

**ANNOTATED MINUTES**

*Thursday, July 7, 1994 - 9:00 AM  
Multnomah County Courthouse, Room 602*

**BOARD BRIEFINGS**

- B-1 Briefing on Mixed Income Housing. Presented by Peter Grundfossen, Association of Oregon Housing Authorities and Denny West, Housing Authority of Portland.*

**DENNY WEST AND PETER GRUNDFOSSEN  
PRESENTATIONS AND RESPONSE TO BOARD QUESTIONS  
AND DISCUSSION.**

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*Thursday, July 7, 1994 - 9:30 AM  
Multnomah County Courthouse, Room 602*

**REGULAR MEETING**

*Chair Beverly Stein convened the meeting at 9:35 a.m., with Vice-Chair Tanya Collier, Commissioners Sharron Kelley and Gary Hansen present, and Commissioner Dan Saltzman excused.*

**CONSENT CALENDAR**

**UPON MOTION OF COMMISSIONER HANSEN, SECONDED  
BY COMMISSIONER HANSEN, THE CONSENT CALENDAR  
(ITEMS C-1 THROUGH C-8) WAS UNANIMOUSLY  
APPROVED.**

**NON-DEPARTMENTAL**

- C-1 In the Matter of the Reappointment of Jim Regan for a second term on the Citizen Involvement Committee for a two-year term ending July 7, 1996*
- C-2 In the Matter of the Appointments of Rhybon C. Mayfield, Kim Burgess, Victor Leo, Larry Kochever, Gary Smith, Laura Chenet Leonard and Roseanne Costanzo to the Multnomah Council on Chemical Dependency for two year terms ending July 1, 1996*

**SHERIFF'S OFFICE**

- C-3 Ratification of an Intergovernmental Agreement, Contract #800784, between the City of Gresham and the Sheriff's Office to Administer Gresham Revised Code Article 10.20 and Provide Payment as Outlined within the Contract, Effective Upon Completion*
- C-4 Ratification of an Intergovernmental Agreement, Contract #800794, between the City*

*of Portland and the Sheriff's Office to Administer City Code Chapter 14.74 and Provide Payment as Outlined within the Contract, Effective July 1, 1993*

**DEPARTMENT OF ENVIRONMENTAL SERVICES**

- C-5 *ORDER in the Matter of Designation of Newspaper for Publication of Notice of Foreclosure of Tax Liens as Shown on the Multnomah County 1994 Foreclosure List*

**ORDER 94-127.**

- C-6 *ORDER in the Matter of the Execution of Deed D941018 Upon Complete Performance of a Contract to BRUCE J. ROTHMAN*

**ORDER 94-128.**

**DEPARTMENT OF COMMUNITY CORRECTIONS**

- C-7 *Ratification of an Intergovernmental Agreement, Contract #900085, between the City of Portland Parks Bureau and the Department of Community Corrections to Compensate Multnomah County for Providing Two Trained Crew Leaders and Alternative Community Service Crews to Work in Areas Maintained by the Bureau of Parks and Recreation, Effective July 1, 1994 through June 30, 1995*

- C-8 *Ratification of an Intergovernmental Agreement, Contract #900245, between the Department of Community Corrections and Portland Community College to Provide Instructional Support for the Department's Donald H. Londer Center for Learning, Effective July 1, 1994 through June 30, 1995*

**NON-DEPARTMENTAL**

- R-1 *PROCLAMATION in the Matter of Multnomah County's Support of Portland's 1994 Gay and Lesbian Pride Parade and Festival*

**COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-1. KATHY MILLARD REPRESENTING GAY/LESBIANS EMPLOYEES EVERYWHERE (GLEE) READ THE PROCLAMATION FOR THE RECORD, AND THANKED THE BOARD FOR THEIR SUPPORT. PROCLAMATION 94-129 WAS UNANIMOUSLY APPROVED.**

**SHERIFF'S OFFICE**

- R-2 *Ratification of an Intergovernmental Agreement, Contract #800265, between Sauvie Island Fire District #30 and the Sheriff's Office to Pay District #30 the Cost of Fire Dispatch for Fiscal Year 1993-94 and Fiscal Year 1994-95, Effective Upon Completion*

**COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-2. SHARON OWEN**

**PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS. INTERGOVERNMENTAL AGREEMENT WAS UNANIMOUSLY APPROVED.**

**NON-DEPARTMENTAL**

R-3      *Consideration in the Matter of the Appeal of the Revocation of an Adult Home Care License for Charla Dinnocenzo*

**PETE KASTING, DEPUTY CITY ATTORNEY FOR THE CITY OF PORTLAND, REPRESENTING THE BOARD OF COUNTY COMMISSIONERS ON THIS ITEM, PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS REGARDING THIS ITEM.**

**COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, MOTION TO CONTINUE THIS ITEM UNTIL JULY 28, 1994, AT 9:30 AM TIME CERTAIN, TO ALLOW FOR FULL BOARD PARTICIPATION.**

**MARTIN REEVES, ATTORNEY FOR THE APPELLANT, EXPLAINED THAT THIS REQUEST WAS ACCEPTABLE AND PREFERRED BY HIS CLIENT TO HAVE ALL COUNTY COMMISSIONERS PRESENT.**

**MOTION WAS UNANIMOUSLY APPROVED.**

**DEPARTMENT OF HEALTH**

R-4      *Request for Approval of a Notice of Intent to Apply for a Grant from the Division of Special Populations of the Bureau of Primary Health Care to Fund the Creation of School Based Health Services and Health Education/Promotion Program for Children at Risk of Homelessness*

**COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-4. JAN SINCLAIR PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS. R-4 WAS UNANIMOUSLY APPROVED.**

**NON-DEPARTMENTAL**

R-6      *Second Reading and Possible Adoption of a Proposed ORDINANCE Amending Ordinance No. 792, in Order to Add and Revise Exempt Pay Ranges*

**PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF THE SECOND READING. NO TESTIMONY RECEIVED. ORDINANCE NO. 793 WAS UNANIMOUSLY APPROVED.**

**DEPARTMENT OF HEALTH**

R-7 *Ratification of Intergovernmental Agreement Contract #200125 Between Multnomah County and Oregon Health Sciences University, Providing On-Line Medical Direction, Data Collection and Research to the County's Emergency Medical Services Pursuant to County Code, for the Period July 1, 1994 through June 30, 1995 (Continued from June 30, 1994)*

**COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OR R-7. BILL COLLINS PRESENTED EXPLANATION AND RESPONSE TO BOARD QUESTIONS. INTERGOVERNMENTAL AGREEMENT WAS UNANIMOUSLY APPROVED.**

**PUBLIC COMMENT**

R-5 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

**JEAN RIDINGS PRESENTED HANDOUTS AND TESTIMONY REGARDING COMMUNITY CONCERNS ON THE SAFETY OF THE RESIDENTS OF INTERLACHEN LANE & BLUE LAKE ROAD. MS. RIDINGS REQUESTED INFORMATION FROM THE BOARD AS TO WHERE TO GO NEXT FOR HELP IN REGARDS TO INSTALLATION OF SPEED HUMPS IN THIS AREA.**

**MEGANNE BURNS, REPRESENTING THE CHILDREN OF INTERLACHEN LANE & BLUE LAKE ROAD PRESENTED TESTIMONY REQUESTING HELP REGARDING THIS SAFETY PROBLEM.**

**COMMISSIONER SHARRON KELLEY WILL WORK WITH THIS COMMUNITY ALONG WITH THE DEPARTMENT OF TRANSPORTATION.**

*There being no further business, the meeting was adjourned at 10:00 a.m.*

**OFFICE OF THE BOARD CLERK  
for MULTNOMAH COUNTY, OREGON**

  
Carrie A. Parkerson

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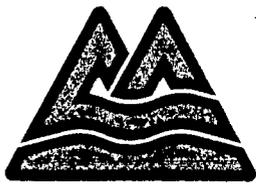
*Thursday, July 7, 1994  
Multnomah County Courthouse, Room 602*

**EXECUTIVE SESSION**

E-1 *The Multnomah County Board of Commissioners Will Meet in Executive Session*

*Pursuant to ORS 192.660 (1)(d), for Deliberations with Labor Relations Staff Regarding Labor Negotiations.*

**EXECUTIVE SESSION HELD. FOLLOW UP SESSION SCHEDULED FOR JULY 14, 1994, TIME TO BE ANNOUNCED. CHAIR STEIN STATED FOR THE RECORD "THAT THE MEDIA IS DIRECTED NOT TO DISCLOSE THE WRITTEN OR ORAL COMMENTS MADE DURING THIS SESSION REGARDING: 1) THE BARGAINING PROCESS; AND 2) THE ECONOMIC ISSUES AND BARGAINING PARAMETERS LISTED IN THE STAFF OUTLINE. THIS ORDER ALSO COVERS THE DISCLOSURE OF THE FACT THAT THE ABOVE ITEMS WERE DISCUSSED IN EXECUTIVE SESSION."**



# MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK  
SUITE 1510, PORTLAND BUILDING  
1120 S.W. FIFTH AVENUE  
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS		
BEVERLY STEIN •	CHAIR	• 248-3308
DAN SALTZMAN •	DISTRICT 1	• 248-5220
GARY HANSEN •	DISTRICT 2	• 248-5219
TANYA COLLIER •	DISTRICT 3	• 248-5217
SHARRON KELLEY •	DISTRICT 4	• 248-5213
CLERK'S OFFICE •	248-3277	• 248-5222

## AGENDA

### MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

#### FOR THE WEEK OF

JULY 4, 1994 - JULY 8, 1994

*Monday, July 4, 1994 - HOLIDAY - OFFICES CLOSED . . . . .*

*Thursday, July 7, 1994 - 9:00 AM - Board Briefing . . . . . Page 2*

*Thursday, July 7, 1994 - 9:30 AM - Regular Meeting . . . . . Page 2*

*Thursday, July 7, 1994 - 10:30 AM\* - Executive Session . . . . . Page 4*

**\*(OR IMMEDIATELY FOLLOWING REGULAR MEETING)**

*Thursday Meetings of the Multnomah County Board of Commissioners are taped and can be seen by Paragon Cable subscribers at the following times:*

- Thursday, 6:00 PM, Channel 30*
- Friday, 10:00 PM, Channel 30*
- Saturday, 12:30 PM, Channel 30*
- Sunday, 1:00 PM, Channel 30*

**INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD CLERK AT 248-3277 OR 248-5222, OR MULTNOMAH COUNTY TDD PHONE 248-5040, FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.**

Thursday, July 7, 1994 - 9:00 AM

Multnomah County Courthouse, Room 602

**BOARD BRIEFINGS**

- B-1 *Briefing on Mixed Income Housing. Presented by Peter Grundfossen, Association of Oregon Housing Authorities and Denny West, Housing Authority of Portland. 9:00 AM TIME CERTAIN, 30 MINUTES REQUESTED.*
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Thursday, July 7, 1994 - 9:30 AM

Multnomah County Courthouse, Room 602

**REGULAR MEETING**

**CONSENT CALENDAR**

**NON-DEPARTMENTAL**

- C-1 *In the Matter of the Reappointment of Jim Regan for a second term on the Citizen Involvement Committee for a two-year term ending July 7, 1996*
- C-2 *In the Matter of the Appointments of Rhybon C. Mayfield, Kim Burgess, Victor Leo, Larry Kochever, Gary Smith, Laura Chenet Leonard and Roseanne Costanzo to the Multnomah Council on Chemical Dependency for two year terms ending July 1, 1996*

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**PUBLIC COMMENT**

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*Thursday, July 7, 1994 - 10:30 AM\**  
*\*(OR IMMEDIATELY FOLLOWING REGULAR MEETING)*  
*Multnomah County Courthouse, Room 602*

**EXECUTIVE SESSION**

*E-1 The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660 (1)(d), for Deliberations with Labor Relations Staff Regarding Labor Negotiations. ONE HOUR REQUESTED.*

Meeting Date: JUL 07 1994

Agenda No.: E-1

(Above Space for Board Clerk's Use *ONLY*)

AGENDA PLACEMENT FORM

SUBJECT: Executive Session

BOARD BRIEFING:      Date Requested:  
                                 Amount of Time Needed:

REGULAR MEETING:      Date Requested: Thursday July 7, 1994  
                                 Amount of Time Needed: 1 Hour Requested

DEPARTMENT: Nondepartmental

DIVISION: Labor Relations

CONTACT: Ken Upton, Darrell Murray

TELEPHONE: 248-5135

BLDG/ROOM: 106/1400

PERSON(S) MAKING PRESENTATION: \_\_\_\_\_

**ACTION REQUESTED:**

INFORMATIONAL ONLY       POLICY DIRECTION       APPROVAL       OTHER

**SUMMARY** (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if available):

The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(I)(d), for Deliberations with Labor Relations Staff Regarding Labor Negotiations

SEAL OF  
COUNTY COMMISSIONERS  
1994 JUN 29 PM 12:51  
MULTNOMAH COUNTY  
OREGON

**SIGNATURES REQUIRED:**

ELECTED OFFICIAL: *Dorothy Stein*

OR  
DEPARTMENT MANAGER: \_\_\_\_\_

**ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES**

*Any Questions? Call the Office of the Board Clerk at 248-3277 or 248-5222.*

SHARRON KELLEY  
Multnomah County Commissioner  
District 4



Portland Building  
1120 S.W. Fifth Avenue, Suite 1500  
Portland, Oregon 97204  
(503) 248-5213

M E M O R A N D U M

TO: Larry Kressel, County Counsel  
FROM: Commissioner Sharron Kelley  
RE: Laws Regulating Executive Sessions  
DATE: June 23, 1994

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I am writing to request your opinion on whether the Board violated any state laws regulating Executive Sessions and Open Meetings at the last executive session held on the ONA contract. I forwarded to you previously a Gresham Outlook editorial making such allegations.

Please include your advice on what the Board should do to avoid any violations in the future.

I would also like to request the presence of County Counsel at future Executive Sessions unless you have a better approach for this situation.

I will not be attending any Executive Sessions until we have sorted out these issues.

Thank you for your prompt attention to this matter.

cc: Board of Commissioners  
Ken Upton

Executive Session Briefing Outline 7/6/94

**CONFIDENTIAL**

A. Objectives of Ex. Session

1. Describe interest-based bargaining process and experience to date
2. Obtain economic parameters for bargaining

B. Two Sets of Handouts

1. Sample description of issues and identified interests
2. Economic Data

C. Traditional v. Interest-Based Bargaining

1. Typical Sequence of Bargaining

a. Traditional

- Each party identifies problems, initial options and goals
- Each party prepares an initial contract proposal
- Parties exchange proposals/negotiators walk through them as dominant spokespersons; permissive matters identified
- Parties make proposals and counterproposals, often in packages, preferably with first effort to work out mutual problems. After mutual confidence built, package offers made in effort to "trade out" out low priority items and get to major issues.
- Throughout exchange of proposals, parties gather data, usually separately, to attempt to persuade other party of merits of proposal
- Teams caucus throughout process in effort to come up with combinations that might achieve settlement
- If talks stall, negotiators seek to identify true "bottom line" issues; parties bring pressure to bear through mediation, factfinding, and self help (political pressure, picketing, strike).

b. Interest Based Process

- Each side articulates initial list of "problems"
- Parties jointly list problems
- Parties work through entire list one at a time
- Data Needs Identified (here and at later stages)
- Parties jointly brainstorm possible solutions
- Parties sometimes caucus to discuss

- options/solutions
- Parties test for unanimity; if reached, language drafted for review by the joint group
- If unanimity not reached, further options explored or issue set aside
- Issues set aside are revisited and reworked
- If talks stall, parties likely revert to traditional mode to meet statutory requirements for mediation

## 2. Typical Misconceptions Entering The Processes

- a. Traditional/Needless Game Playing
- b. Interest Based/Conflict Free/More Reasonable Adversary
- c. Impact On Bargaining
  - Traditional Process lowers expectations concerning potential for constructive dialogue
  - Interest Based process fosters unrealistic expectations re: the capacity of talk to eliminate conflicts of interest; heightens possible sense of disappointment

## 3. Observations To Date re: interest-based process

- a. Positives
  - Greater participation by team members
  - Greater team commitment to consensus solutions
  - Greater variety of interests and options identified
  - Less perception of "game playing"
  - Better access to interpersonal insight
  - Group pressure on holdout
- b. Negatives
  - Heavy time consumption
  - No discrimination between high and low priority items once process is brought to bear on the issue.
  - Group pressure on holdout (vote v. consensus)
  - If you only loved me; it was your idea
  - "Game playing" still rears its ugly head
- c. Next time we do it:
  - Set some priorities earlier
  - Identify data needs; then adjourn for research and consultations with principals for

- bargaining authority
  - Share note-taking function
  - Equal team numbers
- d. Special ground rule re: use of fact of consensus prohibited until T/A authorized by principals
- e. Solutions on which consensus reached to date:
- Applicants to be given copy of work sheet for step placement
  - Corrections nurses may request to have less than the contractually mandated two weekends off per month. If approved by the employer, additional weekends in the schedule will be compensated at the straight time rate instead of overtime
  - Implement health insurance premium conversion
  - Modify military leave to permit reflect larger number of absences of shorter duration, consistent w/MCCOA contract
  - Eliminated \$0.275 floor on mileage reimbursement rate, so it can float downward with IRS rate
  - Insert language ensuring county able to comply with ADA without breaching contract
  - Parties to meet quarterly or otherwise as mutually agreed to discuss developments and changes in medical and other benefit programs
  - Increase evening shift differential by \$0.25/hr. eff. 7/1/94
  - Increase weekend differential by \$1.25 eff. 7/1/94; and by another \$0.25 7/1/95 (to a total of \$2.00); eliminate discrete longevity requirements for corrections nurses.
  - Restate existing provision that flex-time in-lieu of overtime is only by mutual consent of employee and employer
- f. Sample of process output (attachment 10)

D. Data Bearing on Economics

1. Labor Market/Supply of nurses/managed care and downsizing/move toward primary care away from specialty (Attachment 11)
2. Turnover
3. Recruitment/quality demanded
4. CPI (Attachment 4)
5. Comparability

- Getting input from both public and private employers
  - Recent anti-trust concerns (attachment 12)
  - Normal problems making comparisons (wage to wage/package to package/different points in structure)
  - Sample wage to wage comparison/RN's (attachment 5)
  - Sample vacation, insurance and retirement comparisons (attachments 6, 7, 8 & 9)
  - Preliminary Package Data (attachments 1, 2 & 3)
  - Market gain or slippage (attachment 13)
6. Ability to pay/7.5% property tax growth
  7. Cost of 1% is approximately \$126,000 including "rollup" costs (attachment 14)
  8. Other factors (change in operations to require more weekends/reducing schedules as a competitive advantage)

E. Recommendation For Initial Bargaining Parameters

1. RN's and LPN's: 2.5% ATB 7/1/94  
                   CPI w/min. 2.25 max 4% 7/1/95  
                   CPI w/min. 2.5 max 4.5% 7/1/96
  
2. NP's: Same as RN's and LPN's except:
  - Drop first step 1/1/95
  - Add new top step (4% up) 1/1/95
  - Give NP's extra step 1/1/95
  - Drop new first step 7/1/95
  - Add new top step (4% up) 7/1/95
  - Give NP's extra step 7/1/95
  
3. Authorize consensus reached on shift and Weekend differential (approximate cost .5% to .75%) ]
  
4. Continue existing premium sharing arrangement on medical/dental.
  
5. Additional .5% discretionary ]

**RN - Base Wages**  
**Hourly Rates as of June 1, 1994**

Employer (N = )	Entry	5 years	10 years	Maximum	Next Increase
<b>Multnomah County (206)</b>	<b>14.49</b>	<b>17.63</b>	<b>19.82</b>	<b>19.82</b>	<b>7/94 NA</b>
American Red Cross (55)	14.42	16.72	17.28	17.80	7/94 NA
Clackamas County (18)	15.07	19.28	19.38	19.76	7/94 NA
Kaiser - Outpatient RN (303)	16.32	19.78	20.57	20.57	4/95 1.5%
Legacy - Staff RN (1,400) - Visiting Nurses (58)	14.87 15.35	NA 18.30	19.52 21.00	22.31 21.00	4/95 NA
OHSU (1,000)	15.27	19.30	20.19	21.16	7/94 0%
Providence - Providence Hosp. (NA) - St. Vincent (NA)	15.27 15.60	18.50 19.52	20.30 20.30	22.12 22.12	1/95 NA 12/94 3.5%
Tacoma/Pierce County (31) (with longevity)	15.33	18.72	18.90	19.27	1/95 NA
VA Hospital (600)	14.65	17.56	18.59	18.59	1/95 NA
Washington County (13)	12.74	17.91	17.91	17.91	7/94 NA
Willamette Falls (206)	15.57	19.22	19.80	21.41	1/95 4.0%
<b>Average</b>	<b>14.99</b>	<b>18.58</b>	<b>19.32</b>	<b>20.03</b>	
<b>Percent Multnomah County is behind</b>	<b>- 3.5%</b>	<b>-5.4%</b>	<b>+2.5%</b>	<b>-1.1%</b>	

