

# Position Classification Standard for Hospital Housekeeping Management Series, GS-0673

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## SERIES DEFINITION

This series includes positions the principal duties of which are to advise on, supervise or perform work involving the development, coordination, direction and management of hospital housekeeping programs. The major concern of such programs is the maintenance of environmental sanitation within acceptable levels of bacteriological, as well as visual, cleanliness. The series is limited to positions of managers and assistant managers of hospital housekeeping programs, trainees for such positions and program specialists at organizational echelons above the local hospital level.

This standard supersedes the standard for the Hospital Housekeeping Management Series published in June 1967.

## EXCLUSIONS

Positions involving the following types of work are excluded from this series:

1. Housekeeping program management in institutions or establishments other than hospitals. (See the General Housekeeping Series, GS-1666.)
2. Hospital environmental sanitation work which requires full scientific or professional education. Such positions are classified to the appropriate scientific, engineering, or professional subject-matter series.
3. Hospital building management work principally concerned with maintenance and operation of the physical plant. (See the [Job Family Standard for Administrative Work in the Equipment, Facilities, and Services Group, GS-1600.](#))
4. Positions that primarily involve supervision or performance of work for which the paramount requirements are skill and knowledge in the application of hospital housekeeping techniques rather than ability to manage a comprehensive hospital housekeeping program.

## NOTES ON EXCLUSION: PAY CATEGORY DETERMINATION

Title 5 U.S.C. 5103 exempts from the Classification Act employees in recognized trades, crafts, or manual labor occupations, including supervisors in positions having trade, craft, or laboring experience and knowledge as the paramount requirement.<sup>1</sup> Accordingly, hospital housekeeping

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<sup>1</sup> See Section IV, Trades, Crafts, or Manual-Labor Positions in the [Introduction to the Position Classification Standards](#) for the definition of "paramount requirement" and related pay category determinations.

supervisory positions whose paramount requirement is trade, craft, or laboring experience and knowledge are exempt from the General Schedule and excluded from this series. Such supervisory positions are excluded even though they may operate through subordinate supervisors. In contrast, hospital housekeeping positions whose paramount requirement is knowledge of hospital housekeeping techniques and management procedure, techniques, methods, and practices needed to effectively plan, organize, conduct, and manage a hospital housekeeping program are covered by the General Schedule and included in this series.

The distinction between hospital housekeeping positions which are covered by the General Schedule and those which are excluded is, however, sometimes difficult to make. Hospital housekeeping management and supervisory positions that are under the General Schedule because of a paramount requirement for knowledges and experience related to "management" rather than to trades and crafts (see above) may, nevertheless, include a secondary requirement for such trades, craft or laboring experience and knowledge. Conversely, supervisory hospital housekeeping positions which are exempt from the General Schedule because of a paramount requirement for trades, craft, and manual laboring experience and knowledge, may include a secondary requirement for managerial skills similar to those of managers and supervisors under the General Schedule.

Determination of the pay category of a hospital housekeeping position therefore must be based on a careful assessment of the paramount requirement of the position, i.e., does the position primarily require managerial knowledges and skills, or are trade, craft, or manual laboring experience and knowledge the paramount requirement for supervising or directing the involved hospital housekeeping work operations.

For example, fully operational Hospital Housekeeping Officer positions which have the full range of managerial responsibility described in Part II of this standard are covered by the General Schedule. Assistant Hospital Housekeeping Officers reporting to Hospital Housekeeping Officers with full managerial responsibility are also covered by the General Schedule when they share in these managerial responsibilities to such an extent that they are the basis for the paramount requirement of the position. On the other hand, supervisory positions reporting directly to Hospital Housekeeping Officers are exempt from the General Schedule when the performance of supervisory duties, such as planning, scheduling, assigning, coordinating, directing, or reviewing work activities (as described more fully in the job grading standard for wage system supervisors), is primarily based on the application of trade, craft, or manual laboring experience and knowledge rather than on management experience and knowledge of management methods and techniques.

Usually, a careful assessment of the paramount requirement of a position will be sufficient to determine its pay category. Only after such a careful assessment has been inconclusive, may a position be considered to be borderline with respect to pay category. However, in borderline situations, the total working environment of the position, such as the nature of the work

organization, working and pay relationships, normal career progression, and management intent must be considered. In this connection, the following should be noted:

*Line of Promotion:* The overall pattern of past and anticipated career progression is an indicator of whether a position is GS or non-GS. For example, positions in career ladders, or part of a planned program of training, leading to a specific "target" position are in the same pay category as the target position.

