

Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #418 – Clinical Information Systems Analyst</u>

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Section 1 - INTRODUCTION

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 25, 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 25.
- 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.

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.
Title of your immediate Out-of-Scope Supervisor	SUPERVISOR'S COMMENTS – ORGANIZATIONAL WORK CHART
	Are the responses to this question: Complete Do you agree with the responses: Yes No
Title of your immediate Supervisor (if different than a	bove) COMMENTS (must be completed if "Incomplete" or "No" is selected):
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 ap	plicable)

Name of person completing the JFS for a single employee, or contact person for group JFS submission (ONLY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEES ARE DOING THE SAME JOB): Name (Print): Employee No.:		ATION				
Work Telephone: E-Mail Address:	Purpose: This	section gathers basic identifying	g material so we can keep track of	completed Job Fact S	heets.	
ARE DOING THE SAME JOB): Name (Print): Employee No.: Work Telephone: E-Mail Address: Regional Health Authority/Affiliate: Facility/Site: Department: See Section 18 on page 28 for signatures. Provincial JE Job Title: Date: Provincial JE Number: Office use only:	Provide your name and work te	lephone number(s) for contact pu	rposes. For group JFS submissions,	please note the name a	nd telephone number(s) of the co	ontact person.
Work Telephone: E-Mail Address:			ntact person for group JFS submission	n (ONLY COMPLETE	E A GROUP SUBMISSION IF A	ALL EMPLOYEES
Regional Health Authority/Affiliate:	Name (Print):				Employee No.:	
Facility/Site:	Work Telephone:		E-Mail Address:			
Provincial JE Job Title: Date: Provincial JE Number: Office use only: JEMC NoM Section 4 – JOB SUMMARY Purpose: This section describes why the job exists. Briefly describe the general purpose of this job: Provides business process analysis and ongoing quality assurance processes to maintain the integrity of clinical information systems. Provides support and training to users of clinical information systems. Tips:	Regional Health Authority/Affi	liate:				
Provincial JE Job Title: Office use only: JEMC No	Facility/Site:		De	epartment:		
Provincial JE Number: Description of this job: Provides business process analysis and ongoing quality assurance processes to maintain the integrity of clinical information systems. Provides support and training to users of clinical information systems. Purpose: This section describes why the job exists.	See Section 18 on page 28 for s	ignatures.				
Section 4 – JOB SUMMARY Purpose: This section describes why the job exists. Briefly describe the general purpose of this job: Provides business process analysis and ongoing quality assurance processes to maintain the integrity of clinical information systems. Provides support and training to users of clinical information systems. Tips:	Provincial JE Job Title:				Date:	
Purpose: This section describes why the job exists. Briefly describe the general purpose of this job: Provides business process analysis and ongoing quality assurance processes to maintain the integrity of clinical information systems. Provides support and training to users of clinical information systems. Tips:	Provincial JE Number:		Office use only:	JEMC No.	<u>M</u>	
Briefly describe the general purpose of this job: Provides business process analysis and ongoing quality assurance processes to maintain the integrity of clinical information systems. Provides support and training to users of clinical information systems. Tips:	Section 4 – JOB SUMMARY					
systems. Provides support and training to users of clinical information systems. Tips:	Purpose: This	section describes why the job e	xists.			
				ality assurance process	ses to maintain the integrity of c	clinical information
Consider "Why does this job exist?" and "What is this job responsible for?" Think about what you would say if someone approached you and asked you about your job. You may wish to begin with: "The (<u>Job Title</u>) exists to" or "The (<u>Job Title</u>) is responsible for"	Consider "Why does this job Think about what you would	say if someone approached you a	and asked you about your job.			
*************************			************	*******	*****	
SUPERVISOR'S COMMENTS – JOB SUMMARY COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):				OMMENTS (<u>must</u> be	completed if "Incomplete" or '	"No" is selected):
Are the responses to this question:						
Do you agree with the responses:	Do you agree with the respons	ses:	∐ No			
Supervisor's Initials:						

