



# DIVISION SCOPE OF SERVICE

<b>Division: SAN ANTONIO</b>
<b>Classification: CARDIOVASCULAR REHAB CENTER DIRECTOR OF EXERCISE PHYSIOLOGY</b>
<b>Applicant Name:</b>

<p><b>Cardiovascular Rehab Center Director</b> The Cardiovascular Rehab Center Director of Exercise Physiology 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 Cardiovascular Rehab Center Director of Exercise Physiology will assume overall responsibility for the implementation, delivery, coordination and supervision of cardiovascular rehabilitation services provided in the outpatient clinic. This role will report to the hospital facility leader responsible for the vascular rehabilitation department of the hospital. Scope of service may include:</p> <ul style="list-style-type: none"> <li>• Comprehensive knowledge of rehabilitation practice, applicable rules and regulations and industry standards pertaining to the rehabilitation of cardiac and pulmonary disease patients.</li> <li>• Observes the conditions of participation, requirements or regulatory standards of the following: Centers for Medicare and Medicaid Services, The Joint Commission, Texas Health and Human Services, and other regulatory agencies.</li> <li>• Supervise all clinical and non-clinical staff</li> <li>• Demonstrates Clinical and Service excellence behaviors to include code of HCA 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>• Cardiovascular Rehabilitation services areas including but not limited to hospitals and outpatient surgery centers</li> <li>• Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers, and physician practices</li> </ul>
<p><b>Supervision:</b> CNO, COO or their designee</p> <p><b>Evaluator:</b> CNO or their designee</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> Yes</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Masters of Science in Exercise Physiology, Kinesiology, Exercise Science, or equivalent related degree</li> <li>• Certification through American College of Sports Medicine</li> <li>• American Heart Association or Red Cross health care provider BLS Certification</li> <li>• American Heart Association or Red Cross health care provider ACLS Certification</li> </ul> <p><b>Preferred Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Certified as a Clinical Exercise Physiologist (CEP) through American College of Sports Medicine ACSM- CEP is preferred</li> </ul> <p><b>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.</b></p>
<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>



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**Experience:**

- Three years of experience in cardiovascular rehabilitation or acute care setting required

**Preferred Experience:**

- One year experience in program development, manager/supervisor or leadership

**Competencies:**

The Cardiovascular Rehab Center Director of Exercise Physiology will demonstrate:

- Accurate patient information review and evaluation
  - Uses at least two ways to identify patients before treating or performing a procedure
  - Verifies that the requested procedure correlates with the patient’s clinical history, presentation and physician order
  - Accesses the patient medical record appropriately
  - Documents in the medical record according to the facility standard / policy
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE) when required
  - Required immunizations per Division requirements
  - Complies with Isolation precautions
  - Maintains sterile field

**References:**

American College of Sports Medicine: <https://www.acsm.org/>

**Document Control:**

- Created 6/21/2022

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