

New

Ministry

Assisted Living and Social Services**Describe: Basic Job Details****Position**

Position ID

Position Name (200 character maximum)

Health Care Coordinator

Requested Class

Job Focus

Supervisory Level

Operations/Program**01 - Yes Supervisory**

Agency (ministry) code

Cost Centre

Program Code: (enter if required)

Employee

Employee Name (or Vacant)

Organizational Structure

Division, Branch/Unit

Disability Services , DS Delivery South/DO-Michener Current organizational chart attached?

Supervisor's Position ID

Supervisor's Position Name (30 characters)

Supervisor's Current Class

Senior Manager (Zone 1)**Design: Identify Job Duties and Value****Job Purpose and Organizational Context**

Why the job exists:

Reporting to the Senior Manager in Disability Services, the incumbent is responsible for planning, coordinating, and overseeing medical services within supportive living homes that operate 24 hours a day, 7 days per week. The primary responsibility of this position is to ensure a high standard of care and support for medically fragile and dependent individuals with disabilities. The role also includes providing clinical oversight to Nursing professionals and Health Care Aides (HCAs), including evaluating and developing the required competencies to ensure safe and effective care delivery

Responsibilities

Job outcomes (4-6 core results), and for each outcome, 4-6 corresponding activities:

Quality Health Care Delivery

- Make clinical decisions, take action, and provide guidance to nursing staff regarding ongoing health concerns, medical crises, and emergencies affecting adult residents.
- Serve as a liaison with hospitals (e.g., Stollery) and other medical professionals; participate in

interdisciplinary liaison meetings.

- Monitor and instruct staff in care procedures; review documentation and directly observe staff to ensure the physical, mental, and emotional well-being of residents.
- Organize in-service training to maintain and enhance staff clinical knowledge and competencies.
- Develop and draft new policies and procedures for managerial approval.
- Conduct assessments for individuals.
- Act as the site contact for the Medical Officer of Health during communicable disease outbreaks.
- Remain on-call for emergencies, including critical incidents and evolving medical conditions.
- Ensure documentation of health information occurs in alignment with legislative requirements and care needs.

Staffing and Scheduling

- Prepare and manage regulated nursing staff schedules to meet regulated requirements.
- Coordinate staff vacation schedules to maintain adequate coverage and continuity of care.
- Request new staffing positions as needed and participate in recruitment processes in collaboration with leadership.
- Develop curriculum and providing training as needed to support care plans.

Human Resources.

- Fill shifts due to unplanned absences and submit required illness documentation.
- Adjust staffing levels based on acuity and current care demands.

Human Resource Management

- Provide direct supervision to nursing staff and clinical supervision to HCAs.
- Complete performance evaluations for nursing staff
- Review and provide feedback on evaluations prepared by nurses for HCAs.
- Deliver timely, constructive performance feedback and develop work plans when performance concerns arise.
- Participate in union grievance processes and prepare Workers' Compensation Board (WCB) documentation as needed.

Financial Oversight

- Approve employee time submissions and monitor vacation and banked holiday balances.
- Align with direct operations fiscal processes to ensure staffing capacity and resources meet needs.
- Ensure efficient use of staffing resources.
- Act as the designated expenditure officer and contribute to contract service discussions.

Problem Solving

Typical problems solved:

Coordinating care during a medical outbreak while maintaining operational continuity.

This could involve:

- Acting as the primary contact for the Medical Officer of Health.
- Implementing outbreak protocols and ensuring staff are trained and compliant.
- Adjusting staff schedules to minimize cross-contamination between units.
- Communicating with families about safety measures and visitation changes.
- Ensuring documentation and reporting requirements are met for public health authorities.

This scenario highlights the need for clinical judgment, leadership, and logistical coordination under pressure.

Types of guidance available for problem solving:

1. Policy and Procedure Manuals

- Provide standardized protocols for medical situations, staffing, documentation, and resident care.

- Help ensure decisions align with organizational and regulatory standards.

2. Clinical Supervision and Leadership Support
 - Supervisors, managers, and clinical leads offer real-time advice and oversight.
 - Useful for complex medical decisions, staffing challenges, or behavioral incidents.
3. Interdisciplinary Team Meetings
 - Regular collaboration with nurses, support workers, therapists, and external professionals.
 - Facilitates shared decision-making and holistic care planning.
4. Training and In-Service Education
 - Ongoing education sessions to build staff competencies and confidence.
 - Includes scenario-based learning and updates on best practices.
5. Health Authority and Medical Liaison Contacts
 - Direct access to specialists, hospitals (e.g., Stollery), and the Medical Officer of Health.
 - Critical during outbreaks, medical crises, or when specialized consultation is needed.

Direct or indirect impacts of decisions:

These are immediate and observable effects resulting from a decision:

- Resident Wellbeing: Adjusting staffing levels or care plans directly affects the physical, emotional, and medical safety of residents.
- Staff Performance: Providing feedback, approving competencies, or reallocating duties immediately influences how staff deliver care.
- Crisis Response: Decisions during medical emergencies or outbreaks directly shape outcomes for residents and staff safety.
- Compliance and Documentation: Implementing new procedures or policies affects how care is documented and whether standards are met.

These are longer-term or ripple effects that may not be immediately visible:

- Staff Morale and Retention: Fair scheduling, recognition, and support influence job satisfaction and turnover rates.
- Reputation and Trust: Consistent quality care builds trust with families, external partners, and oversight bodies.
- Budget and Resource Allocation: Staffing decisions and equipment requests affect financial planning and operational sustainability.
- Training Culture: Emphasis on competency sign-offs and in-service education fosters a culture of continuous improvement.

Key Relationships

Major stakeholders and purpose of interactions:

1. Residents and Families
 - Ensure quality care and maintain open communication with residents and their families or guardians.
 - Address concerns, provide updates, and support individualized care planning.
2. Health Care Aides (HCAs), Nurses, and Support Staff
 - Provide supervision, mentorship, and assess competencies.
 - Coordinate schedules, assign duties, and monitor performance.
 - Facilitate training and in-service education.
3. Disability Services Leadership
 - Report on operations, staffing, and clinical issues.
 - Collaborate on policy development, budgeting, and strategic planning.
 - Quality assurance activities
4. Medical Professionals and Hospitals
 - Liaise with external providers (e.g., Stollery Hospital) for resident care coordination.
 - Act as site contact during medical emergencies and outbreaks.
5. Regulatory and Public Health Authorities
 - Maintain compliance with health regulations.

Required Education, Experience and Technical Competencies

Education Level	Focus/Major	2nd Major/Minor if applicable	Designation
Bachelor's Degree (4 year)			

If other, specify:

Registration with CARNA, Current CPR Certification

Job-specific experience, technical competencies, certification and/or training:

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Behavioral Competencies

Pick 4-5 representative behavioral competencies and their level.

Competency	Level					Level Definition	Examples of how this level best represents the job
	A	B	C	D	E		
	<input type="radio"/>						

Benchmarks

List 1-2 potential comparable Government of Alberta: [Benchmark](#)

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Assign

The signatures below indicate that all parties have read and agree that the job description accurately reflects the work assigned and required in the organization.

Employee Name _____ Date yyyy-mm-dd _____ Employee Signature _____

Supervisor / Manager Name _____ Date yyyy-mm-dd _____ Supervisor / Manager Signature _____

Director / Executive Director Name _____ Date yyyy-mm-dd _____ Director / Executive Director Signature _____

ADM Name _____ Date yyyy-mm-dd _____ ADM Signature _____

DM Name _____ Date yyyy-mm-dd _____ DM Signature _____