



JOINT STAFFING A RESOURCE GUIDE



KAISER
PERMANENTE®



LABOR MANAGEMENT
PARTNERSHIP

COALITION OF
KAISER PERMANENTE
UNIONS

CONTENTS

	How to Use This Resource Guide	3
	Why Joint Staffing?	4
	The Joint Staffing Process	5
	Overview	5
	Detailed Step-by-Step Guide	8
	Guidelines	12
	Scope	14
	Resources	15
	Performance Improvement Tools	15
	Glossary	16
	Joint Staffing UBT Worksheet	17
	Staffing Plan Template	29
	Coalition Joint Staffing: Unit Timeline and Tracking Chart	34
	Appendix	36

TO DOWNLOAD THIS RESOURCE GUIDE, SCAN THE QR CODE





HOW TO USE THIS RESOURCE GUIDE



PURPOSE

The joint staffing process is an important component in our shared labor and management commitment to provide “a work-unit environment where quality of care and employee satisfaction are not compromised by fluctuations in staff” (Section 1.F. of the 2023 Coalition National Agreement). Joint staffing is a labor-management process to provide budgeting, staffing and scheduling at the unit level to ensure adequate backfill for time off and to ensure the highest possible quality patient care.



AUDIENCE

This resource guide empowers frontline managers and Coalition-represented workers to participate in joint staffing planning. It is designed for unit-based teams with Coalition-represented employees and those who work with them, including UBT co-leads, UBT and LMP consultants, union partnership representatives and sponsors.



A NOTE ON UBT CO-LEADS

This resource guide refers to unit-based team co-leads throughout, as most regions have or are building UBT structures, per the national agreement. However, there may be cases in which labor and management want or need to designate alternative frontline managers and Coalition-represented employees to lead joint staffing processes at the unit level. For labor, “co-lead” is used throughout this resource guide to mean the Coalition-represented frontline union member chosen by their co-workers to represent them in the joint staffing process. This alternate designee also may be known as a staffing champion.

How to Get the Most From This Resource Guide

This resource guide translates national agreement requirements into actionable steps to create effective staffing plans. It provides tips, tools and resources, including:

- basic concepts and definitions
- a detailed worksheet to develop effective and resilient staffing plans
- a 2-page template to document and submit staffing plans to budget-makers

Use this resource guide to:

- understand joint staffing and what is expected at each stage of the process
- learn about roles and responsibilities
- take action to develop a staffing plan template
- explore performance improvement tools to improve workflows, scheduling and other staffing-related issues



WHY JOINT STAFFING?

The joint staffing process is an important component in our shared commitment to making Kaiser Permanente the best place to receive care. The 2023 National Agreement between the Coalition of Kaiser Permanente Unions and Kaiser Permanente sets out a timeline for implementing our longstanding joint staffing language.



2023 COALITION NATIONAL AGREEMENT

All unit-based teams (UBTs) with Coalition-represented employees are to complete a joint staffing process and submit a staffing plan template to regional budget makers by the end of August 2025.* Regional budget makers will consider UBT staffing model requests when making annual budget decisions and report to UBTs on their decisions and the rationale behind them. The process for developing the regional budget for backfill will include meaningful labor input and participation.

The following is from Exhibit 1.F. in the [Coalition National Agreement](#):

Interests/Objectives

1. Provide backfill so employees are able to use leave benefits appropriately and take time off when requested.
2. Provide adequate staffing within the budget to cover the work operations and other work-related requirements.
3. Ensure forward-looking planning to anticipate and provide for future staffing needs.
4. Budget realistically to provide for all components of legitimate time off from work and apply those budget components as intended.
5. Accurately track requests for time off to provide managers and employees with transparent data on time off.

Find more information about joint staffing at [LMPartnership.org](https://www.lmpartnership.org).

* STARTING IN 2026, STAFFING PLANS MUST BE SUBMITTED BY JUNE 30.



THE JOINT STAFFING PROCESS



OVERVIEW

Click for more details on each step of the process.