*Management Intent:* The intent of management in establishing a particular hospital housekeeping position is an important indicator to be considered in making the pay category determination for borderline positions. The management "intent" to be considered refers to the manner in which management intends the responsibilities of the position to be exercised, the overall approach to the work involved and the nature of the knowledges and abilities which are to be the basis for carrying out the primary duties of the position. For the purpose of making pay category determinations, management "intent" may be considered to the extent that it is consistent with and reflected by the overall pattern of past and anticipated career progression, and supported by the content of the applicable official position description.

## TITLES

The supervision of others is inherent in most positions in this series. Since this was taken into consideration in the establishment of grade criteria, the resulting grades should not be modified by the application criteria for supervisory positions. Also, the prefix "supervisory" is not authorized for these positions.

The following four titles are authorized, representing differences in the work and in the kind of knowledge and ability required:

### *Hospital Housekeeping Assistant*

This title applies to positions which involve a limited range of technical and management responsibility. These positions are normally established for training purposes to provide specialized knowledge and experience in organizing, operating, and making studies of various segments of a hospital housekeeping management program. Although this title is limited to GS-7 and below, there may also be positions at these grade levels which should be titled Assistant Hospital Housekeeping Officer.

### *Assistant Hospital Housekeeping Officer*

This title applies to positions which serve as full assistant to Hospital Housekeeping Officers in planning, managing, and conducting effective hospital housekeeping programs. Persons in these positions must have a good knowledge of virtually all aspects of hospital housekeeping management work.

*Hospital Housekeeping Officer*

This title applies to positions which involve primary responsibility for planning, organizing, conducting, and managing an effective hospital housekeeping program. Persons in these positions must have a thorough knowledge of hospital housekeeping techniques as well as management procedures, techniques, methods, and practices, and must be able to apply them successfully to a specific hospital housekeeping program.

*Hospital Housekeeping Program Specialist*

This title applies to positions located at organizational echelons above the local hospital level, which are concerned with the formulation, organization, planning, evaluation, and overall management of a hospital housekeeping program for a group of hospitals. In addition to the qualifications necessary for Hospital Housekeeping Officer, these positions require ability to evaluate the effectiveness of local hospital housekeeping programs, to plan and develop program guidance materials, and to work effectively at the headquarters level to direct or assist in directing housekeeping programs in a group of hospitals.

## **OCCUPATIONAL INFORMATION**

The need for maintaining bacteriological, as well as visual, cleanliness in hospitals has been recognized for some time. However, in recent years, the need to maintain exceptionally high-levels of environmental sanitation has become even more critical. This increasing awareness of the need to maintain a safe and sanitary environment for hospital patients, staff and visitors, culminated in the issuance by the Joint Commission on Accreditation of Hospitals (JCAH) of new and demanding standards of excellence in hospital sanitation. Additionally, new and more stringent requirements for effective occupational safety and health have created increased demands for controlling the physical facilities and the actions of individuals so as to minimize patient, employee or visitor injury and exposure to infectious disease.

As the concern for the hospital environment has evolved to its present level, so too has the position of Hospital Housekeeping Officer evolved to meet the increased demands. At one time, responsibility for maintaining the hospital environment was diffused, with the nursing department assuming considerable responsibility in this area. Later, hospital housekeeping responsibility was centralized in Hospital Housekeeping Officer positions which focused on directing the day-to-day operations of the housekeeping program. More recently, the new emphasis on hospital sanitation has made it necessary to endow Hospital Housekeeping Officer positions with the full range of managerial responsibilities typical of other administrative managers in hospitals. While the Hospital Housekeeping Officer is still expected to be a technical expert in environmental sanitation and hospital housekeeping, the primary responsibility of these positions has shifted from technical program direction to overall program management and accountability.

