

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

San Francisco Field Services Group
120 Howard Street, Room 760
San Francisco, CA 94105-0001

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

Appellant: [Appellant's name]

Agency classification: Medical Records Administration
Specialist
GS-669-9

Organization: [Appellant's unit/location]
Bureau of Prisons
U.S. Department of Justice

OPM decision: Medical Records Administration
Specialist
GS-669-9

OPM decision number: C-0669-09-01

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

March 3, 2005

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).

As indicated in this decision, our findings show that the appellant's official position description does not meet the standard of adequacy described on pages 10-11 of the *Introduction to the Position Classification Standards*. Since position descriptions must meet the standard of adequacy, the agency must revise the appellant's position description. The servicing human resources office must submit a compliance report containing the corrected position description and a Standard Form 50 showing when it became effective. The report must be submitted to the San Francisco Field Services Group within 45 workdays of the date of our decision.

Decision sent to:

[Name and address of appellant]

[Address of servicing human resources office]

Bureau of Prisons

U.S. Department of Justice

Director of Personnel

U.S. Department of Justice

JMD Personnel Staff

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Introduction

On October 15, 2004, the San Francisco Field Services Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [name of appellant]. On November 1, 2004, we received the agency's administrative report. The appellant's position is classified as Medical Records Administration Specialist, GS-669-9, but she believes it should be classified as Medical Records Administrator, GS-669-11/12. The appellant works in the [appellant's unit/location], Bureau of Prisons, U.S. Department of Justice. We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

This decision is based on a thorough review of all information submitted by the appellant and her agency. In addition, to help decide the appeal we conducted separate telephone interviews with the appellant, and her first and second level supervisors.

General issues

Both the appellant and her supervisor have certified to the accuracy of the appellant's official position description (PD) [number]. As discussed later, while the appellant oversees the work of two medical records technicians, her duties do not fully meet the criteria for evaluation as a supervisor, and "indirect supervision" is not provided to other staff. In addition, there are no medical residents in training at the [appellant's organization], no medical research projects are conducted at the installation, the facility is not a medical "Referral Center", and the position does not require that the appellant be an accredited /registered records administrator. Therefore, the agency should remove references to these six items in the PD to reflect our findings.

The appellant makes various statements about the classification review process conducted by her agency, and compares her work to other GS-669 positions in other Federal correctional institutions in the Bureau of Prisons which are higher graded. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM position classification standards and guidelines (5 U.S.C. 5106, 5107, and 5112). In adjudicating this appeal, our only concern is to make our own independent decision on the proper classification of her position. Since comparison to standards is the exclusive method for classifying positions, we cannot compare the appellant's position to others as a basis for deciding her appeal. Therefore, we have considered the appellant's statements only insofar as they are relevant to making that comparison. Because our decision sets aside any previous agency decision, the classification practices used by the appellant's agency in classifying her position are not germane to the classification appeal process.

Like OPM, the appellant's agency must classify positions based on comparison to OPM standards and guidelines. However, the agency also has primary responsibility for ensuring that its positions are classified consistently with OPM appeal decisions. If the appellant considers her position so similar to others that they all warrant the same classification, she may pursue the matter by writing to her agency's personnel headquarters. In doing so, she should specify the precise organizational location, classification, duties, and responsibilities of the positions in question. If the positions are found to be basically the same as hers, the agency must correct

their classification to be consistent with this appeal decision. Otherwise, the agency should explain to the appellant the differences between her position and the others.

Position information

The appellant manages the administration of all medical records kept in the [appellant's unit]. The [appellant's organization] is an approximately 1,000 bed detention/holding facility where prisoners charged with a variety of Federal crimes await prosecution, trial, other court appearances, and pending release. They are temporarily housed at the [appellant's organization] for periods of time up to one year and, given the purpose of the facility, there is high turnover of the inmate population. The [appellant's unit] operates an in-house outpatient clinic staffed by health care professionals including three medical officers, eight non-supervisory physician's assistants, a registered nurse, a pharmacist, and two dental officers. Between sixty and seventy inmate patients are seen daily on a "walk-in/ambulatory" basis by the health care staff for purposes including initial entry health assessment and screening, sick call, basic dental care, general physical examinations, and injuries. Services are provided by contractors for laboratory tests, x-rays, and psychiatric care. For more serious procedures and medical conditions, the [appellant's organization] has a contract with a local hospital [name of hospital] to conduct tests and provide treatment.

