



# DIVISION SCOPE OF SERVICE

<b>Division: MOUNTAIN</b>
<b>Classification: CERTIFIED OPHTHALMIC ASSISTANT</b>
<b>Applicant Name:</b>

<p><b>Certified Ophthalmic Assistant:</b> The Certified Ophthalmic Assistant 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 Certified Ophthalmic Assistant assists under the direct supervision of an Ophthalmologist (eye doctor) to provide patient care by performing many different eye-related clinical functions. Scope of Service may include:</p> <ul style="list-style-type: none"> <li>• Assist the physician during diagnostic and minor surgical procedures, including instrumentation, sterile preparations and documentation.</li> <li>• Prepare and position patient for diagnostic tests and procedures.</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>• Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, clinics and physician practices <ul style="list-style-type: none"> <li>○ Monitoring may occur in all patient care areas, including Surgery, Emergency Department, Critical Care, and general acute settings</li> </ul> </li> </ul>
<p><b>Supervision:</b> Direct supervision by Ophthalmologist</p> <p><b>Evaluators:</b> Supervising Ophthalmologist; department director or designee</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/GED or higher</li> <li>• Current Certification as an Ophthalmic Assistant</li> <li>• American Heart Association or Red Cross health care provider BLS Certification</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>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• At least 6 months as an Ophthalmic Assistant</li> </ul>
<p><b>Competencies:</b> The Certified Ophthalmic Assistant will demonstrate:</p> <ul style="list-style-type: none"> <li>• Accurate patient information review and evaluation <ul style="list-style-type: none"> <li>○ Uses at least two ways to identify patients before treating or performing a procedure</li> </ul> </li> </ul>



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- Verifies that the requested procedure correlates with the patient’s clinical history, presentation and physician order
- Participates in the pre-procedure (Universal Protocol) process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible
- Accesses the patient medical record appropriately
- Participates in a time-out immediately before the start of an invasive procedure or making of the incision
- Safe and effective use of equipment and products for treatment
  - Follows the manufacturer’s recommendations for equipment and product utilization
  - Initiates ophthalmology equipment/product safely and efficiently
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE)
  - Required immunizations per Division requirements
  - Complies with Isolation precautions

**References:**

Ophthalmic Assistant Certification Requirements:

<https://ophthalmictechnician.org/index.php/certified/requirements/89-ophthalmic-assistant-certification-requirements>

JCAHPO COA Verification: E-mail: [jcahpo@jcahpo.org](mailto:jcahpo@jcahpo.org) or 800-284-3937 ext 2

**Document Control:**

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