



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

Atlanta Oversight Division  
75 Spring Street, SW., Room 972  
Atlanta, GA 30303

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

<b>Appellant:</b>	[Appellant]
<b>Agency classification:</b>	Health Technician GS-640-6
<b>Organization:</b>	Medical Center Department of Veterans Affairs
<b>OPM decision:</b>	Health Technician GS-640-6
<b>OPM decision number:</b>	C-0640-06-01

\_\_\_\_\_  
Kathy W. Day  
Classification Appeals Officer

2/8/99

\_\_\_\_\_  
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]

Mr. Ronald E. Cowles  
Deputy Assistant Secretary for  
Human Resources Management  
Department of Veterans Affairs  
Washington, DC 20420

## **Introduction**

On November 30, 1998, the Atlanta Oversight Division, U. S. Office of Personnel Management (OPM), accepted an appeal for the position of Health Technician, GS-640-6, [organizational location], Medical Center, Department of Veterans Affairs, [geographical location]. The appellant is requesting that her position be classified as Health Technician, GS-640-7.

The appeal has been accepted and processed under section 5112(b) of title 5, United States Code. This is the final administrative decision on the classification of the position subject to discretionary review only under the limited conditions and time outlined in part 511, subpart F, of title 5, Code of Federal Regulations.

## **General issues**

The appellant functions as a Health Technician, GS-640-6, in the [organizational location]. A redescription of the position was submitted by the Service Chief requesting that the position be reclassified as Health Technician, GS-640-7. The agency conducted a desk audit on October 28, 1998, and determined that the position was accurately classified. The appellant was notified of this determination on November 5, 1998, and subsequently appealed to OPM. The appellant does not disagree with the title or occupational series of her position.

## **Position information**

The appellant is assigned to position description number [#]. The appellant, supervisor and agency have certified to the accuracy of the position description.

The primary function of this position is the performance of a combination of clinical and administrative tasks related to the treatment of outpatients of the [organizational location]. Her clinical responsibilities involve acting as the primary liaison between the patients and the Service Chief, who is a physician, and other Medical Center Services; prioritizing, scheduling, and checking patients into the Service's clinics; taking and recording vital signs; delivering laboratory specimens for testing; ensuring that appropriate medical records are prepared and available; monitoring usage of medications containing controlled substances by patients; reviewing lab tests and noting abnormalities; transcribing the physician's orders; and reviewing and following through on treatment plans. She also provides some medical services such as injections, dressing changes, and attachment and removal of prosthetic devices; and she trains patients and family members on wound care and medication side-effects, etc.

The appellant's administrative responsibilities include screening and forwarding telephone calls from patients; entering and retrieving patient and treatment data and reports into and from the Center's automated system; coordinating treatment and care with fee based services, home health care providers, and satellite clinics at other Medical Centers; monitoring eligibility for care and treatment; completing forms related to travel arrangements and reimbursement; maintaining files on automatic medication refills; and performing a variety of other indirect patient care related administrative support duties.

The appellant performs patient care functions under the supervision of the Chief, [organizational location]and other professional staff. Administrative duties are supervised by the Supervisory Occupational Therapist responsible for operational matters not requiring a physician. The appellant independently plans and carries out recurring responsibilities and assignments in accordance with applicable guidelines and established procedures. In situations involving problems that are new or unusual, the appellant advises the appropriate supervisor. Her work is checked through review of records, supervisory observation of training and patient interaction, and contacts with professional staff in various clinics.

### **Series determination**

The Health Aid and Technician Series, GS-640, includes positions performing nonprofessional technical, specialized, or support work in the field of health or medicine of such generalized, specialized, or miscellaneous nature that there is no other more appropriate series. The work may be (1) characteristic of two or more specialized nonprofessional series in the Medical, Hospital, Dental, and Public Health Group, GS-600, where no one type of work controls the qualification requirements, or (2) sufficiently new, unique, or miscellaneous that it is not specifically included in a specialized nonprofessional series in the Group.

The appellant's duties involve a variety of activities related to providing medical care and treatment to veterans, as well as administrative support to the professional staff of the Physical Medicine and Rehabilitation Service. The position is properly placed in the GS-640 series.