**Registered Nurses at Ten Years of Service:  
Comparison of Multnomah County's Total Annual Composition Package  
with that of Four Other Area Employers**

June 1, 1994

	<i>Employer (Number of Registered Nurses in comparable class)</i>				
	<b>Mult. Co.</b> (206)	<b>Kaiser</b> (303)	<b>Legacy</b> (58)	<b>OHSU</b> (1,000)	<b>VA Med. Cntr.</b> (600)
<b>Wages</b>					
Base	\$41,367	\$42,932	\$43,830	\$42,139	\$38,800
Other	—	—	—	1,781	—
<b>Paid Days Off</b>					
Vacation	3,171	3,291	6,048	3,553	3,867
Sick	1,903	1,975	—	1,938	1,933
Holiday	1,982	1,481	—	1,292	1,636
<b>Benefits</b>					
Health & Welfare	5,800	7,786	5,660	4,675	3,672
Retirement	4,964	2,791	3,068	5,057	2,716
<b>Total</b>	<b>\$59,187</b>	<b>\$60,256</b>	<b>\$58,606</b>	<b>\$60,435</b>	<b>\$52,624</b>
<i>Percent Multnomah County is behind</i>		-1.8%	+1.0%	-2.1%	+11.1%

**Notes:**

The rates shown are current as of June 1, 1994. They are for registered nurses (RN's) who were employed at the entry rate and advanced normally for ten years. Multnomah County and Kaiser RN's reach the tops of their ranges in eight years, and Legacy in nine years. OHSU RN's reach the top in five years and receive longevity steps at ten years (included above) and twenty years. Veterans Administration (VA) Medical Center RN's reach the top of the pay grade for BSN prepared nurses in nine years, but may advance further with additional education.

Until about eight years ago, a BSN (bachelor's in nursing rather than an associate's degree) was required for employment at Multnomah County. Currently, most Multnomah County RN's are BSN prepared; they are placed at a higher step at entry than those who are not. OHSU has the same policy. The rates shown for Legacy are for Visiting Nurses Association (VNA) nurses, all of whom are BSN prepared. VA Medical Center places BSN prepared RN's in a different pay grade from other RN's, and the rates above are for the BSN grade.

The numbers shown in parenthesis below the name of each employer are the numbers of nurses in the classifications for which wages are shown. All Multnomah County and OHSU RN's are counted, as are most VA Medical Center RN's. The count for Kaiser is of outpatient (clinic) RN's; Kaiser employs well over 1,000 hospital nurses in the Metro area. Likewise, the count for Legacy is for VNA nurses, although the Legacy system employs about 1,400 staff RN's.

"Other" wages shown for OHSU are incentive and certification pay. The incentive, or Nurse Career Achievement Program (NCAP), has a variety of education, experience, and committee work requirements. About 1,000 nurses were eligible to participate last quarter, and 231 actually did. The figure above includes the annualized payments received by the participants averaged over those eligible. OHSU also offers a \$500 annual payment for nurse certification in their specialty areas. This \$500 amount was added to the average incentive pay to arrive at the figure above.

Nurses at Legacy have undifferentiated paid leave; there is no distinction among vacation, holiday, or sick days off.

The figures for "Benefits - Health & Welfare" include the employer contributions toward full family medical and dental coverage, and life and disability insurance. Kaiser calculates the cost of medical and dental benefits on the basis of a composite, or weighted average, rate rather than on the basis of one-party, two-party, or family coverages. At Multnomah County the cost of full family medical coverage is 1.47 times the composite rate; the cost of family dental 1.43 times the composite. The Kaiser rates for medical and dental coverage included above are their composite rates multiplied by 1.47 and 1.43, respectively.

Multnomah County and OHSU nurses are in PERS. The normal cost of PERS for general service employees with PERS pick-up is about 12.0%, which is the figure used to calculate the value of PERS pension benefits above. Normal cost assumes no unfunded liability. When Multnomah County went into the PERS system in 1981, it amortized the liability from the previous system over a thirty-year period, and consequently the cost per active general service employee is actually more than 12.0%.

VA Medical Center employees do not participate in the Social Security System, but in the Civil Service Retirement System. The contribution rate for employer and employees is 7.0%, less than the employer/employee contributions to Social Security of 7.65%.

A significant retirement benefit which is not accounted for above is premium subsidies for retiree medical/dental insurance. The reason for the omission is that requirements for participation, and duration and percentage of subsidy vary widely. Precise comparison would require actuarial evaluations of each plan. The Multnomah County plan is valued at approximately 1% of payroll. Kaiser and the VA Medical Center subsidize premiums as well. OHSU retirees are allowed to participate in the State Employees Benefits Board (SEBB) plans at group rates. Legacy offers no coverage beyond that required by law under COBRA.

Multnomah County and OHSU nurses are represented by ONA (Oregon Nurses Association). OHSU nurses received a 0% increase July 1. Kaiser clinic nurses, represented by OFN (Oregon Federation of Nurses), and Legacy VNA nurses, represented by ONA, received COLAs of 1.5% April 1, 1994. VA Medical Center nurses, represented by the American Federation of Government Employees, received their last wage increase in January 1994; the date and amount of the next increase is yet to be determined.

**Nurse Practitioners at Ten Years of Service:  
Comparison of Multnomah County's Total Annual Composition Package  
with that of Four Other Area Employers**

June 1, 1994

	<i>Employer (Number of Nurse Practitioners, Number of Physician Assistants)</i>				
	<b>Mult. Co.</b> (42, 3)	<b>Kaiser</b> (80, 72)	<b>Legacy</b> (11, NA)	<b>OHSU</b> (19, 1)	<b>VA Med. Cntr.</b> (60, 12)
<b>Wages</b>					
Base	\$49,319	\$55,059	\$49,507	\$53,159	\$47,462
Other	—	—	—	1,781	—
<b>Paid Days Off</b>					
Vacation	3,781	4,221	6,642	4,483	4,730
Sick	2,268	2,532	—	2,445	2,365
Holiday	2,363	1,899	—	1,630	2,001
<b>Benefits</b>					
Health & Welfare	5,829	8,179	5,660	4,675	3,678
Retirement	5,918	6,332	2,475	6,379	3,322
<b>Total</b>	<b>\$69,478</b>	<b>\$78,222</b>	<b>\$64,284</b>	<b>\$74,552</b>	<b>\$63,558</b>
<i>Percent Multnomah County is behind</i>		-12.6%	+7.5%	-7.3%	+8.5%

**Notes:**

The rates shown are current as of July 1, 1994. They are for Nurse Practitioners (NP's) who were employed at the entry rate and advanced normally for ten years. NP's at Multnomah County reach the top step in their range in eight years, and at Kaiser in seven. OHSU NP's reach the top in five years and receive longevity steps after ten years (included above) and twenty years. Veterans Administration (VA) Medical Center NP's can (but do not automatically) reach the top of the pay grade in about 12 years; the top is 15.7% higher than the ten year rate shown above. No one is currently at the top of the grade. Legacy NP's are paid within a merit range, not a step system. At nine or ten years there is a clustering about the midpoint. The figure above is the midpoint plus 5%. No one is currently at the top of the range.

The numbers shown in parenthesis below the name of each employer are the numbers of NP's and Physician Assistants (PA's) employed. At Multnomah County NP's and PA's, who have different licenses defining their practice, are paid the same. Kaiser also pays them the same. The VA Medical Center pays PA's a slightly higher rate, and OHSU somewhat lower. OHSU PA's may also derive some income from the supervising physician's practice, however.

"Other" wages shown for OHSU are incentive and certification pay. The incentive, or Nurse Career Achievement Program (NCAP), has a variety of education, experience, and committee work requirements. About 1,000 nurses were eligible to participate last quarter, and 231 actually did. The figure above includes the annualized payments received by the participants averaged over those eligible. OHSU also offers a \$500

annual payment for nurse certification in their specialty areas. This \$500 amount was added to the average incentive pay to arrive at the figure above.

This year Kaiser NP's are eligible to participate in a productivity pool along with management employees. The first payment is expected in March 1995. Although the maximum payout defined by the plan is 10% of wages, a payout on the order of 2% is anticipated.

Nurses at Legacy have undifferentiated paid leave: There is no distinction among vacation, holiday, or sick days off.

The figures for "Benefits - Health & Welfare" include the employer contributions toward full family medical and dental coverage, and life and disability insurance. Kaiser calculates the cost of medical and dental benefits on the basis of a composite, or weighted average, rate rather than on the basis of one-party, two-party, or family coverages. At Multnomah County the cost of full family medical coverage is 1.47 times the composite rate; the cost of family dental 1.43 times the composite. The Kaiser rates for medical and dental coverage included above are their composite rates multiplied by 1.47 and 1.43, respectively.

Multnomah County and OHSU nurses are in PERS. The normal cost of PERS for general service employees with PERS pick-up is about 12.0%, which is the figure used to calculate the value of PERS pension benefits above. Normal cost assumes no unfunded liability. When Multnomah County went into the PERS system in 1981, it amortized the liability from the previous system over a thirty-year period, and consequently the cost per active general service employee is actually more than 12.0%.

Note that Kaiser NP's receive a substantially better retirement package than RN's: The total employer contribution comes to 11.5% for NP's versus 6.5% for RN's.

VA Medical Center employees do not participate in the Social Security System, but in the Civil Service Retirement System. The contribution rate for employer and employees is 7.0%, less than the employer/employee contributions to Social Security of 7.65%.

