

# 2019 Fall Expanded Compensation & Benefits Survey

October 18th 2019



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## 1. What do you do when technicians and assistants top out? (page 1 of 2)

we haven't had staff 'top out' yet but the topic has come up. We'd consider additional fringe benefits; more CE, PTO. etc

We don't yet have official defined salary ranges so there hasn't been a top out. However, we do expect staff to continue to develop and take on additional responsibilities in order to get increases beyond the typical 3-4% annually.

We are stuck and do not have a plan. Right now, the 1 individual receives a higher bonus at the end of the year.

They don't. My highest paid technician is also a Support Team Manager, so I think her pay is appropriate. My highest paid assistant has been here over 10+ years, working as a TA. Finding someone to stay as a TA for that long is difficult, so I'm ok if he makes over my hiring scale. The longer staff is here and the higher their salary goes, the more responsibilities they are expected to take on.

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### 1. What do you do when technicians and assistants top out? (page 2 of 2)

We keep promising ourselves we will figure something out... but end up paying more and more. We have given someone an extra vacation day, and someone else extra CE.

so far, been able to supplement them as trainers and/or advance into supervisory positions. plan to put in levels to prepare for this.

Try to get quality assistance to move on to technical training. Encourage technicians to try for a VTS or take on other responsibilities.

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### 2. What are your pay ranges for Registered Technicians? (page 1 of 2)

\$19-\$27

\$16-\$30

\$18-25+/hr, above high end, has supervisory duties

Higher end is for 7 years with company

Level 1 \$16-19

Level 2 \$17-21

Level 3 \$18.50-22.50

Level 4 \$19.50-23.50

Level 5 \$20.50-24.50

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## 2. What are your pay ranges for Registered Technicians? (page 2 of 2)

Ours are by years of experience, not level. These are credentialed. Minus \$2 if not credentialed and add \$2 if VTS.

When someone hits a new "level", they are eligible for another \$1 or so on top of their annual wage increase that year.

> 1 year/new grad: \$20-21

1-2 years: \$21-22

3-5 years: \$22-24

6-10 years: \$24-26

11-15 years: \$26-28

>15 years: \$28-32

\$15 for a brand-new green tech to \$26 what our top tech is currently paid at this very moment. These techs aren't necessarily registered.

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## 3. What are your pay ranges for Assistants? (page 1 of 2)

\$14-\$17.50

\$14.25-\$18.00

\$12-17/hr

Higher end is for 7 years with company

Level 1 \$14.50 - 17.50

Level 2 \$15-18

Level 3 \$16.50-19.50

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## 3. What are your pay ranges for Assistants?

(page 2 of 2)

&gt;1 year/new student: \$14

1-2 years: \$15-16

3-5 years: \$16-17

6-10 years: \$17-18

11-15 years: \$18-19.50

&gt; 15 years: \$19.50-22

\*\*Add \$1 if becomes credentialed while working in a TA position

When someone hits a new "level", they are eligible for another \$1 or so on top of their annual wage increase that year.

Assistants start at \$11 and make \$12 once they are done with training (which takes about 1 year). They are then eligible for merit raises. Our top assistant makes \$13.50. Most assistants either move on or grow into a technician.

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## 4. What are your pay ranges for Reception/CSR?

\$16.50-\$22.00

\$15.00 - \$19.00

\$12-17/hr

\$12-15 starting.

1-2 years: \$15-16

3-5 years: \$16-17

6-10 years: \$17-18

11-15 years: \$18-19

&gt;15 years: \$20-24

When someone hits a new "level", they are eligible for another \$1 or so on top of their annual wage increase that year.

\$14-\$17 and merit raises after that.

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#### 5. Do years of experience affect the pay ranges above or starting wage?

yes

We assess relevant work experience, skills and overall match to position requirements to determine a starting wage.

yes

We do have some wiggle room built into the grid based on years of experience that could increase starting wage by 0.50 to \$3.00.

They affect starting wage. We periodically make sure current employees are still within those ranges (not below) as well. Sometimes when they go from TA to Tech their wage gets a little subjective. Also, when we increase our starting wages we need to audit and make sure current staff isn't "shorted".

Yes, but they are still required to complete training.

It is definitely factored in and we don't always follow the rules on the wage scales for the level if somebody has experience to back them up

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#### 7. How does certified vs. non-certified effect the technician pay?

Non-certified technicians start at a lower wage, but we do take into consideration their years in the industry.

We don't have non-certified technicians.

we do not hire unlicensed technicians for that role

Increases by \$1.50 per hour.

