonus payout pro-rated, based on an 80-hour pay period.
   - CTO hours taken in compliance with Section 2 above will count as hours worked for purposes of bullet 1 and 2 in section 3.
   - For every ten (10) bargaining unit FTEs in an inpatient unit or every 8 bargaining unit FTEs in a clinic, the Hospital will offer a minimum of one (1) FTE for summer CTO bonus eligibility; however, based on unusual circumstances, the Hospital and the VFNHP can mutually agree to increase the number of bargaining unit employees of a particular unit or clinic who are eligible for the CTO Bonus program. Examples of unusual
circumstances include but are not limited to high unit vacancy rate, large number of nurses needing precepting on a unit, and/or nurses out on leave on a unit.

4. Per Article 20A of this agreement, during periods of low census during June, July and August, a nurse may be asked to take time off. If a nurse manager or designee sends a bargaining unit employee home, and that bargaining unit employee is on the CTO summer bonus program, those lost hours will not be counted against the total CTO taken during these months.

5. The payment for the vacation time will be made in the check following the first full pay period after the program is concluded with the first pay period in September.

6. Per Diem Summer Bonus

Per Diem bargaining unit employees will be eligible for a summer bonus of $1500 if they meet all of the following requirements:
- Indicate a desire to participate in this program to their manager, and the manager confirms there is a need, on or before April 1 of each year.
- Sign up for shifts before the posted schedule is up (see Article 18.D.2) for at least 416 hours of time during the months of June, July and August.
- Actually work 416 hours during the months of June, July and August. Credit will be given for any hours not worked because of staffing adjustments made in accordance with Article 20A, Section B.

Credit for Per Diem Summer Bonus Hours will run concurrent with credit for the per diem requirements in Article 9.

7. Night and/or Weekend Shift Work. Any bargaining unit employee who is participating in the Summer CTO bonus will receive an additional $1000 if they meet all of the relevant above qualifications and a majority of their hours worked during the months of June, July and August are on a night shift and/or a weekend shift.
UVM Medical Center Proposal

Article 19 - Overtime

* * * *

E. Urgent Pay

Urgent pay is specifically designed to provide additional compensation for non-exempt bargaining unit employees who work additional hours when unusual circumstances occur. Full-time and part-time bargaining unit employees will be paid urgent pay hours at a rate of two (2) times the bargaining unit employee’s base rate.

If the unit needs additional bargaining unit employees within twelve (12)eight-(8) hours from the start of the shift, urgent pay must be offered except in the following situations:

1. Per Diem bargaining unit employees must have worked at least 24 non-urgent 32 hours in a pay period to be eligible for urgent pay.

2. Any bargaining unit employee who misses scheduled work is not eligible for urgent pay during that same pay period. However, urgent pay will not be denied in any pay period for a single absence which does not exceed four hours.

3. Any bargaining unit employee is ineligible for urgent pay if the manager has attempted to offer the work to the bargaining unit employee prior to the twelve (12)eight-(8) hours before the shift.

If a shift is identified as eligible for urgent pay, the entire shift will be paid as urgent pay.
Article 20 – Staffing

High quality patient care is the shared goal of the Hospital and VFNHP. The Hospital and VFNHP agree that staffing the Hospital with the appropriate number of skilled, reliable nursing and ancillary employees is an essential element for the provision of quality patient care. Additionally, the Registered Nurses, Licensed Practical Nurses and the administration working in the only academic health center in Vermont recognize their societal obligation to provide safe, high quality care to patients who seek care at the Hospital.

The Hospital and the VFNHP agree that patient care should be patient centered, always according the patient the highest respect and acknowledging the individual as an informed, discriminating consumer. Care is competent, effective and collaborative. It respects the patient’s values, preferences and needs. The Hospital and the VFNHP also agree that units staffing must consider the importance of ensuring that the quality of the nurse’s work life is appropriate, based on the American Nurses Association findings that it has been shown that the quality of work life has an impact on the quality of care delivered.

The Staffing Committee established by the July 10, 2003 Collective Bargaining Agreement shall be continued. The membership shall be comprised of three (3) RN Bargaining Unit employees chosen by the VFNHP, one (1) LPN Bargaining Unit employee chosen by the VFNHP and four (4) nurse administrators chosen by the Hospital. The Committee shall foster group participation through cooperative relationships and a consensus decision making process. The Committee will serve as an advisory resource to the Unit Staffing Collaboratives (see Article 20B) Meded Unit Process by providing unit teams with research and data from national nursing specialty organizations as well as findings from national nursing research regarding nurse staffing and patient outcomes. The Staffing Committee will meet at least 10 times per year. The topics for agenda and discussions will include, but are not limited to: the investigation and review of “concern forms” (outlined below), the review of current research and information on staffing, and staffing issues on the units. The topics for agenda and discussions will include, but are not limited to:

1. Review/approval of written nurse staffing plans and grids from the Staffing Collaboratives.
2. Review/dissemination of current nurse staffing research, best practices and benchmarks to the Staffing Collaboratives.
3. Review of nurse staffing effectiveness for each unit including but not limited to actual vs. budgeted average daily census, budgeted versus actual staffing levels (Nursing Hours Per Patient Day (NHPPD) or other staffing metrics/UOS), acuity (Case Mix Index/Severity of Illness), comparison to current benchmarks (NDNOI/LMI) and nursing sensitive outcomes.
4. Other nurse staffing issues brought forward by the Staffing Collaboratives.
5. Review of written policies, procedures and protocols affecting nurse staffing.
6. Development of a process for analysis/trending of “concern forms”.
7. Review of “concern form” reports from Staffing Collaboratives and development of action plan for issues identified.
8. Regular review actual unit of service measurement for each unit.

The Staffing committee will make recommendations to the Labor/Management committee, as it seems necessary. If the proposed change(s) require budgetary increases in FTEs/other resources, the current organizational process for approval must be followed. The Staffing Committee will also review the actual average daily census, the actual Nursing Hours Per Patient Day (NHPPD) for each unit on a quarterly basis. Staffing Committee members will be paid for all time spent in Staffing Committee meetings. The Staffing Committee will have each unit’s budgeted daily census and staffing grids.

The Hospital will ensure that organizational policies and procedures, job descriptions and standards of nursing conform to the Vermont State Board of Nursing regulations and advisory opinions and all other state laws and regulations related to the practice of nursing. The Hospital shall promulgate and enforce policies, rules and regulations to ensure that applicable professional standards, including applicable specialty standards of nursing practice are established and carried out so that safe and effective nursing care is provided to patients.

The Hospital shall continue to work with the VFNHP to ensure that written policies, procedures and protocols affecting

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Vicki Stetzel 9/19/18

Molly Wallner, RN 9/19/18
nurse staffing are reviewed with the VFNHP and are readily available to nursing staff.

The Hospital will make good faith efforts to maintain RN and LPN staffing consistent with staffing plans developed through the Unit Staffing Collaboratives (see Article 20B) Model Unit Process (MUP) — see Article 20B. Good faith efforts shall include the dedication of reasonably necessary resources to implement appropriate nurse recruiting and retention practices and a commitment to hire every qualified nursing applicant whenever there are nursing vacancies. Similarly, the Hospital agrees to make good faith efforts through the dedication of reasonably necessary resources to recruit and retain staff that support nurses in the provision of clinical care. The Hospital reserves the right to exercise its reasonable discretion in establishing and determining the qualifications to be required of nursing applicants.

