

Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #126 – Health Information Management</u> Coordinator

Section 1 – INTRODUCTION

PLEASE PRINT

Purpose: This section provides general direction for completing the Job Fact Sheet and is further supplemented by the additional instructions set out in the remaining sections of this Job Fact Sheet.

The collection of accurate, complete, up-to-date and gender neutral job information is essential to, and forms the basis of, the job evaluation process.

This Job Fact Sheet (JFS) provides a format and serves as a questionnaire designed to describe a job, to capture the skill, effort and responsibility normally required in the work, and to record the conditions under which it is usually carried out. The JFS focuses on **CURRENT** job content and requirements. **THIS IS NOT AN APPRAISAL OF AN INDIVIDUAL'S PERFORMANCE ON THE JOB.**

Please read the JFS carefully, and complete each section. Throughout the JFS examples are requested and are important as you describe the job. Provide additional information on the back blank pages of this document, additional job holder comments can be recorded in Section (16) on page 26, or attach additional pages if necessary.

SUPERVISOR – STEPS TO FOLLOW:

- 1. a. New Job: complete Job Review Request Form (JRRF), complete a proposed JFS and proposed Job Description.
- b. Forward all documents to your Human Resources representative.
- 2. DO NOT CHANGE EMPLOYEE'S RESPONSES.

EMPLOYEE - STEPS TO FOLLOW:

- 1. Please read the JFS carefully, and complete each section. If you find that some questions do not relate to your job, please write in "not applicable".
- 2. The information you provide should relate to the job content as it currently exists. When reviewing your duties and responsibilities, ensure that you consider the entire job cycle (activities that regularly occur in a one-year period).
- 3. Group submissions are encouraged for employees doing the same or very similar job duties.
- 4. It is suggested that you complete Sections 6 through 15 before completing Sections 4 and 5. The "Sample Key Activities" (see Appendix A) may assist you in completing Section 5.
- 5. Once you have completed the JFS and if you have not already submitted a JRRF, please complete and forward both documents to your Human Resources representative. Keep a copy of all documentation for your records. Please complete the Signatures Section (17) on page 26.
- 6. Your immediate **Out-of-Scope Supervisor** (Supervisor) will review your completed JFS and add comments at the end of each section.
- Please keep in mind that, although you are the employee(s) doing the job, what is being described are the current responsibilities of the job not how well you are performing these tasks and responsibilities. It is important that you concentrate only on providing the facts about the job and its responsibilities.

Section 2 – ORGANIZATIONAL WORK CHART **Purpose:** This section gathers information regarding the organization in which your job functions. Complete the Chart below: Be sure to write in the **Provincial JE Job Title of the position** – **not** the name of the person currently in the job. SUPERVISOR'S COMMENTS – ORGANIZATIONAL WORK Title of your immediate Out-of-Scope Supervisor CHART Are the responses to this question: Complete **Incomplete** 🗌 No Do you agree with the responses: Yes **COMMENTS** (<u>must</u> be completed if "Incomplete" or "No" is selected): Title of your immediate Supervisor (if different than above) Your current Provincial JE Job Title Supervisor's Initials: Your current Provincial JE Job Number: _____ **Provincial JE Job Titles that report directly to you (if applicable)**

Section 3 – JOB IDENTIFICATION			
Purpose: This section	gathers basic identifying	g material so we can keep t	o track of completed Job Fact Sheets.
Provide your name and work telephone	number(s) for contact pur	poses. For group JFS submi	missions, please note the name and telephone number(s) of the contact person.
Name of person completing the JFS for ARE DOING THE SAME JOB):	a single employee, or con	tact person for group JFS su	submission (ONLY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEES
Name (Print):			Employee No.:
Work Telephone:		E-Mail Address:	
Saskatchewan Health Authority/Affiliate	2:		
Facility/Site:			Department:
See Section 18 on page 28 for signature.	<i>S</i> .		
Provincial JE Job Title:			Date:
Provincial JE Number:		Office use of	e only: JEMC No. <u>M</u>
Section 4 – JOB SUMMARY			
Purpose: This section	describes why the job ex	cists.	
Briefly describe the general purpose of t maintenance and dissemination of pati		nation of Health Informatio	tion services. Responsible to ensure the accurate, dependable and secure collection,
Tips: Consider "Why does this job exist?" a Think about what you would say if so You may wish to begin with: "The (Jo	nd " <i>What is this job respo</i> meone approached you an	nd asked you about your job.	ob. ible for"
		*****	*****
SUPERVISOR'S COMMENTS – JOI Are the responses to this question:	B SUMMARY	Incomplete	COMMENTS (must be completed if "Incomplete" or "No" is selected):
Do you agree with the responses:			
Do you agree with the responses.			Supervisor's Initials:

5 – KEY WORK ACTIVITIES

Purpose: This section describes the key activities, duties and responsibilities of the job.

