VOTE ON PROPOSED AMENDMENT!

Management has requested a change to our Contract: to change the work week to begin at 0001 Sunday. This is a proposal that the ONA team initiated in our last bargaining, at that time management rejected the proposal. However, the Hospital has had MANY problems with their new time clocks requiring manual corrections and resulting in late or incorrect paychecks, which they believe will be alleviated with a change in the work week start from 2300 (current language) to 0001 (proposed change).

Your Negotiating Team recommends a “YES” vote in favor of the proposed change. The exact language, and a detailed explanation from Linda Michaelson to ONA Labor Relations Representative, Alison Hamway, is on page two (2) and three (3).

To vote, fill out the enclosed ballot, place it in the BLANK envelope, and place it in the SIGNED return envelope. Ballots must be received at ONA’s Tualatin office no later than July 27, 2011. Outside envelopes must be signed on the back.

BALLOT:

(   ) Yes, I vote to accept the proposed amendment to our Contract to start the work week at 0001 Sunday

(   ) No, I vote to reject the proposed amendment and to stay with current Contract language

Remember to sign the OUTSIDE of the outside mailing envelope.

Ballots must be received by July 27, 2011
ARTICLE 5: HOURS OF WORK

5.1 Effective June 26, 2011, the basic work cycle is a forty (40) hour cycle in a seven (7) day period beginning at 2300 0001 Sunday Saturday and ending the following Saturday at 2259 2400. At its discretion, the Hospital could use the 8/80 plan available under wage and hour law.

5.2 The basic workday shall normally be either eight (8) or twelve (12) hours. The basic workday may vary subject to the provisions of Article 5.5. Nurses scheduled to work for more than five (5) hours shall have a one-half (½) hour meal period on the Nurse’s own free time.

Nurses in long term care and acute care are required to remain on Hospital premises during their scheduled shift and unpaid meal period. If a Nurse is not completely freed from duties during the meal period, the Nurse shall be paid for all time worked during the meal period at an overtime rate if applicable.

5.3 One and one-half (1-1/2) times the Nurse’s regular straight-time hourly rate of pay (including any applicable shift differential), will be paid as follows:

   a. Time in excess of forty (40) hours in each work week in the seven (7) day cycle unless the Hospital has elected the 8/80 option.

   b. Time in excess of eight (8) or twelve (12) hours in each day which is defined as a period commencing at the beginning of a Nurse’s shift and terminating twenty-four (24) hours later.

   c. Full-time Nurses who agree to work an extra shift (i.e., more than 3/12’s or 5/8’s in a work week) will be compensated at the rate of one and one-half times Nurse’s regular straight time hourly rate of pay (including any applicable shift differentials) for shifts in excess of 3/12’s or 5/8’s.

      If called in where the Hospital has less than twenty-four (24) hours notice, full and part-time Nurses shall be compensated at time and one-half.

   d. Nurses returning to work ten (10) hours or less from the end of their last shift to the beginning of their next shift shall be compensated at one and one-half times regular straight time hourly rate of pay (including any applicable shift differentials) for that next shift.

There shall be no pyramiding of overtime or premiums under this contract to exceed a total compensation of time and one-half.
LAKE HEALTH DISTRICT

RE: Change to 2400 (in lieu of work week end at 2300)  
June 22, 2011

Alison,

Per our phone conversation today and recent discovery of the time clock and Electronic Medical Records systems issues with the shifts beginning / ending at 2300 / 2359. We are approaching Teamster’s also for a change to the end of the work week.

Attached is Article 5. HOURS OF WORK, (specifically 5.1 thru 5.3) which addresses the beginning and ending time of the work week.

We are having issues with all employees, but more so with nursing relative to the inability of the Payroll System to interpret times outside of a work week ending at 2400. We discovered after the fact, that the payroll computer system is paying holidays incorrectly, in addition to errors involving shift differentials, weekend differentials, especially for those rover nurses that work both nights and days.

This is causing a lot of manual corrections and nightmares for staff and payroll. Our goal of course, is to make sure the system is paying properly.