Any LPN currently employed by the Hospital who is either grandfathered or enrolled in a nursing program and actively pursuing a Registered Nurse degree may be counted equally with an RN for the purpose of staffing on the unit where they currently practice.

**Staffing Guidelines**

The Hospital shall abide by all staffing guidelines promulgated by agencies, accrediting institutions, professional nursing organizations and the Unit Staff Collaboratives — See Article 20B. Daily staffing levels in all units will include the appropriate number of patient care staff, including RNs and ancillary staff where appropriate, and will be managed according to changes in volume, acuity and skill level in addition to established staffing grids. Daily staffing levels in all units will be managed according to changes in volume, acuity and nurse skill level in addition to established unit nurse/patient ratios.

Staffing grids shall include the appropriate number of patient care staff, and ancillary staff where appropriate. A patient assigned 1:1 patient observation shall not be deducted or excluded from any census or staffing grid.

Charge Nurses (excluding Vascular Access), Care Coordinators, Nurse Educators, CAT Nurses, and Lactation Consultants will not count toward primary RN staffing assignments in grids. Additionally, Charge Nurses (excluding Vascular Access) shall not be assigned patients, except in urgent situations, and will continue to be included in the overall Direct Care Hours.

In the event that any RN or LPN, including Charge Nurses, believes she or he has been given an assignment that is unsafe, or that in her or his opinion endangers patient care, she or he will immediately notify her or his supervisor or designee. The supervisor or designee will review the assignment at that time. If the RN or LPN disagrees with the review of the assignment, she or he will work as directed and may do so under protest. A “Concern Form” will be provided by the VFNHP. It will reflect the bargaining unit employee’s name, shift, unit/department, supervisor she or he submitted the form to, the date and description of the incident and the supervisor’s response. Nothing in this paragraph shall limit the rights of nurses under the Healthcare Whistleblower’s Protection Act, 21 VSA *507.

**Charge RNs**

Employees eligible to be assigned as charge nurses shall receive no less than 60 hours of training, including on-the-job training, in appropriate staffing standards, protocols, policies, and software programs prior to first charge assignment.

In the event that any charge nurse believes that the staffing grid requires additional nurses or staff, the charge nurse will ask the supervisor or designee to authorize. If the supervisor denies the request and the charge nurse disagrees, the charge nurse may complete a “Concern Form” to be provided to the VFNHP as detailed in this Article.

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Tentative Agreement

Article 20A - Staffing Adjustments

A. The Hospital and VFNHP recognize that variations in census and acuity occur daily in response to health needs of patients in our community and region. Daily staffing levels in all units will be managed according to changes in volume, acuity and nurse skill level in addition to established unit nurse/patient ratios. During periods of high census and/or high acuity and when there is a need for additional bargaining unit RN and/or LPN staffing, the following priority will be used:

1. Resource Department bargaining unit employees;

2. Bargaining unit employees with the necessary skill and ability may volunteer to float after considering the needs of the unit to which the volunteer was originally assigned. Such volunteers will receive the “float differential” if they qualify in accordance with the requirements of Article 23 Differentials. If there is more than one volunteer, the bargaining unit employee with the greatest unit seniority will be chosen;

3. Travelers with the necessary skill and ability will be floated after considering the needs of the unit to which the traveler was originally assigned;

4. Available per diem and/or part-time bargaining unit employees will be asked to work additional shifts;

4.5.

a. Available bargaining unit volunteers from within the home unit who are currently working will be asked to work overtime/premium pay on a seniority basis.

b. If no one volunteers, overtime/premium pay will be offered to the others within the home unit on a first come, first served basis.

c. If, within a reasonable amount of time following recruitment calls, no one from the home unit volunteers, overtime/premium pay will be offered to the resource department and other bargaining unit employees with the appropriate skill and ability, with preference going to a resource nurse currently working on the unit and then a float nurse currently working on the unit.

Any unit with an existing process in place for purposes of continuity of care may continue to utilize their process.

5. Available bargaining unit volunteers from within the home unit who are currently working will be asked to work overtime/premium pay on a seniority basis. If no one volunteers, overtime will be offered to others within the home unit on a first come, first served basis, unless the unit develops another alternative process. On a timely basis thereafter, overtime will be offered to the Resource Department and other bargaining unit employees with the appropriate skill and ability.

Vicki Stetzel 6/28/18

4/28/18 Julian MacMillan RN
6. Temporary staff from external agencies with skill and ability may be recruited.

B. During periods of low census, the normal workday and/or workweek may be decreased. The following priority will be used.

1. **Volunteers to Float**: Bargaining unit employees with skill and ability may volunteer to float to another unit to take a full patient assignment. Such volunteers will receive “float differential” if they qualify in accordance with the requirements of Article 23 Differentials. If there is more than one volunteer, the bargaining unit employee with the greatest unit seniority will be chosen.

2. **Travelers Required to Float**: Travelers will be floated if a need has been identified and the traveler has the necessary skill and ability.

3. **Urgent Shifts Cancelled**: Bargaining unit employees working urgent pay shifts will be cancelled. Order of cancellation will be: (1) Float nurses, (2) Resource nurses, (3) Home Unit nurses. If more than one float nurse is working for urgent, cancellation will be by seniority. If more than one Resource nurse is working for urgent, cancellation will be by seniority. If more than one Home unit nurse is working for urgent, cancellation will be by seniority. Any nurse cancelled may check in with the staffing office to see if there are other work opportunities available or the RN has skill and ability.

Employees who do not receive a cancellation notice and show up to work the urgent shift will be paid two (2) hours of courtesy urgent pay.

4-5.

5. **Extra Shift at OT Cancelled**: Staff working an extra shift other than scheduled committed hours and who will be paid at the overtime rate during that shift will be cancelled. Order of cancellation will be as described in 20A.B.3.

6. **Urgent Shifts Cancelled**: Bargaining unit employees working urgent pay shifts will be cancelled. Employees who do not receive any cancellation notification and show up to work the urgent shift will be paid one (1) hour of courtesy urgent pay.

7. **On Call-Called in-Cancelled**: Bargaining unit employees working an on-call called in shift will be cancelled, but shall remain on call.

8. **Extra Shift at OT Cancelled**: Staff working an extra shift other than scheduled committed hours and who will be paid at the overtime rate during that shift will be cancelled.

9-6. **Volunteers – Committed Hours**: Committed hours bargaining unit volunteers will be asked to take time off. Volunteers will have the opportunity to use CTO or take time off without pay. If there is more
than one volunteer, selection will be by unit seniority. Time off will not affect benefit status. Before any committed hours employees are cancelled, employees will be offered the opportunity to complete non-clinical work, including but not limited to NPG task force/council work, studying for first time specialty certifications, competencies, and mandatories.

