

Bargaining update

**Jan. 25th,
2025**

This week, we had two productive days of back-to-back bargaining. Thursday focused on pediatric economics, while Friday centered on LIMS economics. While we remain far apart on economic points, the framework presented during the pediatric proposal discussions was encouraging, and the conversations overall have been constructive, showing signs of progress.

We prepared and presented counters for both proposals the same day, ensuring they reflected your priorities. It is now Legacy's turn to respond, and we urge them to act with the same urgency. We are fully committed to finalizing this contract with the urgency and respect it deserves.

For real-time updates on bargaining, follow our video recaps on Facebook and Instagram.

 @LEGACYPNWHMA

 LEGACY.PNWHMA

Bargaining update

Wages

	OUR PROPOSAL 8/27	THEIR PROPOSAL 9/19	THEIR PROPOSAL 11/15	OUR PROPOSAL 11/20	THEIR PROPOSAL PEDs-1/24	THEIR PROPOSAL LIMs-1/24																																							
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LIMS Annual Base Rate		Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Did not counter a proposal.		A PTO-less plan with a salary of \$331,550 is achievable only if both production and quality incentives are earned, with the citizenship bonus as the only additional incentive available. * please see the next page for pay scale and hours
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Bargaining update

Wages

THEIR PROPOSAL

LIMs-1/24

Legacy proposed for LIMS a PTO-less economic proposal. The base wage for a 1.0 FTE starting April 1st 2025 would be

\$331,550

The following would have to be calculated to determine your wages
Years of service to Legacy: awarded with higher pay rates per shift (see Figure 2)

Figure 1: Non-nocturnist annual work-hour requirement by FTE

Clinical FTE	Expected Annual Shifts - Hours	Clinical FTE	Expected Annual Shifts-hours
1.00	1,824	0.50	912
0.90	1,642	0.40	730
0.80	1,459	0.30	547
0.70	1,277	0.20	365
0.60	1,094	0.10	182

Figure 2: Pay rate increases by months of service to Legacy

Tier	Months of Service	Percentage of Standard Rate
Tier One	0 to 60	100.0%
Tier Two	61 to 120	101.9%
Tier Three	121 to 180	103.5%
Tier Four	181 to 240	104.2%
Tier Five	241+	104.6%

Bargaining update

Compensation-Related Benefits

	OUR PROPOSAL 8/27	THEIR PROPOSAL 9/19	THEIR PROPOSAL 11/15	OUR PROPOSAL 11/20	THEIR PROPOSAL PEDs-1/24	THEIR PROPOSAL LIMs-1/24
Excess Hourly Rate	Clinical Hours Worked over 520 hours a quarter (prorated for FTE), shall be paid at a rate of 1.5 times the standard hourly rate.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Excess hours paid at the standard hourly rate.	Paid at the day or night shift rate based on hours worked.
Administrative Pay	Admin pay shall be for Fiscal Year 2024-\$200/hr 2025-\$220/hr 2026-\$242/hr or the Hospitalist's Clinical Rate for that fiscal year, whichever is higher.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Based and adjusted on national data for non-clinical pay	Non-clinical pay follows LMG policies.
Shift Incentive	Hospitalists will receive an incentive shift pay rate of 1.5 times the standard rate for critical and unfilled shifts, as well as for voluntarily working shifts outside their designated primary site.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Compensation as additional pay or PTO with applicable differentials.	Did not give us a proposal.
Night Shift Differential	A hospitalist that works any shift that crosses midnight shall receive a credit of 1.25 times the hours worked for the entire shift to be counted towards the employees Clinical Hours Worked (CHW).	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	To be paid at 1.2 credits	Night shifts paid at 117% of the day rate.

QUESTIONS? THOUGHTS?

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	Our Proposal	Their Proposal	Their Proposal	Our Proposal	Their Proposal	Their Proposal	Our Proposal
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Supplemental Hospitalists	A hospitalist that works any shift that crosses midnight shall receive a credit of 1.25 times the hours worked for the entire shift to be counted towards the employees Clinical Hours Worked (CHW).	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	To be paid at 1.2 credits	Night shifts paid at 117% of the day rate.	

Bargaining update

Workload and Scheduling

	OUR PROPOSAL 8/27	THEIR PROPOSAL 9/19	THEIR PROPOSAL 11/15	OUR PROPOSAL 11/20	THEIR PROPOSAL PEDs-1/24	THEIR PROPOSAL LIMs-1/24
Short Rest Notice	A Hospitalist who works within 10 Hours after the end of their last shift shall be paid 1.5 times their standard rate and all hours worked shall count towards their CHW.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Did not give us a proposal.	Did not give us a proposal.
Flexing	A Hospitalist who flexes (working longer than originally scheduled) shall be paid 1.5 times their standard hourly rate for the entire shift.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Did not give us a proposal.	May flex if census allows.
Backup	Hospitalists on backup shifts not activated will receive 2.4 Clinical Hours Worked for each Day/Swing shift and for night shifts. If activated, they will be paid 1.5 times the standard rate for that shift.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Compensated at 0.1 credit hours per hour	On-call shifts limited to 2 hours at the day rate; used shifts paid based on work performed.
Homecall	Hospitalists on home call will receive 0.5 times the scheduled hours as CHW credit. If required to come into the hospital, they will receive full credit (1.0) for the scheduled shift.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Compensated at 0.25 credit hours per hour	Did not give us a proposal.

