

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

Atlanta Oversight Division
75 Spring Street, SW., Suite 972
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Classification Appeal Decision
Under Section 5112 of Title 5, United States Code

Appellant:	[appellant]
Agency classification:	Practical Nurse GS-620-6
Organization:	U.S. Army Medical Department Activity
OPM decision:	Practical Nurse GS-620-6
OPM decision number:	C-0620-06-01

/s/

Timothy P. Heath
Classification Appeals Officer

02/02/01

Date

As provided in section 511.612 of title 5, Code of Federal Regulations, this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the Introduction to the Position Classification Standards, appendix 4, section G (address provided in appendix 4, section H).

Decision sent to:

[Appellant]

[Human Resources Director]

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Chief, Position Management and
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Introduction

On October 5, 2000, the Atlanta Oversight Division, U.S. Office of Personnel Management (OPM), accepted an appeal for the position of Practical Nurse, GS-620-6, [organization], U.S. Army Medical Department Activity, [location]. The appellant is requesting that her position be classified as Practical Nurse, GS-620-7.

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

General issues

The appellant believes her duties and responsibilities have increased over the years and should be upgraded to GS-7. She also believes she performs the same duties as the registered nurses on her unit who are classified at a higher grade.

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 as a basis for deciding her appeal.

Position information

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

The appellant is a licensed practical nurse (LPN) and performs duties involving patient care and treatment in an 11 bed multi-disciplinary Intensive Care Unit and Recovery Room. She provides nursing care for medical, surgical, and post-operative patients including monitoring vital signs, administering medications, assessing body systems, monitoring life support equipment, and implementing established care plans. She recognizes and responds to life-threatening situations utilizing appropriate emergency treatment.

The appellant is responsible for a number of technical procedures, e.g., inserting intravenous catheters, performing venipunctures and arterial punctures, and inserting nasogastric and airway tubes. She assists physicians with highly specialized monitoring, diagnostic and treatment processes. She recognizes and reports unusual conditions and provides data for use in updating nursing care plans and discharge plans. She provides instructions to patients and their families. In addition, the appellant helps maintain supplies, equipment, records, and cleanliness of the units.

A professional nurse makes the patient assignment covering the patient's program and needs. The appellant plans, schedules, and carries out nursing care and handles problems and deviations independently in accordance with previous training, instructions, policies, accepted nursing

practices, and the assigned patient care plans. The supervisor is available, but may not be physically present to assist the appellant with unusual situations which do not have clear precedents. However, there is a Charge Nurse on duty at all times to provide assistance if necessary. The work is reviewed for technical soundness, appropriateness, and conformity to policy and nursing requirements.

Series and title determination

The appellant does not contest the series or title determination. The agency placed the appellant's position in the Practical Nurse Series, GS-620. We agree. Positions are classified in this series when the primary responsibility is for nursing care which requires less than full professional nursing education but requires the knowledges and skills represented by licensure as a licensed practical nurse. The title *Practical Nurse* is authorized for positions at grade GS-3 and above.

Standard determination

Practical Nurse Series, GS-620, May 1983.

Grade determination

The GS-620 standard uses the Factor Evaluation System (FES) format. Under the FES, positions are evaluated on the basis of their duties, responsibilities, and the qualifications required in terms of nine factors common to non-supervisory General Schedule positions. A point value is assigned to each factor based on a comparison of the position's duties with the factor-level descriptions in the standard. The factor point values mark the lower end of the ranges for the indicated factor level. For a position factor to warrant a given point value, it must be fully equivalent to the overall intent of the selected factor-level description. If the position fails in any significant aspect to meet a particular factor level description in the standard, the point value for the next lower factor level must be assigned, unless the deficiency is balanced by an equally important aspect which meets a higher level. The total points assigned are converted to a grade by use of the grade conversion table in the standard.

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

The appellant contests the agency evaluation of factors 1, 2, 4, 5, 8, and 9. We have reviewed the agency determination for factors 3, 6, and 7 and agree with their evaluation of these factors. This decision will, therefore, address only those factors contested by the appellant.

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 skills needed to apply this knowledge. The agency credited this factor with Level 1-4. The appellant believes she exceeds this level.

At Level 1-4, the highest level described in the standard, the employee is given a wide variety of interrelated or nonstandard assignments reflected in licensure as a practical nurse and requiring skill to resolve a range of problems. Typically at this level, the LPN must have knowledge of a large body of nursing care procedures, patient's illnesses and diseases, patient's charts, and nursing care plans. The LPN must be able to manage a selected patient load of critically ill patients, and assess deviations from normal conditions and immediately modify the patient's nursing care plan, notifying the Charge Nurse afterward.