10.7. **Volunteers – Per Diem:** Per Diem bargaining unit volunteers will be asked to take time off. If there is more than one volunteer, selection will be by unit seniority.

11.8. **Travelers Mandated:** Travelers will be mandated to take time off.

9. **Committed Hours Shift at OT Cancelled:** Staff working a committed-hours shift who are also incurring overtime will be cancelled. Order of cancellation will be as described in 20A.B.3.

12.—

10. **Extra Shifts Not in OT Cancelled:** Extra shifts greater than committed hours will be cancelled. Order of cancellation will be as described in 20A.B.3.

13.—

14.11. **Per Diem Cancelled:**
   a. Per Diem bargaining unit employees will be cancelled as determined by unit seniority. The lowest seniority per diem will be cancelled first. A rotation will then be established in reverse order of seniority.
   b. If a per diem employee is cancelled after reporting to work, she or he will be cancelled for the entire shift, but may volunteer to return if needed. If a per diem employee is cancelled prior to reporting to work, the hours of cancellation will be determined by management at the time of the notification.

15.12. **Committed Hours Shifts Mandated:**
   a. Bargaining unit employees will be mandated to take time off as determined by unit seniority.
   b. If an employee is mandated after reporting to work, she or he will be mandated for the entire shift, but may volunteer to return if needed. If an employee is mandated prior to reporting to work, the hours of mandation will be determined by management at the time of the notification.
   c. The lowest unit seniority bargaining unit employee will be assigned to take time off first. A rotation will then be established in reverse order of seniority.
   d. Bargaining unit employees have the option of using CTO time, or taking time off without pay. Mandated time off will not affect benefit status.
   e. No individual bargaining unit employee will be mandated off more than twice per calendar month.
Article 20B – Model-Unit Process – Unit Staffing Collaboratives

The parties agree that the VFNHP and Hospital will develop a partnership so that the VFNHP will become integrated and involved in decisions related to the model of care, including the staffing model. Therefore, the parties agree that they will facilitate the Model-Unit Process (MUP) in every unit / department of healthcare service in which there are bargaining unit members with the intent of creating a collaborative culture, reducing financial impact and building a systems-wide approach to quality improvement. The Hospital and the VFNHP will hire Bonnie Walker, Quality Consultant (or if Bonnie is not available, another consultant mutually acceptable to the parties) as a neutral facilitator to work with the Hospital and the VFNHP to refine the design and implementation of the MUP project, with costs of the consultant shared equally between the Hospital and VFNHP.

The following factors will be required in each MUP and the results of the MUP will be summarized in each final report:

- Unit profile
- Unit surveys, including a Core Process Survey, Staff Satisfaction Survey and a Clinical Microsystems Assessment Survey
- Unit-specific quality data, including unit-based improvement initiatives
- Staffing plan (grid)
- Staffing data, including the unit budget
- Financial impact of the proposal
- Metrics to be used to measure the effectiveness of the MUP proposal

The MUP final report must be completed and submitted to the Chief Nursing Office of the Hospital and President of each affected bargaining unit of the VFNHP within three months of the outcomes congress. The manager will make reasonable time available for the committee to work on the report. Staffing plans developed under this Article 20B shall require approval by both the Chief Nursing Officer of the Hospital and President of each affected bargaining unit of the VFNHP. A decision on the memorandum of agreement shall be made within three months of the submission of the final report. During the MUP wave, at a time determined by the facilitator, each unit will create a timeline for implementation of their project. During the MUP wave at a time determined by the 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 Hospital and Union). Most current budget and staffing related data will be available for the “transparency check”. Except for extreme circumstances, each unit will be implemented no later than three months after the implementation date identified in the timeline, subject to approval of the memorandum of agreement.

The VFNHP and the Hospital recognize that the healthcare industry is in a state of constant change. This environment of continuous change requires that we provide ongoing training and skills to help our staff prepare for, participate in and accept change with a positive, collaborative approach. In addition, our staff members need to understand strategies for promoting a positive environment for change, as well as strategies for handling resistance to change. These skills will help build a strong foundation for our continuous quality improvement efforts in the future.

The Hospital and the VFNHP recognize that patients are grouped by their need for specialty nursing care. The Hospital and the VFNHP will, through a collaborative process, ensure that all units reach the appropriate level of standards. The VFNHP and the Hospital will determine, with the facilitator, which groups of units / departments and healthcare services will participate in the collaborative model together and the timeline for the process to complete. Within three months of the effective date of this contract the Hospital and the Union will meet and discuss plans to complete any and all MUPS that have not been signed off.

Each unit upon completion of the process will have its MUP 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 MUP. If a unit experiences changes that necessitate changes in the MUP, the VFNHP and the Hospital agree to meet and confer about re-opening the process. Criteria for re-opening a MUP:

This proposal is offered without admission or precedent as to any existing practice or interpretation of any agreements with the Union, or any existing practice or policy. The Hospital reserves the right to alter, amend, supplement or withdraw proposals without prejudice.

Vicki Stegel 9/19/18

Molly Wallner, RN 9/19/18
1. Substantial changes in acuity, type of patient, or change in service.
2. Significant new evidence related to research used in the MUP on staffing models potentially impacting patient outcomes, or significant evidence indicating changes in patient treatments and care.

The hospital will provide a bulletin board in a public area to showcase the work of the Model Unit Process. Material for the bulletin board will be provided by the units that most recently have completed a MUP or other units as agreed upon by the MUP facilitator committee. Materials must be approved by both the hospital and the VFNHP.

The parties agree that the VFNHP and Hospital will develop a partnership so that the VFNHP will become integrated and involved in decisions related to the staffing model of each nursing 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. The Hospital and the VFNHP will hire a mutually agreed upon neutral facilitator to work with the Hospital and the VFNHP to refine the design and implementation of the USC Projects, with costs of the consultant shared equally between the Hospital and VFNHP. Each unit committee will be staffed by 4 RNs selected by RNs on the unit and 2 nursing administrators. For ambulatory committees, the areas will be designated between two groups. Primary Care Clinics and Specialty Care Clinics, and the staffing will be a minimum of 6 RNs selected by RNs within the clinical groupings and 2 administrators, including a minimum of 1 administrator with an active RN license.

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 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

All units will have staffing grids plans within 18 months of execution. Units with an existing MUP 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 operating room, the emergency department, NICU (focus on Lactation Consultant) and the Ambulatory Specialty Clinic group.

The USC Project plan must be completed and submitted to the Chief Nursing Officer of the Hospital and President the VFNHP within three 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 Chief Nursing Officer of the Hospital and President of the VFNHP. A decision on the memorandum of agreement shall be made within three 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 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 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 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 Hospital and Union). 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 months after the implementation date identified in the timeline, subject to

This proposal is offered without admission or precedent as to any existing practice or interpretation of any agreements with the Union, or any existing practice or policy. The Hospital reserves the right to alter, amend, supplement or withdraw proposals without prejudice.

Vicki Stogel 9/19/18
Molly Wallner RN 9/19/18
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 USC, consisting of four clinical staff and two administrators for IP/procedural/Peri-op and a minimum of six clinical staff and two administrators, including a minimum of one administrator with an active RN license for ambulatory groupings, 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, prepare quarterly reports to Staffing Committee.

