



DIVISION SCOPE OF SERVICE

Division: FAR WEST (excludes Nevada)
Classification: EXTRACORPOREAL MEMBRANE OXYGENATION TECHNICIANS (ECMO TECHS)
Applicant Name:

<p>Extracorporeal Membrane Oxygenation Technicians (ECMO Techs): The ECMO Tech must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>
<p>Definition of Care or Service: The Extracorporeal Membrane Oxygenation (ECMO) Tech assists physicians in the procedure that uses a machine to take over the work of the lungs and sometimes the heart. Scope of Service may include:</p> <ul style="list-style-type: none"> • Develops treatment plan involving: <ul style="list-style-type: none"> ○ Assessments ○ Planning ○ Implementation ○ Evaluation ○ Education • Monitors and adjusts ECMO circuit settings, (e.g. heat exchanger temperature, pump flow, sweep gas) to maintain parameters established by the ECMO physician • Responsible for assisting and support of the ECMO team • Prepares and operated machine during ECMO, which includes determination and calculation of requirements for each patient. • Monitors equipment closely during procedure for any changes in patients condition and informs physician immediately • Monitors and manages fluids according to ECMO protocol and maintains accurate intake and output records to ensure appropriate fluid levels. • Verifies and implements physician’s orders pertaining to drug dosages and monitors potential drug interactions pertaining to the ECMO patient. • Correlates and records data obtained during the procedure. • Demonstrates Clinical and Service excellence behaviors to include HCA Healthcare code of conduct core fundamentals in daily interactions with patients, families, co-workers and physician
<p>Setting(s):</p> <ul style="list-style-type: none"> • Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers, and physician practices
<p>Supervision:</p> <ul style="list-style-type: none"> • Direct supervision by Physician • Indirect supervision by the ECMO or ECLS Program Coordinator, Director or designee
<p>Evaluator: ECMO or ECLS Program Coordinator</p>
<p>Tier Level: 3</p>
<p>eSAF Access Required: YES</p>



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Qualifications:

- Associates degree or higher
 - **One** of the below training required:
 - Completion of an ECMO training program
 - On the job training on ECMO equipment and process (Can be found on Skills Checklist)
 - **One** of the below license required:
 - RN License
 - Respiratory Care Practitioner License
 - Current American Heart Association BLS for Healthcare Provider certification

NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.

State Requirements:

- Current Registered Nurse in State of California **or**
- Current Respiratory Care Practitioner licensed in the State of California

Experience:

Minimum of 1 year experience as a ECMO technician

Competencies:

The ECMO Tech will demonstrate:

- Safe and effective operation of equipment
 - Maintains equipment in good working order
 - Demonstrates effective infection control practices related to equipment operation
- Accurate patient information review and evaluation
 - Uses at least two ways to identify patients before performing procedure
 - Accesses the patient medical record appropriately
 - Documents in the medical record according to the facility standard / policy
 - Processes preliminary reports for physician interpretation and entry into the medical record
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE)
 - Required immunizations per Division requirements
 - Complies with Isolation precautions

References:

Respiratory Care Board of California: https://www.rcb.ca.gov/licensees/verif_of_lic.shtml

Nevada State Board of Medical Examiners: <https://nsbme.mylicense.com/verification/Search.aspx>

California Board of Registered Nursing <https://www.rn.ca.gov/>

Nevada License/Certificate Verification: <https://nevadanursingboard.org/licensure-and-certification/verify-licenses-and-certificates/>

Nursing Compact States & Nurse Licensure: <https://www.travelnursing.com/what-is-travel-nursing/nursing-compact-states/>

Nursys: <https://www.nursys.com/LQC/LQCTerms.aspx>

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Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

Applicant Printed Name: _____

Signature: _____

Date: _____