

U.S. Office of Personnel Management  
Office of Merit Systems Oversight and Effectiveness  
Classification Appeals and FLSA Programs

Dallas Oversight Division  
1100 Commerce Street, Room 441  
Dallas, TX 75242-9968

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

**Appellant:** [appellant]

**Agency classification:** Assistant Hospital Housekeeping Officer  
GS-673-11

**Organization:** Environmental Management Section  
Facilities Management Service  
[installation]  
Department of Veterans Affairs  
[city and state]

**OPM decision:** Assistant Hospital Housekeeping Officer  
GS-673-11

**OPM decision number:** C-0673-11-01

/s/ Bonnie Brandon

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Bonnie Brandon  
Classification Appeals Officer

September 25, 2002

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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]  
[appellant's address]

Human Resources Management Officer (05)  
[installation]  
Department of Veterans Affairs  
[installation address]

Chief, Compensation and Classification Division (051)  
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## **Introduction**

On May 2, 2002, the Dallas Oversight Division of the U.S. Office of Personnel Management accepted a classification appeal from [appellant]. We received his agency's complete administrative report on July 1, 2002. The appellant's position is currently classified as Assistant Hospital Housekeeping Officer, GS-673-11, with an organizational title of Environmental Services Manager (Technical). The appellant believes that, as the result of a reorganization, his duties are more complex, his supervisory responsibilities have increased, and that his position should be classified at the GS-12 level. The appellant is assigned to the Environmental Management Section, Facilities Management Service, [installation], Department of Veterans Affairs, in [city and state]. We have accepted and decided his appeal under section 5112 of title 5, United States Code.

In reaching our classification decision, we have carefully reviewed all information furnished by the appellant and his agency, including his official position description (PD) #[number] as well as PD #[number] for his supervisor, a Supervisory Program Specialist, GS-0301-13. In addition, telephone audits with the appellant were conducted by a Dallas Oversight Division representative on July 12 and July 23, 2002. Subsequent telephone interviews with the appellant's supervisor were conducted on July 30 and August 22, 2002. The appellant and his supervisor certified to the accuracy of the duties described in the appellant's PD.

## **Position information**

Because of a reorganization within the [installation], the appellant's position was redescribed in November 2001. Management has opted to split the program assistant duties among three positions. The appellant currently serves as one of two GS-673-11 Assistant Hospital Housekeeping Officers. The appellant's position is organizationally titled Environmental Services Manager (Technical), and the organizational title for the other assistant position is Environmental Services Manager (Administrative). The two position descriptions are basically identical, i.e., the major duties described, program scope and effect, and organizational setting factors are identical. The differences between the two PD's relate only to the program responsibilities assigned and the staff organizations supervised. A GS-1658-11 Laundry Plant Manager handles the laundry operations and the full cycle of linen management for all of the [installation] and provides service to [name] Army Hospital at [base name].

The appellant is responsible for the environmental sanitation, waste management (to include biohazardous materials), bed services, contract services (i.e., window cleaning), and resource management programs for the Environmental Management Section of the [installation] complex. He has responsibility for planning, organizing, staffing, and overseeing the work operations for those functions. He is involved in setting service level goals and establishing and measuring standards of performance and methods of evaluating his areas of program responsibility.

The appellant directly supervises 25 Housekeeping Supervisors and Leaders: 9 WS-3566-2 Housekeeping Supervisors, 4 WL-3566-3 Work Leaders, 4 WL-3366-2 Work Leaders, and 8 WG-3566-3 Housekeeping Aids. The appellant is second-level supervisor for an additional 128 WG-3566-2 housekeeping employees. The staff operates over two different work shifts.

The appellant conducts scheduled visits to the [city] and [city] sites for supervisor meetings and to train staff in cleaning and chemical applications. Both [two cities] are approximately 35 miles from [city]. The appellant states that 60 percent of his time is spent at [city] and the other 40 percent is divided between [two cities].

The appellant's position requires a practical working knowledge of some of the basic principles of chemistry, biology and bacteriology as applied to environmental sanitation and infection control. He is also required to be knowledgeable of available and new sanitation agents/products and equipment as well as methods and techniques for sanitizing and cleaning various floor, wall, and ceiling covering materials and their properties.

The appellant communicates and interacts daily with co-workers, service chiefs, physicians, medical professionals, administrative staff, patients and visitors. The appellant independently plans and carries out a daily schedule of assignments, resolves conflicts which arise, coordinates duties with others as necessary and interprets requirements on his own initiative. The appellant coordinates program efforts with all other internal activities and organizational units such as the surgical suites and diagnostic areas.

