

Nursing Specialist 2, as part of the implementation of the survey. Appellant filed a timely appeal of this reallocation.

4) At the time appellant's position was reallocated the duties and responsibilities of her position were accurately reflected in her December 4, 1989 position description which stated the following:

Position Summary

Persons in this position have primary responsibilities in representing their discipline as members of an interdisciplinary team providing and coordinating evaluations on both an inpatient and outpatient basis for individuals with developmental disabilities who are referred to Northern Wisconsin Center. Since this position is in Community Services, screening and initial evaluations comprise a major portion of the responsibilities of this position. This person is supervised by Coordinator of Community and Support Services. In addition to preadmission screening, there is a primary responsibility for admission and placement services, particularly in the medical area in collecting medical data, providing nursing services, and providing consultation to both the community and other disciplines within the team. The nature of this position calls for extensive contact with various service elements throughout the institution and the community; consequently, this person must be capable of managing own workload with a significant amount of autonomy and may be called upon in meeting responsibilities for those programs developed by/for community technical assistance as assigned. Because of the nature of the work required in this position, it would be most beneficial that the person filling this position have training and experience in public health nursing and/or working extensively with community agencies.

Time % Goals and Worker Activities

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| 45% | A. Provision of preadmission screening of clients referred to Community Services for admission to Northern Wisconsin Center.

A.1. Preadmission activities will be carried out on assigned cases. This person, therefore, must be abreast of laws, codes, policies and procedures governing NWC client services.

A.2. Assess a broad range of needs of clients by direct contact, review of records/written material, and family/collateral contact (public health agencies, clinics, boards, etc.). This does require extensive interviewing and clinical skills. |
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- A.3. Compile information and identify medical/nursing needs which should be incorporated into an individualized servicing plan.
- A.4. Participate in preadmission interdisciplinary staffing and present assigned cases to Preadmission Study Committee, providing medical information from results of screening and/or evaluation.
- A.5. Consult with the community regarding appropriateness of admission, appropriateness of management in community (including medical).
- A.6. Act as a liaison between community health agencies, medical facilities, and families on an individual client basis.
- A.7. Write Preadmission Social Service Summary as appropriate.

10%

B. Provision of admission services.

- B.1. Complete a medical history on each individual admitted to Northern Wisconsin Center, as required by code.
- B.2. Act as a liaison between community health agencies, medical facilities, families and the institution.
- B.3. Assist and direct the community [sic] in the completion of the Patient Plan of Care and other required admission documents.
- B.4. Interpret results of staffing, objectives, and approaches to staff responsible for implementation.
- B.5. Participate in transfer staffings as appropriate.
- B.6. Follow up on Community Services' clients placed in living units to assure that preadmission goals are being addressed.

- 10% C. Consultation to communities, including families, treatment centers, schools, community boards, nursing homes, group homes, county and private institutions and public health agencies as requested.
 - C.1. Communicate with agency personnel verbally and/or in writing regarding medical/nursing needs, use of community resources, etc.
 - C.2. Consult with families on specific problem situations.
 - C.3. Provide consultation to institution staff as appropriate and/or requested.
 - C.4. Carry out positive public relations, both at the Center and in the community.

- 5% D. Coordination of evaluation services.
 - D.1. Screen referrals for evaluation, compile data, and present to preadmission committee.
 - D.2. Orient community boards, when appropriate, to evaluation services.
 - D.3. Act as liaison between family/community agency and living unit to ensure continuity of care during the evaluation.
 - D.4. Compile and complete the evaluation in cooperation with other Northern Wisconsin Center staff.

- 25% E. Participation in special assignments and/or institution assignments as may be periodically required, such as:
 - E.1. Establish annual staffing calendar for all NWC clients.
 - E.2. Notify unified services boards of annual staffings as assigned.
 - E.3. Serve as backup grievance examiner on resident rights matters.
 - E.4. Serve as co-lead coordinator for Employee Assistance Program.

- E.5. Serve as camp nurse for client camping.
 - E.6. Handle emergency medical calls at the Education Center.
 - E.7. Coordinate client legal status matters.
- 5%
- F. Provision of liaison services to institution medical staff.
 - F.1. Provide accumulated clinical information to unit staff regarding information collected on home visits and record review.
 - F.2. Communicate preadmission goals and objectives to medical personnel and, as appropriate, assist those personnel in provision of evaluation of Community Services' clients who have been placed in living units.
 - F.3. Compile medication histories as requested. These are of particular import for psychiatric services and community planning for each individual served.

