

Provider Group - Joint Job Evaluation Job Fact Sheet Job #501 – Medical Laboratory Information Systems Technologist & X-Ray Technician

PLEASE PRINT

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".
- 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).
- 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.
- 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 | n in which your job functions. | | | | | | | | |
|---------------|---|---|-------------------|--|--|--|--|--|--|--|
| Complete the | Chart below: | | | | | | | | | |
| Be sure to wr | rite in the Provincial JE Job Title of the position – not the name of the person currently in the job. | | | | | | | | | |
| Ti | tle of your immediate Out-of-Scope Supervisor | SUPERVISOR'S COMMENTS – ORGANIZATION CHART | NAL WORK | | | | | | | |
| | | Are the responses to this question: Complete | ☐ Incomplet | | | | | | | |
| | | Do you agree with the responses: \square Yes | □ No | | | | | | | |
| | | COMMENTS (must be completed if "Incomplete" or "N | No" is selected): | | | | | | | |
| Title of | your immediate Supervisor (if different than above) | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Your current Provincial JE Job Title | | | | | | | | | |
| | | Supervisor's | Initials: | | | | | | | |
| Your cur | rent Provincial JE Job Number: | | | | | | | | | |
| Tour cur | Tene Provincial 92 900 Framser. | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Provincial | JE Job Titles that report directly to you (if applicable) | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Section 3 – JOB IDENTI | FICATION | | | | | | |
|--|------------------|--------------------------|--|--------------|-------------------------|--------------------------|--------------------------|
| Purpose: | This section gat | hers basic identifying | material so we can keep tra | ck of comp | leted Job Fact Sh | eets. | |
| Provide your name and wo | rk telephone nur | nber(s) for contact purp | poses. For group JFS submiss | ions, please | note the name and | d telephone number(s) of | the contact person. |
| Name of person completing ARE DOING THE SAME | | ngle employee, or con | tact person for group JFS subn | nission (ON | LY COMPLETE | A GROUP SUBMISSIO | N IF ALL EMPLOYEES |
| Name (Print): | | | | | | Employee No.: | |
| Work Telephone: | | | E-Mail Address: | | | | |
| Regional Health Authority | /Affiliate: | | | | | | |
| Facility/Site: | | | | Departm | ent: | | <u>-</u> |
| See Section 18 on page 28 | for signatures. | | | | | | |
| Provincial JE Job Title: | | | | | | Date: | |
| Provincial JE Number: | | | Office use only | /: | JEMC No. | M | _ |
| Section 4 – JOB SUMMA | ARY | | | | | | _ |
| Purpose: | This section des | cribes why the job ex | ists. | | | | |
| | | | aboratory information system ms laboratory/radiology dutie | | | | |
| | ould say if some | one approached you an | nsible for?" d asked you about your job. The (<u>Job Title</u>) is responsible f | or" | | | |
| CUREDING COLOR | IENTEG IOD G | | ********* | ***** | ****** | ***** | |
| SUPERVISOR'S COMM | | | | COMM | ENTS (<u>must</u> be c | ompleted if "Incomplete | e" or "No" is selected): |
| Are the responses to this | _ | ☐ Complete | ☐ Incomplete | | | | |
| Do you agree with the res | sponses: | ☐ Yes | □ No | | | | |
| | | | | | | Supervisor's I | nitials: |
| | | | | | | | |

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: 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: System Development and Documentation

Duties/Responsibilities:

- ♦ Determines how LIS software will be configured and how the workflow is designed to best integrate technology with the provision of efficient and timely laboratory services.
- ♦ Develops LIS solutions that are complementary to operational needs and resource challenges by performing user requirements definition, software evaluation and selection, system configuration setup, validation, training and documentation.
- ♦ Processes system change requests while working within the software options/functionality/limitations, with consideration of best practice guidelines, regulatory issues and operational needs.
- ♦ Identifies system software programming limitations to ensure optimal patient care outcomes and works with vendors to develop solutions.
- Researches, evaluates and implements additional and upgraded system functionality.
- ♦ Verifies, validates and recommends or rejects the implementation of software upgrades/changes (version, release or patch), as well as hardware and/or operation system upgrades.
- ♦ Configures tests and validates interface communications between the LIS and various laboratory analyzers and between the LIS and other computer systems.
- ♦ Participates in local and/or external projects involving the LIS.
- ♦ Develops, writes and monitors compliance of supporting procedures, polices and reports.
- ♦ Pursues customized software changes designed to improve Lab operations.
- Evaluates new equipment and technology for system suitability and use.

