

VACANCY ANNOUNCEMENT CONTINUOUS RECRUITMENT UNTIL NEEDS ARE MET

DATE POSTED: JANUARY 17, 2025

JOB TITLE: HEALTH UNIT COORDINATOR II (Temporary, Full-time, w/ Benefits)

RECRUITMENT NO: OR 04-25

JOB LOCATION: LEAHI HOSPITAL, KAIMUKI, WAIALAE/KAHALA, OAHU*

SALARY RANGE: \$3,768.00 per month (SR-13)

Position may be extended or converted to Permanent with Management Approval.

Rotating Shiftwork: Health Unit Coordinator will be assigned work on rotating shifts between nursing units and the Nursing Office, with two days off each week; the days off may be other than Saturdays and Sundays. Work hours will be predominantly day shift, however, **all** applicants must be available for rotating shift work including evenings and nights, as necessary.

<u>Job Duties</u>: The Health Unit Coordinator II independently coordinates the activities in a nursing unit in a healthcare facility which include performing a variety of administrative tasks or a highly complex nature directly and indirectly related to patient/resident care; and performs other related duties as required. Positions may be subject to work on weekends and may float to other units as needed.

*The incumbent of this position may also provide services at Maluhia.

MINIMUM QUALIFICATION:

<u>General Experience:</u> Two (2) years of work experience which involved the performance of a variety of clerical tasks such as typing, substantive clerical work, or any combination of these experiences which duties demonstrated knowledge of English grammar, spelling, arithmetic, common office appliances and equipment; and the ability to read and understand oral and written instructions, carry out procedures in clerical work systems, communicate effectively orally and in writing; deal tactfully and effectively with others; operate various kinds of office equipment; and organize and prioritize work tasks.

<u>Specialized Experience:</u> For Level II, one (1) year of work experience in a health care setting (e.g., hospital, clinic, physician's office, etc.) which involved working with healthcare professionals such as a physician and/or nurse and receiving, coordinating, expediting and/or implementing their patient/resident care orders, inputting of data into a computer system, preparing and maintenance of medical records and/or work experience in an Electronic Medical Records (EMR) system or similar application. Such experience must have demonstrated knowledge of medical terminology through the application of such knowledge to work assignments.

<u>Supplemental Forms</u>: Applicants must submit <u>at the time of application</u> the Supplement for Clerical Positions. Applicants must also submit evidence of the appropriate training (e.g., official transcript, certificate, or diploma) in order to be given credit for education. A legible photocopy will be accepted; however, the Hawaii Health Systems Corporation reserves the right to request for an official copy. (Please scroll to bottom for supplemental form.)

Continued on page 3

ALL JOB VACANCIES WILL BE POSTED FOR A MINIMUM OF TEN (10) CALENDAR DAYS.

An Equal Opportunity Employer

QUALITY OF EXPERIENCE: Possession of the required amount of experience will not in itself be accepted as proof of qualification for the position. Overall paid or unpaid experience must have been of such scope and responsibility as to conclusively demonstrate that you have the ability to perform the duties of this position. Provide a detailed description of your duties and responsibilities. If you worked on a part-time basis, indicate the average number of hours worked per week. Please note that experience will be based on a 40-hour workweek. **Note:** We will not postpone the recruitment process because of your failure to provide accurate and complete information concerning your qualifications.

MERIT OR CIVIL SERVICE SYSTEM: Applicants must meet the minimum qualification requirements, including education, experience, other public employment requirements for State Civil Service employment, and HHSC Standards of Fitness. Only those applicants that are scheduled for an interview with the hiring manager will be contacted. Applications will be kept active for six (6) months.

CITIZENSHIP AND RESIDENCE REQUIREMENT: Applicants must be eligible to work in the U.S. and at the time of appointment intend to reside in the State of Hawaii during the course of employment with the Hawaii Health Systems Corporation.

VETERAN'S PREFERENCE: If you are claiming Veteran's Preference, you must submit a copy of your DD214 and/or other substantiating documents specifying the periods of your service.

PHYSICAL/MENTAL REQUIREMENTS: Applicants must be able to physically and mentally perform efficiently the duties of the position. Qualified applicants with disabilities who can perform the essential functions of the advertised position are encouraged to apply. The Hawaii Health Systems Corporation is committed to making reasonable accommodations on a case-by-case basis. Applicants seeking reasonable accommodation should be ready to discuss the accommodation sought so that a determination can be made that such accommodation is reasonable and would not cause the employer undue hardship.

MEDICAL/PHYSICAL EXAMINATION REQUIREMENT: Offers of employment will be contingent on successfully passing a pre-employment physical examination, which includes drug screen and other regulatory medical requirements such as, but not limited to, two-step tuberculosis (TB) screen. The cost for physical examinations, except the cost for drug screening, shall be borne by the applicant and not the Hawaii Health Systems Corporation.