1. **Attend Training:** UBT co-leads complete LMP joint staffing training by March 31, 2025.
2. **Prepare for the Joint Staffing Process:** UBT co-leads gather information and prepare for the first UBT meeting.
3. **Conduct Initial UBT Meeting:** UBT co-leads provide an overview, share initial information and ask UBT members about their interests and priorities for the joint staffing process.
4. **Continue Necessary Work:** UBT co-leads gather remaining data, follow up with UBT members, and begin populating the staffing plan template.
5. **Hold Follow-up UBT Meeting(s):** Reach consensus on a staffing plan template.
6. **Repeat steps 4 and 5, as necessary**
7. **Submit Plan:** Send the final staffing plan to regional budget makers for review and consideration by Aug. 31, 2025.*
8. **Review and Respond:** Regional budget makers review all UBT staffing models and respond to full-time equivalent (FTE) requests with the rationale for their decisions by Dec. 31, 2025, and each year following.

This overview outlines the minimum amount of time needed to successfully complete the joint staffing process: **2 to 3 1-hour UBT meetings dedicated to joint staffing**, with additional work performed in between by co-leads. Additional meetings, possibly outside the regular UBT meeting cadence, may be needed to fully complete the joint staffing process. The initial joint staffing **process must be completed by Aug. 31, 2025.***

Blended teams will need to be thoughtful and creative about scheduling dedicated time for Coalition joint staffing without detracting from full-team or Alliance-only UBT work. For example, teams may choose to schedule separate Coalition joint staffing UBT meetings or add additional dedicated time to an existing meeting.

Co-leads should reach out to their LMP/UBT resource staff, such as union partnership representatives and unit-based team consultants (or regional or facility equivalent), for support and help overcoming barriers.

* **STARTING IN 2026, STAFFING PLANS MUST BE SUBMITTED BY JUNE 30.**



THE JOINT STAFFING PROCESS (CONTINUED)



DETAILED STEP-BY-STEP GUIDE

1. Attend Joint Staffing Training

UBT co-leads (or other designated frontline leaders) attend LMP joint staffing training (ideally together) by March 31, 2025.

The national LMP Learning team will provide an instructor-led online training that will be offered virtually.

The labor co-lead for joint staffing must be a Coalition-represented employee and chosen by union members. In some cases, particularly for teams with Alliance- and Coalition-represented members and where the UBT labor co-lead is an Alliance-represented employee, a Coalition-represented “staffing champion” will be the designated co-lead.

Regions/markets can provide additional joint staffing training, as needed, in addition to the training provided by the national LMP Learning team.

Future offerings*

UBT members may take a self-guided KP Learn module that provides an overview of the joint staffing process.

A brief virtual instructor-led overview for regional budget makers also will be offered. The training will detail their responsibilities in this process.

* Check [Joint Staffing](#) web page for training updates.



THE JOINT STAFFING PROCESS (CONTINUED)



NOTES

THE JOINT STAFFING PROCESS (CONTINUED)

2. Prepare for the Joint Staffing Process: Co-leads gather the required information.

Basic dataset to be gathered by or provided to each UBT:

Co-leads need to respect confidentiality protocols (do not include names, individual salaries, individual leave usage, etc.). Dataset (and staffing models) will vary based on operational hours (e.g., 24/7 vs M–F).

Current line-item budget for your unit, including budgeted and actual FTE, personnel costs (including benefits) and backfill.

Current list of Coalition-represented employees by job title, FTE and shift.

Data on all leaves of absence in the past year. Examples include illness, vacation, protected leaves like family and medical leave (FMLA), holidays, flex/float, LMP leave, union leave, education leave, unpaid leave or any other relevant leave. Regions tabulate leave of absence data.

Data on what backfill was provided for absences in the prior year.

Existing staffing model, if one exists.

Staffing ratios, regulatory requirements or other operational constraints.

Additional helpful or relevant information:*

number of closures or service suspensions due to insufficient staffing

patient census and census variance trends

patient length-of-stay data

quality metrics and adverse event data where staffing may have been a factor

patient experience data

staff engagement/experience data

overtime and on-call utilization

temp agency or registry utilization and expense

breaks taken and breaks missed

patient utilization trends in those areas where on-call is used

“Assignment by Objection” or other staffing/complaint data

injury incident reports and other workplace safety data

recruitment, retention and turnover data

age of patient population served

On page 36, find additional data that may inform staffing models and workforce plans for Ambulatory, Imaging, Dental, Call Center, Laboratory, Patient Financial Services, and Pharmacy units.

