

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

Appellants:

Agency classification: Medical Support Assistant (OA)
GS-679-5

Organization: Patient Care Services
Nursing Service
VA Caribbean Healthcare System
Veterans Health Administration
U.S. Department of Veterans Affairs
San Juan, Puerto Rico

OPM decision: Medical Support Assistant (OA)
GS-679-4

OPM decision number: C-0679-04-04

/s/
Jeffrey E Sumberg
Deputy Associate Director
Center for Merit System Accountability

11/20/08

Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), this decision constitutes a certificate which 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).

Since this decision lowers the grade of the appealed position, it is to be effective no later than the beginning of the sixth pay period after the date of this decision, as permitted by title 5 CFR 511.702. The applicable provisions of parts 351, 432, 536, and 752 of title 5 CFR must be followed in implementing the decision. If the appellants are entitled to grade retention, the two-year retention period begins on the date this decision is implemented. The servicing human resources office must submit a compliance report containing the corrected position description and a Standard Form 50 showing the personnel action taken. The report must be submitted within 30 days from the effective date of the personnel action to the U.S. Office of Personnel Management (OPM) office that accepted the appeal.

Decision sent to:

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VA Caribbean Healthcare System

[Address]

[Location]

[Name]
[Organization]
[Address]
[Location]

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

Ms. Linda W. Bullock
Team Leader for Classification
Office of Human Resources Management
and Labor Relations
Compensation and Classification Service (055)
Department of Veterans Affairs
810 Vermont Avenue, NW, Room 240
Washington, DC 20420

Introduction

On January 9, 2008, the Philadelphia Oversight and Accountability Group, formerly the Philadelphia Field Services Group, of OPM accepted a classification appeal from [Appellant] Alma and 23 of her co-workers, all assigned to the identical additional (IA) positions hereinafter referred to as position. The position is currently classified as Medical Support Assistant (OA), GS-679-5, which the appellants believe should be classified as a Medical Support Assistant (OA), GS-679-6. The appellants' position is located in the [Organization], [Organization], Department of Veterans' Affairs (VA) Caribbean Healthcare System (VACHS), in San Juan, Puerto Rico. We subsequently removed co-appellants from this appeal who retired, transferred, were promoted, or reassigned to other positions because, under pertinent regulations, an employee can only appeal the classification of his or her current official position of record. We received the complete agency administrative report on February 13, 2008, and have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

We asked the appellants to select a few individuals among themselves to serve as a representative sample for our fact gathering interviews. We conducted telephone interviews with five appellants on May 21, 22, 23, and June 3, 2008 and with two of their immediate supervisors on May 27 and 28, 2008. In reaching our classification decision, we have carefully considered all of the information obtained from the interviews, as well as the written information furnished by the appellants and their agency, including the PD of record.

Background

In November 2006, a group classification appeal was filed with the VA Central Office (VACO) on behalf of 19 employees assigned to a different Medical Support Assistant, GS-679-5, position, (position description (PD) [#PD number] in the Health Benefits Administrative Service. VACO upgraded the position to the GS-6 grade level because of the appellants' knowledge of, and requirement to rotate through all of VACHS's medical specialty clinics. VACO then directed the VACHS to conduct a consistency review of all identical, similar, or related positions to ensure those positions were classified in a manner consistent with this decision.

VACHS reviewed 22 positions, determined four of them warranted upgrade, and promoted all of the employees on those PDs, including the appellants, to the GS-6 grade level. VACO subsequently reviewed these actions and issued a decision June 18, 2007, finding three of the PDs warranted upgrade. VACO determined the appellant's PD [#PD number] did not meet the criteria described previously and directed corrective action be taken to return the appellants to the GS-5 grade level.

VACHS requested the VACO reconsider its decision concerning PD [#PD number]. VACO's final September 19, 2007, determination sustained the earlier decision not to upgrade the appellant's position. The appellants then filed this appeal with OPM. VACHS reports there are currently 29 employees on PD [#PD number], including the appellants.

General Issues

The appellants' October 27, 2007, letter to OPM states "We truly believe that the downgrading of our position is an error due to the fact that the already resolved appeal of medical support assistants from the specialty clinics has nothing to do with us." VACHS states they included the position, in their review in accordance with 5 CFR 511.612, because it was considered to be an identical, similar, or related position and, had it not been included in the consistency review, it never would have been mistakenly upgraded to the GS-6 grade level.