Today's Hospital Housekeeping Officer has full administrative and managerial responsibility for the environmental sanitation program. Hospital Housekeeping Officers usually report directly to

top hospital management (typically the Assistant Hospital Administrator), but this may not be the case in every institution. The Hospital Housekeeping Officer is fully responsible for planning, organizing, staffing, directing, controlling and evaluating the program at their specific health care facility. They coordinate hospital housekeeping activities with other programs and activities in the hospital; initiate, shape and set policy, procedures, standards and goals; develop and apply an internal program of management review, appraisal and improvement; establish the balance between quality and quantity in light of budget and ceiling constraints; provide for formal and on-the-job training and instruction; and, assume an active role in the overall management responsibility for a health care facility through participation and service in the committee structure. Hospital Housekeeping Officers formulate, implement, coordinate and control comprehensive environmental sanitation programs. They respond to the myriad components of the health care environment and have the administrative authority to use discretion in effecting needed change for the benefit of patients, staff and visitors.

The technical aspects of the Hospital Housekeeping Officer position revolve around the development and maintenance of standards for cleanliness and sanitation. These standards encompass such areas as the frequency of cleaning; the methods, procedures and safety precautions to be followed; the selection, measurement and proper use of housekeeping and cleaning supplies; and the use and maintenance of housekeeping equipment. In developing standards to meet the unique requirements of a particular hospital, the Hospital Housekeeping Officer must take into consideration both the unique physical characteristics of the local hospital and the functions of various specialized hospital departments and medical programs. Maintaining these standards involves such activities as continuing inspections by the Hospital Housekeeping Officer and subordinate supervisors; a bacteriological monitoring program including the systematic collection, incubation and analysis of sample micro-organism cultures; and an aggressive program to test and perfect hospital housekeeping techniques, procedures and products.

## **QUALIFICATION REQUIREMENTS**

Hospital Housekeeping Officer positions require both technical expertise in hospital housekeeping operations and program management ability. A number of these qualification requirements are mentioned or implied in the preceding occupational information section and the remainder of this standard. The following is not all inclusive, but it does summarize the more important knowledges, skills and abilities required for hospital housekeeping management positions:

- ability to develop procedures which mesh the specific goals of the hospital housekeeping department with the broad overall goals of the hospital, and ability to work with other hospital managers to coordinate respective programs;

- ability to delegate authority;
- ability to analyze problems and make decisions taking into full consideration a wide range of factors and requirements, e.g., standards of the Joint Commission on Accreditation of Hospitals, budgetary and ceiling restrictions, public relations, labor relations, EEO, etc.;
- ability to communicate effectively with a wide variety of people, e.g., justifying program goals and plans to top hospital managers and motivating hospital housekeeping employees;
- familiarity with government-wide, agency, and hospital rules and regulations in areas such as budget, personnel and labor relations, and ability to develop operating procedures for implementing these requirements in the local hospital housekeeping program;
- practical working knowledge of some of the basic principles of chemistry, biology and bacteriology as applied to environmental sanitation, infection control, and choice and use of cleaning agents and equipment, and as gained by on-the-job training supplemented by related experience, education or special outside courses;
- knowledge of hospital housekeeping methods and techniques; of various floor, wall, and ceiling covering materials and their properties; and of current developments concerning new cleaning agents, techniques and equipment.

These and related qualification requirements have been taken into consideration in establishing the grade structure and are reflected in the grade-level criteria.

## EVALUATION

The evaluation plan for this standard is in two parts: Part 1 provides narrative descriptions of trainee Hospital Housekeeping Assistant positions at grades GS-5 and GS-7; Part 2 provides guidance on the classification of Hospital Housekeeping Officers and Assistant Hospital Housekeeping Officers.

Specific evaluation criteria are not provided for Hospital Housekeeping Assistants above the basic trainee levels and staff specialists at organizational echelons above the local hospital level. These positions, which are limited in number, should be evaluated by comparison to the classification criteria in this and closely related standards, by the overall career pattern of the positions and by alignment with properly classified positions in the organizational hierarchy.

## **PART 1: Trainee Positions**

The following narrative grade level descriptions depict the usual training situation for Hospital Housekeeping Assistants at grades GS-5 and GS-7. These are the typical grades for trainee positions in this series. Higher level developmental positions may also be appropriate depending upon the level of the work to be performed and the background of the individual.