Co-leads should round at least once with UBT members and gather feedback on members’ interests. Consider using surveys to capture data from frontline members.

*If you do not receive all requested data (beyond the basic dataset), complete the joint staffing process using available data. If you were not provided data that would have helped you complete your staffing model, please make a note of this on your staffing plan form.

THE JOINT STAFFING PROCESS (CONTINUED)

3. Conduct Initial UBT Meeting

To occur within 1 month of co-leads completing joint staffing training, if possible.

Provide an overview of the joint staffing process and answer questions.

Share initial data and information gathered by the co-leads.

Ask UBT members about their interests and priorities, what considerations to focus on and what data to look at.

Consider forming a subgroup or working group, particularly if you have a large UBT and especially if your UBT uses a representative group model.

Include time for a labor caucus.

MEETING RESOURCES

Use this [meeting agenda template](#) to help everyone stay on track.

Looking for more meeting resources? View and download the [How-To Guide: Have Great Meetings](#). This guide provides tools and materials to help you plan and conduct effective meetings.



THE JOINT STAFFING PROCESS (CONTINUED)

4. Co-leads (or Subgroup) Continue Necessary Work

Continue to advance the joint staffing process by doing the following:

Gather the remaining data and information.

Round with UBT members and follow up on questions and comments from UBT members and socialize plan draft(s).

Populate the staffing plan template as much as possible before the next UBT meeting.

Highlight areas where further discussion is needed and resolve these areas using interest-based problem solving.

5. Hold Follow-up UBT Meeting(s)

Continue to meet regularly with your unit-based team. To get the most out of your meetings, follow these tips:

Follow up on questions and comments from the last meeting.

Share new information that has been gathered.

Populate the staffing plan template.

Resolve differences using interest-based problem solving.

Reach consensus on a staffing plan template. Every UBT member should feel heard and included.

6. Repeat the last two steps, as needed, to complete the process.

7. Submit Plan

Co-leads submit the final staffing plan template to regional budget makers for review and consideration **by Aug. 31, 2025.***

8. Review and Respond

Regional budget makers will review all UBT models and respond to FTE requests, including their rationale for decisions, **by Dec. 31, 2025, and each year following.**

*** STARTING IN 2026, STAFFING PLANS MUST BE SUBMITTED BY JUNE 30.**

THE JOINT STAFFING PROCESS (CONTINUED)



NOTES



GUIDELINES



General Process

The intent of joint staffing is to ensure that UBTs have appropriate and sufficient staffing and backfill to meet operational needs. While not all joint staffing models will lead to requests for additional FTEs, the joint staffing process should not result in a reduction in staff. Reductions in staff should be addressed outside of the joint staffing process.

The joint staffing process is not a bargaining process; it is a Labor Management Partnership process based on consensus decision making and interest-based problem solving.

Staffing models are not guaranteed to be fully funded, but regional budget makers need to respond by December 31, 2025 and each year following, to all submitted staffing models with their funding rationale.

UBT members are not expected to be experts in budget making or staffing. This process is designed to elevate the experience of frontline union members and managers who know best what is needed in their unit to provide quality patient care.

UBTs should focus on objective information (e.g., call volumes vs. available staff) and formulate a staffing model that meets the objective need and not worry about what will or will not be approved.

Joint staffing is an annual process. The first time a UBT completes joint staffing, the process will take longer than in subsequent years. The process will evolve and streamline as we collectively learn from each year and repeat in subsequent years.

THE JOINT STAFFING PROCESS (CONTINUED)

Who Should Participate

The word “co-lead” is used throughout the joint staffing process as most regions have management and labor UBT co-leads. However, some regions may need or want to designate alternative frontline labor or management representatives.

The labor co-lead for joint staffing must be a member of a Coalition union and be chosen by union members. In some cases, particularly for teams with Alliance- and Coalition-represented members and where the UBT labor co-lead is an Alliance-represented employee, a Coalition-represented “staffing champion” will be the designated co-lead.

This process is for Coalition-represented employees; other employees should not be included in this process, and staffing models should not impact other non-Coalition-represented job titles.

