



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

Human Capital Leadership
and Merit System
Accountability Division

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

Appellants: [names]

Agency classification: File Clerk
GS-305-4

Organization: [section]
[directorate]
Veterans Affairs Medical Center
Department of Veterans Affairs
[city and State]

OPM decision: File Clerk
GS-305-4

OPM decision number: C-0305-04-02

_____/s/ Kevin E. Mahoney_____
Kevin E. Mahoney
Deputy Associate Director
Center for Merit System Accountability

_____February 1, 2007_____
Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), 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:

[appellants]

[servicing human resources office]

Deputy Assistant Secretary for Human Resources Management
and Labor Relations
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Introduction

On March 16, 2006, the Philadelphia Field Services Group of the Center for Merit System Accountability, U.S. Office of Personnel Management (OPM), accepted a position classification appeal from [appellants], who occupy identical additional positions (hereinafter referred to as position), classified as File Clerk, GS-305-4, in the [section] of [director] at the Veterans Affairs Medical Center, Department of Veterans Affairs, in [city and State]. (The appeal was subsequently transferred to the Center's Washington, DC, office.) The appellants requested that their position be classified as File Clerk, GS-305-5. We received the appeal administrative report on April 5, 2006, and the appellants' comments on the report on April 18, 2006. We accepted and decided this appeal under the provisions of section 5112 of title 5, United States Code.

The appellants initially appealed the classification of their position to the Department of Veterans Affairs. The appeal was denied on January 13, 2006.

We conducted a telephone audit with the appellants on July 18, 2006, and a subsequent telephone interview with their supervisor, [name]. We decided this appeal by considering the audit findings and all other information of record furnished by the appellants and their agency, including their official position description [number] and other material received in the agency administrative report on April 5, 2006.

General issues

The appellants compare their position to GS-5 file clerk positions at other medical centers. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to standards is the exclusive method for classifying positions, we cannot compare the appellant's position to others, which may or may not have been properly classified, as a basis for deciding this appeal.

Like OPM, the appellants' 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. Therefore, we have asked the agency to give our headquarters office an intra-agency classification consistency report. In making its report, the agency will review positions that are identical, similar, or related to the appellants' to ensure that they are classified consistently with this appeal decision. The *Introduction to the Position Classification Standards*, appendix 4, section I, provides more information about such reports. We have asked the agency to inform the appellants of the results of its consistency review.

Position information

The appellants are responsible for the receipt, filing, scanning, destruction, and transfer of all patient records at the medical center. They maintain the filing system for patient records and retrieve and re-file these records for patient care activities as requested. They receive medical documents from physicians' offices, outpatient clinics, laboratories, and imaging facilities and scan these documents into an electronic patient record system. They sort documents received daily and determine whether they should be filed or scanned. They transfer records to other

medical centers, maintain a schedule of file retention and disposal, and prepare retired records for shipment.

The Computerized Patient Record System (CPRS) is the primary electronic health record where patient information is documented. Currently, only outpatient and external medical records are being stored electronically, although documentation on paper media is being gradually phased out and the agency will eventually convert to a full electronics record system.

Series and title determination

The appellants' position is correctly classified to the Mail and File Series, GS-305. The authorized title for nonsupervisory positions in this series where file duties are predominant is File Clerk.

Although this occupation has traditionally consisted of the manually-performed operations associated with the maintenance of hard-copy files, the GS-305 series standard recognizes the advent of automated filing systems and the associated changes that have occurred in the methods applied in storing records. The standard notes that these changes have not affected the basic nature of the work, i.e., the use of an automated system involves a rearrangement of, but no change in, basic filing processes. Therefore, filing work performed within an automated system is encompassed by the GS-305 series.