| Are the responses to this question: Complete | ☐ Incomplete |
|--|--------------------|
| Do you agree with the responses: \square Yes | □ No |
| COMMENTS (must be completed if "Incomplete" or | "No" is selected): |
| | |
| | |
| | |
| Supervisor's In | nitials: |

SUPERVISOR'S COMMENTS - KEY WORK ACTIVITIES

| ey Work Activity B: <u>System Maintenance / Troubleshooting / Support</u> | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES | | | |
|--|--|--|--|--|
| Sets up and maintains security access for users of LIS applications. Troubleshoots and evaluates reported or recognized problems. Informs and advises laboratory management about any system functionality issues that will impact laboratory services. Performs demographic maintenance to ensure integrity of LIS database. Monitors LIS operation for system degradation. Supports the operational system needs of all the various divisions of Laboratory Medicine and the LIS needs of the end-users of Laboratory Services. Provides limited hardware support by evaluating hardware issues and resolving or forwarding to IT Services as required. | 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) | | | |
| ey Work Activity C: <u>Administration / Coordination / Management Reporting</u> | 1 | | | |
| Provides functional advice/technical expertise and problem solving suggestions related to laboratory services as supported by LIS functionality and laboratory reporting requirements. Provides evaluation of and/or produces documentation for laboratory processes, policies and procedures. Builds LIS files and manages the documentation and reporting of MIS workload statistics. Communicates with departments and various services or agencies regarding issues, needs, service requirements or proposed changes that may have an impact on LIS functionality. Coordinates system downtime events and resolutions. Prepares written and/or oral reports for various departments and management personnel. Maintains documentation records as per requirements. Provides information and statistical reports for business case submissions for capital | | | | |

| Section 5 – KEY WORK ACTIVITIES (cont'd) | |
|---|---|
| Key Work Activity D: Specimen Procurement and Analysis | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES |
| Duties/Responsibilities: ◆ Prepares patient (e.g., identification, consent, medical condition, instruction of procedure) for specimen procurement. ◆ Collects transports and prepares samples for in-house testing and/or dispatches to reference laboratories. ◆ Organizes and prioritizes specimens based on urgency of request, stability of specimen and timing protocols. ◆ Assesses specimen integrity and maintains stability. ◆ Performs laboratory testing, correlates results and evaluates the validity of those results. ◆ Responds to critical values, unexpected results and urgent requests according to protocols and policies. | 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: |
| Key Work Activity E: Radiographic Procedures | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES |
| Duties/Responsibilities: ♦ Prepares patient (e.g., identification, consent, medical condition, instruction of procedure) for procedures. ♦ Prepares patient by portering, instructing and positioning. ♦ Performs radiographic procedures based on CLXT scope of practice. ♦ Develops radiographic films, prepares files and transports to requesting physician and/or radiologist. ♦ Performs electrocardiograms, where required. ♦ May assist physicians with stress testing and Holter monitoring. | 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: |

| ection 5 – KEY WORK ACTIVITIES (cont'd) | |
|--|--|
| Key Work Activity F: Quality Assurance / Quality Control | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES |
| Outies/Responsibilities: Maintains database integrity. Develops, generates and validates statistical data from the LIS; including the use of SQL (Structured Query Language) and other third-party software products. Leads the development of validation test scripts and reviews outcomes to ensure that changes do not adversely affect laboratory operations. Follows preventative maintenance programs and recognizes systematic malfunctions and maintains event logs. Provides system development and support of Quality Assurance/Quality Control programs as required by local protocols, government regulations and laboratory licensing. Maintains, troubleshoots and calibrates equipment according to established standards. Participates in internal and external Quality Assurance/Quality Control programs as required by local protocols and government regulations. | 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: |
| Key Work Activity G: <u>Departmental Duties</u> Duties/Responsibilities: Provides input into capital purchases and budgets. Provides input into research of new techniques and equipment. Represents the department at various meetings. Provides occasional guidance to the primary function of others, including training. Prepares, communicates and files test results and reports. Prepares statistical reports. Acts as a liaison with other departments and staff. Provides technical expertise and problem solving. May supervise, schedule staff and check payroll records. May provide input into policies and procedures. May provide input for performance evaluation and performance review. | 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: |