Alliance union members can be consulted as subject matter experts if the Coalition labor co-lead and management co-lead agree.

Labor’s designees for joint staffing processes (co-lead, staffing champion or alternate), will need sufficient release time to fully participate.

In the Washington market, where UBTs are not yet fully established, or where “nonfunctioning” UBTs exist, labor and management must designate representatives to lead each work unit through the joint staffing process. Joint staffing can be a way to establish or reestablish a functioning UBT.

This process is intended to be completed by frontline labor and management leaders. Internal organizers/union staff and executive Labor Relations and Human Resources consultants should not participate in the joint staffing process at the UBT level, but they may be consulted separately as subject matter experts.

Seeking Help

Appropriate escalation and support pathways, such as UBT sponsors, should be used to resolve barriers and disputes throughout the process. Do not wait until the end of the process to ask for support.

Joint staffing is led by UBT co-leads, not union partnership representatives and UBT consultants. However, union partnership representatives and UBT consultants, or their regional equivalent, can be a support and resource for co-leads.

When engaged in the joint staffing process, consider the scope of work. Use the following as a guideline to determine what is in scope and out of scope.

In Scope

unit-level budgeting, backfill, scheduling, workforce planning and forecasting for Coalition-represented positions

Out of Scope

mandatory subjects of bargaining (e.g., changes to job descriptions, hours of work or working conditions)

changes that would violate collective bargaining agreements, regulatory requirements or laws

changes that would impact non-Coalition-represented employees

changes that would result in a reduction of staff

When in doubt, consult your local union for guidance.





RESOURCES



PERFORMANCE IMPROVEMENT TOOLS

Use these performance improvement tools to improve workflows, scheduling and other staffing-related issues. In some cases, performance improvement work can address workload issues without requiring more employees.

[Creating a Process Map.](#) Understand key steps in a workflow.

[Fish Out Your Root Cause.](#) Tease out the root causes for problems in a system.

[Waste Walk: 8 Types of Waste.](#) Discover the most common types of wasted resources.

[Make Your SMART Goals SMARTIE.](#) Add inclusion and equity to your SMART goals.

[How I Learned to Stop Worrying and Love the Data.](#) Seven tips to make the most of numbers, tables and charts.

These tools, and more, are available as part of LMP curricula provided in each region. The LMP Trust supports UBT consultants and union partnership representatives who are available to support UBTs in performance improvement work.



GLOSSARY

Backfill (Planned Replacement) means budgeted replacement time for employees' time away from their work unit. (e.g., to participate in training, Partnership activities, approved union work or to take contractual time off, including unpaid leaves of absence). Can be used interchangeably with "Backfill."

Consensus decision making is a form of group decision making where everyone discusses the issues to be decided so that the group benefits from the knowledge and experience of all members. For consensus to occur, every member of the group must feel heard and be able to support the decision.

Discount assumes replacement does not occur in 40% of cases due to work load, scheduling, and flexibility.

FTE (full-time equivalent) is an employee's scheduled hours divided by the employer's hours for a full-time workweek. When an employer has a 40-hour workweek, employees who are scheduled to work 40 hours per week are 1.0 FTEs. Employees scheduled to work 20 hours per week are 0.5 FTEs.

IBPS stands for interest-based problem solving (IBPS), a procedure for resolving issues and solving workplace concerns quickly and by those most directly involved, as described in section 1.L.1. of the Coalition National Agreement and also in LMP curricula. IBPS is intended to be nonadversarial and approach problem solving from a place of interests, rather than positions.

For more definitions, refer to the [Coalition National Agreement](#) and the [Building Blocks of Partnership Glossary](#).

Joint staffing refers to the UBT-level LMP process by which frontline labor and management representatives work together to determine staffing and budgeting to ensure adequate backfill for time off for their work unit. This process is defined and outlined in the Coalition National Agreement, Section 1.F.2. and Exhibit 1.F.

LMP is the abbreviation for the Labor Management Partnership between the Coalition of Kaiser Permanente Unions (the Coalition) and the organizations participating in the Kaiser Permanente Medical Care Program, including Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals (KFHP/H), and the Permanente Medical Groups (collectively Kaiser Permanente or Employers, or individually, Employer). The LMP is described in Section 1.A. of the Coalition-KP National Agreement.