5 – KEY WORK ACTIVITIES

Purpose:	This section	describes the ke	v activities.	duties and	responsibilities of the job.	
I ui posc.	This section	ucscribes the ne	y activities,	uutics anu	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: ½ day every day per year = 50%; 3 months per year = 25%; 2½ 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: Data Quality / Quality Assurance Testing

Duties/Responsibilities:

- ♦ Maintains standardization of patient care data as it pertains to clinical information systems.
- ♦ Performs Quality Assurance reviews to monitor adherence to standards and guidelines.
- ♦ Monitors data quality to determine areas where data standards and/or training are required.
- ♦ Coordinates, performs and evaluates regression and software update testing.
- ♦ Participates in the resolution of clinical systems error messaging.

SUPERVISOR'S COMMENTS - REY WORK	ACTIVITIES
Are the responses to this question: \square Complete	☐ Incomplete
Do you agree with the responses: \square Yes	□ No
COMMENTS (must be completed if "Incomplete" o	r "No" is selected):
Supervisor's I	nitials:

CUDEDVICODIC COMMENTS - VEV WODE A CERTIFIES

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES				
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)				
Supervisor's Initials:				
SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES Are the responses to this question: Complete Incomplete				
				the responses:
sst be completed if "Incomplete" or "No" is selected):				
Supervisor's Initials:				

Key Work Activity D: <u>Business Process Review</u>	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
 Assesses requirements, monitors deployment of hardware to ensure client privacy and user requirements. Validates business functionality. Reviews, recommends and assists in the implementation of changes in policies, procedures and protocols. Assists in the design of systems to facilitate clinical and health documentation. 	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)
	Supervisor's Initials:
ey Work Activity E: System Maintenance / Security	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Outies/Responsibilities: Maintains patient data and electronic records, user profile and system documentation as requested. Audits number of current users by department. Troubleshoots database and software problems for end users. Monitors data quality.	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)
	Supervisor's Initials:

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: Follows <i>CIHI standards</i> .			X	
	Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: <i>Modify patient data collection processes</i> .			X	
	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: <i>Develop statistical and analytical reports</i> .			X	

(b)	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)				

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(c)	To what extent are the decision-making requirements of this job guided by others (check all responses that apply and provide examples)	Almost never	Sometimes	Often	Most of the time
	Immediate supervisor		X		
	Example:	-	Λ		
	Others in own program/department		v		
	Example:	-	X		
	Others within the RHA				
	Example:	-	X		
	Departmental Management				
	Example:	-	X		
	Specialists / Clinical Experts				
	Example:	-	X		
	Senior Management				
	Example:	-	X		
	Other				
	Example:	-			
	**************************************		or "No" is s	elected):	
ou ag	ree with the responses:				
	· 				

