

# **DIVISION SCOPE OF SERVICE**

#### **Division: ALL HCA DIVISIONS**

#### **Classification: CERTIFIED SONOGRAPHER**

#### Applicant Name:

#### **Certified Sonographer:**

The Certified Sonographer 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.

#### Definition of Care or Service:

The Certified Sonographer uses special equipment to direct high frequency sound waves into areas of the patient's body for diagnostic evaluation. Scope of Service may include:

- Operates equipment that collects reflected echoes and forms an image that may be videotaped, transmitted or photographed for interpretation and diagnosis by physician
- Reviews patient medical history
- Explains the procedure to the patient
- Positions the patient for exam
- Uses sonography equipment to perform diagnostic examination
  - Selects and stores images
  - o Takes measurements, calculates values, and analyzes preliminary findings
  - o Adjusts, maintains and cleans sonography equipment
- Documents the procedure in the medical record
- Maintains and secures patient images and records
- Maintains confidentiality and privacy in accordance with HIPAA regulations
- 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.

#### Setting(s):

- Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers, and physician practices
- Mobile imaging centers
- Sonographic procedures may occur in the patient's room

#### Supervision:

- Direct supervision by department director, site manager or designee
  - Indirect supervision by physician or other licensed independent practitioner that defines final study results

Evaluator: Department director, site manager or designee

#### Tier Level: 2

#### eSAF Access Required: YES

### Qualifications:

- Education required through <u>one</u> of the below:
  - Associates of Science or higher degree.
  - o Certificate of Completion in Sonography
  - Successful completion of training program in either:
    - Medical Sonography, Ultrasonography, Radiologic Technology, or Vascular Technology



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- Registered or Certified through <u>one</u> of the following:
  - American Registry of Diagnostic Medical Sonographers (ARDMS) as either:
    - RDMS- Registered Diagnostic Medical Sonographer
    - RDCS- Registered Diagnostic Cardiac Sonographer
    - RVT- Registered Vascular Technologist
    - BR- Registered Diagnostic Breast Sonographer- only if obtained prior to 6/30/2010
  - American Registry of Radiologic Technologist (ARRT) as either:
    - Sonographer (S)
    - Vascular Sonographer (VS)
    - Breast Sonographer (BS)-only if obtained prior to 06/30/2010
  - Cardiovascular Credentialing International (CCI) as:
    - Registered Vascular Specialist (RVS)
- American Heart Association health care provider BLS Certification

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.

#### State Requirements:

• N/A

- Experience:
  - N/A

### Preferred Experience:

• Two years of experience as a fulltime ultrasound technologist in a hospital or diagnostic imaging clinic setting preferred.

## Competencies:

The Certified Sonographer will demonstrate:

- Safe and effective operation of sonography equipment
  - o Consistently obtain quality diagnostic images and measurements
  - o Maintains equipment in good working order
- Accurate patient Information review and evaluation
  - o 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
  - Participates in the pre-procedure process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible
  - o Accesses the patient medical record appropriately
  - o Maintains confidentiality and privacy in accordance with HIPAA regulations
  - o Documents in the medical record according to the facility standard/policy
- Appropriate diagnostic examination results
  - o Performs the examination to comply with applicable protocols and guidelines
  - Uses scanning techniques as indicated by the examination, according to established facility policy and procedures under state law
  - Notifies the appropriate health provider when immediate treatment is necessary, based on procedural findings and patient conditions
    - Recognizes the need for an urgent report and takes appropriate action
  - o Provides a written or oral summary of preliminary findings to the physician
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE) when required



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- Required immunizations per Division requirements
- Complies with Isolation precautions
- Maintains sterile field

#### **References:**

Society of Diagnostic Medical Sonographers (SDMS). (2011). Diagnostic Ultrasound Clinical Practice Standards. Retrieved from <u>www.SDMS.org</u>

US Department of Labor. (2011. Diagnostic Medical Sonographers. Occupational Information Network (O\*NET; Retrieved from <u>http://www.bls.gov/ooh/ocos273.htm</u>

ARDMS: <u>http://www.ardms.org/Maintain-Certification/Registrant-Support/Pages/StatusVerification.aspx</u> ARRT: <u>https://www.arrt.org/verify-credentials</u>

CCI: http://cci-online.org/CCI/Verify/CCI/Credential\_Verification.aspx?hkey=889c2b4a-88a5-46f0-b2c5-

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Document Control:

- Previously named Sonographer
- Content updates 8/12/2019
- Made Global 8/16/2019

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:                   |  |