



United States
Office of Personnel Management

Health System Administration Series

GS-0670

Dec 1979, TS-38

**Workforce Compensation and Performance Service
Classification Programs Division
June 1998, HRCD-5**

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Health System Administration Series

GS-0670

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SERIES DEFINITION

Positions in this series have full line responsibility for the administrative management of a health care delivery system which may range from a nationwide network including many hospitals to a major sub-division of an individual hospital. The fundamental responsibility of health system administrators is to effectively use all available resources to provide the best possible patient care. This requires an understanding of the critical balance between the administrative and clinical functions in the health care delivery system, and ability to coordinate and control programs and resources to achieve this balance. These positions require the ability to apply the specialized principles and practices of health care management in directing a health care delivery system. They do not require the services of a qualified physician.

This standard supersedes the standard for the Hospital Administration Series, GS-0670, published in December 1964.

COVERAGE

All positions in this series involve, at least, directing a variety of administrative and/or allied health services in order to provide effective support for the clinical services in a health care delivery system. Included in this series are line management positions in:

1. hospitals,
2. outpatient clinics,
3. community-oriented health care delivery systems such as the Indian Health Service's service units, and
4. headquarters or other echelons above the level of the individual health care delivery system.

Health system administration is distinguished from general administration by the need to decide and take action on such matters as allocation of space for the various medical or laboratory services, priorities for the purchase of new medical equipment, need for additional professional or technical personnel, or need for changes in housekeeping procedures to maintain aseptic conditions. Though these are basically administrative decisions which might have a counterpart in any setting, in a health care delivery system they require the administrator to have knowledge of health care and medical needs and procedures in order to provide the best possible solution to specific problems.

Health system administrators (GS-0670) are distinguished from health system specialists ([GS-0671](#)) by their responsibility for making and implementing administrative decisions directly affecting patient care. The health system specialist must have considerable knowledge of the specialized principles and practices related to health care management in order to evaluate and make recommendations for improving the health care delivery system. They do not, however, have the final line decision-making authority that the health system administrator has.

EXCLUSIONS

Positions involving the following types of work are excluded from this series:

1. Work which involves supervising administrative services in an ambulatory care facility, which provides care on an outpatient basis but does not include substantial line responsibility for establishing and implementing overall clinic policies and priorities. Such positions require general administrative experience rather than specialized health system administrator experience. These positions should be classified in the [Administrative Officer Series, GS-0341](#), or other appropriate administrative series.
2. Subordinate administrative or clerical work in a health care facility which involves coordinating administrative and clinical activities, but lacks direct line responsibility for a wide range of administrative functions. Depending upon their particular qualification requirements, these positions should be classified in the [Health System Specialist Series, GS-0671](#), or in an appropriate clerical or administrative series.
3. Analytical, evaluative, developmental or advisory work which is directed toward improving managerial policies, practices, methods, procedures and/or organizational structures in a health care delivery system. Depending upon their particular qualification requirements, these positions should be classified in the [Health System Specialist Series, GS-0671](#), the [Management Analyst Series, GS-0343](#), or the [Program Analyst Series, GS-0345](#).
4. Work which involves narrow line management responsibility for a specified functional area (e.g., personnel, supply, medical records administration) as opposed to full administrative management responsibility for a designated organizational area. The paramount requirement for these positions is specialized knowledge of the functional area as opposed to knowledge of basic health care management systems and principles. These positions are to be classified in the appropriate specialized series.
5. Administrative work in a hospital or other medical care facility where it is necessary to be a qualified physician in order to successfully perform the duties. These positions are classified in the [Medical Officer Series, GS-0602](#).
6. Work related to the administration or evaluation of Federal or Federal-State public health programs. These positions are classified in the [Public Health Program Specialist Series, GS-0685](#).
7. Work that is evaluated below Level I of Factor I, Level of Responsibility, is excluded from the GS-0670 series. These positions are to be classified in the appropriate series in the [GS-0300 group](#).

NOTE TO USERS

Since the occupational study on which this standard is based did not identify any government health system administrator positions whose duties were limited to the management of allied health services (i.e., dietetics, pharmacy, social work, voluntary service, chaplain, and speech pathology, prosthetics and sensory aids, and medical illustration), such positions are not described in the standard. However, such positions are not uncommon in non-Federal hospitals, and Federal hospitals could also be organized so as to require such health system administrator positions. Such positions should be assigned to this series when:

- they involve direct line responsibility for several allied health services;
- their overall scope of responsibility is comparable to that described in Level I of Factor I, Level of Responsibility; and,
- the experience gained in the position would enable its incumbent to move to a health system administrator position which includes direct line responsibility for administrative services in a health care delivery system.

