



DIVISION SCOPE OF SERVICE

Division: FAR WEST

Classification: CLINICAL LIAISON (ABATE STUDY)

Applicant Name:

Clinical Liaison (ABATE Study)

The Clinical Liaison (ABATE Study) must have the equivalent qualifications and competencies as employed individuals performing the same or similar services at the facility.

Definition of Care or Service:

The Clinical Liaison ABATE (Active Bathing to Eliminate Infection) Study is an ongoing study sponsored by the National Institutes of Health (NIH). HCA has 50 hospitals participating in the study. Scope of service may include:

- Teaching and training staff regarding the decolonization protocol, particularly CHG bathing. No patient contact will occur.
- Demonstrates Clinical and Service excellence behaviors to include code of HCA 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, patient care areas, all settings

Supervision: Supervision provided by the local hospital ABATE lead.

Evaluator: Local hospital ABATE lead

Tier Level: 2

eSAF Access Required: YES

Qualifications:

- Education on the ABATE protocol provided by one of two organizations; University of California Irvine or Sage Products

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.

State Requirements:

- N/A

Experience:

- Implementation of the decolonization protocol, particularly CHG bathing.

Competencies:

- Implementation of the decolonization protocol, particularly CHG bathing.
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE)
 - Required immunizations per Division requirements
 - Complies with Isolation precautions
 - Maintains sterile field

References:

- N/A



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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: _____