

June 11, 2010

TO: Sean Dannen, Field Representative
Washington Federation of State Employees (WFSE)

FROM: Teresa Parsons, SPHR
Director's Review Program Supervisor

SUBJECT: Cherri Nuse v. Department of Social and Health Services
Allocation Review Request ALLO-09-045

On January 13, 2010, I conducted a Director's review conference at the Department of Personnel, 600 South Franklin, Olympia, Washington, concerning the allocation of the following positions:

Kendra Diamond	Position #SP31
Nicole Blocker	Position #SG72
Patience Brown	Position #HX18
Cherri Nuse	Position #SH16
Christine Shriner	Position #TY84

You and each of the above employees participated in the Director's review conference. Robert Swanson, Classification and Compensation Specialist, represented Department of Social and Health Services (DSHS). In addition, Peggy Nelson, Human Resources Consultant from Western State Hospital (WSH), and Jo Ann Blacksmith, WSH Nurse Executive, also participated in the conference. On March 31, 2010, I conducted a follow-up telephone conference with you, the employees, and Mr. Swanson. After the follow-up conference, both parties submitted additional documentation via email, received through April 6, 2010.

Director's Determination

This position review was based on the work performed for the six-month period prior to April 29, 2009, the date Ms. Nuse submitted her request for a position review to WSH's Human Resources Office. As the Director's designee, I carefully considered all of the documentation in the file, the exhibits presented during the Director's review conference, and the verbal comments provided by both parties. Based on my review and analysis of Ms. Nuse's assigned duties and responsibilities, I conclude her position is properly allocated to the Office Assistant 3 classification.

Background

Ms. Nuse is assigned to Ward S-10 on the south campus in the Center for Adult Services at WSH. Her position has the working title of Ward Clerk. Prior to February 2009, Ms. Nuse reported to a Program Manager assigned to the ward. Due to a reorganization, Ms. Nuse began reporting to RN3 Annika Jeffers in February 2009. Ms. Jeffers reports to RN4 Kelly Saatchi. Ms. Jeffers completed an updated Position Description Form (PDF) for Ms. Nuse's position #SH16, which she, Ms. Nuse, and Ms. Saatchi signed on February 5, 2009. DSHS's Classification and Compensation Unit received the PDF on March 8, 2009 (Exhibit B-3).

On April 28, 2009, Ms. Nuse completed and signed a Position Review Request (PRR), which she submitted to WSH's Human Resources (HR) Office. Ms. Nuse asked that her Office Assistant 3 (OA 3) position be reallocated to the Patient Services Coordinator classification. On April 29, 2009, Ms. Jeffers and Ms. Saatchi signed the PRR, but there was no indication whether or not the duties were accurate and complete (Exhibit A-4). Ms. Jeffers also completed an Assessment of Observed Job Performance indicating she had observed Ms. Nuse's performance for 12 months, which included comments disagreeing that work was performed at the Patient Services Coordinator level (Exhibit B-1-a). Like the other employees, Ms. Nuse asserts her supervisor initially agreed she performed the higher level duties but the RN4 added comments to the Assessment of Job Performance. In addition, an updated PDF containing the same breakdown of duties as the PRR was signed by Ms. Nuse, Ms. Jeffers, and Ms. Saatchi on April 28, 2009, received in DSHS's Classification and Compensation Unit on May 22, 2009 (Exhibit B-2).

When WSH's HR Office received the PRR on April 29, 2009, the HR Office contacted WSH's Nurse Executive, Jo Ann Blacksmith regarding the PRR. Ms. Blacksmith subsequently met with the RN4s, including Ms. Saatchi, who is Ms. Nuse's second-line supervisor. Ms. Blacksmith and the RN4s then wrote a response to the PRR entitled *Supervisors['] Input on the Position Review Request of OA3 (Ward Clerk) to Patient Service Coordinator*, dated May 8, 2009. Ms. Saatchi signed the response on May 15, 2009 (Exhibit B-1-b – included in supervisor review section of PRR).

On May 28, 2009, Pamela Pelton, Classification and Compensation Manager, notified Ms. Nuse that her position was properly allocated to the OA3 classification. Specifically, Ms. Pelton concluded Ms. Nuse's position did not meet the class series concept, definition, or distinguishing characteristics of the Patient Services Representative or Coordinator classes. Ms. Pelton determined Ms. Nuse's position did not have primary responsibilities for admitting or registering patients to the hospital, performing triage functions for incoming calls, coordinating and notifying patients of evaluation and treatment conferences, or interacting with patients regarding patient care.

