



# DIVISION SCOPE OF SERVICE

<b>Division: MOUNTAIN</b>
<b>Classification: REMOTE ELECTROENCEPHALOGRAPHY (EEG) TECHNOLOGIST</b>
<b>Applicant Name:</b>

<p><b>Remote Electroencephalography (EEG) Technologist:</b> The Remote EEG Technologist 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 Remote EEG Technologist operates specialized equipment that measures and records electrical activity in the brain. Scope of Service may include:</p> <ul style="list-style-type: none"> <li>• Monitoring and recording EEG wave forms remotely</li> <li>• Notify overseeing physician, or responsible RN, for any serious abnormalities or critical changes from baseline</li> <li>• Performs preliminary analysis of EEG data</li> <li>• Provides feedback to on site HCA Healthcare caregivers regarding electrode performance to optimize quality of brainwave tracings.</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>• Remote Telemetry Neuromonitoring via HCA Healthcare network</li> <li>• Requires ¾ generation for eSAF access</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Direct by ordering physician, performing only those functions specifically requested <ul style="list-style-type: none"> <li>○ Indirect supervision by the department director, on site EEG technologist, site manager or designee</li> </ul> </li> </ul> <p><b>Evaluators:</b> Department director or designee in conjunction with ordering physician or licensed independent</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>• High School Diploma or equivalent</li> <li>• Certification Satisfied by one of the following: <ul style="list-style-type: none"> <li>○ Possession of current R.EEG.T credential issued by ABRET</li> <li>○ Successful completion of an EEG training program via ABRET</li> <li>○ Verification Letter from Director or Supervisor verifying minimum of 2 years’ experience in the field of Electroencephalography</li> </ul> </li> <li>• Health requirements are waived due to the nature of the remote worker</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>• N/A</li> </ul>



## DIVISION SCOPE OF SERVICE

**Experience:**

- If credentialed as an R.EEG.T, a minimum 6 months related experience and/or training in a Hospital setting.
- If not a R.EEG.T, then a minimum of 2 years’ experience in the field of Electroencephalography (verification letter from Director or supervisor)

**Competencies:**

The Remote EEG Technologist will demonstrate:

- Appropriate Diagnostic Examination Results
  - Performs the electroencephalography study to comply with applicable protocols and guidelines
  - Provides a written or oral summary of preliminary findings to the physician
  - Notifies the appropriate health provider when immediate treatment is necessary, based on procedural findings and patient conditions

**References:**

ABRET Training Programs: [http://www.abret.org/employers/credential\\_search/](http://www.abret.org/employers/credential_search/)  
 TJC Clinical Privilege White Paper, Practice Area 413; Briefings on Credentialing 781/639-1872 11/06  
<http://www.credentialingresourcecenter.com/content/32053.pdf>

**Document Control:**

- Created 8/7/2023

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