

Classification Appeal Decision
Under section 5112 of title 5, United States Code

Appellants: [two appellants names]

Agency classification: Nurse Consultant (Clinical Care)
GS-610-10

Organization: Family Practice Clinic
Department of Primary Care
Deputy Commander for Clinical Services
Medical Department Activity
United States Army Medical Command
Department of the Army
[installation location]

OPM decision: Nurse Consultant, GS-610-10
(Parenthetical title at agency discretion)

OPM decision number: C-0610-10-02

/s/ Jeffrey E. Sumberg

Jeffrey E. Sumberg
Deputy Associate Director
Center for Merit System Accountability

February 8, 2008

Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the Government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the *Introduction to the Position Classification Standards (Introduction)*, appendix 4, section G (address provided in appendix 4, section H).

Decision sent to:

PERSONAL

[two appellants' names and addresses]

[name]

Acting Chief, Human Resources Division

USA MEDDAC

[installation address]

Director, Civilian Personnel Evaluation Agency
Office of the Assistant G-1 for Civilian Personnel
Department of the Army
Attn.: DAPE-CP-EA
2461 Eisenhower Avenue
Alexandria, VA 22332-0320

Chief, Policy and Program Development Division
Office of the Assistant G-1 for Civilian Personnel
Department of the Army
Attn.: DAPE-CP-PPD
2461 Eisenhower Avenue
Alexandria, VA 22332-0320

Assistant G-1 for Civilian Personnel
Office of the Deputy Chief of Staff, G-1
Department of the Army
Attn.: DAPE-CP
The Pentagon, Room 2C453
Washington, DC 20310-0300

Deputy Assistant Secretary of the Army (Human Resources)
Office of the Assistant Secretary (Manpower and Reserve Affairs)
Department of the Army
Attn.: SAMR-HR
The Pentagon, Room 2E468
Washington, DC 20310-0111

Chief, Classification Appeals Adjudication Section
Civilian Personnel Management Service
Department of Defense
1400 Key Boulevard, Suite B-200
Arlington, VA 22209-5144

Introduction

The Philadelphia Field Services Group (now the Philadelphia Oversight and Accountability Group) of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [names of two appellants] on May 26, 2007. The appellants occupy identical additional positions (hereinafter referred to as position) currently classified as Nurse Consultant (Clinical Care), GS-610-10, which they believe should be classified at the GS-11 level due to increased duties and responsibilities. The appellants work in the Family Practice Clinic, Department of Primary Care, Deputy Commander for Clinical Services, Medical Department Activity (MEDDAC), United States Army Medical Command, Department of the Army, at [installation location]. We received the agency's administrative report on July 9, 2007, and the additional information needed to complete the report on August 1, 2007. Due to workload considerations, the appeal was transferred to the Dallas Field Services Group (now the Dallas Oversight and Accountability Group) on August 15, 2007. We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

Background and general issues

The appellants were previously assigned to the Population Health Department as Clinical Care Coordinators. In an undated Memorandum for Record to the Human Resources Division (HRD) Chief, the appellants stated that, upon their reassignment from the Population Health Department to the Primary Care Department in the fall of 2004, their increased duties and responsibilities expanded their roles as Clinical Care Coordinators. They also drafted and attached a proposed position description (PD), which they believed more accurately described their current work responsibilities. They believed evaluation of the proposed PD would result in a change in their position's title and grade.

An OPM appeal decision classifies a real operating position, and not simply a PD. When PD accuracy issues are unresolved, OPM decides classification appeals on the basis of the actual duties and responsibilities assigned by management and performed by the appellants. Information in a proposed PD is considered only to the extent that it is relevant in comparing the appellants' work with OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112) which, by law, is the sole methodology that must be used to classify positions.