A significant retirement benefit which is not accounted for above is premium subsidies for retiree medical/dental insurance. The reason for the omission is that requirements for participation, and duration and percentage of subsidy vary widely. Precise comparison would require actuarial evaluations of each plan. The Multnomah County plan is valued at approximately 1% of payroll. Kaiser and the VA Medical Center subsidize premiums as well. OHSU retirees are allowed to participate in the State Employees Benefits Board (SEBB) plans at group rates. Legacy offers no coverage beyond that required by law under COBRA.

Multnomah County and OHSU NP's are represented by ONA (Oregon Nurses Association). OHSU nurses received a 0% general increase July 1. Kaiser and Legacy NP's are unrepresented. Kaiser NP's received an increase of 5.5% in January 1994. Legacy NP's are not on a step system. Annual increases received by individual nurses vary, and include increments for performance, seniority, and inflation. Therefore a figure comparable to a general COLA increase is not available. VA Medical Center NP's, represented by the American Federation of Government Employees (AFGE), received their last wage increase in January 1994; the date and amount of the next increase is unknown.

**Licensed Practical Nurses at Ten Years of Service:  
Comparison of Multnomah County's Total Annual Composition Package  
with that of Four Other Area Employers**

June 1, 1994

	<i>Employer (Number of Licensed Practical Nurses)</i>				
	Mult. Co. (16)	Kaiser (155)	Legacy (33)	OHSU (24)	VA Med. Cntr. (50)
<b>Wages</b>					
Base	\$29,095	\$27,842	\$27,571	\$24,607	\$26,966
Other	---	---	---	---	---
<b>Paid Days Off</b>					
Vacation	2,230	2,134	3,699	1,792	1,912
Sick	1,338	1,281	---	1,132	1,344
Holiday	1,394	960	---	755	1,137
<b>Benefits</b>					
Health & Welfare	5,756	7,624	5,660	4,961	3,664
Retirement	3,491	1,656	1,379	2,953	1,888
<b>Total</b>	<b>\$43,304</b>	<b>\$41,497</b>	<b>\$38,309</b>	<b>\$36,200</b>	<b>\$36,911</b>
<i>Percent Multnomah County is behind</i>		+ 4.2%	+ 11.5%	+ 16.4%	+ 14.8%

**Notes:**

The rates shown are current as of June 1, 1994. They are for Licensed Practical Nurses (LPN's) who were employed at the entry rate and advanced normally for ten years. Multnomah County LPN's reach the top of their range in eight years; OHSU LPN's in six years. Kaiser LPN's reach the top in five years, but receive a modest longevity differential (included above) after ten years. Legacy LPN's are paid within a merit range, not a step system. At nine or ten years there is a clustering about the midpoint. The figure above is the midpoint plus 5%. Veterans Administration (VA) Medical Center LPN's can (but do not automatically) reach the top of their pay grade in about 12 years; the top is 9.1% higher than the ten year rate shown above.

The numbers shown in parenthesis below the name of each employer are the numbers of LPN's employed.

Nurses at Legacy have undifferentiated paid leave; there is no distinction among vacation, holiday, or sick days off.

The figures for "Benefits - Health & Welfare" include the employer contributions toward full family medical and dental coverage, and life and disability insurance. Kaiser calculates the cost of medical and dental benefits on the basis of a composite, or weighted average, rate rather than on the basis of one-party, two-party, or family coverages. At Multnomah County the cost of full family medical coverage is 1.47 times the composite rate; the cost of family dental 1.43 times the composite. The Kaiser rates for medical and dental coverage included above are their composite rates multiplied by 1.47 and 1.43, respectively.

Multnomah County and OHSU nurses are in PERS. The normal cost of PERS for general service employees with PERS pick-up is about 12.0%, which is the figure used to calculate the value of PERS pension benefits above. Normal cost assumes no unfunded liability. When Multnomah County went into the PERS system in 1981, it amortized the liability from the previous system over a thirty-year period, and consequently the cost per active general service employee is actually more than 12.0%.

VA Medical Center employees do not participate in the Social Security System, but in the Civil Service Retirement System. The contribution rate for employer and employees is 7.0%, less than the employer/employee contributions to Social Security of 7.65%.

A significant retirement benefit which is not accounted for above is premium subsidies for retiree medical/dental insurance. The reason for the omission is that requirements for participation, and duration and percentage of subsidy vary widely. Precise comparison would require actuarial evaluations of each plan. The Multnomah County plan is valued at approximately 1% of payroll. Kaiser and the VA Medical Center subsidize premiums as well. OHSU retirees are allowed to participate in the State Employees Benefits Board (SEBB) plans at group rates. Legacy offers no coverage beyond that required by law under COBRA.

Multnomah County LPN's are represented by ONA (Oregon Nurses Association); Kaiser by SEIU (service employees); OHSU by AFSCME (state, county, city employees); and VA Medical Center by AFGE (federal employees). Legacy LPN's are not represented.

### **A Note on the Interpretation of Data Presented in Tables 1-3**

Because of the way paid days off are presented, the total compensation figures shown in Tables #1 through #3 in this packet do not reflect compensation actually received by nurses. Rather, the figures can best be seen as approximations of employer effort, exclusive of payroll taxes.

The figure for annual wages shows the amount nurses would receive in wages, paid days off included, in a year. The figures for benefits show the value of health and welfare benefits (assuming full family coverage) and retirement benefits that nurses would receive in a year. The sum of wages plus benefits is a better approximation of compensation actually received. Again, benefits associated with payroll taxes have not been included.

The figures for paid days off are the number of days off accrued annually for vacation, holiday, and sick leave multiplied by the daily rate of pay. It shows the amount of pay nurses would receive for days not worked if they exhausted their accruals. It shows the employer cost for replacing nurses with similarly compensated employees. However, it is not a figure that represents take-home pay over and above that shown under annual wages.

**ONA Wage Increases  
Compared with Those of Other County Bargaining Units  
and with the Consumer Price Index  
1980 through 1993**

Fiscal Year	ONA	Exempt	AFSCME	Portland CPI		National CPI	
July 1979				227.9		219.4	
1980-81	10.0/5.0%	4.0%	10.0/6.0%	252.2	10.7%	248.0	13.0%
1981-82	2.9%	3.1%	3.1%	279.2	10.7%	274.6	10.7%
1982-83	3.0/2.0%	3.0/2.0%	3.0/2.0%	290.6	4.1%	291.8	6.3%
1983-84	0.0%	0.0%	0.0%	286.4	-1.4%	298.2	2.2%
1984-85	4.0%	4.0%	4.0%	294.6	2.9%	307.5	3.1%
1985-86	4.0%	4.0%	4.0%	303.2	2.9%	319.1	3.8%
1986-87	3.0%	3.0%	3.0%	303.4	0.1%	322.9	1.2%
1987-88	2.5%	2.5%	2.5%	309.9	2.1%	335.6	4.0%
1988-89	3.0%	3.0%	3.2%	319.7	3.2%	349.1	4.0%
1989-90	4.5%	4.7%	4.374%	335.6	5.0%	366.8	5.1%
1990-91	6.0%	4.5%	4.5%	351.0	4.6%	383.4	4.5%
1991-92	0.0%/2.5%	0.0%	0.0%	373.4	6.4%	400.0	4.4%
1992-93	2.5%/3.0%	4.2/3.0%	4.0/3.0%	390.5	4.6%	412.1	3.1%
1993-94	3.0%	3.0%	3.0%	404.5	3.5%	423.2	2.7%
<b>Increase 1980-1993</b>	<b>81.3%</b>	<b>60.3%</b>	<b>79.1%</b>		<b>77.5%</b>		<b>92.9%</b>

#### General Comments

The increases shown above include only general wage increases which affected all classifications in the bargaining units equally. See comments below regarding special adjustments.

The increases shown were received on July 1 of each fiscal year, except that where there are two figures. The second figure shows increases received later in the fiscal year.

In 1981 County employees became part of the PERS retirement system. With both the Portland and national consumer price indexes running at 10.7%, employees received general wage increases of about 3.0% plus the 6.0% PERS "pick-up." (See notes below for details.) Recent ballot initiatives involving the pick-up have brought its history to the forefront of discussion at the bargaining table.

#### CPI

The increase figures for the two consumer price indexes (CPI) show the percentage increase employees would have realized had they received COLA increases equal to the CPI for the time period shown. The Portland index shown for 1980-81 through 1986-87 is the July to July CPI-W, which is not available for the following years. The index for 1987-88 and for 1988-89 is the CPI-W for the first half of the year. The national CPI is the July to July CPI-W. The county generally uses the March to March CPI-W in its COLA formulas, which are generally implemented in July, the beginning of the fiscal year.

## ONA

Oregon Nurses Association (ONA) represents 266 employees.

In January 1981 everyone in the ONA bargaining unit received \$.50 per hour for going to an eight-hour workday. This was 5.0% of the midpoint of the Community Health Nurse range.

ONA, as well as the other Multnomah County bargaining units, became part of the PERS retirement system and received the 6% PERS pick-up in July 1981. The sick leave in application to final average salary benefit, valued at 1.2% of payroll by PERS actuary Mark Johnson, was added county-wide early in 1988.

In 1987 ONA received pay equity adjustments varying in amount by classification and costing about 3.5% of payroll. They received a 1% across-the-board pay equity increase plus a 5% COLA on July 1, 1990, which are shown as a 6% increase above.

In 1988 a pay for performance system was changed to a step system at a cost of approximately 1.5% of payroll.

## Exempt Employees

The County has 501 exempt employees, including elected officials and their staffs.

In 1987 exempt employees received pay equity adjustments varying in amount by classification and costing about .5% of payroll. They received further adjustments costing another .3% in July 1991, which was the delayed implementation of increases awarded to ONA and Local 88 the previous July.

In 1991 exempt employees underwent a COLA freeze for which they received makeup increases in 1992.

## AFSCME Local 88

AFSCME Local 88 represents 2,154 employees.

Local 88 received the 10% increase shown above plus \$100 retroactive pay in August 1980.

Local 88's 1980-81 and 1981-82 increases are complicated by the shift to an eight-hour day and implementation of the PERS retirement plan and pick-up. In January 1981 they received \$.44 per hour for the exclusion of meal periods and the change to an eight-hour day, which is shown above as a 6% increase in 1980-81. The actual increase varied by position and step: entry level Office Assistant 2's received 8.2%, while entry-level Sanitarians received 5.6%, for example. Of course, in percentage terms, entry-level people benefitted more than others at higher steps.

