

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No. 8050-0

2. Reason for Submission: Redescription, Reestablishment, New, Other. 3. Service: Hdqtrs., Field. 4. Employing Office Location: VAMC, Battle Creek. 5. Duty Station: VAMC, Battle Creek. 6. OPM Certification No. 515. 7. Fair Labor Standards Act: Exempt, Nonexempt. 8. Financial Statements Required: Executive Personnel Financial Disclosure, Employment and Financial Interests. 9. Subject to IA Action: Yes, No. 10. Position Status: Competitive, Excepted, SES (Gen.), SES (CR). 11. Position Is: Supervisory, Managerial, Neither. 12. Sensitivity: 1-Non-Sensitive, 2-Noncritical Sensitive, 3-Critical Sensitive, 4-Special Sensitive. 13. Competitive Level Code: X12. 14. Agency Use.

Table with 7 columns: Official Title of Position, Pay Plan, Occupational Code, Grade, Initials, Date. Rows include: a. U.S. Office of Personnel Management, b. Department, Agency or Establishment, c. Second Level Review, d. First Level Review (Patient Representative Assistant, GS, 303, 6, SAH, 12/14/98), e. Recommended by Supervisor or Initiating Office (Patient Representative Assistant, GS, 303, 6).

16. Organizational Title of Position (if different from official title): Patient Representative Assistant. 17. Name of Employee (if vacant, specify):

18. Department, Agency, or Establishment: Department of Veterans Affairs. c. Third Subdivision: Community and Volunteer Service. a. First Subdivision: Medical Center. d. Fourth Subdivision. b. Second Subdivision: Administrative Services. e. Fifth Subdivision.

19. Employee Review—This is an accurate description of the major duties and responsibilities of my position. Signature of Employee (optional):

20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Typed Name and Title of Immediate Supervisor: MARGARET A. TRUNICK, Chief, Community and Volunteer Service. Signature: Margaret Trunick, Date: 12-10-98. b. Typed Name and Title of Higher-Level Supervisor or Manager (optional): MICHAEL A. TYLLAS, Ph.D., Associate Director. Signature: , Date: .

21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.

22. Position Classification Standards Used in Classifying/Grading Position. Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management. Typed Name and Title of Official Taking Action: PALMA SIMKINS, Acting Chief, Human Resources Mgt. Svc. Signature: Palma Simkins, Date: 12-14-98.

23. Position Review table with columns: Initials, Date for Employee (optional), Supervisor, Classifier. 24. Remarks.

25. Description of Major Duties and Responsibilities (See Attached)

MAJOR DUTIES AND RESPONSIBILITIES:

The Patient Representative Assistant is assigned to the office of the Chief, Community and Volunteer Services. The incumbent is a generalist who serves as a liaison between veterans and the hospital staff, acting on behalf of veterans and their families; an ombudsman who acts as a communicator, facilitator, and problem solver. Administrative, organizational, and educational skills will be utilized. Activity will cross all lines of authority and responsibility and encompass all departments and services within the Medical Center. The incumbent's major duties include, but are not limited to the following:

1. Acts for the Customer Service Coordinator, in his/her absence, to resolve problems or expedite necessary corrective measures within established policies relative to veterans' inquiries.
2. Under the guidance of the Customer Service Coordinator, interprets the hospital's purpose, philosophy, procedures, and services to the veteran; represents the veteran's problems, opinions, and needs to the Medical Center administration.
3. Assists veterans, their families, and hospital staff members in recognizing and removing institutional obstacles to providing high quality health care.
4. Has authority to investigate all areas, files, records, etc.
5. Interviews are conducted to resolve complaints and, if indicated, to refer inquiries to appropriate hospital staff. Contact reports are made of each visit and forwarded if necessary for action by others.
6. Corrects problems that can be resolved among individuals and/or Services, and makes recommendations to resolve issues that require higher level intervention and action.
7. Researches and provides information for congressional inquiries for signature of the Director.
8. Maintains a working liaison with veterans' organization, and other groups whose interests are in helping and protecting veterans and their families.
9. Ensures that veterans and their dependents have an opportunity to provide input into the decision-making process.

The incumbent is responsible for maintaining good public relations in all contacts with people outside of the Medical Center. Patient Representative carries out other duties as assigned by the customer Service Coordinator.

