

DIVISION SCOPE OF SERVICE

Division: MIDAMERICA
Classification: DIRECTOR OF ONCOLOGY WELLNESS
Applicant Name:

<p>Director of Oncology Wellness: The Director of Oncology Wellness 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 Director of Oncology Wellness in an allied health professional who utilizes a well-rounded understanding of cancer to develop and oversee a comprehensive wellness program for cancer patients. Scope of service may include:</p> <ul style="list-style-type: none"> Development and oversight of Oncology Wellness program including exercise, fitness, nutrition and emotional well-being. Meet individually with patients to identify wellness needs and recommend solutions. Offer wellness classes in our outpatient cancer centers for all patients and family members Connect community resources to our patient population – To include but not limited to psychosocial assessment, support groups, fitness partners, nutrition, rehabilitation, etc. Develop programs to help address obesity, range of motion challenges, overall physician wellness, early recovery, etc. Formalize quality metrics to measure program effectiveness and help in the evaluation of new initiatives Education of providers and staff on the benefits of exercise and aid in the evaluation process for patient selection Support clinical and research settings. Provide wellness & oncology exercise information & education to patients and employees. Develop and oversee patient education programs at each location 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"> RVP or Director of Oncology Services <p>Evaluator: RVP or Director of Oncology Services</p> <p>Tier Level: 2</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> Bachelor's Degree in Allied Health Field Certification as a Cancer Exercise Trainer or Oncology Continuing Education Certificate for Rehabilitation American Heart Association or Red Cross health care provider BLS Certification <p>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.</p>

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State Requirements: <ul style="list-style-type: none"> N/A
Experience: <ul style="list-style-type: none"> One year of direct patient experience
Competencies: The Director of Oncology Wellness will demonstrate: <ul style="list-style-type: none"> Provides a safe environment for patients <ul style="list-style-type: none"> Uses at least two ways to identify patients before treating or performing care Identifies and mitigates risks to patient falls Complies with precautions for patient safety as instructed by the primary provider Effective communication and interpersonal skills <ul style="list-style-type: none"> Demonstrates tactful, patient, understanding and dependable behaviors Communicate effectively Communicates sudden changes in patient status to the primary nurse immediately Infection Prevention <ul style="list-style-type: none"> Practices consistent hand hygiene Uses personal protective equipment (PPE) Complies with Isolation precautions Required immunizations per Division requirement
References: Cancer Exercise Training Institute: http://thecancerspecialist.com/ American College of Sports Medicine: https://certification2.acsm.org/profinder Oncology Rehab Certificate of CEU's provided by: https://www.medbridgeeducation.com/ , http://www.educationresourcesinc.com/ , http://www.tnseminars.com/courses , https://www.rehabed.com/
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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: _____