QUESTIONS? THOUGHTS?

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Bargaining update

Comprehensive Benefits

	OUR PROPOSAL 8/27	THEIR PROPOSAL 9/19	THEIR PROPOSAL 11/15	OUR PROPOSAL 11/20	THEIR PROPOSAL PEDs-1/24	THEIR PROPOSAL LIMs-1/24
Quality Incentive (Stretch Goal)	\$25,000 (FTE adjusted) above base compensation. Each hospital specialty's group and individual quality incentive goals shall be determined by a compensation committee made of three hospitalists chosen by the Association and 3 members of management. The goals will be determined in the 4th Quarter of each fiscal year to be set for the 1st Quarter of the next fiscal year.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Up to 4% of median hospitalist compensation	4% total compensation reserved for achievement in quality metrics
Retirement	Maintain current retirement with a cap on premium rates.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Did not give us a proposal.	Did not give us a proposal.
Benefits	Maintain current benefits with no current raise in cost.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Did not give us a proposal.	Did not give us a proposal.

QUESTIONS? THOUGHTS?

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Bargaining update

Holidays and PTO

Holidays

OUR PROPOSAL
8/27

All shifts worked on any recognized Federal Holiday shall receive a credit of 1.25 times the hours worked to be counted towards the employees Clinical Hours Worked (CHW).

THEIR PROPOSAL
9/19

Did not counter a proposal.

THEIR PROPOSAL
11/15

Did not counter a proposal.

OUR PROPOSAL
11/20

Our counter still stood as they never countered.

THEIR PROPOSAL
PEDs-1/24

To be paid at 1.2 credits

THEIR PROPOSAL
LIMs-1/24

Did not give us a proposal.

PTO

Months of Service	0-60	61-120	121-180	181-240	241+
Annual PTO Award in Hours	208	248	280	296	304

THEIR PROPOSAL
9/19

Did not counter a proposal.

THEIR PROPOSAL
11/15

Did not counter a proposal.

OUR PROPOSAL
11/20

Our counter still stood as they never countered.

THEIR PROPOSAL
PEDs-1/24

Physician & APPs (under a comp plan)	Annual Award	Bank Maximum
Months of Service	in hours	in hours
0 to 60	208	420
61 to 120	248	420
121 to 180	280	420
181 to 240	296	420
241 or more	304	420
All prorated for FTE		
One Cultural Recognition Day- See APL policy 500.304		

Offered a PTO-less plan

QUESTIONS? THOUGHTS?

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Bargaining update

Staffing

Staffing

OUR PROPOSAL 8/27	THEIR PROPOSAL 9/19	THEIR PROPOSAL 11/15	OUR PROPOSAL 11/20	THEIR PROPOSAL PEDs-1/24	THEIR PROPOSAL LIMs-1/24
<p>Staffing Committees: Formed at each medical center for LIMS, PEDS, and OB upon contract ratification. Committees create annual staffing plans and review needs quarterly.</p> <p>Staffing Plans: Committees determine minimum staffing levels for shifts, considering patient acuity and clinician workload to ensure safety.</p> <p>Locums & Supplemental Review: Committees evaluate use of supplemental hours, leave approvals, and shifts beyond patient ratios.</p> <p>Staffing Time Compensation: Hospitalists are paid for staffing committee work done in collaboration with core leaders.</p> <p>Hospitalist Selection: Union-selected committee members will represent the bargaining unit.</p> <p>Patient Ratios: Target ratios are set for LIMS and PEDS day shifts of 10 pts per 10 hour shift, ensuring safe patient encounters per hospitalist.</p> <p>Shift Adjustments: If patient encounters exceed set limits, hospitalists may extend shifts or call in backup, with compensation adjustments.</p> <p>Staffing Updates: Hospitalist vacancies are posted within two weeks, and staffing committees review FTE needs regularly.</p> <p>Leave and Staffing: Vacant shifts from leaves of absence are posted promptly to ensure coverage.</p> <p>Permanent Positions: If patient census exceeds standards by more than 10% in a quarter, permanent hospitalist positions will be posted.</p> <p>Floating Between Sites: Hospitalists are assigned a primary site but can volunteer for shifts at other locations without being mandated.</p>	<p>Did not counter a proposal.</p>	<p>Did not counter a proposal.</p>	<p>Our counter still stood as they never countered.</p>	<p>The Staffing Plan includes annual and quarterly reviews by administration to evaluate past data and future needs. Staffing adjustments are made through shift changes, additional hours, or increasing physician supply. Target patient care times are 45-60 minutes per hospitalist patient and 30-45 minutes per nursery patient. Backup staffing is used to address increased patient demand, with regular reviews to assess patterns and requirements.</p>	<p>Hospitalist staffing plans are reviewed annually and quarterly by administration, using past census data and future projections to keep the demand-to-capacity gap below 5%. If demand exceeds capacity by more than 10%, strategies include schedule adjustments, hiring supplemental physicians, and using backup or flex models. Daily workload standards set patient-to-hospitalist ratios, with surge adjustments managed through backup or flexing.</p>