On February 6, 2006, their supervisor, the Chief of the Family Practice Clinic, agreed with the appellants in a Memorandum for Record to the HRD Chief. The supervisor said the appellants help coordinate the care for the most difficult and challenging patients, oftentimes using their knowledge of healthcare management in creating solutions to complex problems. He said the appellants, because of their job complexities, operate with only general supervision in using innovative and creative thinking to address individual patient needs. He also stated their duties closely match those of a GS-11, Clinical Case Manager. In a March 30, 2007, memorandum, the Chief of the Primary Care Department also agreed that the appellants require only minimal supervision and their work requires extensive use of creative and innovative thinking. Since comparison to standards and guidelines is the exclusive method for classifying positions as discussed previously, we cannot compare the appellants' position to the work of the GS-11, Clinical Case Manager, which may or may not be classified properly. Therefore, we have

considered the supervisor's statements only insofar as they are relevant to making that comparison.

Beginning in the fall of 2005, the appellants discussed the accuracy of their PD with their supervisor. They prepared a draft PD and requested a desk audit by the agency. Because of staff turnover, lost documents, and changes in HRD procedures, the requested desk audit was not conducted. The appellants cancelled their desk audit request and forwarded their appeal to OPM on May 1, 2007. [Name of one appellant], in a memorandum dated June 22, 2007, requested use of leave and leave without pay for up to 180 days in order to relocate with her military spouse. She indicated she would resign her position on or before February 9, 2008. [Appellant's name] is currently in leave without pay status.

The appellants are currently assigned to PD #BN91440, but they and their current supervisor believe the PD is inaccurate. A PD is the official record of the major duties and responsibilities assigned to a position by a responsible management official. A position is the duties and responsibilities which make up the work performed by an employee. In discussing PD accuracy issues, 5 CFR 511.607(a)(1) states OPM will decide classification appeals on the basis of the actual duties and responsibilities assigned by management and performed by the employee. Our fact-finding confirmed the PD of record contains the major duties and responsibilities assigned by management and performed by the appellants, is adequate for classification purposes, and we incorporate it by reference into this decision.

Position information

The Family Practice Clinic is responsible for providing comprehensive medical care to all eligible health care beneficiaries. Priority is given to active duty soldiers and TRICARE Prime enrollees. Authorized care includes acute and chronic care of pediatric and adult patients, physical examinations, health-related career screenings and immunizations, some gynecological procedures, low-risk prenatal and postpartum obstetrical care, newborn care, and minor surgical procedures and surgical follow-up. As Clinical Care Coordinators, the appellants are responsible for improving the continuity of care, organizing clinical preventive services and health promotion, delivering disease management programs, and bridging the gap between services and the patient. They serve the pediatric and adult patients within their beneficiary population of approximately 42,000, which includes [the installation's] active duty, retirees, and eligible dependents. [First appellant], as coordinator for the pediatric population, and [second appellant], as coordinator for the adult population, deal with patients diagnosed with chronic, intensive, and/or complex health needs.

Their case management work involves identifying and referring patients for further treatment for specialized medical care to contractors approved by TRICARE, the military health program, or other facilities. As the patient's point of contact, the appellants screen telephone consults, update referrals, and answer care questions. The appellants use their professional nursing knowledge to review documents against established clinical practice guidelines and to determine whether aberrant findings signal an onset of a more serious physical, emotional, or mental problem. Afterwards, the appellants may advise the physician and/or healthcare provider by offering recommendations for the optimum care of their patients. They also work with healthcare

professionals to develop, implement, and/or modify treatment plans to meet their patients' needs. The appellants work with patients and healthcare providers to ensure the desired outcome, appropriateness of care, and level of services are met. In addition, they are responsible for ensuring the timely identification of individuals to the Exceptional Family Member Program, which is a mandatory program designed for family members with physical, emotional, developmental, or intellectual disorders requiring special treatment, therapy, education, training, or counseling.

On their reassignment to Family Practice Clinic, the appellants developed standard operating procedures for coordination with the clinical staff. They are responsible annually for identifying an area of the clinical care coordination process which needs improvement based on Joint Commission on Accreditation of Healthcare Organizations, American Nurses Association, Army, etc., standards and initiating a plan for improvement. The appellants implement and evaluate policies and procedures for monitoring the healthcare services received by their patients. They ensure their program's policies, practices, and procedures are consistent with the Department of Defense/Department of Veterans Affairs Clinical Practice Guidelines for disease management programs. The appellants are responsible for providing classes to promote wellness, disease prevention, disease identification, etc., within their assigned population. The position is supervised by the Chief of the Family Practice Clinic, a military position.