### **Title determination**

The title authorized for positions at grades GS-4 and above in the GS-640 series is *Health Technician*.

### **Standard determination**

Health Aid and Technician Series, GS-640, September 1988.  
Nursing Assistant Series, GS-621, August 1981.

### **Grade determination**

The GS-640 standard does not include criteria for establishing grade levels. Therefore, a cross series comparison is necessary to determine the appropriate grade. The agency referenced the Medical Clerk Series, GS-679, in addition to agency-specific guidance contained in Medical Director's Letter IL 10-90-011, dated May 25, 1990, for developing GS-6 Health Technician positions. We believe that the Nursing Assistant Series, GS-621, standard best compares to the highest level of assignments typically performed by the appellant.

The GS-621 standard is written in the Factor Evaluation System (FES) format. Under the FES, positions are placed in grades on the basis of their duties, responsibilities, and the qualifications required as evaluated in terms of nine factors common to nonsupervisory General Schedule positions.

A point value is assigned to each factor based on a comparison of the position's duties with the factor-level descriptions in the standard. The factor point values mark the lower end of the ranges for the indicated factor levels. For a position factor to warrant a given point value, it must be fully equivalent to the overall intent of the selected factor-level description. If the position fails in any significant aspect to meet a particular factor-level description in the standard, the point value for the next lower factor level must be assigned, unless the deficiency is balanced by an equally important aspect which meets a higher level. The total points assigned are converted to a grade by use of the grade conversion table in the standard.

Under FES, positions which significantly exceed the highest factor level or fail to meet the lowest factor level described in a classification standard must be evaluated by reference to the Primary Standard, contained in Appendix 3 of the Introduction to the Position Classification Standards. The Primary Standard is the "standard-for-standards" for FES.

#### 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, e.g., steps, procedures, practices, rules, policies, theories, principles, and concepts; and the nature and extent of the skills needed to apply this knowledge.

At Level 1-3, the highest level described in the standard, work requires knowledge of a body of standardized rules and skill sufficient to perform procedures requiring considerable training and experience to carry out nursing care and resolve recurring problems. Nursing tasks require:

- knowledge of standardized patient care and skill sufficient to perform procedures such as catherizing, irrigating, and suctioning patients; and other supporting procedures such as patient charting and patient/family teaching.
- knowledge of equipment terminology (rotating frames, cardiac monitors, respiratory therapy machines, etc.); drug terminology (names from the drug formulary); and supply terminology (bandages, solutions, sterile trays, etc.) and skill sufficient to identify and use equipment, drugs and supplies properly and to communicate proper use with nurses, medical staff and family members.
- an understanding of diseases and illnesses (such as diabetes) and skill sufficient to teach patients (diabetic self-care) and to impress upon patients and family members the necessity to continue the procedures as proper health care.

- knowledge of the standard medical terminology for the human body, physical and emotional reactions, nursing care, and contradictions to medications and skill sufficient to provide and gather information in patient care/family conferences with nurses, doctors, patients and family members.

At Level 1-4, as described in the Primary Standard, the work requires a practical knowledge of standard procedures in a technical field, requiring extended training and experience to perform such work as interpreting results of tests based on previous experience and observation; or extracting information from various sources when this requires considering the applicability of information and the characteristics and quality of the sources; or equivalent knowledge or skill.

Level 1-3 is exceeded and Level 1-4 is met. The appellant's work requires a thorough knowledge of a variety of specialized procedures to assist the clinic staff including performing standard treatment procedures; reviewing treatment plans and determining what must be done; ordering and analyzing lab tests and correlating results, procedures, and treatments with diagnoses; and providing patient/family education services. In addition, the appellant prepares medical records, reviews medical records and flags special information for physician, schedules patients and coordinates services.

Level 1-4 is credited for 550 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 to which completed work is reviewed. Supervisory controls are exercised in the way assignments are made, instructions are given, priorities and deadlines are set, and objectives and boundaries are defined. The extent of the supervisor's review of completed work ranges from close, detailed review of each phase of the assignment to spot checks of completed assignments.