Replacement factor is established as a multiple of the payroll budget that is based on contractual time off (vacations, holidays, etc.), an actuarially based projection of illness and injury, including FMLA projections based on previous years, and provision for other activities such as training, meetings and LMP projects. The replacement factor is utilized to help set budget line items for backfill.

Staffing Champion is a Coalition-represented UBT member who is chosen by fellow union members to lead joint staffing efforts at the unit level. This may be the UBT labor co-lead or designated alternate frontline Coalition-represented employee.

Unfilled positions are FTE that have been approved for hiring but are vacant or unfilled.

RESOURCES (CONTINUED)



JOINT STAFFING UBT WORKSHEET

The following worksheet will help you to organize the information your unit needs to successfully create a staffing model and budget for backfill for Coalition-represented positions. All teams must submit this worksheet and staffing plan template [here](#). Teams wishing to first complete the joint staffing work by hand, should print the following pages. If you need help, contact your UBT consultant, union partner representative, or sponsor.

Get started.

Answer the following questions from the perspective of your UBT about primary interests and objectives of the Coalition National Agreement:

Are time off requests accurately tracked to provide managers and employees with transparent data on time off?

Yes or No

- » If no, what are the barriers:

- » What are the options to overcome barriers:

Is backfill provided so employees can use leave benefits appropriately and take time off when requested?

Yes or No

- » If no, what are the barriers:

- » What are the options to overcome barriers:

RESOURCES (CONTINUED)



NOTES

RESOURCES (CONTINUED)

Step 1: Identify Current Staffing Levels

Determine the current budgeted full-time equivalent (FTE) by Coalition-represented job title and shift for your unit.

For each job title and shift in the unit, list the current head count and FTE allocation.

Use the [Joint Staffing UBT Worksheet and Staffing Plan Template](#) or turn to [page 30](#). You also may use your unit's staffing grid or matrix.

EXAMPLE:

CURRENT STAFFING LEVELS					
Coalition Job Title	FTE	Day Headcount	Evening Headcount	Night Headcount	Total FTE by Job Title
Medical Assistant	1.0	4	3	1	11.75
	0.75	3	0	0	
	0.5	0	2	1	
	per diem	5	0	0	5 per diem
LPN	1.0	2	1	0	3
	per diem	0	0	0	0 per diem
Total FTE by Shift		8.25 5 per diem	5 0 per diem	1.5 0 per diem	Total FTE by Unit: 14.75 5 per diem

Would the unit be adequately staffed with full use of the current budgeted FTE (i.e., do you have open positions posted and would you be adequately staffed if filled)?

Yes or No

RESOURCES (CONTINUED)



NOTES

RESOURCES (CONTINUED)

Step 2: Planning for Future Staffing Levels

Consider all necessary information to meet the primary interests and objectives of the Coalition National Agreement when planning for future staffing needs and realistic budgeting.

Use the following questions and statements to guide your planning for future staffing needs and create a realistic budget that covers all legitimate time off.

Reminder: All information below must be submitted [here](#).

If a question does not apply to your unit, mark it “N/A.”

FILLING VACANCIES

Which of the defined hard-to-fill Coalition-represented positions exist in your unit? Circle all that apply. N/A

Colorado - Medical Assistant; Rad Tech; LPN; Surgery Tech; Pharmacy Tech

Mid-Atlantic states - Optometrist; Rad Tech; Sonographer; Ophthalmology Tech; Surgical Tech; Pharmacy Tech

Northern California - Radiology Technologist II, III, and IV; MRI Technologists II; Sonographer II; Sr Clinical Lab Scientist; Clinical Lab Scientists; Optometrist; VSA II (only); Psychiatric Technician; Surgical Technician; Sterile Processing Technician

Southern California - Diagnostic Imaging Tech-MRI; Diagnostic Imaging Technologist-Radiologic II; Diagnostic Imaging Technologist- Radiologic III; Surgical Tech; Respiratory Therapist; Sonographer/ Ultrasound

Northwest - LPN; Ophthalmology Technician; Dental Assistant; Phlebotomist

Washington - Master Level Therapist; Medical Assistant; Surgical Tech; RN; Sterile Processing Tech, Anesthesia Tech, MSW