Consider the full range of job duties or responsibilities undertaken over the year. Summarize these in rough form before completing this section.

Group the job duties or responsibilities that are related and summarize them in a phrase, at the top of each box (e.g., counseling and patient education, preventative maintenance, community involvement). Estimate (to the nearest 5%) the percentage of time per year spent on each key work activity summarized in the section(s) below. Most jobs can be described in three to five key work activities.

The total of all key work activity sections should equal but not exceed 100%. For example: $\frac{1}{2}$ day every day per year = 50%; 3 months per year = 25%; 2 $\frac{1}{2}$ weeks per year = 5%.

After summarizing each key work activity, provide details or examples that describe the related job duties or responsibilities. If using abbreviations, acronyms or technical terminology, please initially explain their meaning.

- Don't get lost in detail in describing the duties and responsibilities. Use clear verbs about things that are done in connection with each one. Avoid using a gender biased wording (i.e. he or she) in describing the work.
- It is important that the **whole job** be described, not just a particular dimension or a special project.

The "Sample Key Activities" (see Appendix A) may assist you in completing this section.

Key Work Activity A: <u>Administration / Coordination</u>	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
 Duties/Responsibilities: Coordinates department workflow and schedules staff. Provides input into hiring and assists with performance appraisals and performance reviews. Provides input into department budget. Provides guidance and instruction to new staff, physicians and practicum students. Conducts Quality Assurance and Quality Control procedures/audits (e.g., medical charts, transcribed materials). Develop, revise and review health information policies and procedures. Communicates changes in department policies and procedures to physicians/clinicians. Prepares/interprets/submits statistical reports. 	Are the responses to this question: Complete Incomplete Do you agree with the responses: Yes No COMMENTS (must be completed if "Incomplete" or "No" is selected):
 Approves clinical forms to ensure standardization. Provides technical support for the Health Information Management System (e.g., Mental Health and Addictions Information System). Monitors files for activation and inactivation and transcription turnaround times. 	Supervisor's Initials:

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity B: <u>Health Records</u>

Duties/Responsibilities:

- Ensures that coding and abstracting of clinical data is completed according to guidelines (e.g., Canadian Institute of Health Information (CIHI)) and department practices.
- Performs data quality checks to ensure national and provincial coding standards are met.
- Conducts various Quality Assurance audits to ensure data integrity, quality of documentation and clinical efficiency (cost effectiveness of services rendered) have been achieved.
- Responds to written and verbal requests for release of information in accordance with policies and national/provincial legislation, (e.g., Health Information Protection Act (HIPA)).
- Maintains confidentiality and security of health information.
- Liaises with other departments and outside agencies (e.g., police, legal and physician offices).
- Performs data analysis and prepares and delivers statistical reports.
- Assembles and maintains health records charts.
- Performs Quantitative Analysis (e.g., identify and record deficiencies, verify and ensure accuracy of documentation).
- Maintains up-to-date files for incomplete records and deficiencies.
- Assigns charts to appropriate physicians and/or staff for completion.
- Performs incomplete chart count to monitor completion by physicians and issues extensions/suspensions when necessary.
- Transcribes and distributes dictated medical reports.
- Completes admission/separation records (e.g., patients not covered for funding by the Saskatchewan Health Plan).
- Purge and destruction of records as per provincial guidelines.
- Provides health record evidence/documentation for legal proceedings.
- Performs chart retrieval, filing and file room maintenance duties.
- Prepare charts with appropriate redactions.
- Coordinates and monitors in person patient record reviews.
- Performs data quality management.

SUPERVISOR'S COMME	NTS – KEY WOF	RK ACTIVITIES
Are the responses to this qu	estion: 🗌 Compl	ete 🗌 Incomplete
Do you agree with the respo	onses: 🗌 Yes	No
COMMENTS (<u>must</u> be comp	leted if "Incomplet	e" or "No" is selected):
	G •	
	Supervisor	's Initials:

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity C: <u>Related Key Work Activities</u>

Duties/Responsibilities:

- Performs office reception duties.
- Performs clerical duties (e.g., faxes, scans, photocopies, processes mail).
- Maintains office supplies.
- Prepares invoices (e.g., release of information, patient billing).
- Maintains medical library.

SUPERVISOR'S COMMENTS -	- KEY WORK A	CTIVITIES			
Are the responses to this question	n: 🗌 Complete	Incomplete			
Do you agree with the responses:	Yes	No No			
COMMENTS (<u>must</u> be completed					
	Supervisor's In	itials:			
SUPERVISOR'S COMMENTS -	- KEY WORK A	CTIVITIES			
Are the responses to this question	n: 🗌 Complete	Incomplete			
Do you agree with the responses:	Yes	🗌 No			
COMMENTS (must be completed	if "Incomplete" or	"No" is selected):			
	Supervisor's In	itials:			
	Supervisor's In	itials:			

Duties/Responsibilities:

Section 6 – DECISION-MAKING

Purpose: This section provides a series of situations that may be encountered on the job requiring decision making before taking action.

