

San Francisco Oversight Division 120 Howard Street, Room 760 San Francisco, CA 94105

# Classification Appeal Decision Under Section 5112 of Title 5, United States Code

**Appellant:** [Appellant's name]

**Agency classification:** Health System Specialist

GS-671-9

**Organization:** [Appellant's activity]

Department of the Air Force

[Air Force base, state]

**OPM decision:** Health System Specialist

GS-671-9

**OPM decision number:** C-0671-09-01

Signed by Denis J. Whitebook

Denis J. Whitebook

Classification Appeals Officer

December 16, 1997

Date

As provided in section 511.612 of title 5, Code of Federal Regulations, 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, appendix 4, section G (address provided in appendix 4, section H).

# **Decision sent to:**

[Appellant's name and address]

[Name and address of appellant's representative]

[Name and address of appellant's servicing personnel office]

Director Civilian Personnel Operations Department of the Air Force AFPC/DPC 550 C Street West Randolph Air Force Base, TX 78150-4759

Director of Civilian Personnel U.S. Department of the Air Force 1040 Air Force Pentagon Washington, DC 20330-1040

Chief, Classification Branch Field Advisory Services Division Defense Civilian Personnel Management Service 1400 Key Boulevard, Suite B-200 Arlington, VA 22209-5144

## Introduction

On September 29, 1997, the San Francisco Oversight Division of the U.S. Office of Personnel Management (OPM) received a classification appeal from [the appellant]. His position is currently classified as Health System Specialist, GS-671-9. However, he believes the grade level should be GS-11. He works in [his activity], Department of the Air Force, [Air Force base, state]. We have accepted and decided his appeal under section 5112 of title 5, United States Code (U.S.C.).

#### **General** issues

The appellant indicates that when his predecessor retired, the position was downgraded and at the same time assigned additional duties. He also notes that positions of counterparts at other facilities, such as [another Air Force base], are graded at GS-11. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to standards is the exclusive method for classifying positions, we cannot compare the appellant's current duties to former ones, or his current position to other positions, as a basis for deciding his appeal.

The appellant makes various statements about his agency and its evaluations of his position. In adjudicating this appeal, our main concern is to make our own independent decision on the proper classification of his position. As indicated above, we must make that decision solely by comparing his current duties and responsibilities to OPM standards and guidelines. Therefore, we have considered the appellant's statements only insofar as they are relevant to making that comparison.

In reaching our classification decision, we have carefully reviewed all information furnished by the appellant and his agency, including his official position description (PD) 50149.

## **Position information**

The appellant serves as Chief of Quality Services. He is the principal advisor for monitoring and improving the quality of care in the [his activity]. The goals or objectives of this position are to ensure Medical Treatment Facility (MTF) complies with all Air Force, Federal, and outside accreditation institutions in the administration of all regulatory requirements. The appellant is responsible for developing the MTF's continuous improvement process; collecting, organizing and analyzing data identified as actual or potential MTF risks; and for serving as program manager for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) program. The appellant's PD and other material of record furnish much more information about his duties and responsibilities and how they are performed.

# Series, title, and guide determination

We find that the appellant's position is best covered by the Health System Specialist Series, GS-671, is properly titled Health System Specialist, and is best graded by means of the Administrative Analysis Grade-Evaluation Guide (the Guide). While the appellant does perform supervisory duties, the General Schedule Supervisory Guide (GSSG) was not used to grade his supervisory work. The

GSSG is used to grade supervisory work and related managerial responsibilities that, among other things, constitute a major duty occupying at least 25 percent of the position's time. Because the record indicates that the appellant's supervisory and related managerial responsibilities only occupy about 5 percent of his time, the GSSG cannot be applied. Neither the agency nor the appellant disagrees.

#### **Grade determination**

The administrative analysis guide uses the Factor Evaluation System (FES), which employs nine factors. Under the FES, each factor level description in a standard or guide describes the minimum characteristics needed to receive credit for the described level. Therefore, if a position fails to meet the criteria in a factor level description in any significant aspect, it must be credited at a lower level. Conversely, the position may exceed those criteria in some aspects and still not be credited at a higher level.