To help decide this appeal, we conducted a telephone audit with [first appellant] on August 28, 2007. Scheduling difficulties prevented the immediate supervisor, who is also acting as the Chief of the Primary Care organization, from conducting an interview with OPM. On October 23, 2007, we instead conducted a telephone interview with the Chief of Ambulatory Nursing, who serves as the appellants' Senior Rating Official, and has first-hand knowledge of aspects of the appellants' work. In reaching our decision, we carefully considered all of the information gained from these interviews, as well as the written information furnished by the appellants and their agency, including the PD.

Series, title, and standard determination

The agency assigned the appellants' position to the GS-610 Nurse Series, which covers positions requiring professional nursing knowledge to provide care to patients in hospitals, clinics, occupational health units, homes, schools and communities; administer anesthetic agents and supportive treatments to patients undergoing surgery or other medical procedures; promote better health practices; teach; perform research in one or more phases of the nursing field; or consult and advise nurses who provide direct patient care. The appellants do not disagree with the GS-610 series, and we concur after careful review of the record. Positions, like the appellants,' primarily concerned with providing consultative and advisory services, are titled *Nurse Consultant*. The agency may add a parenthetical title of a more specific nature for organizational, public relations, or other purposes. We used the grading criteria in the GS-610 position classification standard (PCS) to evaluate the appellants' work.

Grade determination

The GS-610 PCS is written in the Factor Evaluation System format, under which a point value is assigned to each factor based on a comparison of the position's duties and responsibilities to the factor-level descriptions in the PCS. The points assigned to an individual factor level mark the lower end of the range for that factor level. To warrant a given level, the position must fully equate to the overall intent of the factor-level description. If the position fails in any significant aspect to fully satisfy a particular factor-level description, the point value for the next lower level must be assigned unless the deficiency is balanced by an equally important aspect that meets a higher level. The total points assigned are converted to a grade level by use of a grade conversion table in the PCS.

Factor 1, Knowledge Required by the Position

This factor measures the nature and extent of information or facts which a nurse must understand to do acceptable work (e.g., steps, procedures, practices, rules, policies, theories, principles, and concepts) and the nature and extent of the skills needed to apply that knowledge. To be used as a basis for selecting a level under this factor, the knowledge must be required and applied.

Level 1-6 positions require professional skills and knowledge of established concepts, principles and practices to perform professional nursing assignments of moderate difficulty requiring training equivalent to an educational program leading to a bachelor's degree and additional training or experience in assessing the conditions of patients, in providing nursing care, and in advising on health-care needs with full consideration of mental, emotional, cultural, social, and physical factors. An illustration in the PCS at this level includes community health nurses who apply knowledge of professional nursing plus knowledge of public health programs, sciences, and needs to provide services to individuals and families with illnesses such as diabetes and hypertension.

Level 1-7 positions require professional knowledge of a wide range of nursing concepts, principles, and practices to perform highly specialized nursing assignments of advanced nature and considerable difficulty requiring extended specialized training and experience. Illustrations of highly specialized nursing assignments include nurse practitioners and specialists, community health nurses, and nurse anesthetists. The community health nurse at this level provides basic care and generalized public health nursing in clinics, homes, and schools, and assists the community in planning and evaluating local health delivery systems.

The appellants' position meets Level 1-6. Similar to this level, the appellants' work requires professional knowledge and skills in nursing principles, practices, and procedures required to make independent decisions regarding the coordination and evaluation of patient care. While considering various mental, emotional, and physical factors, the appellants, as at Level 1-6, advise physicians and healthcare providers on the care required by their patients. These patients include those of high-risk obstetrics, diabetic/hypertensive, asthma, mental health, and neonatal intensive care unit graduates. By using established and conventional practices and guidelines, the appellants improve care continuity, organize preventive and health promotion services, and provide disease management programs for their assigned population. They use their extensive

experience with clinical practices and procedures in managing the treatment of patients by primary care managers, managed care contractors, and outside specialists in the most cost effective manner. Comparable to the community health illustration described at Level 1-6, the appellants use the nursing process (commonly involving assessing, planning, implementing, and evaluating patients and/or their care) to provide services to individuals and their families designed to move them toward desired outcomes like health promotion, maintenance, and/or restoration.