Which other positions in your unit are challenging to fill (e.g., positions that require specialized skills and/or are otherwise difficult to recruit for)? N/A

RESOURCES (CONTINUED)

How does your unit recruit, train, and develop employees to fill operational requirements, especially for hard-to-fill positions? What support do you need from the region or national leadership? N/A

For existing Coalition-represented FTE with long-running vacancies what are the barriers you face and options you have tried to address the vacancies? N/A

BACKFILL

How do you fill temporary vacancies and short-term staffing needs (e.g. voluntary overtime, other incentives, etc.)? N/A

How are you accounting for all time away from work and work-related assignments when planning for backfill (e.g., paid leave, unpaid leave, LMP work, steward council/training, union leave, representation leave, etc.)? N/A

Are there existing, contractually approved replacements or float pools your unit can access to help with backfill? N/A

EXTERNAL FACTORS

What upcoming technology changes or upgrades will impact your unit's core staffing model? N/A

RESOURCES (CONTINUED)

Does your unit use specialized or intensive equipment that should be considered? N/A

Are there other regulatory or compliance requirements that impact your unit's core staffing model?
N/A

Are there staffing guidelines adopted or published by local, state or national professional associations and organizations to be considered? N/A

Does your facility have a Labor Management Partnership or other labor-included staffing committee that sets ratios or other staffing requirements that impact Coalition-represented employees in your unit? N/A

» If yes, what are those requirements:

What issues impact your unit's staffing model but lie outside the scope of this joint staffing process (e.g., bargaining changes to job descriptions, creating float pools, etc.)? N/A

OPERATIONAL CONSIDERATIONS

What workload factors impact your unit, such as seasonal fluctuations? N/A

RESOURCES (CONTINUED)

What operational considerations and service-level metrics (e.g., patient acuity, patient mobility, nature of care being delivered, call volume, peak service times, etc.) impact your core staffing model, and how do you adjust? What triggers backfill? N/A

How does the patient census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions and transfers, impact staffing needs? N/A

How might the architecture and geography of the unit, such as placement of patient rooms, treatment areas, nursing stations, medication preparation stations, equipment, etc., impact staffing needs? N/A

What skill mix of new and experienced workers is needed? N/A

How will current or planned process improvement projects impact productivity and performance? N/A

Does your staffing model account for all of the services and work duties performed by Coalition-represented employees in your unit? N/A

Are there other special considerations for your unit? N/A

RESOURCES (CONTINUED)



NOTES

RESOURCES (CONTINUED)

Step 3: Jointly Create Unit Staffing Model

Based on your answers to the questions in Step 2, create a staffing model with your requested number of FTEs and headcount for the next budget cycle.

For each job title and shift in your unit, list the requested head count for each FTE allocation. Highlight changes from current level.

Use the [Joint Staffing UBT Worksheet and Staffing Plan Template](#) or turn to [page 31](#).

EXAMPLE:

PROPOSED STAFFING MODEL									
Coalition Job Title	FTE	Day Headcount		Evening Headcount		Night Headcount		Proposed Total FTE by Job Title	Total Increase
		Current	Proposed	Current	Proposed	Current	Proposed		
Medical Assistant	1.0	4	5	3	3	1	1	13.25	1.5
	0.75	3	3	0	0	0	0		
	0.5	0	0	2	2	1	2		
	per diem	5	5	0	0	0	0	5 per diem	-
LPN	1.0		3	1	1	0	0	4	1
	per diem		0	0	0	0	0	0 per diem	-
Total FTE by Shift			10.25 5 per diem		5 0 per diem		2 0 per diem	17.25 5 per diem	
Total Increased FTE Requested by Shift			2 -		0 -		0.5 -		Total Increased FTE by Unit: 2.5 -

Yellow highlights indicate an increase from current levels.

RESOURCES (CONTINUED)



NOTES

RESOURCES (CONTINUED)

Step 4: Workforce Planning – Create Budget for Backfill and Planned Replacement

Here is an example from the Coalition National Agreement to show how to create a replacement factor using annual average time off per employee data. The replacement factor is then applied to the unit's total personnel budget to determine the unit's backfill budget. Review the example, then create one for your unit.