CRIMINAL/BACKGROUND, CREDENTIALING CHECKS: Applicable checks will be conducted periodically and any associated costs may be borne by the applicant. If a job offer is made or employment is begun prior to completion of all applicable checks, any offer of employment or continued employment is contingent upon satisfactory return of all required checks.

HOW TO APPLY: Applications are available at the Hawaii Health Systems Corporation (e.g.); Leahi Hospital Human Resources Office, 2nd Floor 3675 Kilauea Avenue, Honolulu, HI 96816. You can call (808) 733-8070, (Voice/TT), Toll Free (800) 845-6733, e-mail: oahujobs@hhsc.org or visit our website at www.hhsc.org. Application hours are: 8:00am to 3:30pm at which time applicants are able to complete an application and have their application reviewed by the facility Human Resources Office. Only applicants that have been through a Human Resources (HR) applicant screening process will be considered for an interview with a hiring manager. Applications for announcements with a deadline date must be on file no later than the last day to file applications. Applications for announcements with "Continuous Recruitment until Needs are Met" will be accepted as long as there are vacancies. Inactive/filled announcements will be taken off the HHSC website.

STEPS TO AN ADMINISTRATIVE REVIEW, SUBSEQUENT APPEALS: If you do not agree with a decision made by the Employment Office as to your non-qualification or non-selection for a position, you may complete a Request for Administrative Review form (available on the HHSC website) or you may submit a written request within twenty (20) days from the date of your sent notice to the Regional Chief Executive Officer/Designee. Your letter requesting the Administrative Review must include 1. The job title(s) and recruitment number(s), 2. The specific reason(s) you are requesting the review noting if there is a statute or rule violation, and 3. Any additional information you want to submit to substantiate your request. If you do not submit your request within the twenty (20) days deadline, no Administrative Review will be conducted. Since the Administrative Review is a prerequisite to subsequent steps, failure to utilize this process will make you ineligible for subsequent appeals. The administrative review, formal complaint and/or appeals hearing will not necessarily postpone the recruitment process and/or rescind a selection. If you do not agree with the Administrative Review, you may file a Formal Complaint and then, if you are still not satisfied, you can appeal to the HHSC Merit Appeals Board.

Page 3 Health Unit Coordinator II (Continued from page 1)

Substitutions Allowed:

- 1. An Associate's or Bachelor's degree from an accredited college or university may be substituted for all of the required General Experience.
- 2. Successful completion of a substantially full-time equivalent clerical or medical/health-related curriculum leading to a degree, diploma or certificate of achievement at an accredited community college, business or technical school which provided knowledge of medical terminology and involved the application of such knowledge to assignments may be substituted for six (6) months of the required Specialized Experience.
- 3. Current certification as a Health Unit Coordinator by the National Association of Health Unit Coordinators (NAHUC) may be substituted for six (6) months of the required Specialized Experience.
- 4. An Associate's Degree from an accredited college or university in Health Unit Coordinator, Medical Administrative Assistant, Health Care Administration, Health Services Administrator or equivalent may be substituted for all of the required General and Specialized Experience.

