

DIVISION SCOPE OF SERVICE

Division: TRISTAR
Classification: PHLEBOTOMIST
Applicant Name:

<p>Phlebotomist: The Phlebotomist 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 Phlebotomists are trained to draw blood from a patient for clinical or medical testing, transfusions, donations, or research. Scope of service may include:</p> <ul style="list-style-type: none"> • Ensures the proper amount of blood is taken and that all blood is properly labeled • Verify the patient's or blood donor's identity is entered accurately into database • Safely withdraw, test, catalog, and store blood samples that blood drives collect • Ensure that all equipment is properly sanitized before it is used to collect blood • 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.
<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 the physician for the duration of the therapy. • Indirect supervision by department director, site manager or designee. <p>Evaluator: Department Director or designee in conjunction with supervising physician.</p> <p>Tier Level: 3</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • High School Diploma or GED <p>Preferred Qualifications:</p> <ul style="list-style-type: none"> • Phlebotomy training program <p>NOTE: Where education may not be defined in qualifications area of the Scope, HCA requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p>State Requirements:</p> <ul style="list-style-type: none"> • N/A
<p>Experience:</p> <ul style="list-style-type: none"> • At least 1 year experience in blood collection procedures, proper storage and handling of blood samples and safety precautions.
<p>Competencies: The Phlebotomists will demonstrate:</p> <ul style="list-style-type: none"> • Safe and effective operation of equipment <ul style="list-style-type: none"> ○ Maintains equipment in good working order ○ Demonstrates effective infection control practices related to equipment operation • Interpersonal skills to successfully interact with all co-workers, staff, patients, patient families and vendors.

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- Good phlebotomy, computer, and communication skills.
- Accurate patient information review and evaluation
 - Uses at least two patient identifiers (name and date of birth) before treating or performing a procedure
 - Verifies that the medical record contains an appropriate (per hospital policy) history and physical and a complete physician order
 - Participates in the Safe Procedural and Surgical Verification process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible
 - Documents in the medical record according to the facility standard/policy
- Maintains a safe environment
 - Labels containers used for blood and specimens in the presence of the patient
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE) when required
 - Required immunizations per Division requirements
 - Complies with Isolation precautions
 - Maintains sterile field

References:

- Phlebotomist Requirements – Certification & Training: <http://www.eplebotomist.com/phlebotomist-requirements-state-by-state/>

Document Control:

- Content updates 10/12/2018
- Cosmetic updates 5/14/2020

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: _____