If a unit experiences changes that necessitate modifications in the USC Project plan, the VFNHP and the Hospital 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.
- 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.

The hospital 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 the hospital and the VFNHP.

For non-ambulatory units, if the schedule is posted for 6 or more consecutive scheduling postings with an open shift that is not the result of a planned or unplanned leave of absence or the position is posted, the hospital agrees to post and recruit for the position. For ambulatory, if a clinic’s visit volume variance exceeds budget by greater than 10% for 6 or more consecutive months, a volume adjusted position will be posted unless the short staffing is a result of a planned or unplanned leave of absence or a position is already posted.

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.

Nurses assigned to Nursing Professional Governance, Committee and Task force meetings (either at unit/clinic, department, or Hospital-wide levels) shall be paid to attend such meetings, and the Hospital shall attempt to schedule replacements for all attendees, including in ambulatory settings.

This proposal is offered without admission or precedent as to any existing practice or interpretation of any agreements with the Union, or any existing practice or policy. The Hospital reserves the right to alter, amend, supplement or withdraw proposals without prejudice.

Vicki Stetler 9/19/18

Molly Wallace RN 9/19/18
UVM Medical Center Proposal

Article 21 – Floating

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E. Resource Department

1. Bargaining unit employees from the Resource Department will take a full patient assignment where qualified and assigned.

2. Compensation: All bargaining unit employees who are employed in the Resource Department will be paid a differential of six (6)five-($5.00) dollars per hour for all hours worked.

3. Resource Department bargaining unit members will have the ability to receive orientation and training in units, department and clinics in which there is a need.

F. Restructuring

If, as a result of restructuring or renaming of units occurs, the closed units will remain as described in section A above, unless agreed to in writing by both the VFNHP and the Hospital.

G. Ambulatory Resource Pool

The hospital will create an ambulatory resource pool no later than September 1, 2015. The Hospital and the Union will meet to bargain and negotiate the terms and conditions of an expanded the ambulatory resource pool. Included in the discussion will be determination of appropriate number of nursing resources and the process for allocating to individual clinics. The team will collaborate with inpatient resource orientation task force to define appropriate orientation and ongoing education to support effective coverage across clinics. We will work together to address specific challenges for resource nurses so they can effectively perform to the full scope of an RN in primary and specialty care clinics to allow for appropriate coverage. The parties agree to schedule the first meeting within 30 days of ratification and work toward full implementation within 12 months of the first meeting.

Vicki Stigel 9/19/18

Molly Wallner, RN 9/19/15
UVM Medical Center Proposal

Article 22 – Wages

A. Pay – RN/LPN

1. Effective with the first payroll period in FY 2019, bargaining unit staff in the Nurse Educator position (162C, C130, B211), the Nurse Clinician position (075C and C923) and the Care Coordinator position (076C and C824) will be moved to the U19 job group. All bargaining employees will receive a 4.0% increase and will be eligible for a step increase. Bargaining unit employees on step 24 will receive a 5% increase.

2. Effective with the first payroll period in FY 2020, bargaining unit employees will receive a 4.0% increase and will be eligible for a step increase.

3. Effective with the first payroll period in FY 2021, bargaining unit employees will receive a 2.0% increase and will be eligible for a step increase.

4. In October 2018, bargaining unit employees who are not eligible for a step increase because they have reached the maximum step will get a lump sum bonus equal to one (1) percent of the employee’s total compensation for the prior fiscal year, payable in the first payroll period of October. In October 2019 and October 2020, bargaining unit employees who are not eligible for a step increase because they have reached the maximum step will get a lump sum bonus equal to two (2) percent of the employee’s total compensation for the prior fiscal year, payable in the first payroll period of October.

5. At the request of either the VFNHP or UVMMC, the parties shall meet to negotiate the components of a specific nursing structure in any department or cost center within the bargaining unit.

6. Effective the first full payroll period in September 2018, the Hospital shall increase the pay rate for Ambulatory RN 1, 2 and 3, all ambulatory RN positions in U8, Clinical Research RN and RN Sr., and Ambulatory LPN so that it equals the pay rate for the respective inpatient staff nurses.

B. Pay – APRN [NEW Section]

1. Effective the first payroll period in FY 2019:
   a. Wage scales U10, U11 and U12 will be truncated to establish Step 10 as the minimum of the scale.

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Molly Wallace 9/19/18
b. All bargaining unit staff in U10, U11 and U12 who are lower than Step 10 will be moved to Step 11. Those on step 10 will be moved to Step 12. All other employees will be eligible for one step increase.

c. Bargaining unit staff in U12 will receive a 5% increase.

d. Bargaining unit staff in U10 and U11 will receive a 4% increase.

e. Bargaining unit employees who are not eligible for a step increase because they have reached the maximum step will get a lump sum bonus equal to two (2) percent of the employee’s total compensation for the prior fiscal year, payable in the first payroll period of October.

2. Effective the first payroll period in FY 2020, bargaining unit staff in U12 will receive a 2% increase and will be eligible for a step increase. Bargaining unit employees who are not eligible for a step increase because they have reached the maximum step will get a lump sum bonus equal to two (2) percent of the employee’s total compensation for the prior fiscal year, payable in the first payroll period of October.

3. Effective the first payroll period in April 2020, bargaining unit staff in U10 and U11 will receive a 2% increase and will be eligible for two step increases. Bargaining unit employees who are on Step 23 will receive a 3% increase, one step increase, and a lump sum bonus equal to one (1) percent of the employee’s total compensation for the prior 12 months, payable in the first payroll period of April. Bargaining unit employees who are not eligible for a step increase because they have reached the maximum step will receive a 3% increase and will get a lump sum bonus equal to three (3) percent of the employee’s total compensation for the prior 12 months, payable in the first payroll period of April.

4. Effective the first payroll period in FY 2021, bargaining unit staff in U12 will receive a 2% increase and will be eligible for a step increase. Bargaining unit employees who are not eligible for a step increase because they have reached the maximum step will get a lump sum bonus equal to two (2) percent of the employee’s total compensation for the prior fiscal year, payable in the first payroll period of October.

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Vicki Stege 9/19/18

Molly Wallace 9/19/18
UVM Medical Center Proposal

Article 23 - Shift Differentials

A. Hourly bargaining unit employees will receive differential pay in addition to their base rate for all hours worked on evening, night, or weekend shifts.

Exempt bargaining unit employees will receive differential pay in addition to their base rate for regularly scheduled evening, night or weekend shifts based on scheduled shift length, regardless of the hours actually worked.

Shift Definitions:

1. Evenings:

   All worked hours between 3:00 p.m. and 11:00 p.m., if the shift includes at least four (4) hours between 3 p.m. and 11:00 p.m. or the entire shift is within the designated shift time period. Bargaining unit RNs will be paid an hourly differential of two dollars and fifty cents ($2.50). Bargaining unit LPNs will be paid an hourly differential of one dollar and ninety cents ($1.90).