Neither the appellant nor his agency disagrees with our evaluation of factors 3, and 6 through 9. We therefore discuss those factors very briefly, while discussing factors 1, 2, 4, and 5 more thoroughly. Our evaluation with respect to the nine FES factors follows.

# Factor 1, Knowledge required by the position

This factor measures the nature and extent of information or facts required to do acceptable work and the nature and extent of skill necessary to apply this knowledge. To be used as a basis for selecting a level under this factor, knowledge must be required and applied.

The knowledge required by this position meets Level 1-6. For instance, at Level 1-6 positions require skill in applying analytical and evaluative techniques to the identification, consideration, and resolution of problems. Comparably, the appellant is responsible for collecting, organizing, and analyzing data identified as actual or potential MTF risks. He verifies the validity of concerns and determines probable causes. Likewise, the appellant identifies changes and impacts of new directives and standards, suggests changes, and outlines alternative courses of action to maintain compliance with standards and directives. He is responsible for developing the MTF's continuous improvement process including developing the framework for process identification and improvement cycles, evaluating data to determine how the MTF compares to similar facilities, and instituting corrective actions to resolve negative trends. The appellant also is responsible for analyzing and interpreting accreditation standards, intents, scoring, guidelines, etc. Level 1-6 requires knowledge of the theory and principles of management and organization. Assignments typically involve using qualitative and quantitative analytical techniques, and skill in conducting interviews with supervisors and employees. Similarly, the appellant uses qualitative and quantitative analytical techniques to provide technical and administrative advice to management officials, and conducts interviews with supervisors, employees, and patients to investigate incidents at the MTF.

The appellant's PD contains wording which is similar to that at Level 1-7. For instance, similar to phrasing at Level 1-7, the appellant's PD states that the work requires "Skill in conducting research and applying analytical and evaluative methods and techniques to issues concerning the efficiency and effectiveness of the healthcare delivery system." The PD also contains wording similar to that at other high levels in the standard, including levels 4-4 and 5-4. Nonetheless, as discussed later, levels 4-4 and 5-4 are not fully met. Neither is Level 1-7, as discussed in the following paragraph.

The illustrations provided at Level 1-7 contemplate projects and studies that are typically throughout a military command, a complex multimission local installation, or the equivalent. The illustrations refer to knowledge of organization, programs, missions, and functions of the parent military command along with knowledge to conduct staffing requirements and utilization surveys of headquarters organizations or various field installations. The appellant's work does not have this same scope. His assignments involve mainly the medical facility instead of being throughout an entire military command, headquarters organizations, or various field installations. His work is related to monitoring and improving the quality of care in the [his activity] through installation risk management, the quality improvement process, and ensuring compliance with accreditation requirements.

This factor is evaluated at Level 1-6 and 950 points are credited.

## Factor 2, Supervisory controls

This factor covers the nature and extent of direct or indirect controls exercised by the supervisor, the employee's responsibility, and the review of completed work.

The agency has evaluated this factor at Level 2-4. However, there is not sufficient information in the record to verify whether this is the appropriate level. Information in the record indicates that the appellant and his supervisor, in consultation, outline projects and develop time lines for projects. The appellant is responsible for planning and carrying out the assignments, resolving most of the conflicts which arise, coordinating or delegating the work with others as necessary, and interpreting policy on his own initiative. This is similar to the description of Level 2-4 where the employee and supervisor develop a mutually acceptable project plan and the employee is responsible for planning and organizing the study, estimating costs, coordinating with staff and line management personnel, and conducting all phases of a project.

The appellant's position does not meet Level 2-5. The appellant asserts that the programs under his management substantially affect the organization's ability to perform its mission, that his programs are managed with no supervision, that his work is reviewed only for informational purposes, that he develops a budget for his office, and that he develops performance improvement charters which meet with the organization's strategic plan. However, at Level 2-5, management officials normally review the employee's analyses, evaluations, and recommendations only for potential influence on broad agency (that is, Department of Air Force) policy objectives and program goals. While the appellant's assignments affect his medical facility, they do not regularly influence broad policy objectives and program goals throughout the Department of the Air Force.

