

# **DIVISION SCOPE OF SERVICE**

**Division: MOUNTAIN** 

Classification: SPEECH PATHOLOGIST

**Applicant Name:** 

# **Speech Pathologist:**

The Speech Pathologist 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 Speech Pathologist applies principles, methods, and procedures for the prevention, identification, evaluation, treatment, consultation, habilitation, rehabilitation, instruction, and research, relative to the development and disorders of human communication; to related oral and pharyngeal competencies; and to behavior related to disorders of human communication. Scope of service may include:

- Offer, render, plan, direct, conduct, and recommend services to patients who have or are suspected of having disorders of human communication, including identification, evaluation, treatment, consultation, habilitation, rehabilitation, amelioration, and instruction.
- Determine the need for personal alternatives or augmentative systems, and recommend and train for the utilization of such systems.
- Perform a hearing screening, limited to a pass/fail determination, for the purpose of initial identification of communication disorders.
- Maintains and secures patient data and records
- Documents treatments and patient interactions in the medical record
- 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 Speech Therapy department director, site manager or designee

**Evaluator:** Speech Therapy department director or designee in conjunction with supervising physician or licensed independent practitioner

Tier Level: 2

eSAF Access Required: YES

# **Qualifications:**

- Master's degree or higher in speech-language pathology
- Licensed as Speech-Language Pathologist
- 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.

#### **State Requirements:**

• Current and active speech-language pathology license for practicing state.



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# **Experience:**

• Minimum one year experience in speech therapy.

### Competencies:

The Speech Pathologist 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
  - Accesses the patient medical record appropriately
  - o Documents in the medical record according to the facility standard / policy
- Appropriate diagnostic examination results
  - o Performs examinations to comply with applicable protocols and guidelines
  - Utilizes non-invasive study technique as indicated by the examination, according to established facility policy and procedures under state law
  - Notifies the appropriate health provider when immediate treatment is necessary, based on procedural findings and patient conditions
    - Recognizes the need for an urgent report and takes appropriate action
  - o Provides a written or oral summary of preliminary findings to the physician
- Patient education and counseling
- Infection Prevention
  - Practices consistent hand hygiene
  - o Uses personal protective equipment (PPE) when required
  - Required immunizations per Division requirements
  - Complies with Isolation precautions
  - o Maintains sterile field

#### References:

N/A

# **Document Control:**

- Content updates 11/14/2017
- Content updates 4/14/2020

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:	