Positions that do not meet the language of this section may be coded to an appropriate series in the [GS-0300 group](#).

TITLES

The title of *Health System Administrator* is established for positions in this series. Since supervisory responsibility is an inherent part of all positions in this series, it need not be separately identified in the position title.

Other titles such as Assistant Health System Administrator, Associate Health System Administrator and Executive Health System Administrator may appear in this standard for editorial convenience and may be used as organizational titles.

BACKGROUND INFORMATION

The fundamental challenge of any health system administrator is to provide the best possible health care. To do this, the health system administrator must adapt the principles, practices, processes and techniques common to any general administrative situation to the specialized requirements of the health care delivery system. In addition to a solid grounding in basic administrative management principles and practices, this requires considerable practical knowledge of general clinical systems, programs, and practices, and of how these general clinical principles and practices relate to the unique characteristics and needs of the particular health care delivery system served.

Most positions in this series manage or participate in the management of a health care delivery system whose hub is a hospital. Although patient care is the primary mission of all hospitals, many also have two secondary missions: teaching and research. For example, the teaching mission may include teaching interns and residents, pharmacists, dietitians, social workers, nurses, therapists and psychologists. The research mission may include both clinical research, which

involves the participation of patients, and laboratory or other research which does not involve the participation of patients.

The activities of most hospitals can be grouped into three broad categories: clinical services, administrative services, and allied health services. Clinical services include direct patient care activities such as medicine, surgery, psychiatry and nursing. Administrative services include engineering, supply, medical administration, hospital housekeeping, fiscal, and personnel. Allied health services include dietetics, pharmacy, social work, voluntary service, audiology and speech pathology, prosthetics and sensory aids, and medical illustration.

At the top executive level of a hospital (such as found in the Veterans Administration), the administrator, associate administrator and chief of staff typically operate as a team in the management and direction of the hospital. The physician chief of staff has line authority for all clinical services and the associate administrator has line authority for all administrative services. Line authority for allied health services can be assigned to either the chief of staff or associate administrator at the discretion of the administrator. In addition to their line management responsibilities, the chief of staff and associate administrator are also actively involved in the overall management of the hospital. This includes full participation on a day-to-day basis in top management discussions, decisions and policymaking, and sharing accordingly in the responsibility for top management actions.

Unlike the central focus of the hospital oriented health care delivery system, the focus of the community oriented health care delivery system is diffused. Although both the hospital and the community oriented systems must provide for the treatment of individual patient's ailments, the community oriented system (such as found in the Indian Health Service) is also directly concerned with the total health care of the entire population served. For example, if a nutritional deficiency were identified as the cause of a particular health problem in an Indian Health Service Unit, it would be necessary to develop a program to correct this deficiency. This effort might involve educating the tribal population to overcome cultural prejudices regarding certain foods, and finding acceptable food substitutes should the most desirable foods not be available. Thus, in addition to providing clinical services to patients, the health system administrator in the community oriented system may also direct a broad range of "non-hospital" activities such as health education, nutrition, sanitary facility construction, social services, and communicable disease control.

Indian Health Service Units typically include four broad organizational components: Clinical Services, Community Health Services, Nursing Services and Administrative Services. Directors of these services report to a Service Unit Director who has responsibility for overall policy planning, program implementation and administrative management.

No matter what the mission of the health care delivery system and no matter what the organizational level of the health system administrator, there are four functional areas to which all positions in this series devote continuing attention. They are:

1. *Budget and Fiscal Management:* Health System Administrators must devote considerable time and attention to budget and fiscal management activities to provide the best possible patient care without exceeding their allotted budget. In addition to knowledge of basic fiscal management principles, this requires an understanding of government and agency budget systems and an acute awareness of the cost of medical equipment, supplies, and services. Lower echelon health system administrators work with fiscal advisors in preparing formal budget submissions for the approval of higher echelon management officials and in monitoring the approved budget. This involves close coordination with the program managers of the clinical areas to (1) prepare budget proposals which reflect past expenditures and changing program priorities, (2) advise program managers of fund shortages and of program adjustments which should be made to ease the shortage (e.g., elimination of noncritical laboratory tests), and (3) promote "cost-consciousness." At the top management levels, health system administrators have full authority for establishing priorities for needed personnel, services, supplies and equipment, and allocating available funds accordingly.
2. *Personnel Management:* The health care delivery system's primary resource is the people it employs, and the health system administrator must give daily attention to personnel management. This requires (1) a working knowledge of government-wide and agency personnel management requirements as they relate to various employee groups (e.g., Wage System, General Schedule, and special groups such as physicians and nurses in the Veterans Administration's Department of Medicine and Surgery, U.S. Public Health Service Commissioned Corps, etc.) and (2) recognition of the unique contributions and needs of different individuals and groups. The health system administrator leads in developing internal policies and programs concerning such matters as equal employment opportunity, merit promotion, labor management relations, and position management; and in fostering a commitment to these programs from subordinate managers and from program managers in the clinical areas served. Other personnel management responsibilities of the health system administrator which affect employees in both the clinical and administrative areas include: (1) approving, rejecting, or recommending action on such matters as promotions, selections, awards, and disciplinary actions; (2) investigating and/or hearing group grievances or serious employee complaints and implementing or recommending appropriate action; and (3) establishing or recommending on-the-job training, career development and professional enrichment programs appropriate to various employees. In addition to these "official" personnel management functions, the health system administrator makes a positive effort to gain a commitment from all employees to the mission of the health care delivery system and to foster appreciation for the mutual interdependence of all employees in achieving this goal.
3. *Public Relations:* A health care delivery system must establish and maintain good relations with various groups and organizations such as other hospitals, medical societies, medical schools and other colleges and universities, accrediting agencies, public health officials and organizations, volunteer worker groups, news media, and the community at large. Formal speaking engagements, meetings and public relations events are one facet of the health system administrator's public relations responsibilities, but even more important are the day-to-day efforts to promote understanding of the health care delivery system's mission and create an

atmosphere conducive to quality patient care. This might involve soothing a patient angered over a long wait in the facility's outpatient clinic or responding to an impromptu visit from the local T.V. station investigating a charge of patient abuse.

4. *Systematic Internal Review*: One measure of the quality of care provided in a health care delivery system is the degree to which it meets the standards issued by various accrediting and regulatory groups, and higher agency authorities. The health system administrator plays a central role in developing and coordinating internal review systems to assure that both clinical and administrative activities are in compliance with these standards. This may range from gathering information and preparing reports to respond to the various regulatory groups or higher agency authorities, to recommending or initiating action to correct deficiencies.

EVALUATION PLAN

This evaluation plan provides for the classification of health system administrator positions in grades GS-12 through GS-15. Positions are to be evaluated in terms of two factors and assigned to grade levels by use of the [conversion table on page 24](#). The two evaluation factors are Level of Responsibility and Complexity of Operating Situation. The descriptive materials under these two factors are considered minimums required for their level, that is, positions which do not fully meet the substance of Level II, for example, should be placed at Level I. The examples shown under the general level descriptions, on the other hand, are not minimum descriptions. They are typical examples of positions which meet or exceed the minimum requirements for their level.

FACTOR I. LEVEL OF RESPONSIBILITY

As active line-management participants in administering health care delivery systems, all positions in this series involve a substantial degree of responsibility. Positions which do not meet the minimum level of responsibility described below do not encompass the degree of responsibility required for inclusion in the series and should be classified to another appropriate series.

The three factor definitions below consider how levels of responsibility for health system administrator position vary according to the amount of authority delegated to the position, the freedom to act independently, the scope and effect of the work performed, the availability and specificity of guidelines, the impact of decisions and recommendations, and the nature and purpose of personal contacts. Organizational level is also indicative of a position's level of responsibility in that it sets the boundaries within which the health system administrator operates. However, in evaluating a particular position, a careful assessment should be made to assure that the position actually encompasses the full range of responsibilities implied by its organizational level. Inpatients are not necessary at any of these levels. Outpatient facilities might qualify for any of these levels, but are less likely to be found at Level III.

Level I

The typical Health System Administrator at Level I supports clinical activities in a health care delivery system by directing a full range of administrative services including fiscal, personnel, supply, engineering, medical records administration, and hospital housekeeping. Positions whose line responsibilities are limited to management of allied health services (dietetics, pharmacy, social work, voluntary, chaplain, audiology and speech pathology, prosthetics and sensory aid, and medical illustration) are uncommon. However, such positions are also to be assigned to this level when they are characterized by the overall scope of responsibility described. (See Note To Users.)

All Level I health system administrators have full responsibility for planning, directing, organizing, coordinating, and controlling overall administrative operations through subordinate managers who possess technical expertise in their respective areas. Level I health system administrators contribute to the establishment of policy and programs for the entire health care delivery system by providing information and recommendations as requested by higher level management officials. Such information and recommendations generally focus on internal administrative policies and processes.