### **Series and title determination**

The agency placed this position in the Hospital Housekeeping Series, GS-673, and the appellant does not disagree. Positions in this series have the principal duties 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 appellant's position is best covered by the Hospital Housekeeping Management Series, GS-673.

There are four titles authorized for use in this series representing differences in the work and in the kind of knowledge and ability required. The title of Assistant Hospital Housekeeping Officer has been selected by the agency. This title applies to positions which serve as full assistant to Hospital Housekeeping Officers in planning, managing, and conducting effective hospital housekeeping programs. Even though the appellant does not serve as a full assistant, the Assistant Hospital Housekeeping Officer is the most directly applicable of the four authorized titles and must be used.

### **Standard determination**

The Hospital Housekeeping Management Standard, GS-673, is used in evaluating this position. 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; and Part 2 provides guidance on the classification of Hospital Housekeeping Officers and Assistant Hospital Housekeeping Officers. Part 2 is used to determine the grade for the appellant's position.

## Grade determination

Part 2 of the GS-673 standard has two classification factors: Program Characteristics and Hospital Characteristics.

### *Factor 1: Program Characteristics*

Program management is fundamental to all Hospital Housekeeping Officer positions. The evaluation plan assumes the position has full responsibility for *all aspects* of the hospital housekeeping program. Therefore, the criterion in the GS-673 standard does 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 and the Officer position assisted.

The appellant's supervisor, a Supervisory Program Specialist, heads the [installation] environmental management program and serves as one of two deputies to the Chief of Facilities Management Service, a Supervisory Engineer. Facilities Management Service also includes engineering services, building maintenance and operations, grounds care and transportation services. The Supervisory Program Specialist's duties include responsibility for the Hospital Housekeeping Officer functions.

Program management responsibilities for Hospital Housekeeping Officer positions include:

- determining long-range, intermediate and short-range program goals and policies independently or in collaboration with higher management and/or appropriate hospital committees;
- developing and implementing organizational structures and operating plans and procedures;
- 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 management pertaining to requirements of the Joint Commission on Accreditation of Hospitals, the Occupational Safety and Health Administration, the Environmental Protection Act, the National Fire Protection Association, and Centers for Disease Control and Prevention;
- coordinating program efforts with other internal activities;
- understanding and applying agency and local hospital policies and priorities and communicating them throughout the hospital housekeeping department;
- establishing personnel management policies for the housekeeping department which reflect personnel policies of the agency and deal with personnel actions affecting key employees; and
- delegating authority to subordinate supervisors and holding them responsible for the performance of their respective organizational units.

The appellant's supervisor has responsibility for performing the full range of the program management duties and responsibilities described in the standard. Positions that fully meet this level of managerial responsibility are evaluated in terms of the two classification factors.

The cleaning function is the nucleus of all hospital housekeeping programs and the prime responsibility of all Housekeeping Officers. Beyond this, some Hospital Housekeeping Officers are also responsible for the management of additional functional areas that significantly increase the complexity of their work. Two levels of responsibility are defined under this factor.

Level B (Basic Program). At this level, the main responsibility is for directing a cleaning program designed to maintain the visual and bacteriological cleanliness of the hospital. In addition to the basic operation responsibilities, there may also be administrative management responsibilities for a variety of incidental functions such as window washing and coordination of trash disposal. The incidental functions that fall within this level do not significantly increase the overall complexity of the position since they do not require additional specialized knowledge and they do not generate significant management problems.

Level A (Expanded Program). Responsibilities at this level require administrative and technical management of two or more substantive functional areas in addition to the basic cleaning program. Such areas may include interior decoration, laundry operation, and control of linen management. In addition to requiring specialized technical knowledges, these substantive functional areas demand increased skill in managing programs that generate frequent problems, are unpredictable and are not covered by established guidelines.

Overall, the characteristics of the assignments for the appellant's supervisor fully meet and are best evaluated at Level A (Expanded Program). Program responsibilities beyond basic housekeeping include:

- pest control and waste management at [three cities] Integrated Clinical Facilities and the [four cities] Community Base Outpatient Clinics and
- textile care (laundry) operations and control of linen management, which has been expanded to include [name] Army Hospital at [base name] as well as the VA facilities.

#### *Factor II: Hospital Characteristics*

This factor measures and considers the impact of the full range of the hospital's physical characteristics on the administrative complexity of the Hospital Housekeeping Officer position. Characteristics to be considered are operating beds, patient turnover, outpatient activity, medical specialty teaching programs, and medical research.

