



STATE OF WASHINGTON
OFFICE OF FINANCIAL MANAGEMENT

STATE HUMAN RESOURCES DIVISION | DIRECTOR'S REVIEW PROGRAM
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May 19, 2014

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

FROM: Kris Brophy, SPHR
Director's Review Program Investigator

SUBJECT: Jerry Carrington v. Department of Social and Health Services (DSHS)
Allocation Review Request ALLO-13-072

This position review was based on the work performed for the six-month period prior to May 31, 2012, the date DSHS Classification and Compensation Unit (CCU) received Mr. Carrington's request for a position review. As the Director's Review Investigator, I carefully considered all of the documentation in the file, the exhibits, and the written comments provided by both parties. Based on my review and analysis of Mr. Carrington's assigned duties and responsibilities, I conclude his position should be reallocated to the Management Analyst 4 (MA 4) classification.

Background

On May 31, 2012, DSHS CCU received a Position Review Request (PRR) from Mr. Carrington requesting that his Habilitation Plan Administrator (HPA) position be reallocated to the Therapies Supervisor, Management Analyst 5, or Program Specialist 5 classes (Exhibit B-3).

DSHS CCU conducted a position review and notified Mr. Carrington on August 29, 2013 that his position was properly allocated to the HPA (Exhibit B-1).

Mr. Carrington submitted a request for a Director's review to State Human Resources on September 26, 2013 (Exhibit A-1). In his letter of appeal, Mr. Carrington revised his original request and requested reallocation to the Management Analyst 4 (MA 4) class.

I conducted a Director's review telephone conference with the parties on April 16, 2014. Present for the meeting were Mr. Jerry Carrington; Mr. Sean Dannen, Council Representative, WFSE; and Ms. Ellen Andrews, Classification and Compensation Administrator, DSHS.

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

Mr. Carrington is a member of the Clinical Risk Management Team (CRMT) working within the Incident Management Office at Western State Hospital (WSH). His position provides specialized professional clinical expertise to the IMO by performing hospital-wide quality assurance and clinical risk management functions. His position assesses and interprets quality of clinical care and patient safety issues, clinical process variance and systems issues and trends to assess risks and provide opportunities for improvement.

Mr. Carrington's duties are described in the PRR (exhibit B-3) submitted for reallocation as follows:

55% Performs hospital-wide Quality Assurance/Clinical Risk Management (CRM) functions to assess and interpret quality of care and patient safety issues, clinical process variances, system issues, trends, risks and opportunities for improvement, as per WSH policy 2.2.10. Makes recommendations to Nurse Managers and Executive Leadership to Improve patient safety or quality of care. Provides in-depth reviews of serious/emergent incidents relating to patient safety and quality of care.

Participates in daily Clinical Risk Management Committee (CRMC) triage/review meetings. Informs hospital leadership of serious/emergent events and recommendations from reviews to optimize patient safety and quality assurance. Coordinates and communicates with the Incident Manager to ensure external reporting requirements are met. Informs hospital leadership of serious/emergent events and recommendations from reviews to optimize patient safety and quality assurance.

Coordinates and communicates with Incident Manager to ensure external reporting requirements are met. Informs Hospital Leadership of critical incidents, to include credible allegations of abuse and/or neglect, serious injuries (as described in DSHS policy 9.01, WSH policy 1.17), etc. in a timely manner. Collaborates and coordinates with Incident Management Office (IMO) staff and others, e.g. employee risk investigators, support staff, nurse managers, etc. to ensure investigative reviews are thorough, credible, timely, and conducted with consideration of clinical aspects of behavior. Provides additional information to headquarters staff when requested.

Assesses and documents patient's well-being and safety in overall ward milieu/physical site. Examines equipment utilized by patient for hazards that may determine cause of injury, as outlined in the Administrative Report of Incident (AROI), Security Incident Report (SIR), Abuse Hotline call or Cache nursing report. Meets with CRM Committee to provide clinical risk assessment in complex safety issues. Consults with and/or interviews patients, treatment staff, family members, etc. Describes and assesses injuries of unknown origin, injuries resulting from alleged patient abuse and/or neglect (as defined by WSH policy 3.44.), or serious injuries as a result of peer assault or self-injurious behavior after visual inspection of the

patient. As needed, consults with medical staff on clinical assessment of injuries. Seeks documentation in chart Progress and Physician Notes of injury situation, precipitators, or other information relevant to the patient injury as outlined in source documents (AROI, SIR, Hotline call, or Cache report), including intervention, procedures, protocols, or treatments as necessary to ensure patient safety.

