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

Appellant: [appellant]

Agency classification: Medical Support Assistant
GS-679-4

Organization: Medical Center
Department of Veterans Affairs

OPM decision: Medical Support Assistant
GS-679-4

OPM decision number: C-0679-04-03

/s/

Virginia L. Magnuson
Classification Appeals Officer

March 12, 2003
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]

[Human Resources Officer]

[representative]

Office of Human Resources Management (054B)
Department of Veterans Affairs
810 Vermont Avenue, NW.
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Deputy Assistant Secretary for Human Resources Management (05)
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Introduction

On December 12, 2002, the Atlanta Oversight Division, now the Atlanta Field Services Group, U.S. Office of Personnel Management (OPM), accepted an appeal for the position of Medical Support Assistant, GS-679-4, [organizational location] Medical Center, Department of Veterans Affairs (VA), [geographical location]. The appellant requests that her position be reclassified as GS-679-5. We received a complete administrative report on December 23, 2002. The appeal has been accepted and decided under section 5112(b) of title 5, United States Code.

The appellant submitted an appeal to her agency requesting reclassification as GS-5. The agency issued a decision on September 24, 2002, sustaining the existing classification.

In reaching our classification decision, we have carefully reviewed all information furnished by the appellant and the agency, including information obtained from telephone interviews with the appellant and her supervisor.

Position information

The appellant is on a standard position description, Position Number [#], used for all Medical Support Assistants in [organizational location]. Both the appellant and her supervisor certified position description accuracy.

Our fact-finding revealed that this description is over-stated for the appellant’s position. The position description indicates rotating assignments in a variety of units and makes reference to difficulties or situations associated with several of the units. The appellant is assigned to the surgery ward and has worked there for three years except for several months spent in two other units for cross-training purposes. She does not, as indicated in the position description, transcribe physician’s medication orders nor have close personal contacts with patients to provide instructions for test preparation or handle psychiatric patients. Also, the environmental hazards in some units may justify the agency’s Level 2 credit for Factor 9, but they are not significant in the surgery unit. The applicability of the standard position description for this position should be reviewed and revised to reflect the appellant’s recurring assignments.

The appellant works in the surgery unit performing medical records management from admission to discharge, receptionist duties, and administrative tasks associated with the activities of the unit. The appellant estimates that she spends 40 percent of her time performing medical record duties, 40 percent answering the telephone and coordinating actions, and 20 percent performing receptionist duties. She reviews physicians’ orders for patient care activities such as diets, tests, treatments, and transfers; may enter them into the computer; and initiates appropriate forms. She files tests and consultation results in the medical record, arranges and coordinates clinical appointments for patients, notifies doctors of record needs or status, and responds to emergency situations. She ensures that consent forms and authorizations for patient treatment are in the record. She coordinates transfer activities, transportation, social service and chaplain services, etc. The appellant performs a variety of other tasks such as preparing work orders, obtaining office supplies and forms, answering the nurse call system, and relaying messages to the nursing staff.
The appellant works independently and receives general supervision from the supervisor. A Lead Medical Support Assistant may provide procedural change information. The unit Head Nurse or designee instructs the employee in changes in unit nursing procedures, reviews orders input by the appellant for accuracy, and is available for referral of special situations. Work is periodically checked by the supervisor for compliance with established medical facility requirements.

**Series, title, and standard determination**

The agency determined that the appellant’s position is properly placed in the Medical Support Assistance Series, GS-679, with Medical Support Assistant as the title. The appellant does not contest the title or series determination of her position. We concur.

The Job Family Standard (JFS) for Assistance and Technical Work in the Medical, Hospital, Dental, and Public Health Group, GS-600, is used to classify positions in the Medical Support Assistance Series, GS-679.