| Section 5 – KEY WORK ACTIVITIES (cont'd) | |
|---|---|
| Key Work Activity H: <u>Education and Training</u> | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES |
| Duties/Responsibilities: ◆ Participates in continuing education activities in order to maintain expertise and competency in medical laboratory science, state-of-the art equipment and technology. ◆ Provides ongoing training, guidance and leadership to users of the LIS and inter-related systems. ◆ Prepares and distributes communications and training material related to LIS and interrelated systems functionality. ◆ Monitors system use by other staff and re-educates as required, provides feedback to managers on the competency of other staff and identifies potential issues. | 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): |
| Key Work Activity I: Related Key Work Activities | Supervisor's Initials: SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES |
| Duties/Responsibilities: ◆ Maintains inventory and orders supplies. ◆ Disposes of biohazardous waste, as per departmental procedures and policies. ◆ May perform computer work (e.g., data entry, back up). ◆ Provides reception/clerical duties (e.g., telephone, faxing, photocopying, booking appointments). ◆ Cleans instruments and work area. | 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".

| 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 desire results. Example: | ed end | | | X |
| Modify or change established department methods and procedures, but stay within program or legislative bound Example: | aries. | | X | |
| Develop new solutions to diverse and complex problems with conflicting requirements because there are no guid Example: | lelines. | | 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) | | | | |
| | | | | | |

| (c) | To what extent are the decis and provide examples) | sion-making requi | irements of this job gu | nided by others (check all responses that apply | Almost never | Sometimes | Often | Most of the time |
|--------|---|------------------------|-------------------------|---|-----------------|---------------|-------|---------------------|
| | Immediate supervisor | | | | | v | | |
| | Example: | | | | | X | | |
| | Others in own program/depart | | | | | X | | |
| | Others within the RHA | | | | | X | | |
| | Departmental Management | | | | | | | |
| | Example: | | | | | X | | |
| | Specialists / Clinical Experts | | | | | X | | |
| | Example: | | | | | | | |
| | Senior Management | | | | X | | | |
| | Example: | | | | | | | |
| | Other | | | | | | | |
| | Example: | | | | | | | |
| the re | SOR'S COMMENTS – DECI sponses to the question: | ISION-MAKING Complete | ☐ Incomplete | ************************************** | | | | |
| ou ag | ree with the responses: | ☐ Yes | □ No | | | | | |
| | | | | | | rvisor's Init | | |

| Sectio <u>n</u> | 7 – EDU | CATION AND | SPECIFIC TRAINI | NG | | | | | | | |
|-----------------|---|--|--|---|-----------------|----------------|------------------|--|--|--|--|
| | Purpose | : This se | ction gathers inform | ation on the minimu | m level of co | mpleted form | nal education r | required for the job. | | | |
| (a) | | What minimum level of completed schooling or formal training would be necessary for a new person being hired into this job? This does not reflect the education that you have, but what is the typical minimum requirement of the job. | | | | | | | | | |
| • | prior to | The total minimum level of completed schooling or formal training should include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required prior to graduation or certification. | | | | | | | | | |
| | . , | ligh School: | Grade 10 [| _ | Grade 12 | | | | | | |
| | (ii) Technical/Vocational/Community College: 1 year ☐ 2 years ☐ 3 years ☐ | | | | | | | | | | |
| | S | pecify (Do not us | se abbreviations): Me | dical Laboratory Tech | hnology diplo | ma plus X-Ra | y portion of Co | ombined Laboratory and X-Ray Technology diploma | | | |
| | | icensed Trades: | 1 year 2 2 use abbreviations): | years 3 years | rs 🗌 🗀 | 4 years | 5 years | | | | |
| | (iv) U | Iniversity: | | years Mast | ers 🗌 | | | | | | |
| (b) | Is any Provincial, National or professional certification mandatory? Yes No | | | | | | | | | | |
| | If yes, p | lease specify and | provide the name of | the licensing / certific | ation / registr | ation body (do | not use abbrev | viations): | | | |
| | • Cer | tified by the Can | adian Society for Me | dical Laboratory Scie | ence licensed | and registere | ed by the Saska | ttchewan Society of Medical Laboratory Technologists. | | | |
| | LIS | peripherals canced knowledge anced computer anced writing skanced verbal contains skills erpersonal skills eision making skilly to work indeflity to instruct, con Software training skills to Software training skills to Software training skills software skills skills software skills software skills skills skills software skills ski | e of laboratory operal skills stills mmunication skills ills ills ills ills ills ills il | tion and of the specij ember of a team tte performance the job | ic disciplines | integrated pr | ocesses, testing | (Laboratory Information System) to external systems and | | | |
| SHPFP | VISOR | S COMMENTS | ****** - EDUCATION AN | ************************************** | | | | *********** st be completed if "Incomplete" or "No" is selected): | | | |
| | | es to the question | | | | | man (mus | se completed if theomptete of two is selected). | | | |
| Do you | agree wi | th the responses | : | □ No | - | | | Supervisor's Initials: | | | |
| | | | | | | | | D 11 620 | | | |