On June 12, 2009, Ms. Nuse requested a Director's review of DSHS's allocation determination.

Summary of Employees' (Diamond, Blocker, Brown, Nuse, Shriner) Perspective

The employees assert their positions have been assigned the responsibility to solely coordinate the daily patient flow in patient care areas. The employees contend they coordinate and provide patient support services such as scheduling appointments, answering

telephones, registering patients (admitting in Cache), and processing patient charge documents. The employees further contend that they triage patient telephone calls to medical staff, maintain patient records, assemble patient charts, and initiate patient charge documents. The employees assert their supervisors initially supported the duties described in their requests for reallocation but later changed their statements after talking with management. The employees disagree with management's characterization of their duties and contend they schedule and coordinate Evaluation and Treatment Conferences (ETCs), track dates and legal timeframes relating to patient evaluations, and type interventions and information in the Patient Data Sheet for patient treatment plans. The employees contend the allocation of Ward Clerk positions at WSH has not been consistent and asserts management will not reallocate their positions due to budget constraints. The employees believe the duties and responsibilities assigned to their positions fit the Patient Services Coordinator classification.

Summary of DSHS's Reasoning

DSHS asserts the duties and responsibilities described in the January 2009 PDF accurately describe the work assigned to the employees' positions. DSHS acknowledges WSH's HR Office initially received and stamped the employees' PRRs signed by their supervisors. However, DSHS contends their internal process requires a signature from the person in charge of the division as well, in this case Ms. Blacksmith. As a result, DSHS indicates Ms. Blacksmith met with the RN4s in each employee's chain of command, which resulted in the May 8, 2009, response to the employees' PRRs. DSHS asserts management does not agree with the employees' characterization of work and describes the employees' assigned duties as complex clerical tasks. DSHS emphasizes the employees provide clerical support to the interdisciplinary treatment team on each of their respective wards, including clerical support regarding patients' medical records and treatment plans. DSHS indicates the information entered into the cache database or patient data sheet by the employees comes directly from source documents completed by nursing staff or as instructed by treatment team members. DSHS notes the RN3s had only been assigned to supervise these positions for about three months at the time of their requests. DSHS contends the Office Assistant 3 classification best encompasses the work assigned to the employees' positions.

Rationale for Director's Determination

The purpose of a position review is to determine which classification best describes the overall duties and responsibilities of a position. A position review is neither a measurement of the volume of work performed, nor an evaluation of the expertise with which that work is performed. A position review is a comparison of the duties and responsibilities of a particular position to the available classification specifications. This review results in a determination of the class that best describes the overall duties and responsibilities of the position. Liddle-Stamper v. Washington State University, PAB Case No. 3722-A2 (1994).

Duties and Responsibilities

There are multiple documents in the record that describe the duties and responsibilities assigned to Ms. Nuse's position. I reviewed all of the documents but recognize that some did not include all signatures. I understand Ms. Nuse indicates her immediate supervisor initially agreed with her assessment of duties on the PRR. However, Ms. Saatchi is the RN4 assigned to the ward, and Ms. Blacksmith indicated Ms. Saatchi and the other RN4s met to discuss the

Ward Clerks' duties, which resulted in the May 8, 2009 response to the PRR that disagreed with the characterization of work. I also reviewed Ms. Nuse's previous PDF, which included duties such as monitoring medical record documentation and keeping accountability logs, as well as creating and maintaining patient charts and performing other clerical tasks (Exhibit C).

The February 2009 PDF describes the position objective as follows (Exhibit B-3) :

. . . functions as the clerical support for the interdisciplinary treatment team on a ward and reports to the dayshift RN3 and assists all disciplines related to the medical record and treatment planning and smooth operations of the ward. . . .

Ms. Nuse indicated that the interdisciplinary treatment team includes the professional staff identified above (psychiatrist, psychologist, social workers, and RN).