There is a base wage (assuming not credentialed). Then simply add \$2 to that if credentialed. Add an additional \$2 if they are a VTS. This is the easiest way we could come up with to recognize the credentialed wage without keeping uncredentialed but experienced way down.

It currently doesn't effect tech pay.

In the past, it had not because we are in a state that doesn't require CBT's. Going forward, I think we will see more value on a new hire that is a CVT versus one that is not

**No question #6**

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#### 8. How are you compensating technicians for being on call?

\$50 to be on call for 24-hours and another \$50 if they get called in.

Surgery on-call techs receive \$400 plus hourly rate if called in for an after-hours surgery.  
ER on-call receive \$100 for being on-call even if not called in.

flat fee to be on call, then 1.5x when called in.

No. When they are called in, they receive a flat amount. In surgery, a call-in fee ranges from \$350-450 and there is no hourly. In medicine, it is \$250-350, because the time spent at the practice is expected to be less. For ER, it is a flat call in fee \$50-150, plus hourly. The call-in fee is determined by how many on call shifts they signed up for that month.

Depending on the service, they get \$1 - \$1.50 for each hours spent on call.

When they are called in for anesthesia or surgery, they get their hourly wage, plus any overtime, plus \$60 per case. If a single case runs over 4 hours (MRI + Sx) they get an additional \$60. If it's a holiday they get time and a half.

When they are called in on ER, they get their hourly wage + \$15 an hour, and overtime if they are in it. Time and a half on a holiday.

\$150/week that they are on call and \$150/case.

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#### 9. How are you compensating doctors for being on call?

ER doctors are paid \$150 to be on-call and then get an additional \$210 if they are called in.

After hours surgery on-call specialty DVM receives \$500; After hours consult for specialty \$250.

varies

No.

Specialists get \$200 for after hours cases before 10pm, and \$500 after 10pm.

If an ER doctor if covering surgery, they get \$100 per case.

We only have surgeons on call, and it is part of their role. They get paid: fees when they come in

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**10. Do you offer sign-on bonuses for ER technicians - and if yes, how much?**

Yes, we've offered \$1,000-\$2,000 sign on for technicians

No

no

No.

\$3,000 for overnights ER  
 \$2,000 for evenings ER  
 \$500-\$1,000 for triage team members (evening)

We change it as needed to compete with local companies. For example, we are looking at yanking day and evening shift bonus and make overnights \$5,000. It's a balance.

Yes \$1000

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**11. Do you offer sign-on bonuses for SPECIALTY technicians - and if yes, how much?**

Yes, we've offered \$2,500 for specialty techs

No

no

No.

Not currently. It's not difficult to fill those positions and the hours are more desirable.

Yes \$1000

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**12. Do you offer sign-on bonuses for ER doctors - and if yes, how much?**

Yes, we've offered \$10,000 for sign on

No

not currently - have in past - didn't make much of impact. perhaps not enough.

Yes, generally 4K

Yes. They are negotiated and have ranged from \$3,000 to \$10,000 in the past. Plus a relocation bonus sometimes.

5 to 10,000.

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**13. Do you offer sign-on bonuses for SPECIALTY doctors - and if yes, how much?**

Yes, we've offered \$25,000-\$50,000

No

no

3k signing

That is negotiated.

10,000 previously but think we have to be more competitive with some specialties and go 20,000

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**14. Do you offer relocation allowance for ER technicians – and if yes, how much?**

Yes, \$500-\$1,000

No

no

No

Yes. We have offered \$1,000 on top of signing bonus in the past. Honestly, if I had an experienced ER technician want to move here, I'd pay up to \$3,000.

No, they usually use their bonus to help with those costs. It's something that we would entertain though.

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**15. Do you offer relocation allowance for SPECIALTY technicians – and if yes, how much?**

Yes, \$500-\$1,000

No

no

No

Same. Typical \$1,000. Would do more for a qualified candidate that we love.

No, they usually use their bonus to help with those costs. It's something that we would entertain though.

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**16. Do you offer relocation allowance for ER doctors – and if yes, how much?**

Yes, \$5,000

Yes, \$3000

yes, up to \$5k

No

Typically \$3,000

5000

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**17. Do you offer relocation allowance for SPECIALTY doctors – and if yes, how much?**

Yes, \$5,000-\$10,000

Yes, \$3000

yes, up to \$5k

5K

\$3,000 - \$5,000 in the past.

5000

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**18. Do you advertise the possibility of ownership in your recruiting efforts?**

Not at this time

Yes in all DVM postings

no

No

Absolutely. We just put a simple "opportunity for ownership" in the ad.

