

U.S. Office of Personnel Management
Division for Human Capital Leadership & Merit System Accountability
Classification Appeals Program

Dallas Field Services Group
Plaza of the Americas, North Tower
700 North Pearl Street, Suite 525
Dallas, TX 75201

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-0673-11-02 |

Marta Brito Pérez
Associate Director
Human Capital Leadership
and Merit System Accountability

10/14/2004
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]

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

Chief, Compensation and Classification Division (051)
Human Resources Management
Department of Veterans Affairs
810 Vermont Avenue, NW.
Washington, DC 20420

Team Leader for Classification
Office of Human Resources Management and Labor Relations
Compensation and Classification Service (055)
810 Vermont Avenue, NW, Room 240
Washington, DC 20420

Deputy Assistant Secretary for Human Resources Management (05)
Department of Veterans Affairs
810 Vermont Avenue, NW., Room 206
Washington, DC 20420

Introduction

On April 8, 2004, the Dallas Field Services Group of the U.S. Office of Personnel Management accepted a classification appeal from [appellant] that was forwarded through his agency. The appellant's position is currently classified as Assistant Hospital Housekeeping Officer, GS-673-11, with an organizational title of Environmental Services Manager. The position is assigned to the Environmental Management Section, Facilities Management Service, [installation], Department of Veterans Affairs, in [city and state]. The agency's complete administrative report was received April 23, 2004. We have accepted and decided his appeal under section 5112 of title 5, United States Code.

Background

The appellant previously appealed to his agency headquarters and subsequently to this office. The VA and OPM decisions, dated March 14, 2002 and September 25, 2002, respectively, sustained the local human resource office classification of his position. The agency revised the position description (PD) [number] on January 12, 2004, using an addendum. The appellant states in his appeal request that changes in his revised PD increase his responsibilities and number of people supervised. He believes his position should be classified at the GS-12 grade level and filed another appeal with the VA. The agency reviewed the record, determined that there were no significant differences between the revised PD and the original, and did not accept the appeal.

In reaching our classification decision, we have carefully reviewed all information furnished by the appellant and his agency, including his official PD [number] as well as PD [number] for his supervisor, a Supervisory Program Specialist, GS-301-13. In addition, we conducted a telephone audit with the appellant on July 22, and telephone interviews with the first level supervisor on July 12 and 23, the second level supervisor on July 30, and a Supervisory Vocational Rehabilitation Specialist on July 19, 2004.

Position information

The [installation] resulted from the consolidation of administrative and program support functions of two major and one smaller VA hospital facilities. [installation] operates a full-service teaching hospital at [city] that serves as medical/surgical referral center serving veterans across a 32-county service area. It operates a multi-VISN (Veterans Integrated Service Network) referral facility for chronically ill mental patients and national referral facility for blind rehabilitation at [second city]. The smaller hospital at [third city] is now being operated as an outpatient clinic. The [installation] also operates a large outpatient clinic in [fourth city] as well as Community-Based Outpatient Clinics (CBOC's) in [four additional cities].

A reorganization following the consolidation of the [installation's] facilities resulted in the appellant's position (PD) being redescribed in November 2001. Management opted to divide the hospital housekeeping program assistant duties among three positions. The appellant currently serves as one of two positions titled as Assistant Hospital Housekeeping Officers, GS-673-11. A Laundry Plant Manager, GS-1658-11, is responsible for laundry operations and the full cycle of linen management for all of the [installation] facilities. In addition, the laundry plant provides laundry processing and distribution service to [name] Army Hospital at [location] as a revenue

generating operation. The two Assistant Hospital Housekeeping Officer PDs are generally worded identically with regard to major duties and program scope and effect. The differences between the two PD's relate to the specific program responsibilities assigned and the staff organizations directly supervised.

The appellant is responsible for the environmental sanitation, waste management (to include biohazardous materials), bed services, and contract services (i.e., window cleaning) for the Environmental Management Section of the [installation] complex. He is responsible for providing input to and monitoring the approved budget for his assigned areas of responsibility. He is responsible for planning, organizing, staffing, and overseeing the work operations for those functions. The appellant participates 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 nine Housekeeping Supervisors, WS-3566-2, two WL-3566-3s, and four WL-3566-2s. He is second level supervisor for approximately 150 WG-2 Housekeeping Aids and eight WG-3s. He also indirectly supervises 17 – 20 Compensated Work Therapy Program enrollees training to be housekeeping workers. The staff operates over two different work shifts. The appellant conducts scheduled visits to the [second city] site for supervisory meetings and to train staff in cleaning and chemical applications. {second city} is approximately 35 miles from [first city]. The appellant states that 60 percent of his time is spent at [first city] and the remainder at [second city] and the other clinics.

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.

The new addendum describes responsibility for the Environmental Service Consultant (ESC) and Generic Inventory Package (GIP) computer software programs. The ESC is used as a management tool to provide benchmark times allotted for housekeeping tasks using data from other VA and private sector facilities. The GIP program is mandated VA-wide for tracking purchase and issuance of supplies from a primary distribution point. Installations are to maintain no more than a 30-day supply of items and must carefully monitor inventory and supply orders. The addendum discusses responsibility for enrollees of the Compensated Work Therapy (CWT) program. This program enrolls domiciliary residents in a 6-month training program to perform housekeeping duties. The addendum also states the appellant has indirect supervision over integrated pest management.