On the February 2009 PDF, the primary duties (95%) include the following:

- Creating and maintaining medical records, files, records, forms, databases, reports, audits, logs and manuals within established systems or guidelines.
- Maintaining accountability of medical records, charts, files and records by creating or updating accountability logs.
- Ensuring medical records, files, records, documents, and forms are returned to proper location within established timeframes.
- Creating drafts, preparing, updating, and proofreading treatment plans, routine forms, letters, memos, labels, logs, reports and other documents as required.
- Performing word processing, typing, database and electronic mail tasks using computers, spreadsheets, databases and email.
- Receiving, sorting, and distributing mail, messages, charts, files, records, forms, packages, supplies, and equipment for staff and patients.
- Establishing, maintaining, and updating word based filing system.
- Assisting in preparation of copying patient information packets.
- Responding to inquiries regarding general ward services, information, and procedures, answering telephone, taking messages, receiving and referring visitors.
- Ordering, receiving, and maintaining office inventory of supplies and forms.
- Serving as primary operator for office equipment.
- Inputting, extracting, and/or copying and distributing information from charts, files, records, documents, databases, forms or manuals for creating or maintaining reports, logs, databases.

The bulk of duties described consistently involve maintaining patient files and records and performing other clerical tasks on the ward. In summary, the duties primarily include answering phones and directing visitors; distributing mail; copying and assembling patient charts; updating records; reviewing (auditing) records for completeness and timeliness of ETCs; performing data entry; creating spreadsheets; drafting and proofreading correspondence; and ordering supplies. Many of these duties are also included in the PRR and the April 2009 PDF, though they are broken down in smaller percentages.

The primary issue is the characterization of the clerical duties performed. For example, the PRR describes administrative support to treatment team professionals and performing telephone triage. However, in the response to the PRR, the RN4s clarify the Ward Clerk positions provide clerical support but do not "type or proofread routine form letters or memos for staff" or "provide administrative support to the psychiatrist, psychologist, nurse or the MSW." Further, the response indicates "[t]he ward clerk/OA3 does not triage in any manner incoming calls" and further clarifies that "[t]he ward clerk/OA3 takes messages, directs calls to staff and communicates messages received" (Exhibit B-1-b). On the PRR, the triage function is included in a section identified as 5% of the work along with mail distribution and taking messages to distribute to staff (Exhibits A-4 and B-1).

In addition to the duties described above, the PRR and the April 2009 PDF describe duties that include:

- Coordinating patient records and referrals and assigning Social Worker, RN and contact staff to patients upon arrival (on the ward) (included in 25%).

The coordination function is in the context of maintaining and organizing the patient chart (file), which is clerical in nature. Further, the response to the PRR clarifies that "[t]he Ward clerk/OA3 does not assign MSW, RN, and contact staff. They enter the names of the assigned individuals into the computer in cache. The discipline supervisors assign work" (Exhibit B-1-b). During the Director's review conference, Ms. Blacksmith also clarified that typically there is one professional from each discipline (e.g. psychiatrist and psychologist) for each ward and when there is more than one, the assignment is based on criteria such as the next person in line or the number of patients assigned to one individual. Therefore, Ms. Nuse's position is not responsible for deciding or recommending which professional is assigned to care for the patient.

- Scheduling patient treatment conferences (20%)

The response to the PRR describes this work as completing the schedule and then posting for the staff the days ETCs are scheduled for the month. This is consistent with the employees' statements during the Director's review conference when they explained they "run off" and post schedules for the day and copy to "point cards" for each patient. The employees further explained they developed the "point cards" as a means to keep track of ETCs and other activities attended by the patients. The employees indicated that the treatment team will determine which activities a patient will attend.

- Drafting patient data sheet, sitting in meeting and typing interventions and data for treatment team, sending goal to recovery mail staff after treatment conferences, sending draft sheet for review, sending out suggested changes to treatment team and following up

to ensure corrections are done, printing data sheet and obtaining psychiatrist and patient signatures (included in 20%).

The response to the PRR clarifies that “[t]he Ward clerk/OA3 does not routinely sit in meetings and type interventions and draft for the treatment plan. During the Director’s review conference, Ms. Nuse indicated that she does not perform this function but may type into the treatment plan prior to the ETC conference. The RN4s and Ms. Blacksmith clarified that when a Ward Clerk/OA3 position sits and types during a meeting, “they are recording what is instructed by the treatment team.” The RN4s further noted that “[t]he ward clerk does not make suggestions for changes to the clinical treatment team” (Exhibit B-1-b). During the Director’s review conference, the employees affirmed they send the typewritten notes from the conference to a quality assurance person (therapy supervisor) for review. They relay comments from the therapy supervisor but are not making recommendations about the content.

