

Bargaining update

**Feb. 14th,
2025**

We've had two consecutive days of productive bargaining sessions, making progress on staffing ratios, flexing, and backup coverage. We are getting closer to an agreement on these critical issues. While we are encouraged by this progress, we recognize that there is still a long way to go—especially if Legacy continues to push a PTO-less plan for LIMS.

We wrapped up the sessions by receiving a counterproposal from Legacy on OB wages. When we return to the table on February 20, we expect Legacy to provide the outstanding economic counters for LIMS and PEDs. We also aim to address retirement and benefits in our next session. Due to the snow, there is no bargaining video this week, but stay tuned for updates next week!

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

 LEGACY.PNWHMA

 @LEGACYPNWHMA

Wages

	Our Proposal	Their Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal																																																					
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LIMS Annual Base Rate	\$374,400 on 4/1/24, \$411,840 on 4/1/25, and \$453,024 on 4/1/26.	Did not counter a proposal.	N/A	N/A	N/A	N/A	N/A	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. <i>* please see the next page for pay scale and hours</i>	Adult hospitalist work includes a base salary of \$356,181 with a 5% ratification bonus (FY24-25) and a minimum 5% annual salary increase or market rate, whichever is higher. Day shifts are credited at 1.00 per hour, shift differentials (holidays, nights, weekends, and backup call-ins) at 1.40 per hour, and backup on-call work at 0.25 per hour (2.5 for day shifts, 6 for 24-hour shifts).	Did not counter a proposal.	Our counter still stood as they never countered.																																																				
PEDs Annual Base Rate	\$309,920 on 4/1/24, \$340,912 on 4/1/25, and \$375,003 on 4/1/26.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	105% of the national median total cash compensation = \$234,008	Tiers for years of service starting April 1, 2025: 0-6 years at 90% (\$245,841) with a minimum 5% annual increase or market rate (whichever is higher); 6-12 years at 100% (\$273,157); and over 12 years at 110% (\$300,472). A ratification bonus of 5% of the annual salary for FY24-25 applies.	Our counter still stood as they never countered.	Our counter still stood as they never countered.	Did not counter a proposal.	Our counter still stood as they never countered.																																																					