2. Nights:

   All worked hours between 11:00 p.m. and 7:00 a.m., if the shift includes at least four (4) hours between 11:00 p.m. and 7:00 a.m., or the entire shift is within the designated shift time period. Bargaining unit RNs will be paid an hourly differential of five dollars and twenty-five cents ($5.25). Bargaining unit LPNs will be paid an hourly differential of three dollars and eighty-five cents ($3.85). The appropriate night differential will continue to be paid for hours beyond 7:00 am.

3. Weekends:

   Worked hours between the beginning of the night shift (11:00 p.m.) on Friday and the conclusion of the evening shift (11:00 p.m.) on Sunday, bargaining unit RNs will be paid an hourly differential of two dollars and ninety-five cents ($2.95). Bargaining unit LPNs will be paid an hourly differential of two dollars and thirty cents ($2.30).

4. Weekend Shift Incentive:

   When an evening or night shift is worked during the period designated as eligible for weekend differential, both applicable differentials will be paid.

5. Resource Department:
All bargaining unit employees within the Resource Department will be paid an hourly differential of six ($6.00) dollars for all hours worked, per Article 21.

6. Floating:

All bargaining unit employees who make a commitment to volunteer to float to a different unit and are qualified to do so will be paid an hourly differential of five ($5.00) dollars for all hours worked while floating, if they work at least four (4) consecutive hours on the other unit.

7. Transport Differential. NICU transport team staff RNs will receive a transport differential equal to 100% of the employee’s base hourly rate of pay. This differential will begin to apply when the employee either arrives at the hospital for the transport or ends their current assignment, and it will end when they return to the NICU.

8. RN Student Precepting. RNs who precept a senior practicum nursing student will be paid a lump sum of $400 for spending 120 hours or more precepting a student for a semester. If the RN spends fewer hours, the lump sum will be reduced on a prorated basis, so long as the RN spends at least a minimum of 40 hours during the semester on student precepting duties.

9. APRN Student Precepting. APRNs who precept an APRN student will be paid a lump sum of $750 for spending 120 hours or more precepting a student for a semester. If the APRN spends fewer hours, the lump sum will be reduced on a prorated basis, so long as the APRN spends at least a minimum of 40 hours during the semester on student precepting duties. APRNs will also have 30 minutes of time available per 4-hour session for teaching and case review.

10. End of the Day in Ambulatory Clinics and non-24/7 Procedural Areas. When an RN or LPN in an ambulatory clinic or a non-24/7 procedural area is required to work past their regularly scheduled shift for a direct patient care issue that requires the scope and skill of an RN or LPN, which cannot reasonably be re-assigned, the RN or LPN will be paid a differential that is 100% of their base hourly rate for all hours worked past their scheduled shift.
Article 24 – On-Call / Call-In

A. An hourly bargaining unit employee who is designated as on-call receives the on-call stipend and call-in premium when the policy guidelines are met. Pagers will be made available to bargaining unit employees designated as on-call and is the preferred mode of contact.

To receive the on-call stipend and call-in premium compensation, an hourly bargaining unit employee must:

1. Be employed in a department with an approved on-call program;
2. Be officially designated as on-call;
3. Be reachable by telephone or pager during the assigned on-call period;
4. Restrict personal travel to permit immediate availability;
5. Respond by phone within ten (10) minutes when notified by pager;
6. Arrive within thirty (30) minutes after receiving the call unless the department specifies a different timeframe in its On-Call Management Plan.

B. On-Call Stipend

1. Compensation in the form of a stipend will be paid for the entire on-call period at four dollars and fifty cents ($4.50) per hour. The stipend will be paid even when a bargaining unit employee is called in to the work site.

2. If a bargaining unit employee who is scheduled to be on-call is asked to remain at work immediately following his/her regular shift, he/she will be compensated at a rate equal to one and one half (1 1/2) times the bargaining unit employee's base hourly rate and the on-call stipend will be paid. The time will be considered "Called In-On Call." It will not be counted as overtime compensation, but the hours will count towards eligibility for overtime compensation. In this situation, the bargaining unit employee will not receive any travel time, and there is no two hour minimum. If a bargaining unit employee is asked to remain at work immediately following his/her regular shift, he/she will be compensated at a rate equal to one and one half (1½) times the bargaining unit employee's base hourly rate and the on-call stipend will be paid.

3. Bargaining unit employees who fail to meet any of the requirements of section A. above will not be compensated for the assigned period of on-call and may be subject to disciplinary action.

C. Call-In Premium

When a bargaining unit employee is called to the work site to perform required procedures, compensation in the form of a premium rate will be paid under the following guidelines:

1. A bargaining unit employee will receive call-in premium pay equal to one and one half (1 ½) times the bargaining unit employee's base hourly rate for a minimum of two (2) hours to a maximum of actual hours worked.
2. If a bargaining unit employee is called in prior to the start of her/his regular shift both the on-call stipend and premium pay will cease at the start of the bargaining unit employee's regular shift.
3. If a bargaining unit employee is on call for a scheduled holiday, CTO may be used for that scheduled shift. CTO hours will not be used for any hours that the bargaining unit employee is called in to work.
4. Bargaining unit employees called in are eligible for applicable differentials, without application of the four hour minimum requirement.
D. Called In-On Call 2X
When a bargaining unit employee agrees within four hours of the start of the shift to sign up for an open on-call shift that has been converted from a hole for a regular shift posted in the initial schedule, the employee will be paid a call-in premium if called in to work of two times the bargaining unit employee's base hourly rate for a minimum of two to a maximum of actual hours worked.

E. Called-In, Not On-Call
Bargaining unit employees called in while not designated as on call will receive hourly pay equivalent to twice their hourly rate for a minimum of two (2) hours, travel pay as outlined above, and all applicable differentials. Bargaining unit employees will be expected to remain working on site for the entire two-hour period.

F. Travel Time
There will be a one-half (1/2) hour credit for travel time for each call-in occurrence. This credit is added to the actual on-call hours worked for each occurrence to establish the total on-call paid hours. If the actual hours worked plus the one-half (1/2) hour travel credit is less than two (2) hours, only the two (2) hour minimum will be paid.

G. Rest Period
1. A ten (10) hour time lapse will be scheduled between shifts.
2. A less than ten (10) hour time lapse between shifts requires consent of the bargaining unit employee.
3. Whenever possible, call may not be scheduled directly after or immediately before a bargaining employee's scheduled shift.
4. An employee shall be permitted to use either CTO or VA when using rest time in lieu of scheduled work time.

F. Called-In, Not On-Call
Bargaining unit employees called in while not designated as on call will receive hourly pay equivalent to twice their hourly rate for a minimum of two (2) hours, travel pay as outlined above, and all applicable differentials. Bargaining unit employees will be expected to remain working on site for the entire two-hour period.

H. Sleep Rooms
Sleep rooms will be provided, if available, free of charge, for bargaining unit employees who are on call.
UVM Medical Center proposal

Article 25 – Holiday Pay

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E. For CTO use, refer to Article 32 - Combined Time Off, Section B.3. which includes the ability to elect to take up to two unpaid holidays without using CTO.