**Grade determination**

The GS-600 JFS for Assistance and Technical Work is a Factor Evaluation System (FES) position classification standard covering two distinct occupations. Under the FES, positions are evaluated on the basis of their duties, responsibilities, and the qualifications required in terms of nine factors common to nonsupervisory General Schedule (GS) positions. Nine different classification factors are identified for evaluation. Each factor has several levels that equate to higher degrees of difficulty or complexity, and each has a corresponding point value assigned. The total of points for all nine factors is compared to a grade conversion chart in the standard to arrive at a final grade. Some of the factor level definitions in the GS-600 JFS have separate criteria for each covered series. We used the Medical Support Assistance criteria.

**Factor 1, Knowledge required by the position**

This factor measures the nature and extent of information or facts that a worker must understand to do acceptable work and extent of the skills needed to apply this knowledge. To be used as a basis for selecting a level under this factor, knowledge must be required and applied. The agency evaluated this factor at Level 1-3. We agree.

At Level 1-3, the highest level in the standard for medical support work, employees use extensive knowledge of a body of rules, procedures and operations of the medical center, the facility’s records system, regulations, administrative policies, and professional service procedures applicable to a variety of issues. They give instructions to patients and arrange appointments, assemble patients’ charts, record physicians’ orders, and retrieve x-rays, laboratory reports, and other relevant patient data. They organize patient records to research records and extract medical information. Employees review records for completeness, accuracy, and consistency with medical facility requirements and record data involving outpatient appointments, inpatient admissions, and discharge and transfer information using the medical facility’s record system.
The appellant’s position meets Level 1-3. She uses general knowledge of medical terminology, procedures, services, and the medical center to carry out assignments, both for normal and emergency situations. She also uses knowledge of the Veterans Information Systems Technical Administration (VISTA) system and the Computerized Patient Records System (CPRS) to ensure entry and completion of patient records. The work requires knowledge of the internal organization of patient records and the relationship of their parts in order to maintain records and search for information. For text orders and in emergency situations, the appellant inputs information and new orders, provided by the physician, relating to diet, laboratory tests and services, and consultations. She reviews the record to determine completeness, verifies specific items of information such as treating specialty and doctor, and contacts the physician, floor nurse, or other departments to obtain missing forms or authorizations. The appellant prints completed records and assembles patient records and charts. She schedules patients for appointments and services and performs other clerical/administrative work of the unit relevant to patient care treatment. Her position fully meets Level 1-3. There is no evidence in the record that this level is exceeded.

Level 1-3 is credited for 350 points.

*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 extent of review of completed work. The agency evaluated this factor at Level 2-2. We agree.

At Level 2-2, the supervisor makes assignments by providing general instructions. Employees use initiative and work independently within the framework established by the supervisor. Employees are expected to refer problems not covered by the supervisor’s instructions or procedures to the supervisor or designated employee. The supervisor reviews new or difficult assignments and those with potential adverse impact and may spot check routine work products for accuracy.

Level 2-2 is met. The appellant performs most tasks independently according to established procedures and/or previous experience. The supervisor is not present on the floor; however, the appellant refers most verbal orders and unusual issues to the unit Head Nurse or designee. The supervisor or leader provides instruction on non-recurring assignments and procedural changes. The supervisor spot checks work for compliance with procedures and established requirements for the handling of patient information. Computer orders input by the appellant are also reviewed by the nurse for accuracy.

At Level 2-3, the supervisor makes assignments by defining the overall objectives, priorities, and deadlines, and assists with unusual situations. Employees independently plan the work, resolve problems, carry out successive steps of assignments, and make adjustments using accepted standard operating procedures or practices. They handle problems and deviations that arise in accordance with established policies, regulatory and administrative guidelines, directives, instructions, and accepted practices.
Level 2-3 is not met. The appellant does not approach the degree of independence of action envisioned at this level. She has no control over the setting of priorities or deadlines and little opportunity to adjust or alter the timing or sequence of work. The work cycle is generally determined by patients’ admissions and schedules. Written guidance and direction regarding what needs to be done are readily available and cover both normal and emergency situations. Problems and new situations are referred to the supervisor or the unit Head Nurse or designee.

Level 2-2 is credited for 125 points.