For July 1981 the Local 88 contract specified a 9.1% increase over the August 1980 rates plus the \$.44 per hour actually received in January. However, the County became part of the PERS system in 1981, the Local 88 in fact received 6% PERS pick-up, a 3.1% increase over the August rates, and the \$.44 in January. The July 1981 increase is shown as a simple 3.1% increase, although the real increase over the January rates comes to about 2.9%, the figure used in calculating the compound increase above.

In July 1982 Local 88 received one step increase, which came to about 3% of wages.

In July 1987 Local 88 received the 2.5% increase shown above, plus pay equity increases for selected positions amounting to 1.5% of payroll. In July 1990 an additional 1.5% of payroll was spent on pay equity adjustments.

In 1991 Local 88 employees underwent a COLA freeze, for which they received makeup increases in 1992.

**Days of Paid Leave Accrued Annually  
by Full-Time Registered Nurses Working 8 Hours a Day  
by Years of Service  
June 1, 1994**

Employer	Vacation				Sick	Holiday	Total Paid Leave			
	Entry	5 Yrs.	10 Yrs.	Max.			Entry	5 Yrs.	10 Yrs.	Max.
<b>Multnomah County</b>	<b>10</b>	<b>15</b>	<b>20</b>	<b>25</b>	<b>12</b>	<b>12.5</b>	<b>34.5</b>	<b>39.5</b>	<b>44.5</b>	<b>49.5</b>
American Red Cross	10	15	20	25	12	8	30	35	40	45
Clackamas County	13	16	19	22	12	10	35	38	41	44
Kaiser	10	15	20	20	12	9	31	36	41	41
Legacy - Visiting Nurses	Undifferentiated Paid Leave						26	31	36	38
OHSU	16	19	22	28	12	8	36	39	42	48
Providence - St. Vincent	10	15	20	20	12	11	33	38	43	43
Tacoma/Pierce County	12	16	21	30	12	12	36	40	45	54
VA Hospital	26	26	26	26	13	11	50	50	50	50
Washington County	12	15	18	24	12	10	34	37	40	46
Willamette Falls	Undifferentiated Paid Leave						31	35	39	42
<b>AVERAGE</b>							<b>34.2</b>	<b>37.9</b>	<b>41.7</b>	<b>45.1</b>

Monthly Employer Contributions to Full Family Health and Welfare Benefits Coverage  
in Plans Most Commonly Used by Nurses  
June 1, 1994

Employer	Medical Benefits	Dental Benefits	Life Insurance Other Coverages	Total: Medical, Dental, Life	Disability Insurance (%)	Cost for Ten Years, RN	Total Contribution
<b>Multnomah County</b>	<b>\$402.76</b>	<b>\$ 64.76</b>	<b>\$ 3.40</b>	<b>\$470.92</b>	<b>.36%</b>	<b>\$12.41</b>	<b>\$483.33</b>
American Red Cross	\$398.30	\$ 36.74	\$ 7.93	\$442.97	.79%	\$23.74	\$466.71
Clackamas County	\$532.21	\$ 94.38	\$ 13.34	\$639.93	.34%	\$11.46	\$651.39
Kaiser	\$553.23	\$ 78.98	\$ 7.16	\$639.37	Flat Rate	\$ 9.49	\$648.86
Legacy	Cafeteria Plan						\$471.70
OHSU	Cafeteria Plan						\$389.58
Tacoma/Pierce County	\$384.11	\$105.00	\$ 4.73	\$493.84	NA	0	\$493.84
VA Hospital	\$303.77	In medical	\$ 2.26	\$306.03	NA	0	\$306.03
Washington County	\$454.19	\$ 70.93	\$ 2.36	\$527.48	.40%	\$12.46	\$539.94
Willamette Falls	\$388.94	\$ 81.67	\$ 16.53	\$487.14	NA	0	\$487.14
						Average	\$495.02

**Note:**

The figures for medical and dental benefits show employer contributions toward full family coverage. Clackamas County, Kaiser, Tacoma/Pierce County, and Washington County calculate the cost of medical and dental benefits on the basis of composite, or weighted average, rates, rather than on the basis of one-party, two-party, or family coverages. At Multnomah County the cost of full family medical coverage is 1.47 times the composite rate; the cost of family dental is 1.43 times the composite rate. The figures for the four employers who use composite rates are the composite rates for medical and dental insurance multiplied by 1.47 and 1.43, respectively.

**Monthly Employer and Employee Contributions  
to Benefit Plans Most Commonly Used by Nurses  
with Disability Insurance  
June 1, 1994**

Employer	Medical, Dental, Life Contributions		Disability Contributions		Total Contributions	
	Employer	Nurse	Employer	Nurse	Employer	Nurse
<b>Multnomah County</b>	<b>470.92</b>	<b>10.48</b>	<b>12.41</b>	<b>0</b>	<b>483.33</b>	<b>10.48</b>
American Red Cross	442.97	190.38	23.74	0	466.71	190.38
Clackamas County	639.93	12.75	11.46	0	651.39	12.75
Kaiser	639.37	13.45	9.49	0	648.86	13.45
Legacy	450.91	126.56	20.79	8.01	471.70	134.57
OHSU	389.58	0	0	13.04	389.58	13.04
Tacoma/Pierce County	493.84	0	NA	NA	493.84	0
VA Hospital	306.03	105.76	NA	NA	306.03	105.76
Washington County	527.48	0	12.46	0	539.94	0
Willamette Falls	487.14	52.28	0	3.40	487.14	55.68
<b>Average</b>	<b>486.36</b>	<b>55.69</b>	<b>8.66</b>	<b>2.72</b>	<b>495.02</b>	<b>58.40</b>

**Notes:**

The figures for medical and dental benefits show employer contributions toward full family coverage. Clackamas County, Kaiser, Tacoma/Pierce County, and Washington County calculate the cost of medical and dental benefits on the basis of composite, or weighted average, rates, rather than on the basis of one-party, two-party, or family coverages. At Multnomah County the cost of full family medical coverage is 1.47 times the composite rate; the cost of family dental is 1.43 times the composite rate. The figures for the four employers who use composite rates are the composite rates for medical and dental insurance multiplied by 1.47 and 1.43, respectively.

Employee contributions shown above are the actual monthly contributions, and are not adjusted for composite rates.

## Employer and Employee Contributions to Retirement Plans for Registered Nurses with information on availability of retiree medical insurance June 1, 1994

Employer	Pension		Defined Contribution		Total		Retiree Medical	
	Employer	Employee	Employer	Employee	Employer	Employee	Employer Subsidy	Employee Self-Pay
Multnomah County	12.0%	0%	—	—	12.0%	0%	Y	—
American Red Cross	6.5%	0%	—	—	6.5%	0%	Y	—
Clackamas County	12.0%	0%	—	—	12.0%	0%	N	Y
Kaiser	—	—	6.5%	0%	6.5%	0%	Y	—
Legacy - Visiting Nurses	3.0%	0%	4.0%	6.0%	7.0%	6.0%	N	N
OHSU	12.0%	0%	—	—	12.0%	0%	N	Y
Tacoma/Pierce County	10.0%	8.89%	—	—	10.0%	8.89%	N	N
VA Hospital	7.0%	7.0%	—	—	7.0%	7.0%	Y	—
Washington County	12.0%	0%	—	—	12.0%	0%	N	Y
Willamette Falls	1.35%	0%	3.0%	3.0%	4.35%	3.0%	N	N

**Notes:**

Multnomah County, Clackamas County, OHSU, and Washington County nurses are in PERS. The normal cost for general service employees with PERS pick-up is about 12.0%, which is the figure used above for PERS participants.

A pension plan is a defined benefit plan: Employees are guaranteed a certain benefit amount at retirement, according to salary, years of service, etc. Defined contribution plans, such as 401K and annuity plans, guarantee a certain contribution rate. In addition to salary and years of service, the benefit employees receive depends on the success of the investments into which contributions were placed.

The VA Medical Center employees do not participate in Social Security, which requires 7.65% contributions from employers and employees. Therefore the cost of the retirement plan to the employer and the employee is less than the cost of Social Security alone to other employers and employees.

Clackamas County Corrections Nurses are in a separate unit from other nurses. They receive 4.0% employer-paid deferred compensation and retiree medical insurance subsidy in addition to the above.

The American Red Cross subsidy to retiree insurance comes to \$12.00/person covered per month, and is not comparable to the other subsidies in size.

ONA and County Bargaining Teams  
June 8, 1994  
Page 19

Sinclair said that she has given a team the responsibility for dividing work up among positions. She has given them the dollar constraints, the cost of the positions available, and has asked them to come up with options on how to split functions among those positions. Basically they have been given a pot of money and the responsibility for deciding how to use it.

Lauck said that sometimes the manager wants to make the decision rather than letting the group do it. That is less QI, but sometimes necessary. Then it would be good for the manager to sit in on the group meetings.

Sinclair said that she had two work groups in two locations in two divisions and has told them to come back with recommendations on particular problems. Lauck said that that was okay, because everything is on the table and above board. The manager has clearly defined the responsibility of the group.

Murray asked about individual targets for performance and how they are set. Lauck replied that the criteria for evaluating staff and managers were three: effectiveness with respect to their team, their tasks, and their customers. Lauck added that the definition of customer may include employees from other departments, teams, etc. McDonald added that team performance criteria are usually set by the team itself.

Lauck said that there is a tendency to get away from quantitative measures of output. However, the team decides what quantitative criteria they are going to use for measuring results. Alexander added that quantitative measures in QI have a sports analogy: a coach taking game film does not keep the camera on the scoreboard.

Lauck said that the facilitator of the work group should have the skill to ask whether there is enough data and adequate problem definition. Blosser emphasized that groups need to pay attention to customer needs, and Lauck added that while we may think that we know what the customers want we cannot make assumptions.

Page said that Corrections health used QI techniques to deal with the number of grievances received from inmates. They did an inmate survey and got helpful results.

Lauck said that full implementation of CQI is a three to five year process. The Health Department is at the beginning stages. CQI requires a radical change in the way people think about their work life.

She invited Murray to attend the June 14 training with Les Wallace which would be given to the division managers of the Health Department.

### 1.13 Weekend and Shift Differential Enhancements

Problem Statement: Inadequate incentive for current staff to work weekends, and evening and night shifts.

