

## DIVISION SCOPE OF SERVICE

<b>Division: NORTH TEXAS DIVISION</b>
<b>Classification: NEUROPHYSIOLOGIST</b>
<b>Applicant Name:</b>
<p><b>Neurophysiologist:</b> The Neurophysiologist 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><b>Definition of Care or Service:</b> The Neurophysiologist assists the surgeon in identifying neural structures, avoid iatrogenic injury to neural tissue, and reduce the risk of permanent postoperative deficits. The Scope of Services includes:</p> <ul style="list-style-type: none"> <li>• Monitor and/or interpret neurological tests including but not limited to: <ul style="list-style-type: none"> <li>○ EMG (electromyography)</li> <li>○ EEG</li> <li>○ Somatosensory evoked potential</li> <li>○ Cortical mapping</li> <li>○ ABRs (brainstem auditory evoked potential)</li> </ul> </li> <li>• Document neurological findings in the medical record to include at a minimum: <ul style="list-style-type: none"> <li>○ Intraoperative monitoring review summary within 24 hours of procedure</li> <li>○ Graphic representation of the baseline, closing, trends/waterfall, or any change in neurological findings within 72 hours</li> <li>○ Name of the person archiving complete training and location within 72 hours</li> </ul> </li> <li>• 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.</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Surgical services areas including but not limited to hospitals and outpatient surgery centers. Monitoring may occur in Surgery.</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Direct supervision by ordering physician, performing only those functions specifically requested</li> <li>• Indirect supervision by the department director, site manager or designee</li> </ul> <p><b>Evaluators:</b> Department director or designee in conjunction with ordering Physician or LIP.</p> <p><b>Tier Level:</b> 3</p> <p><b>eSAF Access Required:</b> Yes</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• <b>One</b> of the below education requirements: <ul style="list-style-type: none"> <li>○ As of January 1, 2010, new applicants must possess a PhD degree in a physical science, life science, or clinical allied health professional from an accredited institution.</li> <li>○ Prior to January 1, 2010, clinical neurophysiologists must possess a Masters or PhD degree.</li> </ul> </li> <li>• Proof of <b>one</b> of the below: <ul style="list-style-type: none"> <li>○ Certification from the American Board of Neurophysiological Monitoring (ABNM) as an ABNM Diplomat (DABNM).</li> <li>○ Evidence of working towards the ABNM Diplomat certification under a DABNM certified professional.</li> </ul> </li> </ul> <p style="color: red; font-weight: bold; margin-top: 10px;">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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<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>
<p><b>Competencies:</b></p> <p>The Neurophysiologist will demonstrate:</p> <ul style="list-style-type: none"> <li>• Provides a safe environment for patients <ul style="list-style-type: none"> <li>○ Uses at least two ways to identify patients before providing treatment or service</li> <li>○ Participates in the pre-procedure process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible</li> <li>○ Participates in a time-out immediately before the start of an invasive procedure or making of the incision</li> </ul> </li> <li>• Safe and effective operation of electroneurodiagnostic equipment <ul style="list-style-type: none"> <li>○ Consistently obtains quality diagnostic outputs</li> <li>○ Maintains equipment to ensure accurate testing and diagnosis</li> <li>○ Operates digital computerized electroencephalography (EEG) instruments</li> <li>○ Demonstrates effective infection control practices related to equipment operation</li> </ul> </li> <li>• Accurate patient information review <ul style="list-style-type: none"> <li>○ Verifies that the requested procedure correlates with the patient’s clinical history, presentation and physician order</li> <li>○ Accesses the patient medical record appropriately</li> <li>○ Makes notes on the recorded graph to identify interferences</li> <li>○ Documents in the medical record according to the facility standard / policy</li> </ul> </li> <li>• Appropriate Diagnostic Examination Results <ul style="list-style-type: none"> <li>○ Performs the electroneurodiagnostic study to comply with applicable protocols and guidelines</li> <li>○ Provides a written or oral summary of preliminary findings to the physician</li> <li>○ Notifies the appropriate health provider when immediate treatment is necessary, based on procedural findings and patient conditions</li> </ul> </li> <li>• Infection Prevention <ul style="list-style-type: none"> <li>○ Practices consistent hand hygiene</li> <li>○ Uses personal protective equipment (PPE)</li> <li>○ Required immunizations per Division requirements</li> <li>○ Complies with Isolation precautions</li> <li>○ Complies with required surgical attire</li> <li>○ Maintains sterile field</li> </ul> </li> </ul>
<p><b>References:</b></p> <p>ABNM Verification: <a href="http://abnm.info/abnm.diplomates.numerical.html">http://abnm.info/abnm.diplomates.numerical.html</a></p>
<p><b>Document Control:</b></p> <ul style="list-style-type: none"> <li>• Created 7/6/2021</li> </ul>



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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:** \_\_\_\_\_