At Level 2-3, the highest level described in the standard, the supervisor makes patient assignments at the beginning of the tour by defining the patient cases to the employee who is responsible for a patient load of critically ill patients. The employee sets priorities and deadlines for the patient care during the tour without prompting from the supervisor. The supervisor is available in the hospital (but is usually only briefly present during the tour) to assist the employee with unusual situations which do not have clear precedents. The employee independently plans and carries out patient care in accordance with patient care/treatment plans and charts, and instructions from the nursing/treatment team throughout the tour without specific instruction for each patient's condition and modifies nursing care as conditions warrant. Upon completion of the tour, the employee is responsible for presenting a report on patient care to the incoming nursing team since the employee usually works alone. Completed work is evaluated by the oncoming nursing team for conformity to nursing policy and requirements.

At Level 2-4, as described in the Primary Standard, the supervisor sets the overall objectives and the resources available. The employee and supervisor, in consultation, develop the deadlines, projects, and work to be accomplished. The employee, having developed expertise in the line of work, is responsible for planning and carrying out the assignment, resolving the majority of conflicts that arise, coordinating the work with others where necessary, and interpreting policy on own initiative in terms of established objectives. In some assignments, the employee also determines the approach to be taken and the methodology to be used. The supervisor is kept informed of progress and potentially controversial matters. Completed work is reviewed only from an overall standpoint in terms of feasibility, compatibility with other work, and effectiveness in meeting requirements or expected results.

Level 2-3 is met. The appellant functions under the general supervision of the Chief, [organizational location]for patient care duties and the Supervisory Occupational Therapist for administrative responsibilities. The appellant is responsible for independently accomplishing regular and recurring assignments, setting priorities, and meeting deadlines with minimal supervision. She functions with considerable independence in prioritizing appointments, determining when patients should see a physician, scheduling, completing admitting procedures, compiling and maintaining patient records, training patients and family members, monitoring patient medication programs, and coordinating care and treatment through other sources. Reviews of her work are accomplished through personal observation by and contacts with supervisors, feedback from the staff of other clinics and Services, patient feedback, and review of records.

Level 2-4 is not met. Although the appellant performs her normal assignments with a significant degree of independence, she does not have the flexibility to determine policy on her own initiative nor to determine the approach to be taken or the methodology to be used in regard to her work assignments.

Level 2-3 is credited for 275 points.

### Factor 3 - Guidelines:

This factor covers the nature of guidelines and the judgment needed to apply them. Guides used include manuals, established procedures and policies, traditional practice, and reference materials.

At Level 3-2, the highest level described in the standard, ward policies, practices and procedures are well known by the employee so that reference to guidelines is rarely necessary. Other guidelines include the tour report, patient care and treatment plan, and the patient's medical history. The employee varies the order and sequence of procedures and uses judgment in selecting the most appropriate application of the guidelines based on the patient's condition and previous instructions. Unusual developments are referred to the supervisor.

At Level 3-3, as described in the Primary Standard, guidelines are available, but are not completely applicable to the work or have gaps in specificity. The employee uses judgment in interpreting and

adapting guidelines such as agency policies, regulations, precedents, and work directions for application to specific cases or problems. The employee analyzes results and recommends changes.

Level 3-2 is met. The appellant has primary responsibility for providing clinical and administrative support for the [organizational location] in the care and treatment of patients. She determines when patients should see the Service's physician; prioritizes patient appointments; maintains patient information on the Center's automated system; monitors medication usage and arranges for automatic refills; trains patients and family members on self-help procedures; completes required forms for eligibility determinations and reimbursements; and coordinates care, treatment, and services with other clinics, Centers, and private companies. Typical of available guidelines are VA manuals, VHA directives, Medical Center policies and procedures, Federal statutes, a variety of medical standards-of-care instructions, and procedures for the Center's automated information system. These guides are detailed and applicable to the appellant's work, although, she rarely has to reference these materials due to her years of experience. Any unusual problems or situations for which the guidelines are not completely applicable are referred to the appellant's supervisor.

Level 3-3 is not met. The guidelines available to the appellant are specific to the processes and procedures that must be followed during the course of caring for and treating patients. These relate to admissions procedures, required laboratory tests, determinations of eligibility for treatment and services, coordinating with other Services, other Medical Centers and service providers, records maintenance, dispensing medications and monitoring their usage, and a variety of other functions performed by the appellant. There is no indication in the appeal record that the appellant uses judgment to interpret or adapt agency policies for application, analyze results, or recommend changes.