1 / – E.	DUCATION AND SPI	ECIFIC TRAINING						
Purp	ose: This section	n gathers information	on the minimum	m level of completed formal education required for the job.				
				ald be necessary for a new person being hired into this job? This does not reflect the education he job.				
			r formal training sl	should include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required				
(i)	High School:	Grade 10	Grade 11	Grade 12 🖂				
(ii)	Technical/Vocational/	Community College:	1 year 🗌	2 years ⊠ 3 years □				
	Specify (Do not use al	obreviations): <i>Health I</i>	nformation Mana	agement diploma				
(iii)		· — ·	_ ′	_ · · _ · _				
(iv)	University: 3	years 4 years	Master	ers				
Is an	y Provincial, National o	r professional certificat	ion mandatory?	⊠ Yes □ No				
If yes, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):								
What	t additional special skills	s, training, or licenses a	are needed to perfo	Form the job? Indicate the length of the course/program:				
 1 2 4 6 1 4 2 	Intermediate computer a Analytical skills Communication skills Organizational skills Interpersonal skills Ability to work independ	skills dently here required by the jo		********				
RVISO	OR'S COMMENTS – E	DUCATION AND SI	PECIFIC TRAIN					
e respo	onses to the question:	☐ Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):				
agree	with the responses:	☐ Yes	□ No					
				Supervisor's Initials:				
	Purp What that The i prior (i) (ii) (iii) Is an If yea What Spec Vhat Spec RVISO	What minimum level of conthat you have, but what is to that you have, but what is to the total minimum level of prior to graduation or certification of the prior to graduation or certification of the prior to graduation or certification. (i) High School: (ii) Technical/Vocational/Specify (Do not use all Specify (Do not use all Specify (Do not use all Is any Provincial, National of If yes, please specify and product of the provincial of the provincial special shills. (iv) University: 3 Specify (Do not use all Is any Provincial, National of If yes, please specify and product of the provincial special shills. (iv) Error Marketton of the provincial special shills. (iv) University: 3 Specify (Do not use all sh	What minimum level of completed schooling or for that you have, but what is the typical minimum or that you have, but what is the typical minimum or prior to graduation or certification. (i) High School: Grade 10 [What minimum level of completed schooling or formal training wot that you have, but what is the typical minimum requirement of the total minimum level of completed schooling or formal training prior to graduation or certification. (i) High School: Grade 10 Grade 11 Specify (Do not use abbreviations): Health Information Man. (iii) Licensed Trades: 1 year 2 years 3 year Specify (Do not use abbreviations): (iv) University: 3 years 4 years Master Specify (Do not use abbreviations): Is any Provincial, National or professional certification mandatory? If yes, please specify and provide the name of the licensing / certification with Canadian College of Health Information Management Registration with Canadian Health Information Management What additional special skills, training, or licenses are needed to perform Specify (Do not use abbreviations): Intermediate computer skills Analytical skills Communication skills Interpersonal skills Interpersonal skills Interpersonal skills Ability to work independently Valid driver's license, where required by the job ***********************************				

Purpose:			n on the minimum rele e-job learning or adjus		for a job. Relevant experience may include previous job-
mate the minimun led to carry out the			to and/or (b) on-the-jol	o, that is required for a new	person with the education recorded in Section 7 to acquire the ski
For part (b), a	sk yourself, "Is tin	ne on the job requir		nd responsibilities or to adji	ust to the job? If so, how much?" Education and Specific Training.
Required prev	rious related job ex	xperience (do not in	ıclude practicum or ap	prenticeship if covered in	Section 7 – Education and Specific Training)
☐ None	□ 6	months	∑ 1 year	3 years	5 years
Up to 3 m	onths 9	months	2 years	4 years	Other (specify)
Average time 1 month o	1	b to learn and/or ad months	⊠ 1 year	3 years	
3 months	_ □9	months	2 years	Other (specify)	
	(2) months on the			tisfy the requirements of thi	is job: software applications and region/facility/department policies of
PERVISOR'S CO	he question:		☐ Incomplete	,	***************** be completed if "Incomplete" or "No" is selected):
you agree with the	responses:	□ 1es	□ No		
					Supervisor's Initials:

Sectio	n 9 – INDEPEN	DENT JUDGEN	MENT		T ELAGE I KIIV
	Purpose:	This section	gathers information	n on the extent to which	the job exercises independent action.
			n, but to varying deg o serve as a guide.	grees. Some jobs are high	ly structured and have many formal procedures, while others require exercising judgement of
			provided to this job. thers and direct supe		m rules, instructions, established procedures, defined methods, manuals, policies, professiona
(a)	To what extendirecting action		ntrol its own work a	s opposed to being guided	d by influences such as rules, procedures, policies, supervisory presence or instructions
	Please check	the answer that	most closely repres	ents expected job requi	rements.
	☐ Most job r	equirements (to the	he extent possible) a	re set out within structure	and rules and/or readily understood schedules to guide job tasks/duties required.
	Some restr	rictions apply, but	t the control over set	ting work priorities and p	pace of work is contained within the job.
	There are	minimal restriction	ons, leaving significa	nt control over the work l	being carried out within the scope of the job.
	Other (ple	ase explain):			
(b)	To what exten	nt does this job ex	ercise judgement to	determine how the work	is to be done?
	Please check	the answer that	most closely repres	ents expected job requir	rements.
					Example:
			<u>-</u>		
	⊠ Work may	y present some un	nusual circumstances	that require judgement o	or choices to be made. Example:
	♦ Choice of	f methods/proced	ures when determin	ing the best way to sourc	e data and report results.
	□ Work pre	sents difficult cho	nices or unique situa	tions that require judgeme	ent. Example:
	Work pre-	sents difficult ene	nees of unique situal	nons that require judgeme	nt. Example.

SUPE	RVISOR'S CO	MMENTS – INI	DEPENDENT JUD	GEMENT	COMMENTS (must be completed if "Incomplete" or "No" is selected):
Are th	e responses to t	he question:	☐ Complete	☐ Incomplete	
Do yo	u agree with the	e responses:	☐ Yes	□ No	
					Supervisor's Initials:

Section 10 – WORKING RELATIONSHIPS

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

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
- **D** Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
- **E** Counseling
- **F** Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- **G** Negotiation of service and / or supply agreements

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

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.

ноч	V OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time					
(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:	\boldsymbol{X}								
(e)	Talk with clients / patients / residents to:									
	 Get information from them 	X								
	■ Inform them	X								
•	Counsel them	X								
	 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	X								
	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)

HOW	V OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time				
(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 / persuade 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):								
,									

RVI	SOR'S COMMENTS – WORKING RELATIONSHIPS								
, _,	COMMENTS (must be completed	if "Incomplete"	or "No" is so	elected):					
he res	sponses to the question: Complete Incomplete	<u> </u>		·					
	ree with the responses:								
น ลดา									