FACTOR 1 – KNOWLEDGE REQUIRED BY THE POSITION:

1. Knowledge and skill sufficient for researching, resolving, and responding to inquiries received from all sources regarding veterans.
2. Knowledge and skill sufficient for speaking to veterans' groups in explaining the organization's programs, objectives, and policies and obtaining the group's reaction to information presented.
3. Knowledge and skill sufficient for analyzing Medical Center Health Programs and offering recommendations for improving the delivery of services to veterans.
4. Skill in interviewing a variety of people and gathering information concerning veteran problems. Skill in analyzing veterans' problems and recommending solutions to professional staff.
5. Ability to relate to patients and staff at all levels. Needs tact, skill, good judgment, and compassion in dealing with patients and their families, to address their complaints and to defuse highly explosive situations which could have an impact on the safety of patients, visitors and staff, and on the reputation of this Medical Center.
6. Knowledge of the purpose, organization, functions, procedures, and total operation of the Medical Center is required, in addition to knowledge of the Patient's Bill of Rights and Responsibilities as it applies to the total VA health care system. Knowledge of patients' needs and effects of those needs on the policies of the hospital operation. Knowledge of eligibility requirements and veteran benefits as they relate to the entitlement of medical care; knowledge of basis medical terminology for the purpose of resolving complaints.

FACTOR II – SUPERVISORY CONTROLS:

Report directly to and is under the direct supervision of the Customer Service Coordinator. All work is reviewed by the Customer Service coordinator for compliance with established local and VA Headquarters policies.

FACTOR III – GUIDELINES:

Must have thorough knowledge of VA medical regulations, hospital policies and procedures, and a comprehensive understanding of the various hospital services in order to solve problems presented by veterans and their relatives. Frequently there are no clear-cut guidelines, therefore, the Patient Representative must make sound decisions and take appropriate action on issues related to veterans' complaints/concerns.

FACTOR IV – COMPLEXITY:

Responsible for investigation and resolution of veteran complaints and concerns, e.g. eligibility determinations, denial of requested services or benefits, excessive waiting times, and dissatisfaction with medical treatment rendered. Receives referral from all services, staff members, and outside agencies. Makes referral for services provided at both the Medical Center and outside agencies as appropriate.

Must be able to relate and coordinate with individuals at all levels to assure program effectiveness. Must maintain appropriate relationships and rapport with all Service Chiefs as well as other hospital employees who are involved with daily patient care.

Incumbent must have the ability to make decisions regarding methods to be followed in investigation and resolution of veterans' complaints and inquiries. Because contacts sometimes involve extremely angry and hostile veterans referred for assistance, the stressful situation created require empathy, tact, diplomacy, and a working knowledge of the VA's various functions. The incumbent must have the ability to analyze complex problems and determine evaluation process required to assist veterans.

FACTOR V – SCOPE AND EFFECT:

The purpose of the Patient Representative is to serve as a liaison between veterans and the Medical Center and provide a specific channel through which the veteran can seek solutions to problems, concerns, and unresolved needs. The impact of the work is to reduce veteran complaints and congressional inquiries, and to expedite the processing veterans through the system and to enhance the image of the Veterans Administration .

FACTOR VI – PERSONAL CONTACTS:

Contact is with veterans, their families, congressional staff, professional and non-professional hospital personnel, VARO officials, County Veteran Service Officers, veterans' group representatives, nursing home officials, other outside agencies, and the general public.

FACTOR VII – PURPOSE OF CONTACTS:

The purpose of the contact is to receive and resolve complaints and inquiries from veterans and other individuals acting on behalf of veterans. The incumbent must provide information and resolve problems for veterans who are often skeptical, uncooperative, unreceptive, and hostile. The Patient Representative must settle controversial issues and attempt to arrive at solutions with veterans and family members who very frequently have different viewpoints and objectives. Contacts are made with hospital staff for the purpose of preventing or resolving veterans' complaints, problems, and concerns.

FACTOR VII – PHYSICAL DEMANDS

Walking, sitting, and standing are involved in this position, as well as carrying light items such as papers and charts. Incumbent must be mentally and emotionally stable in order to deal with all levels of anger and hostility in all contacts.

FACTOR IX – WORK ENVIRONMENT:

Work is performed in a hospital office setting. There is veterans contact and the possibility of exposure to communicable diseases exists. Visits are necessary to wards, clinics, as well as any/all offices in the hospital.