While there is not sufficient information in the record to overturn the agency's determination of Level 2-4, we do add a caution. The factor relationship table on page 4 of the Guide illustrates which FES factor levels are typically assigned at various levels for administrative analytical positions. Typically, Level 2-3 is the highest level assigned for Level 1-6. Also, in *The Classifier's Handbook* on page 16 there is a factor relationship table for all administrative occupations. Level 2-4 is not assigned until Level 1-7 is also assigned. As discussed above, the the appellant's work does not meet Level 1-7 knowledge requirements primarily because the programs he manages to ensure the medical facility complies with regulatory requirements for accreditation do not approach the scope of the programs studied or typically dealt with at Level 1-7. A careful reading of the grade level criteria and these tables demonstrates that there is a direct correlation between the scope and importance of the subject studied and the factor levels assigned. While this typical pattern does not preclude assignment of Level 2-4 to a specific position where Knowledge required has been evaluated at Level 1-6, it would be unusual for a position to vary from the pattern. We also note that, in this case, assignment of Level 2-3 or Level 2-4 would not change our final grade determination.

This factor is assigned Level 2-4 and 450 points are credited.

Factor 3. Guidelines

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

At Level 3-3, guidelines consist of standard reference material, texts, and manuals covering the application of analytical methods and techniques and instructions and manuals covering the subjects involved. Analytical methods contained in the guidelines are not always directly applicable to specific work assignments. Included at this level are work assignments covered by a wide variety of administrative regulations and procedural guidelines.

Comparable to Level 3-3, the appellant's PD shows that standard guidelines are provided in the form of directives and standards. The record also indicates that the guidelines are not always directly applicable, and that the appellant must use judgment in choosing, interpreting, or adapting available guidelines. The appellant provides interpretations, guidance and implementation instructions on all revisions to standards for patient care.

This factor is assigned Level 3-3 and 275 points are credited.

Factor 4, Complexity

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

At Level 4-3, the employee analyzes the issues in the assignment, then selects and applies accepted analytical techniques. The projects usually take place within organizations with related functions and objectives, although organization and work procedures differ from one assignment to the next.

As at Level 4-3, the appellant analyzes the issues in the assignment, then selects and applies accepted analytical techniques such as task analysis and trend analysis to ensure that the MTF complies with all accreditation requirements and to identify MTF risks. As described at Level 4-3, the appellant's work takes place within organizations of [his activity]. Organizations within [his activity] generally have related functions and objectives.

The position does not meet the complexity required at Level 4-4. At this level, the work requires the application of qualitative and quantitative analytical techniques which frequently require modification to fit a wider range of variables than is described at Level 4-3. We recognize that the appellant's position requires an expert knowledge of analytical tools in order to do such things as select the appropriate techniques for trending patient care issues. He also states that he must develop new data collection systems designed to provide requested information. However, the record indicates that his position does not require frequent modification of qualitative and quantitative analytical techniques to the extent intended at level 4-4.

More important, the illustrations at Level 4-4 describe work of greater scope than the appellant's. The first illustration at that level describes an employee who improves information and systems for disseminating information about the agency's (that is, Department of Air Force's) programs and work force to managers at many organizational echelons or geographic locations. The second illustration under Level 4-4 indicates that an employee at this level serves as a management advisor in the bureau or command headquarters of an agency with responsibility for performing a range of analytical studies and projects related to field program operations in the areas of management and productivity improvement (including effectiveness of work methods, manpower utilization, and distribution of functions). By contrast, the appellant serves as a management advisor at the field level and his work relates directly to the operations of the medical center.

This factor is evaluated at Level 4-3 and 150 points are credited.

Factor 5, Scope and effect

This factor covers the relationship between the nature of the work and the effect of the work products or services.

At Level 5-3, the purpose of the work is to plan and carry out projects to improve the efficiency and productivity of organizations and employees in administrative support activities. Employees at this level identify, analyze, and make recommendations to resolve conventional problems and situations in workflow, work distribution, staffing, performance appraisal, organizational structure, and/or administration. Employees may be assigned portions of broader studies of largely administrative organizations or participate in the evaluation of program effectiveness at the operating level. Work

may also involve developing detailed procedures and guidelines to supplement established administrative regulations or program guidance. Completed reports and recommendations influence decisions by managers concerning the internal administrative operations of the organizations and activities studied. The work may involve identifying problems, studying, analyzing, and making recommendations concerning the efficiency and productivity of administrative operations in different components of an organization.