- The number of operating beds in a hospital has a direct impact on the Hospital Housekeeping Officer's position. A larger hospital has a larger hospital staff and more hospital visitors. The additional congestion complicates the coordination and scheduling of cleaning operations.
- Patient turnover affects the general tempo of hospital operations, generates more "crises," and results in a need for additional supplies, equipment and personnel.

- A large volume of outpatient visits creates extra environmental sanitation demands which require additional space, supplies, equipment and staff. There are generally additional problems in maintaining congested areas.
- The number of trainees and variety of specialties result in increased office space and training areas. Human traffic and congestion of facilities also tend to increase in hospitals as the number and type of medical teaching programs increase.
- Research 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.

There are three levels of hospital complexity considered in this factor ranging from small hospitals with relatively stable staff and organization structures to dynamic multimission hospitals and centers.

Level C. At this level, a considerable amount of time is devoted to administrative management rather than direct day-to-day supervision over the workforce. There are demands for specialized cleaning requirements due to the presence of a moderate number of special medical programs and/or a moderate sized research program. Examples in the standard provide the following: inpatients per year range from 3,000 to 5,800; outpatient visits range from 16,000 to 53,000.

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. A 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. Specialized medical and research programs demand special cleaning supplies, equipment, and procedures. Examples illustrated by the standard show that inpatients per year range from 7,000 to 13,250; outpatient visits range from 55,000 to 111,000.

Level A. 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 exceptional. The size of the facility, patients treated, and annual outpatient visits are significantly greater than at the next lower level. Also, 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. Examples provided by the standard show that inpatients per year range from 15,000 to 21,000; outpatient visits range from 183,000 to 230,000.

The [installation] resulted from the consolidation of administrative and program support functions of two major and one smaller VA facility. [installation] consists of a tertiary Integrated Clinical Facility (ICF) at [city], a psychiatric ICF at [city], and a long-term care ICF at [city].

The [city] facility includes a general medical and surgical hospital, domiciliary, and nursing home care unit. The total operating beds at [city] is 1,038 which includes a 120-bed nursing

home care unit and a 408-bed domiciliary. [city] is operating 479 psychiatric beds in the hospital, 78 beds in a psychogeriatric nursing home care unit, 15 beds in a blind rehabilitation unit and 28 beds in a post traumatic stress disorder unit. [city] is a national referral center for blind rehabilitation, provides special services for the female psychiatric patients, and operates an inpatient hospice unit. [city] is also affiliated with six colleges of podiatric medicine for residency programs in podiatry, and students in training come from 42 affiliated institutions for various allied health occupations. [city] is a 184-bed facility providing intermediate medical care and a 40-bed nursing home care unit.

The [installation] also operates outpatient clinics in [four cities]. [city] operates as an outpatient clinic providing primary care and as a referral site for veterans seeking care and treatment. The [installation] is affiliated with [state] A&M University College of Medicine in [city and state]. There are approximately 100 medical students continually serving a series of clinical rotations through the facilities at [city] and the [name] Memorial Hospital, the largest multi-specialty medical practice in [state].

The [installation] is the largest VA medical consortium in the State of [state name] and the fourth largest in the United States. There are over 3,000 employees. In a typical year over 10,000 inpatients are seen and almost 410,000 outpatient visits occur. Patient turnover is 152 percent. There are 33 residency programs, 63 specialized medical programs, and a cardio-vascular research program. The hospital housekeeping management responsibility encompasses over 40 buildings covering approximately 3,000,000 square feet. The combined size of the facilities and range of care provided, outpatient activity, and variety of medical specialties and teaching programs combine to make the characteristics of the [installation] fully meet the description of Level A.

In accordance with the Grade Level Conversion Table in the standard, an expanded program with hospital characteristics of Level A results in a grade level of GS-13 for the Hospital Housekeeping Officer position.

### *Summary*

The GS-673 standard provides that an Assistant who serves as a full deputy to the Hospital Housekeeping Officer, substantially sharing all the technical and managerial responsibilities may be classified one grade lower than the Hospital Housekeeping Officer. A wider grade level differential is warranted in situations where the delegation of authority is more limited or the Assistant receives substantial assistance and guidance. At [installation], the overall Hospital Housekeeping Officer program responsibilities have been divided among three positions, the two GS-673 Assistants and the GS-1658 Laundry Plant Manager. The appellant's responsibilities for the environmental sanitation and waste management programs at [installation] involve program oversight and supervision of approximately 80 percent of the environmental management workforce. Based on his supervision of the majority of the staff and technical responsibilities, the appellant's position is properly graded two levels below that of the Hospital Housekeeping Officer position.



**Decision**

The appellant's position is properly classified as Assistant Hospital Housekeeping Officer, GS-673-11.