

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

Atlanta Field Services Group
75 Spring Street, SW., Suite 1018
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Classification Appeal Decision
Under section 5112 of title 5, United States Code

Appellant: [appellant]

Agency classification: Hospital Housekeeping Officer
GS-673-13

Organization: [organization]
[organization]
[organization]
Department of Veterans Affairs
[location]

OPM decision: Hospital Housekeeping Officer
GS-673-13

OPM decision number: C-0673-13-01

s/s Robert D. Hendler
Robert D. Hendler
Classification and Pay Claims
Program Manager

September 19, 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).

Decision sent to:

PERSONAL

[appellant]

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Introduction

On April 8, 2004, the Atlanta Field Services Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [appellant]. The appellant's position is currently classified as Hospital Housekeeping Officer, GS-673-13, and is located in the [organization], [organization], [organization], Department of Veterans Affairs (VA), in [location]. The appellant requests that his position be upgraded to GS-14. We received the agency's complete administrative report on May 27, 2005. We have accepted and decided his appeal under section 5112 of title 5, United States Code.

General issues

The appellant's rationale for the grading of his position is based on application of an internal VA position classification guide for hospital housekeeping officer positions. However, by law OPM must classify positions solely by comparing their current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112).

In reaching our classification decision, we have carefully reviewed all information furnished by the appellant and his agency, including information obtained from telephone interviews with the appellant and his supervisor and the position description (PD) of record which we found contains the major duties assigned to and performed by the appellant and which we incorporate by reference into this decision.

Position information

The appellant is assigned to PD number [#]. Both the supervisor and the appellant certified the accuracy of the PD.

The appellant has management and program responsibility for all environmental management operations for the [organization]. The VHS includes the [name] VA Medical Center (VAMC), [name] VAMC, [name] Outpatient Clinic (OPC), [name] OPC, [name] Community Based Outpatient Clinic (CBOC), [name] CBOC, [name] OPC, [name] CBOC, [name] CBOC, [name] CBOC, and [name] CBOC. Geographically, the centers are located at varying distances, up to 210 miles, from the [location] site. The [organization] employs approximately 3,700 people. The hospital housekeeping management responsibility includes maintenance of buildings encompassing approximately 1.5 million square feet (the two VAMCs consist of approximately 1,420,000 square feet of this maintained space).

The three OPCs are large and provide multi-specialty services. In addition to primary care, these clinics have laboratories, pharmacies, radiology services, and other programs, such as dental care, cardiology, ophthalmology, urology, gastroenterology, and psychiatry. The five small CBOCs provide primary care and limited mental health services. The nursing home care units in both [location] and [location] provide long-term care. The [name] VAMC, which is physically connected to the University of Florida, is a tertiary care facility and active teaching hospital with 242 operating beds and 34 nursing care beds. The [name] VAMC is a secondary care facility

with general medical, surgical, and extended care programs. It has 46 operating beds and 230 nursing care beds. There are a total of 552 beds in the VHS.

During fiscal year 2004, the [organization] had an annual total of 8,990 inpatients (projected to be approximately 11,000 for fiscal year 2005) and 1,064,554 outpatients (projected to be 1,194,794 for fiscal year 2005), with many patients being seen at more than one specialty clinic per visit. The [name] and [name] facilities perform an average of 300 surgeries per month. The average turnover rate is 281 percent. Approximately 115 active research principal investigators perform research both at the Research Service (51,050 square feet) in the [name] VAMC facility and at a separate Research Center in [location] (7,000 square feet).

The VHS is closely affiliated with the University of [name], and programs are also in place with the [name] State University, [name] State University, [name] Community College, and [name] Community College. It has 26 medical specialties with formal teaching programs, 112 budgeted medical residents, and 50 authorized spaces for medical students to work under resident supervision. Additionally, 1,120 eligible medical and nursing students may rotate through the VAMC hospital clinical departments during their studies to gain exposure and experience at the hospital.

The appellant is primarily responsible for cleanliness and sanitation, pest control, and interior design/decorating throughout the VHS. He also has responsibility for the linen management control program which includes linen purchases, maintenance of stock, and linen security and the provision of uniform services to all appropriate employees. In conjunction with Engineering Service and Infection Control, the appellant participates in managing the waste management program, primarily the handling and disposal of wastes, including bio-hazardous waste and anti-neoplastic agents. He plans, organizes, staffs, and oversees the work operations for assigned functions, including coordinating and serving as the Contracting Officer's Representative over pest control and cleaning contract at the OPCs and CBOCs. The appellant performs monthly inspections of the outlying clinics or more frequent inspections as needed.

The appellant provides input for and manages the environmental management program's budget. He establishes procedures, sets service level goals, and establishes and measures standards of performance and methods of evaluating his areas of program responsibility. He provides advice to top VHS management on issues regarding environmental services, interior design, and construction projects and is responsible for the staging and re-opening of all areas after projects are completed. The appellant administers the medical center administrative inspection program (utilizing an interdisciplinary team inspecting overall conditions and maintenance and repair of the physical plant and grounds) and assigns responsibility for resolution of identified discrepancies. He also provides direction in matters dealing with legislative and accreditation requirements of medical centers.