- 25% Independently conducts needs analysis and makes reports of findings and recommendations and/or considerations that may impact patient care, patient relocation to another ward, revision of patient's treatment/care plan, modifications to the physical environment, or staff knowledge and training needs related to compliance with established WSH, ADSA, DSHS policy and CMS, DOH and The Joint Commission standards.

Identifies serious medical conditions, potential Sentinel Events, and possible Near Miss Events and consults with the Chief of Medical Staff/Medical Director for further evaluations as per WSH policy 2.6.6 i.e. "Review of Sentinel Events and Near Misses", and policy 2.2.10, i.e. "Clinical Risk Management Team." Provides additional detailed clinical/medical information to Medical Director, as requested. Identifies and refers all declared Sentinel Events to Director of Quality & Enterprise Solutions for selection of Root Cause Analysis workgroup membership, as per policy 2.6.6. Compiles case review documentation and distributes for all declared SE's or NME's. Monitors all aspects of SE/NME review process, to include Medical Directors decisions regarding above referrals, workgroup progress, completion of RCA/IA, and presentation of findings and assignment of action plans at Quality Council.

Compiles Cache nursing acuity reports of patient safety/clinical risk issues from all Centers for review by the CRMC Review Team. Arranges and assembles documentation of treatment and events leading to review, focusing on analysis and examining practices leading to patient review. As indicated following review of AROI, SIR, Hotline call, or Cache report interviews staff and patients. Researches patient records and obtains statements germane to investigation/review.

- 10% Manages hospital-wide Patient Abuse/Neglect Hotline program, reviewing calls from patients, staff, visitors, family members, members of the public, advocacy group representatives, or other state agencies, such as Adult Protective Services, Regional Support Networks, WAMI representatives, private citizens, etc. Contacts these public organizations or private groups or individuals for follow-up information, and makes referrals for follow-up administrative reviews to discipline heads, Nurse Managers, other hospital leaders, and/or law enforcement, etc. Conducts reviews of abuse/neglect allegations or other reports of clinical risk potentially jeopardizing patient safety, as appropriate. Ensures Hotline telephone number is posted throughout 31 long-term care wards and public areas of hospital (as required by Joint Commission standards) and patient safety and abuse or neglect reporting materials are available to patients, staff, visitors, others, etc.

- 5% Co-facilitate CRM team functions, including conducting monthly New Employee Orientation classes orienting new staff to Abuse/Neglect and AROI reporting, policies, collaborating on individual case assignments, and coordinating CRM staff schedules. Develops CRM/IMO policies, procedures and forms, and updates, as needed. Ensures records are kept according to

record retention policies and requirements and that privacy of patients and confidentiality of Protected Healthcare Information is maintained, per policy, statute and regulations.

- 5% Participates and facilitates problem-solving as a member of various oversight committees and forums. Prepares consultative and comprehensive summaries, recommendations, special reports, such as quarterly CRM reports summarizing follow-up requests to Nurse Managers, discipline heads, etc., Hotline calls, notifications to Medical Director of possible Sentinel or Near Miss Events, and other assignments completed for review by Incident Manager, Patient Care Committee, other ADSA/WSH leaders, etc. Prepares specially assigned projects by WSH/ADSA management staff. Attends continuing education as required.

Supervisor's Comments

Mr. Carrington's supervisor, Ms. Kris Flowers, Communications Consultant 5, completed the supervisor's section of the PRR. Ms. Flowers indicates that Mr. Carrington's description of his assigned duties and responsibilities in the PRR is accurate and complete.

Summary of Mr. Carrington's Perspective

Mr. Carrington asserts his position does not meet the primary allocating factors for the HPA class. Mr. Carrington contends he does not direct the planning and organization of an interdisciplinary team for Individual Habilitation Plans of residents in a ward or unit-based setting. He asserts that he does not monitor the implementation of an Institution for the Mentally Retarded (IMR) on an institution-wide basis, nor does he provide community assistance to an IMR or any other entity under the direction of a statewide community IMR coordinator.

Mr. Carrington asserts his position meets the requirements of the Management Analyst 4 class. Mr. Carrington disagrees with the DSHS determination that his position analyzes critical incidents not management problems. Mr. Carrington explains in his appeal letter (exhibit A-1) that:

By virtue of their very nature, critical incidents demand review and analysis by management level staff who are empowered by their organization to implement lasting changes in policy or operating procedures that are deemed necessary. Whenever policy or established procedures are identified in some manner as causal to an occurrence/adverse outcome, focused, organization-wide changes are needed...My reports and recommendations go directly to executive level managers for resolution and response.