The appellants state their position is misclassified because the:

interpretation was not analyzed with all of the tasks we perform on a daily basis and the complexities of each ward covered, such as hematology, oncology, surgical services, cardiology, MICU, SICU, ICCU, urology, medical services, infectious disease, psychiatry, rehabilitation, spinal cord, long term care, and hemodialysis, just to name a few.

Each appellant works in a distinct medical specialty clinic/ward. However, as indicated by their assignment to IA PDs, the fundamental nature of the work performed is the same regardless of the clinic to which they are assigned. Their knowledge of/familiarity with the medical specialization of the clinic to which they are assigned is attained through on-the-job experience and pertains to such things as a basic understanding of medical terminology, practical requirements and considerations for scheduling procedures, and preparatory actions required of patients for particular medical tests.

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). In adjudicating this appeal, our responsibility is to make our own independent decision on the proper classification of the appellants' position. Since our decision sets aside any previously issued agency decision, any actions previously taken by the agency in reviewing the appellants' position are not germane to this classification appeal process.

A PD is the official record of the major duties and responsibilities assigned to a position or job by an official with the authority to assign work. A position is the work made up of the duties and responsibilities performed by an employee. Position classification appeal regulations permit OPM to investigate or audit a position and decide an appeal on the basis of the actual duties and responsibilities assigned by management and performed by the employees [5 CFR 511.607(a)(1) and 5 CFR 511.609]. An OPM appeal decision classifies a real operating position, and not simply the PD. Therefore, this decision is based on the actual work assigned to and performed by the appellants.

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 its positions are classified consistently with OPM appeal decisions. If the appellants consider their position so similar to others that they all warrant the same classification, they may pursue the matter by writing to their agency headquarters human resources office. In doing so, they 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 theirs, the agency

must correct its classification to be consistent with this appeal decision. Otherwise, the agency should explain to them the differences between their position and the others.

The appellants mentioned the large amounts of work they perform in support of their assertion that the position warrants a higher grade. However, volume of work cannot be considered in determining the grade of a position (*The Classifier's Handbook*, chapter 5).

Position Information

VACHS is a tertiary care facility and a teaching hospital. It provides a full range of patient care services, with state-of-the-art technology as well as education and research. VACHS provides primary care, tertiary care, and long-term care in the areas of medicine, surgery, physical medicine and rehabilitation, neurology, spinal cord injury, mental health, oncology, dentistry, geriatrics, and extended care. Other programs include open heart surgery, rehabilitation, nursing home, hospital-based care, day treatment center, alcohol and drug dependence treatment, post-traumatic stress disorder program, pulmonary function, and an immunology evaluation clinic for HIV positive patients, among others. VACHS consists of the main medical center located in San Juan, Puerto Rico, with satellite clinics located in Ponce and Mayagüez. The medical center includes multi-disciplinary ambulatory facilities, 348 authorized hospital beds, 12 blind rehabilitation beds, and 120 nursing home beds. There are also community-based outpatient clinics in St. Thomas and St. Croix in the U.S. Virgin Islands and Arecibo and Guayama in Puerto Rico. In FY 2006 VACHS registered 9,548 admissions, and treated 68,364 patients at all clinic areas in Puerto Rico and the U.S. Virgin Islands, and provided 835,746 outpatient visits. VACHS is part of the VA Sunshine Healthcare Network, Veterans Integrated Service Network (VISN) 8.

The appellants serve as the first administrative point-of-contact for patients and family members entering the medical ward. They provide instructions for scheduled tests, explain where to pick up medicine, and give directions to other clinics and/or the location of other patients to family members and/or patients. When asked about veterans' eligibility or compensation, beneficiary travel, death benefits, prosthetics, pharmaceutical needs, or other concerns outside their assigned area of responsibility, the appellants refer the individual to the appropriate office or person at the facility for answers. They also report information pertaining to a patient's care/treatment to the medical staff or other members of the health care team.

The appellants apply established, specific, and directly applicable policies, practices, and standard operating procedures (SOPs) to complete a wide range of specialized clerical and administrative support functions. They may occasionally deviate from, or adapt guidelines in minor ways in response to particular patient circumstances, while keeping the supervisor apprised of such matters. However, any situations requiring significant adaptation or departures from established practice are referred to the supervisor for direction.