The appellant is responsible for proper administration, maintenance, disposition, quality management and review of all medical records covering inmates housed at the [appellant's organization]. She reviews and evaluates medical records for completeness, consistency and accuracy to ensure compliance with medical records administrative requirements published by the Bureau of Prisons and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). She analyzes the medical records maintenance program and advises the Health Systems Administrator of problem areas and recommends solutions. She is involved in developing the [appellant's unit] quality management plan, is a member of the unit's Quality Improvement Committee, and performs regularly scheduled and required quality management/assurance program reviews and audits. She evaluates documents in records for overall procedural problems, including identifying inadequate coding and the need for additional documentation, and takes corrective action. As needed, she performs basic statistical analysis on perceived medical record problems, and advises the supervisor and medical staff of certain trends. She processes and responds to requests from various parties for release of inmate medical information in accordance with Bureau of Prisons policies and the Freedom of Information Act. The appellant conducts training sessions for unit staff as needed on medical record procedures and legal requirements. She also oversees and monitors the work of two Medical Records Technicians, GS-675-6, assigned to the [appellant's unit].

The results of our interviews and other material of record furnish more information about the appellant's duties and responsibilities and how they are performed.

Series, title, and standard determination

The agency assigned the appellant's position to the Medical Records Administration Series, GS-669, titling it Medical Records Administration Specialist. The appellant agrees with the agency

on assignment of the GS-669 series to her position, but believes it should be titled Medical Records Administrator. We concur with the agency's assignment of the GS-669 series to the appellant's position and, for the reasons discussed below, also with the agency's selection of the appropriate title.

As discussed in the GS-669 classification standard, medical records administrators have responsibility for making and implementing administrative decisions directly affecting the care of medical records programs. Such positions are located at the highest organizational levels and have significant program scope and functional depth, and are delegated final line decision-making authority and responsibility to plan, manage, advise on, and direct a medical records department in a medical facility, or a network of several hospitals in an extended geographical area. Administrators at staff advisory levels primarily provide medical records advisory services, develop agency policies and procedures (integrating them into organizational goals), or act as consultants at agency headquarters on medical records programs and problems.

Medical records administration specialists must have considerable knowledge of the specialized principles and practices related to medical records management to test and make recommendations for improving the medical records program. They do not, however, have the final line decision-making authority; the medical records administrator has that authority. Medical records administration specialists are responsible for directing the operations of a medical records department for a medical facility subject to administrative supervision and control from a higher level. Also included as specialists are those assigned responsibility for a section of a medical records department, as well as those assigned quality assurance and risk management responsibilities.

The organizational level, scope, and functions of the appellant's position do not compare to those of a medical records administrator. Unlike an administrator, her position is not located at the highest organizational levels within the Bureau of Prisons, but rather resides in an out patient clinic in a field detention facility. The complexity of the medical cases seen, and treatment provided at [appellant's organization], is far less complex than that found at any one of the agency's inpatient Medical Referral Centers, thus the number of patients and medical records is much more limited. She does not work at a fully staffed and equipped large teaching, research, or regional facility which treats more critically ill patients and provides more comprehensive care, thus complicating the management of medical records. The scope of the [appellant's organization] medical records program is limited by the functions of the clinic and types of typically routine treatment furnished to inmates. Although she may recommend improvements in the medical records program, unlike medical records administrators she does not have delegated final line decision-making authority and responsibility to plan and manage the medical records program characteristically found at a larger and more complex medical facility, or a network of several hospitals in an extended geographical area. Such authority lies solely with the agency's medical records administrator located at headquarters.

The appellant's duties and responsibilities are like those performed by medical records administration specialists. She must apply considerable knowledge of the specialized principles and practices related to medical records management, and recommends program improvements to higher level administrators responsible for the medical records program. Similar to

specialists, she is responsible for the administration, maintenance, quality assurance, and disposition of medical records for the out patient medical facility located at [appellant's organization]. The appellant's position is titled Medical Records Administration Specialist.