Grade determination

The position was evaluated by application of the criteria contained in the Position Classification Standard for the Mail and File Series, GS-305. This standard is written in the Factor Evaluation System (FES) format, under which factor levels and accompanying point values are to be assigned for each of the following nine factors, with the total then being converted to a grade level by use of the grade conversion table provided in the standard. The factor point values mark the lower end of the ranges for the indicated factor-levels. For a position 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, the point value for the next lower factor-level must be assigned, unless the deficiency is balanced by an equally important aspect that meets a higher level.

The standard instructs that although it depicts file work in terms of the processes involved in manual filing systems, the grade level criteria are appropriate for the evaluation of positions concerned with automated operations.

The appellants contest their agency's evaluation of Factors 3 and 4. However, we reviewed all nine factors to determine if they were correctly evaluated by the agency.

Factor 1, Knowledge Required by the Position

This factor measures the nature and extent of information or facts the worker must understand to do acceptable work and the nature and extent of the skills needed to apply those knowledges.

The agency assigned Level 1-3, the highest level described in the standard, under this factor.

At Level 1-2, file positions require basic knowledge of the functions and organizational structure of the units serviced and basic knowledge of the subject matter being processed to perform filing tasks typical of the types of systems characterized as “less complex” in the standard, to distinguish among materials that require different processing (such as segregating documents requiring action from those providing information, etc.), to classify materials by subject matter when the relevant factors are easily determined (e.g., standard forms, specific types of correspondence inquiries, requisitions, billing documents, etc.), or to perform searches for materials when they are misfiled, in use in serviced units, etc., or similar duties. The standard notes that subject and alphabetical classification systems are normally considered simple file systems, but can be complex if categories are extensively subdivided and cross-indexed.

At Level 1-3, file positions typically require thorough knowledge of the functions performed within the units serviced (e.g., the various operations performed within an accounting unit or the functions performed within an administrative services unit, etc.), thorough knowledge of the subject matter content of the materials being processed, and thorough knowledge of filing systems characterized as “complex” in the standard. This knowledge is used to classify and cross-reference materials in decimal and alphanumeric systems that may be extensively cross-referenced, or when the subject-matter of the materials is overlapping or difficult to discern. In these instances, proper determinations require study of materials to determine specific categories from among many that may be applicable.

These criteria relate exclusively to an *organizational* filing system where the employee must understand the unit’s functions to varying degrees and where, at the higher level, the materials are extensively cross-referenced or the subject matters are overlapping or difficult to discern. The appellants classify and scan materials into an electronic *patient* record system which, by its nature, does not involve cross-referencing. Although this system would appear superficially simple in that patient records are retrieved either by name or social security number (SSN), it may be considered “complex” within the meaning of that term in the standard.

Within the context of an organizational filing system, the standard describes cross-referencing as basically involving the examination of a document to determine first the primary subject under which it will be filed and then any subordinate subject breakdowns necessary for cross-reference purposes. In other words, cross-referencing is the end result of a more in-depth examination of documents to be filed than would otherwise be performed for a less complex classification system. Thus, given that this factor is intended to measure the knowledge required by the position being evaluated, the salient consideration is not the actual process of cross-referencing but the knowledge required to perform that cross-referencing. Taking this into consideration, although the CPRS does not require the actual cross-referencing described at Level 1-3, it does require an equivalent degree of document examination. Individual medical or administrative documents must be accurately classified (by document/image type, medical specialty, and procedure) and identified by means of the creation of an electronic note before being scanned and thus “attached” to the patient record. This requires examining the materials to determine their proper identification within the system for ease of retrieval by medical personnel. In addition, the subject matter may be “difficult to discern” as the documents contain medical terminology that may not be easily identifiable. These characteristics are consistent with the

overall intent of Level 1-3 in terms of the nature and extent of information required to perform the work.

Level 1-3 is credited (350 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 review of completed work.

The agency assigned Level 2-2 under this factor.