POSITION REPORT

NATURE OF PROPOSED ACTION

New

POSITION NUMBER

8050-0

EXISTING

CLASSIFICATION TITLE Patient Relations Assistant			SCHED. GS	SERIES 303	GRADE 6
ORGANIZATIONAL TITLE Patient Relations Assistant					NO. POSITIONS 1
NAME OF EMPLOYEE		SECOND ORGANIZATIONAL SUBDIVISION Community & Voluntary Service			
STATION AND LOCATION Battle Creek, MI		THIRD ORGANIZATIONAL SUBDIVISION			
FIRST ORGANIZATIONAL SUBDIVISION Administrative Services		FOURTH ORGANIZATIONAL SUBDIVISION			

PROPOSED

PROPOSED CLASSIFICATION TITLE			SCHED.	SERIES	GRADE
PROPOSED ORGANIZATIONAL TITLE					NO. POSITIONS

EVALUATION SUMMARY

CLASSIFICATION TITLE Patient Relations Assistant			SCHED. GS	SERIES 303	GRADE 6
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ANALYSIS AND EVALUATION (Use additional blank sheets if more space is required.)

BACKGROUND: This is to establish a new light duty position within Community and Voluntary Service. This position will act as an assistant to the Customer Service Coordinator.

REFERENCE: Miscellaneous Clerk and Assistant Series, GS-303, TS-34, dated January, 1997; Grade Level Guide for Clerical and Assistance Work, TS-91, dated June 1989; and, personnel Circular Letter No. 90-6, Grade Level Guide for Clerical and Assistance Work.

SERIES: The 303 series includes position, which are to perform or supervise clerical, assistant, or technician work for which no other series is appropriate. This position will assist the Patient Representative in serving as a liaison between veterans and hospital staff, acting on behalf of veterans and their families. There is no established series and as the analytical duties involved, the level of responsibility, etc., is at the one-grade interval, the GS-303 series was selected.

EVALUATION: The nature of work meets the GS-7 level. Work assignments involve a wide variety of problems or situations for which the employee is responsible. Decisions or recommendations are based on the development and evaluation of information that comes from various sources. The work requires knowledge and skill to recognize problems or situations involved, collect necessary information, interpret policies, and take or recommend action. However, the GS-7 level was not attained due to supervisory control. At the GS-7 level, supervisory control is general and the employee works independently. The position description requires all work to be reviewed by the Customer Service Coordinator for compliance with established policies. Therefore, the level of responsibility is at the GS-6 level requiring the supervisor's review of completed work for conformance with policies.

CONCLUSION: This position is properly classified as Patient Relations Assistant, GS-303-6

FLSA: Non-exempt

BUS CODE: 0065

CONCUR <i>Palma Simkins</i>	DATE 12-14-98	EVALUATED BY <i>Julie [unclear]</i>	DATE 12/14/98
TITLE AND/OR ORGANIZATIONAL LOCATION Palma Simkins Acting Chief, HRMS		TITLE Personnel Mgt. Specialist	

Addendum to Position Description for Appointment Scheduling Duties

Patients with emergent or urgent medical needs must be provided care, or be scheduled to receive care as soon as practicable, independent of ~~service-connected (SC status and whether care is purchased or provided directly by the VA.)~~

A wait list for hospice or palliative care must not be maintained. VHA must offer to provide or purchase needed hospice or palliative care services without delay.

Schedules appointments in accordance with current guidelines, assuring that patients that are 50% or more service connected, OEF/OIF, or appointments for a service connected condition are scheduled within 30 days of the desired appointment date specified by the patient or clinician, or added to the Electronic Wait List (EWL) if no appointment slots are available. Communication with Service Chief(s) is vital to alert them of unavailability to schedule within 30 days for the above stated categories of veterans. Non-service connected veterans are scheduled within 120 days, or added to the EWL if no appointment slots are available. Note: When it is unclear whether the care requested relates to the SC condition, the assumption is to be made that the patient is entitled to priority access. For cases that are unclear, the administrative staff is encouraged to consult with the Primary Care Provider or member of the clinical team. In the event a veteran disagrees with an administrative decision, the decision may be referred for clinical review and determination.

Competencies for ACA scheduling, electronic wait list, consult tracking

Have clerk demonstrate ability to:

~~Make desired date appointment.~~

- Make next available appointment
- Make next available appointment for today
- Make appointment when scheduling a new consult
- Make appointment for 50%/100% SC veteran within 30 days or contact Chief of Service
- Make appointment for OEF/OIF veteran within 30 days or contact Chief of Service
- Make appointment for under 50% SC veteran for condition related to specialty clinic
- Place patient on electronic wait list who meets above criteria when unable to schedule within 30 days
- Place patient on electronic wait list when unable to schedule within 120 days/ NSC veterans
- Remove patient from ewl when patient calls to cancel appt with no r/s and notify provider.
- Run ewl report to choose patient to replace cancelled appointment
- Change consult from pending to scheduled
- Monitor EWL and Consult tracking for errors and notification to Service Chief of possible problems with scheduling