Once finalized, the employees indicated they will offer the document to the patients to sign before putting it in the patient file; however, the patients are not required to sign when asked by the Ward Clerks. Ms. Blacksmith and the RN4s have indicated that “nursing contact staff are the individuals responsible” for obtaining patient signatures. They further indicated that the Ward Clerks provide documents requiring signature to the treatment team “via a mailbox or clipboard.” The RN4s also clarified that “[t]he Ward Clerk/OA3 does not type or update treatment plans unless the treatment team member provides to the ward clerk what is to be typed into the document” and in most cases, the treatment team directly types into the treatment plan.

➤ Registering patients (admitting in cache) (5%).

The response to the PRR clarifies that “[a]dmissions are done by nursing staff” and the Ward Clerk “enters data gathered by the nursing members.” The Ward Clerk also “removes old forms and replaces with the updated forms in the filing cabinets.” During the Director’s review conference, the parties indicated that being admitted and discharged in this case means being transferred from one ward to another or returning to the ward. When the Ward Clerks find out a patient is coming to the ward, they assemble a packet that includes a treatment team section comprised of each discipline. In this case, admitting the patient means gathering information from a face sheet completed by nursing staff or other source documents and performing data entry into the cache system. Similarly, they will assemble a discharge packet when a patient leaves the ward.

The response to the PRR indicates that the January (February) 2009 PDF accurately describes the work assigned to Ms. Nuse’s position and that no changes in job duties had occurred at the time of this request for review, which Ms. Blacksmith also confirmed.

Class Specifications

When comparing the assignment of work and level of responsibility to the available class specifications, the class series concept (if one exists) followed by definition and distinguishing characteristics are primary considerations.

The **Patient Services class series concept** indicates that a position allocated to the Patient Services Representative or Patient Services Coordinator class “[c]oordinates and provides patient support services such as scheduling appointments, answering telephones, receiving patients, registering patients, and processing patient charge documents in a patient care area.”

The **Patient Services Representative** definition reads as follows:

Provides support services in a patient care area such as scheduling patient appointments, triaging patient telephone calls to medical staff, registering patients, providing point-of-service admission, maintaining patient records and assembling patient charts, initiating and processing patient charge documents, and transcribing physicians' orders.

The distinguishing characteristics state that “[u]nder general supervision, performs specialized clerical and technical duties in a patient care area to facilitate the delivery of services provided.”

The **Patient Service Coordinator** definition reads as follows:

Solely coordinates the daily patient flow in patient care areas and provides support services such as triaging patient telephone calls to medical staff, scheduling appointments, registering patients, maintaining patient records and assembling patient charts, and initiating and processing patient charge documents.

The distinguishing characteristics include the following:

Under general direction, independently coordinates all operational support functions in a patient care area such as overseeing the environmental conditions of the office and patient waiting areas, coordinating non-medical equipment repairs, inventorying and ordering supplies, assisting in the orientation of new residents and staff to clerical procedures, and participating in the preparation and maintenance of policies and procedures.

When comparing Ms. Nuse's description of duties with the Patient Services job classes, there are some similarities in the language used to describe the work. However, the primary focus of Ms. Nuse's position is to provide clerical support to the ward, not to assist patients seeking medical care. Her position does not encompass the full scope of patient care duties and responsibilities anticipated by the Patient Services classes. While she may perform some aspects of work similar to the duties described by the Patient Services Representative class, her position does not have responsibility for solely coordinating the daily patient flow on the ward. That overall responsibility resides with the nursing staff. Therefore, the Patient Services Coordinator is not the appropriate class.

When considering the Patient Services Representative class, I also reviewed the typical work statements, which do not form the basis for an allocation but lend support to the work envisioned within a classification. While Ms. Nuse's position has responsibility for maintaining patient files and records and performing general clerical duties on the ward, she has not been assigned the full breadth of responsibility for assisting patients with medical care the majority of the time, as exemplified by the typical work statements such as collecting and updating

financial information and evaluating patient financial status and eligibility when registering patients; responding to patient questions regarding medical services available or offered; triaging patient telephone calls in the context of assessing patient problem and severity of condition and initiating emergency procedures; communicating various types of information to patients, referral agencies, and physicians; initiating patient chart to facilitate patient check-in and check-out of facility; or transcribing and following up on written physician orders.