				on the likelihood of impress and services, and the		en carrying out the duties of the job. Consider the	e
Embarrassment in public, client / patient / resident, families, business or employee relations If yes, please provide an example(s): • Release of information. Delays in processing or handling of information or in the delivery of services If yes, please provide an example(s): • Information provided may be used for evidence based decision making and allocation of resources. Actions which impact on departmental / site / agency / region operations If yes, please provide an example(s): • Backlogs may affect statistical reports. Damage to equipment / instruments If yes, please provide an example(s): Loss of or inaccurate information If yes, please provide an example(s): • Inaccurate information may impact accuracy of statistical reports. Financial losses including withdrawal of commitment or withholding of funds If yes, please provide an example(s): • Statistics provided may impact financial decision including budget allocation. Other — If yes, please provide an example(s): **COMMENTS (must be completed if "Incomplete" or "No" is selected): **COMMENTS (must be completed if "Incomplete" or "No" is selected):					of your actions having an im	pact or an outcome on the following? Such effects a	re typic
If yes, please provide an example(s): Release of information. Delays in processing or handling of information or in the delivery of services If yes, please provide an example(s): Information provided may be used for evidence based decision making and allocation of resources. Actions which impact on departmental / site / agency / region operations If yes, please provide an example(s): Backlogs may affect statistical reports. Damage to equipment / instruments If yes, please provide an example(s): Loss of or inaccurate information If yes, please provide an example(s): Inaccurate information may impact accuracy of statistical reports. Financial losses including withdrawal of commitment or withholding of funds If yes, please provide an example(s): Is an impact likely? Yes Information If yes, please provide an example(s): Statistics provided may impact financial decision including budget allocation. Other — Is an impact likely? Yes If yes, please provide an example(s): ***********************************			s):			Is an impact likely? Yes	No
If yes, please provide an example(s): Information provided may be used for evidence based decision making and allocation of resources. Actions which impact on departmental / site / agency / region operations If yes, please provide an example(s): Bandlogs may affect statistical reports. Damage to equipment / instruments If yes, please provide an example(s): Loss of or inaccurate information If yes, please provide an example(s): Is an impact likely? Yes If yes, please provide an example(s): Is an impact likely? Yes If yes, please provide an example(s): Is an impact likely? Yes If yes, please provide an example(s): Statistics provided may impact financial decision including budget allocation. Other -	If yes, please prov	ride an example(families, business or empl	loyee relations	Is an impact likely? Yes 🖂	No
Actions which impact on departmental / site / agency / region operations If yes, please provide an example(s): Backlogs may affect statistical reports. Damage to equipment / instruments If yes, please provide an example(s): Loss of or inaccurate information If yes, please provide an example(s): Is an impact likely? Yes If yes, please provide an example(s): Is an impact likely? Yes If yes, please provide an example(s): Is an impact likely? Yes If yes, please provide an example(s): Is an impact likely? Yes If yes, please provide an example(s): Statistics provided may impact financial decision including budget allocation. Other — If yes, please provide an example(s): ***********************************	If yes, please prov	ride an example(s):	·			No
If yes, please provide an example(s): Loss of or inaccurate information If yes, please provide an example(s): Is an impact likely? Yes If yes, please provide an example(s): Is an impact likely? Yes If yes, please provide an example(s): Is an impact likely? Yes If yes, please provide an example(s): Statistics provided may impact financial decision including budget allocation. Other − If yes, please provide an example(s): ***********************************	Actions which imp	pact on departmeride an example(ental / site / agend s):	9	and allocation of resources.		No
If yes, please provide an example(s): Inaccurate information may impact accuracy of statistical reports. Financial losses including withdrawal of commitment or withholding of funds If yes, please provide an example(s): Statistics provided may impact financial decision including budget allocation. Other − If yes, please provide an example(s): ***********************************						Is an impact likely? Yes	No
If yes, please provide an example(s): ◆ Statistics provided may impact financial decision including budget allocation. Other — Is an impact likely? Yes ☐ If yes, please provide an example(s): ***********************************	If yes, please prov	ride an example(of statistical reports.		Is an impact likely? Yes	No
Other — Is an impact likely? Yes ***********************************	If yes, please prov	ride an example(s):	-		Is an impact likely? Yes	No
RVISOR'S COMMENTS – IMPACT OF ACTION e responses to the question: Complete Incomplete COMMENTS (must be completed if "Incomplete" or "No" is selected): Location Complete Incomplete	Other –		·	·····		Is an impact likely? Yes	No
COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):					********	*****	
					COMMENTS (must be	completed if "Incomplete" or "No" is selected):	
		_	_	_			

Section 12 – LEADERSHIP/SUPERVISION

Leadership refers to the requirements of the job to supervise others, lead carry out their job. Do not include clients / patients / residents.	others, provide functional guidance or provide technical direction to enable other employees t
Specify any jobs or work group as appropriate, under one or more of these	e categories. Check all that apply and provide examples.
☐ Familiarize new employees with the work area and processes	Examples Staff, physicians
Assign and/or check work of others doing work similar to yours	
Lead a project team, prioritize tasks, assign work, monitor progress to achieve planned outcome(s)	
Provide functional advice / instruction to others in how to carry out we tasks	ork Staff, physicians
Provide technical direction as an expert in a field in order for others to carry out their primary job responsibilities	
Provide input to appraisal, hiring and/or replacement of personnel	
Coordinate replacement and/or scheduling of employees	
☐ Supervise a work group; assign work to be done, methods to be used, take responsibility for all the group	and
☐ Supervise the work, practices and procedures of a defined program	
☐ Supervise the work, practices and procedures of a department	
Provide counseling and/or coaching to others	
Provide health promotion / outreach (teaching / instruction)	
Other (specify)	
*************	******************
ERVISOR'S COMMENTS – LEADERSHIP/SUPERVISION	COMMENTES (march be completed if (II I - 4)) (AI - 9) I - 4 N
the responses to the question:	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):
you agree with the responses:	
	Supervisor's Initials:

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.