| ion 8 – EXPER | | | | | | |
|------------------|---|----------------------|---|--------------------------------|---|---|
| Purpose: | | | on on the minimum re the-job learning or adj | | ed for a job. Relevant expe | erience may include previous job- |
| | im relevant experier he requirements of the | | or to and/or (b) on-the-j | job, that is required for a ne | ew person with the education | n recorded in Section 7 to acquire the sk |
| For part (b) | , ask yourself, "Is tin | ne on the job requ | | and responsibilities or to d | adjust to the job? If so, how a 7, Education and Specific | |
| Required pr | evious related job ex | xperience (do not | include practicum or a | apprenticeship if covered | in Section 7 – Education a | nd Specific Training) |
| ☐ None | ☐ 6 | months | 1 year | 3 years | 5 years | |
| Up to 3 | months 9 | months | 2 years | 🛛 4 years | Other (specify) | |
| Describe the | e experience require | ments gained on p | previous jobs here or els | ewhere needed to prepare | for this job: | |
| (24) mo | | ce working with t | he Laboratory Informa | | nologist to consolidate kno | wledge and skills including twenty-four |
| 1 month | - | months | 1 year | 3 years | | |
| 3 month | <u> </u> | months | 2 years | ✓ Other (specify) | 18 months | |
| Describe the | e tasks and responsil | nilities that need t | · | satisfy the requirements of | | |
| | | | familiar with facility-sp licies and procedures. | pecific equipment, various | test procedures, department | t processes, applicable related software |
| ERVISOR'S C | OMMENTS – EXI | | ******** | ******** | ****** | |
| the responses to | | | e 🔲 Incomplete | COMMENTS (m | ust be completed if "Incom | plete" or "No" is selected): |
| ou agree with t | - | ☐ Complete | □ No | | | |
| | | | | | | Supervisor's Initials: |
| #501 – Medic | al Laboratory Info | ormation Syste | ms Technologist & X | K-Ray Technician (June | ± 12. 2019) | Page 12 of 28 |

| Section | n 9 – INDEPEN | DENT JUDGE | MENT | | | | | | |
|---------|--|--|---|----------------------------|--|--|--|--|--|
| | Purpose: | This section | gathers information | on the extent to whic | h the job exercises independent action. | | | | |
| | | | on, but to varying deg o serve as a guide. | rees. Some jobs are hig | thly structured and have many formal procedures, while others require exercising judgement of | | | | |
| | | | provided to this job. others and direct supe | | om rules, instructions, established procedures, defined methods, manuals, policies, professiona | | | | |
| (a) | To what exter directing action | | ontrol its own work a | s opposed to being guid | ed by influences such as rules, procedures, policies, supervisory presence or instructions | | | | |
| | Please check | Please check the answer that most closely represents expected job requirements. | | | | | | | |
| | Most job r | requirements (to | the extent possible) a | re set out within structur | re and rules and/or readily understood schedules to guide job tasks/duties required. | | | | |
| | Some restr | rictions apply, bu | t the control over set | ting work priorities and | pace of work is contained within the job. | | | | |
| | ☐ There are | There are minimal restrictions, leaving significant control over the work being carried out within the scope of the job. | | | | | | | |
| | Other (ple | ase explain): | | | | | | | |
| (b) | To what exter | To what extent does this job exercise judgement to determine how the work is to be done? | | | | | | | |
| | Please check | Please check the answer that most closely represents expected job requirements. | | | | | | | |
| | ☐ Work is n | ☐ Work is mostly repetitive and predictable with little need for judgement. Example: | | | | | | | |
| | | | | | | | | | |
| | ⊠ Work mag | y present some u | nusual circumstances | that require judgement | or choices to be made. Example: | | | | |
| | ♦ Some choice of methods/procedures when rectifying problems and directing staff in alternate procedures when encountering system problems. The optimum solution requires evaluation of multi-faceted competing/conflicting laboratory needs (e.g., cost vs. service), limitations that exist within the application itself or standards of clinical practice. | | | | | | | | |
| | ☐ Work pre | sents difficult ch | oices or unique situat | ions that require judgen | nent. Example: | | | | |
| | | | | | | | | | |
| SUPE | RVISOR'S CO | MMENTS – IN | **** DEPENDENT JUD | | ******************************* COMMENTS (must be completed if "Incomplete" or "No" is selected): | | | | |
| Are tl | ne responses to t | the question: | ☐ Complete | ☐ Incomplete | COMMENTS (<u>must</u> be completed if Theompiete of Tvo is selected): | | | | |
| 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 | | | |
| Employees in another department/site (specify) | | X | X | X | | X | |
| Students | | 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 | | | | | |
| Other health care organizations or agencies | | X | X | X | | X | |
| Professional organizations / agencies | | X | X | | | | |
| Government departments | | X | X | | | | |
| Social Service establishments | X | | | | | | |
| Community Agencies | | | | | | | |
| Police and Ambulance | | | X | X | | | |
| Foundations | | X | | | | | |
| Others (specify) couriers, software user groups | | X | 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.