Mr. Carrington further asserts that his position provides consultation, develops strategies, formulates recommendations and assists in coordinating the implementation of strategic and long-range planning activities consistent with the Management Analyst series. For example, Mr. Carrington states in his comments that Critical Risk Management functions can directly impact long-range operational and policy issues throughout the hospital. Mr. Carrington states he provides formal reports with recommendations to management that deal almost exclusively with hospital operations. He states that all his reports,

recommendations, and follow-up activities are reviewed by executive management staff, the Clinical Operations Director.

Mr. Carrington asserts that the quarterly summary of findings and safety concerns he identifies in his reports is reviewed by the hospital's Patient Care Committee, chaired by the hospital's Medical Director and is used for analysis and action with respect to long-range patient care planning. Mr. Carrington believes his position therefore analyzes management problems, provides incident-specific recommendations, and contributes to the long-range planning process for improving patient care and safety in the workplace.

In total, Mr. Carrington asserts his position is more accurately and fully described by the Management Analyst 4 class.

Summary of DSHS's reasoning

DSHS acknowledges that there is no class that specially fits the scope of work and diversity of activities Mr. Carrington performs in reviewing critical incidents to assess risk and opportunities for improving clinical care for patients at WSH. Ms. Andrews stated during the review conference that staff reviewed a variety of classes including quality assurance, long term care, institution counseling, and LNI risk management classes.

In addition, DSHS contends the focus of Mr. Carrington's position does not meet the class series concept for the Management Analyst series. DSHS asserts Mr. Carrington's position focuses on analyzing individual critical incidents from a clinical risk management perspective rather than focusing on management problems from a business management perspective as intended. DSHS asserts Mr. Carrington does not provide consultation, develop strategies, formulate recommendations and coordinate implementation of strategic and long-range planning activities in business and organizational planning, budgeting, operations, or policy issues.

DSHS asserts his position's duties do not fall within the Program series on the basis that he performs specialized clinical risk management work rather than performing specialized duties and activities for a program as intended. DSHS asserts the scope of his work readily transfers across organizations as there are other quality assurance positions which perform functions within institutional mental health facility settings which include ensuring compliance with federal and state laws regarding client safety.

DSHS asserts the HPA class is the most appropriate allocation for Mr. Carrington's position. Ms. Andrews stated during the review telephone conference that the HPA class was initially designed for use in institutions with the intent of coordinating individual habilitation plans for clients. That class was also used at mental health hospitals. DSHS acknowledges Mr. Carrington does not direct the planning and organization of an interdisciplinary team for Individual Habilitation Plans of residents within a ward or unit based setting, or for providing community assistance to an Institution for the Mentally Retarded (IMR) or any other entity under the direction of a statewide community IMR coordinator.

However, DSHS asserts Mr. Carrington's duties parallel the responsibility stated in the definition of the HPA class for monitoring on an institution-wide basis the implementation of an IMR to assure compliance with Federal and State policies, procedures and laws and other standards by performing the same scope of duties within a mental health hospital setting.

For example, DSHS states in its determination that although Mr. Carrington's position, "... is located within a mental hospital and not a Residential Habilitation Center (RHC) or institution for the Mentally Retarded (IMR), it is not uncommon for individuals within those facilities to be admitted to the hospital for treatment of severe mental illness as well as developmental and intellectual disabilities." DSHS asserts the majority of Mr. Carrington's duties involve the review of critical incident reports on an institution-wide basis, which includes conducting an assessment of resident's treatment plans, recommending and monitoring corrective action plans to ensure contributing factors to the incident are addressed and eliminated or corrected to prevent similar incidents. DSHS further states that he provides, "...expertise regarding the development and implementation of behavioral treatment plans for patients with a wide array of mental illness, and developmental and intellectual disabilities," and that he brings, "... a multi-disciplinary team perspective to the critical incident review."

Therefore, DSHS asserts that the majority of his duties fit within the requirements of the definition of the HPA class and his position is properly allocated to that class.

Comparison of Duties

When comparing the assignment of work and level of responsibility to the available class specifications, the Class Series Concept (if one exists) followed by the Definition and Distinguishing Characteristics are primary considerations. While examples of typical work identified in a class specification do not form the basis for an allocation, they lend support to the work envisioned within a classification.