The appellants' position does not meet Level 1-7. Though they manage the care for patients with chronic, severe, or complex problems, the care coordination provided by the appellants does not represent the highly specialized nursing assignments of such considerable difficulty as to require extended specialized training and experience as expected at Level 1-7. One appellant provided an example of an exceptional family member situation where a child was under care for liver failure, and his continuing care and other resources were arranged prior to the service member's deployment. The appellants' responsibility is to use knowledge of their patients' illnesses to arrange for specialized care and to assist patients in managing their disease through educational programs, coordinating specialized care, and drawing on other available resources. While professional nursing principles, practices, and procedures are required to coordinate care among primary care and appropriate specialists, community resources, etc., the work does not require the appellants to have knowledge of a wide range of nursing concepts, principles, and practices to perform highly specialized nursing assignments as typical of Level 1-7. Benchmarks in the PCS at the Level 1-7 include nurse practitioners providing primary care in assessing and treating minor illnesses and chronic health problems additional to their community health nursing duties, nurse specialists providing skilled and comprehensive nursing care following surgical procedures, nurse midwives, etc.

Level 1-6 is credited for 950 points.

Factor 2, Supervisory Controls

This factor covers the nature and extent of direct or indirect controls exercised by the supervisor. Employee responsibilities, as well as the review of completed work, are included. Employee responsibility depends upon the extent to which the employee is expected to develop the sequence and timing of various aspects of the work, to modify or recommend modification of instructions, and to participate in establishing priorities and defining objectives. The degree of review of completed work depends upon the nature and extent of the review.

At Level 2-4, the supervisor sets overall objectives and resources available. The nurse is an expert who plans and performs work independently, resolves most conflicts, and coordinates with others on teams and in communities. The nurse and supervisor consult on work and develop decisions together. Work is reviewed for effectiveness in meeting requirements.

At Level 2-5, the supervisor provides administrative direction with assignments in terms of broadly defined missions or functions. The nurse has responsibility for planning, designing, and carrying out programs and projects independently. Work results are considered authoritative and normally accepted without change.

The appellants' position fully meets Level 2-4. While they are assigned to the Family Practice clinic, they are responsible for patient referral and specialized care functions separate from clinical nurses who are assigned to work in the direct patient care clinic operations. Similar to Level 2-4, the appellants work independently, arranging for specialized care based on physician requests and patient care plans, in accordance with general guidance, policies, and previous work experience. The appellants set work priorities based on patient care needs, while using judgment and initiative in coordinating appropriate medical care. As at Level 2-4, their work is reviewed for effectiveness in meeting requirements and adherence to professional standards.

The appellants' position does not meet Level 2-5. Level 2-5 indicates receiving assignments with administrative direction in terms of broadly defined functions. The appellants are technically supervised by a physician and/or staff nurse practitioner (both have held the first-level supervisory position) and work collaboratively with other health care professionals concerning patient needs. While they created a local standard operating procedure for transferring patients from their clinical level of care to a higher level of specialty care, the overall care coordination program at [installation] is established by MEDDAC regulation.

Level 2-4 is credited for 450 points.

Factor 3, Guidelines

This factor covers the nature of guidelines and the judgment necessary to apply them.

At Level 3-3, guidelines are available but are not completely applicable to every situation likely to be encountered. The professional nurse uses judgment in interpreting and, with some patient situations, adapting guidelines. At Level 3-4 general administrative policies and precedents exist but are of limited use in performing the work. The nurse uses initiative and resourcefulness to deviate from traditional methods or in researching trends to develop new methods or proposed new policies.

The appellants' position meets Level 3-3. Similar to this level, a variety of guidelines are available for use by the appellant including but not limited to Standards of Nursing Practice, MEDDAC polices and regulations, Army polices and regulations, protocol and procedure manuals, physician's orders, instructions specific to the assigned area, and standard recommended practices from various chronic or acute disease associations. The appellants' guidelines do not provide specific instructions for every situation, and, in such instances, they are required to use initiative, judgment, and resourcefulness in interpreting, applying, and modifying guidelines to determine the appropriate action.