For each situation, please indicate the response that most appropriately describes your job. Provide examples where requested. Add any additional examples under "Other".

Example: if the job requires you to follow specific instructions/procedures most of the time, check the box under "Most of the time" and give examples. If the job requires you to modify established methods often, check "Often".

(a)	In this job, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
	Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results. Example:			X	
	Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: <i>Department policy and procedures to accommodate program changes</i>			X	
	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: <i>Creating electronic referral system/screening tool</i>		X		

When there is a situation you have not come across before, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
Immediately ask the supervisor/leader what to do		X		
Ask co-workers for help in deciding what to do		X		
Read manuals and figure out what to do			X	
Decide with your supervisor what to do		X		
Check guidelines and past practices		X		
Decide what to do based on your related experience			X	
Get advice with problems from management and/or other sources (e.g. supplier, consultants)			X	
Other (specify) Ministry of Health		X		

(c)	To what extent are the decision-making requirements of this job guided by other and provide examples)	s (check all responses that apply Almoneted and Almone	Sometimec	Often	Most the ti
	Immediate supervisor		v		
	Example:		X		
	Others in own program/department		V		
	Example:		X		
	Others within the SHA / Affiliates				
	Example:		X		
	Departmental Management				
	Example:		X		
	Specialists / Clinical Experts				
	Example:		X		
	Senior Management		v		
	Example:		X		
	Other			v	
	Example: Ministry of Health			X	
	**************************************	**************************************	' or "No" is se	X lected):	
-	ee with the responses: Yes No				
		S.	oervisor's Initi	olet	

Sectior	1 7 – E	DUCATION AND S	SPECIFIC TRAIN	ING				
	Purp	ose: This see	ction gathers infor	mation on the	minimum l	evel of c	completed forma	al education required for the job.
(a)		t minimum level of o you have, but what					sary for a new p	person being hired into this job? This does not reflect the education
•		total minimum level to graduation or cert		oling or formal	training sho	uld inclu	ide all classroom	n, laboratory, practicum, clinical, or apprenticeship, etc., time required
	(i)	High School:	Grade 10	Grade 11 🗌	Grade 12	2 🖂		
	(ii)	Technical/Vocation	nal/Community Col	lege: 1 year		2 years	3 years	rs 🗌
		Specify (Do not us	e abbreviations): H	ealth Informat	ion Manage	ement dij	ploma	
	(iii)	Licensed Trades:	1 year 🗌	2 years	3 years		4 years	5 years
		Specify (Do not us	se abbreviations): _					
	(iv)	University:	3 years	4 years 🗌	Masters			
		Specify (Do not us	e abbreviations): _					
(b)	Is an	y Provincial, Nationa	al or professional ce	rtification man	datory?	Yes	🗌 No	0
	If yes	s, please specify and	provide the name o	f the licensing /	certificatio	n / regist	tration body (do	o not use abbreviations):
		Certification with Ca Registration with Ca						
(c)	What	t additional special sl	kills, training, or lic	enses are neede	d to perform	n the job	? Indicate the le	ength of the course/program:
	 1 1 2 1 4 4<	ify (Do not use abbre Intermediate comput Leadership skills Analytical skills Interpersonal skills Organizational skills Communication skill Ability to work indep Valid driver's licenso	ter skills Is endently		*****	****	*****	***
SUPE	RVISO	R'S COMMENTS	– EDUCATION A					
Are the	e respo	onses to the questior	n: 🗌 Com	plete 🗌 In	complete		COMMENTS ((<u>must</u> be completed if "Incomplete" or "No" is selected):
Do you	agree	with the responses	Yes	No)			
								Supervisor's Initials:

Section	n 8 – EXPERIEN	ICE				
	Purpose:			on the minimum relevant -job learning or adjustme		l for a job. Relevant experience may include previous job-
		relevant experience equirements of th		to and/or (b) on-the-job, tha	t is required for a nev	w person with the education recorded in Section 7 to acquire the skills
* *	For part (b), asl	k yourself, "Is tim	e on the job require		sponsibilities or to ad	ljust to the job? If so, how much?" 7, Education and Specific Training.
(a)	Required previo	ous related job exp	perience (do not in	clude practicum or apprer	ticeship if covered in	n Section 7 – Education and Specific Training)
	None None	<u> </u>	months	1 year	3 years	5 years
	Up to 3 mor	nths 9 i	months	\boxtimes 2 years	4 years	Other (specify)
	Describe the ex	perience requiren	nents gained on pre-	vious jobs here or elsewhere	e needed to prepare fo	or this job:
			revious experience o solidate knowledge		anagement Practition	ner in association with the information
(b)	Average time re	equired on the job	to learn and/or adj	ust to this job:		
	\Box 1 month or f	fewer 6 i	months	🛛 1 year	3 years	
	3 months	<u>9</u> 1	months	2 years	Other (specify)	
	Describe the tas	sks and responsib	ilities that need to b	e learned in order to satisfy	the requirements of th	his job:
	♦ Twelve (12	2) months on the	job to develop coor	dination and administrativ	e skills and become f	familiar with department policies and procedures.
	1					
			*****	*****	****	***
SUPER	RVISOR'S COM	IMENTS – EXP	ERIENCE		COMMENTS (mus	st be completed if "Incomplete" or "No" is selected):
Are the	e responses to th	e question:	Complete	Incomplete		sector in incomplete of 100 is selected).
Do you	agree with the i	responses:	Yes	No No		
						Supervisor's Initials:

Section 9 – INDEPENDENT JUDGEMENT

	Purpose: T	his section ga	thers information	on the extent to which	the job exercises independent action.
	os require some indep- actions that have no p			rees. Some jobs are high	ly structured and have many formal procedures, while others require exercising judgement of
	ler the type and level rds, precedents, leade				m rules, instructions, established procedures, defined methods, manuals, policies, professiona
a)	To what extent doe directing actions re		rol its own work as	opposed to being guided	d by influences such as rules, procedures, policies, supervisory presence or instructions
	Please check the a	nswer that m	ost closely represe	ents expected job requir	rements.
	🗌 Most job requir	ements (to the	e extent possible) ar	e set out within structure	and rules and/or readily understood schedules to guide job tasks/duties required.
	Some restriction	ns apply, but t	he control over sett	ing work priorities and p	pace of work is contained within the job.
	There are minir	nal restriction	s, leaving significat	nt control over the work l	being carried out within the scope of the job.
	Other (please ex	xplain):			
(b)	To what extent doe	s this job exer	cise judgement to c	letermine how the work i	is to be done?
				ents expected job requir	
	Work is mostly	repetitive and	d predictable with l	ittle need for judgement.	Example:
	Work may pres	sent some unu	sual circumstances	that require judgement o	or choices to be made. Example:
	• When correlat	ing various d	ata elements from	within the health record	and selecting the appropriate codes.
	Work presents	difficult choic	es or unique situati	ons that require judgeme	ent. Example:
			****	******	******
SUPE	RVISOR'S COMMI	ENTS – INDI	EPENDENT JUDO	GEMENT	
Are th	e responses to the qu	estion:	Complete	Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):
	u agree with the resp		☐ Yes		
					Supervisor's Initials:
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Section 10 – WORKING RELATIONSHIPS

Purpose: This section gathers information on the typical contacts or working relationships <u>necessary</u> in doing the job.

(a) What are the typical contacts or working relationships **necessary** in doing this job? For each contact listed, determine the purpose of the contact and **check off all that apply** in the chart below. **Do not include contact with employees you supervise.**

Purpose of Contact:

- A No exchange
- **B** Exchange of factual or work-related information
- C Explanation and interpretation of information or ideas
- **E** Counseling
- **F** Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- **D** Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
- G Negotiation of service and / or supply agreements

		PURPOSE OF CONTACT Check off all that apply (more than one, if applicable)						
	Α	В	С	D	E	F	G	
Employees in the same department		X	X	X		X		
Employees in another department/site (specify)		X	X	X		X		
Students		X	X	X				
Supervisor / supervisors of programs / departments or services		X	X	X		X		
Clients / patients / residents		X	X	X				
Family of clients / patients / residents		X	X	X				
Physicians		X	X	X		X		
Business representatives		X	X	X				
Suppliers / contractors		X	X	X				
Volunteers		X						
General Public		X	X	X				
Other health care organizations or agencies		X	X	X		X		
Professional organizations / agencies		X	X	X				
Government departments		X	X	X		X		
Social Service establishments		X						
Community Agencies		X						
Police and Ambulance		X						
Foundations	X							
Others (specify) Lawyers, coroners		X	X	X				

Section 10 – WORKING RELATIONSHIPS (cont'd)

• Questions (b) to (k) that follow provide a series of situations that may be encountered in your job. Please provide the response that fits best for each situation. Provide examples or specify where requested.