The following duties are representative of health system administrator positions at this level of responsibility:

- participating in the development and implementation of both long and short term policies and plans for the health care delivery system by coordinating input from administrative and clinical services and preparing recommendations for higher level management officials;
- developing, evaluating, and adjusting organizational structures and management systems for the administrative services in the health care delivery system;
- maintaining an awareness of available resources (personnel, space, equipment and money), and advising higher management officials on the distribution of these resources;
- delegating authority to and providing program direction to subordinate managers in various administrative areas;
- assuring that administrative policies and programs are coordinated with and supportive of clinical activities;
- exercising fiscal management responsibility by assisting in the preparation of the overall facility budget, in monitoring expenditures, and in recommending reallocation of funds based on shifting program needs;
- assuming a leadership role in developing personnel management policies for the health system and in dealing with personnel actions which affect key employees or have possible serious repercussions.

While positions at this level of responsibility require specialized knowledge of basic health care management principles and practices, the knowledge is directed toward achieving effective and efficient administrative service operations in the health care delivery system rather than in shaping overall system policy and priorities.

Level II

As a full member of the health care delivery system's top management group, the Health System Administrator at Level II works on a day-to-day basis with the health care delivery system's administrator and chief of staff. This includes full participation in top management discussions, decisions, and policymaking, and sharing accordingly in the responsibility for top management actions except those which require a strictly medical decision.

The Health System Administrator's line responsibility typically includes authority for managing selected allied health services as well as the full range of administrative services.

The following duties are representative of health system administrator positions at this level of responsibility:

- participating in the development and implementation of both long and short term policies and plans for the health care delivery system, giving special consideration to the integration of internal administrative and clinical policies, to the standards and requirements of various regulatory and accrediting bodies, and to the impact of internal policies on outside entities such as other area hospitals and the community at large;
- developing, evaluating, and adjusting organizational structures and management systems for the administrative and allied health services managed, and contributing to the development of structures and systems for the overall health care delivery system;
- keeping aware of available resources (personnel, space, equipment and money), and establishing priorities for distributing these resources based on program needs;
- delegating authority to and providing general program direction to subordinate managers in various administrative areas and allied health services;
- assuring that administrative policies and programs are coordinated with and supportive of clinical activities;
- exercising fiscal management responsibility in developing the overall budget, in monitoring expenditures, and in reallocating funds based on shifting program needs;
- assuming a leadership role in developing personnel management policies for the health care system and in dealing with personnel actions which affect key employees or have possible serious repercussions;

- establishing an atmosphere conducive to the accomplishment of the basic mission of the health care delivery system;
- promoting good relations with a variety of groups and individuals including patients, staff, other hospitals, Congress, professional societies, unions, and community organizations.

These positions require knowledge of the specialized administrative requirements of health care delivery systems, and sufficient knowledge of clinical practices, procedures and standards to be able to participate in the executive leadership of the entire health delivery system.

Level III

Positions at this level of responsibility have direct line responsibility and full accountability for managing all activities in a health care delivery system. This leadership responsibility is carried out within broad agency guidelines and with full recognition of the professional and technical expertise possessed by subordinate managers and staff (e.g., physicians). In addition to the executive management of both clinical and administrative activities, this responsibility also includes an implicit charge to identify the unique health care needs of the patient population served, and within available resources, to develop and implement a comprehensive health care delivery system tailored to these needs.

The following duties are representative of Health System Administrator positions at this level of responsibility:

- establishing and implementing both long and short term policies, plans, and standards of care for the health care delivery system, giving special consideration to the integration of internal administrative and clinical policies, to the standards and requirements of various regulatory and accrediting bodies, to the impact of internal policies on outside entities such as other area hospitals and the community, and to the effect actions taken by such outside entities have on the health care delivery system;
- developing, evaluating, and adjusting organizational structures and management systems to accomplish the basic mission(s) of the entire health care delivery system;
- delegating authority and providing program direction to the health care delivery system's chief of staff and associate administrator who in turn delegate authority to subordinate managers;
- assuring that administrative and clinical programs and policies are integrated, and settling disputes which arise between the services;
- setting policy for the overall budget for the health care delivery system and authorizing reallocation of funds based on shifting program needs;

- assuming a leadership role in developing personnel management policies for the health care system and in dealing with personnel actions which affect key employees or have possible serious repercussions;
- establishing an atmosphere conducive to the accomplishment of the basic mission of health care delivery system;
- promoting good relations with a variety of groups, organizations and individuals including patients, staff, other hospitals, Congress, professional societies, unions and community organizations.