### Action Program Pro	ndicate your typewriter preferences: Electric		Manual	
Subject English Arithmetic or Math Typing Shorthand Business/Technical School or Community College Credits Degree or Certificate Received & Major English Math Typing Shorthand Office Procedures Office Procedures Office Machines University Subject English English Typing Shorthand Typing Shorthand Office Procedures Office Machines Office Machines University Credits English Degree Received and Major Math Typing Shorthand Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered English, arithmetic, office practices Typing, telephone courtesy It certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever				
English Arithmetic or Math Typing Shorthand Business/Technical School or Community College Subject Credits Degree or Certificate Received & Major English Math Typing Shorthand Office Procedures Total Number of Credits Completed General Office Procedures Office Machines University Subject Credits English Degree Received and Major Math Typing Shorthand Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered Length of Training MDTA English, arithmetic, office practices total of 520 hours Typing, telephone courtesy from 3/96 to 8/96 Il certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever		High Sc	hool	
Arithmetic or Math Typing Shorthand Business/Technical School or Community College Subject English Math Typing Shorthand Office Procedures Office Procedures Office Machines University Subject English English Math Typing Shorthand Office Procedures Office Machines University Subject English Degree Received and Major Math Typing Shorthand Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program MDTA English, arithmetic, office practices Typing, telephone courtesy from 3/96 to 8/96 Il certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever				
Business/Technical School or Community College Subject Credits Degree or Certificate Received & Major English Math Typing Shorthand Office Procedures Total Number of Credits Completed General Office Procedures Office Machines University Subject Credits English Degree Received and Major Math Typing Shorthand Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered Length of Training MDTA English, arithmetic, office practices total of 520 hours Typing, telephone courtesy from 3/96 to 8/96 I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever				
Business/Technical School or Community College Subject Credits Degree or Certificate Received & Major English Math Typing Shorthand Office Procedures General Office Procedures Office Machines University Subject Credits English Degree Received and Major Math Typing Shorthand Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered Length of Training MDTA English, arithmetic, office practices total of 520 hours Typing, telephone courtesy from 3/96 to 8/96 It certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever				
Subject English Math Typing Shorthand Office Procedures Office Machines Winiversity Subject Credits English Degree Received and Major Winiversity Subject Credits English Degree Received and Major Math Typing Shorthand Total Number of Credits Completed Office Machines Winiversity Office Machines Office Machines Office Machines Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered Length of Training MDTA English, arithmetic, office practices total of 520 hours Typing, telephone courtesy from 3/96 to 8/96 I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever	Shorthand			
Subject English Math Typing Shorthand Office Procedures Office Machines Winiversity Subject Credits English Degree Received and Major Winiversity Subject Credits English Degree Received and Major Math Typing Shorthand Total Number of Credits Completed Office Machines Winiversity Office Machines Office Machines Office Machines Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered Length of Training MDTA English, arithmetic, office practices total of 520 hours Typing, telephone courtesy from 3/96 to 8/96 I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever				
Subject English Math Typing Shorthand Office Procedures Office Machines Winiversity Subject Credits English Degree Received and Major Winiversity Subject Credits English Degree Received and Major Math Typing Shorthand Total Number of Credits Completed Office Machines Winiversity Office Machines Office Machines Office Machines Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered Length of Training MDTA English, arithmetic, office practices total of 520 hours Typing, telephone courtesy from 3/96 to 8/96 I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever	Business/	Technical School	or Community Colle	ege
Math Typing Shorthand Office Procedures General Office Procedures Office Machines University Subject English Typing Shorthand Typing Shorthand Total Number of Credits Completed Degree Received and Major Math Typing Shorthand Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program MDTA English, arithmetic, office practices Typing, telephone courtesy I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever	<u>Subject</u>			
Typing Shorthand Office Procedures General Office Procedures Office Machines University Subject English Typing Shorthand Typing Shorthand Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered English, arithmetic, office practices Typing, telephone courtesy It certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever				
Shorthand Office Procedures General Office Procedures Office Machines University Subject English Total Number of Credits Completed Degree Received and Major Math Typing Shorthand Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered English, arithmetic, office practices Typing, telephone courtesy I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever				
Office Procedures General Office Procedures Office Machines University Subject English Degree Received and Major Math Typing Shorthand Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program English, arithmetic, office practices Typing, telephone courtesy It certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever	v. v			
General Office Procedures Office Machines University			Total Number of C	Credits Completed
University Subject Credits English Degree Received and Major Math Typing Shorthand Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered English, arithmetic, office practices Typing, telephone courtesy from 3/96 to 8/96 I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever		s		•
Subject English Degree Received and Major Math Typing Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered Length of Training MDTA English, arithmetic, office practices total of 520 hours Typing, telephone courtesy from 3/96 to 8/96 I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever	Office Machines			
Subject English Degree Received and Major Math Typing Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered Length of Training MDTA English, arithmetic, office practices total of 520 hours Typing, telephone courtesy from 3/96 to 8/96 I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever		 Univer	sitv	
Math Typing Shorthand Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered English, arithmetic, office practices total of 520 hours Typing, telephone courtesy from 3/96 to 8/96 I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever	<u>Subject</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Typing Shorthand Total Number of Credits Completed Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program Courses Covered Length of Training MDTA English, arithmetic, office practices total of 520 hours Typing, telephone courtesy from 3/96 to 8/96 I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever			Degree Received	and Major
Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program				
Others In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program MDTA English, arithmetic, office practices Typing, telephone courtesy I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever		Tota	Number of Credits	Completed
In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program MDTA English, arithmetic, office practices Typing, telephone courtesy I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever				<u>;</u>
In this section, list any other training not covered above. List the school or program where the training was administered, the contents of the training and the length of the program. SAMPLE: School of Program MDTA English, arithmetic, office practices Typing, telephone courtesy I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever				· · · · · · · · · · · · · · · · · · ·
training was administered, the contents of the training and the length of the program. SAMPLE: School of Program MDTA English, arithmetic, office practices Typing, telephone courtesy I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever	In this section, list any other train			ol or program where the
SAMPLE: School of Program MDTA English, arithmetic, office practices Typing, telephone courtesy I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever				
English, arithmetic, office practices total of 520 hours Typing, telephone courtesy from 3/96 to 8/96 I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever	SAMPLE:			, ,
Typing, telephone courtesy from 3/96 to 8/96 I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever			office practices	
I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever				
my knowledge. I understand and agree that any misrepresentation or omission whenever	- 7 -	,p	, ,	
my knowledge. I understand and agree that any misrepresentation or omission whenever				
my knowledge. I understand and agree that any misrepresentation or omission whenever				
my knowledge. I understand and agree that any misrepresentation or omission whenever				
discovered, is grounds for the denial of or immediate separation from employment.				
	aiscovered, is grounds for the denial	or or immediate se	eparation from employ	yment.