There is no class which specifically addresses the thrust of Mr. Carrington's position and the focus of the duties he performs as a whole. In my review I considered several class series but do not find a classification that is either suitable to his position or fully reflective of the overall scope of duties and level of responsibility assigned to his position. As a result, one must allocate his position on a best fit basis.

First, the scope of Mr. Carrington's position does not meet the intent of the Program series. His position focuses on performing clinical risk management activities rather than directing the activities of a specialized program as intended. I also reviewed the Investigator, Health Care Investigator, and Safety and Health Specialist class series, as well as the Therapies Supervisor, Safety Officer 3, and Risk Management Specialist 3 classes.

Of all these classes, the Safety and Health Specialist 3 classification is perhaps most in line with the overall focus, scope and level of work assigned to his position. Positions in this class function as senior-level safety and health consultants performing complex safety inspections and consultations. As stated in the definition, these duties include:

- conducting complex employer workplace accident investigations of fatalities, catastrophes and serious injuries and determine causes;
- determining whether current standards are adequate to prevent a recurrence and develop recommendations for internal procedures in situations where existing standards are inadequate; and
- influencing the development of new policies reflecting investigation findings and determinations.

Mr. Carrington's position has a similar focus and he performs similar functions relating to critical incidents at WSH. However, I did not find the Safety and Health Specialist 3 was the best overall fit because this class specifically describes positions working in the Department of Labor and Industries which perform complex inspections within a multi-employer commercial construction setting. In contrast, Mr. Carrington reviews critical incidents within a mental health hospital setting.

Further, the nature and scope of consultation work stated in the definition requires the following elements:

- Leads and/or conducts full worksite intervention of a multi-employer commercial worksite (multiple trades), (i.e. hi-rise steel erection, highway construction);
- Leads and/or conducts full worksite intervention of a multiple industrial operation and process (i.e. pulp and paper mills, petrochemical plants or refineries);
- Leads and/or conducts process system safety inspections;
- Investigates fatalities and serious injuries where the root cause is not obviously known.

While one aspect of Mr. Carrington's position consists of reviewing fatalities and serious injury reports consisting of a root cause analysis where the cause of the injury may not be initially known, his position does not perform each of the consulting functions identified above. For these reasons the Safety and Health Specialist series, and particularly the Safety and Health Specialist 3 class, is not the appropriate class for his position.

Comparison of Duties to Habilitation Plan Administrator

The definition of the Habilitation Plan Administrator states:

Administers the establishment, implementation and evaluation of Individual Habilitation Plans (IHP) and directs the activities of an interdisciplinary team of a Residential Habilitation Center (RHC); or on an institution-wide basis, monitors the implementation of an Institution for the Mentally Retarded (IMR) and other standards to assure compliance with Federal and State policies, procedures, regulations, and laws; or under the direction of the statewide community IMR coordinator, provides community IMR facilities assistance in interpreting and meeting program regulations through consultation and technical assistance within a region(s).

Mr. Carrington's position does not meet the primary allocating factors for the HPA class. Mr. Carrington does not direct the planning and organization of an interdisciplinary team for Individual Habilitation Plans of residents in a ward or unit-based setting. He does not monitor the implementation of an Institution for the Mentally Retarded (IMR) on an institution-wide basis, nor does he provide community assistance to an IMR or any other entity under the direction of a statewide community IMR coordinator.

One aspect of Mr. Carrington's duties involves the review of critical incident reports on an institution-wide basis. This includes conducting an assessment of residents' treatment plans

and recommending and monitoring corrective action plans to ensure contributing factors to critical incidents are addressed, eliminated, or corrected to prevent similar incidents. These assessments are done from a safety and risk management perspective with respect to clinical hospital operations. This differs in scope from having independent responsibility for monitoring the implementation of an Institution for the Mentally Retarded (IMR) to assure compliance with Federal and State policies, procedures and laws and other standards as intended.

Mr. Carrington's position does not meet the primary allocating factors for this class. The HPA class does not address the scope of duties Mr. Carrington performs and his position should not be allocated to that class.

Comparison of Duties to Management Analyst series

The Class Series Concept for this series states:

Positions in this series analyze management problems, provide consultation, develop strategies, conduct research, formulate recommendations, and coordinate implementation of strategic and long-range planning activities in areas such as business and organizational planning, budgeting, operations, policy issues, and proposed legislation. Incumbents develop and implement processes for monitoring and measuring outcomes of activities.