POSITION RISK AND SENSITIVITY LEVEL DESIGNATION

STATION NUMBER/ORGANIZATION

515 VAMC Battle Creek, MI

SUBJECT NAME (Optional)

POSITION TITLE/GRADE

PATIENT RELATIONS ASSISTANT GS-303-6

POSITION DESCRIPTION NUMBER (PD #)

08050-0

NOTE: Each position within VA requires a designation of its risk or sensitivity level as described in VA Directive and VA Handbook 0710. Guidance for making such position risk and sensitivity designations is contained in VA Handbook 0710, Appendix A with Tables, and in 5 CFR sections 732.102 and 732.201.

STEP 1 - PROGRAM RISK LEVEL DESIGNATION (See VA Handbook 0710, Appendix A, Paragraph 2, and Table 1)

A. IMPACT ON EFFICIENCY OF SERVICE

- MAJOR
- SUBSTANTIAL
- MODERATE
- LIMITED

B. SCOPE OF OPERATIONS:

- WORLDWIDE
- GOVERNMENTWIDE
- MULTI-AGENCY
- AGENCY

C. PROGRAM RISK LEVEL

- MAJOR
- SUBSTANTIAL
- MODERATE
- LIMITED

STEP 2 - POSITION RISK POINTS

See VA Handbook 0710, Appendix A, Paragraph 3; and Table 2

STEP 3 - POSITION SENSITIVITY LEVEL

National Security Classified Information

LINE NO.	RISK FACTOR	RISK POINTS
1.	Degree of Public Trust	1
2.	Fiduciary Responsibility	1
3.	Importance to Program	1
4.	Program Authority	1
5.	Supervision Received	1
6.	Total Risk Points (Sum of Lines 1-5) ▶	5

NOTE: All positions must be evaluated for National Security considerations. Sensitivity levels do not replace risk levels, but are an addition to risk levels if applicable. See VA Directive 0710, paragraph 4, VA Handbook 0710, paragraph 2b; VA Handbook 0710, paragraph 4, VA Handbook 0710, Appendix A, paragraph 9 and 11; and 5 CFR Section 732.102.

SENSITIVITY LEVEL

- SPECIAL SENSITIVE
- NON-CRITICAL SENSITIVE
- CRITICAL SENSITIVE
- NONSENSITIVE

STEP 4 - RECOMMENDED ADJUSTMENT TO RISK LEVEL BY INFORMATION SECURITY OFFICER

NOTE: All positions are reviewed by Information Security Officer for access to VA information systems.

- CONCUR WITH RISK LEVEL (See STEP 2)
- INCREASE RISK LEVEL TO:
 - MODERATE RISK
 - HIGH RISK

JUSTIFICATION

SIGNATURE OF INFORMATION SECURITY OFFICER

DATE (MM/DD/YYYY)

4-18-02

STEP 5 - ADJUSTMENTS TO POSITION RISK LEVEL

NOTE: Some positions, by the very nature of the duties and responsibilities, will require adjustments to risk level designations. See VA Handbook 0710, Appendix A, paragraph 5, Adjustments. Additionally, some positions may temporarily require access to sensitive national security classified information. Such access will factor into the adjustment of the position sensitivity designation. See VA Handbook 0710, Appendix A, paragraph 11.

Risk Level:

- NO ADJUSTMENT
- INCREASE RISK LEVEL TO:
 - MODERATE RISK
 - HIGH RISK

Sensitivity Level:

- NO ADJUSTMENT
- INCREASE SENSITIVITY LEVEL TO:
 - NONCRITICAL SENSITIVE
 - CRITICAL SENSITIVE
 - SPECIAL SENSITIVE

STEP 6 - FINAL POSITION RISK/SENSITIVITY LEVEL DESIGNATION

FINAL POSITION RISK LEVEL

- HIGH RISK
- MODERATE RISK
- LOW RISK

FINAL SENSITIVITY LEVEL DESIGNATION

- SPECIAL SENSITIVE
- CRITICAL SENSITIVE
- NON-CRITICAL SENSITIVE
- NONSENSITIVE

SIGNATURE AND TITLE OF FINAL RISK/SENSITIVITY LEVEL DESIGNATOR

DATE (MM/DD/YYYY)

Michael J. Murphy
JNY ZAPATA, FACHE, Medical Center Director

APR 23 2007