The appellants review the Veterans Information Systems Technical Administration (VISTA) system and Computerized Patient Records System (CPRS) several times daily to ensure proper entry of data, the completion of patient records, and that physician orders are carried out. They schedule admissions and transfers using the appointment management software packages; coordinate activities, tests, or studies with medical and clerical staff of clinics or wards; maintain systems integrity of stored patient data; and arrange transportation and escorts for patients

needing medical tests or studies. The appellants interact with clinics to schedule/reschedule medical tests because of clinic over-scheduling or based on patient wishes, provide patient information and resolve discrepancies. They check the physician's order to see if consent is needed and was obtained prior to scheduling and, if necessary, consult with the physician. Scheduled tests and studies are typically performed within VA facilities, but if the equipment needed for the procedure is unavailable due to maintenance problems, the appellants occasionally make arrangements with nearby hospitals for such services.

The appellants emphasized the difficulty of their work involving the day before discharge (DBD) initiative. DBD was initiated in fiscal year (FY) 2007 throughout all VA hospitals to streamline the patient discharge process and ensure they can leave the hospital earlier in the day, thereby freeing up beds for transferred or newly admitted patients. It is designed to align all activities needed to successfully discharge the patient within one hour of the discharge appointment time. The DBD goal for FY 08 is to provide a discharge appointment for 50 percent of all patient discharges from acute and long-term care, and to have at least 60 percent of these able to leave the hospital within 1 hour of the designated appointment time. In addition, 50 percent of all discharges are to occur before noon. To meet these goals, the appellants regularly review medical records to ensure medical professionals have completed their respective parts of the DBD tasks. They process pre-discharge orders, coordinate travel needs, execute laboratory and/or x-ray appointments; and coordinate follow-up appointments. The appellants notify the family of the planned discharge, agree on a discharge appointment time, and enter the information into VISTA. On the morning of discharge, they verify that medications are ready through CPRS and enter the "check-in" of family members and "check-out" of patients in VISTA, and verify transportation arrangements with the travel unit. They compile and submit a monthly data report including the number of discharges, percentage of discharges with pre-discharge orders; percentage of patients with discharge appointments; percentage of patients departing within one hour of discharge appointment time; percentage of discharges before noon; attending physician's name of each discharged patient; and reasons for delay if the patient left more than an hour after their discharge appointment.

The appeal record, including the official PD, contains descriptive information about the major duties and responsibilities assigned to and performed by the appellants, and we incorporate it by reference into our decision. The appellants agree the PD of record accurately describes their duties and responsibilities and their immediate supervisors certified the PD as accurate. However, based on the analysis which follows, we find portions of the PD of record overstate the difficulty and complexity of the work performed; e.g., the work requires applying memorized guidelines and does not require or permit "analyzing and interpreting regulations or public laws. Therefore, the PD must be corrected as part of the compliance report directed on page ii of this decision.

Series, title and standard determination

The GS-679, Medical Support Assistance series covers one-grade interval administrative support work performed in connection with the care and treatment given to patients in wards, clinics, or other such units of a medical facility. Employees in this series perform record-keeping duties, determine patient eligibility for treatment and paid travel expenses, complete and route requests for patient activities and treatment procedures, receive and direct patients and visitors, answer routine questions, review patient documentation and files and record a variety of medical data;

schedule appointments for patients with other medical services, and provide miscellaneous support to the medical staff of the unit to which assigned. The work requires a practical knowledge of computerized data entry and information processing systems, the medical facility's organization and services, basic rules and regulations governing visitors and patient treatment, and a practical knowledge of the standard procedures, medical records, and medical terminology of the activity supported. Medical Support Assistants are commonly considered chief sources of information and play an important role in accomplishing the role of the organization to which they are assigned. The appellant's assigned duties and responsibilities, as described above, are directly and completely covered by the GS-679 series. The position is properly classified to the GS-679 series and titled Medical Support Assistant. The PD indicates the work requires the skills of a fully qualified typist to type reports, memoranda, etc. Therefore, the parenthetical (OA) is properly added to the position's title.

Grade determination

The GS-679 Medical Support Assistance series is one of two series specifically covered by the GS-600, Job Family Standard (JFS) for Assistance and Technical Work in the Medical, Hospital, Dental, and Public Health Group. The JFS uses the Factor Evaluation System (FES) method of position classification. Grades are determined by comparing a position's duties, responsibilities, and qualification requirements with the nine FES factors. A point value is assigned to each factor based on a comparison of the position's duties and responsibilities with the factor-level descriptions in the standard. The points assigned to an individual factor level mark the lower end of the range for that factor level. To warrant a given level, the position must fully equate to the overall intent of the factor-level description. If the position fails in any significant aspect to fully satisfy a particular factor-level description, the point value for the next lower level must be assigned, unless the deficiency is balanced by an equally important aspect that meets a higher level. The total points assigned are converted to a grade level by use of a grade conversion table in the JFS.