Mr. Carrington is a member of the CRMT. The CRMT functions in essence as a process improvement team, and the work performed by the CRMT directly impacts operational and policy issues throughout WSH. Mr. Carrington uses his specialized professional knowledge and experience to perform hospital-wide quality assurance and clinical risk management assessments of critical incidents occurring at WSH. His position assesses and interprets the quality of clinical care and patient safety issues, clinical process variances, and systems issues and trends to assess risks and provide opportunities for improvement for hospital clinical care operations. In addition, he makes recommendations which influence decisions made by executive management at WSH.

As a best fit, the overall focus of his position, and the majority of his duties and responsibilities as a whole, more appropriately align with the Management Analyst series. He analyzes operational problems from an overarching business management perspective and focus. He provides consultation and conducts research of incidents to formulate recommendations which can have a long-term impact regarding hospital policies, procedures and clinical operations. His duties include monitoring and measuring activities and outcomes related to hospital safety and related risk management activities within the WSH facility.

Comparison of Duties to Management Analyst 5

The definition for the Management Analyst 5 class reads as follows:

Positions at this level work under administrative direction and function as the expert and/or supervisor researching, analyzing, and making recommendations regarding multidimensional and/or complex, unprecedented issues having a broad scope and significant impact on outside agencies or institutions, organizations, and the public. Incumbents provide

expert advice and consultation to executive management, internal departments and outside organizations with varying issues, diverse and conflicting interests. Incumbents produce or oversee the production of complex reports for use by diverse groups such as highest levels of management, boards, commissions, elected officials, and/or other governmental entities. Projects frequently have high dollar impact on budget and/or revenue collections.

Mr. Carrington's position has not been assigned supervisory responsibilities.

The State Human Resources Director's Glossary of Classification Terms defines expert as follows:

Expert - Within the context of the class series, has the highest level of responsibility and extensive knowledge based on research and experience in a specific area. Resolves the most complex, critical, or precedent-setting issues that arise. Positions act as a resource and provide guidance on specialized technical issues. Although an employee may be considered by their peers as an expert or "go-to" person at any level, for purposes of allocation, the term is typically applied to an employee in a higher class level who has gained expertise through progression in the series.

Mr. Carrington co-facilitates CRMT functions and independently performs senior-level, hospital-wide quality assurance and clinical risk management functions to assess and interpret patient-related quality of care and safety. This includes determining clinical process variances, system issues, trends, risks and opportunities for improvement.

In reviewing Mr. Carrington's assigned duties, his position contributes to the development and implementation of policies and procedures for WSH clinical operations. He works closely with the CRMT members to provide in-depth reviews of serious and emergent incidents relating to patient safety and quality of care. He develops and communicates recommendations to affected staff and ensures documentation is updated so WSH is operating in compliance with Federal and State laws, rules and regulations.

While his position requires substantial knowledge and experience to conduct quality assurance and clinical risk management assessments of critical incidents, his position does not function as "the highest level authority" expert or supervisor . . . making recommendations regarding multidimensional and/or complex, unprecedented issues having a broad scope and significant impact on outside agencies or institutions, organizations, and the public." Instead, the majority of his work activities better aligns with the level of responsibility identified in the Management Analyst 4 class.

For these reasons his position should not be allocated to the MA 5 level class.

Comparison of Duties to Management Analyst 4

The Definition for Management Analyst 4 class states:

Positions at this level work under administrative direction and serve as consultants to executive management, lead agency process improvement teams, and/or supervise management analysts in management analysis

sections. Incumbents research, analyze, evaluate and make recommendations regarding multidimensional problems which cross departmental lines, such as: agency and/or institution reorganization, implementing legislative directives, developing policies and procedures, developing and implementing systems, implementing long-range strategic plans, formulating goals and objectives, resolving customer complaints, and meeting customer requirements.

Mr. Carrington works under administrative direction and serves as a management-level consultant to executive hospital management staff. He uses his specialized professional knowledge and experience to perform hospital-wide quality assurance and clinical risk management assessments of critical incidents occurring at WSH. These assessments are used to meet patient clinical care and safety requirements, and to resolve patient, i.e. "customer" complaints. The focus of his position is to assess and interpret quality of clinical care and patient safety issues, clinical process variance and systems issues and trends to assess risks and within a broader context provide opportunities for improvement for hospital clinical care operations. In addition, he makes recommendations which influence decisions made by executive management at WSH. These functions fall within the requirements of the Management Analyst 4 class definition.

