

## DIVISION SCOPE OF SERVICE

<b>Division: WEST FLORIDA</b>
<b>Classification: ANESTHESIA CARE COORDINATOR</b>
<b>Applicant Name:</b>

<p><b>Anesthesia Care Coordinator:</b> The Anesthesia Care Coordinator 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 Anesthesia Care Coordinator assists the anesthesia provider in pre-operative data collection. Scope of Service may include:</p> <ul style="list-style-type: none"> <li>• Observes, evaluates and reports clinical findings to the supervising physician</li> <li>• Assigns Anesthesia providers to procedural areas to meet the needs of the facility</li> <li>• Collaborates with department leaders on scheduling decisions as it applies to Anesthesia coverage</li> <li>• Assists anesthesia providers with nerve blocks</li> <li>• Complies with hospital and medical staff policy and procedures for accepting and documenting telephone orders from the supervising physician             <ul style="list-style-type: none"> <li>○ Complies with hospital and medical staff policy and procedure specific to:                 <ul style="list-style-type: none"> <li>▪ Patient care</li> <li>▪ Rounds, pre and post op</li> <li>▪ Patient triage</li> <li>▪ Quality assurance duties/chart review</li> <li>▪ Assist/implement doctor's orders</li> <li>▪ IV's starts</li> <li>▪ Assist with consult report completion</li> <li>▪ Assist the physician sponsor with his or her patient records</li> <li>▪ Act as a liaison between hospital staff and physician(s)</li> <li>▪ Pre-anesthesia interviews</li> <li>▪ Review patient charts – lab results/history</li> </ul> </li> </ul> </li> <li>• Demonstrates clinical and service excellence behaviors to include HCA Healthcare code of conduct core fundamentals in daily interactions with patients, families, co-workers and physicians</li> <li>• <b>NOTE:</b> Anesthesia Care Coordinator medical record entries will not be accepted for physician designated responsibilities such as but not limited to; preoperative evaluations, formulation of anesthesia plans; post anesthesia assessments.</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Healthcare facilities including but not limited to hospitals, outpatient treatment facilities imaging centers, and physician practices</li> <li>• Patient care areas, all settings</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Direct supervision by at least one member of the medical staff with active staff privileges             <ul style="list-style-type: none"> <li>○ Indirect supervision by the nursing department director or designee</li> </ul> </li> </ul> <p><b>Evaluator:</b> Supervising physician, medical staff member in conjunction with the nursing department director or designee</p> <p><b>Tier Level:</b> 2</p>

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<p><b>eSAF Access Required:</b> YES</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• High School Diploma/GED or higher <ul style="list-style-type: none"> <li>○ LPN's only</li> </ul> </li> <li>• Associates degree or higher <ul style="list-style-type: none"> <li>○ RN's only</li> </ul> </li> <li>• Currently licensed as a RN or LPN</li> </ul> <p><b>NOTE:</b> 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>
<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• RN or LPN license in good standing in the state of practice</li> </ul>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• 1 year experience as an Anesthesia Care Coordinator</li> </ul>
<p><b>Competencies:</b></p> <p>The Anesthesia Care Coordinator will demonstrate:</p> <ul style="list-style-type: none"> <li>• A safe environment for patients <ul style="list-style-type: none"> <li>○ Uses at least two ways to identify patients before assessing, treating or performing a procedure</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> </ul> </li> <li>• Accurate patient information review and evaluation <ul style="list-style-type: none"> <li>○ Collects and documents assessment data in the medical record <ul style="list-style-type: none"> <li>▪ Entries in the medical record are countersigned by the attending physician within 24 hours</li> </ul> </li> <li>○ Facilitates communication between the physician, patient, family and nursing staff</li> <li>○ Notifies the appropriate member of the interdisciplinary patient care team of issues that require immediate intervention or attention</li> </ul> </li> <li>• Infection Prevention <ul style="list-style-type: none"> <li>○ Practices consistent hand hygiene</li> <li>○ Uses personal protective equipment (PPE) when required</li> <li>○ Required immunizations per Division requirements</li> <li>○ Complies with Isolation precautions</li> <li>○ Maintains sterile field</li> </ul> </li> </ul>
<p><b>References:</b></p> <p>Florida License Verification - <a href="https://appsmqa.doh.state.fl.us/MQASearchServices/HealthCareProviders">https://appsmqa.doh.state.fl.us/MQASearchServices/HealthCareProviders</a>  Nursing Compact States &amp; Nurse Licensure: <a href="https://www.travelnursing.com/what-is-travel-nursing/nursing-compact-states/">https://www.travelnursing.com/what-is-travel-nursing/nursing-compact-states/</a>  Nursys: <a href="https://www.nursys.com/LQC/LQCTerms.aspx">https://www.nursys.com/LQC/LQCTerms.aspx</a></p>
<p><b>Document Control:</b></p> <ul style="list-style-type: none"> <li>• Created 5/1/2018</li> <li>• Content updates 8/6/2020</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:** \_\_\_\_\_