The agency applied the GS-600 JFS grading criteria to evaluate the appellant's position at Levels 1-3, 2-3, 3-2, 4-2, 5-2, 6/7-2A, 8-1, and 9-1. The appellants believe the position warrants a higher grade but failed to provide any rationale based on comparisons of the work to established OPM classification criteria to support this assertion. Our evaluation 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 and extent of the skills needed to apply this knowledge. To be used as a basis for selecting a level under this factor, knowledge must be required *and* applied.

At Level 1-3, the highest level described in the JFS for medical support assistance work, employees use extensive knowledge of a body of rules, procedures, and operations of the medical center; the facility's records system, regulations, administrative policies; and professional service procedures applicable to a variety of issues. They give instructions to patients and arrange appointments, assemble patients' charts, record physicians' orders, retrieve laboratory reports, and other relevant patient data. They organize patient records to research records and extract medical information. Employees review records for completeness, accuracy, and consistency with medical facility requirements and record data involving clinic

appointments, inpatient admissions, discharge, and transfer information using the medical facility's record system.

The appellants' position meets but does not exceed Level 1-3. As previously described, they apply general knowledge of medical terminology, procedures, services, and the medical center to carry out assignments for both normal and emergency situations, and apply knowledge of VISTA and CPRS to ensure accurate data entry and completion of patient records. The work requires knowledge of the structure and organization of patient records/documentation to properly maintain them and search for and locate needed information. As at Level 1-3, the appellants input information and orders provided by veterans, a physician, or another health care professional; review records to determine completeness; verify specific items of information such as treating specialty and doctor; and contact other departments or clinics to obtain missing forms or authorizations. They print completed records and assemble patient records and charts, schedule patients for appointments and services and perform other clerical/administrative work of the unit relevant to patient care treatment. Therefore, Level 1-3 is credited for 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 level of independence and personal responsibility, and how the work is reviewed or controlled.

At Level 2-2, the supervisor makes assignments by providing general instructions. Employees use initiative and work independently within the framework established by the supervisor. Employees are expected to refer problems not covered by the supervisor's instructions or procedures to the supervisor or designated employee. The supervisor reviews new or difficult assignments and those with potential adverse impact and may spot check routine work products for accuracy.

In contrast, at Level 2-3 the supervisor makes assignments by defining the overall objectives, priorities, and deadlines and assists with unusual situations. Employees independently plan the work, resolve problems, carry out successive steps of assignments, and make adjustments using accepted SOPs or practices. They handle problems and deviations that arise in accordance with established policies, regulatory and administrative guidelines, directives, instructions, and accepted practices.

The position meets Level 2-2. The appellants perform most tasks independently according to established procedures and/or previous experience. Written guidance and direction regarding what needs to be done is readily available covering both normal and emergency situations, and the supervisor provides direction on any unusual, unique or non-recurring situations, changes in assignments and procedural changes. The appellants coordinate appointments for patients to avoid conflicts in patient treatment and to meet the schedule of the clinic or service to which referred. The work cycle is generally determined by patients' admissions and schedules. The supervisor spot checks work for compliance with procedures and established requirements for the handling of patient information, and reviews computer entries to merge records for accuracy. The work does not approach the degree of independence or decision making envisioned at Level 2-3 as the appellants do not control the setting of priorities or deadlines or adjust/alter the timing or sequence of work. Therefore, Level 2-2 is credited for 125 points.

Factor 3, Guidelines

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

At Level 3-2, employees use procedural and regulatory guidelines that specifically cover the assigned work. They choose the most appropriate guidelines, references, and procedures to use from a number of similar guidelines and work situations and, as necessary, make minor deviations or adaptations to handle particular cases/situations.

In contrast, at Level 3-3, the highest level described in the JFS, guidelines consist of a variety of technical manuals, technical instructions, medical facility regulations, regulatory requirements, and established procedures and are not completely applicable to some of the duties or have gaps in specificity. Employees use discretion and initiative to decide on the appropriate course of action to correct deficiencies, adapt and interpret guidelines in order to apply them to specific cases or problems, and may develop approaches to apply new regulatory requirements or adapt to new technology.