OB Annual Base Rate	RCH: \$537,680 on 4/1/24, \$591,448 on 4/1/25, and \$650,593 on 4/1/26 SC/MH: \$488,800 on 4/1/24, \$537,680 on 4/1/25, and \$591,448 on 4/1/26	Did not counter a proposal.	<table border="1"> <thead> <tr> <th>Location</th> <th>RCH</th> <th>SC/MH</th> </tr> </thead> <tbody> <tr> <td>Market Median</td> <td>\$ 341,523.00</td> <td>\$ 325,260.00</td> </tr> <tr> <td>(B) Market Median</td> <td>\$ 341,523.00</td> <td>\$ 325,260.00</td> </tr> <tr> <td>Health Quality (4% of median)</td> <td>\$ 13,661.00</td> <td>\$ 13,010.00</td> </tr> <tr> <td>Citizenship (\$1.20/hr, max 26 hrs)</td> <td>\$ 3,120.00</td> <td>\$ 3,120.00</td> </tr> <tr> <td>Total Compensation</td> <td>\$ 358,204.00</td> <td>\$ 341,390.00</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Number of service</th> <th>Tier Type</th> <th>Tier</th> <th>Base Pay</th> <th>Base Pay</th> </tr> <tr> <th></th> <th></th> <th></th> <th>RCH</th> <th>SC/MH</th> </tr> </thead> <tbody> <tr> <td>40</td> <td>Tier Type 1</td> <td>100.00%</td> <td>\$ 341,523.00</td> <td>\$ 325,260.00</td> </tr> <tr> <td>1-120</td> <td>Tier Type 2</td> <td>101.00%</td> <td>\$ 348,060.00</td> <td>\$ 331,905.00</td> </tr> <tr> <td>121-180</td> <td>Tier Type 3</td> <td>103.50%</td> <td>\$ 353,340.00</td> <td>\$ 336,514.00</td> </tr> <tr> <td>181-240</td> <td>Tier Type 4</td> <td>104.23%</td> <td>\$ 355,969.00</td> <td>\$ 339,018.00</td> </tr> <tr> <td>241</td> <td>Tier Type 5</td> <td>104.62%</td> <td>\$ 357,301.00</td> <td>\$ 340,287.00</td> </tr> </tbody> </table> This was a PTO-less plan. They acknowledged this was their initial proposal	Location	RCH	SC/MH	Market Median	\$ 341,523.00	\$ 325,260.00	(B) Market Median	\$ 341,523.00	\$ 325,260.00	Health Quality (4% of median)	\$ 13,661.00	\$ 13,010.00	Citizenship (\$1.20/hr, max 26 hrs)	\$ 3,120.00	\$ 3,120.00	Total Compensation	\$ 358,204.00	\$ 341,390.00	Number of service	Tier Type	Tier	Base Pay	Base Pay				RCH	SC/MH	40	Tier Type 1	100.00%	\$ 341,523.00	\$ 325,260.00	1-120	Tier Type 2	101.00%	\$ 348,060.00	\$ 331,905.00	121-180	Tier Type 3	103.50%	\$ 353,340.00	\$ 336,514.00	181-240	Tier Type 4	104.23%	\$ 355,969.00	\$ 339,018.00	241	Tier Type 5	104.62%	\$ 357,301.00	\$ 340,287.00	RCH: Base pay of \$416,000 with excess shifts paid at \$275/hour; SC/MH: Base pay of \$396,000 with excess shifts paid at \$275/hour.. Keep current PTO structure as proposed earlier Plus 25% Night Differential as proposed All Incentive shifts be paid at \$275	N/A	N/A	N/A	N/A	See following page	We did not counter
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Supplemental	Supplemental Hospitalists shall be paid an hourly rate of 50% (1.5x) higher than the standard hourly rate for that shift.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Did not counter a proposal.	Our counter still stood as they never countered.	(1.15x) hourly rate for that shift.	(1.5x) hourly rate for that shift.	Did not counter a proposal.	Our counter still stood as they never countered.																																																					