нои	V OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most o the tim
(b)	Have to tell people things they <u>DO NOT</u> want to hear?				
	Other employees			X	
	Client / patients / residents / families		X		
	The general public		X		
	• Other (specify)				
(c)	Have contact with very upset or very angry:				
	 Clients / patients / residents / families (not other workers) 		X		
	 Outside groups (not other workers) 		X		
	 General public 		X		
	Other employees		X		
	 Management 		X		
	Physicians		X		
	 Other (specify) 				
(d)	Have contact with extreme / special needs clients / patients / residents?				
	Specify:	X			
(e)	Talk with clients / patients / residents to:				
	 Get information from them 		X		
	 Inform them 		X		
	Counsel them				
	 Devise mutual goals / objectives with them 	X			
	Check on their progress	X			
(f)	Talk with families to:				
	 Get information from them 		X		
	 Inform them 		X		
	Counsel them				
	 Devise mutual goals / objectives with them 	X			
	Check on their progress	X			
(g)	Talk with physicians to:				
	 Get information from them 		X		
	 Inform them 		X		
	 Devise mutual goals / objectives with them 		X		

Section 10 – WORKING RELATIONSHIPS (cont'd)

ноу	W OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the tin
(h)	Talk with general public to:				
	 Provide information 			X	
	Respond to questions			X	
	 Make presentations 	X			
(i)	Talk with other employees to:				
	 Get information from them 			X	
	Inform them			X	
	Counsel / <i>persuade</i> them		X		
	Give them advice on work procedures			X	
	Get advice from them on work procedures			X	
	• Get cooperation from other parts of the organization on projects and programs		X		
	Other (specify)				
(j)	Talk to vendors, contractors, consultants, government agencies and other external	groups or organizations to:			
	 Get information from them 		X		
	Confer with peer professionals		X		
	Inform them		X		
	Arrange for services		X		
	 Devise mutual goals / objectives with them 	X			
	Lead meetings	X			
	Check on their progress	X			
	• Other (specify)				
(k)	Other (specify):				
RVIS	**************************************	*****			
		TS (<u>must</u> be completed if "Incomplete" o	r "No" is sel	ected):	
u agre	ee with the responses:				
0 -1		Super	visor's Initia	als:	

Section 11 – IMPACT OF ACTION

		n on the likelihood of in rces and services, and	pact of action occurring when carrying out t ne extent of the losses.	he duties of the job. Consider th	e
When carrying out your job dut and not considered as careless			d of your actions having an impact or an outcom.	e on the following? Such effects	are typic
Injury or discomfort of others If yes, please provide an examp	ble(s):			Is an impact likely? Yes	No
Embarrassment in public, client If yes, please provide an examp	ole(s):		bloyee relations n may result in identifiable deterioration in rela	Is an impact likely? Yes 🖂	No [
Delays in processing or handlin If yes, please provide an examp	ole(s):		s	Is an impact likely? Yes 🔀	No [
Actions which impact on depart If yes, please provide an examp • Backlogs may affect so	ole(s):		tions	Is an impact likely? Yes 🔀	No
Damage to equipment / instruments If yes, please provide an example(s): Improper maintenance to equipment may lead to unnecessary down			wntime or costly repair.	Is an impact likely? Yes 🔀	No
Loss of or inaccurate information If yes, please provide an examp • Incomplete and inaccurate	ble(s):	s may create issues in la	cal cases.	Is an impact likely? Yes 🔀	No
Financial losses including with If yes, please provide an examp	drawal of commitme	ent or withholding of fu	ls	Is an impact likely? Yes 🔀	No
Other – If yes, please provide an examp		oj 110anio maj ajjeco ju		Is an impact likely? Yes	No
RVISOR'S COMMENTS – IMI			COMMENTS (must be completed if "Inc		
e responses to the question: agree with the responses:	Complete	Incomplete No		•	
agree with the responses.				Supervisor's Initials:	

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Section 12 – LEADERSHIP/SUPERVISION

	thers information o able them to carry o		pervise others, lead others and / or provide functional guidance or technical
Leadership refers to the require carry out their job. Do not inc			s, provide functional guidance or provide technical direction to enable other employees to
Specify any jobs or work group	as appropriate, und	er one or more of these cate	egories. Check all that apply and provide examples.
Familiarize new employees	with the work area a	and processes	Examples Staff, students
Assign and/or check work of	of others doing work	similar to yours	Staff, students
Lead a project team, prioriti achieve planned outcome(s		k, monitor progress to	
Provide functional advice / tasks	instruction to others	in how to carry out work	Staff, students, Physicians
Provide technical direction carry out their primary job		d in order for others to	Staff, students, Physicians
Provide input to appraisal, I	niring and/or replace	ment of personnel	Staff, students
Coordinate replacement and	l/or scheduling of en	ployees	Staff
Supervise a work group; as take responsibility for all th		, methods to be used, and	
Supervise the work, practice	es and procedures of	a defined program	
Supervise the work, practice	es and procedures of	a department	
\square Provide counseling and/or <i>c</i>	coaching to others		Staff
Provide health promotion /	outreach (teaching /	instruction)	<u> </u>
Other (specify)			
	*******	****	*****
PERVISOR'S COMMENTS – LE	ADERSHIP/SUPEI	RVISION	
e the responses to the question:	Complete	Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):
you agree with the responses:	Yes	No No	
			Supervisor's Initials:
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Section 13 – PHYSICAL DEMANDS

Purpose: This section gathers information on the physical effort and for the accurate hand/eye or hand/foot coordination required on a regular basis in your job.