The classification specifications for Nursing Specialist 2 provide the following:

Class Description

Definition:

This is advanced or lead level professional and administrative nursing work. Employees at this level coordinate a nursing program or service which does not have direct patient care as its primary focus. The areas involved may include such programs as infection control, continuity of care, utilization review, nursing information systems, quality assurance, community outreach or a combination of such programs. Employees at this level will be responsible for planning, development and implementation of program services, establishing program policies and procedures and coordinating administrative activities necessary to implement the program or service. Employees may also be responsible for the assignment and review of work of other nursing staff assigned to the program. The work is performed under the general supervision of a clinical or administrative supervisor.

Examples of Work Performed:

Perform all functions of the Nursing Specialist 1 and in addition:

Recommend program revisions to meet established or changing goals or services.

Provide direction and training to program staff.

Develop and implement preventive health programs.

Assign work to nursing staff and monitor the completion of work.

Provide nursing expertise to and serve on institution and community committees established to improve outreach, continuity of care, patient referrals, quality assurance, utilization review or infection control activities.

Develop, distribute and interpret guidelines for nursing and other staff.

Provide consultation to other disciplines regarding the program or service provided.

Develop and revise recordkeeping and data-gathering systems as necessary to support the service or program.

Identify areas for study, lead the problem-solving and implement the findings as appropriate.

Develop and conduct training sessions designed to minimize or control the spread of disease.

Develop and implement systems and procedures to assess and evaluate patient care and services.

Review utilization review or quality assurance plan annually to assure compliance with applicable rules, regulations and standards.

Review literature to keep current with norms for rating quality of patient care.

Coordinate quality assurance activities to assure high quality patient care, prevent duplication of effort and meet regulatory and accreditation requirements.

6) The classification specifications for Public Health Nurse 2 provide the following:

Class Description

Definition:

This is full performance level consultative nursing work in a public health district or as a statewide consultant in a specialty area. Employees at this level in a public health district are responsible for all consultative services provided to public and private agencies in the district. Employees at this level as a statewide consultant are responsible for providing guidance and technical assistance in the specialty area to other public health nurses, program directors and

public and private agencies. Employees at this level are responsible for planning, implementing and evaluating an ongoing program of public health consultative services in the geographic or specialty areas assigned. Employees have a great deal of latitude in advising and assisting public and private agencies and local public health staff. The work is performed under general supervision of a district director or central office program supervisor.

Examples of Work Performed:

Collaborate with the public health nursing unit to assess needs and plan appropriate action for public health nursing services.

Participate in determining types of consultative service required.

Promote appropriate utilization of central, district and local health resources to strengthen inter-agency relationships and services.

Participate in planning, implementing and evaluating intra-agency programs.

Assist in coordinating inter-agency programs as a representative of the professional nursing speciality.

Interpret the state and district plan and assist with implementing recommendations for total community health within the context of comprehensive health planning.

Promote and assist in data collection and utilization of these data in evaluation of health needs for services, budgeting, and programming.

Interpret statutory provisions, administrative codes, and criteria for standards of service from the federal, state and local levels.

Provide individual consultation to local public health nursing supervisors to enhance supervisory, leadership and administrative skills.

Provide guides and tools for evaluation of programs and staff performances to local agencies.

Provide support and guidance to local agencies in establishing priorities and limitations of services.

Assist in recruitment, selection and orientation of public health nursing personnel.

Provide guidance on current philosophy and trends in public health nursing practice.

Participate with educational personnel in planning courses of study for the preparation and continuing education of personnel in nursing agencies.

Assist in planning and implementing inservice programs and workshops for supervisory personnel.

Provide guidance for use of appropriate resources for inservice education for all levels of staff.

7) At hearing respondent introduced the following position descriptions for comparison purposes:

- a) Marlene B. Kirley, Nursing Specialist 2, Mendota Mental Health Center

Position Summary:

Under the general supervision of the Home and Community Treatment Program Unit Chief, participates in the extension of the intensive family treatment model and methods through long-term teaching of and consultation to local Wisconsin delivery of service agencies and assigned University field students. Contributes to the refinement of the family treatment process by working as case manager and therapist for selected client families.

<u>Time %</u>	<u>Goals and Worker Activities</u>
60%	A. Provision of intensive, home-based treatment to families with young emotionally disturbed children.
10%	B. Program consultation to social service, mental health, public health, public school staff of community agencies.
10%	C. Plan and implement workshops, seminars and speaking engagements to community agencies and organizations.
10%	D. Supervision and training of affiliate students from a variety of mental health and related professions.
10%	E. Administration duties relating to the functioning of the HCT unit and the Institute.

- b) Helen North, Public Health Nurse 2, Southeastern Region, Division of Health

This position works under the general direction of the Regional Director performing the following activities: providing consultation to community agencies, organizations and individuals to develop essential local and regional public health services that integrate public health nursing as a core component of comprehensive preventive and maternal and child health programs (50%); promoting health service and health planning program linkages with other human service programs at the state and

local levels (20%); monitoring selected secondary grant projects (20%); and promoting the availability and utilization of educational opportunities and resources essential to quality public health nursing services.