Level 3-4 is not met. The guidelines used by the appellants are more detailed and cannot be construed to be only administrative policies. The work situation does not require the appellants to develop new methods or policies as expected at this level.

Level 3-3 is credited for 275 points.

Factor 4, Complexity

This factor covers the nature, number, variety, and intricacy of tasks, steps, processes, or methods in the work performed; the difficulty in identifying what needs to be done; and the difficulty and originality involved in performing the work.

At Level 4-4, nurses perform independent assignments. The assessment of patient conditions includes, for example, interpreting physical examinations and laboratory reports, developing nursing plans, and evaluating the need for improved health care. Level 4-4 work also requires making decisions concerning the implementation of data, as well as planning and refining methods.

At Level 4-5, the work includes varied duties requiring many different and related processes and methods applied to a broad range of activities or substantial depth of analysis. Decisions include major areas of uncertainty in approach or interpretation and evaluation processes due to continuing changes in nursing programs, technological developments in the nursing and medical fields, unknown phenomena, or conflicting requirements. At this level, work requires originating new techniques, establishing criteria, or developing new information.

Like Level 4-4, the appellants independently apply professional knowledge to coordinate the patients' medical care, identify the health care needs of their population, interpret medical orders and clinical laboratory reports, and evaluate need to improve care. The appellants identify legitimate anomalies in patient care to determine if modification to current care plans and procedures are required. The appellants also work independently to provide disease management assistance to the populations served. Disease management is defined as a coordinated, proactive, disease-specific approach that produces the best and most cost effective clinical outcomes. While the appellants provide services and education to their patients and families, they rely on accepted practices and standards of care rather than originating new information and techniques as typical at Level 4-5. They are not responsible for the complete range of health services including assessment of patients, evaluation of effectiveness of care, and changing or modifying treatment as illustrated in a PCS benchmark at Level 4-5. That benchmark continues to describe teaching, coordination of services and participating with other disciplines in interpreting and evaluating the program and as nurse practitioner, serving as the primary provider of health care in the community.

Level 4-4 is credited for 225 points.

Factor 5, Scope and Effect

This factor covers the relationship between the nature of the work; i.e., the purpose, breadth, and depth of the assignment, and the effect of work products or services both within and outside the organization.

At Level 5-3, the purpose of the nurse's work is to plan and provide nursing care for patients. The work affects the physical and psycho-social well-being of the patients and their families. At Level 5-4, the purpose of the work is to establish criteria and assess effectiveness of patient

treatment. The product affects a wide range of agency activities or how the agency is perceived or regarded by the community or the population serviced.

The record indicates the purpose of the work is to identify populations, design programs, and manage the clinical care of defined groups to improve continuity of care, organize clinical preventive services and health promotion, deliver disease management programs, and bridge the gap between health care services. This is most comparable to Level 5-3. While the appellants are responsible for assessing, planning, coordinating, monitoring, and evaluating options and services for the patient, this does not meet the intent of Level 5-4. The illustration in the PCS describes work which substantially exceeds the care of patients and includes participating in the establishment of new programs or the evaluation of program effectiveness. While the appellants must consider the cost effectiveness of patient care options, this does not meet the level of establishing new programs, evaluating program effectiveness, or defining and developing new concepts and procedures as described at Level 5-4. While the appellants developed a local SOP when their positions were first assigned to the clinic, these procedures do not affect the wide range of agency activities typical of Level 5-4.

Level 5-3 is credited for 150 points.

Factor 6, Personal Contacts

This factor considers face-to-face and telephone dialogue with persons not in the supervisory chain.

Level 6-2 describes personal contracts with patients and their families, and/or employees in the agency outside the immediate organization. At Level 6-3, personal contacts are with individuals or groups from outside the employing agency in a moderately unstructured setting (e.g., the contacts are not established on a routine basis; the purpose and extent of each contact is different and the role and authority of each party is identified and developed during the course of the contact). At Level 6-4, personal contacts are with high ranking officials from outside the employing agency at national or international levels in highly unstructured settings. Contacts typical at this level include members of Congress, leading representatives of foreign governments, state governors, mayors of large cities, etc.