Comparable to Level 3-2, guidelines available to the appellants cover all or almost all aspects of their work, including how to handle emergency situations, and are directly applicable to their assigned duties. Any independent deviation from, or adaptation to the established guidelines are relatively infrequent and minor in nature. Both the appellants and their immediate supervisors stated written guidelines and instructions do not exist for the DBD initiative. However, most administrative tasks associated with DBD (scheduling appointments, contacting family members, arranging transportation) are covered by other written guidance. Like Level 3-2, the supervisor is informed of, and makes all decisions on, all significant deviations or adaptations to available guidance prior to taking action. The specificity of guidelines used by the appellant's and the role of the supervisor in dealing with deviations from those guidelines preclude the appellants' work from meeting Level 3-3. Therefore, Level 3-2 is credited for 125 points.

Factor 4, Complexity

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

At Level 4-2, the highest level described in the JFS for medical support assistance work, employees perform several related procedures. They compile, record, review, select, and interpret medical data and information incidental to a variety of patient care and treatment activities. Employees decide what needs to be done by choosing from various options that require recognition of and differences among a few easily recognizable alternatives, and respond to changing priorities that frequently depend upon the differences in medical information about each patient and the urgency of the situation.

Illustrative of work at Level 4-2 are Medical Support Assistants who perform a variety of clinical and administrative procedures related to providing patient medical treatment services. They schedule and reschedule patient test procedures and/or treatments, interview patients for appointments, refer patients to other medical specialty clinics, assemble and maintain patient medical records, and, as needed, provide information necessary to resolve complaints.

At Level 4-3, the highest level described in the JFS, employees perform different, varied, and unrelated medical record processes and methods, including reviewing the work of other employees to verify compliance with regulatory requirements. They determine the relevance of many facts and conditions such as information contained in the record, legal, and regulatory requirements and other variables and determine the appropriate action from many alternatives. Employees identify and analyze medical records problems and issues and determine their interrelationships and the appropriate methods and techniques needed to resolve them.

The JFS provides two illustrations of work assignments at Level 4-3, both for Medical Records Technicians. The first is of a unit coder responsible to translate the primary diagnosis, complications, co-morbid conditions, and principle and secondary procedures into Internal Classification of Diseases codes, and to identify, sequence and code, and abstract the information. The employee also resolves any medical records problems and issues affecting the selection of the correct Diagnostic Related Group. In the second illustration, the employee performs a variety of medical records duties. They analyze emergency room medical trauma records for pertinent information related to the type of injury or extent of disability, diagnosis, prescribed medications, and procedures performed for inclusion in the Trauma Registry database; develop accurate and meaningful statistical data; and identify, analyze and resolve medical records problems and issues.

Typical of Level 4-2, the appellants' work involves a variety of clerical and administrative functions to facilitate providing patient care and treatment. They answer questions and provide information; compile, collect records, and review data in computerized medical records; interpret patient medical information; apply established criteria to determine what actions are needed and how to process them; schedule and reschedule appointments; and make adjustments in the performance of the work in response to changing priorities related to patient needs. This level of complexity matches the factor-level description for medical support assistant work at Level 4-2, and is very similar to the JFS illustration at that level.

The appellants' work does not involve the variety of unrelated medical record processes and methods, review of other employees work, decisions on the relevance of many facts and conditions, analysis, or making decisions on appropriate actions from many available alternatives described at Level 4-3, nor is it comparable to either JFS illustration provided at that level. Therefore, Level 4-2 is credited for 75 points.

Factor 5, Scope and effect

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

At Level 5-2, the highest level in the JFS for medical support work, employees perform receptionist and general recordkeeping duties; give patients instructions on test preparation, diets, and procedural requirements; and record physicians' orders. The work affects accuracy and acceptability of further processes, including patient care.

As at Level 5-2, the appellants perform receptionist and recordkeeping duties, input systems data, prepare required orders and instructions, forward information and coordinate actions with

other VACHS clinics and offices, provide information and respond to questions from veterans and/or family members; schedule/reschedule appointments, and the work affects the efficiency accuracy and acceptability of further processes and patient care.

Unlike the appellants' position, work at Level 5-3 involves performing a variety of specialized medical support tasks which require resolving non-routine problems and impacts the outcome of research efforts, internal or external audits, or the quality of information provided to physicians for readmissions or legal claims. The appellants' position matches Level 5-2. Therefore, Level 5-2 is credited for 75 points.