Article 32 – Combined Time Off

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B. Use of Combined Time Off (CTO)

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3. Holidays:

CTO will be used when a bargaining unit employee’s regularly scheduled workday falls on a UVMMC designated holiday. CTO is not used when a bargaining unit employee is not regularly scheduled to work the holiday. Each calendar year, bargaining unit employees who work in a cost center that is closed for a holiday may elect to take up to three unpaid holiday days without using CTO. These requirements shall decrease an existing practice.

Vicki Stetzel 9/19/18

Molly Wallace, RN 9/19/18
UVM Medical Center Proposal

Article 28 – Certification

A. Certification

After the effective date of this Agreement, eligible bargaining unit employees who earn a certification from a national nursing association, or at the discretion of management, another recognized association, shall receive reimbursement for certification exam costs and re-certification fees and two hundred dollars ($200.00) cash bonus.

B. Eligibility

1. Full-time, part-time and per diem bargaining unit employees are eligible for certification exam fee reimbursement and cash bonus after six (6) months of employment.

2. Reimbursement is limited to seven-hundred fifty-five hundred dollars ($750.00 - 550.00) per bargaining unit employee per fiscal year. Per Diem bargaining unit employees will be reimbursed on a pro-rated basis, determined by the bargaining unit employee’s paid hours during the preceding twelve (12) months prior to the exam date. This amount includes certification exam costs and re-certification fees review courses, study materials/books and CEUs, including online CEUs, so long as these items are directly related to certification or re-certification.

3. The certification must be in a current practice area and be approved by the bargaining unit employee’s practice supervisor/manager. Reimbursement and bonus will not be unreasonably denied.

C. Procedures for Reimbursement

The bargaining unit employee must submit an approved tuition/certification application and a copy of the certificate and documentation as to the cost of the exam or re-certification to the Director Nursing Education and Research for reimbursement (a courtesy copy must also be given to the bargaining unit employee’s manager). All paperwork must be submitted in the same fiscal year in which the exam was taken.

D. Certification Provisions Relating to Clinical Advancement and Recognition Program (CARP)

1. Staff Nurse II and III pursuing their initial certification to meet the CARP certification requirement will be provided a total of 24 paid hours of study time. Work time for study will be granted with manager approval. Hours may be

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inclusive of, but not limited to, approved review courses that may be held on or off site.

1.2. UVMHC will pre-pay for two certification exam attempts for Staff Nurse II and III pursuing their initial certification to meet the CARP certification requirements.
UVM Medical Center Proposal

Article 29—Educational Reimbursement

A. RN to BSN Program

The Western Governors University (WGU) RN to BSN program will be extended for fiscal year 2019 (October 1, 2018 – September 30, 2019):

1. Eligibility:

   All Full Time University of Vermont Medical Center RNs with 6 or more months of service will receive 100\% tuition assistance.

   Part time and per diem employees may participate but payment will be pro-rated based on paid hours from the preceding 12 months prior to acceptance.

2. Enrollment:

   Employee enrolls directly with WGU and provides documentation of acceptance, how many credits are needed and a copy of their learning plan

3. FY 20 and FY 21, UVMCC will either extend the WGU program or maintain a similar financial commitment with other organizations.

A.B. Tuition Assistance: To assist bargaining unit employees in their efforts to increase their effectiveness in their current jobs and/or help them establish eligibility for additional responsibility for positions at the Hospital by helping them to defray the costs of higher education.

B.C. Eligibility:

1. Full, part time and per diem bargaining unit employees are eligible for tuition reimbursement after six (6) months of service. Effective FY2020, this time will change to one year of service.

2. Bargaining unit employees are eligible to receive standard tuition reimbursement of two thousand six-hundred dollars ($2,600.00) per fiscal year upon meeting procedural criteria (see “procedures” below). Effective FY2020, this amount shall increase to $3,200.00. Reimbursement for part time and per diem bargaining unit employees is pro-rated based on paid hours from the preceding twelve (12) months prior to the approval date.

This proposal is offered without admission or precedent as to any existing practice or interpretation of any agreements with the Union, or any existing practice or policy. The Hospital reserves the right to alter, amend, supplement or withdraw proposals without prejudice.
3. Bargaining unit employees who have been employed for more than five (5) years are eligible for additional tuition reimbursement up to one thousand three hundred fifty dollars ($1,350.00) per fiscal year. Effective FY2020, this amount shall increase to $1,800.00. Reimbursement for part time and per diem bargaining unit employees is pro-rated based on paid hours from the preceding twelve (12) months prior to the approval date.

3.4. Bargaining unit employees who meet the eligibility requirements for the standard tuition reimbursement, but have been employed for less than five (5) years may become eligible for the additional tuition reimbursement amount above, provided they sign an agreement to provide pro-rated reimbursement if they leave their employment within three (3) years to remain employed for a three (3) year commitment.

C.D. Course Criteria:

1. Course(s) only at an accredited post-secondary institution:
   
a. Courses that are required to attain an Associates, Bachelor’s, Master’s or Doctoral level degree (for bargaining unit employees with a terminal degree, e.g., APRN, this criterion shall not apply).

b. College Level Examination Program (CLEP) offering credits may be approved. Each exam may count as one course.

c. Courses must:
   
i) maintain or improve the employee’s skills in their present position or
   
ii) directly relate to the attainment of another position in the department to which the employee may reasonably aspire or
   
iii) provide requisite training for the employee to reasonably expect promotion or transfer to another department or type of work to the end that the employee and the Hospital may mutually benefit.

2. An organizationally sanctioned study program that prepares a bargaining unit employee for nationally recognized certification/licensure exams. The Director of Nursing Education and Research must approve the program.

3. Workshops, seminars and programs with CEU’s attached are not reimbursable under the tuition policy.
D.E.__ Application Procedures

1. Applications must be originated by the bargaining unit employee prior to the course start date and the bargaining unit employee must obtain practice supervisor/manager signature approval and Director of Nursing Ed & Research signature approval prior to submitting the form to Education and Organizational Development.

2. Notification of approval will occur within two (2) weeks of receipt of all required paperwork.

E.F.__ Course Completion/Reimbursement Procedures

1. A grade of “C” or better and/or “Pass” for undergraduates is required for reimbursement.

2. A grade of “B” or better and/or “Pass” for graduate courses is required for reimbursement.

3. Reimbursement is on a fiscal year basis (October 1st - September 30th). Grades must be received in E&OD prior to September 25 in order to receive reimbursement. Requests for extension of the September 25 deadline, which are due to reasons beyond the control of the bargaining unit employee, will not be unreasonably denied. Tuition reimbursements will not be carried over from one fiscal year to another.

F.G.__ Compensation for Training and Education

Any hourly paid bargaining unit employee required by the Hospital to participate in or attend training or educational programs which are held at times other than during a bargaining unit employee’s scheduled work hours shall be paid the applicable hourly rate of pay.