At Level 2-2, the employee receives instructions from the supervisor on non-recurring assignments and changes in procedures. Most assignments are performed independently according to established procedures and previous experience. The supervisor is consulted when problems arise for which there are no precedents. The work is reviewed for accuracy by spot-checking or selective sampling, and may be reviewed occasionally for compliance with regulations.

At Level 2-3, the employee receives general guidance from a supervisor who may be concerned with other functions and services (e.g., the chief of an administrative services unit or the executive officer of an organization). The employee independently plans and adjusts mail and file functions to meet the requirements of the serviced units. The serviced units are concerned with new, emerging, or innovative programs (e.g., research and development, engineering or scientific laboratories). The supervisor is normally consulted only when problems arise for which no guidance or precedents exist. The work is reviewed in terms of the results achieved and the effect on resources and other administrative matters.

The supervision under which the appellants operate matches Level 2-2. Their work, consisting of documents to be filed either manually or electronically, is carried out largely independently in accordance with written operating procedures. If problems arise that are not covered by these procedures and which they cannot resolve themselves, they refer them to other staff. Because proper filing of medical documents is critical to patient care, the work is reviewed for quality control purposes. This exactly corresponds to the type of supervision described at Level 2-2.

Level 2-3 describes the much more general supervision exercised over the employee who is responsible for planning and adjusting file functions and who reports to a supervisor with broad administrative responsibilities beyond the records function. This represents a work situation where the employee has operational control over the file function. Since the appellants perform work that is structured and repetitive and they report to a medical records administrator who directly controls the file function, this type of supervision is not applicable to their position.

Level 2-2 is credited (125 points).

Factor 3, Guidelines

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

The agency assigned Level 3-2 under this factor.

At Level 3-2, guidelines consist of numerous standing oral instructions and written procedural guides that are applicable in differing work situations. Employees must use judgment and initiative in selecting and applying the proper guide (e.g., in classifying and cross-indexing when the subject matter of the materials may be covered by several possible categories). Judgment is also used in selecting alternative means of locating materials missing from files when search information is inadequate or misleading and several locations are possible.

At Level 3-3, guidelines consist of standing oral instructions and written guides that may not be applicable (and in some cases may not cover) an extensive range of varying operating situations. Significant judgment is required both to determine which of the guides to apply to specific cases or problems, and to adapt or improvise procedures to accommodate precedent-setting or unique situations. Written guides typically include various records management handbooks and manuals that are used in setting up initial file services to serve new organizational requirements or to extensively modify existing services because of major deficiencies or system changes.

The main distinction between Levels 3-2 and 3-3 is that at Level 3-2, the procedural guides for performing the work are generally applicable to the differing situations encountered, whereas at Level 3-3, the guides do not always cover the extensive range of situations that occur, requiring significant judgment in determining which procedures to apply in any given case *and* in adapting or improvising procedures when the case is not covered by the available guides.

The appellants are responsible for scanning approximately 15-20 different types of medical reports into electronic patient records (e.g., surgical records, ophthalmology reports, outside medical records, radiology reports, surgical consent forms, etc.) Consistent with Level 3-2, each type of document is covered by detailed scanning instructions, or standard operating procedures (SOPs), that specify the steps to be taken in scanning the documents, the information to be entered, and the prioritization of documents to be scanned. There is no situation where the appellants would be scanning an unfamiliar type of document and would have to make an independent judgment as to how the document should be treated.

The appellants argue that due to frequent changes in the patient record system, the scanning configurations also change and the SOPs are consequently often outdated. For example, a particular dialog box may be deleted or a step may be added, requiring the appellants to determine how to proceed in entering the document. Although they acknowledged there is another staff member (a higher-graded medical records technician responsible for quality control) whom they are to consult on such matters, they stated that when this individual is not there, they must take the initiative to solve the problem themselves.