### **HOSPITAL HOUSEKEEPING ASSISTANT, GS-0673-05**

Positions at this level are normally established to develop individuals for progressively more difficult assignments and responsibilities in hospital housekeeping management. Trainees receive systematic hospital classroom and on-the-job training in all major facets of the housekeeping program. Instruction and assignments provide a basic familiarity with hospital objectives and procedures, departmental relationships, and especially with hospital housekeeping objectives, practices, and procedures. The training typically provides indoctrination in management philosophy and supervisory techniques, as well as actual experience in supervising workers, assigning work, establishing schedules, establishing performance standards, and conducting studies to determine whether changes in procedures should be made. Trainees gain experience in specific techniques for such things as various types of cleaning, linen control and management, laundry operation, interior decoration, testing new products or equipment, and monitoring the level of a bacteriological cleanliness by coordinating or performing culture sampling.

All work is performed under close supervision, with detailed instructions provided for specific assignments, and additional guidance given during the course of assignments as necessary. Work is evaluated both for technical accuracy and as an indicator of ability to grasp and successfully apply basic hospital housekeeping principles and practices, ability to exercise initiative and assume responsibility, and potential for successfully performing more responsible hospital housekeeping management work.

### **HOSPITAL HOUSEKEEPING ASSISTANT, GS-0673-07**

Positions at this level require more comprehensive training and experience than at the GS-5 level. Work assignments, which are broader in scope than at the lower level, are specifically designed to further develop the Hospital Housekeeping Assistant's managerial and technical skills. With general instructions as to objectives, priorities and deadlines, the Hospital Housekeeping Assistant uses initiative in planning and carrying out assignments which are covered by instructions, policies, previous training or accepted practices, and in making recommendations in areas which are not covered by such instructions and precedents. Work is reviewed in terms of the adequacy of methods, procedures, recommendations and results; and as an indicator of ability to grasp and solve new and changing problems, effectively deal with hospital housekeeping employees, coordinate hospital housekeeping activities with other

hospital departments and potential for successfully performing more responsible hospital housekeeping work.

## **PART 2: Hospital Housekeeping Officer and Assistant Hospital Housekeeping Officer Positions**

### **FACTOR I: PROGRAM CHARACTERISTICS**

*Hospital Housekeeping Officer Positions:* Program management is fundamental to all Hospital Housekeeping Officer positions. Therefore, the following evaluation plan assumes that the Hospital Housekeeping Officer is fully responsible and accountable for planning, directing and monitoring all aspects of the hospital housekeeping program. This includes responsibility for performing the full range of the following duties and responsibilities:

- Determining long-range, intermediate, and short-range program goals and policies independently or jointly with higher management and/or the appropriate hospital committee(s);
- Developing and implementing organizational structures and operating plans and procedures to achieve program goals, monitoring effectiveness and efficiency of operations within the established framework, and making adjustments as necessary;
- Determining need for and allocation of resources, and accounting for their effective use;
- Considering a broad spectrum of factors when making decisions (or recommendations to higher-level management) including requirements of the Joint Commission on Accreditation of Hospitals and the Occupational Safety and Health Administration, public relations, effect on other hospital activities, economic impact, etc.;
- Coordinating program efforts with other internal activities, and, as necessary, program management officials at the headquarters level;
- Understanding agency and local hospital policies and priorities and communicating them throughout the hospital housekeeping department; and communicating the goals of the housekeeping program to other hospital departments;
- Establishing personnel management policies for the housekeeping department which are in line with the general personnel policies of the agency and the local hospital; dealing with personnel actions affecting key employees and with other actions with possible serious repercussions; and
- Delegating authority to subordinate supervisors and holding them responsible for the performance of their respective organizational units.

Positions which fully meet this level of managerial responsibility are to be evaluated in terms of two classification factors: (1) Scope of Program and (2) Hospital Characteristics. After being evaluated in terms of the criteria presented in the following level definitions for these factors, Hospital Housekeeping Officer positions are to be assigned to grade levels by use of the conversion table on page 16.

*Assistant Hospital Housekeeping Officer Positions:* The criteria in this standard do not specifically cover Assistant Hospital Housekeeping Officer positions. Their grade levels are to be determined based on an assessment of the relationship between the Assistant position and the position of the Hospital Housekeeping Officer assisted. The Assistant who serves as a full deputy to the Housekeeping Officer, substantially sharing all technical and managerial responsibilities, may be classified one grade lower than the Hospital Housekeeping Officer. A wide grade level differential is warranted in situations where the delegation of authority is more limited or the Assistant receives substantial assistance and guidance in discharging technical and management responsibilities.