| HOV | 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: | | | 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 | | 1 |

Section 10 – WORKING RELATIONSHIPS (cont'd)

| HOV | V OFTEN DOES YOUR JOB REQUIRE YOU TO: | Almost never | Sometimes | Often | Most of the time |
|-------------|---|-----------------|--------------|------------------|---------------------|
| (h) | Talk with general public to: Provide information Respond to questions | | X X | | |
| | Respond to questions Make presentations | X | A | | |
| (i) | Talk with other employees to: Get information from them Inform them | | | X X | |
| | Counsel / persuade them Give them advice on work procedures Get advice from them on work procedures | X | X X | Α | |
| | Get cooperation from other parts of the organization on projects and programs Other (specify) | | A | X | |
| (j) | Talk to vendors, contractors, consultants, government agencies and other external groups or organizations to: Get information from them Confer with peer professionals Inform them Arrange for services Devise mutual goals / objectives with them Lead meetings Check on their progress Other (specify) | X | X | X X X X | |
| (k) | Other (specify): | | | | |
| he res | ************************************** | complete" (| or "No" is s | elected): | : |
| ou agi | ree with the responses: | Supe | rvisor's Ini | tials: | |

| 11 – IMPACT OF A | CTION | | | |
|---|--|---------------------------|--|--------------------|
| | is section gathers information ponsibility for actions, resour | | npact of action occurring when carrying out the duties of the job. Con he extent of the losses. | sider the |
| | our job duties and responsibiliti s carelessness, willful neglect o | | d of your actions having an impact or an outcome on the following? Such s. | effects are typica |
| Injury or discomfort If yes, please provide Improper imagi | | in serious discomfort t | Is an impact likely? Yes patients. | No [|
| If yes, please provide | - · · · · | | | No [|
| | or handling of information or i | - | result in identifiable deterioration in public relations. Is an impact likely? Yes | No [|
| | _ | ay result in delays to in | plementation of that software and may result in the need to reschedule o | ther coordinated |
| Actions which impact If yes, please provide | et on departmental / site / agenc e an example(s): | y / region operations | Is an impact likely? Yes | No [|
| Improper valida efforts. | tion of a software upgrades mo | ıy result in delays to in | plementation of that software and may result in the need to reschedule o | ther coordinate |
| Damage to equipment If yes, please provide | | n/malfunction may on | Is an impact likely? Yes | No [|
| Loss of or inaccurate If yes, please provide | information | | Is an impact likely? Yes | No [|
| If yes, please provide | ading withdrawal of commitme e an example(s): ion of software upgrades may | _ | · | No [|
| Other – <i>Security</i> If yes, please provide | | | Is an impact likely? Yes | No [|
| | ****** | ******* | ******* | |
| RVISOR'S COMME e responses to the que | NTS – IMPACT OF ACTION stion: | ☐ Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is sele | ected): |
| agree with the respo | <u></u> | □ No | | |
| | | | Supervisor's Initia | ls: |