As previously noted, the appellant oversees and monitors the work of two Medical Records Technicians, GS-675-6. In order for a position to be titled and evaluated as a supervisor, it must meet all three of the basic coverage requirements specified in the General Schedule Supervisory Guide (GSSG) as follows: (1) require accomplishment of work through combined technical and administrative direction of others; and (2) constitute a major duty occupying at least 25 percent of the position's time; and (3) meet at least the lowest level of Factor 3 in the guide, based on supervising Federal civilian employees, Federal military or uniformed service employees, volunteers, or other non-contractor personnel. Based on our interviews and review of the record, the appellant's position does not meet all three criteria. Specifically, we have concluded that the appellant spends no more than 10 to 15 percent of her time overseeing the work of the two medical records technicians. Both the appellant and her supervisors noted that the technicians are at the full performance level for their positions, have been in their jobs for a few years, and perform their work quite independent of day-to-day supervision. The bulk of their work consists of routine functions such as assembling, coding and indexing medical records, pulling and filing charts, filing sensitive data, and disposing of medical records. Their position description indicates that the supervisor provides only general instruction, and that the technicians complete routine and recurring assignments independently. Therefore, given the independence and limited need for supervision of the technicians, the appellant's position does not warrant titling and evaluation as a supervisor.

The title and series of the appellant's position is Medical Records Administration Specialist, GS-669. To grade the position we have applied the grading criteria in the GS-669 standard as discussed below.

Grade determination

The standard for the Medical Records Administration Series, GS-669, uses the Factor Evaluation System (FES), which employs nine factors. Under the FES, each factor level description in a standard describes the minimum characteristics needed to receive credit for the described level. Therefore, if a position fails to meet the criteria in a factor level description in any significant aspect, it must be credited at a lower level. Conversely, the position may exceed those criteria in some aspects and still not be credited at a higher level. Our evaluation with respect to the nine FES factors follows.

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, such as the steps, procedures, practices, rules, policies, theories, principles, and concepts; and the nature and extent of the skill needed to apply this knowledge.

At Level 1-6, the employee has knowledge of recognized reference standards, medical and legal requirements, and regulatory and accrediting agency requirements to perform medical records

analysis and evaluate the adequacy of a medical records program. The employee applies knowledge of automated medical records systems, requirements of the Privacy and Freedom of Information Acts, and agency policies about release of information. Positions at Level 1-6 require skill in applying established principles, concepts, and techniques of medical records administration to perform recurring medical records administration assignments of a procedural and factual nature for which there are standard methods and practices. The employee uses this knowledge and skill within the medical records department to assess and correlate data and verify information. He or she has knowledge of statistics to assess patient workload and establish quality controls.

Work illustrations at Level 1-6 include planning and directing the activities of a medical records department in a medical facility, and providing general advice to management on medical records requirements and standards; conducting evaluations to ensure professional standards are met; managing workflow so production meets time frames and avoids backlogs; and participating on hospital committees which address medical records, quality assurance, and utilization review. Positions at Level 1-6 also establish and monitor a quality assurance program for a medical records department and coordinate the program with the facility's quality assessment activity; incumbents use established quality control measures to evaluate the performance of functional areas of a medical records department.

At Level 1-7, the employee applies a thorough knowledge of agency and governmental policies, procedures, applicable Federal statutes and legislation governing medical records programs. The work requires knowledge of regulatory, licensing, and accrediting agency requirements, and medico-legal responsibilities. They use this knowledge to solve problems covering diverse medical records situations; direct a medical records staff in the various functional areas of a medical records department, and in the planning and management of medical records operations; develop management plans and design programs including estimates of personnel, equipment, and materials. Assignments as Level 1-7 require knowledge and skill sufficient to solve complex problems involving different aspects of medical records administration, by changing or adapting established methods, making significant departures from previous approaches to solve similar problems, revising procedures to improve information gathering, and adapting new methods to meet regulatory requirements.

Work illustrations at Level 1-7 include designing and administering the medical records program in a large medical center that receives a variety of critically ill patients and provides new and experimental treatments; implementing hospital and regulatory policies and rules; and aiding medical staff by conducting studies to provide specialized data for research projects. At Level 1-7 the employee may also plan and develop the goals, priorities, standards, and working guidelines for the medical records component of a medical service program covering an extended geographical area with various types of facilities, which may range from a complex medical center in a district or a state, to a regional program. Employees may also set up, implement, and monitor an internal quality assurance program.