The appellant and his supervisor have certified as to the accuracy of the position description, PD [number], dated January 12, 2004. We agree that the PD is accurate and have incorporated it into our decision.

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 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 the full assistant, the Assistant Hospital Housekeeping Officer title is the most directly applicable of the four authorized titles and must be used. The appellant does not question the title of his position.

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, whose position is classified as 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,

design, and transportation services. The Supervisory Program Specialist's duties include primary responsibility for the Hospital Housekeeping Officer functions.

Program management responsibilities for Hospital Housekeeping Officer positions include:

- determining long-, 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 the 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 Healthcare Organizations, 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, Basic and Expanded Program.

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.

As found in our previous decision, the characteristics of the supervisor's assignments fully meet and are best evaluated at Level A (Expanded Program), the highest level in the standard. Program responsibilities beyond basic housekeeping include textile care (laundry) operations and control of linen management. This includes providing full laundry processing and distribution for all the [installation] facilities plus laundry processing and distribution for the [name] Army Hospital at [location], processing approximately one million pounds per year and earning about \$350,000 in additional revenue for [installation]. The supervisor is also responsible for pest control and waste management at the [first and second city] facilities, the [third and fourth city} VA Outpatient Clinics, and for pest control inspection at the four Community Based Outpatient Clinics.

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 (Level C) and organization structures to dynamic multimission hospitals and centers (Level A).

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 Level B, 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 the number of inpatients per year range from 15,000 to 21,000; and outpatient visits range from 183,000 to 230,000.

The [installation] is the one of the largest integrated health care systems within the Department of Veterans Affairs. It includes one of the newest hospitals and one of the largest inpatient psychiatric facilities in the country. The [first city] facility includes a new 300-bed general medical and surgical hospital that includes 167 medical/surgical beds, 122 nursing home care unit beds, and 12 bed hospice unit. There is a new research institute conducting cardiovascular research and a 408 bed domiciliary. [second city] is operating 278 psychiatric beds in the hospital, 33 beds in a psychiatric nursing home care unit, 15 beds in a blind rehabilitation unit and 20 beds in a post traumatic stress disorder residential rehabilitation unit. [second city] serves as a national referral center for blind rehabilitation and provides special services for the female psychiatric patients. The [installation] had approximately 7,500 admissions in FY 2003 with a turnover rate of 187 percent.

The [installation] also operates outpatient clinics in [third and fourth cities] as well as community based clinics in [four additional cities]. These clinics offer a broad range of general medical services such as primary care, management of hypertension, diabetes, coronary artery disease; preventive care, immunizations, vision and cholesterol screening, and physicals. Most specialized care is provided by the [first city] VA hospital. During FY 2003, the [installation] had 671,845 outpatient visits, with many patients being seen at more than one specialty clinic per visit.

The [installation] is affiliated with [name] University College of Medicine in [city and state], and recently added affiliation with the University of [state] Medical School Branch in [city]. There are approximately 188 medical students serving a series of clinical rotations through the facilities at [first city] and the [name] Memorial Hospital, the largest multi-specialty medical practice in [state]. The [installation] has affiliations with 125 organizations in 51 allied health care programs areas.

The [installation] employees approximately 3,000 people, including the housekeeping staff of approximately 150 supervised by the appellant. The hospital housekeeping management responsibility encompasses more than 40 buildings covering more than 2 million square feet that is maintained. 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.

The duties identified in the addendum to the appellant's PD do not add responsibilities which are significantly different from the original PD. The software packages both require the appellant to monitor reports relating to the housekeeping workload and supply inventory processes and requests. System input is primarily done by support staff that also prepares the system reports. The reports, especially the inventory package, require careful monitoring, but are designed to assist the appellant in the management of his programs. The CWT program operates under the auspices of the Vocational Rehabilitation Service. The appellant arranges for training on infection control procedures and designates the first line supervisors that will have primary responsibility for on-the-job training and monitoring of the training process. The appellant becomes involved if the supervisor is unable to resolve problems. The Vocational Rehabilitation Service supervisor and/or case workers on the Domiciliary staff may become involved in problem resolution. There are currently 28 domiciliary residents enrolled in the CWT program for hospital housekeeping training. The appellant provides supervision for the pest management program only in the absence of the other assistant housekeeping officer.

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 the [installation], the major Hospital Housekeeping Officer program responsibilities are assigned to two positions, the appellant's and the Laundry Plant Manger. While the Laundry Plant Manager was on extended leave, those program responsibilities have primarily been assumed by the appellant's supervisor. In the absence of the supervisor, questions/problems are referred to the individuals with specific program responsibilities, i.e., environmental management, laundry operations, pest control. The appellant does not function as a full deputy, substantially sharing *all* technical and managerial responsibilities of the hospital housekeeping management program. He does, however, have responsibility for the environmental sanitation and waste management programs at CTVHCS that 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.