- c) Dee Higgins, Public Health Nurse 2, Division of Health,
Department of Health and Social Services

This position works under the general direction of the supervisor of the Research and Surveillance Unit, and is responsible for a wide range of specific occupational health nursing program activities for the statewide Wisconsin Sentinel Event Notification System for Occupational Risks (SENSOR) grant. Specific activities include: organizing and providing occupational health nurse staffing to the Occupational Disease and Injury Prevention Center (30%); developing and providing statewide professional occupational health nursing consultation and technical support to sentinel providers for the purpose of establishing and maintaining occupational health reporting and surveillance systems (40%); providing professional occupational health nursing consultation statewide in onsite follow-up investigations of worksites which generate sentinel events (20%); and participating in the development, implementation and maintenance of a public health medical records sentinel event case file in both paper and computer databases in a manner which conforms to standard public health recordkeeping practices (10%).

8) The appellant does have some of the same skills, knowledges and abilities and does perform some of the same tasks as persons classified as public health nurses. However, the majority of her duties and responsibilities involve coordinating programs and services affecting Northern Center, such as pre-admission screening, admission services, and/or special in-institution assignments. While the appellant works with many of the same community agencies and clients as public health nurses do, the work is performed at Northern Center and not a public health district office.

9) Appellant's duties and responsibilities are better described by the classification specification for Nursing Specialist 2 rather than the classification specification for Public Health Nurse 2.

CONCLUSIONS OF LAW

1) This matter is appropriately before the Commission pursuant to §230.44(1)(b), Stats.

2) Appellant has the burden of proof to show that respondent's decision reallocating her position to Nursing Specialist 2 instead of Public Health Nurse 2 was incorrect.

3) Appellant has failed to sustain this burden.

4) Appellant's position is appropriately classified as a Nursing Specialist 2.

DISCUSSION

The issue for hearing in this case is:

Whether the decision by respondents to reallocate appellant's position from Registered Nurse 4 (RN4) (PR 11-07) to Nursing Specialist 2 (NS 2) was correct.

Subissue: Whether appellant's position is more appropriately classified as an NS 2 or a Public Health Nurse 2.

The specifications for Nursing Specialist 2 and Public Health Nurse 2 provide the following general definition of the kinds of position covered:

Nursing Specialist 2

This is advanced or lead level professional and administrative nursing work. Employees at this level coordinate a nursing program focus. The areas involved may include such programs as infection control, continuity of care, utilization review, nursing information systems, quality assurance, community outreach or a combination of such programs. . . . The work is performed under the general supervision of a clinical or administrative supervisor.

Public Health Nurse 2

This is full performance level consultative nursing work in a public health district or as a statewide consultant in a specialty area. Employees at this level in a public health district are responsible for all consultative services provided to public and private agencies in the district. Employees at this level as a statewide consultant are responsible for providing guidance and technical assistance in the specialty area to other public health nurses, program directors and public and private agencies. . . . The work is performed under general supervision of a district director or central office program supervisor.

The basic distinction between these classifications is that a Nursing Specialist 2 (NS 2) coordinates a nursing program or service which doesn't focus primarily on direct patient care, while the Public Health Nurse 2 (PHN 2) provides consultative services to public and private agencies in a public health district. In addition, the PHN 2 works in a district or central administrative office reporting either to a district director or program supervisor, while a NS 2 coordinates a nursing program or service which does not primarily involve direct patient care reporting either to a clinical or administrative supervisor.

The appellant argues that neither specification really defines her position and that elements of her position are found in both classification specifications. To further illustrate this problem, appellant points to the fact that when she was hired into the position the respondent was looking for someone with experience in the area of public health and that the previous incumbent had in fact been classified as a Public Health Nurse.

It is not an unusual situation in a reallocation or reclassification case to find that a particular position may be identified by more than one classification specification. The Commission has held that in these types of cases, the classification specification which defines the majority (51%) of the position's duties and responsibilities is the most appropriate classification.

In this particular case, appellant works in an institution and not in a public health district or central office location. Her responsibilities revolve primarily around pre-admission screening of clients who have been referred for admission to Northern Center. For those clients admitted, she would provide admission services. If a client is not admitted to Northern, she will work with public health agencies to find an alternative placement. The pre-admission screening (Goal A) and admission services (Goal B) encompass 55% of the appellant's duties and responsibilities. By contrast, the functions that could be considered consultative (Goal C and D) comprise 15% of the position duties and responsibilities.

In addition, appellant also argues that she has direct client/patient contact when performing these pre-admission screenings and admission services in contrast to the NS 2 specifications which states that positions do "not have direct patient care as its primary focus" (emphasis added). The key here is patient contact versus patient care. While appellant would certainly have

an impact on what care a client/patient may receive, it is not her responsibility to provide that care directly. In addition, the PHN 2 specifications make reference to consulting with health professionals and agencies regarding services these agencies provide to their clients, as opposed to the direct contact with the clients of public or private health agencies that appellant has. Based on these considerations, the NS 2 specification appears to best identify this aspect of appellant's position.