G.H.__ Continuing Education - All bargaining unit employees who are not APRNs. Annually For FY19, the Hospital will budget one hundred twenty-five seventy-five thousand dollars ($175,000425,000) and one thousand two hundred eighty-seven thousand dollars ($287,073) conference days of eight (8) hours to cover the cost of conferences and training reasonably related to bargaining unit employee’s area of practice. If the percent of total bargaining unit employees who are specialty certified increases by 2.5% from October 1, 2018 to September 30, 2019, this budgeted amount will increase to two hundred seventy-five thousand dollars ($275,000275,000) for FY20. If the percent of total bargaining unit employees who are specialty certified increases by an additional 2.5% from October 1, 2019 to September 30, 2020, this budgeted amount will increase to two hundred twenty-five thousand dollars ($225,000225,000) for FY21. The budget items under this section will not be frozen and will be available during the fiscal year.

ViRrZ Skettel 9/19/18

Molly Wallace 9/19/18
I. Continuing Education - All bargaining unit employees who are APRNs. Annually the Hospital will budget three thousand dollars ($3,000) for each Advanced Practice Nurse to cover the cost of conferences, training, certification and licensure. Any unused dollars may roll-over to the next year, but they must be spent in that subsequent year. In addition, each Advanced Practice Nurse will receive five paid days annually to attend these educational or certification courses. The budget items under this section will not be frozen and will be available during the fiscal year.

I-J. Nursing Scholarship Program

The Hospital and the VFNHP agree that the retention of nursing bargaining unit employees is an important goal of the parties. The Nursing Scholarship Program is intended to support career development at the Hospital. Scholarship funds may be used toward the cost of tuition, books, applications and other academic expenses for those pursuing degrees in nursing. Ten scholarships would be awarded for seven-thousand, two hundred and fifty dollars ($7,250) each and two (2) of the ten (10) scholarships would be awarded to bargaining unit employees currently in LPN positions. Bargaining unit employees who participate in the Nursing Scholarship Program will be required to sign a Work Agreement and agree to the following commitments:

**Criteria**
Bargaining unit employees would apply on an annual basis, and all qualified applicants would be reviewed by the Nursing Awards and Scholarship Committee. Nursing scholarships would be awarded on the following criteria:

a. Employment by the Hospital for one year or more.

b. Acceptance or ongoing enrollment in an Associate’s, Bachelor’s, Master’s or Doctorate Degree in Nursing, or Advanced Practice Concentration.


d. A completed application with two professional letters of recommendation, one from the bargaining unit employee’s immediate supervisor.

e. Review of a personal written essay.

**Recipient Commitments**
Any bargaining unit employee receiving the nursing scholarships would make the following commitments:

2. Bargaining unit employees would be required to sign an agreement to work at the Hospital for a minimum of three (3) years following course completion. Should the employee voluntarily terminate employment for any reason other than incapacitating ill health before the three (3) year commitment is met, they would be required to pay the Hospital a prorated portion of the tuition.
3. Bargaining unit employees must be continually enrolled during the scholarship award period, taking a minimum of six (6) credits per semester.

4. Bargaining unit employees would be ineligible for any future scholarship dollars if commitments were not met.

5. Grades of C or better would be required each semester for undergraduate courses and a B or better for graduate courses.

6. Bargaining unit employees would be required to work a minimum of twenty (20) hours per week and would be required to work with their manager for any proposed reduction in hours.

**Scholarship Funding**
Scholarship dollars would be determined annually based on the annual fiscal budget review and approval. The scholarship awards will be given to the recipient in two (2) installments, one at the beginning of the fall semester and one at the beginning of the winter/spring semester. Administration of the scholarship funds will be administered by the Nursing Education Department. Applications for the UVMCC Nursing Scholarship dollars would be available from Nursing Education.
UVM Medical Center Proposal

Side Letter

The parties agree to work together to explore the opportunity to work with different Vermont higher education establishments to provide favorable terms for educational programs for bargaining unit members.

Vicki Stege 9/19/18

Molly Wallner, RN 9/19/18
Tentative Agreement

ARTICLE 29A

Clinical Advancement Recognition Program (CARP)

The Clinical Advancement Recognition Program (CARP) recognizes, acknowledges, and aligns experience, and ongoing professional development.

The Clinical Advancement Recognition Program (CARP) consists of four levels:

1. Staff Nurse I
2. Staff Nurse II
3. Staff Nurse III
4. Staff Nurse IV

Applications deadlines for promotion to SN III or SN IV position are:
* January 1
* April 1
* July 1
* October 1

All applications should be submitted to CARP Committee at CARPCommittee@UVMHealth.org. Any submissions received after the due date will be considered during the following quarter.

There shall be no limit to the number of SN III or SN IVs, providing the nurse meets the requirements.

Staff nurse III and IV when transferring positions will carry job title forward to new position. Staff nurse and new manager will begin the process to onboard the nurse and have a plan to meet all expectations in the future. The staff nurse transitioning to new area actively participates and presents plan for self-directed learning and transition to new specialty in collaboration with new manager.

Certification benefits for nurses pursuing their initial certification are covered in Article 28.

Education support provided to nurses pursing their BSN are covered in Article 29.

UVMMC will reimburse new Staff Nurse III and IVs for a first year membership to a specialty nurses association, not to exceed $250.00.

The CARP Committee, made up of leaders and staff nurses, will provide oversight to the CARP Program by performing ongoing review and assessment of the program's effectiveness, including making programmatic changes. The committee is responsible for the quarterly review of SN III and SN IV applications and for making the promotional decisions. At the request of any RN, the committee will identify a resource to provide mentoring and support to the nurse seeking promotion to SN III or IV. The CARP Committee will review the process of integrating ambulatory RNs into CARP.
CARP Requirements:

<table>
<thead>
<tr>
<th></th>
<th>RN I</th>
<th>RN II</th>
<th>RN III</th>
<th>RN IV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Application</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Renewal Process</strong></td>
<td>No</td>
<td>No</td>
<td>Yes, at annual evaluation</td>
<td>Yes, at annual evaluation</td>
</tr>
<tr>
<td><strong>Peer Review Committee</strong></td>
<td>No</td>
<td>No</td>
<td>Yes, for initial application only</td>
<td>Yes, for initial application only</td>
</tr>
<tr>
<td><strong>Letters of Recommendation</strong></td>
<td>No</td>
<td>No</td>
<td>Yes, manager at initial application only</td>
<td>Yes, manager at initial application only</td>
</tr>
<tr>
<td><strong>Application</strong></td>
<td>Upon hire</td>
<td>Upon hire</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>No Performance Issues</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>Employee in Good Standing: An employee who is not currently under corrective action greater than verbal counseling and is currently meeting their job accountabilities.</td>
<td>Employee in Good Standing: An employee who is not currently under corrective action greater than verbal counseling and is currently meeting their job accountabilities.</td>
</tr>
<tr>
<td><strong>Evidence of Work at Each Level</strong></td>
<td>Domains</td>
<td>Domains</td>
<td>Domains</td>
<td>Domains</td>
</tr>
<tr>
<td><strong>Meet with Manager</strong></td>
<td>No (other than check in)</td>
<td>Yes</td>
<td>Yes (review application form)</td>
<td>Yes (review application form)</td>
</tr>
<tr>
<td><strong>Level of Practice</strong></td>
<td>Advanced Beginner</td>
<td>Competent</td>
<td>Proficient</td>
<td>Expert</td>
</tr>
<tr>
<td><strong>Minimum Hours Worked</strong></td>
<td>No</td>
<td>No</td>
<td>1000 hours worked with 60% of scheduled hours on unit (excludes call) OR .5 FTE</td>
<td>.8 FTE</td>
</tr>
<tr>
<td><strong>Years of Experience</strong></td>
<td>1</td>
<td>Greater than 1</td>
<td>3 years of experience in area of specialty</td>
<td>5 years of experience in area of specialty</td>
</tr>
<tr>
<td><strong>Certification</strong></td>
<td>Not required</td>
<td>Not required</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Degree</strong></td>
<td>ADN or BSN</td>
<td>ADN or BSN</td>
<td>BSN or BSN enrolled, with 5 years to complete.</td>
<td>BSN</td>
</tr>
</tbody>
</table>
UVM Medical Center proposal