Factor 3, Guidelines

This factor covers the nature of guidelines and the judgment needed to apply them. The agency evaluated this factor at Level 3-1. We agree.

At Level 3-1, specific guidelines covering all important aspects of assignments are provided to the employee. Employees work in strict adherence to the guidelines. Little or no judgment is required in selecting guidelines for application to individual cases.

Level 3-1 is met. The appellant uses guidelines for the unit’s procedures, computer operation and systems, examples of commonly used forms in the unit, diets, types of tests and instructions for their ordering, and numerous written instructions concerning scheduling of patient appointments, requirements for procedures, release of information, filing and completion of medical records and instructions for scheduling of emergency tests and/or examinations. Computer personnel are resources for use of VISTA and CPRS. Computer functional processes are well defined. Guidelines cover most situations and little judgment is used in selecting the guidelines for application. Receptionist functions involve routine and repetitive questions for which information is readily available.

At Level 3-2, employees use procedural and regulatory guidelines that specifically cover the assigned work. They must choose the most appropriate guidelines, references, and procedures to use from a number of similar guidelines and work situations. They make minor deviations or adapt guidelines to specific cases.

Level 3-2 is not met. The appellant has specific guidelines covering most aspects of the work, including emergencies. There is only limited opportunity to exercise judgment in determining the appropriate guidelines to use. She does not normally make minor deviations or adapt guidelines to specific cases.

Level 3-1 is credited for 25 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. The agency evaluated this factor at Level 4-2, the only complexity level identified in the standard for medical support assistance. We agree.
At Level 4-2, the employee’s work consists of several related processes such as compiling, recording, reviewing, selecting, and interpreting medical data and information incidental to a variety of patient care and treatment activities. The employee decides what needs to be done by choosing from various options that require recognition of and differences among a few easily recognizable alternatives. The employee responds to changing priorities that frequently depend upon the differences in medical information about each patient and the urgency of the situation.

Level 4-2 is met. The appellant’s work involves the clerical and administrative functions facilitating patient care and treatment. The appellant compiles, records, and/or reviews medical data and initiates forms for authorization of surgery and other procedures or services. She serves as receptionist and schedules and coordinates appointments. The appellant also performs a variety of miscellaneous support functions for the unit, such as obtaining office supplies and forms; typing time schedules, consultations and other miscellaneous forms and reports; assisting in answering nurse call system and relaying messages; and contacting ancillary staff for assistance, e.g., bed cleaning. Alternative actions to take for each function are easily recognized. The appellant’s actions vary based on the urgency of the situation and the differences in patient medical needs. This complexity is comparable to the only complexity level described in the JFS for medical support assistance. There is no evidence in the record that this level is exceeded.

Level 4-2 is credited for 75 points.

Factor 5, Scope and effect

This factor covers the relationship between the nature of the work; i.e., purpose, breadth, and depth of the assignment and the effect of work products or services both within and outside the organization. The agency evaluated this factor at Level 5-2. We agree.

At Level 5-2, the highest level in the standard for medical support work, employees perform receptionist and general recordkeeping duties; give patients instructions on test preparation, diets, and procedural requirements; and record physicians’ orders. The work affects accuracy and acceptability of further processes, including patient care.

Level 5-2 is met. The appellant’s work involves receptionist and recordkeeping duties and includes inputting text and emergency orders and directing emergency response personnel to area of need. She normally has no direct contact with patients to provide instructions; however, she ensures that all forms and instructions for their admission, care, and discharge are present and complete. She performs follow-up, e.g., calls to doctors or nurses, pharmacy, radiology, and other center departments, to obtain additional information and documents. The appellant also schedules appointments, considering patient convenience, and coordinates services for them. The appellant’s work impacts efficiency by ensuring patients have their paperwork or have fully completed forms prior to exams and that the exams are done in a timely manner. The work generally affects accuracy and acceptability of further processes or services. The intent of Level 5-2 is met.