The appellant's position meets Level 1-6, but falls short of Level 1-7. Like Level 1-6, she applies knowledge of standard medical records references, and regulatory and accrediting agency requirements (i.e., JCAHO), to perform medical records analysis and evaluate the adequacy of

the medical records program at the [appellant's organization]. In administering and reviewing the installation's medical records program, she applies established principles and techniques to carry out recurring medical records review assignments of a procedural and factual nature. Similar to the illustrations at Level 1-6, she directs the medical records section of the [appellant's unit] that provides general medical care services in the out patient clinic. She evaluates medical records to ensure that patient care staff fully comply with professional standards on the posting and coding of medical/treatment information, and manages records work flow to ensure that specified time standards are met. She is a member of various quality improvement committees, and is responsible for directing and monitoring the quality assurance program governing medical records at the [appellant's organization]. In that regard she performs monthly reviews/audits of medical records particularly focusing on the accuracy of posted data, meeting of deadlines, and specifying the types of medical health care provided to inmates; this information is forwarded to the installation's quality assessment committee. As illustrated under Level 1-6, through her regular medical records' reviews the appellant has also established internal quality control measures to ensure that health care providers are properly identifying, coding and documenting the types of medical conditions, and what treatment and follow-up measures are necessary.

The appellant's position does not meet Level 1-7. While she must have knowledge of the agency's policies and procedures governing the medical records program, and be familiar with accrediting agency requirements, she does not apply that knowledge to the situations and extent described at Level 1-7. Unlike Level 1-7, because she is assigned to an out patient clinic providing limited health care services, she is not faced with the diversity of medical problems which generate more complex medical records' documentation typically found at the agency's Medical Referral Centers. Because of the limited nature of the medical records program, she is not called upon to provide advisory, education, and training on complex problems arising from administration of the medical records program. Her work does not require her to design the medical records program, to include costs of personnel and equipment. The program was established at higher organizational levels in the Bureau of Prisons, and cost estimates and budgetary information are developed by her supervisors. Because record problems and situations are less complex than at Level 1-7, she is not called upon to significantly depart from previous problem solving approaches, revise procedures, or adapt new methods to meet regulatory requirements. Unlike the work illustrations at Level 1-7, she is not responsible for designing and administering a medical records program for a large medical center (e.g., a Medical Referral Center) that treats a variety of critically ill patients providing new and experimental treatments; or aiding medical staff by conducting studies of medical records to provide specialized data for research projects. Moreover, she is not involved in developing the goals, standards, and working guidelines for the medical records activity of a medical service program servicing a variety of medical facilities covering an extended geographical area. Such duties would be found in positions at higher organizational levels in the Bureau of Prisons.

This factor is evaluated at Level 1-6 and 950 points are assigned.

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 review of completed work.

At Level 2-3, the supervisor specifies the immediate goals, scope of the assignment, and deadlines. The supervisor also identifies limitations such as budgetary or policy constraints, and helps the employee with unusual situations which do not have clear precedents. The employee independently plans, coordinates, and carries out assignments in accordance with instructions, policies, previous training, or accepted practices in medical records administration. On assignments that may involve controversial matters the employee discusses issues and possible approaches with the supervisor before carrying out the assignment. The supervisor reviews completed work for technical soundness, accomplishment of specific goals, and for conformity to hospital policy and regulatory requirements.

At Level 2-4, the supervisor sets the overall goals and resources available for the assignment. The employee and supervisor consult and reach mutual agreement on deadlines, new projects, and management approaches to work. Because the employee possesses expertise in medical records administration, he/she is responsible for independently planning the medical records program, resolving most conflicts which arise, coordinating the work with others as necessary, and interpreting policy. The employee keeps the supervisor informed of potentially controversial matters or decisions which may have far-reaching implications. The supervisor assesses performance by evaluating the effectiveness of the medical records program in meeting statutory, regulatory, and agency requirements or expected results. The supervisor reviews completed projects, reports, or recommendations for compatibility with organizational goals, guidelines, and effectiveness in achieving intended objectives.