Bargaining update

Wages

THEIR PROPOSAL

OB-2/13

Legacy proposed PTO-less plan for OB only this session.

Proposed State

	RCH	SC/MH
Adjusted Market Median	\$343,875	\$343,875
Intensity Stipend	\$24,606	
Upside Quality (4% of median)	\$ 13,755	\$ 13,755
Citizenship (\$120/hr , max 26 hrs)	\$ 3,120	\$ 3,120
Total Compensation	\$385,356	\$360,750

Months of Service	Tier Type	Tier	Base Pay	
			RCH	SC/MH
0 - 60	Tier Type 1	100.0%	\$ 343,875	\$ 343,875
61 - 120	Tier Type 2	101.9%	\$ 350,409	\$ 350,409
121 - 180	Tier Type 3	103.5%	\$ 355,911	\$ 355,911
181 - 240	Tier Type 4	104.23%	\$ 358,421	\$ 358,421
241+	Tier Type 5	104.62%	\$ 359,762	\$ 359,762

Excess Shifts Paid at tier adj. hrly rate of pay (tier base/1824)

Compensation-Related Benefits

	Our Proposal	Their Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal
	8/27	9/19	11/15-OB & PEDs	11/20-OB	1/24-PEDs	1/24-PEDs	1/25-LIMS	1/25-LIMS	2/12 & 2/13 LIMS	2/12 & 2/13 LIMS
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.	Excess hours above your FTE are voluntary, to be compensated at 1.4x the standard hourly rate or as PTO with applicable differentials.	Paid at the day or night shift rate based on hours worked.	Excess hours above your FTE are voluntary, to be compensated at 1.4x the standard hourly rate or as PTO with applicable differentials.	Did not counter a proposal.	Our counter still stood as they never countered.
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	Compensation for additional administrative roles will be equal to the hospitalist's clinical hourly rate, which is defined as salary divided by 2080 hours.	Non-clinical pay follows LMG policies.	Compensation for additional administrative roles will be equal to the hospitalist's clinical hourly rate, which is defined as salary divided by 2080 hours.	Did not counter a proposal.	Our counter still stood as they never countered.
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.	Did not give us a proposal.	Our counter still stood as they never countered.	Did not give us a proposal.	Our counter still stood as they never countered.	Did not counter a proposal.	Our counter still stood as they never countered.
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	To be paid at 1.4 credits.	Night shifts paid at 117% of the day rate.	To be paid at 1.4 credits.	Did not counter a proposal.	Our counter still stood as they never countered.

Workload and Scheduling

	Our Proposal	Their Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal
	8/27	9/19	11/15-OB & PEDs	11/20-OB	1/24-PEDs	1/24-PEDs	1/25-LIMS	1/25-LIMS	2/12 & 2/13 LIMS	2/12 & 2/13 LIMS
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	Compensated at 0.25 credit hours per hour	On-call shifts limited to 2 hours at the day rate; used shifts paid based on work performed.	0.25 per hour on call (2.5 for day, 6 for 24hr)	Did not counter a proposal.	Our counter still stood as they never countered.
Home-call	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	Compensated at 0.4 credit hours per hour	N/A	N/A	Did not counter a proposal.	Our counter still stood as they never countered.

Workload and Scheduling cont.

	Our Proposal	Their Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal
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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 counter a proposal.	Our counter still stood as they never countered.	Did not give us a proposal.	Our counter still stood as they never countered.	Did not counter a proposal.	Our counter still stood as they never countered.
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 counter a proposal.	Our counter still stood as they never countered.	May flex if census allows.	Hospitalist staffing uses either a "Backup" or "Flex" model, to manage census surges or staff illness. Backup involves on-call physicians filling shifts or supporting census needs when thresholds exceed 13 patients per rounder, with flexing allowing physicians to extend shifts or call for backup if census remains high, all tracked and compensated.	Did not counter a proposal.	Our counter still stood as they never countered.

Comprehensive Benefits

	Our Proposal	Their Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal
	8/27	9/19	11/15-OB & PEDs	11/20-OB	1/24-PEDs	1/24-PEDs	1/25-LIMS	1/25-LIMS	2/12 & 2/13 LIMS	2/12 & 2/13 LIMS
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	We took this money and applied to the base salary.	4% total compensation reserved for achievement in quality metrics.	We took this money and applied to the base salary.	Did not counter a proposal.	Our counter still stood as they never countered.
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 counter a proposal.	Our counter still stood as they never countered.	Did not counter a proposal.	Our counter still stood as they never countered.	Did not counter a proposal.	Our counter still stood as they never countered.
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 counter a proposal.	Our counter still stood as they never countered.	Did not counter a proposal.	Our counter still stood as they never countered.	Did not counter a proposal.	Our counter still stood as they never countered.