In addition to knowledge of the specialized administrative requirements of health care delivery systems, these positions require sufficient knowledge of clinical practices, procedures and standards to be able to assume primary responsibility for the leadership of a comprehensive health care delivery system.

FACTOR II. COMPLEXITY OF OPERATING SITUATION

This factor measures the impact of the health care delivery system's operational and environmental characteristics on the managerial complexity of the health system administrator's position. Increases in managerial complexity are manifested in areas such as increased complexity or organizational relationships; a greater need for executive knowledge, skills, and abilities in planning, coordinating, controlling, and directing program operations; and increased occasions for making difficult decisions and resolving substantive problems. The following list highlights some of the characteristics of the health care delivery system which have an impact on the managerial complexity of the health system administrator position. The list is not all inclusive (the number and combinations of operating characteristics influencing health system administrator positions being virtually infinite). Rather, the list describes those characteristics which are so significant that they can influence the grade level of the health system administrator position. Generally, no single characteristic is in itself sufficient to change the grade of a position. Rather, higher graded health system administrator positions are typically located in operating situations which are composites of the more complex features described below.

Medical School Affiliation: Active medical school affiliations complicate the health system administrator's job politically and logistically. Political complications arise from the need to coordinate overall policy planning with the medical school. Logistically, the influx of medical students and residents, and the consultant and attending physicians who supervise them or provide consultative services, creates additional problems in personnel management, medical administration, supply distribution, and hospital housekeeping. The rapid turnover of the medical school affiliates, and their unfamiliarity with government hospital operations, make it especially critical for the health system administrator to establish stable and effective management systems to integrate the residents, students, consultants and attending physicians into the hospital organization and its patient care program.

Community Relationships: While health system administrators in any medical service are faced with problems in integrating hospital programs with community needs and services, these problems tend to be most significant in the Indian Health Service. Here, the health system administrator must be fully aware of and skilled in dealing with the unique cultural characteristics and health care needs of the tribal population(s) served in order to work hand-in-hand with the tribal government in planning and implementing overall health care policies and systems, and promoting health education and community health programs.

Inpatient Workload: The larger the number of inpatients treated by a health care facility, the greater the need for additional supplies, equipment, personnel, and facilities, the more complex the arrangements required to provide them, and the greater the potential for administrative problems and crisis situations. A large inpatient caseload also tends to generate an increase in public relations problems -- particularly when there are not enough beds available to accommodate all patients seeking admission.

Ambulatory Care Workload: A large outpatient caseload also creates extra demands for space, supplies, equipment, and staff. Large numbers of outpatient visits have the greatest impact when these resources are inadequate. (Locating space to house clinic operations is particularly troublesome in older facilities which were designed prior to the current emphasis on ambulatory care.) Often a facility outpatient caseload fluctuates considerably, making development of a budget for the outpatient service particularly difficult, and creating a need for frequent adjustment of resource allocations.

Health care delivery systems which include distant satellite clinics are particularly difficult to manage when the health system administrator cannot personally monitor and direct program operations and consequently must assure that management systems and communication channels are particularly sound and efficient.

Medical Specialties: Health care delivery systems differ considerably in the variety and intensity of health care services which they are equipped to provide. Hospitals which provide service in a large number of the medical and surgical specialties and subspecialties listed in Appendix A must employ highly specialized support personnel in addition to physician specialists. (For purposes of this standard, a specialty and subspecialty receive the same weight.) Individuals with such specialized professional and technical skills are often scarce, and the health system administrator may be called upon to promote recruitment and retention programs for such personnel vigorously, or to provide resources for training on-board hospital employees. The provision of diversified care also creates additional problems for the administrator through special and unusual requirements for space, drugs, equipment, and facilities, and for various aseptic techniques.

Special Medical Programs: Ancillary to the medical specializations described above, and adding a further dimension of complexity to the health systems administrator's position, are the special medical programs listed in Appendix B. These programs can vary considerably in their impact on the health system administrator's position. Judgment must be exercised to

determine the extent to which they generate administrative problems in providing adequate space, recruiting and/or training of specialized technical and professional personnel, and obtaining funding for the program. Common programs such as pulmonary function labs, respiratory care units, and intensive care units generally have far less management impact than specialized programs such as spinal cord injury centers, renal transplant, and alcohol and drug dependence treatment units.