The appellant's position meets Level 2-3, but does not fully meet Level 2-4. Like Level 2-3, the supervisor (Assistant Health Services Administrator) specifies goals, establishes recurring deadlines (e.g., monthly program audits), identifies budget and resource limitations, and discusses controversial matters with the appellant. The appellant independently plans, coordinates, and carries out her work in accordance with the instructions and practices covering medical records administration. Similar to Level 2-4, the appellant independently oversees the administration of the medical records program, resolves most conflicts, and coordinates her work with others, as necessary. The supervisor does not review her completed work for technical soundness, but rather for effectiveness in meeting program requirements, and compatibility with the unit's organizational goals, objectives, and internal guidelines. However, the appellant's level of independence and responsibility must be considered within the context of her assignments, and the knowledge and skill required to perform them, as previously discussed under Factor 1, Knowledge required by the position. Under Factor 2, it is not just the degree of independence that is evaluated, but also the degree to which the nature of the work allows the employee to make decisions and commitments and to exercise judgment. We have found that her assignments are of a procedural and factual nature carried out in an out patient medical clinic, thus limiting the complexity of technical and administrative problems dealt with, and the diversity of medical records information. Her work does not require or permit the exercise of judgment on matters of significance concerning medical records administration envisioned at Level 2-4.

This factor is evaluated at Level 2-3 and 275 points are credited.

Factor 3, Guidelines

This factor covers the nature of guidelines and the judgment needed to apply them.

At Level 3-3, general guidelines are available including established procedures and hospital regulations although they are not completely applicable to every situation encountered. The employee uses judgment to: interpret, select, and adapt guidelines and precedents to specific problems; apply established policies and accepted practice in setting up new procedures; and recommend changes to procedures to improve the reliability of data, enhance services, and correct deficiencies.

At Level 3-4, broad guidelines such as administrative policies and precedents, laws, regulatory directives, agency regulations, and accreditation requirements apply. Guidelines are often scarce, of limited use, and inadequate in dealing with the full scope of problems found in a medical records program. The employee uses initiative when developing operating procedures and instructions which deviate from traditional methods or when developing new procedures. The employee develops new procedures and policies due to lack of specificity of current guidelines to the work situation. The employee must use judgment and ingenuity in interpreting the intent of the guides that do exist and in developing applications to specific areas of work.

The appellant's position meets Level 3-3, but not Level 3-4. Like Level 3-3, general guidelines include established procedures and agency references including the Health Services Manual (6000.05, Chapter 5), program statements and program review guidelines, manual of coding practices (ICD 9-CM), JCAHO guidelines and accrediting standards, and guidance on the Privacy Act and Freedom of Information Act. Because they are not completely applicable to every situation, the appellant uses judgment in selecting, interpreting, and adapting them to particular situations, especially when she has been tasked to set up new internal control procedures to ensure that all key medical coding and treatment information is addressed in medical records.

Unlike Level 3-4, the appellant's guidelines are applicable to the subject matter, and are not scarce, of limited use, or inadequate. While she has used initiative in developing internal operating and quality assurance procedures, this effort has not deviated from traditional methods or approach, and they were not developed because of a total lack of specific guidance to particular work situations. As discussed previously, the nature of her clinic program situation does not provide the context or opportunity for guideline deviation and development as found at Level 3-4.

This factor is evaluated at Level 3-3 and 275 points are assigned.

Factor 4, Complexity

Complexity 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 4-3, the work includes a variety of duties that require different and unrelated medical records processes and methods. Assignments consist of a full range of operational problems involving aspects of medical records administration such as quality assurance, risk management, documentation requirements, and case mix analysis. The work involves the analysis and evaluation of a medical records program which requires consideration of a variety of factors and possible courses of action to determine the correct solution or approach. Assignments involve identifying problem conditions and elements that exist in medical records systems, analyzing the interrelationships of data entered from various sources, and taking action to resolve conflicting data entries. The employee prepares specific instructions for ongoing operations or implements medical records policies designed by higher level personnel.

At Level 4-4, the work involves full responsibility for the technical aspects of a medical records department or several segments of a medical records department in a teaching facility. It includes a wide variety of duties involving diverse and complex technical or administrative problems and considerations: for example, testing, refining, and implementing new methods in records processing, quality assurance, and medical care cost recovery; developing procedural manuals for processing of data and release of information; or establishing standards of acceptable performance that meet internal and external requirements and regulations. Assignments involve a recurring need for program changes as a result of changing technology, revised documentation requirements, or improvements in control systems or validation methods. The work typically requires determining ways to extend the capabilities of medical records systems, developing new or revised procedures and protocols using standard medical records techniques, or refining existing criteria for administering or evaluating medical records programs. Work requires independent action involving the full range of services offered in a medical records department.