The appellant communicates and interacts daily with co-workers, service chiefs, physicians, medical professionals, administrative staff, patients, visitors, salespersons, manufacturers' representatives, and contractors. He coordinates program activities, negotiates agreements, solicits cooperation, and exchanges information. The appellant independently plans and carries out a daily schedule of assignments involving three shifts, resolves conflicts which arise,

coordinates duties with others as necessary, and interprets requirements on his own initiative. He works independently within established policies and procedures in managing the environmental services program. The appellant keeps his supervisor, a Supervisory General Engineer, informed on activities and discusses issues with him. His work is reviewed based on results obtained in supporting the mission and meeting specific program goals and objectives.

The appellant directly and indirectly supervises 184 employees. These include 2 Assistant Chiefs, GS-673-12, 1 Interior Designer, GS-1008-12, 12 Housekeeping Aid Supervisors, WS-3566-4 and WS-3566-2, 1 Laundry Supervisor, WS-7304-2, and a large number of General Schedule and Federal Wage System work leaders and nonsupervisory employees. These employees lead others or perform work primarily as housekeeping aids, laundry workers and health aids in the Housekeeping Operations and Laundry and Linen Sections at either [location] or [location].

Series, title, and standard determination

The agency classified the position in the Hospital Housekeeping Series, GS-673, and titled it Hospital Housekeeping Officer. The appellant does not disagree with the series or the title determination. We concur with the agency's series and title determination.

The GS-673 position classification standard (PCS) is the directly applicable PCS that must be used to evaluate the appellant's position. Part 1 provides narrative descriptions of trainee Hospital Housekeeping Assistant positions at grades GS-5 and GS-7; and Part 2 is used to classify Hospital Housekeeping Officers and Assistant Hospital Housekeeping Officers.

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.

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 to achieve program goals, monitoring effectiveness and efficiency of operations within the established framework, and making adjustments as necessary;
- 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, other regulatory and/or legal requirements, public relations, economic impact, effect on other hospital activities, etc.;
- coordinating program efforts with other internal activities and, as necessary, program management officials at the headquarters level;
- understanding and applying agency and local hospital policies and priorities and communicating them throughout the hospital housekeeping department and communicating the goals of the housekeeping program to other hospital departments;
- establishing personnel management policies for the housekeeping department which reflect personnel policies of the agency and deal with personnel actions affecting key employees; and; dealing with personnel actions affecting key employees and with other actions with possible serious repercussions; and
- delegating authority to subordinate supervisors and holding them responsible for the performance of their respective organizational units.

The appellant's position, as indicated in the previous position information, 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 directly evaluated in terms of the PCS's two classification factors.

The cleaning function is the nucleus of all hospital housekeeping programs and the prime responsibility of all Hospital 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 B (Basic Program): Responsibilities at this level require direction of a cleaning program designed to maintain the visual and bacteriological cleanliness of the hospital. This level may also include administrative management responsibility for a variety of incidental functions in addition to basic operation. These functions, such as window washing, coordination of elevator service and trash disposal, add to the variety of the program but do not significantly increase the overall complexity of the position since they do not require additional specialized knowledge and do not generate significant management problems because they are covered by relatively standardized and established requirements, methods, and procedures.

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 knowledge, these substantive

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

The characteristics of the appellant's program work fully meet and are best evaluated at Level A (Expanded Program), the highest level in the standard. Program responsibilities beyond basic housekeeping include interior decoration and control of linen management. They also include a pest control program which involves management and oversight, as a contracting officer's representative (COR) of pest control contracts throughout the VHS. The appellant also manages the cleaning contracts at the outlying clinics and serves as the COR. With other VHS organizations, the appellant has responsibility for the waste management program as it pertains to the collection and disposal of wastes. He also manages career apparel and internal inspection programs for the VHS. These programs are regulated, but impose difficulties involving development of procedural guidance and extensive coordination and management.

Level A is credited for this factor.

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. In general, increased staff and funds are necessary to operate the hospital housekeeping program in larger hospitals and, concomitant with these increases, increased problems in managing the additional resources. 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 multi-mission 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; and the number of hospital general medical and surgical beds ranges from 209 to 900.

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. Also, the large number of highly specialized medical and research programs (e.g., 11 to 25), and the variety of medical specialties (e.g., 12 to 15) 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 number of beds range from 1,000 to 1,330 and may necessitate a housekeeping staff of up to 284 employees.

The appellant's position has some complexities characteristic of Level B, e.g., numbers of inpatients and general medical and surgical beds, and number of housekeeping staff at the VHS. However, it meets Level A in other characteristics in that the VHS is also closely affiliated with a large medical college, has comparable numbers of specialty programs with formal teaching programs affiliated with medical schools, and overall staff and housekeeping employees. Environmental services are provided for a facility of comparable size. In numbers of outpatient visits per year and turnover rate, the appellant's position exceeds Level A. This is in keeping with changes in the health care industry since the PCS was published which have moved many procedures and services from inpatient to outpatient and helps to offset the Level B characteristics previously discussed. The VHS is physically dispersed to a greater extent than identified in any of the examples at Level A. However, the appellant's staff is located at the VAMCs and his responsibilities involving the clinics do not include staff supervision there. The numbers of outpatients at the outlying clinics do not impose the same levels of complexity for the appellant's position as do the VAMCs, since one of the appellant's primary responsibilities for cleanliness and sanitation is performed by contract workers whose work is subject to COR oversight rather than supervision.

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 [organization] fully meet the description of Level A. The record shows that the appellant's position does not substantially and significantly exceeds 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.

Decision

The appellant's position is properly classified as Hospital Housekeeping Officer, GS-673-13.