Contract Health Care: In some instances, health care delivery systems which are not equipped to treat the most complex and unusual patient conditions contract with other health care institutions to provide the needed patient care services. In the Indian Health Service's service units, a specific contract health care budget is allotted to cover expenses resulting from the treatment of tribal patients in private hospitals. This requires health system administrators to establish health priorities and individual eligibilities so as to remain within the budget allocation. In other situations, neighboring hospitals may enter into sharing agreements to eliminate the need for duplication of critical but infrequently used health care services and equipment. In assessing the impact of this element on the health system administrator's position, consideration should be given to the number and type of contracts and agreements in existence, and the administrative problems encountered in negotiating the contract and evaluating the services provided under the contract.

Medical Research: Hospitals having a substantial amount of medical research can impose additional responsibilities on the administrator by creating special administrative problems in their demands for space, facilities, equipment, and staff. This requires an assessment of whether resources can be diverted from patient care services to meet the needs of the research program. Separate accounting and fiscal management procedures usually are established for each research project, further complicating the administrator's budget and fiscal responsibilities.

Geographic Location: The geographic location of a health care delivery system can significantly complicate the health system administrator's position by creating special and unusual administrative problems. In an extremely isolated environment, this may involve the need to establish and maintain services which are ordinarily provided by commercial or community sources, such as a water supply system, a sewage disposal system, a firefighting crew, and a laundry. In some inner city environments, the health system administrator may be faced with unusual problems in maintaining station security and in recruiting and retaining qualified health care personnel.

The examples provided with the following factor level definitions are characteristic of health care environments which would typically generate administrative and managerial problems representative of a particular level. However, a position should not be mechanically assigned to a level under this factor based on a simple matching of the examples to the operating characteristics of the health care delivery system. Judgment must be used to assess the overall impact of the operating situation on the individual health system administrator position. It is the impact of the full range of characteristics of the health care delivery system on the health system administrator

position, not the individual characteristics themselves, which is important in determining the appropriate level.

Four levels are described under this factor, ranging from administratively self-contained segments of comprehensive health care delivery systems to comprehensive systems with impact reaching far beyond an individual health care facility.

Level I:

This level of operating situation includes small health care delivery systems which provide primary health care services and major subdivisions of more sophisticated health care delivery systems. In this situation, the limited number of services provided and the limited number of patients treated restricts the kinds and volume of administrative management problems with which the health system administrator must deal. Because fewer factors must be considered, program and planning and implementation are also less complex at this level than at higher levels.

The following examples illustrate operating environments typically found at this level:

1. A major sub-division of a comprehensive health care delivery system, this hospital floor accommodates 400 operating beds. Approximately 4500 patients are treated here each year. Patient treatment and residency training are provided in four medical and surgical specialties.
2. The 25 bed hospital in the Indian Health Service Unit provides basic diagnostic and therapeutic services in two medical and surgical specialty areas. Every year approximately 500 in-patients are treated at this facility, and approximately 15,000 outpatients are treated here and at the field clinics located in the servicing area. In addition, the health system administrator manages a contract health care budget and directs various community health care activities including health education programs, nutrition, social services, and communicable disease and injury control. The isolated location of the service unit further complicates the administrative management of the health care delivery system in that (1) the facility must establish and maintain, either independently or in alliance with the tribal community, major services such as a water supply system, a sewage disposal system, a firefighting crew and a laundry; and (2) recruiting and retaining qualified health care professionals is especially difficult.
3. This ambulatory care facility provides basic health care in eight medical and surgical specialties. Over 50,000 patients are treated at the facility each year.

Level II:

At this level of operating complexity, the kinds of health care services provided and/or the volume of patients treated is greater than at the lower level. This increases the volume, variety and complexity of administrative management problems with which the health system administrator

must deal and complicates the planning and implementation of policies and programs. As organizational structures and management systems are typically effective and well established at this level, the health system administrator generally can focus on monitoring the operation of these systems rather than in seeking innovative means of making improvements. Overall, funds and personnel allocations are generally adequate to meet program requirements; and since program operations and needs are fairly well fixed, the administrator seldom needs to make adjustments in the allocation of the resources.