For example, the incident reports Mr. Carrington provides are used by executive management to analyze and identify variances from Federal and State law, hospital policies and procedures, and standardized nursing protocols within WSH. Mr. Carrington states in his comments that these reports and recommendations deal almost exclusively with clinical operations of the hospital. He also states that all reports, recommendations, and follow-up are reviewed by the hospital's Clinical Operations Director. In addition, a quarterly summary of the findings, along with all safety concerns are provided to the hospital's Patient Care Committee, chaired by the hospital's Medical Director. This information is used for analysis and action with respect to hospital operations, which in turn assists with long-range patient care planning.

Additionally, because this class does not contain distinguishing characteristics we can look to the typical work statements for guidance regarding examples of work performed at this level. Mr. Carrington's position duties are consistent with the following:

...

Identifies problems; analyzes and evaluates operating deficiencies or difficulties; provides management with alternatives and recommended courses of action;

Participates with executive management staff in developing strategies for the use of available resources, defining departmental needs and priorities, long-range planning, and setting goals and objectives;

Monitors and evaluates action plans

Mr. Carrington's duties are consistent with these statements. As a whole, while his position doesn't fully meet the intent of this class series, his position more accurately aligns with the overall focus and scope of duties stated at the MA 4 level.

In Salsberry v. Washington State Parks and Recreation Commission, PRB Case No. R-ALLO-06-013 (2007), the Personnel Resources Board addressed the concept of best fit. The Board concurred with the former Personnel Appeals Board's conclusion that while the appellant's duties and responsibilities did not encompass the full breadth of the duties and responsibilities described by the classification to which his position was allocated, on a best fit basis, the classification best described the level, scope and diversity of the overall duties and responsibilities of his position, Allegri v. Washington State University, PAB Case No. ALLO-96-0026 (1998).

Most positions within the civil service system occasionally perform duties that appear in more than one classification. However, when determining the appropriate classification for a specific position, the duties and responsibilities of that position must be considered in their entirety and the position must be allocated to the classification that provides the best fit overall for the majority of the position's duties and responsibilities. See Dudley v. Dept. of Labor and Industries, PRB Case No. R-ALLO-07-007 (2007).

For each of the reasons stated above, Mr. Carrington's position should be reallocated to the MA 4 class.

Appeal Rights

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

The mailing address for the Personnel Resources Board (PRB) is P.O. Box 40911, Olympia, WA 98504-0911. 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 PRB Office is located on the 4th floor of the Insurance Building, 302 Sid Snyder Avenue SW, Olympia, Washington, 98501-1342. The main telephone number is (360) 902-9820, and the fax number is (360) 586-4694.

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

c: Jerry Carrington, DSHS
Sean Dannen, WFSE
Ellen Andrews, DSHS
Lisa Skriletz, SHR

Enclosure: List of Exhibits

JERRY CARRINGTON v DSHS
ALLO-13-072

List of Exhibits

A. Jerry Carrington Exhibits

1. Director's Review request letter from Jerry Carrington received by State HR on September 26, 2013
2. Example of work: Clinical Risk Management Team report - 7/2/2012
3. Example of work: Clinical Risk Management Team report - 5/4/2012
4. Example of work: Clinical Risk Management Team report - 3/30/2011
5. Example of work titled, "Narrative Report, Near Miss Event – F2, 20130413"

B. DSHS Exhibits

1. Allocation Determination Letter from Vicki Chambers to Jerry Carrington dated August 29, 2013
2. Position Description Form for position EN59 received by Human Resources on July 23, 2012 with attached organization chart
3. Position Review Request for Jerry Carrington, received by CCU on May 31, 2012
4. Copy of WSH Policy 2.2.10 Clinical Risk Management Team
5. Copy of WSH Policy 2.6.6 Review of Sentinel Events and Near Miss Events
6. Copy of WSH Policy 1.1.7 Administrative Incident Reporting (AROI)
7. Copy of WSH Policy 3.4.4 Patient Abuse Procedure and Reporting
8. State HR class specification for Habilitation Plan Administrator, 351Z
9. State HR class specification for Therapies Supervisor, 306Y
10. State HR class specification for Management Analyst 1, 109I
11. State HR class specification for Management Analyst 5, 109M
12. State HR class specification for Program Specialist 2, 107I
13. State HR class specification for Program Specialist 5, 107L

C. Class Specifications

1. State HR class specification for Management Analyst 4, 109L
2. State HR class specification for Investigator 1, 427P (for class series concept)
3. State HR class specification for Health Care Investigator 1, 428E (For class series concept)
4. State HR class specification for Safety Officer 3, 399H
5. State HR class specification for Risk Management Specialist 3, 399P
6. State HR class specification for Safety and Health Specialist 3, 392G