Although Ms. Nuse processes patient records/charts, it is in the context of inputting, extracting, and copying information to complete the file or for distribution to ward staff. Overall, the duties and responsibilities assigned to Ms. Nuse's position do not fit the full scope of work and responsibility identified in the Patient Services Representative classification.

The **Office Assistant class series concept** states that positions perform a variety of clerical duties in support of office or unit operations. The **Office Assistant 3** definition includes:

Under general supervision, independently perform a variety of complex clerical projects and assignments such as preparing reports, preparing, reviewing, verifying and processing . . . documents and/or . . . records, composing correspondence . . . establishing manual or electronic recordkeeping/filing systems and/or data base files, and responding to inquiries requiring substantive knowledge of office/departmental policies and procedures.

. . .

The distinguishing characteristics indicate that assignments and projects are of a complex nature and independent performance of complex clerical assignments requires substantive knowledge of a variety of regulations, rules, policies, procedures, processes, materials, or equipment.

The Office Assistant 3 class best describes the totality of Ms. Nuse's work assignments. Her position performs complex clerical tasks to support ward operations. She works independently and has full knowledge of the WSH policies and procedures relating to patient ETCs. As a result, her position maintains and monitors medical records, tracks information using Excel spreadsheets and databases, reviews and verifies the accuracy, completeness, and timeliness of the documents processed, and informs the appropriate staff when information is incomplete. Ms. Nuse may also type notes into the treatment plan as directed. Her position also organizes and assembles patient files to ensure all necessary documents are included. These duties fit within the Office Assistant 3 scope of work.

A position's allocation is not a reflection of performance or an individual's ability to perform higher level work. Rather, an allocation is based on the majority of work assigned to a position and how that work best aligns with the available job classifications. The Office Assistant 3 is the best fit for the overall duties and responsibilities assigned to Ms. Nuse's position.

Appeal Rights

RCW 41.06.170 governs the right to appeal. RCW 41.06.170(4) provides, in relevant part, the following:

An employee incumbent in a position at the time of its allocation or reallocation, or the agency utilizing the position, may appeal the allocation or reallocation to . . . the Washington personnel resources board Notice of such appeal must be filed in writing within thirty days of the action from which appeal is taken.

The mailing address for the Personnel Resources Board (PRB) is P.O. Box 40911, Olympia, Washington, 98504-0911. The PRB Office is located at 600 South Franklin, Olympia, Washington. The main telephone number is (360) 664-0388, and the fax number is (360) 753-0139.

If no further action is taken, the Director's determination becomes final.

c: Cherri Nuse,
Robert Swanson, DSHS
Lisa Skriletz, DOP

Enclosure: List of Exhibits

Cherri Nuse v. Department of Social and Health Services

ALLO-09-045

List of Exhibits

A. Cherri Nuse Exhibits

1. Request for Director's Review Form June 12, 2009
2. Agency Allocation determination letter dated May 28, 2009
3. Position Description for #EX48, March 31, 2005 (Not Ms. Nuse's position – outside scope of allocating criteria)
4. Position Review Request
5. Treatment Team Member Roles & Responsibilities (After the review period; informational only).

B. Department of Social and Health Services Exhibit Booklet

Nuse

1. Position Review Request - signed by Ms. Nuse 4/29/09 and her *supervisor* 4/29/09.
 - a. Assessment of Observed Job Performance.
 - b. May 8, 2009 *Supervisor Input on Position Review Request*
2. Position Description Form (PDF) for Cherri Nuse #SH16, date stamped May 22, 2009.
 - a. Organizational Chart
3. February 2009 PDF, date stamped March 8, 2009
 - a. Organizational Chart
4. Agency Allocation determination letter dated May 28, 2009 (same as A-2 above).
5. Class Specification: Office Assistant 3
6. Class Specification: Patient Service Coordinator
7. Class Specification: Patient Service Representative

C. Position Description Form (PDF) date stamped March 31, 2005.