Level 3-2 is credited for 125 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.

At Level 4-2, the highest level described in the standard, the work involves related steps, processes and methods. The decision regarding what needs to be done involves various choices requiring the employee to recognize the existence of and differences among a few easily recognized situations. Actions to be taken or responses to be made differ in such things as the source of information, kind of transaction or entries, or other factual differences.

At Level 4-3, as described in the Primary Standard, the work includes various duties involving different and unrelated processes and methods. The decision regarding what needs to be done depends upon the analysis of the subject, phase, or issues involved in each assignment, and the chosen



course of action may have to be selected from many alternatives. The work involves conditions and elements that must be identified and analyzed to discern interrelationships.

Level 4-2 is met. Comparable to this level, the appellant's work involves the related steps and methods in admitting patients to the clinic; taking and recording vital signs and obtaining laboratory specimens for treating physicians; posting patient data, laboratory results, and medication information to patient files and charts; teaching patients and family members how to dress wounds, attach and remove prosthetic devices and recognize medication side-effects; determining priorities in patient appointment scheduling for the clinic and the Service's physician; completing forms related to benefits and treatment eligibility; coordinating the provision of services and care with or through outside parties; and monitoring medication issuance to and usage by patients. The appellant also maintains patient data in files, charts, and an automated system; reviews test results for abnormalities that should be referred to the treating physician; and enters all data related to care and treatment provided to patients. Her choices are limited to those processes and methods normally associated with the treatment and care of patients in the [organizational location], and she makes determinations within prescribed guidelines and limited parameters.

Level 4-3 is not met. The appellant's duties involve related processes and methods associated with standard procedures established to provide, monitor and track services provided to patients and assist medical professionals in providing those services. The appellant's work does not routinely involve the degree of analysis or judgment described at this level.

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., the purpose, breadth, depth of the assignment, and the effect of the work products or services both within and outside the organization.

At Level 5-2, the highest level described in the standard, the purpose of the work is to provide nursing care that covers personal care, diagnostic support procedures, treatment procedures, patient charting and patient teaching. The work contributes to a base of standard nursing care upon which further nursing care can be planned and/or provided.

At Level 5-3, as described in the Primary Standard, the work involves treating a variety of conventional problems, questions, or situations in conformance with established criteria. The work product or service effects the design or operation of systems, programs, or equipment; the adequacy of such activities as field investigations, testing operations, or research conclusions; or the social, physical, and economic well-being of people.

Level 5-2 is met. The appellant provides technical support to therapists and other professional staff in caring for, treating, and rehabilitating patients who have undergone the amputation of limbs, have

suffered spinal cord injuries, or are being treated for chronic pain as a result of these events. The work directly affects the care and treatment received by the patients and their progress towards recovery.

Level 5-3 is not met. Although the appellant's work contributes to the physical well-being of patients, the focus is on providing assistance to the staff of the [organizational location] not the independent resolution of problems. Consequently, the full intent of this level is not met.

Level 5-2 is credited for 75 points.

Factor 6 - Personal Contacts:

This factor includes face-to-face, telephone and other contacts and dialogue with persons not in the supervisory chain.

At Level 6-2, the highest level described in the standard, contacts include patients, nursing personnel, and medical staff in the hospital and the patient's family members.

At Level 6-3, as described in the Primary Standard, contacts are with individuals or groups from outside the employing agency in a moderately unstructured setting, e.g., contacts are not established on a routine basis; the purpose and extent of each contact is different; and the role and authority of each contact is identified and developed during the course of the contact. Contacts at this level typically involve attorneys; contractors; representatives of professional organizations; the news media; or public action groups.

Level 6-2 is met. The appellant has recurring personal contacts with the staff of the [organizational location], the professional and nonprofessional staff of other clinics, private sector care providers, and patient family members.

Level 6-3 is not met. The purpose of the appellant's normal contacts is well-established and structured with the role and authority of the appellant, patient, staff member, etc., clearly identified.

Level 6-2 is credited for 25 points.