("Weekends" are defined under 1.12 above.)

Data Needs

1. Longevity of staff.

(See hire dates on computer run with handwritten title, "Step Run: Class & Step by Name - with Hire Date" and memo from Susan Ayers to Merrie Ziady on April 5, 1994 regarding Demographic information - ONA distributed April 11 in the County response to ONA's request for information.)

2. Long-term plans for evening and weekend hours at County Clinics.

(See above for Blakeslee's comments on plans to expand hours in the Health Department.)

3. Turnover rates in Corrections.

(As noted above, fewer than 10% of the Nurses in Corrections leave every year in recent years.)

4. Data on comparability with other agencies. (Ulrick to obtain.)

5. Cost data.

6. Current rates:

According to page 62 of the current contract, the weekend differential is 50¢ per hour for all Nurses who work outside of Corrections, 50¢ an hour for Corrections Nurses with less than two years of service in Corrections, 75¢ an hour for Corrections Nurses who have completed between two and four years of service, and \$1.00 an hour for Nurses who have completed at least four years of service in Corrections.

According to page 53 of the current contract, the shift differential is currently \$1.00 per hour for evening shift, \$2.25 an hour for night shift.

7. Note that a weekend differential of a \$1 per hour comes to an extra \$8 a day as an incentive to work on a weekend day.

8. Hospital data regarding working flexible 12-hour shifts three days a week; risk management and patient outcomes when staff work shifts longer than 8 hours.

(Someone noted that the County currently has two employees working 12-hour shifts, and there is a Memorandum of Exception for each one waiving the provisions in the contract that would prohibit such shifts.)

9. What other incentives might be used to encourage people to work weekends and evening and night shifts? Have incentives other than money been evaluated?

(Someone suggested that, for example, extra time off might be offered as an alternative to monetary incentives. Someone else noted that since hours are being expanded using current

staff only, the resources will already be stretched and offering extra time off would only exacerbate that.)

10. Data corroborating that there is a customer need for the additional hours.

(Sinclair to consult with Odegaard and report to the group.)

(Sinclair remarked that she could remember when the County had to do outreach to fill the North Portland Clinic, and now they are crowded. She said that the County Health Care Clinics have to expand their hours to give themselves the capacity to grow. If they don't get it going now, they will not be able to grow. Blakeslee added that there was data available on general customer satisfaction and historic information regarding preferences on hours, child care, etc., but specific input is not available. She added that it is less expensive to provide services using expanded hours because the same buildings can be used. It is cheaper to use the same buildings rather than to build new ones.)

11. Kahn noted that information to be included in a client survey would be announced at a meeting on June 7. (Kahn and Blakeslee to report.)

#### Interests

1. To look at the Corrections premium separately from the shift and weekend differential premiums.
2. Not having the proposed differential amount to a lesser percentage of base pay than it is at this time.
3. The reward system should include flexible hours and work on evening and night shifts.
4. Creating a win/win situation between staff and administration.
5. Ease of administration.

(Page expressed concern about the increasing complexity of the differentials over the last two contracts. She said it is getting too easy to miss dates when entitlement to increased differentials kick in.)

6. Comparability with other employers.
7. To limit County obligations - not to spend more than necessary.
8. Limit automatic increases and maximize budgetary flexibility.
9. Demonstrate creativity regarding incentives.
10. Encourage current employees to continue working evening and night shifts.

11. Not to set a precedent with regard to the other unions to limit automatic increases; don't want to be a pioneer.
12. Maximizing flexibility in scheduling to support team problem solving.

Options:

1. Hire more on-call and part-time employees to work weekends and evenings.
2. Eliminate barriers to unusual work schedules; for example, flexible hours, non-consecutive shifts, and longer shifts.
3. Increase the shift differential for evenings to \$1.50 an hour (currently \$1.00 an hour); increase the night shift differential to \$3.00 an hour (currently \$2.25 an hour).  
  
Increase the weekend differential base to \$1.00 per hour (currently 50¢ an hour); increase the two-year Corrections premium to \$2.00 an hour (currently 75¢ an hour); increase the four-year Corrections premium to \$4.00 an hour (currently \$1.00 an hour).
4. Increase the weekend differential as follows:
  - (a) By 33¢ an hour for the first and second years of the contract; and by an additional 34¢ an hour beginning on the third year of the contract.
  - (b) Increase the shift differential on July 1 of each year by a flat dollar amount which is equal to the cost-of-living adjustment for general wage increases.
5. Allow for three 12-hour shifts, which would be considered full-time employment, but paid at 36 hours.
6. Option 5 above, except that the three 12-hour shifts would be paid at 40 hours.
7. Option 6 in lieu of shift and weekend differential.
8. Shift and weekend differential to be based on a percentage of pay:
  - 10% for evening shift.
  - 15% for night shift.
  - 10% for weekends.
9. Additional vacation time for time worked; a higher accrual rate of vacation for evening and night shift.
10. Base differential on length of service: the longer an employee has worked in the shift, the higher the percentage they get.

(The intention is to compensate for the deleterious effect that continued work on evening or night shift has on some people.)

11. Combine Options 5 and 8 above, except that weekend differential would apply for 12-hour shifts.
12. Option 5 with shift differential paid for part of each 12-hour shift.
13. Additional personal holidays for working evenings or nights.

(This could be an alternative form of compensation for shift differential. Employees could also choose cash.)

14. Shift and weekend differentials to go into non-taxable benefits, such as employees' flexible spending accounts or their dependent care assistance plan accounts.
15. Differentials to go into educational credits.
16. Differentials would be paid as a percentage of base:
  - 5% for evenings.
  - 10% for nights.
  - 5% for weekends.
17. Eliminate all differentials and raise base rates.

Alexander noted that perhaps the group was making this issue more difficult and data intensive than it needed to be. He said it boiled down to values. Basically the purpose of shift and weekend differentials is to compensate employees for the extra inconvenience, and the group needs to put a value on that.

The group adjourned at 4:45 p.m.

7 MORE OPTIONS DEVELOPED AT NEXT SESSION.

#11

RECEIVED

APR 13 1994

LABOR RELATIONS

# **OREGON STATE BOARD OF NURSING**

## **Annual Statistical Report**

**Fiscal Year  
July 1, 1992 - June 30, 1993**

TABLE: 03-LPN

LPNS PRACTICING IN OREGON  
CLASSIFIED BY COUNTY AND FIELD OF PRACTICE

WORK COUNTY	TOTALS	NURSING			PRIVATE DUTY	SCHOOL	INDUSTRY	COMMUNITY		SELF EMPLOYED	OTHER	NOT STATED
		HOSPITAL	HOME	SCHOOL				OFFICE	HEALTH			
BAKER	21	8	5	0	1	0	0	6	0	0	1	0
BENTON	19	7	4	0	1	0	0	5	0	0	1	1
CLACKAMAS	122	40	37	0	3	1	0	32	1	0	6	2
CLATSOP	12	4	3	0	0	1	0	2	1	0	1	0
COLUMBIA	7	0	0	0	0	0	0	3	0	0	4	0
COOS	45	22	11	0	2	0	0	6	2	1	0	1
CROOK	12	2	3	0	1	0	0	5	0	0	1	0
CURRY	2	1	0	0	0	0	0	1	0	0	0	0
DESCHUTE	59	30	10	0	3	1	0	14	0	0	1	0
DOUGLAS	43	18	10	0	2	0	1	10	0	0	2	0
GRANT	1	0	1	0	0	0	0	0	0	0	0	0
HARNEY	5	3	0	0	0	0	0	1	0	0	1	0
HOODRIVER	7	2	4	0	0	0	0	1	0	0	0	0
JACKSON	111	45	27	0	4	0	1	19	1	2	11	1
JEFFERSON	3	1	0	0	1	0	0	0	1	0	0	0
JOSEPHINE	30	10	9	0	3	0	0	8	0	0	0	0
KLAMATH	22	12	7	0	1	0	0	2	0	0	0	0
LAKE	3	1	0	0	1	0	0	1	0	0	0	0
LANE	157	58	28	0	8	1	3	42	0	1	11	5
LINCOLN	20	12	3	0	2	0	0	3	0	0	0	0
LINN	33	13	11	0	0	0	0	8	0	0	1	0
MALHEUR	47	21	13	0	2	0	1	7	1	0	1	1
MARION	183	84	46	0	5	4	4	22	2	2	14	0
MORROW	5	2	3	0	0	0	0	0	0	0	0	0
MULTNOMAH	463	166	144	2	18	2	3	75	10	0	38	5
POLK	21	8	7	0	0	0	0	6	0	0	0	0
TILLAMOOK	11	4	3	0	1	1	0	2	0	0	0	0
UMATILLA	50	19	11	0	4	0	0	8	1	1	5	1
UNION	18	8	6	0	1	0	0	3	0	0	0	0
WALLOWA	3	0	1	0	0	0	0	2	0	0	0	0
WASCO	9	3	3	0	0	0	0	2	0	0	1	0
WASHINGTON	105	24	37	0	5	1	0	27	0	2	7	2
YAMHILL	35	9	14	0	4	0	0	6	0	0	2	0
COUNTY NOT REPORTED	1639	413	728	8	63	11	9	204	17	12	84	90
TOTALS	3323	1050	***	10	136	23	22	533	37	21	193	109