Appellant subsequently pointed to the fact that her program responsibility wasn't specifically identified by the NS 2 specifications, although some portion of her job might be considered as community outreach. The specific language found in the third line of the definition section of the NS 2 specification states: "The areas involved may include such programs as infections control, continuity of care, utilization review, nursing information systems, quality assurance, community outreach, or a combination of such programs." (emphasis added). This listing in the job specification was not meant to be all inclusive but rather indicative (such programs as) of the type of programs involved. The key factor is not which program but rather whether the appellant is responsible for coordinating a nursing program or service. In the instant case, the appellant was recognized as the coordinator of the nursing services provided as part of an interdisciplinary team which evaluates patients referred for admission to Northern Center.

While it is true that the appellant may work with many of the same agencies and personnel that a public health nurse would work with, the emphasis in her position is on coordinating an institution based program and not on providing consultative services to public and private health agencies. In addition, appellant reports to an administrative supervisor (Coordinator of Community and Support Systems) at Northern Center and not to a district director or central office program supervisor. Based on the general definition of the classification specification in question and the appellant's responsibility for coordinating an institution based program, it would again appear that the NS 2 classification would be most appropriate.

This conclusion is not altered in this case by the background of the appellant. While appellant's background in public health is related to her duties and responsibilities and a factor which enhances the level of her performance, it is the duties and responsibilities assigned to a position that is

determinative of the appropriate classification and not the qualifications that the incumbent possess. In a like manner, the fact that the position was classified as a public health nurse in 1976 is not germane in this case to what the appropriate classification for a position should be under the classification scheme currently in effect.

Lastly, the appellant argues that she performs more of the Examples of Work Performed identified in the Public Health Nurse 2 (PHN 2) specification than in the Nursing Specialist 2 (NS 2). Specifically, under the PHN 2 she testified that she performs the following:

* * *

Participate in determining types of consultative service required.

Assist in coordinating inter-agency programs as a representative of the professional nursing speciality.

Interpret statutory provisions, administrative codes, and criteria for standards of service from the federal, state and local levels.

Provide guidance on current philosophy and trends in public health nursing practice.

* * *

In addition, there were some other examples of work performed that she was involved with on an individual client basis or for Northern Center but not for private or public health agencies.

Appellant testified that she performed the following Examples of Work Performed as identified in the NS 2 specification.

Recommend program revisions to meet established or changing goals or services.

Provide direction and training to program staff.

Develop, distribute and interpret guidelines for nursing and other staff.

In general, Examples of Work Performed as identified in a classification specification are designed to be just "examples." These examples are not meant to be all inclusive of every position identified at a particular classification level. It is also not unusual to find that the duties and responsibilities of a

position might be identified in more than one specification as examples of work performed.

A classification specification must be read in its entirety as one document. Segmenting a specification and attempting to find specific words or phrases which can be matched to the duties and responsibilities assigned to a position is not dispositive of the appropriate classification of a position. The duties and responsibilities of the position and the classification specification must be reviewed in their entirety to determine the best fit.

In the instant case, this best fit is Nursing Specialist 2. This is based on the fact that the position does have responsibility for a nursing program that does not involve direct patient care (NS 2) but does not have consultative responsibilities in a district public health office or on a statewide basis (PHN 2). This result is also substantiated by the comparison positions submitted by respondent. (Finding #7). Specifically, the position held by Marlene Kirley (NS 2) who provides services to the families of clients outside of the institution as well as having considerable contact with and providing consultation to community agencies.

This classification result is in no way intended to indicate that the unique combination of skills and knowledges appellant has do not make her uniquely qualified to perform her assigned functions or that she performs them in less than an outstanding manner.


The appellant's argument that her job is not properly identified can be addressed by the Commission based only on the specifications in effect. The Commission has no authority to revise or create classification specifications (Zhe, et al. v. DHSS & DP, 80-285-PC, 11/19/81; affirmed by Dane County Circuit Court, Zhe, et al. v. PC, 81-CV-6492, 11/2/82.) In addition, arguments related to the amount of time spent in the reallocation process by respondent or the pay range assignment of specific classifications are matters outside the scope of this hearing or of the Commission's jurisdiction.

Based on the duties and responsibilities assigned to appellant's position, the classification specifications and the comparison positions submitted at hearing, the action of respondent reallocating appellant's position to Nursing Specialist 2 was not incorrect.


ORDER

Respondents' action is affirmed and this appeal is dismissed.

Dated: January 24, 1992 STATE PERSONNEL COMMISSION


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