The cleaning function is the nucleus of all hospital housekeeping programs and the prime responsibility of all Hospital Housekeeping Officers. Beyond this, however, some Hospital Housekeeping Officers are also responsible for the management of additional functional areas which significantly increase the complexity of their work. Additional functional areas complicate the Housekeeping Officer's position when they demand (1) specialized technical knowledges not directly related to basic cleaning operations and (2) increased management skill. Two levels are defined under this factor.

*Level B (Basic Program):* The Hospital Housekeeping Officer at this level is responsible for directing a cleaning program designed to maintain the visual and bacteriological cleanliness of the hospital. This basic core responsibility includes the cleaning of floors, walls, and ceilings and the stripping and waxing of floors in virtually all hospital areas. At this level the Hospital Housekeeping Officer may also have administrative management responsibility for a variety of incidental functions in addition to basic operations. These incidental functions add to the variety of the program. They do not, however, significantly increase the overall complexity of the Hospital Housekeeping Officer position since (1) they do not require additional specialized knowledges, and (2) they do not generate significant management problems because they are covered by relatively standardized and established requirements, methods and procedures. Functions such as window washing, coordination of elevator service and trash disposal are typical of the incidental functions for which the Hospital Housekeeping Officer may be responsible.

*Level A (Expanded Program):* Hospital Housekeeping Officers at this level are responsible for the administrative and technical management of two or more substantive functional areas in addition to the basic cleaning program described at Level B.

In addition to requiring specialized technical knowledges, these substantive functional areas increase the complexity of the Hospital Housekeeping Officer position in their demands for

increased skill in managing programs which generate frequent problems which are unpredictable and which are not covered by established guidelines.

In determining whether the Hospital Housekeeping Officer position is to be evaluated at this level, the emphasis must be on the impact the additional functional areas actually have on the position. Positions which involve marginal responsibility for potentially substantive functional areas should not be assigned to this level. The following examples illustrate the degree of responsibility the Hospital Housekeeping Officer must exercise over various substantive functional areas to receive credit at this level. Other functional areas may also be credited if they demand comparable specialized technical knowledge and management skills.

*Interior Decoration:* Responsibility for interior decoration involves a major role for developing a hospital-wide decorating plan that is both conducive to patient well-being and pleasing to visitors and employees. In developing the plan, the durability, clean ability, suitability, expense and aesthetic value of various types of fabrics and furniture must be fully considered. While the preferences of hospital staff are considered in making decorating decisions, the Hospital Housekeeping Officer exercises final authority for selections, subject only to adjustment by top hospital management and/or the hospital's interior decoration committee.

*Laundry:* Responsibility involves active participation (together with the laundry plant manager who is responsible for day-to-day laundry operation) in managing the technical operations of the laundry. This includes such activities as the selection and use of equipment, establishment of work standards, and development and revision of work flow procedures.

*Control of Linen Management:* The Hospital Housekeeping Officer is responsible for the full cycle of linen management. This includes determination of the type of linen to be purchased, the quantity necessary to be kept in stock, establishment of quotas for each ward and other using points within the hospital, establishment of transportation methods and systems for both clean and soiled linen, and arrangement for laundering, repair and replacement of linens.

## **FACTOR II: HOSPITAL CHARACTERISTICS**

This factor measures the impact of the hospital's physical characteristics on the administrative complexity of the Hospital Housekeeping Officer's position. This increased administrative complexity is manifested in areas such as increased complexity of organizational relationships, a greater need for executive skills and abilities in planning, coordinating, controlling and directing program operations and increased occasions for making difficult decisions and resolving substantive problems.

The following list highlights some of the hospital characteristics which have an impact on the administrative complexity of the Hospital Housekeeping Officer position:

- *operating beds:* A traditional indicator of the size and complexity of hospital facilities, the number of operating beds in a hospital has a direct impact on the Hospital Housekeeping Officers position. In general, increased staff and funds are necessary to

operate the hospital housekeeping program in larger hospitals, and, concomitant with these increases, are increased problems in managing the additional resources. A larger hospital also tends to bring a larger overall hospital staff and more hospital visitors. This additional congestion complicates coordination and scheduling of cleaning operations.