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

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

Medium weight – over 9 kg / 20 lbs

Regular – means the activity occurs often – between 50% - 75% of the time

Heavy weight – over 23kg / 50 lbs

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	
Reaching/crouching	10 – 20%			X	L-M
Walking	5 – 20%			X	
Standing	5 – 20%			X	
Lifting/moving	5 – 15%			X	L-M
Driving	0 – 10%	X			

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Section	1.5 -	PHYSICAL	DEWIANDS	(conf/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		Regular	Frequent	
Computer operation	75 – 90%			X	
Reading (sorting, chart assembly, coding)	75 – 90%			X	
Writing	10 – 25%			X	
Photocopying/faxing	10 – 25%			X	
Driving	0 – 10%	X			

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

- means the activity occurs often – between 50% - 75% of the time

- 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	75 – 90%			X	
Driving	0 – 10%	X			

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

mate % e/day	Occasional	Regular	_
500 /		Regular	Frequent
50%		X	
40%			X
25%			X
1	10%	10%	10%

Section	14 – SENSORY DEMAND	OS (cont'd)							
(c)	Must attention be shifted from	equently from one job de	etail to another?						
•	Examples: keyboarding and answering the telephone; dictatyping; repairing and listening to equipment								
	Yes 🖂	No 🗌							
	If yes, please give example	s:							
	♦ Computer operation, p	hone calls, staff interac	tions.						
SUPEF	RVISOR'S COMMENTS –			*******************************					
Are the	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:					

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 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
Blood / body fluids			
Chemical substances (specify) <i>toner</i>	X		
Cold			
Congested workplace	X		
Dust	X		
Extreme temperature			
Foul language	X		
Grease			
Head lice			
Heat			
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			
Blood / body fluids			
Chemical substances (specify) <i>toner</i>	X		
Traveling in inclement weather	X		
Excessive / unpredictable weights			
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			
Violence			
Working from heights			
Other (specify)			

Section	15 – WORKING CO	NDITIONS (cont'd)				
(c)	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.)					
	Yes 🗌	No 🖂				
	Please explain your answer:					
SUPER	VISOR'S COMMEN	******* TS – WORKING CONI		*****************************		
				COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):		
	responses to the ques		ete			
				Supervisor's Initials:		

ctio	n 16 – OTHER COMMENTS			
		or comments and reference the specific JFS section		
ctio	n 17 – SIGNATURES			
	Single job submission:	NAME: (Please Print Legibly):		_
	SIGNATURE:		DATE:	
	Group submission (NAMES	OF EMPLOYEES DOING THE SAME JOB). Ple	ase print your name, then sign:	
	NAME:		SIGNATURE:	
	DATE:			
	PLEASE SUBMIT TO DIRECTOR	REGIONAL HUMAN RESOURCES I	EPARTMENT OR AFFILIATE ADM	INISTRATOR/EXECUTIV

PLEASE PRINT

Section 18 – OUT-OF-SCOPE SUP	ERVISOR'S COMMENTS			
Please add any additional information	or comments and reference the	specific JFS section and question	as appropriate.	
Immediate Out-of-Scope Supervisor				
Name: (Please print legibly	y)			
Signature:				
Signature.				
Job Title:				
Department:				
Work Phone Number:				
work Phone Number:				
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

В

- 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

C

- 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

\mathbf{E}

Education

JE: Revised Dec 19/06

- 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

]

- Installations
- Investigations

L

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

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

N

- 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

JE: Revised Dec 19/06

- 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

\mathbf{T}

- 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

\mathbf{W}

• Word processing and typing function

JE: Revised Dec 19/06