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TABLE: 07-RN

REGISTERED NURSES LICENSED IN OREGON  
BY COUNTY OF EMPLOYMENT AND FIELD OF EMPLOYMENT

COUNTY OF EMPLOYMENT	HOSPITAL	NURSING HOME	SCHOOL OF NURSING	PRIVATE DUTY	SCHOOL NURSE	OCCUP. HEALTH	OFFICE NURSE	COMMUNITY HEALTH	SELF EMPLOYED	OTHER	NOT STATED	TOTAL
ASHERFORD	18	4	0	1	0	1	8	2	1	4	0	39
CLATSOP	120	23	6	3	9	0	25	14	2	29	3	234
CLATSOP KAMAS	440	77	8	16	22	9	87	27	5	64	5	760
CLATSOP SOP	62	6	1	1	4	0	7	12	2	10	1	106
CLATSOP MBIA	21	6	0	1	4	4	3	1	0	7	0	47
CLATSOP	139	10	5	7	4	1	21	11	3	20	4	225
CLATSOP K	16	6	0	4	1	0	3	1	0	3	0	34
CLATSOP Y	14	2	0	0	1	0	4	8	0	2	0	31
CLATSOP WASTE	185	10	4	6	3	1	32	14	4	24	1	284
CLATSOP LAS	233	28	6	7	1	1	43	19	6	23	3	370
CLATSOP WAMIA	0	0	0	0	1	0	0	0	0	0	0	1
CLATSOP T	13	1	0	1	0	0	1	1	0	2	0	19
CLATSOP WY	10	2	2	0	0	0	1	2	0	3	0	20
CLATSOP RIVER	20	2	0	2	0	0	8	5	0	2	1	40
CLATSOP WILSON	308	36	5	11	5	6	63	24	6	49	5	518
CLATSOP WILSON PERSHORE	9	0	0	0	1	0	0	3	2	3	1	19
CLATSOP WILSON PHINE	84	20	2	7	1	2	15	9	1	14	2	157
CLATSOP WILSON WATH	105	9	6	4	5	0	22	11	0	12	0	174
CLATSOP	9	3	0	0	0	0	3	4	1	3	0	23
CLATSOP WILSON	546	55	16	27	25	7	102	40	7	101	3	929
CLATSOP WILSON	71	6	0	3	2	1	7	10	2	5	0	107
CLATSOP WILSON	150	22	5	6	9	1	28	13	2	19	4	259
CLATSOP WILSON EUR	44	7	2	4	2	0	9	7	0	3	1	79
CLATSOP WILSON WILSON	460	68	12	11	12	10	82	49	4	99	12	819
CLATSOP WILSON WILSON	7	2	0	0	0	0	4	2	0	3	0	18
CLATSOP WILSON WILSON NOMAH	3255	239	90	98	55	81	366	306	44	541	53	5128
CLATSOP WILSON	35	12	1	2	1	1	11	5	1	9	1	79
CLATSOP WILSON WILSON	1	0	0	0	0	0	0	0	0	0	0	1
CLATSOP WILSON WILSON WILSON	40	3	1	2	2	0	6	4	0	2	0	60
CLATSOP WILSON WILSON WILSON WILSON	110	24	4	3	3	1	18	5	2	19	1	190
CLATSOP WILSON WILSON WILSON WILSON WILSON	54	10	2	4	2	1	13	6	0	9	0	101
CLATSOP WILSON WILSON WILSON WILSON WILSON WILSON	8	1	0	2	0	0	4	1	0	1	1	18
CLATSOP WILSON WILSON WILSON WILSON WILSON WILSON WILSON	61	12	0	1	3	3	10	6	0	6	0	102
CLATSOP WILSON WILSON WILSON WILSON WILSON WILSON WILSON WILSON	286	56	3	10	15	8	56	28	5	67	5	539
CLATSOP WILSON WILSON WILSON WILSON WILSON WILSON WILSON WILSON WILSON	0	0	0	0	0	0	0	0	1	0	0	1
CLATSOP WILSON	81	22	5	6	2	2	19	14	3	15	1	170
CLATSOP WILSON	6695	874	96	199	86	76	617	408	41	717	517	10326
CLATSOP WILSON	13710	1658	282	449	281	217	1698	1072	145	1890	625	22027
CLATSOP WILSON	451	120	17	30	17	10	86	67	14	122	3712	4646
CLATSOP WILSON	205	37	8	21	14	13	29	44	45	51	164	631
CLATSOP WILSON	2291	256	61	91	31	45	154	183	36	387	206	3741
CLATSOP WILSON	16657	2071	368	591	343	285	1967	1366	240	2450	4707	31045

TABLE: 01-NP

NURSE PRACTITIONERS LICENSED IN OREGON  
CLASSIFIED BY COUNTY AND CATEGORY

COUNTY EMPLOYED	TOTAL	FAMILY	PEDIATRIC	ADULT	GERIATRIC	NURSE MIDWIFE	PSYCH. MENTAL HEALTH	WOMEN'S HEALTH CARE	HEALTH SCHOOL	HEALTH COLLEGE
ASHTON	0	0	0	0	0	0	0	0	0	0
BENSON	15	2	1	0	1	0	2	0	0	0
CLATSOP	37	6	3	7	0	4	13	6	0	3
CLATSOP	4	1	2	0	0	0	0	4	0	0
CLATSOP	2	1	0	0	0	1	0	1	0	0
CLATSOP	5	1	0	4	0	0	0	0	0	0
CLATSOP	0	0	0	0	0	0	0	0	0	0
CLATSOP	5	0	0	1	1	2	0	0	0	0
CLATSOP	11	4	1	0	0	0	4	2	0	0
CLATSOP	4	0	0	0	0	0	3	1	0	0
CLATSOP	0	0	0	0	0	0	0	0	0	0
CLATSOP	2	1	0	1	0	0	0	0	0	0
CLATSOP	2	0	0	1	0	0	1	0	0	0
CLATSOP	0	0	0	0	0	0	0	0	0	0
CLATSOP	18	4	3	5	1	4	0	1	0	0
CLATSOP	2	1	0	0	0	0	0	1	0	0
CLATSOP	2	1	0	0	0	0	0	1	0	0
CLATSOP	2	1	1	0	0	0	0	0	0	0
CLATSOP	1	1	0	0	0	0	0	0	0	0
CLATSOP	44	7	6	5	1	13	4	6	0	2
CLATSOP	2	1	1	0	0	0	0	0	0	0
CLATSOP	3	0	0	0	0	0	1	2	0	0
CLATSOP	5	2	0	1	0	0	1	1	0	0
CLATSOP	23	4	2	2	2	4	4	5	0	0
CLATSOP	0	0	0	0	0	0	0	0	0	0
CLATSOP	234	29	34	80	1	14	58	18	0	0
CLATSOP	2	1	1	0	0	0	0	0	0	0
CLATSOP	0	0	0	0	0	0	0	0	0	0
CLATSOP	1	1	0	0	0	0	0	0	0	0
CLATSOP	2	1	0	0	0	0	1	0	0	0
CLATSOP	3	2	1	0	0	0	0	0	0	0
CLATSOP	1	0	1	0	0	0	0	0	0	0
CLATSOP	0	0	0	0	0	0	0	0	0	0
CLATSOP	18	0	4	5	0	2	2	5	0	0
CLATSOP	1	1	0	0	0	0	0	0	0	0
CLATSOP	3	0	1	0	0	0	0	0	0	0
CLATSOP	0	0	0	0	0	0	1	1	0	0
CLATSOP	18	0	4	5	0	2	2	5	0	0
CLATSOP	1	1	0	0	0	0	0	0	0	0
CLATSOP	3	0	1	0	0	0	0	0	0	0
CITY NOT REPORTED	242	82	24	29	5	48	31	23	0	0
CITY OF STATE	109	35	14	17	3	17	9	14	0	0
CITY NOT REPORTED	65	24	5	10	0	11	8	7	0	0
GRAND TOTAL	870	214	105	168	15	120	144	99	0	5

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# of pages ▶

#12

To: <i>Ellen Ulrick</i>	From: <i>Dan Field</i>
Co: <i>Mult. County</i>	Co.
Dept.	Phone: <i>236-2004</i>
Fax #: <i>248-3292</i>	Fax #

September 23, 1993

To: Linda Fortmann, Chair  
OSHHRA Compensation Committee

From: Dan Field

Re: OAH Salary Survey Antitrust Issues

Late last week the US Department of Justice and the Federal Trade Commission released a document outlining six "safety zones" in which collaborating providers can operate without incurring the wrath of federal antitrust regulators. (See attached). One of those "safety zones" allows hospitals to participate in exchanges of price and cost information, including salary surveys, as long as certain conditions are met. Specifically, wage and salary surveys of hospital personnel will not be challenged if:

1. The survey is managed by a third-party (trade associations qualify);
2. The data provided by survey participants are at least three months old;
3. At least five hospitals report data on which each aggregated statistic is based;
4. No one hospital's data represents more than 25% of any one statistic; and
5. The information is "sufficiently aggregated" so that identification of hospital-specific information is not possible.

Surveys which do not meet these criteria are outside the "safety zone" and fall into one of two groups. The first group includes those surveys which do not meet all of the criteria above, but which are not clearly illegal. They will be evaluated to determine whether they have an anti competitive effect that outweighs any pro competitive justification for the survey. I believe our salary survey now falls into this grey area. The second group will comprise those surveys which are clearly illegal because they exchange future salary information or result in an agreement among competing hospitals on the wages they will pay.

Based on this information, OAH and OSHHRA can now decide what to do with our salary survey. The most conservative approach would be to revise our survey so that it meets all five criteria and thus poses no risk of violating federal antitrust law. Unfortunately, this may result in a less valuable survey. As an alternative, we could develop a pro competitive survey that eliminates or minimizes any anti competitive effects, but which technically may not meet all five criteria.

I hope this information is useful. Please let me know how I can assist your committee in proceeding.

c: Linda Rankin, Ken Rutledge, Jerry Nemer

Relative Market Gain or Loss Fall 1990 to Fall 1993  
Mult. County Top Step v. Or. Assoc. Hosp. Average Top  
 Portland (P) and Metro (M) Regions

<u>Class</u>	<u>MC 7/90</u>	<u>MC 7/93</u>	<u>%</u>	<u>OAH 90</u>	<u>OAH 93</u>	<u>%</u>
RN/CHN	17.78	19.82	<u>11.5%</u>	\$17.81 \$16.33	21.11 20.17	<u>18.5%P</u> <u>23.5%M</u>
LPN	12.51	13.94	<u>11.4%</u>	\$11.59 \$11.39	13.62 13.55	<u>17.5%P</u> <u>18.9%M</u>
NP	20.80	23.63	13.6%	N/Av.	26.30 26.87	<b>P</b> <b>M</b>



# MULTNOMAH COUNTY, OREGON

BOARD OF COUNTY COMMISSIONERS  
 BEVERLY STEIN  
 DAN SALTZMAN  
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 SHARRON KELLEY

PLANNING & BUDGET  
 PORTLAND BUILDING  
 1120 S.W. FIFTH - ROOM 1400  
 P. O. BOX 14700  
 PORTLAND, OR 97214  
 PHONE (503)248-3883

TO: Darrell Murray  
 FROM: Dave Warren *DCW*  
 DATE: June 5, 1994  
 SUBJECT: Costs of a 1% Increase for ONA -- 1994-95

Each 1% increase in ONA base this year would result in approximately \$126,000 in increased cost to Multnomah County, including benefits costs.