- *patient turnover*: Patient turnover affects the general tempo of hospital operations, generates more "crises," and results in a need for additional supplies, equipment and personnel. Patient turnover is calculated by dividing the number of discharges for a typical month by the average daily census and multiplying by 100.
- *outpatient activity*: A large volume of outpatient visits creates extra environmental sanitation demands which require additional space, supplies, equipment and staff. The adequacy of the space available for outpatient visits should also be considered here since there are generally additional problems in maintaining congested areas.
- *medical specialty teaching programs*: Both the number of trainees in the hospital and the variety of medical specialties with formal teaching programs affiliated with medical schools affect the complexity of Hospital Housekeeping Manager positions. Such programs require additional office space and teaching areas and contribute to the overall pace of hospital sanitation demands. Human traffic and congestion of facilities also tend to increase in hospitals as the number and type of medical teaching programs increase.
- *medical research*: Medical research impacts on the Hospital Housekeeping Officer position when it requires separate space which substantially increases the amount of space to be cleaned and which creates a need for special cleaning precautions and techniques, special training for cleaning crews, different standards of bacteriological cleanliness and special attention to the scheduling and timing of cleaning activities.

The examples under the following factor level descriptions characterize the kinds of hospital environments which would typically generate administrative and managerial problems representative of a particular level. However, a position should not be mechanically assigned to a level under this factor based on a simple matching of the examples to the operating characteristics of the hospital. Judgment must be used to properly assess the overall impact of the hospital characteristics on the individual Hospital Housekeeping Officer position. It is the impact of the full range of hospital characteristics on the Hospital Housekeeping Officer position, not the intrinsic properties of the characteristics themselves, which is important for level determining purposes.

Three levels of hospital complexity are described under this factor ranging from small hospitals with relatively stable staff and organizational structures to dynamic multi-mission hospitals and centers.

Positions which function in environments which do not meet Level C may not involve the full range of managerial responsibilities characteristic of this series and should be carefully assessed to determine whether they are subject to the General Schedule. Hospital Housekeeping Officer positions which meet the criteria for inclusion in the General Schedule and function in hospitals

whose physical characteristics have a limited impact on the position are typically developmental. These positions should be evaluated by comparison to the criteria in this standard and by consideration of the overall career pattern of the position.

*Level C:* At this level, the impact of the health care facility's mission and/or physical characteristics on the administrative complexity of the Hospital Housekeeping Officer position is such that a considerable amount of time is devoted to administrative management rather than direct day-to-day supervision over workforce. The number of beds, patients treated, outpatient visits and patient turnover rate have demonstrably affected the position, requiring the Hospital Housekeeping Officer to effectively respond to the needs of the facility. While the organizational structure of hospitals at this level is well established, problems are created in coordinating housekeeping activities with other hospital departments.

There are demands for specialized cleaning requirements as evidenced by the presence of a moderate number of special medical programs and/or a moderate sized research program. At this level the Hospital Housekeeping Officer supervises through other supervisory personnel, usually two or more, including an assistant. The following examples illustrate some of the types of hospitals found at this level:

- (1) This medical center consists of a 208-bed general medical hospital, a 40-bed nursing care unit and an 800-bed domiciliary. Located in a campus-like setting, this center is spread out over 93 hectares (230 acres). There are no active medical specialty teaching programs, but there are three special medical programs and an active research program on problems of the aging. The center offers a full range of progressive medical and other therapeutic programs designed to assist the domiciled patient-member to live in a healthful and dignified setting. The five sections of the domiciliary provide independent living quarters, and all sections, as well as the dining room and recreation building, are connected by heated corridors. The Hospital Housekeeping Officer is responsible for directing the maintenance of 30,073 square meters (356,000 square feet). Approximately 739 center employees handle about 16,000 outpatient visits per year and treat 3,057 inpatients per year. The patient turnover is 62%.
- (2) This 470-bed general medical and surgical hospital, which includes a 95-bed nursing home care unit, is located 6 kilometers (4 miles) from the nearest business district. There are 32 buildings spread out over 60 hectares (149 acres) of landscaped grounds and wooded tracts. The hospital is affiliated, having 4 medical specialty teaching programs and 2 special medical programs. Total employment is 746, of which 66 employees are assigned to the Hospital Housekeeping Department. The Hospital Housekeeping Officer is responsible for directing an environmental sanitation program for an area covering 32,516 square meters (350,000 square feet) of space. The hospital treats a total of 5,834 patients annually; the patient turnover rate is 150%. Annually there are approximately 28,000 outpatient visits. The hospital is equipped and staffed to perform highly specialized procedures including pulmonary emphysema treatment, radioisotope procedures, and all modern diagnostic and therapeutic techniques.