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

These factors assess face-to-face as well as telephone contacts with persons not in the supervisory chain. The levels of these factors are based on what is required to make the initial contact, the difficulty of communicating with those contacted, and the setting in which the contact takes place. Factors 6 and 7 are interdependent. The personal contacts that serve as the basis for the level selected for Factor 7 must be the same contacts as those that are the basis for the level selected for Factor 6.

Personal contacts

At Level 1, contacts are of a recurring and routine nature with other employees within the immediate work unit or related work units, and may include members of the general public in highly structured situations.

At Level 2, the highest level described in the JFS, contacts are with other employees of the medical facility, but outside the immediate or related units. Contacts may also be with members of the general public in moderately structured settings including insurance company representatives, private physicians, other care providers, and individuals from other agencies or organizations seeking information.

In addition to the contacts described at Level 1, the appellants' contacts include: patients; VACHS employees from outside the immediate work unit or related units such as employees from laboratory, radiology, pharmacy, dental, or transportation services; social workers; clergy; patient's family members and/or other individuals seeking information in moderately structured settings. Such contacts meet Level 2.

Purpose of contacts

At Level A, contacts are directly related to recurring functions and are made to acquire, clarify, or give facts or exchange general and medical information directly related to the work. Such information may range from general admission information to highly specialized medical information.

At Level B, contacts are made to initiate and follow through on work efforts or to resolve operating or technical problems related to the treatment of patients and/or the maintenance of patient records. Employees at this level influence or persuade individuals or groups working toward mutual goals and have basically cooperative attitudes.

At Level C, contacts are made to influence, persuade, interrogate, or control people or groups. Those contacted are unusually difficult to communicate with because of very poor physical and/or mental conditions and/or because they are easily excitable, irrational, fearful, skeptical, uncooperative, or dangerous.

As previously described, the appellants perform various clerical and administrative functions for patient care and treatment requiring contacts and coordination with other areas of the VACHS, patients and their families. For DBD actions the appellants contact medical professionals and others to ensure they have completed their respective parts of the process; obtain appropriate authorizations, signatures, and/or missing documents to reconcile records; contact medical professionals to schedule appropriate follow-up appointments; notify family members of scheduled discharge times; arrange for escorts and/or transportation; obtain prescriptions; and make follow-up calls as needed when discharged patients are not picked up in a timely manner.

As described at Level B, the appellants' efforts to ensure the patient care and discharge processes operate as efficiently as possible require a limited degree of influence and persuasion in their contacts with generally cooperative individuals working toward similar goals and objectives. While the appellants may occasionally encounter individuals or situations similar to those at Level C, such contacts are rare and do not represent the typical day-to-day contacts associated with their work.

The combined factors are credited at Level 2B for a total of 75 points.

Factor 8, Physical demands

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

As at Level 8-1, the appellants' work is primarily sedentary but they must occasionally bend, walk, stand, and carry such things as patient records and supplies. Unlike Level 8-2, their work does not involve prolonged periods of physical exertion or lifting heavier items. Therefore, Level 8-1 is credited for 5 points.

Factor 9, Work environment

This factor considers the risks and discomforts in the employee's physical surroundings and required safety precautions.

As at Level 9-1, the appellants work in a common office setting, in an adequately lighted, heated, and ventilated environment involving everyday risks or discomforts and are required to observe normal safety practice. Unlike Level 9-2, they do not have to follow any special precautions or wear protective clothing or gear to perform their assigned duties. Therefore, Level 9-1 is credited for 5 points.

Summary

	<i>Factor</i>	<i>Level</i>	<i>Points</i>
1.	<i>Knowledge required by the position</i>	1-3	350
2.	<i>Supervisory controls</i>	2-2	125
3.	<i>Guidelines</i>	3-2	125
4.	<i>Complexity</i>	4-2	75
5.	<i>Scope and effect</i>	5-2	75
6. & 7.	<i>Personal contacts and Purpose of contacts</i>	2B	75
8.	<i>Physical demands</i>	8-1	5
9.	<i>Work environment</i>	9-1	<u>5</u>
	<i>Total</i>		835

The total points fall within the GS-4 point range of 655 to 850 in the JFS.

The appellants' typing duties occupy five percent of their work time and are properly evaluated by application of the Office Automation Grade-Evaluation Guide. Because these duties occupy less than 25 percent of the work time, they cannot control the grade of the position and will not be addressed further.

Decision

The appellants' position is properly classified as Medical Support Assistant, GS-679-4.