Because the CPRS is being expanded, the software is constantly being updated and modified. As a result, system “patches” are often issued that change the scanning configurations. The appellants may be advised of these changes beforehand or they may simply encounter them in the course of their work. Some of these patches do not result in any change in scanning procedures, or the changes may be self-evident. Occasionally, if the quality control staff person is not available, the appellants may have to work out how to enter the document on their own, basically through trial-and-error. In these instances, they would later bring the patches to the attention of quality control, since that person is responsible for revising the SOPs. As a practical

matter, this may be a collaborative process between quality control and the appellants, who can explain the exact changes they encountered. However, responsibility for the content and development of the SOPs rests with this other staff member.

This aspect of the appellants' work is analogous to Level 3-2, where employees must select alternative means of accomplishing tasks. It does not meet the intent of Level 3-3, which refers to adapting or improvising procedures "to accommodate precedent-setting or unique situations," such as when guides are inapplicable because of frequent changes in classification and overlapping classifications. The situations the appellants describe involve relatively minor technical problems encountered in using an electronic record system that is still under development. This is not analogous to "adapting or improvising procedures" since the structure of the records system and the procedures for entering data are determined by others. Thus, the appellants do not adapt or improvise procedures but rather are expected to recognize when procedures have been changed and to respond accordingly.

Level 3-2 is credited (125 points).

Factor 4, Complexity

This factor covers the nature, number, variety, and intricacy of the tasks or processes in the work performed, the difficulty in identifying what needs to be done, and the difficulty and originality involved in performing the work.

The agency assigned Level 4-2 under this factor.

At Level 4-2, positions require performance of several related duties involving consideration of choices of appropriate procedures or actions to be taken in a variety of work situations. There is generally variety in the materials processed and in the activity required (e.g., recognizing a variety of types of printed forms and deciding the appropriate filing actions to be taken with each, proper processing and safeguarding of security classified materials, etc.) Work of this type also requires a number of steps or processes involving, for example, several types of mail and recognizing what procedures are appropriate for each type; classifying to appropriate file categories based on subject-matter content of materials; or searching for missing materials and locating requested materials when information varies or conflicts.

At Level 4-3, positions require performance of a number of duties involving the full range of file procedures in a work situation where there is typically a great variety in the materials received, great complexity of subject-matter materials and processing actions (e.g., scientific or technical materials, requirement for multiple actions of an independent or sequential nature, etc.) Work of this type involves multiple classifications, multiple indexes, multiple cross-referencing, and special searching when such duties are performed in a work context of overlapping classification categories, diverse and complicated subject-matter content (i.e., legal and technical subject matter in a variety of formats), and recognition of the need for (and taking action to obtain) improvements in records procedures.

The main distinction between Levels 4-2 and 4-3 is that at Level 4-2, the work involves applying different procedures for different types of situations whereas at Level 4-3, the work involves taking multiple actions in handling a much greater variety and complexity of materials.

The process for scanning documents into CPRS varies depending on the type of document involved. However, the basic steps for most document types consist of variations on the following sequence: ensuring that the patient's full name, SSN, and other pertinent identifying information (e.g., procedure date, consult number) are on the documents, returning to the senders if information is missing; logging into CPRS and retrieving the patient record by name or SSN; creating an electronic progress note to identify information pertaining to the document such as the date and type of the medical visit, and entering an electronic signature; opening and logging into Vista Imaging Software and selecting the patient and the progress note created; selecting the appropriate parameters from a menu provided, including such information as the origin of the document, the document/image type, the medical specialty, and the procedure/event; scanning the document and then reviewing the page to ensure legibility; returning to CPRS to verify that the scanning was successful and that the scanned image is attached to the electronic note created earlier; and annotating the document with the scanned date and scanner's initials and sending it to the quality assurance reviewer.