The bargaining unit represents 246 budgeted FTE whose total budgeted base pay is \$9,744,963 in the 1994-95 Budget.

One percent of straight-time base wages is \$97,450. "Rollup" benefit costs (the costs that vary with changes in base pay) differ slightly between departments. However, the average percentages for the bargaining unit work out to the following:

<u>Rollup Category</u>	<u>Average Percent</u>	<u>Avg. 1% Cost</u>
FICA	7.650%	\$ 7,455
PERS	17.600%	17,151
Tri-Met Tax	0.620%	604
Workers Compensation	0.6550%	638
Liability Insurance	0.596%	581
Unemployment	0.250%	244
Retiree Medical	1.070%	1,043
Long Term Disability	0.360%	351
Benefits Administration	<u>0.500%</u>	<u>487</u>
Average "Rollup" Cost, each 1%	29.301%	\$ 28,554

Replacement  
pages from  
Labor Relations  
Executive Session  
7-7-94

**Nurse Practitioners at Ten Years of Service:  
Comparison of Multnomah County's Total Annual Composition Package  
with that of Four Other Area Employers**

June 1, 1994

	<i>Employer (Number of Nurse Practitioners, Number of Physician Assistants)</i>				
	<b>Mult. Co.</b> (42, 3)	<b>Kaiser</b> (80, 72)	<b>Legacy</b> (11, NA)	<b>OHSU</b> (19, 1)	<b>VA Med. Cntr.</b> (60, 12)
<b>Wages</b>					
Base	\$49,319	\$55,059	\$49,507	\$53,159	\$47,462
Other	—	—	—	1,781	—
<b>Paid Days Off</b>					
Vacation	3,781	4,221	6,642	4,483	4,730
Sick	2,268	2,532	—	2,445	2,365
Holiday	2,363	1,899	—	1,630	2,001
<b>Benefits</b>					
Health & Welfare	5,829	8,179	5,660	4,675	3,678
Retirement	5,918	6,332	2,475	6,379	3,322
<b>Total</b>	<b>\$69,478</b>	<b>\$78,222</b>	<b>\$64,284</b>	<b>\$74,552</b>	<b>\$63,558</b>
<i>Percent Multnomah County is behind</i>		-12.6%	+7.5%	-7.3%	+8.5% See notes

**Notes:**

The rates shown are current as of July 1, 1994. They are for Nurse Practitioners (NP's) who were employed at the entry rate and advanced normally for ten years. NP's at Multnomah County reach the top step in their range in eight years, and at Kaiser in seven. OHSU NP's reach the top in five years and receive longevity steps after ten years (included above) and twenty years. Veterans Administration (VA) Medical Center NP's can reach the top of their pay grade in anywhere between 10 and 22 years, depending on performance and qualifications. The top is 15.7% higher than the ten year rate shown above. Currently 12 NP's are at the top of the grade. Legacy NP's are paid within a merit range, not a step system. At nine or ten years there is a clustering about the midpoint. The figure above is the midpoint plus 5%. No one is currently at the top of the range.

The numbers shown in parenthesis below the name of each employer are the numbers of NP's and Physician Assistants (PA's) employed. At Multnomah County NP's and PA's, who have different licenses defining their practice, are paid the same. Kaiser also pays them the same. The VA Medical Center pays PA's a slightly higher rate, and OHSU somewhat lower. OHSU PA's may also derive some income from the supervising physician's practice, however.

"Other" wages shown for OHSU are incentive and certification pay. The incentive, or Nurse Career Achievement Program (NCAP), has a variety of education, experience, and committee work requirements. About 1,000 nurses were eligible to participate last quarter, and 231 actually did. The figure above includes the annualized payments received by the participants averaged over those eligible. OHSU also offers a \$500

annual payment for nurse certification in their specialty areas. This \$500 amount was added to the average incentive pay to arrive at the figure above.

This year Kaiser NP's are eligible to participate in a productivity pool along with management employees. The first payment is expected in March 1995. Although the maximum payout defined by the plan is 10% of wages, a payout on the order of 2% is anticipated.

Nurses at Legacy have undifferentiated paid leave: There is no distinction among vacation, holiday, or sick days off.

The figures for "Benefits - Health & Welfare" include the employer contributions toward full family medical and dental coverage, and life and disability insurance. Kaiser calculates the cost of medical and dental benefits on the basis of a composite, or weighted average, rate rather than on the basis of one-party, two-party, or family coverages. At Multnomah County the cost of full family medical coverage is 1.47 times the composite rate; the cost of family dental 1.43 times the composite. The Kaiser rates for medical and dental coverage included above are their composite rates multiplied by 1.47 and 1.43, respectively.

Multnomah County and OHSU nurses are in PERS. The normal cost of PERS for general service employees with PERS pick-up is about 12.0%, which is the figure used to calculate the value of PERS pension benefits above. Normal cost assumes no unfunded liability. When Multnomah County went into the PERS system in 1981, it amortized the liability from the previous system over a thirty-year period, and consequently the cost per active general service employee is actually more than 12.0%.

Note that Kaiser NP's receive a substantially better retirement package than RN's: The total employer contribution comes to 11.5% for NP's versus 6.5% for RN's.

VA Medical Center employees do not participate in the Social Security System, but in the Civil Service Retirement System. The contribution rate for employer and employees is 7.0%, less than the employer/employee contributions to Social Security of 7.65%.

A significant retirement benefit which is not accounted for above is premium subsidies for retiree medical/dental insurance. The reason for the omission is that requirements for participation, and duration and percentage of subsidy vary widely. Precise comparison would require actuarial evaluations of each plan. The Multnomah County plan is valued at approximately 1% of payroll. Kaiser and the VA Medical Center subsidize premiums as well. OHSU retirees are allowed to participate in the State Employees Benefits Board (SEBB) plans at group rates. Legacy offers no coverage beyond that required by law under COBRA.

Multnomah County and OHSU NP's are represented by ONA (Oregon Nurses Association). OHSU nurses received a 0% general increase July 1. Kaiser and Legacy NP's are unrepresented. Kaiser NP's received an increase of 5.5% in January 1994. Legacy NP's are not on a step system. Annual increases received by individual nurses vary, and include increments for performance, seniority, and inflation. Therefore a figure comparable to a general COLA increase is not available. VA Medical Center NP's, represented by the American Federation of Government Employees (AFGE), received their last wage increase in January 1994; the date and amount of the next increase is unknown.

**Licensed Practical Nurses at Ten Years of Service:  
Comparison of Multnomah County's Total Annual Composition Package  
with that of Four Other Area Employers**

June 1, 1994

	<i>Employer (Number of Licensed Practical Nurses)</i>				
	<b>Mult. Co.</b> (16)	<b>Kaiser</b> (155)	<b>Legacy</b> (33)	<b>OHSU</b> (24)	<b>VA Med. Cntr.</b> (50)
<b>Wages</b>					
Base	\$29,095	\$27,842	\$27,571	\$24,607	\$26,966
Other	—	—	—	—	—
<b>Paid Days Off</b>					
Vacation	2,230	2,134	3,699	1,792	1,912
Sick	1,338	1,281	—	1,132	1,344
Holiday	1,394	960	—	755	1,137
<b>Benefits</b>					
Health & Welfare	5,756	7,624	5,660	4,961	3,664
Retirement	3,491	1,656	1,379	2,953	1,888
<b>Total</b>	<b>\$43,304</b>	<b>\$41,497</b>	<b>\$38,309</b>	<b>\$36,200</b>	<b>\$36,911</b>
<i>Percent Multnomah County is behind</i>		+4.2%	+11.5%	+16.4%	+14.8% See notes

**Notes:**

The rates shown are current as of June 1, 1994. They are for Licensed Practical Nurses (LPN's) who were employed at the entry rate and advanced normally for ten years. Multnomah County LPN's reach the top of their range in eight years; OHSU LPN's in six years. Kaiser LPN's reach the top in five years, but receive a modest longevity differential (included above) after ten years. Legacy LPN's are paid within a merit range, not a step system. At nine or ten years there is a clustering about the midpoint. The figure above is the midpoint plus 5%. Veterans Administration (VA) Medical Center LPN's reach the top of their pay grade in about 12 years; the top is 9.1% higher than the ten year rate shown above.

The numbers shown in parenthesis below the name of each employer are the numbers of LPN's employed.

Nurses at Legacy have undifferentiated paid leave; there is no distinction among vacation, holiday, or sick days off.

The figures for "Benefits - Health & Welfare" include the employer contributions toward full family medical and dental coverage, and life and disability insurance. Kaiser calculates the cost of medical and dental benefits on the basis of a composite, or weighted average, rate rather than on the basis of one-party, two-party, or family coverages. At Multnomah County the cost of full family medical coverage is 1.47 times the composite rate; the cost of family dental 1.43 times the composite. The Kaiser rates for medical and dental coverage included above are their composite rates multiplied by 1.47 and 1.43, respectively.

Multnomah County and OHSU nurses are in PERS. The normal cost of PERS for general service employees with PERS pick-up is about 12.0%, which is the figure used to calculate the value of PERS pension benefits above. Normal cost assumes no unfunded liability. When Multnomah County went into the PERS system in 1981, it amortized the liability from the previous system over a thirty-year period, and consequently the cost per active general service employee is actually more than 12.0%.

VA Medical Center employees do not participate in the Social Security System, but in the Civil Service Retirement System. The contribution rate for employer and employees is 7.0%, less than the employer/employee contributions to Social Security of 7.65%.

A significant retirement benefit which is not accounted for above is premium subsidies for retiree medical/dental insurance. The reason for the omission is that requirements for participation, and duration and percentage of subsidy vary widely. Precise comparison would require actuarial evaluations of each plan. The Multnomah County plan is valued at approximately 1% of payroll. Kaiser and the VA Medical Center subsidize premiums as well. OHSU retirees are allowed to participate in the State Employees Benefits Board (SEBB) plans at group rates. Legacy offers no coverage beyond that required by law under COBRA.

Multnomah County LPN's are represented by ONA (Oregon Nurses Association); Kaiser by SEIU (service employees); OHSU by AFSCME (state, county, city employees); and VA Medical Center by AFGE (federal employees). Legacy LPN's are not represented.