- (3) This hospital is situated on 49 hectares (120 acres) of wooded grounds located in a suburb of a large city. The predominately neuropsychiatric 925 bed hospital, including approximately 100 nursing home care beds, has many permanent buildings of brick and frame construction and provides both inpatient and outpatient services. The hospital also includes operating rooms and a general medical and surgical ward. Approximately 3,450 are treated annually. The hospital employs 1,200 full and part-time employees, has 53,000 outpatient visits annually and a turnover rate of 25%. There is one active medical specialty residency program, and there are two special medical programs. The hospital has a research program, a Drug Dependency Treatment Unit and an Alcoholic Treatment Unit. The Hospital Housekeeping Officer, through a staff of approximately 100 employees, is responsible for maintaining 49,238 square meters (530,000 square feet) of space.

*Level B:* At this level, the impact of the mission of the facility and its physical characteristics on the administrative complexity of the Hospital Housekeeping Officer position, is very significant. The large number of operating beds, patients treated, total facility staffing and annual outpatient visits create extra demands in planning, coordinating and maintaining required structures. Patient turnover is generally rapid, requiring frequent last-minute adjustments to cleaning schedules and staffing arrangements. The organizational structure in hospitals at this level is generally complex and fluid often requiring the Hospital Housekeeping Officer to make complex decisions based on a full assessment of the varying requirements of different hospital departments. Positions at this level usually function in actively affiliated hospitals where the varying aseptic requirements of the specialized medical and research programs complicate the management of the housekeeping program in their demands for special cleaning supplies, equipment and procedures.

The following examples illustrate some of the types of hospitals found at this level:

- (1) This hospital has 900 general medical and surgical beds. The facility is spread out over 53 hectares (130 acres) and is housed in more than 80 buildings. There are 18 medical specialty teaching programs where residencies have been established and 15 special medical programs. Illustrative of these special programs are cardiac catheterization, drug dependence, hemodialysis, intensive care units, nuclear medicine and pulmonary function units. The substantive research program is conducted in over 836 square meters (9,000 square feet) of space. The hospital treats 12,534 inpatients and there are 111,000 outpatient visits annually. The patient turnover rate is 140%. Total employment exceeds 1,800 personnel. The Hospital Housekeeping Officer is responsible for maintaining 58,435 square meters (629,000 square feet) of space. Approximately 110 employees are required to carry out the housekeeping services of the hospital.
- (2) This 500-bed general medical and surgical hospital is part of a large medical-educational complex located adjacent to a large university complex. In this complex, there are 12 general and special purpose hospitals and clinics encompassing schools of medicine, dentistry, optometry, nursing and other education institutions.

This highly active teaching hospital has 19 medical specialty teaching programs; there are 11 special medical programs represented in such specialties as cardiac catheterization, hemodialysis, intensive care units and pulmonary function. Through cooperation with the adjacent university, the hospital has developed an extensive and progressively expanding research program which is primarily housed in a four-story building. Approximately 13,222 patients are treated in the hospital which has a total of 1,380 full and part-time employees. The hospital also has 97,000 outpatient visits and the patient turnover is 292%. The Hospital Housekeeping Officer, with a staff of 60, is responsible for maintaining an area encompassing 30,286 square meters (326,000 square feet).

