PNWHMA Bargaining Update #2

In bargaining today between the Pacific Northwest Hospital Medicine Association (PNWHMA) and PeaceHealth Sacred Heart Medical Center, neither side presented any new proposals. Previously, our PNWHMA bargaining team brought forth proposals on compensation and benefits. PeaceHealth reported they are working hard to produce a comprehensive compensation proposal, which they will present at our next bargaining session.

Since PeaceHealth’s proposal is likely to be complex and may introduce some innovative structures, our bargaining team strongly recommends that as many hospitalists as possible attend the next bargaining session on Dec. 5, 2017 (time and location TBD). The bargaining session originally scheduled for Oct. 30 has been cancelled. In addition to Dec. 5, probable dates for future bargaining are Dec. 11 and 18.

Since these bargaining sessions take us past our contract expiration date, the parties informally agreed to sign a formal contract extension through early December. For those new to collective bargaining, it is not unusual for bargaining to continue after contracts expire (indeed, in some industries, it is the norm).

The lack of proposals gave our team the opportunity to provide a broader vision of our future relationship with the employer. One negotiator expressed the values we shared with the employer, including:

- High-quality patient care 100 percent of the time.
- A balance of work and personal lives.
- Both parties want the hospital to make money in a sustainable fashion.
- Providing critical medical services to our community.

To that end, we want to collaborate with the employer to produce a compensation and workload system where hospitalists, supported by administration, provide exemplary care to all of our patients efficiently. In our view, the workload and compensation should strive to ensure that each hospitalist has the time and space to talk with each patient and their families with a key goal of understanding their needs holistically. To succeed, we should attend closely to safe patient thresholds.

One hospitalist who was recently hired explained she was looking for a facility that supported her desire to get to know her patients and their families deeply, which required a reasonable workload. However, in each of her first seven days at Sacred Heart, she carried 17 patients, which we consider a heavy load.

Another hospitalist proudly proclaimed her loyalty to the hospital and our area. Her family is from the Eugene area, and she was born at University District. Her primary goal is safe patient care supported by the time to understand the medical and other needs of each of her patients.

These personal narratives reinforced the key concerns of our members, as reflected in the recent survey. Over nine-tenths (93 percent) of survey respondents reported burnout at least occasionally.
One-third (33 percent) frequently experienced such symptoms as exhaustion, cynicism, and detachment.

Hospitalists at Sacred Heart continue to highlight the very high patient load we carry compared to hospitalists at other facilities. Less than one-fifth of survey respondents (18 percent) were satisfied with the patient cap of 18. Although we did not probe for a specific number in our survey, almost one-half (46%) volunteered comments that a safe patient threshold would be 15 or fewer patients. We are sure many others would agree with this scope of patient levels. Further, only in the most unusual circumstances should a hospitalist be assigned 18 lower-acuity patients, and very rarely should anyone carry 18 patients for an entire shift.