



DIVISION SCOPE OF SERVICE

Division: CAPITAL
Classification: NON-CERTIFIED OPHTHALMIC TECHNICIAN
Applicant Name:

<p>Non-Certified Ophthalmic Technician: The Non-Certified Ophthalmic Technician 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 Non-Certified Ophthalmic Technician assists under the direct supervision of an Ophthalmologist (eye doctor) to provide patient care by performing many different eye-related functions. Scope of Service may include:</p> <ul style="list-style-type: none"> • Performs equipment check-out procedures prior to and at the completion of each case • Ensures that all equipment are in proper working order prior to case • Performs pre-operative checklist and proper equipment calibration • Provides technical and safety guidance to the physician and staff • Cleans and sterilizes all equipment and prepares operating room • Conducts troubleshooting if equipment is not functioning properly • Demonstrates Clinical and Service excellence behaviors to include code of HCA 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, clinics and physician practices <ul style="list-style-type: none"> ○ Monitoring may occur in all patient care areas, including Surgery, Emergency Department, Critical Care, and general acute settings
<p>Supervision: Direct supervision by Ophthalmologist</p> <p>Evaluators: Supervising Ophthalmologist; department director or designee</p> <p>Tier Level: 3</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • High school/GED degree or higher • Proof of ophthalmic procedure training (Can be found on Skills Checklist) <p>Preferred Qualifications:</p> <ul style="list-style-type: none"> • Bachelor or Associate Degree preferred <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"> • Minimum 1-2 years related experience and/or training



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Competencies:

The Non-Certified Ophthalmic Technician will demonstrate:

- Accurate patient information review and evaluation
 - Uses at least two ways to identify patients before treating or performing a procedure
 - Verifies that the requested procedure correlates with the patient’s clinical history, presentation and physician order
 - Participates in the pre-procedure (Universal Protocol) process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible
 - Accesses the patient medical record appropriately
 - Documents in the medical record according to the facility standard / policy
 - Participates in a time-out immediately before the start of an invasive procedure or making of the incision
- Safe and effective use of equipment and products for treatment
 - Applies equipment/products according to Ophthalmologist treatment orders
 - Follows the manufacturer’s recommendations for equipment and product utilization
 - Initiates ophthalmology equipment/product safely and efficiently
- 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:

- N/A

Document Control:

- Content updates 9/25/2018
- Cosmetic updates 4/21/2020

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: _____