Section 12 – LEADERSHIP/SUPERVISION

| | gathers information on the carry | | supervise others, lead others and / or provide functional guidance or technical |
|--|----------------------------------|---------------------------|--|
| Leadership refers to the requi carry out their job. Do not in | | | hers, provide functional guidance or provide technical direction to enable other employees |
| Specify any jobs or work gro | up as appropriate, und | er one or more of these | categories. Check all that apply and provide examples. |
| ~ | | | Examples |
| Familiarize new employed | | • | Staff, students |
| Assign and/or check work | of others doing work | similar to yours | Staff, students |
| Lead a project team, prior achieve planned outcome | | k, monitor progress to | |
| Provide functional advice tasks | / instruction to others | in how to carry out wor | k Staff, students |
| Provide technical direction carry out their primary jour their primary jour their primary journal primary jour | | d in order for others to | Staff |
| Provide input to appraisal | , hiring and/or replace | ment of personnel | Staff |
| Coordinate replacement a | nd/or scheduling of er | nployees | |
| Supervise a work group; a take responsibility for all | | e, methods to be used, ar | nd |
| ☐ Supervise the work, pract | ices and procedures of | a defined program | |
| ☐ Supervise the work, pract | ices and procedures of | a department | |
| Provide counseling and/or | coaching to others | | |
| Provide health promotion | / outreach (teaching / | instruction) | |
| Other (specify) | | | |
| | ****** | ******* | **************** |
| PERVISOR'S COMMENTS – L | EADERSHIP/SUPE | RVISION | COMMENTS (must be someleted 15 Winsomelete) or WNo 2 1 and 1 |
| 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 | |
| | | | 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 | | Y | WEIGHT |
|---------------------------|--|--|---|---|
| Approximate % of time/day | Occasional | Regular | Frequent | Light, Medium, Heavy (specify) |
| 40 – 50% | | | X | |
| 60 – 80% | | | X | |
| 20 – 50% | | | X | L-H |
| 20 – 50% | | | X | |
| 5% | | X | | M |
| 10 – 30% | | | X | |
| 10% | | | X | L |
| 0 – 10% | X | | | |
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| | Approximate % of time/day 40 - 50% 60 - 80% 20 - 50% 20 - 50% 5% 10 - 30% 10% | Approximate % of time/day 40 - 50% 60 - 80% 20 - 50% 20 - 50% 5% 10 - 30% 10% | Approximate % of time/day Occasional Regular 40 - 50% 60 - 80% 20 - 50% 20 - 50% X 10 - 30% 10% | Approximate % of time/day Occasional Regular Frequent 40 - 50% X 60 - 80% X 20 - 50% X 20 - 50% X 5% X 10 - 30% X 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 | 60 – 80% | | | X | |
| Troubleshooting/maintenance activities of instruments/hardware | 15% | X | | | |
| Specimen procurement and processing | 20 – 50% | | | X | |
| Positioning patients and equipment for radiographic examination | 20 – 50% | | | X | |
| Driving | 0 – 10% | X | | | |
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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 | |
| Reading | 20% | | | X | |
| Computer operation | 60 – 80% | | | X | |
| Comparison and verification of accurate test set-up requiring viewing several files and procedures | 80% | | | X | |
| Observing instrument function/interface operation and providing computer system surveillance | 50% | | | X | |
| Designing/producing reports | 50% | | \boldsymbol{X} | | |
| Specimen procurement and processing | 20 – 50% | | | X | |
| Positioning patients and equipment for radiographic examination | 20 – 50% | | | X | |
| Repairing instruments | 5% | X | | | |
| Driving | 0 – 10% | X | | | |
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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 | | |
| Telephone | 15% | | | X | | |
| Taking direction | 10% | | X | | | |
| Consultation with users | 50% | | X | | | |
| Equipment sounds | 10 – 40% | | | X | | |
| Communication | 20 – 40% | | | X | | |
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| Section | n 14 – SENSORY DEMANI | OS (cont'd) | | | | | | | |
|---------|--|--------------------------|-------------------|--|--|--|--|--|--|
| (c) | Must attention be shifted fr | 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 examples : | | | | | | | | |
| | ♦ Competing multiple demands such as telephone, listening to patients and equipment sounds. | | | | | | | | |
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| SUPEI | RVISOR'S COMMENTS – | SENSORY DEMANDS | S | | | | | | |
| Are th | 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 | | X | |
| Chemical substances (specify) <i>cleaning solutions</i> | | X | |
| Cold | | | |
| Congested workplace | | | |
| Dust | | | |
| Extreme temperature | | | |
| Foul language | X | | |
| Grease | | | |
| Head lice | X | | |
| Heat | | | |
| Inadequate lighting | X | | |
| Inadequate ventilation | X | | |
| Insects, rodents, etc. | | | |
| Interruptions | | | X |
| Isolation | | | |
| Latex | | | |
| Moisture | | | |
| Mold | | | |
| Multiple deadlines | | | X |
| Noise | | X | |
| Odor | X | | |
| Oil | | | |
| Radiation exposure (specify) | X | | |
| Second-hand smoke | | | |
| Soiled linens | X | | |
| Steam | | | |
| Transporting or handling human remains | X | | |
| Travel | X | | |
| Vibration | X | | |
| 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 | | X | |
| Chemical substances (specify) <i>cleaning solutions</i> | | X | |
| Traveling in inclement weather | X | | |
| Excessive / unpredictable weights | X | | |
| Exposure to infectious disease (specify) | | X | |
| Extreme noise | | | |
| Faulty / inadequate equipment | X | | |
| Personal injury | X | | |
| Personal safety at risk due to isolation | | | |
| Radiation exposure (specify) | X | | |
| Sharp objects | | X | |
| Small aircraft | | | |
| Steam | | | |
| Verbal and/or physical abuse | X | | |
| Violence | | | |
| Working from heights | | | |
| Other (specify) | | | |
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| Section | n 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 an | swer: | | | | |
| | ◆ <i>PPE, TLR, WHM</i> | IIS, TDG. | | | | |
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| | | ***** | ******* | ******* | | |
| SUPEI | RVISOR'S COMMEN | TS – WORKING CONDIT | IONS | COMMENTS (4 L | | |
| Are th | e responses to the quest | tion: Complete | ☐ Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected): | | |
| | agree with the respons | _ | □ No | · | | |
| | | | | Supervisor's Initials: | | |