This work is consistent with Level 4-2 in that the different types of documents being scanned require variations in the procedures applied, and the appellants must be able to recognize different types of reports and use the appropriate scanning procedures for each. However, the work does not fully meet Level 4-3. Although the materials being scanned are medical documents of comparable complexity to those described at that level, the scanning process itself does not involve comparably difficult processing actions. An electronic patient record system does not allow for multiple indexes, multiple cross-referencing, or special searching through overlapping classification categories or complicated subject-matter content. The appellants are responsible for entering and properly identifying medical forms in the system, but have no further responsibility for the sorting or organization of materials or for improving records procedures, since these are established by medical records management at higher organizational levels and are strictly controlled. Thus, the nature of the system precludes performance of the types of work that would support crediting of Level 4-3.

Level 4-2 is credited (75 points).

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 the work products or services both within and outside the organization.

The agency assigned Level 5-2 under this factor.

At Level 5-1, positions are concerned with well-established mail or file functions. Performance facilitates the work performed in the serviced units.

At Level 5-2, positions are concerned with the improvement of methods or procedures affecting the overall efficiency of the mail or file unit, or work that involves determining and selecting appropriate materials to be made available to serviced units for their use. Performance affects the ability of personnel in the serviced units to perform their duties in an accurate manner or provide services to others.

In terms of the *scope* of the work, the appellants' position is consistent with Level 5-1, in that their work consists of carrying out file functions that have been established by others. Unlike Level 5-2, they are not responsible for improving file procedures, nor do they determine what materials will be retained in the system. The *effect* of their work meets Level 5-2, in that the completeness of the medical records is critical to patient care, thus affecting the quality of the medical services provided. However, since Level 5-2 is not *fully* met, Level 5-1 must be assigned.

Level 5-1 is credited (25 points).

Factor 6, Personal Contacts

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

The agency assigned Level 6-2 under this factor.

At Level 6-1, personal contacts are primarily with employees in the immediate unit, and also in related file units.

At Level 6-2, personal contacts are typically with personnel in serviced units and may also include personnel outside the organization.

Consistent with Level 6-2, the appellants have contacts with staff throughout the medical center.

Level 6-2 is credited (25 points).

Factor 7, Purpose of Contacts

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.

The agency assigned Level 7-1 under this factor.

At Level 7-1, contacts are for the purpose of obtaining or exchanging information regarding performance of functions in the immediate work unit and to provide information to personnel in serviced units regarding mail or file operations.

At Level 7-2, contacts are for the purpose of working with personnel in serviced units in resolving such operating problems as delays in receipt of materials, improperly coded or classified files or materials, and problems of similar difficulty, including adequacy of existing file categories.

Consistent with Level 7-1, the appellants' contacts with medical center staff are to provide information and basic file services. Problem resolution related to the medical records maintained is the responsibility of higher-graded staff.

Level 7-1 is credited (20 points).

Factor 8, Physical Demands

This factor covers the requirements and physical demands placed on the employee by the work assignment.

The agency assigned Level 8-2 under this factor.

At Level 8-1, work is performed primarily while sitting, whereas at Level 8-2, work requires long periods of standing, walking, or bending or requires recurring lifting of materials of moderate weight (under 50 pounds).

As at Level 8-2, the appellants' work requires long periods of standing when filing materials.

Level 8-2 is credited (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.

The agency assigned Level 9-1 under this factor.

At Level 9-1, work is performed in an office setting, whereas at Level 9-2, work is performed on loading docks or in areas subject to high noise levels or around moving equipment.

As at Level 9-1, the appellants' work is performed in an office setting.

Level 9-1 is credited (5 points).

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge Required by the Position	1-3	350
2. Supervisory Controls	2-2	125
3. Guidelines	3-2	125
4. Complexity	4-2	75
5. Scope and Effect	5-1	25
6. Personal Contacts	6-2	25
7. Purpose of Contacts	7-1	20
8. Physical Demands	8-2	20
9. Work Environment	9-1	<u>5</u>
<i>Total</i>		770

The total of 770 points falls within the GS-4 range (655-850 points) on the grade conversion table provided in the standard.

Decision

The position is properly classified as File Clerk, GS-305-4.