Level 5-2 for 75 points is credited.
Factor 6, Personal contacts, and Factor 7, Purpose of contacts

These factors assess face-to-face as well as telephone contacts with persons not in the supervisory chain. The levels of these factors are based on what is required to make the initial contact, the difficulty of communicating with those contacted, and the setting in which the contact takes place.

Factors 6 and 7 are interdependent. The personal contacts that serve as the basis for the level selected for Factor 7 must be the same contacts as those that are the basis for the level selected for Factor 6. The agency credited Level 2 for Personal contacts and Level B for Purpose of contacts. We agree.

Personal contacts

The appellant’s contacts equate to Level 2, the highest level described in the standard. Contacts are with employees within the medical facility, but outside the immediate work unit. Some contacts may be with the general public in moderately structured settings. Such contacts may include representatives from insurance companies, private physicians, other care providers, and individuals from other agencies or organizations seeking information. The appellant’s contacts primarily include family members, other medical center staff, including physicians, and limited external contacts with service providers or others seeking information.

Level 2 is met.

Purpose of contacts

The purpose of the contacts meets Level B. At this level, contacts are made to initiate and follow through on work efforts or to resolve operating or technical problems related to the treatment of patients and/or the maintenance of patient records. Employees at this level influence or persuade individuals or groups working toward mutual goals and have basically cooperative attitudes.

Level B is met. The appellant initiates contacts to follow through on work efforts. She requests missing medical records, orders, and authorizations; schedules timely appointments for patients with other medical center disciplines to avoid conflicts; arranges for transportation of patients to other units or facilities or other services; etc. The appellant may attempt to calm upset family members and hospital staff concerned about individual situations.

At Level C, the purpose of contacts is to influence, persuade, interrogate, or control people or groups with whom communication is unusually difficult. Our fact-finding did not identify comparable communication situations.

Level B is met.

Factors 6 and 7 meet Level 2B for 75 points.
Factor 8, Physical demands

This factor covers the requirements and physical demands placed upon the employee by the work assignment. This includes physical characteristics and abilities and the physical exertion involved in the work. The agency credited this factor at Level 8-1. We agree.

At Level 8-1, the work does not require any special physical effort or ability. It may require walking, bending, standing, and/or carrying of light items such as files and manuals, but it is mainly sedentary.

Level 8-1 is met. The appellant carries such things as patient records and supplies. The work is primarily sedentary, but requires some bending, walking and standing.

At Level 8-2, the work requires some physical exertion such as prolonged periods of standing, bending, reaching, crouching, stooping, stretching, and lifting moderately heavy items such as manuals and record boxes.

Level 8-2 is not met. The appellant’s work is primarily sedentary and requires some physical effort. During emergencies, the appellant is responsible for movement of records. There is no indication in the appeal record that the work normally requires prolonged periods of physical exertion or lifting of moderately heavy items.

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 and the safety precautions required. The agency credited this factor at Level 9-2. We disagree.

At Level 9-1, the employee typically works indoors in an environment involving everyday risks or discomforts. He or she is required to observe normal safety practices. The area is adequately lighted, heated, and ventilated.

Level 9-1 is met. The appellant’s primary work environment is a hospital surgery unit. The appellant observes normal safety practices.

At Level 9-2, the work environment involves moderate risks or discomforts that require special precautions, e.g., exposure to infectious diseases. Employees may be required to use protective clothing or gear. Employees may work in close proximity to mentally disturbed patients and, consequently, be at risk of physical abuse.

Level 9-2 is not met. The work does not require any special precautions by the appellant. She has only limited contact with surgery patients and is not required to use protective clothing or gear. Isolation patients are in designated areas. Our fact-finding did not reveal the risk of exposure to infectious disease intended at Level 9-2. The appellant also is not normally subject to moderate risk through close proximity to mentally disturbed patients.
Level 9-1 is credited for 5 points.

Summary

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Total                                      735

A total of 735 points falls within the GS-4 point range of 655 to 850 in the JFS.

Decision

The appellant’s position is properly classified as Medical Support Assistant, GS-679-4.