June 26, 1979

[illegible]
Members of the Board
Newberg Community [illegible]
Newberg, Oregon

Friday, June [illegible] with the following terms to be carried out for the [illegible] if approved by the Board. The nursing staff would [illegible] the proposed plan.

Over the past [illegible] to standardize the pay scale so nurses would be [illegible] tenure. The nursing staff look[illegible] forward to the [illegible] proposed one is much too low.

The proposed [illegible]

1) New graduate [illegible]
2) After 6 month's experience [illegible]
3) After 18 month's experience [illegible]
4) After 30 month's experience [illegible]
5) After 42 month's experience [illegible]
6) After 54 month's experience [illegible]

Compare our proposed step [illegible] Hospital:

1) Starting base pay [illegible]
2) 1 year experience [illegible]
3) 2 years experience [illegible]
4) 3 years experience [illegible]
5) over 3 years experience [illegible]

At St. Helens Hospital [illegible] in pay from $7.15/hr to $8.[illegible]/hr. There is quite a difference between [illegible] and St. Helens Hospital compared to our proposed scale. [illegible] not competetive.

Shift differential has been [illegible] 5¢/hr. Although this is a step in the right direction, it is still [illegible], both Tuality and Meridian Park offer 35¢/hr shift differential [illegible] figure.

To further compound [illegible] part [illegible] employees are given no compensation for their efforts according to the [illegible] plan. [illegible] should receive either an additional 10% pay above their base [illegible] due to receive vacation and sick leave time comparable to [illegible] they had been paid a higher hourly wage, which now will be [illegible] giving them earned time off in compensation.

The nursing staff is also concerned with holiday benefits. According to the projected plan the part time nurses will [illegible] and a half pay for working the holiday. The nurses are 100 [illegible] for [illegible] it goes. The full time nurses have patiently waited for this benefit, [illegible] no positive action has been taken on this. More specifically, the full time [illegible] requesting time and a half for working the holiday and an additional day off [illegible]. If the holiday falls on a regular day off for the full time employee [illegible] only an additional day off. This is an incentive for working [illegible] duty, particularly without adequate compensation.

As understood by the [illegible] city employees. However, we do not receive the same benefits [illegible]. We felt we should be included in this benefit.

Under our present [illegible] given to us by administration, we can not maintain optimum staffing because our [illegible] and benefits are not competitive with the surrounding metropolitan area [illegible]. We can not maintain high personal morale because we are given ambivalent [illegible] we are told what a fine job we are doing, but monetarily the hospital [illegible] their confidence in us.

We recognize that our [illegible] increase in budget for the hospital of more than 7%. On the other hand [illegible] seems to be losing money orienting personnel to the hospital to have [illegible] resign within six months. Although there are many [illegible] major factors include substandard wages and benefits. At present [illegible] department is experiencing an acute shortage of ICU nurses. Two ICU nurses [illegible] in the past month, compensation being a key reason for their departure.

The nursing personnel are [illegible] offers its patients in all areas. We want to maintain and improve [illegible] care we give. We need an incentive to keep our nurses working in [illegible] and to encourage more nurses to work here to fill deficits in our nursing staff. [illegible] drawing card to use when we are offered substandard wages and benefits.

The nursing staff would appreciate [illegible] consideration and action on the previous recommendation [illegible] time table of when you will be able to fully respond to [illegible]

[illegible] you,

[illegible] Nursing Staff

Ruth [illegible]

[illegible] RN

NEWBERG COMMUNITY HOSPITAL COMMISSION

Finance Committee

Minutes
[illegible]

Present: Joe Plews, Chairman
Bill Dolan
Nick Thoennes

Guests: Phil Bentley
Dick Mitchell
Gary Flaming

The meeting was called to order at 7:05 a.m. by Chairman Joe Plews.

Mr. Thoennes explained that the purpose of the meeting was to give the committee detailed information on the planned business office conversion July 1st. The Commission had accepted the proposal and associated costs at their regular May meeting.

Mr. Bentley explained the details of mechanizing the accounts receivable general ledger and the payroll system. An input terminal will be provided in the admitting area. Batch processing will take place at Cycare.

Mr. Mitchell explained the logistics of the change. Admitting will be under the supervision of the Director of Nursing. Admitting will remain in the current business office. The business office will move to the trailer on Saturday, June 30. Job descriptions and duties will be clearly delineated in contrast to the current situation in which everyone is doing everything.

Patient billing will be much improved. Detailed, itemized bills will be processed. Such information will be accessable on the terminal. Charges and a new chart of accounts will be automated and in the computer file. Charges will be refined during the next few months. Statements on all accounts will be processed beginning July [illegible]. Mr. Mitchell cautioned that the staff should be prepared for an increase in patient questions and complaints while the process is being refined.