No

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**19. Are you considering raising ER DVM production given the extreme DVM shortage?**

No

N/A as they are paid a salary. However, we just increased the extra DVM shift/per diem shift from \$75 to \$125/hour.

do not pay on production

No - we are not production based

Not at this time. We are not paying any less then the research on other practices has shown.

We have raised salaries instead and our ER doctors do not exceed their salary with their production right now

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**20. How often do you adjust support staff wages?  
(at their review? annually? no specific schedule?)**

annually

Staff receive a merit increase at the annual review time. We have also made rate adjustments at other random times of the year to incentivize staff and improve morale. Lastly, I review individual employees' rates throughout the year to ensure internal equity and if necessary, will make equity adjustments.

biannually - cost of living in Jan, performance in July/Aug

annually but not tied to their review or if they move into a leadership position; i.e. shift lead, department lead, supervisor.

Annually, all at once. It's easier for budgeting the raises as well as planning what positions we can add in the coming year.

Techs and CSRs normally get bumps with their training modules, which are a few times per year their first year. Then they are eligible for annual merit raises. Every once in a while we assess wages to make sure we are competitive. If not, everyone gets a bump.

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**21. What is your target percentage of production for wages in each department?  
For example, 18-19% support staff wages in a department (excluding CSR unless specific to that department), with a goal of 52-54% total wages for that department, including DVM's.**

DVM	Goal 24-28%
Tech	Goal 16-18%
CSR	Goal 3.5%
Admin	Goal 2-4%

We do not have target ratio for wages vs. production per se. Our averages are as follows:  
Support staff wages (excluding CRS unless specific to department) as a percentage of revenue is 18.96%

Support staff wages (excluding CRS unless specific to department) including doctors as a percentage of revenue is 46.97%

20-22%, 50-52%

Our whole hospital and each department goal is 23% for wages and benefits for staff; 27% for wages and benefits for doctors. We are not achieving this, but it is our goal. The staff number includes CSRs.

Technicians specialty: - 18% - 19%  
Technicians, TAs, and Triage in ER - 18%  
CSR/Call center: 2% of total production. Not counted into any service.  
DVM: 25%

Techs are scheduled @ 14.5%

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**22. How/where do you cover the cost of support staff in a department without revenue?****Example: lab and pharmacy technicians.**

We pull from other departments (Surgery, ER)

Support staff expenses are included in the revenue generating department expenses. These costs are allocated to each department based on the number of DVM FTEs. Pharmacy is allocated based on the number and type of medications dispensed on a monthly basis.

currently do not have these positions.

We have a float technician who helps with these duties and her cost is divided among departments.

Our lab technician clocks under the category "shared" and those wages are divided into the departments that used shared staff equally. We don't have a pharmacy tech yet but will likely do the same. This does mean that specialty wages in the department should really be kept to 17-18% because they also need to pay for their part of shared staff.

The lab tech on weekends clocks ER because they are only serving ER those hours.

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**23. Do you offer tuition benefits for support staff?**

we offer continuing education allowance \$1,100 per year but nothing specific to tuition at this time.

Yes, in addition to CE allowance and paid time away, we have an Education Assistance Benefit. We will reimburse up to \$2,000 per year for job related course work for any position in the hospital.

not at this time

Yes, only on an application and approval basis only.

Not at this time. I do have a policy waiting to be activated when we decide to take that step.

CE allowance

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**24. What other creative benefits are you considering? For example, reimbursement on public transit to get to work.**

Paid volunteer day

I have been researching ways to assist staff with student debt. There are new programs that are linked to a 401(k) plan and other ways to help but are taxable events.

Started using Insperity as our third-party HR company. They have extra fringe benefits such as leadership and training programs for a variety of things (such as excel, pivot tables, communication). Some of our staff really love CE, even the non veterinary related.

I'm currently stumped. We offer standard benefits (CE, dues, memberships, pto, insurance, 401k, pet stipend, uniforms, PLIT, LTD/STD/Life, etc.).

We also offer VetGirl, AtDove, transit reimbursement, Social Worker, EAP with 12 free mental health visits, Healthiest U (a medical doctor app where you and your family pay NOTHING to see a doctor).

Pre-signing bonus for DVM residents in their second and third years

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**25. What are your total admin/mgmt wages as a percent of gross?  
(exclude shared floor work comp from admin/mgt)**

Admin is around 3-4%

Admin and management without CRS wages as a percentage of revenue is 6.03%  
Admin and management including CRS wages as a percentage of revenue is 9.55%

3.5%

6.8%

7.5%. This includes top leadership to HR to marketing to referral department to facilities to compliance to finance to medical staff's time spent on mgmt tasks, etc. etc.

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