Article 25 – Holiday Pay

* * * *

E. For CTO use, refer to Article 32 - Combined Time Off, Section B.3. which includes the ability to elect to take up to three (3) unpaid holidays without using CTO.

* * * *

Article 32 – Combined Time Off

* * * *

B. Use of Combined Time Off (CTO)

* * * *

3. Holidays:

CTO will be used when a bargaining unit employee’s regularly scheduled workday falls on a UVMMC designated holiday. CTO is not used when a bargaining unit employee is not regularly scheduled to work the holiday. Each calendar year, bargaining unit employees who work in a cost center that is closed for a holiday may elect to take up to three (3) unpaid holiday days without using CTO. None of these requirements shall decrease an existing practice.

Vicki Stedgel 9/19/18

Molly Wallace, RN 9/19/18
UVM Medical Center Proposal

Article 43 – Health and Safety

A. The Hospital and the VFNHP recognize that bargaining unit employees may be exposed to workplace situations that pose risks to health. Consistent with hospital policies and the requirements of state and federal law, the Hospital agrees to protect the health of the bargaining unit employees and provide a safe work environment. To that end, the Hospital agrees to provide:

1. A program of infectious and communicable disease control as required by state and federal law.
2. Physical examination health tests and immunizations as required by the Hospital, state and federal law at no cost to the employee.
3. Material data safety sheets as required by state or federal law.
4. Needle protection systems as required by state or federal law.
5. All safety equipment as required by Hospital policies and procedures, state and federal law.

B. Only bargaining unit employees trained to work with hazardous materials shall do so. The Hospital shall pay for the cost of appropriate training.

C. Bargaining unit employees may raise safety complaints/concerns at any time without fear of reprisal for making the safety complaint/concern consistent with the Healthcare Whistleblower’s Protection Act, 21 V.S.A., Section 507.

D. Bargaining unit employees and the Hospital will be required to follow all written Hospital policies and procedures affecting health and safety.

E. The Hospital shall continue to work with the VFNHP to ensure that written policies, procedures and protocols affecting health and safety are reviewed with the VFNHP, are readily available to bargaining unit employees and updates are brought to the attention of the bargaining unit employees in a timely fashion.

F. The VFNHP may select two (2) members of the Environment of Care Committee and two (2) members of the Safe Patient Handling Committee.

The Safe Patient Handling Committee will review any current policies and programs and develop a comprehensive program to teach and support correct patient handling. The

This proposal is offered without admission or precedent as to any existing practice or interpretation of any agreements with the Union, or any existing practice or policy. The Hospital reserves the right to alter, amend, supplement or withdraw proposals without prejudice.

Vicki Stiegel 9/19/18
Molly Wallace, RN 9/19/18
committee will make recommendations addressing equipment, training, protocols and procedures.

G. The Hospital and the Union agree to develop and recommend a Safe Patient Handling/Hospital Worker Back and Musculoskeletal Injury Prevention Plan within nine months from the date of execution of the agreement. The development and implementation of the plan will be guided by state and national guidelines, including but not limited to Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care setting.

   a. A component and initial priority of this plan will include the evaluation, assessment, planning, purchase and implementation of SLIP sheets, or agreed upon slide sheet equivalent, for patient transfers and/or repositioning within six months from the date of execution of the agreement.

   b. Installation of a ceiling lift in CT Radiology and ED CT.

H. For the protection and safety of employees, patients and families, and confidential medical information, the hospital will update and implement a behavioral warning process for patients and/or families photographing, audio recording, and video recording staff.

This proposal is offered without admission or precedent as to any existing practice or interpretation of any agreements with the Union, or any existing practice or policy. The Hospital reserves the right to alter, amend, supplement or withdraw proposals without prejudice.

Vicki Stetzel 9/19/18    Molly Wallner, RN 9/19/18
Side Letter - 43

In order to facilitate safe patient handling from the effective date of this agreement until the agreed upon Safe Patient Handling program is fully implemented, UVMMC agrees to create a bridge that incorporates the purchase, deployment, and training for the use of non-friction transfer sheets in agreed upon areas. Additionally, the Safe Patient Handling Committee will (i) create a plan to deploy appropriate equipment per floor while considering space, and (ii) develop and implement a request-based safe patient handling assist team.

Vicki Stegner 9/19/18

Molly Wallner, RN 9/19/18
Tentative Agreement

Article 46A - Advance Practice Provider Committee

The parties agree that the VFNHP and Hospital will develop maintain a committee to facilitate discussion and address items which impact and relate to APRN clinical practice. The parties agree to establish an Advanced Practice Provider Committee no later than August 1, 2015 to be populated by 6 APRNs, 6 PAs, and 32 members of Hospital management and 1 member of Hospital Human Resources. The Hospital will select the PA and, management and human resources representation; the VFNHP will select APRN representation. Committee membership will be rotated on a 2 year alternating basis. This committee will meet no less than monthly with the objective and purpose of crafting a recommendation to address the following but not limited to providing input and recommendations on:

- Committee Purpose
- Communication Plan
- Timeline for process to complete approved recommendations
  - Support of work at clinic/unit based level
  - Collaboration of clinical practice
  - Link to Nursing hierarchy
  - OPPE/Clinical Evaluation
  - Scheduling Process
  - Precepting students
  - Allocation of administrative time
  - Providing education and communication on current topics
  - Planning/Facilitation of Quarterly APP Forum
  - APP Lead Roles/Structure
  - Collaboration agreements

APRNs participating in the committee will be released from clinical duties to attend committee meetings and will not be required to make up such time. Recommendations will be mutually decided upon by the committee members. Once recommendations have been signed off by both VFNHP and Hospital, approved recommendations will become a side letter to the collective bargaining agreement.

If either the VFNHP or the Hospital is not satisfied by the progress of the Committee within 6 months of the 1st meeting, the parties agree to re-open this side letter for further bargaining.
UVM Medical Center Proposal

Article 50 – Duration of Contract

This agreement shall become effective on the first day following ratification-9th day of July, 2015, and shall terminate at 12:01 a.m. on July 9, 2021. Any economic items shall become effective on the date indicated or on the first full pay period that starts at least 7 days after ratification, whichever is later, except that the provisions of Article 22, Section A.6, shall be applied retroactively.