Use the [Joint Staffing UBT Worksheet and Staffing Plan Template](#) or turn to [page 32](#).

Time-Off Budget	# of Days
Vacation	20
Holidays	6.0
Personal Days	3.0
Sick Leave	7.3
FMLA	1.8
Worker's Comp	0.9
Education / Training	5.0
Meetings (1 hr / week)	6.0
Projects / Improvements	2.0
TOTAL	52.0

Total time off: 52 days / (52 weeks x 5 days = 260 days) = .20 or 20%

Discount (assuming replacement does not occur in 40% of cases due to workload, scheduling, and flexibility): $.20 \times .40 = .08$ or 8%

Net time-off factor for budget ($.20 - .08 = .12$) or 12% replacement factor

Note: Actual leaves, averages, and percentages will vary by unit. A unit may need to adjust the factor if the unit chooses to backfill a significant percentage of time off with higher-cost sources (overtime or temp agency) instead of permanent staff.

Apply benefit and replacement factor to **current** unit budget:

CURRENT	
Personnel	\$1,000,000
Benefits @ 42%	\$420,000
Backfill @ 12%	\$120,000
Total Personnel Budget	\$1,540,000

Benefits rate varies by region and hospital vs health plan; 42% is an example only.

Apply benefit and replacement factor to **proposed** unit budget, based on your staffing model:

PROPOSED	
Personnel*	\$1,150,000
Benefits @ 42%	\$483,000
Backfill @ 12%	\$138,000
Total Personnel Budget	\$1,771,000

* This amount is for illustrative purposes only.

RESOURCES (CONTINUED)



PRACTICE PAGE

$$\boxed{} \div \boxed{} = \boxed{. \text{ or } \%}$$

Total Average # of Days Off
Per Employee Annually

Applies to Coalition-represented employees only

Total # of Workdays in Unit
Annually (52 weeks × ____
work days per week)

**Annual % time off per
employee**

$$\boxed{} \times .40 = \boxed{. \text{ or } \%}$$

Annual % Time Off Per
Employee

Assume replacement does
not occur in 40% of cases due
to workload, scheduling
and flexibility

Discount

$$\boxed{} - \boxed{} = \boxed{. \text{ or } \%}$$

Annual % Time Off Per
Employee

Discount

Replacement Factor
Use this to determine Backfill Budget

CURRENT	
Personnel	\$
Benefits @ ____ %	\$
Backfill @ ____ %	\$
Total Personnel Budget	\$

PROPOSED (if additional FTE requested)	
Personnel	\$
Benefits @ ____ %	\$
Backfill @ ____ %	\$
Total Personnel Budget	\$

RESOURCES (CONTINUED)



STAFFING PLAN TEMPLATE

SUBMIT TO REGIONAL BUDGET MAKERS [HERE](#) BY AUG. 31, 2025

UBT Name/Tracker ID:

For Budget Year:

Labor Co-lead/Staffing Champion:

Management Co-lead:

CURRENT STAFFING LEVELS					
Coalition Job Title	FTE	Day Headcount	Evening Headcount	Night Headcount	Total FTE by Job Title
Total FTE by Shift					Total FTE by Unit:

Print multiple copies of template, as needed.

RESOURCES (CONTINUED)

PROPOSED STAFFING MODEL									
Coalition Job Title	FTE	Day Headcount		Evening Headcount		Night Headcount		Proposed Total FTE by Job Title	Total Increase
		Current	Proposed	Current	Proposed	Current	Proposed		
Total FTE by Shift									
Total Increased FTE Requested by Shift									Total Increased FTE by Unit:

Highlight increases in current levels. Print multiple copies of template, as needed.