- (3) This hospital consists of two divisions which are approximately 14 kilometers (9 miles) apart. At one division there is a 209-bed general medical and surgical hospital, 723-bed domiciliary section and a 71-bed nursing home care unit. Altogether there are some 41 buildings and structures located on an 88 hectare (217-acre) reservation. Hospital services include surgery, general medicine, neuropsychiatry, radiology, urology, pathology, orthopedics, ophthalmology, otorhinolaryngology, physical medicine and rehabilitation, dentistry, and nursing home and domiciliary care. At the other division there is a 566-bed neuropsychiatric hospital plus a 135-bed intermediate care unit. There are 45 buildings and structures on 35 hectares (87 acres) of land. The two-division hospital employs 1,330 individuals and treats 7,110 patients annually. The patient turnover rate is 55% and the hospital has 55,000 outpatient visits annually. There is one medical specialty teaching program and 6 special medical programs. Specialized treatment programs include an alcoholic treatment unit, drug abuse unit and Vietnam Era veterans unit. Center research activities are carried on in psychology, psychiatric medicine, physical medicine and rehabilitation and biochemistry. The Hospital Housekeeping Officer and staff of 114 full and part-time employees are responsible for maintaining 52,861 square meters (569,000 square feet).

*Level A:* At this level, the impact of the mission and physical characteristics on the administrative complexity of the Hospital Housekeeping Officer position is exceptional. The size of the facility, patients treated, and annual outpatient visits are significantly greater than at the next lower level. The volume of activity as reflected in facility staffing necessary to carry out the mission, in combination with the rapid rate of patient turnover, has an extraordinary impact on the management of the hospital housekeeping program. At this level, the large number of highly specialized medical and research programs and the variety of medical specialties having residency programs, have a significantly greater impact on the management of the hospital housekeeping program than at the next lower level. The following examples illustrate some of the types of hospitals found at this level:

- (1) This 1,330-bed general medical and surgical hospital includes a 78-bed nursing home care unit. There are 59 buildings on approximately 48 hectares (118 acres). The hospital is located within a short distance of a large city and is adjacent to a medical center and a large college of medicine. The hospital is equipped with the most modern facilities and is very actively affiliated, having 25 medical speciality teaching

- programs and 15 special medical programs. There is an extensive research program. The 2,834 employees care for 20,812 inpatients and 230,000 outpatient visits annually. The patient turnover rate is 151%. The Hospital Housekeeping Officer, along with a staff of 187 employees, has responsibility for maintaining 88,443 square meters (952,000 square feet) of space.
- (2) The Hospital Housekeeping Officer is responsible for a general medical and surgical consolidated facility of approximately 1,000 beds, plus a 100-bed nursing home care unit. The hospital engages in diverse educational affiliations and training programs, a research program and participates in community and comprehensive health planning activities, including agreements to share specialized medical resources. There are two divisions which are geographically dispersed by a number of kilometers (miles); one division primarily involving one high rise building, is located in the "inner city" and the other in a more rural environment having many buildings spread out over 55 hectares (135 acres). The patient turnover rate exceeds 150%. Over 16,000 inpatients and 200,000 outpatients are treated annually. The hospital is actively affiliated, having between 7 and 11 medical specialties and 15 special medical programs.
- (3) The Hospital Housekeeping Officer and his staff of 140 employees is responsible for maintaining 46,544 square meters (501,000 square feet) of space which is spread out over 55 hectares (137 acres). Research is conducted in speech pathology, cardiovascular system, hypertension, cancer chemotherapy, atherosclerosis, endocrinology, hematology, aging, pharmacology, rheumatology, surgery and transplantation.
- (4) This general medical and surgical hospital center with approximately 1,300 beds includes a 500-bed long-term patient care unit. It is a teaching institution affiliated with a large university, having 15 medical specialty teaching programs and 12 special medical programs. The hospital employs 3,141 full and part-time personnel who care for about 15,000 inpatients; there are about 183,000 outpatient visits per year. The patient turnover rate is 183%. Extensive research programs are ongoing in a number of medical specialties. The Hospital Housekeeping Officer, together with a staff of 284 employees, is responsible for directing an environmental sanitation program for an area that encompasses about 71,163 square meters (766,000 square feet).

### GRADE LEVEL CONVERSION TABLE

After being evaluated in terms of the criteria presented in the preceding factor level definitions, Hospital Housekeeping Officer positions which have full managerial responsibility and accountability are to be assigned to grade levels in accordance with the following table:

<b>HOSPITAL CHARACTERISTICS</b>	<b>Scope of Program</b>	<b>Basic (B)</b>	<b>Expanded (A)</b>
	C	9	11
	B	11	12
	A	12	13