Factor 7 - Purpose of Contacts:

The purpose of personal contacts ranges from factual exchanges of information to situations involving significant issues. The personal contacts that serve as the basis for the level selected for this factor must be the same as the contacts that are the basis for the level selected for Factor 6.

At Level 7-2, patient contacts are for the purpose of 1) motivating the patient to accept the illness and to persuade the patient to stay with the treatment regimen; 2) demonstrating to the patient how to provide self-care; and 3) explaining to or advising the patient on proper follow-up care, the consequences of improper care, or general diet and nutrition for good health maintenance. Contacts

with doctors and other hospital staff are for the purpose of coordinating work efforts. Contacts with family members are for the purpose of motivating the family to accept the patient and his/her illness.

At Level 7-3, the work involves regular and recurring contacts with patients who are unusually difficult to care for or communicate with because of problems such as lack of self-control, resistant or abusive behavior, or impediments in ability to understand or follow instructions. The employee must exercise skill in influencing and communicating with these individuals.

Level 7-2 is met. The purpose of the appellant's contacts is to schedule appointments, provide patients and family members training on proper methods of changing wound dressing, attaching and removing prosthetic devices, dispensing medications, and advising on the side effects of medications. Contacts are also made to coordinate patient care and treatment with other Center clinics and fee based service and home health care providers, and to complete documents related to eligibility for treatment, travel and lodging expenses and reimbursements, and other services.

Level 7-3 is not met. There are no indications in the record that the appellant's regular contacts are with patients who are unusually difficult to care for and communicate with and require unusual skill to handle.

Level 7-2 is credited for 50 points.

#### Factor 8 - Physical Demands:

This factor covers the requirements and physical demands placed on the employee by the work assignment. This includes physical characteristics and abilities, e.g., specific agility and dexterity requirements, and the degree of physical exertion required by the work, e.g., climbing, lifting, kneeling, crouching, stooping, crawling or reaching.

At Level 8-2, the work involves long periods of moving about the work unit and requires regular and recurring bending, lifting, stooping, stretching, lifting and repositioning patients.

At Level 8-3, the work requires recurring ability to physically control or defend against emotionally ill patients.

Level 8-2 is met. The appellant's work assignments involve walking to other Medical Center areas and clinics, some extended periods of sitting, standing, carrying files or records, and bending and lifting to assist amputees and spinal cord patients in transfer activities.

Level 8-3 is not met. Although the appellant must frequently deal with patients whose medications contain addictive substances, there are no indications in the record that these patients are disturbed to the extent that she is required to physically control them to defend herself. The clinic relies on the Center security staff to physically deal with out-of-control patients, if necessary.

Level 8-2 is credited for 20 points.

Factor 9 - Work Environment:

This factor considers the risks and discomforts in the employee's physical surroundings, or the nature of the work assigned and the safety regulations required.

At Level 9-1, the work is performed in an environment which involves everyday risks and discomforts requiring normal safety precautions.

At Level 9-2, the work involves regular and recurring exposure to infection and contagious diseases. Special gloves, gowns or masks are required as safety precautions.

Level 9-1 is exceeded and Level 9-2 is met. The appellant's work involves face-to-face contacts with patients to obtain specimens and deliver them to the laboratory, take vital signs, remove and change wound dressings, administer injections, assist patients in dressing and undressing for medical examinations, and transferring them to and from hospital beds. The appellant is required to observe infection control procedures and policies.

Level 9-2 is credited for 20 points.

<b>SUMMARY</b>		
<b>FACTOR</b>	<b>LEVEL</b>	<b>POINTS</b>
1. Knowledge Required By The Position	1-4	550
2. Supervisory Controls	2-3	275
3. Guidelines	3-2	125
4. Complexity	4-2	75
5. Scope and Effect	5-2	75
6. Personal Contacts	6-2	25
7. Purpose of Contacts	7-2	50
8. Physical Demands	8-2	20
9. Work Environment	9-2	20
	<b>TOTAL</b>	<b>1215</b>

A total of 1215 points falls within the range for GS-6, 1105 to 1350 points, according to the Grade Conversion Table in the standard.

**Decision**

The position is correctly classified as Health Technician, GS-640-6.