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DIVISION SCOPE OF SERVICE

Division: CAPITAL
Classification: EXTRACORPOREAL MEMBRANE OXYGENATION TECHNICIANS (ECMO TECHS)
Applicant Name:

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.

Definition of Care or Service:
The 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:

- Develops treatment plan involving:
  - Assessments
  - Planning
  - Implementation
  - Evaluation
  - Education
- 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
- Correlates and records data obtained during the procedure.
- Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians

Setting(s):

- Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers, and physician practices

Supervision:

- Direct supervision by Physician
- Indirect supervision by the ECMO or ECLS Program Coordinator, Director or designee

Evaluator: ECMO or ECLS Program Coordinator

Tier Level: 3

eSAF Access Required: YES

Qualifications:

- Associates degree or higher
- Completion of an ECMO training program
- **One** of the below license required:
  - RN License
  - Respiratory Care Practitioner License
- American Heart Association or Red Cross health care provider BLS 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.

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State Requirements:

- Current Registered Nurse in state of practice or
- Current Respiratory Care Practitioner licensed in the state of practice

Experience:

- **N/A**

Preferred Experience:

- Minimum of 1 year experience as an ECMO Tech

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 DHP Division requirements
  - Complies with Isolation precautions
  - Maintains sterile field

References:

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

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

Virginia Nurse License Verification https://www.nursesrx.com/virginia-nursing-license/

Virginia License Lookup https://dhp.virginiainteractive.org/Lookup/Index#

Kentucky Board of Nursing https://kbn.ky.gov/licensees/Pages/bulkvalidation.aspx

Kentucky Board of Respiratory Care https://secure.kentucky.gov/formservices/KBRC/LicenseRenewal/search

New Hampshire License Verification https://nhlicenses.nh.gov/verification/Search.aspx

Indiana License Verification https://mylicense.in.gov/EVerification/Search.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: _____