The following examples illustrate operating environments typically found at this level:

1. Providing basic medical care is the exclusive mission of this 200 bed unaffiliated, general medical and surgical hospital, which provides basic care in eight specialties. Four special medical programs -- medical and surgical intensive care units, a pulmonary function laboratory and a respiratory care unit -- have been established at the hospital to enhance patient care. Approximately 3,000 inpatients are treated at the hospital each year, and annual outpatient visits average approximately 20,000. Teaching and research are minimal at the hospital and have relatively little impact on the complexity of the health system administrator position. There are no medical teaching programs at the hospital, and the administration of paramedical teaching programs is generally handled by the service providing the teaching. The hospital research program is very small with no full-time employees and very few projects being conducted at any one time. The research budget includes no grant funds from outside sources.
2. The focal point of this Indian Health Service Unit is a 50 bed hospital which provides basic care in two medical and surgical specialties. Each year approximately 1,500 inpatients are treated at this facility and approximately 50,000 outpatients are treated there and at the field clinics in the servicing area. In addition to these direct patient services, the health system administrator also manages a contract health care budget and directs various community health care activities including health education programs, nutrition, social services, and communicable disease and injury control. The isolated location of the service unit further complicates the administrative management of the health care delivery system in that (1) the facility must establish and maintain, either independently or in alliance with the tribal community, in which it is located, major services such as a water supply system, a sewage disposal system, a firefighting crew, and a laundry; and (2) recruiting and retaining qualified health care professionals is unusually difficult.
3. Over 150,000 patients visit this ambulatory care facility each year to receive basic health care in the 12 medical and surgical specialties provided. In addition, the clinic also administers two special medical programs (i.e., a drug dependence treatment unit and an alcohol dependence treatment unit), and supports research programs which are staffed by three full-time employees. The inner city location of this clinic creates unusually complex administrative problems for the health system administrator in recruiting and retaining qualified health care personnel and in providing station security.

Level III:

Health care delivery systems at this level provide health care services of moderate variety and intensity, but they typically are not equipped to treat patients who require the most specialized and sophisticated medical and surgical procedures. In this situation, the health system administrator must frequently make complex decisions or recommendations such as how to allocate funds and personnel most effectively in order to meet clinical standards and achieve the best patient care possible.

The following examples illustrate operating environments typically found at this level:

1. This 400 bed general medical and surgical hospital provides direct patient care in 12 medical and surgical specialties. Six special medical programs support this hospital's basic patient care activities. The inpatient work load at the hospital averages 6000 annually, and approximately 50,000 outpatients visit the hospital each year. While the hospital conducts training for a wide variety of administrative and paramedical occupations, medical teaching is quite limited. With fewer than seven medical residency training programs, the hospital's medical school affiliation is weak and has little impact on the managerial complexity of the administrator's position. Research is not a major area of emphasis, and generally there are fewer than 15 employees engaged in full-time research activities.
2. This 700 bed, predominantly neuropsychiatric, hospital provides medical and surgical care in 5 specialty areas in addition to psychiatry and neurology. Four special medical programs support these basic patient care activities. Approximately 3500 inpatients are treated at the hospital each year and outpatient visits may reach 90,000. Teaching and research activities are fairly limited with a very heavy emphasis on neuropsychiatry. The research program is staffed by 15 full-time employees; and there is one resident teaching program.
3. The focal point of this Indian Health Service Unit is a 100 bed hospital which provides basic care in four medical and surgical specialties. Each year approximately 4000 inpatients are treated at this facility, and approximately 75,000 outpatients are treated there and at the field clinics in the servicing area. In addition to these direct patient services, the Health System Administrator also manages a contract health care budget and directs various community health care activities including health education, nutrition, social services, and communicable disease and injury control. The isolated location of the service unit further complicates the administrative management of the health care delivery system in that (1) the facility must establish and maintain either independently or in alliance with the tribal community in which it is located, major services such as a water supply system, a sewage disposal system, a firefighter crew, and a laundry; and (2) recruiting and retaining qualified health care professionals is unusually difficult. In addition, the long distance from supply distributors requires precise long range planning to assure adequate stocks of drugs and other critical medical supplies.

Level IV:

The intensity of care, rate of activity and broad program mission of health care delivery systems at this level generate numerous, complex administrative management problems which constantly tax the leadership skill of the health system administrator. These problems arise from the rapid fluctuation in various program priorities and requirements, frequent conflicts between various program requirements, and the many conflicts between various program requirements, and available resources. In this situation, the administrator frequently must make quick decisions which require consideration of a wide range of factors and have a direct impact on the provision of patient care. Since program priorities fluctuate constantly, long range planning is extremely difficult, reallocation of personnel and funds is frequently necessary, and continual assessment and modification of management systems and organizational structures is required.

