

DIVISION SCOPE OF SERVICE

Division: CAPITAL
Classification: SPEECH PATHOLOGIST
Applicant Name:
Speech Pathologist: The Speech Pathologist must have a certificate of clinical competence in speech pathology and must obtain national and state licensure.
Definition of Care or Service: Evaluates and treats patients recovering from injury or disease. Scope of Service may include: <ul style="list-style-type: none"> • Assess, diagnose, treat and help to prevent communication and swallowing disorders in patients • Communicate with patients to determine their levels of speech or language difficulty • Identify treatment options • Create and carry out individualized treatment plan. • 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
Setting(s): <ul style="list-style-type: none"> • Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers and physician practices • Patient care areas, all settings
Supervision: <ul style="list-style-type: none"> • Direct supervision by department director, site manager or designee • Rehabilitation Services Evaluator: Department Director Tier Level: 2 eSAF Access Required: YES
Qualifications: <ul style="list-style-type: none"> • Master's degree or higher in Speech Pathology. • Graduation from an accredited Speech Language Pathology Program • Licensed as a Speech Pathologist (See State requirements) • 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>
State Requirement: State of Virginia requires a Speech Pathologist license State of New Hampshire requires a Speech Pathologist license State of Kentucky requires a Speech Pathologist license State of Indiana requires a Speech Pathologist license
Experience: <ul style="list-style-type: none"> • 1 year experience as a Speech Pathologist.
Competencies: The Speech Pathologist will demonstrate: <ul style="list-style-type: none"> • Demonstrate appropriate evaluation techniques in accordance with accepted standards of care for

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swallowing assessments

- Demonstrate appropriate evaluation techniques in accordance with accepted standards of care for swallowing assessments in the presence of a Radiologist
- Demonstrate appropriate treatment techniques in accordance with accepted standards of care for condition including but not limited to expression or swallow.
- Demonstrate appropriate techniques in accordance with accepted standards of care for conditions related to cognitive deficits
- Demonstrate appropriate treatment techniques in accordance with accepted standards of care for conditions including but not limited to voice, fluency and articulation
- Demonstrate appropriate treatment techniques in accordance with accepted standards of care for conditions related to receptive and expressive skills
- Demonstrate approved infection control procedures at all times
- Demonstrate full knowledge and application to any system changes (ex. EMR Redoc)
- 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

References:

ASHA: <http://www.asha.org/certification/cert-verify/>

Accredited Programs <https://apps.asha.org/eweb/CAAawp/CAA-Accredited-Programs.pdf>

Virginia <https://dhp.virginiainteractive.org/Lookup/Index>

New Hampshire <https://forms.nh.gov/licenseverification/>

Kentucky https://oop.ky.gov/lic_search.aspx

Indiana <https://mylicense.in.gov/everification/Search.aspx>

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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: _____