Special computer-processed reports will be generated, including patient accounts receivable, charge master by cost center, performance reports to budget on expenses and revenues for all departments, and payroll listings. New payroll checks are being prepared for distribution every other Friday, beginning in August.

A manual system will not parallel the computer system. Mr. Bently mentioned that experience has shown it is more cost effective and efficient to convert totally at one point in time. Training sessions have been scheduled already. The assistant business office manager from St. Vincent will be at NCH for the first two weeks of the conversion. Other St. Vincent and Cycare staff will be available as needed.

New financial reports are anticipated as a by-product of this system. These will be manually prepared based on information from the computer report. An example of the form was distributed (see attachment). The committee had no major changes to recommend. The report was considered acceptable. Mr. Dolan requested additional back-up information to be presented in addition to the financial report to explain obvious variances.

Gary Fleming explained the new materials management system. Several space changes have taken place as part of the plan. Mr. Thoennes added that the basement is being cooled, and a new materials manager will be hired effective July 1.

There being no further business, the meeting was adjourned at 9:00 a.m.

Respectfully submitted,

Nick Thoennes

Nick Thoennes
Acting Executive Director

NT:kf

NEWBERG ... HOSPITAL

MONTH OF ... YEAR ...

MONTH			OPERATIONS ...	YEAR TO DATE			
ACTUAL	BUDGET	% TO BUDGET		ACTUAL	BUDGET	% TO BUDGET	PRIOR
	$		REVENUE	$			
			1 INPATIENT				
			2 OUTPATIENT				
			3 GROSS REVENUE				
			4 PLUS: EXPENSE ...				
			TOT...				
			EXPENSES				
			6 DAILY HOSPITAL ...				
			7 SERVICES				
			8 ANCILLARY				
			9 SERVICES				
			10 HOUSE SERVICES				
			11 UNASSIGNED - FRING...				
			12 UNASSIGNED - OTHER				
			13 DEPRECIATION				
			14 UNASSIGNED - FRING...				
			15 TOTAL				
			16 NET REVENUE FROM ...				
			17 LESS: CHARITY & BAD ...				
			18 CONTRACTUAL AD...				
			19 TOTAL				
			20 NET REVENUE FROM ...				
			21 NON-OPERATING ...				
			22 EXTRAORDINARY ...				
	$		23 CONTRIBUTIONS TO ...			$	$

MONTH			STATISTICS SUMMARY	YEAR TO DATE			
ACTUAL	BUDGET	% TO BUDGET		ACTUAL	BUDGET	% TO BUDGET	PRIOR
			24 % OF REVENUE - INPATIENT				
			25 % OF REVENUE - OUTPATIENT				
			26 COST - ADJUSTED PATIENT ...				
			27 % REVENUE MEDICARE ...				
			28 TOT. EXPENSE AS A % ...				
			29 CONTRACT ADJUSTMENTS ... REVENUE				
			30 % OF OCCUPANCY				
			31 ADMISSIONS				
			32 AVERAGE LENGTH OF ...				
			33 FULL TIME EQUIVALENT ...				
			34 EMERGENCY VISITS				
			35 OUTPATIENT VISITS				

... CABLE

BALANCE SHEET

DATE

ASSETS

CURRENT ASSETS	CURRENT MONTHLY	PRIOR YEAR END
CASH	$	$
PATIENTS ACCOUNTS RECEIVABLE NET OF		
RESERVE OF $ AND $		
REIMBURSEMENT SETTLEMENTS		
OTHER		
TOTAL CURRENT ASSETS		
PROPERTY, LAND, BLDG AND EQUIP		
LESS ACCUMULATED DEPRECIATION		
NET LAND, BLDG AND EQUIP		
TOTAL ASSETS	$	$

ACCOUNTS RECEIVABLE REPORT	AMOUNT	DAYS OUTSTANDING
IN HOUSE ACCOUNTS	$	
PATIENT RECEIVABLES		
MEDICARE		
MEDICAID		
BLUE CROSS		
OTHER		
GROSS RECEIVABLES		
RECEIVABLES	$	

LIABILITIES AND FUND BALANCE

CURRENT LIABILITIES	CURRENT MONTHLY	PRIOR YEAR END
CURRENT PORTION LONG TERM DEBT	$	$
REIMBURSEMENT SETTLEMENTS PAYABLE		
ACCOUNTS PAYABLE		
ACCRUED EXPENSES PAYABLE		
ACCRUED PAYROLL & RELATED LIABILITIES		
CONSTRUCTION ACCOUNT PAYABLE		
RETAINAGE		
OTHER CURRENT LIABILITIES		$
TOTAL CURRENT LIABILITIES		
DEFERRED REIMBURSEMENT LIABILITY		
LONG TERM DEBT NET OF CURRENT		
PORTION		
TOTAL LIABILITIES & FUND BALANCE	$	$

SIGNED: DATE