As is comparable to Level 5-3, the purpose of the appellant's position is to carry out assignments related to monitoring and improving the quality of care in [his activity]. He is responsible for ensuring the [appellant's activity] complies with accreditation requirements. This includes implementing new guidance as it is issued and developing procedures and guidelines to supplement established regulations and guidance. In addition, as part of his responsibility for developing the continuous improvement process, he identifies problems, studies, analyzes, and makes recommendations concerning the efficiency and productivity of organizations within [his activity]. The examples the appellant provides of his work, such as writing responses to Type I Joint Commission findings and developing the annual statement of assurance, are examples of how his work directly impacts [his activity].

The appellant's position does not meet Level 5-4 for two main reasons. First, the second paragraph and the first illustration under Level 5-4 indicate that, at that level, work contributes to improving productivity, effectiveness, and efficiency in program operations or administrative support activities at many different echelons or many geographical locations. The appellant states that his consultations with 12 Air Mobility medical treatment facilities provide resolutions to problems encountered by other facilities. He also states that his conversations with Health Affairs on issues related to the patient relations survey process help set the course for the Air Force's customer relations program. Even so, his work does not regularly affect as many different echelons or geographic locations as intended at Level 5-4. Second, work at Level 5-4 may affect the nature of administrative work done in components of other agencies. The appellant's work does not regularly affect agencies other than Air Force to the extent contemplated at this level.

This factor is evaluated at Level 5-3 and 150 points are credited.

Factor 6, Personal contacts and Factor 7, Purpose of contacts

Factor 6 covers the people and conditions or settings under which contacts are made. It includes face-to-face contacts and telephone and radio dialogue with persons not in the supervisory chain. Factor 7 covers the reasons for the contacts described in Factor 6.

The appellant's personal contacts are evaluated at Level 2. At that level, contacts are with employees, supervisors, and managers of the same agency, but outside of the immediate office, or employees and representatives of private concerns in a moderately structured setting. This is comparable to the appellant's contacts which are primarily with employees, supervisors, managers, and patients of [his activity] but also include other Air Force personnel involved with risk

management, accreditation, and quality improvement (e.g., Air Mobility treatment facilities and Air Force legal consultants) as well as civilian accrediting agencies (e.g., JCAHO and American Society of Healthcare Risk Managers).

Factor 7 is evaluated at Level b. The record indicates that the purpose of the appellant's contacts is to exchange information; resolve operational problems; make recommendations; communicate interpretations, guidance, and implementation instructions; and to solve problems or concerns. This is comparable to Level b, where contacts typically involve such matters as identification of decision-making alternatives, appraisals of success in meeting goals, or recommendations for resolving administrative problems.

Factor 6 is evaluated at Level 2 and Factor 7 at Level b. According to the chart on page 25 of the Guide, a total of 75 points is credited to the appellant's position based on this combination of levels.

## Factor 8, Physical demands

The physical demands on the appellant meet Level 8-1. As is typical at this level, the appellant's work is primarily sedentary and he may sit comfortably to do the work. There may be some walking, bending, or carrying, but there are no special physical demands required to perform the work.

This factor is evaluated at Level 8-1 and awarded 5 points.

## Factor 9, Work environment

The appellant's work environment is best evaluated at 9-1. As is typical at this level, the appellant's work is performed in adequately lighted and climate controlled work spaces.

This factor is evaluated at Level 9-1 and awarded 5 points.

Summary

In summary, we have evaluated the appellant's position as follows:

Factor	Level	Points
1. Knowledge required by the position	1-6	950
2. Supervisory controls	2-4	450
3. Guidelines	3-3	275
4. Complexity	4-3	150
5. Scope and effect	5-3	150
6. Personal contacts	∫6-2	
7. Purpose of contacts	\ 7-b	75
8. Physical demands	8-1	5
9. Work environment	9-1	<u> </u>
Total Points:		2060

The appellant's position warrants 2060 total points. Therefore, in accordance with the grade conversion table on page 3 of the guide, his position is properly graded at GS-9.

# **Decision**

The appellant's position is properly classified as Health System Specialist Series, GS-671-9.