What **physical effort** is required on a **typical** basis for your job? Please provide examples that are applicable to your job. (a)

- Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.
- Frequency means how often each activity occurs within the day.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift -6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). Percentages may not add up to 100% (due to simultaneous activities).

Place a checkmark in the chart below indicating the duration, frequency and weight of the activity. Only indicate weight where applicable.

Light weight – up to 9 kg / 20 lbs

Medium weight – over 9 kg / 20 lbs

Occasional – means the activity occurs once in a while – less than 50% of the time

Heavy weight – over 23kg / 50 lbs

Regular – means the activity occurs often – between 50% - 75% of the time Frequent – means the activity occurs every day – over 75% of the time

Exertions that are infrequent or that are not typical of the performance of the job should not be considered.

	DURATION	FREQUENCY			WEIGHT	
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)	
Computer operation	75 - 90%			X		
Sitting	75 – 90%			X		
Lifting/moving (files)	5 - 15%			X	L-M	
Walking	5 - 20%			X		
Standing	5 - 20%			X		
Reaching/crouching/climbing (files)	10 – 20%			X	L-M	
Driving	0 - 10%	X				

Section 13 – PHYSICAL DEMANDS (cont'd)

(b) Does your work require **accurate hand/eye or hand/foot coordination**? Please provide **examples** that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). Percentages may not add up to 100% (due to simultaneous activities).

Examples: keyboard skills, repairing fine instruments/equipment; floor polishers; folding laundry; mechanical; plumbing; giving injections; dispensing oral medications; lawn mowers; sorting mail; electrical; driving; drafting; using long-handled tools such as mops and shovels; stocking shelves; positioning patients and equipment; carpentry.

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

Occasional	- means the activity occurs once in a while - less than 50% of the time
Regular	– means the activity occurs often – between 50% - 75% of the time
Frequent	- means the activity occurs every day - over 75% of the time

	DURATION	FREQUENCY		
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent
Computer operation	75 - 90%			X
Reading (sorting, chart assembly, coding)	75 - 90%			X
Writing	10 - 25%			X
Photocopying/faxing/scanning	10 - 25%			X
Driving	0 - 10%	X		

SUPERVISOR'S COMMENTS - PHYSICAL DEMANDS

Are the responses to the question:

Complete Incomplete

Do you agree with the responses:

☐ Yes ☐ No

COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):

_____ Supervisor's Initials: _____

Section 14 – SENSORY DEMANDS

Purpose: This section gathers information on the frequency and duration of sensory demands required by your job.

(a) What **Visual Effort** is required on a **concentrated** basis in your job? Please provide **examples** that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). Percentages may not add up to 100% (due to simultaneous activities).

Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

Frequency means **how often** each activity occurs within the day or week.

Occasional	- means the activity occurs once in a while - less than 50% of the time
Regular	- means the activity occurs often - between 50% - 75% of the time
Frequent	- means the activity occurs every day - over 75% of the time

	DURATION		FREQUENCY		
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	
Computer operation	75 – 90%			X	
Reading (sorting, chart assembly, coding)	75 - 90%			X	
Driving	0 – 10%	X			
		<u>I</u>	<u> </u>		

Section 14 – SENSORY DEMANDS (cont'd)

(b) Does your job require that you **Listen Attentively**? Please provide **examples** that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). Percentages may not add up to 100% (due to simultaneous activities).

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

- **Examples**: taking dictation, counseling; negotiating; taking minutes of meetings; taking telephone messages; operating a switchboard; alarm systems; mechanical/equipment sounds; taking directions or instructions; observing clients/patients/residents.
- Duration means individual periods of **uninterrupted time** (except for scheduled breaks) i.e. how long you have to perform the activity each time.
- Frequency means **how often** each activity occurs within the day or week.

Occasional	- means the activity occurs once in a while - less than 50% of the time
Regular	- means the activity occurs often - between 50% - 75% of the time
Frequent	- means the activity occurs every day - over 75% of the time

	DURATION		FREQUENCY		
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	
Transcription	0 - 10%	X			
Communication	5 - 25%			X	
Taking minutes/participating in meetings	0 - 10%	X			
Taking instructions	5 - 10%	X			
			<u> </u>		

Section	n 14 – SENSORY DEMANDS (cont'd)		
(c)	Must attention be shifted freque	ently from one job de	etail to another?	
•	Examples: keyboarding and an	swering the telephor	ne; dictatyping; repairing	g and listening to equipment
	Yes 🖂 No			
	If yes, please give examples :			
	• Coding, abstracting and e	mergent release of i	nformation. Staff inqui	ries.
		****	***	*****
SUPER	RVISOR'S COMMENTS – SEI			
	e responses to the question:	Complete	Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):
Do you	agree with the responses:	Yes	□ No	
				Supervisor's Initials:
Job #1	126 – Health Information Ma	nagement Coordi	nator (September 12	, 2023) Page 21 of 26

Section 15 – WORKING CONDITIONS

Purpose:	This section gathers information on the undesirable or disagreeable environmental conditions or hazards under which the job is carried
	out.