CPSI, the company who installed the time clock and integrated the EMR /general ledger systems has indicated that changing our end of work week time to 2400 will resolve issues. (2400 is considered the normal end to work weeks & their programming seems centered around this)

We have another Holiday coming up July 4th and would like this change to be effective 6/26/11 which is the first day of the pay period involving the holiday. Payroll will begin being prepared on July 11th, which does allow time for this decision. **However, the clocks will need to be reprogrammed by midnight, June 26th to make this effective change.**

I know this is very soon, but unfortunately the realization of this came to light just yesterday, June 21st. I am hoping you can send this out along with the amendment pertinent to bonuses for Nurses.

The transition to 2400 has potential to create 1 hour additional overtime for those employees who work 40 hours or more in the work week and are working through this changeover on June 26th midnight.

Again if there is a majority approval census of this change, I would appreciate knowing this ASAP so we can make the effective change by Midnight, June 26th. You will be able to obtain the official votes following.

Thank your for your time and hopefully both of the changes will be the last clean-up issues we will have come forward.

Sincerely,

Linda Michaelson  
Director Human Resources
Hospital Provider Taxes and Oregon Health Plan (OHP)/Medicaid Cuts

With the State facing a multi-billion dollar budget shortfall, and health care making up a significant percentage of state spending, Governor Kitzhaber proposed a 19 percent Oregon Health Plan (OHP) provider reimbursement reduction at the start of the 2011 legislative session as a way to help balance the budget. This provider reimbursement reduction is, essentially, a cut in revenue for hospitals and other health care providers who participate in the OHP.

To reduce the impact of these cuts, leadership in the Oregon Legislature and hospital lobbyists agreed to increase the State’s hospital provider tax. This increase will help offset lost revenue for OHP providers. In essence, each $1 raised by the hospital provider tax is matched by $1.60 in Federal funds. The initial money generated by the provider tax is returned to the hospitals in aggregate through a corporation established by the Oregon Association of Hospitals and Health Systems, providing hospitals that pay this tax a dollar for dollar return.

Recently, disagreement between negotiators flared; not on raising the tax, but on how to spend the matching funds. Hospitals wanted to use the matching funds to offset only their own cuts; legislators wanted to use the matching funds to help cover OHP reimbursement reductions to MDs and NPs practicing outside of the hospital system.

The current agreement will increase the hospital tax from 2.3 percent to 4 percent (net patient revenue), which, in turn, will reduce all OHP provider cuts to 11 percent, both inside and outside of the hospital system. The indication is that hospitals will increase the provider tax to 5.5 percent (which is the Federal allowable limit), and use the revenue generated to offset their cuts almost entirely during the 2011-2012 fiscal year.

Oregon’s 32 smallest rural hospitals do not pay the tax and—through legislative action—are shielded from the cuts and will be held harmless. OHP/Medicaid patients account for an average of 11 percent of hospitals’ payer mix/budget.

A budget shortfall for the large hospitals could appear during the 2012-2013 fiscal year if savings from the health care transformation effort don’t materialize. This effort, led by Governor Kitzhaber, focuses on transitioning to better health care delivery through increased coordination and reliance on primary and preventive care. In addition to improving patient experiences and health care outcomes, the increased efficiency and focus on primary care is supposed to result in significant cost savings. Many health care watchers predict these saving won’t be realized quickly and hospitals and other OHP providers could see double-digit reimbursement reductions, most likely resulting in less access for OHP patients. Regardless, budget writers predict a slow increase in state revenues that could help offset these cuts even if savings from the health care transformation efforts don’t materialize.

ONA, along with the hospital association, has supported increasing the hospital provider tax to ease the OHP cuts. We acknowledge, however, that this tax is not the solution to Oregon’s health care spending woes and have fully participated in Governor Kitzhaber’s effort to reform the delivery of care.

Nurses know that our current health care system is broken and that it costs too much. ONA will continue to fight for health care reforms that incentivize the primary and preventive care that nurses provide.

For more information, please contact ONA’s Government Relations program at 503-293-0011 or by email at masterson@oregonrn.org.