Holidays, PTO, CME

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Holidays	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).	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	To be paid at 1.4 credits	Did not counter a proposal.	To be paid at 1.4 credits	Did not counter a proposal.	Our counter still stood as they never countered.																																																															
PTO	Annual PTO awards based on months of service: 0-60 months receive 208 hours, 61-120 months receive 248 hours, 121-180 months receive 280 hours, 181-240 months receive 296 hours, and 241+ months receive 304 hours.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	<table border="1"> <thead> <tr> <th>Physician & APPs (under a comp plan)</th> <th>Annual Award</th> <th>Bank Maximum</th> </tr> <tr> <th>Months of Service</th> <th>In hours</th> <th>In hours</th> </tr> </thead> <tbody> <tr> <td>0 to 60</td> <td>208</td> <td>420</td> </tr> <tr> <td>61 to 120</td> <td>248</td> <td>420</td> </tr> <tr> <td>121 to 180</td> <td>280</td> <td>420</td> </tr> <tr> <td>181 to 240</td> <td>296</td> <td>420</td> </tr> <tr> <td>241 or more</td> <td>304</td> <td>420</td> </tr> </tbody> </table> <p>All prorated for FTE One Cultural Recognition Day- See APL policy 500.304</p>	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	<table border="1"> <thead> <tr> <th>Physician & APPs (under a comp plan)</th> <th>Annual Award</th> <th>Bank Maximum</th> </tr> <tr> <th>Months of Service</th> <th>In hours</th> <th>In hours</th> </tr> </thead> <tbody> <tr> <td>0 to 60</td> <td>208</td> <td>420</td> </tr> <tr> <td>61 to 120</td> <td>248</td> <td>420</td> </tr> <tr> <td>121 to 180</td> <td>280</td> <td>420</td> </tr> <tr> <td>181 to 240</td> <td>296</td> <td>420</td> </tr> <tr> <td>241 or more</td> <td>304</td> <td>420</td> </tr> </tbody> </table> <p>All prorated for FTE One Cultural Recognition Day- See APL policy 500.304</p>	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	Offered a PTO-less plan.	<table border="1"> <thead> <tr> <th>Physician & APPs (under a comp plan)</th> <th>Annual Award</th> <th>Bank Maximum</th> </tr> <tr> <th>Months of Service</th> <th>In hours</th> <th>In hours</th> </tr> </thead> <tbody> <tr> <td>0 to 60</td> <td>208</td> <td>420</td> </tr> <tr> <td>61 to 120</td> <td>248</td> <td>420</td> </tr> <tr> <td>121 to 180</td> <td>280</td> <td>420</td> </tr> <tr> <td>181 to 240</td> <td>296</td> <td>420</td> </tr> <tr> <td>241 or more</td> <td>304</td> <td>420</td> </tr> </tbody> </table> <p>All prorated for FTE One Cultural Recognition Day- See APL policy 500.304</p>	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	Did not counter a proposal.	Our counter still stood as they never countered.
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CME	Our counter still stood as they never countered.	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	Hospitalists will be given 3,500 per year for CME related expenses	Hospitalists will be given \$4000 per year for CME related expenses, \$1000 of which can be used for devices.	Hospitalists will be given 3,500 per year for CME related expenses	Hospitalists will be given \$4000 per year for CME related expenses, \$1000 of which can be used for devices.	Did not counter a proposal.	Our counter still stood as they never countered.																																																															

Staffing pg 1

	Our Proposal	Their Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal	Their Proposal	Our Proposal
	8/27	9/19	11/15-OB & PEDs	11/20-OB	1/24-PEDs	1/24-PEDs	1/25-LIMS	1/25-LIMS
Staffing	<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>	Did not counter a proposal.	Did not counter a proposal.	Our counter still stood as they never countered.	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.	The Pediatric Staffing Plan is jointly reviewed quarterly and annually by hospitalists and administration to assess needs. Adjustments may include shift changes, extra hours, or increased physician supply, with targets of 75-90 minutes for new admissions, 30-45 minutes for nursery patients, and follow-ups. Backup staffing addresses increased demand with regular collaborative reviews.	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>Hospitalist staffing plans are reviewed quarterly and annually by hospitalists and administration to maintain a demand-to-capacity gap below 5%. If exceeded, adjustments include schedules, supplemental hires, and flex models, with daily ratios guiding workload.</p> <p>Staffing and budgeting will be based on the following standards:</p> <p>Day rounder shifts: 12 encounters per shift, with a goal range of 11-13 encounters.</p> <p>Admitting shifts: Goal of 1 encounter per 2 hours, acknowledging significant non-billable work such as cross-cover, pager management, and triaging care.</p> <p>Night/Swing shifts:</p> <p>8-hour shift: 4 encounters</p> <p>10-hour shift: 5 encounters</p> <p>12-hour shift: 6 encounters</p> <p>Night cross-cover ratio: 1 night hospitalist per 60 patients, with shift length determined per site.</p>

Staffing pg 2

Their Proposal

Our Proposal

2/12 & 2/13 LIMS

2/12 & 2/13 LIMS

Daily Work Expectations

Original: Each rounder responsible for 13 encounters (avg. 12-14), CDU counted as 0.5.