(a) Are you exposed to some degree of unpleasantness in the day-to-day activities of your job? Check all conditions that apply to you, and indicate only one of "occasional", "regular", or "frequent".

Occasional- means the condition occurs once in a while - less than 50% of the timeRegular- means the condition occurs often - between 50% - 75% of the timeFrequent- means the condition occurs every day - over 75% of the time

CONDITION (specify if applicable)	Occasional	Regular	Frequent
Blood / body fluids			
Chemical substances (specify) toner	X		
Cold	X		
Congested workplace	X		
Dust	X		
Extreme temperature			
Foul language	X		
Grease			
Head lice			
Heat	X		
Inadequate lighting			
Inadequate ventilation			
Insects, rodents, etc.			
Interruptions			X
Isolation			
Latex			
Moisture			
Mold			
Multiple deadlines			X
Noise	X		
Odor			
Oil			
Radiation exposure (specify)			
Second-hand smoke			
Soiled linens			
Steam			
Transporting or handling human remains			
Travel	X		
Vibration			
Other (specify)			

Section 15 – WORKING CONDITIONS (cont'd)

(b) Is there some degree of exposure to hazards in the day-to-day activities of your job? Check all hazards that apply to you, and indicate only one of "occasional", "regular", or "frequent".

Occasional	- means the condition occurs once in a while - less than 50% of the time
Regular	- means the condition occurs often - between 50% - 75% of the time
Frequent	– means the condition occurs every day – over 75% of the time

CONDITION (specify if applicable)	Occasional	Regular	Frequent
Abusive clients	X		
Blood / body fluids			
Chemical substances (specify) toner	X		
Traveling in inclement weather	X		
Excessive / unpredictable weights	X		
Exposure to infectious disease (specify)			
Extreme noise			
Faulty / inadequate equipment			
Personal injury			
Personal safety at risk due to isolation			
Radiation exposure (specify)			
Sharp objects			
Small aircraft			
Steam			
Verbal and/or physical abuse	X		
Violence			
Working from heights	X		
Other (specify)			

NS (cont'd)				
Do you have to take certain training, precautions or wear protective clothing to avoid a work injury? (Check one and provide an explanation or example of the type of precaution(s) normally taken.)				
oning (TLR)	VHMIS)			
*****	******			
RKING CONDITIONS				
🗌 Complete 🗌 In	complete <u>COMMENTS (must be completed if "Incomplete</u> " or "No" are selected):			
	Supervisor's Initials:			
	Ining, precautions or wear pro ment (PPE) oning (TLR) terial Information System (V ***********************************			

se	add any additional information	or comments and reference the specific JFS section a	nd question as appropriate.	
tioi	n 17 – SIGNATURES			
	Single job submission:	NAME: (Please Print Legibly):		
	SICNATUDE.			
		OF EMPLOYEES DOING THE SAME JOB). Pleas		
	Group submission (NAMES			
	Group submission (NAMES	OF EMPLOYEES DOING THE SAME JOB). Pleas	e print your name, then sign:	
	Group submission (NAMES NAME:	OF EMPLOYEES DOING THE SAME JOB). Pleas	e print your name, then sign: SIGNATURE:	
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	Group submission (NAMES NAME:	OF EMPLOYEES DOING THE SAME JOB). Pleas	e print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:	

ease add any additional information or	comments and reference the specific JFS section and question as appro-	• ,
	1 1 11	priate.
nmediate Out-of-Scope Supervisor		
Name: (Please print legibly)		-
Signature:		
bignature.		-
Job Title:		-
Department:		
Department.		-
Work Phone Number:		_
F M. 1 A 11		
E-Mail Address:		-
Date:		_

Appendix A Sample Key Activity Summary Statements

A

- Accounting
- Accounting operation
- Activities and events
- Administration and communication
- Administration duties
- Administrative activities
- Administrative functions
- Administrative procedures
- Administrative support to executive levels
- Admission, discharges and transfers
- Analysis and detection of epidemics
- Assessment and diagnosis
- Assists with training programs

B

- Budget activities
- Budget administration
- Budget and financial management
- Budget and professional development
- Budget and unit administration
- Budget management
- Budget preparation and control
- Budget unit administration