Rationale for request (if additional FTE is requested):

RESOURCES (CONTINUED)

Budget for Planned Replacement

CURRENT	
Time-Off Component	Average # of Days Off Per Employee Annually
Vacation	
Holidays	
Personal Days	
Sick Leave	
FMLA	
Worker's Comp	
Education / Training	
LMP Activities	
Union Leave	
Other	
TOTAL	

There may be other examples of time off, which can vary by region and local contracts.

$$\boxed{} \div \boxed{} = \boxed{ \text{ or } \%}$$

Total Average # of Days Off Per Employee Annually
Applies to Coalition-represented employees only

Total # of Workdays in Unit Annually (52 weeks × ___ work days per week)

Annual % time off per employee

$$\boxed{} \times \boxed{.40} = \boxed{ \text{ or } \%}$$

Annual % Time Off Per Employee

Assume replacement does not occur in 40% of cases due to workload, scheduling and flexibility

Discount

$$\boxed{} - \boxed{} = \boxed{ \text{ or } \%}$$

Annual % Time Off Per Employee

Discount

Replacement Factor
Use this to determine Backfill Budget

CURRENT	
Personnel	\$
Benefits @ ___ %	\$
Backfill @ ___ %	\$
Total Personnel Budget	\$

PROPOSED (if additional FTE requested)	
Personnel	\$
Benefits @ ___ %	\$
Backfill @ ___ %	\$
Total Personnel Budget	\$

RESOURCES (CONTINUED)

Response from Regional Budget Maker to Proposed Staffing Model

To be filled out by regional-budget makers:



RESOURCES (CONTINUED)



COALITION JOINT STAFFING: UNIT TIMELINE AND TRACKING CHART

Use this chart to identify key actions and timelines throughout the joint staffing process within your unit. For internal planning purposes only. Do not submit to regional budget-makers.

ATTEND JOINT STAFFING TRAINING BY MARCH 31, 2025

Labor co-lead or staffing champion:

Date:

Management co-lead:

Date:

PREPARE FOR THE INITIAL JOINT STAFFING UBT MEETING

Use the space below to clarify who is responsible for gathering and preparing necessary materials for joint staffing discussions.

WHAT information is needed?	WHO will gather it?	WHEN is it needed by?
Unit's current line item budget		
Current list of Coalition-represented employees by job title, FTE, and shift		
Leave of Absence data for past year		
Backfill data for past year		
Any existing staffing model		
Staffing ratios, regulatory requirements or other operational constraints		

RESOURCES (CONTINUED)

CONDUCT INITIAL JOINT STAFFING UBT MEETING WITHIN ONE MONTH OF TRAINING

Date: _____

Use this checklist to ensure a successful meeting

Confirm release time

Agenda Meeting space (room or Teams invite)

Meeting equipment and supplies

AFTER THE INITIAL MEETING, CONTINUE JOINT STAFFING WORK

Gather outstanding information, hold rounding conversations with UBT members, and conduct additional UBT meetings.

Use the space below to identify key roles and responsibilities to advance the work.

WHAT information is needed?	WHO will gather it?	WHEN is it needed by?
<i>Ex: Round with night shift</i>	<i>Ex: Labor Co-lead Name</i>	
<i>Ex: Follow-up UBT meeting</i>	<i>Ex: Co-leads</i>	

FINALIZE STAFFING PLAN

1. Reach consensus with UBT

Date: _____

2. Submit to regional budget makers by August 31, 2025*

Date: _____

3. Record response from regional budget-makers

Date: _____

* STARTING IN 2026, STAFFING PLANS MUST BE SUBMITTED BY JUNE 30.



APPENDIX

Here is additional data for outpatient and non-direct patient care modalities that may inform staffing models and workforce plans:

AMBULATORY

- visits and appointments
- patient no-shows or cancellation rates
- ease of rescheduling appointments
- Press Ganey – “Care team worked well together” metric
- nurse care and concern
- helpfulness of receptionists
- Patient Satisfaction/Care Experience responses
- number of members bonded to the clinic or to a provider in the clinic
- wait times – for appointments and while waiting to be seen in the clinic
- FTKA (failure to keep appointment) rate

IMAGING

- national or regional protocols or policies that impact the number of staff needed for operations

DENTAL

- Press Ganey
- Care Experience
- in the moment
- ease of scheduling
- patient no-shows or cancellations

CALL CENTER

- length of calls
- call volume
- other call-handling metrics

LABORATORY

- patient wait time
- patient volumes and patient surges
- turnaround times
- test volumes

PATIENT FINANCIAL SERVICES

- impact on operations from lack of backfill, especially for small units
- amount of time to close a delinquent account
- turnaround time to review and account and give a patient accurate information in a timely manner

PHARMACY

- patient wait time
- patient volumes and patient surges