The appellants fully meet level 6-2. Additionally, in their role of coordinating specialized care for the family clinic's patients, their contacts include providers of specialized medical care including TRICARE providers, those at other Army and VA facilities, as well as a variety of community resources more typical of Level 6-3. Like Level 6-3, these contacts occur in a moderately unstructured setting. Level 6-3 is met. The appellants' work does not require contacts of the level typical of Level 6-4

Level 6-3 is credited for 120 points.

Factor 7, Purpose of Contacts

This factor deals with the purpose of the contacts selected in Factor 6.

At Level 7-3, the purpose of contacts is to influence or motivate persons or groups. Persons contacted may be fearful or hesitant, requiring great skill in approaching the person or group to obtain the desired effect. The PCS indicates most nurse positions are at this level because they attempt to influence and motivate patients to care for themselves, improve their health habits, follow medical orders, etc. Patients tend to be to some degree fearful, hesitant or skeptical, and require a very skillful approach.

Level 7-4 describes the purpose is to justify, defend, negotiate, or settle matters involving significant or controversial issues. Work usually involves active participation in conferences, meetings, hearings, or presentations involving problems of considerable importance.

Similar to Level 7-3, the appellants' contacts with patients and family members are for the purpose of influencing, motivating, encouraging, persuading, and counseling them to care for themselves. While the appellants' contacts related to ensuring adequate patient care and means of improving program effectiveness may encounter some resistance due to resource limitations or conflicting objectives, the appellants are not in the position of having to negotiate or settle significant matters as typical of Level 7-4. Higher level officials make those decisions.

Level 7-3 is credited for 120 points.

Factor 8, Physical Demands

This factor covers the requirements and physical demands placed on the employee by the work assignment. This includes physical characteristics and abilities, as well as the extent of physical exertion involved in the work.

At Level 8-1, the work is sedentary and no special physical demands are required. At Level 8-2, the work requires some physical exertion such as long periods of standing, walking over rough or uneven surfaces, etc., or recurring lifting of moderately heavy items such as record boxes, etc.

Like at Level 8-1, the appellants' work is primarily sedentary. Some walking and lifting and carrying files and papers is required; however, the work does not meet Level 8-2 as there is no requirement for the long periods of standing, stretching, stooping, lifting, etc., typical at that level.

Level 8-1 is credited for 5 points.

Factor 9, Work Environment

This factor considers the risks and discomforts in the employee's physical surroundings. Additionally, any safety regulations related to the work assigned are considered.

At Level 9-2, the work environment involves moderate risks or discomforts which require safety precautions, e.g., working with risk of exposure to contagious disease, radiation, or infections, or working with emotionally disturbed patients. Precautions are routine and nurses may be required to use protective clothing or gear. At Level 9-3, work involves high risks with exposure to

potentially dangerous situations or unusual environmental stress requiring a range of safety precautions where conditions cannot be controlled.

The work meets Level 9-2. The appellants work in a clinical setting where they may be exposed to contagious or infectious diseases and must use precautions. Occasional travel is required within the servicing area. The record does not indicate regular and recurring exposure to the high degree of risk typical of Level 9-3, such as exploding anesthetic agents.

Level 9-2 is credited for 20 points.

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge Required by the Position	1-6	950
2. Supervisory Controls	2-4	450
3. Guidelines	3-3	275
4. Complexity	4-4	225
5. Scope and Effect	5-3	150
6. Personal Contacts	6-3	60
7. Purpose of Contacts	7-3	120
8. Physical Demands	8-1	5
9. Work Environment	9-2	<u>20</u>
<i>Total</i>		2255

A total of 2,255 points falls within the GS-10 range (2,105 to 2,350 points) on the grade conversion table in the standard.

Decision

The position is properly classified as Nurse Consultant, GS-610-10, with a parenthetical title at the agency's discretion.