Moved: Each rounder responsible for 12 encounters (avg. 11-14), CDU counted as 1 when seen, acknowledging variations. Admitting Swing/Night

Original: 1 patient per 2 hours typical.

Moved: 1 patient per 2 hours max, added language on professional judgment in admitting, crossover, and responsibilities.

Crossover Swing/Night

Original: Responsible for 80 patients.

Moved: 60 patients, up to 80 before calling in backup.

Backup Philosophy

Original: The team selects a backup model quarterly when creating the schedule.

Updated: The team will continue to choose a backup model on a quarterly basis.

Backup Model Usage

Original: The backup hospitalist covers the normal workload of an absent hospitalist.

Updated: The backup hospitalist assumes the responsibilities of the absent hospitalist.

Patient Census Demand at Start of Day

Original: If the census is 14 or higher, a backup can be called, but this cannot reduce other hospitalists below 12 patients.

Updated: The threshold for calling backup has been adjusted to a group average census of 13.51.

Patient Census Demand for Backup

Original: If the backup hospitalist reaches a census of 12, another backup can be called as long as the overall ratio remains above 12.

Updated: Backup hospitalists are expected to manage up to 10 patients before an additional backup is requested.

Patient Census Demand for Secondary Backup

Original: A second backup hospitalist can be called if they are expected to see at least 10 patients and others still have 14 or more.

Updated: A second backup can be activated when their patient load reaches 10 if necessary.

Flex Model for Physician Absence

Original: Backup called for sick/absent physician.

Moved: Backup assumes full workload of absent physician.

Flex Model Patient Census Demands

Original: If round census is 14, flex up 2 hours for 15 patients, but can't lower others' encounters.

Moved: If census is 13.51, flex up for 15-16, but can't reduce others below 13.

Flex Model Secondary Need

Original: If all rounders flexed to 12 hours and have 16 patients, escalate to supervisor.

Moved: Daily flex to 12 hours allows for 16 patients.

Mount Hood Issue

To be discussed separately.

Daily Work Expectations

First presented: Each rounder responsible for 12 encounters (avg. 11-13).

Moved: Maintained 12 encounters (avg. 11-13), CDU counted as 1 when seen.

Admitting Swing/Night

First presented: 1 patient per 2 hours (maximum).

Moved: Agreed.

Crossover Swing/Night

First presented: One hospitalist for 55-65 patients.

Moved: Clarified that swing/night shifts with crossover are generally responsible for up to 80 patients before adding a second hospitalist.

Backup Philosophy

Original: Backup model changes could be made more frequently with site director approval.

Moved: Agreed to their movement.

Backup Model Usage

Original: Backup hospitalists cover the entire shift of an absent hospitalist.

Moved: Agreed to their movement.

Patient Census Demand at Start of Day

Original: Backup could be called if the group average census reached 13.

Moved: Backup can now be called when the group average reaches 13 + 1.

Patient Census Demand for Backup

Original: A second backup could be called if the primary backup had 10+ patients and the second backup would also have at least 10.

Moved: Agreed to their movement.

Patient Census Demand for Secondary Backup

Original: If all backup hospitalists had 10 patients and no additional backup was available, the issue would be escalated to a supervisor.

Moved: Escalation to a supervisor remains in place when no further backup is available.

Flex Model for Physician Absence

First presented: Backup physician fills the absent shift.

Moved: Agreed to their movement.

Flex Model Patient Census Demands

First presented: Flex up at 14 patients to a max 15 of patients, for a 12 hour shift.

Moved: Flex up at 14 patients to a max 15 of patients, for a 12 hour shift.

Flex Model Secondary Need

First presented: f all rounders flexed to 12 hours and have 15 patients, escalate to supervisor.

Moved: Daily flex to 12 hours allows for 15 patients.

Mount Hood Issue

To be discussed separately.