The following examples illustrate operating environments typically found at this level:

1. Part of a medical-educational complex, this actively affiliated, 400 bed hospital provides patient treatment and residency training in over 15 medical specialties. Eight special medical programs support the hospital's basic patient care activities. Over 8,000 inpatients are treated at the hospital each year, and annual outpatient visits exceed 90,000. The hospital's active and varied research program, which is staffed by over 35 full-time equivalent employees, imposes considerable demands on the health system administrator for managing money, space, facilities, equipment, and personnel.

2. The combination of 750 psychiatric beds, and over 500 medical and surgical beds makes the management of this hospital particularly difficult. Patient care is provided in over 15 medical and surgical specialties, and there are eight special medical programs at the hospital to support basic patient care activities. Each year the hospital treats over 7,000 inpatients and 90,000 outpatients. Teaching and research at the hospital focus on neuropsychiatry, but the programs are relatively active with 25 residents participating in the three approved medical residency training programs, and 20 full-time employees staffed by the research program.

GRADE LEVEL CONVERSION TABLE

After being evaluated in terms of the criteria presented in the preceding factor level definitions health systems administrator positions are to be assigned to grade levels in accordance with the following table:

Factor II Complexity of Operating Situation	I	Factor I Level of Responsibility	II	III
I	GS-12	*		GS-13

II	GS-13	*	GS-14
III	GS-13	GS-14	GS-15
IV	GS-14	GS-15	

* When this situation does occur, the position may be classified at either the GS-12 or GS-13 level for operating complexity Level I positions, or the GS-13 or GS-14 level for operating complexity Level II positions depending upon the absence or presence of significant weakening or strengthening factors.

APPENDIX A

The following list of medical specialties and sub-specialties was adopted by The American Medical Association's Board of Trustees in 1970 as a tool in determining specialty designations. Published in the 26th Edition of the American Medical Directory, the list includes specialties for which there is: (1) an AMA recognized specialty board, or (2) an AMA approved residency program, or (3) an AMA recognized specialty society which identifies and field of medicine not included under the above two criteria. Since additional specialty fields may be identified as medical science progresses, the fact that a specialty does not appear in this list should not preclude it from consideration if it has a significant impact on the health system administrator's position.

Aerospace Medicine	General Preventive Medicine
Allergy	Geriatrics
Anesthesiology	Gynecology
Broncho-Esophagology	Hematology
Cardiovascular Diseases	Hypnosis
Dermatology	Infectious Diseases
Diabetes	Internal Medicine
Endocrinology	Laryngology
Family Practice	Legal Medicine
Gastroenterology	Neoplastic Diseases
General Practice	Nephrology
	Public Health
Neurology	Pulmonary Diseases
Neurology, Child	Radiology
Neuropathology	Radiology, Diagnostic
Nuclear Medicine	Radiology, Pediatric
Nutrition	Radiology, Therapeutic
Obstetrics	Rheumatology
Occupational Medicine	Rhinology
Ophthalmology	Surgery, Abdominal
Otology	Surgery, Cardiovascular
Otorhinolaryngology	Surgery, Colon and Rectal
Pathology	Surgery, General
Pathology, Clinical	Surgery, Hand
Pathology, Forensic	Surgery, Head and Neck
Pediatrics	Surgery, Neurological
Pediatrics, Allergy	Surgery, Orthopedic
Pediatrics, Cardiology	Surgery, Pediatric
Pharmacology, Clinical	Surgery, Plastic
Physical Medicine and Rehabilitation	Surgery, Thoracic
Psychiatry	Surgery, Traumatic

Psychiatry, Child
Psychoanalysis
Psychosomatic Medicine

Surgery, Urological

APPENDIX B

The following list identifies those special medical programs approved by the Veterans Administration as of September 2, 1977. Similar programs in other agencies or on updated lists should be assessed and credited according to their impact on the complexity of the health system administrator's position.

- Alcoholic Treatment Units
- Blind Clinics/Centers
- Cardiopulmonary Rehabilitation Centers
- Comprehensive Rheumatic Disease Care Units
- Drug Dependence Treatment Units
- Electron Microscopy Program
- Epilepsy Centers
- Hemodialysis Program
- Home Dialysis Training Units
- Intensive Care/Surgical/Medical/Coronary Care Units
- Hospital Based Home Care Program
- Nuclear Medicine Program
- Prosthetic Treatment Centers
- Respiratory Care Units
- Pulmonary Function Labs
- Speech Pathology Program
- Spinal Cord Injury Centers
- Supervoltage Therapy Program
- Cardiac Catheterization Labs
- Orthotic Laboratories
- Stroke Centers
- Renal Transplant Program
- Satellite Dialysis Units