The appellant's position meets Level 4-3, but falls short of Level 4-4. Like Level 4-3, her assignments encompass the full range of operating problems concerning the administration and proper maintenance of medical records, including fully and accurately meeting documentation requirements for tests, medical procedures/treatments and results. Her work involves analyzing and evaluating the facility's medical records program to ensure full compliance with agency guidelines, and considering all possible courses of action to determine the correct approach when problems arise regarding the accuracy, completeness, and ongoing maintenance of medical records. Like Level 4-3, she identifies problems within the unit's medical records program, particularly through the monthly and quarterly quality assurance and review process, and takes action to resolve conflicting or missing data. She implements medical records policies promulgated by higher level agency staff, and has prepared specific operating instructions for unit personnel concerning the timely and accurate entry of information/data into medical records.

The position does not meet Level 4-4. Although she is responsible for a small section that administers and maintains medical records for an out patient clinic, this does not compare to full responsibility for the technical aspects of a comprehensive medical records department, or segment thereof, in a medical teaching facility, e.g., hospital or Medical Referral Center. She is not faced with the diverse and complex technical and administrative medical records problems found at such a facility, such as testing/implementing new methods in records processing or quality assurance, or developing procedural manuals for processing of data. Unlike Level 4-4,

the appellant's duties have not included a recurring need for program changes resulting from changes in technology, or typically determining ways to extend the capabilities of the medical records system. Such duties and responsibilities would be performed by medical records administrators above the appellant's organizational level.

This factor is evaluated at Level 4-3 and 150 points are credited.

Factor 5, Scope and effect

This factor covers the relationship between the nature of the work, i.e., the purpose, breadth, and depth of the assignment, and the effect of work products or services both within and outside the organization.

At Level 5-3, the purpose of the work is to perform a full range of medical records administration tasks to resolve problems, questions, or situations; and to plan, administer, and oversee the implementation of standardized management and use of medical records. It involves review and analysis of issues and operational processes and the formulation of recommendations on program improvements or changed operational procedures to meet medical records management goals and agency objectives. The work affects the efficient development and use of medical records which provide medical information necessary to defend against legal claims, help research efforts, support patient treatment, and assure the efficient operation of the medical records system and programs.

At Level 5-4, the work involves developing new or improved solutions to complex technical problems in a medical records department or in one or more areas of a medical records department, assessing the effectiveness of a medical records program, providing advisory and planning assistance; conducting analysis on specific functions or problems that are particularly difficult, widespread, or persistent, or developing procedural manuals or guidelines for major program functions. Assignments typically involve problems that occur at several facilities within a broad geographic area; at a facility that provides specialized services to other facilities in a geographic area; or problems that involve major analysis of record keeping and retrieval systems for quality assurance, risk management, and utilization review activities. The work contributes to the improvement, effectiveness, and efficiency of the medical records program operations.

The appellant's position meets Level 5-3, but not Level 5-4. Like Level 5-3, the purpose of her work is to carry out the complete range of tasks associated with the maintenance and administration of medical records, and to plan, implement and oversee the standardized management of the medical records program at the facility. Included in that process is the review and analysis (through quality assurance procedures) of the effectiveness and accuracy of the medical records program, which can lead to the appellant making recommendations on improvements to meet the facility's and agency's program goals. Comparable to Level 5-3, her work affects the efficient development and use of medical records, which furnish necessary information for the agency to defend against legal claims, document and support patient diagnosis and treatment, and assure the efficient operation of the medical records program.

The position does not meet Level 5-4. Unlike that level, the nature of the appellant's program does not require or permit her, on a regular and recurring basis, to develop new or improved approaches and solutions to complex technical problems as typically found in an entire medical records department, or in one or more components of such a department. While she does assess the effectiveness of the medical records program, and advises health unit staff on the proper methods of posting and recording health care information to medical records, she is not faced with particularly difficult, widespread or persistent problems regarding the maintenance and administration of medical records due to the limited nature of the clinic program. In addition, she does not develop procedural manuals at her organizational level. In contrast to Level 5-4, the appellant's assignments and problems encountered cover only the [appellant's organization], rather than covering problems that occur at several facilities dispersed within a broad geographic area, or at a facility providing specialized services to other facilities in a geographic area. The problems she deals with do not require major analysis of record keeping and retrieval systems for the purposes outlined under Level 5-4.

This factor is evaluated at Level 5-3 and 150 points are credited.

Factor 6, Personal contacts and Factor 7, Purpose of contacts

These two factors are calculated together to recognize their interrelationship. Final point credit is determined by identifying where the evaluation of each factor intersects in the table in the position classification standard.