| e | add any additional information or comments a | l reference the specific JFS section and question as appropriate. | |
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| | ı 17 – SIGNATURES | | |
| | Single job submission: NAME | (Please Print Legibly): | |
| | 8 · J | | |
| | | DATE: | |
| | SIGNATURE: | | |
| | SIGNATURE: | S DOING THE SAME JOB). Please print your name, then sign: | |
| | SIGNATURE: Group submission (NAMES OF EMPLOY) | DATE:S DOING THE SAME JOB). Please print your name, then sign: SIGNATURE: | |
| | SIGNATURE: Group submission (NAMES OF EMPLOY) NAME: | DATE: S DOING THE SAME JOB). Please print your name, then sign: SIGNATURE: SIGNATURE: | |
| | SIGNATURE: Group submission (NAMES OF EMPLOY) NAME: NAME: | DATE: S DOING THE SAME JOB). Please print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE: | |
| | SIGNATURE: Group submission (NAMES OF EMPLOY) NAME: NAME: NAME: | DATE: S DOING THE SAME JOB). Please print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: | |
| | SIGNATURE: Group submission (NAMES OF EMPLOY) NAME: NAME: NAME: NAME: | DATE: S DOING THE SAME JOB). Please print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: | |
| | SIGNATURE: Group submission (NAMES OF EMPLOY) NAME: NAME: NAME: NAME: NAME: | DATE: S DOING THE SAME JOB). Please print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: | |

| Section 18 – OUT-OF-SCOPE SUPERVISOR'S COMMENTS | | | | | |
|---|-------------------------------|---------------------------------------|-----------------------|--|--|
| Please add any additional information | or comments and reference the | specific JFS section and ques | stion as appropriate. | | |
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| Immediate Out-of-Scope Supervisor | | | | | |
| Name: (Please print legibl | y) | | | | |
| | | | | | |
| Signature: | | | | | |
| Job Title: | | | | | |
| Job Title. | | | | | |
| Department: | | · · · · · · · · · · · · · · · · · · · | | | |
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| Work Phone Number: | | | | | |
| E-Mail Address: | | | | | |
| L-Ivian Address. | | | | | |
| Date: | | | | | |
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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

\mathbf{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

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

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

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• Word processing and typing function

JE: Revised Dec 19/06