Level 1-5, as defined in the Primary Standard, requires knowledge of basic principles, concepts, and methodology equivalent to that acquired in a baccalaureate educational program. This level is comparable to an entry level registered nurse position which requires a knowledge of diversified professional nursing concepts and practices and the ability to apply such knowledge with judgment and perception.

The appellant meets Level 1-4. She provides care for medical, surgical, and post-operative patients including monitoring vital signs, administering medications, assessing body systems, monitoring life support equipment, and implementing established care plans. She recognizes and responds to life-threatening situations utilizing appropriate emergency treatment. The appellant is responsible for a number of technical procedures, e.g., inserting intravenous catheters, performing venipunctures and arterial punctures, and inserting nasogastric and airway tubes. She assists physicians with specialized monitoring, diagnostic and treatment procedures. She recognizes and reports unusual conditions to the Charge Nurse and makes modifications to the patient care plan based on the needs and changing condition of the patient, notifying the Charge Nurse when such changes are made.

Level 1-5 is not met. Although frequently similar to registered nurse positions in the kinds of tasks performed, LPN positions do not require the application of professional knowledge of nursing concepts and practices (e.g., a bachelor's degree or the equivalent). The appellant's position requires a practical knowledge of nursing procedures and techniques (e.g., the type of knowledge and skill gained in a practical nursing program) to perform a number of technical procedures. In the Intensive Care Unit and Recovery Unit, the appellant works alongside registered nurses to care for patients. She is assigned primary responsibility for two patients on her shift. In the event of an emergency, LPNs and registered nurses work together as a team to resolve the problem. However, even though the appellant performs as part of the team, the procedures she is authorized to perform do not require her to possess professional nursing knowledge.

Level 1-4 is credited for 550 points.

Factor 2- Supervisory Controls:

This factor covers the nature and extent of direct or indirect controls exercised by the supervisor, the employee's responsibility for carrying out assignments, and how completed work is reviewed. The agency credited this factor with Level 2-3. The appellant believes she exceeds that level.

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

At Level 2-4, as defined in the Primary Standard, the employee is responsible for planning and carrying out the work, resolving the conflicts, and interpreting policy on his or her own initiative. The employee may determine the approach to be taken and the methods to be used. Completed work is reviewed only for effectiveness in meeting expected results.

Level 2-3 is met. The appellant is generally assigned one or two critically ill patients and briefed on their conditions at the beginning of her shift. The physician develops the patient treatment plan, and the appellant determines what must be done to satisfy the plan objectives, and carries out the required treatment independently. There is, however, always a Charge Nurse available on the unit. The appellant may make modifications as the patient's condition dictates, and she notifies the Charge Nurse after the fact. The appellant knows when to alert the Charge Nurse concerning a problem or situation and when to call a doctor. She reports on the patient's condition to the oncoming nursing team.

Level 2-4 is not met. While the appellant independently performs the normal treatment procedures associated with caring for critically ill patients, she does not have the kind of independent authority described at Level 2-4. The treatment procedures she selects are well-defined within the parameters of the doctors orders and limited to those procedures an LPN is allowed to perform. When she modifies the care plan due to her assessment of the patient's changing condition, the appellant notifies the Charge Nurse. The Charge Nurse is always on the unit and available to provide assistance if needed. Although she sets priorities and deadlines, the appellant does not have the range of independent choices and decision-making authority intended to credit this level.

Level 2-3 is credited for 275 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. The agency credited this factor with Level 4-3. The appellant believes she exceeds that level.

At Level 4-3, the highest level described in the standard, the practical nurse has responsibility for independently caring for critically ill patients and is usually alone in a hospital ward. The employee must determine what needs to be done during the tour by reviewing the patient's medical/nursing histories, care plans, needs, present condition, illnesses and diseases, and precedents established by the nursing care team. Close concentration is required to detect deviations from normal so that care may be given immediately. The employee must set priorities and deadlines in order to provide quality care and sufficiently document the patient's chart and nursing care plan to assure that nursing standards have been met. As the patient's needs change, the employee modifies patient care and the nursing care plan accordingly.

At Level 4-4, as defined in the Primary Standard, the work includes varied duties that require many different and unrelated processes and methods, such as those relating to well-established aspects of a professional field. Decisions include the assessment of unusual circumstances and what must be done. Typical of this level is the registered nurse who performs independent assessment of patient conditions based on interpretation of physical examination and laboratory reports, and develops the nursing care plan. The work requires extensive analysis of sometimes conflicting data and the determination of what approach should be taken.