Personal contacts

At Level 2, the employee has contact with employees, supervisors, and managers in the same agency but outside the immediate department. Contacts with the public are conducted in a moderately structured setting.

At Level 3, personal contacts are with individuals or groups from outside the employing agency such as regulatory personnel, law enforcement officers, attorneys, public health officials, congressional representatives, etc. This level may also include ad hoc contacts with the head of the employing agency or program officials several managerial levels above the employee.

The appellant's position meets Level 2, but falls short of Level 3. Like Level 2, her contacts are primarily with employees, supervisors, and managers at the [appellant's organization] and within the Bureau of Prisons. Any contacts with the public are moderately structured. Unlike Level 3, the appellant's contacts are primarily within the agency, rather than with individuals or groups outside the Bureau of Prisons. While she occasionally has contact with attorneys and public health officials, the record shows that these contacts are not regular and recurring and, therefore, may not control the evaluation of this factor.

Purpose of contacts

At Level b, contacts are made to coordinate work efforts and solve technical problems. At Level c, contacts are made to influence, motivate, and negotiate issues with various individuals and

groups to accept and comply with established policies and regulations. Persons contacted at Level c level may be skeptical or uncooperative.

The appellant's position meets Level b, but not Level c. Like Level b, her contacts are made to coordinate work efforts and solve technical problems regarding the administration of medical records. Unlike Level c, the appellant's contacts are not for the purposes of influencing, motivating, or negotiating issues to gain acceptance and compliance with established regulations. In contrast to Level c, persons she contacts are usually receptive and cooperative.

Factors 6 and 7 are evaluated at Levels 2b and 75 points are assigned.

Factor 8, Physical demands

This factor covers the physical demands placed on the employee by the work assignment. This includes physical characteristics and abilities, and the physical exertion involved in the work.

At Level 8-1 (the only level for this factor described in the standard), the work is primarily sedentary. The employee sits comfortably to do the work. However, there may be some walking, standing, or carrying of light items such as manuals or files. The work does not require special physical demands.

The appellant's position meets but does not exceed Level 8-1. Like that level her work is primarily sedentary, with some walking, standing, or carrying light items as needed. Her duties do not require any special physical demands.

This factor is evaluated at Level 8-1, and 5 points are credited.

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 only level for this factor described in the standard), the work environment involves everyday risks or discomforts which require normal safety precautions typical of such places as offices in a medical facility. There is adequate light, heat, and ventilation in the work area.

At Level 9-2 (described in the Primary Standard for the FES), work involves moderate risks or discomforts which require special safety precautions, e.g., working around moving parts, carts, or machines; with contagious diseases or irritant chemicals, etc. Employees may be required to use protective clothing or gear such as masks, gowns, coats, boots, goggles, gloves, or shields.

At Level 9-3 (described in the Primary Standard for the FES), the work environment involves high risks with exposure to potentially dangerous situations or unusual environmental stress which require a range of safety and other precautions, e.g., working at great heights under

extreme outdoor weather conditions, subject to possible physical attack or mob conditions, or similar situations where conditions cannot be controlled.

The appellant's position exceeds both Levels 9-1 and 9-2, and meets Level 9-3. Similar to Level 9-3, by working in a Federal correctional facility she is subject to potentially dangerous, arduous, adverse and stressful situations, where she could be the target of possible physical attack or riot conditions. In order to be prepared for any dangerous situation at the [appellant's organization], she must be proficient and participate in continuous training on legal procedures and regulations concerning correctional management, firearms proficiency, physical defense and control techniques, and medical emergency and interpersonal communication skills.

This factor is evaluated at Level 9-3 and 50 points are assigned.

Summary of FES factors

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge required by the position	1-6	950
2. Supervisory controls	2-3	275
3. Guidelines	3-3	275
4. Complexity	4-3	150
5. Scope and effect	5-3	150
6 and 7. Personal contacts/purpose	2b	75
8. Physical demands	8-1	5
9. Work environment	9-3	<u>50</u>
<i>Total</i>		1930

A total of 1930 points falls within the GS-9 range (1855-2100) on the grade conversion table in the GS-669 standard. Therefore, the appellant's position is graded at the GS-9 level.

Decision

The appellant's position is properly classified as Medical Records Administration Specialist, GS-669-9.