С

- Carpentry functions
- Cleaning designated areas

- Cleaning functions
- Clerical duties
- Clinical and patient pastoral services
- Clinical nursing practice
- Clinical pharmacy
- Clinical practice
- Clinical services
- Coding and abstracting
- Collaboration and Education
- Committee and coordination activities
- Committee and professional development
- Committee involvement
- Committee participation
- Committee representation
- Committees and communication
- Committees and community liaison
- Committees and meetings
- Communication and coordination
- Communications and public relations
- Community involvement
- Community resources and liaison
- Compiling reports and statistics
- Consultation
- Consultation and collaboration
- Consultation and program development
- Consultation with team
- Contact with medical staff
- Contact with vendor representatives
- Continuing education

- Control and allocation of beds
- Control of expenditures and government regulations
- Coordination and communication
- Coordination of health services functions
- Coordination of internal and external health care professionals
- Counseling
- Counseling and patient education
- Counseling, treatment and referrals

D

- Daily accounts receivable functions
- Department and administrative activities
- Department management
- Development of departments
- Development of nursing education programs
- Development of quality assurance programs
- Diagnosis
- Discharge planning
- Dispensing drugs and monitoring patient profiles
- Drug distribution
- Drug selection and information services

E

• Education

- Education (non patient)
- Education and research
- Education consultant
- Education program implementation
- Educational and professional development
- Emergency procedures
- Enforces security, fire and safety regulations
- Equipment testing
- Evaluates radiographs for quality
- Evaluation

F

- Financial and department planning
- Financial management
- Financial systems and controls
- First aid
- Food distribution
- Food preparation
- Food service and nutritional services

G

• General office duties

H

- Health records and quality assurance
- Hospital management
- Housekeeping activities
- Human resource and budget management
- Human resource functions
- Human resources management

Ι

- Installations
- Investigations

L

- Laboratory Aide functions
- Laboratory technical functions
- Labour relations functions
- Laundry operations
- Lawn and garden maintenance
- Life safety programs and services

\mathbf{M}

- Mail and filing
- Maintains directory and files
- Maintains inventory control
- Maintenance and administration
- Maintenance and cleanliness
- Maintenance and committee work
- Maintenance and trouble shooting
- Maintenance of equipment
- Maintenance of records
- Maintenance of telephone and records
- Management of department
- Management of Health Records Department
- Management of laboratory
- Management of systems contractors and suppliers
- Management of the library
- Management of volunteers
- Materials management programs
- Media relations
- Medical management

- Menu board maintenance
- Mobilization and transporting of patients
- Monitors entry and exit of visitors/patients in and out of hospital

Ν

- Narcotic and controlled drugs
- Narcotic control drug audit
- Nursing care process
- Nutritional and dietary assessment

0

- Occupational therapy program
- Ongoing health program administration
- Operates cash register
- Ordering supplies
- Ordering supplies and inventory
- Orientation
- Orientation of new staff
- Other secretarial functions

P

- Painting functions
- Participation in committees
- Patient care
- Performs electrical circuit installations and completes electrical change requests
- Performs laboratory test procedures
- Performs preventative maintenance
- Performs radiographic examinations
- Pharmacy budget and committees
- Pharmacy functions
- Physiotherapy program
- Planning and organizing

- Planning and organizing carpentry activities
- Planning and organizing of daily painting activities
- Planning and organizing plumbing activities
- Planning and unit administration
- Plant maintenance
- Plant operations
- Play therapy
- Plumbing functions
- Policy and procedure development
- Preparation of annual budgets
- Prepares and writes programs
- Processing of doctors orders
- Production reports and records
- Professional development
- Professional growth
- Professional standards
- Program development
- Protection of hospital building and premises
- Provides assistance to departments on request
- Provides information and Library Services
- Provides physical care to patients
- Psycho-social assessment and counseling
- Public inquires
- Public relations
- Pulmonary function testing
- Purchasing activities

Q

- Quality assurance and audit
- Quality assurance and maintenance of equipment
- Quality assurance/control
- Quality control and preventative maintenance

R

- Receipt and delivered items
- Reception and telephone
- Receptionist functions
- Recording and monitoring results
- Releasing information
- Repairs and maintenance to equipment
- Report production
- Reporting and communication
- Reporting and documentation
- Reporting the test results
- Reports and records information required by nursing staff
- Research
- Research and education
- Research into hospital activities
- Respiratory care
- Responds to incoming/outgoing telephone calls and inquires
- Reviewing test results

S

- Scheduling and coordination activities
- Scheduling and processing

- Scoring and interpretation
- Secretarial functions
- Selects, acquires and organizes library materials
- Social work functions
- Sterile product preparation
- Strategic planning
- Supervises activities
- Supervises technicians
- Supervision
- Surveillance of nursing units
- Systems development process
- Systems planning and maintenance

Т

- Teaching and education
- Telephone and reception
- Test administration
- Testing procedure
- Therapeutic counseling and treatment
- Training
- Transcription of medical reports

U

- Unit administration
- Unit management
- Unit nursing specialized activities
- Unit/technical management

W

• Word processing and typing function