Level 4-3 is met. The appellant cares for one to two critically ill patients on her shift. Although there is a Charge Nurse present on the unit, the appellant is expected to care for her patients independently. She sets priorities and deadlines based on the nursing care plan and her assessment of the patient's condition. She observes the patient closely for any changes that could indicate a change in medical condition. She modifies the care plan as necessary and notifies the Charge Nurse after making the changes. She may also determine when the attending physician should be contacted (e.g., when there is indication of a need to alter medication, etc.).

Level 4-4 is not fully met. While the appellant does care for her patients independently and performs a variety of treatment procedures, she is not required to apply a professional level of nursing concepts in order to assess patients and data and make decisions. She bases decisions concerning what must be done in a particular case on standard operating procedures, acceptable nursing practices, standing doctor's orders, prepared nursing plans, and precedents. She establishes priorities and selects the approach to use to achieve the care objectives. However, there is a limit to the extent she can vary methods, approaches, and treatment without concurrence from the Charge Nurse or doctor. Unusual cases are discussed with the Charge Nurse or other registered nursing staff, and emergency situations are often handled by the team of nurses on the unit (including the appellant) who work together to save the patient.

Level 4-3 is credited for 150 points.

Factor 5 - Scope and Effect:

This factor covers the relationship between the nature of the work, as measured by the purpose, breadth, and depth of the assignment, and the effect of work products or services both within and outside the organization. The agency credited this factor with Level 5-2. The appellant believes she exceeds that level.

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

At Level 5-3, as defined in the Primary Standard, the work involves treating a variety of conventional problems and affects the design and operation of programs and systems. Typical of this level is the registered nurse responsible for developing and planning comprehensive patient care.

Level 5-2 is met. The appellant provides personal care, treatment procedures, and diagnostic support procedures for critically ill patients. She charts patient treatment and progress and provides training and instructions to patients and family members.

Level 5-3 is not met. The appellant does not have the scope of responsibility described at this level. She is not responsible for a comprehensive patient care program but rather for the care of an individual patient.

Level 5-2 is credited for 75 points.

Factor 8 - Physical Demands:

This factor measures the requirements and physical demands placed on the employee in performing the work assignment, including the agility and dexterity required, and the extent of physical exertion. The agency credited this factor with Level 8-2. The appellant believes she exceeds that level.

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

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

Level 8-3 is met. Guidance in the Introduction to the Position Classification Standards states that *regular and recurring* duties may be performed in a continuous, uninterrupted manner, or at recurring intervals. The important point is that the duties will continue to recur with somewhat anticipated frequency. According to the Charge Nurse, approximately 15 percent of the patients managed by the appellant have alzheimers, are disoriented, are mental patients, or are drug users who are often delusional. They must be controlled or restrained to prevent them from harming themselves or the staff.

Level 8-3 is credited for 50 points.

Factor 9 - Work Environment:

This factor considers the risks and discomforts in the employee's physical surroundings, and the safety precautions required. The agency credited this factor with Level 9-2. The appellant believes she exceeds that level.

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

At Level 9-3, the work environment involves a high risk of regular and recurring exposure to potentially dangerous situations such as noxious gases, fumes and explosives. There are regular and recurring situations where physical attack by patients requires safety training.

Level 9-2 is met. The appellant may be exposed to contagious or infectious diseases and is required to wear special gloves, gowns and masks as a safety precaution.

Level 9-3 is not fully met. Although there is some potential exposure to noxious gases and fumes, there are strict procedures and safety precautions that must be followed which significantly reduce the risk to hospital personnel. The appellant is not required to have safety training in order to control her emotionally ill patients.

Level 9-2 is credited for 20 points.

SUMMARY		

FACTOR	LEVEL	POINTS
1. Knowledge Required By The Position	1-4	550
2. Supervisory Controls	2-3	275
3. Guidelines	3-2	125
4. Complexity	4-3	150
5. Scope and Effect	5-2	75
6. Personal Contacts	6-2	25
7. Purpose of Contacts	7-2	50
8. Physical Demands	8-3	50
9. Work Environment	9-2	20
	TOTAL	1320

A total of 1320 points falls within the range for GS-6, 1105 to 1350 points, according to the Grade Conversion Table in the GS-620 standard.

Decision

The appellant's position is properly classified as Practical Nurse, GS-620-6.