

Practice Guideline: Assigning of Service Components to Support Personnel

Members of the College of Occupational Therapists of Nova Scotia are accountable for the practice they provide to the public. Guidelines are issued by the College for the assistance of the professional. They represent guidance from the College on how members should practice. Guidelines are intended to support, not replace, the exercise of professional judgment by therapists in particular situations.

Statement of Purpose

The purpose of this document is to act as a guideline to help Occupational Therapists engage in a decision making process for assigning occupational therapy service components to support personnel in order to ensure safe, ethical and effective service delivery. The College endorses the appropriate use of the services of support personnel in the delivery of Occupational Therapy service components and believes this use facilitates access to occupational therapy services.

In order to protect the public interest, occupational therapists must demonstrate accountability for the assigning process, including the decision to assign and the monitoring and supervision of the support personnel to whom the task is assigned.

This document is not intended to define titles and job descriptions of support personnel which vary in use.

Definitions

A working understanding of the following definitions is essential for the appropriate interpretation of this document.

Supervision

All support personnel involved in the delivery of occupational therapy require supervision which:

- Is ongoing
- Involves regular contact with the supervising therapist
- May utilize a combination of methods such as direct observation, record reviews, electronic/telephone communication, feedback from other professionals, feedback from clients, caregivers and family members, informal or formal meetings with the occupational therapy support personnel.

Client

Any individual, group, agency, organization, business, or other that forms a partnership with an occupational therapist. This includes individuals with occupational performance issues arising from physical, cognitive, psychological, social, and/or environmental barriers.

Occupational Therapist

For the purpose of this document occupational therapist refers to an individual who is registered with COTNS. The occupational therapist is responsible and accountable for the development and implementation of an individual plan of care for his/ her clients. This may include assignment of components of occupational therapy intervention to support personnel.

Assessment

An ongoing process of collecting, analyzing and interpreting information obtained through observation, interview, record review and testing. Occupational Therapists gather information through standardized, informal, or qualitative methodology in addition to report(s) from various other health disciplines, clients and others.

Occupational Performance (OP)

The ability to participate in the required or desired tasks and activities for the purpose of self-care, productivity, leisure and rest throughout the lifespan. OP is affected by the body, mind and the spirit of the person. The physical, institutional, cultural and social environments also impact one's performance. Occupational therapy services are required when there is an identified issue with occupational performance.

Consultation

The process of providing expert advice, education and/or training. The Occupational Therapist can also be involved in facilitating problem solving regarding a specific issue with another service provider on a time limited basis, but does not transfer responsibility. Consultation may involve (but is not limited to) the following: a client, a family member, a friend, a caregiver or another service provider.

Treatment/Intervention

A process in which two (client and occupational therapist) or more parties participate in a joint effort to promote, establish, maintain, and/or increase the level of occupational performance of a particular client. Some service components may be assigned to support personnel but the occupational therapist is identified as having ultimate responsibility for the quality of service to that client.

Assignment

The process by which an occupational therapist designates support personnel to carry out specific activities related to the occupational therapy service. While specific activities may be assigned to support personnel, the occupational therapist remains accountable for the overall client program/care plan.

Occupational Therapy support personnel

Any service providers who are not qualified occupational therapists but are knowledgeable in the field of occupational therapy through experience, education and/or training and directly involved in the provision of occupational therapy services under the supervision of an occupational therapist (CAOT 2003 a). These individuals may be referred to by various titles.

Key Responsibilities of the Occupational Therapist

Occupational Therapists assigning a component of occupational therapy service must ensure that the client:

- Has provided informed consent to the provision of occupational therapy service by support personnel; and
- Receives care that is not compromised by the assignment.

Occupational Therapists assigning a component of occupational therapy service must ensure that the support personnel:

- Is accountable to the occupational therapist in completing the task
- Understands his/her roles and responsibilities
- Receives appropriate training to carry out the provision of service
- Is competent to provide the service safely and effectively
- Understands how and when to contact the supervising therapist particularly in an emergency situation
- Is supervised by an occupational therapist on a regular basis
- Changes or modifies the task only within the limits established by the occupational therapist
- Records his/her direct interactions with the client as directed by the occupational therapist

Occupational Therapists assigning a component of occupational therapy service must ensure that documentation:

- Includes evidence that appropriate consent has been obtained for OT support personnel to be involved in intervention
- Includes the assignment, monitoring and completion of occupational therapy service components
- Includes on the formal record that support personnel notes were reviewed in revising occupational therapy services
- Is kept in accordance with College regulations and guidelines

Occupational Therapy Components that Cannot be Assigned to Occupational Therapy Support Personnel

There are occupational therapy service components which require substantial specialized knowledge of occupational therapy theory in order to promote, develop, restore, improve or maintain optimal occupational functioning in the area of self-care, productivity and leisure which must not be assigned to persons who are not occupational therapists. These occupational therapy service components are listed below:

- Interpretation of referrals
- Initial assessment and reassessments
- Aspects of assessment requiring clinical judgment; support personnel may assist in the gathering of data used by occupational therapists as part of the assessment/reassessment process
- Interpretation of assessment findings
- Intervention planning (including goal identification and selection of treatment strategies or procedures)
- Interventions which require continuous clinical judgment to appropriately monitor and guide client progress
- Modification of intervention beyond limits established by the supervising occupational therapist
- Discharge decisions and/or referral of a client to other professionals or agencies
- Communication (written or verbal) of occupational therapy recommendations, opinions, findings

The Assignment Process

Steps in assigning components to support personnel:

1. Assessment of the client's occupational performance
2. Assessment of the practice setting and environment
3. Assessment of the need for occupational therapy intervention
4. Assessment of support personnel competence to deliver assigned tasks
5. Obtain informed consent from the client
6. Assignment of the components to support personnel
7. Establishment and documentation of an appropriate supervision and communication plan
8. Ongoing evaluation of the service to ensure it is safe, ethical, effective and appropriate
9. Termination of assigned components as appropriate
10. Documentation of the assigning process throughout

Assigning components is not always straight forward. The process requires that the occupational therapist apply continuous clinical judgment based on clinical knowledge and risk management principles (risk assessment and risk control)

Critical Thinking Tools

The purpose of the following tools is to provide the occupational therapist with additional resources to assist with the assignment process. By providing a variety of tools, the therapist can choose the tool that best supports their situation and learning style.

Critical Thinking Tool A

The first tool is a list of 7 questions that will assist the occupational therapist to determine when it is appropriate to assign occupational therapy components to support personnel as well as for the development of a supervision plan

Critical Thinking Tool B

This tool is a decision making tree which will assist the occupational therapist in identifying what risk factors exist and what risk control measures may be implemented in order to determine whether or not assignment of a given occupational therapy component should be assigned,

Critical Thinking Tool C: Outline for the Development of a Supervision Plan

This tool will assist occupational therapists determine the appropriate supervision required by for assignment of occupational therapy components.

Critical Thinking Tool A

The following is a list of the essential questions that every occupational therapist considering delegation of an occupational therapy service component to a support personnel should ask themselves.

1. What occupational therapy components am I considering assigning?
2. Have I determined all the risk factors and implemented all risk control measures identified? (See Tool B)
3. Will the client receive care that is not compromised by the assignment?
4. Does the involvement of support personnel enhance the care provided to the client?
5. Has the client provided informed consent regarding having a support personnel carrying out assigned occupational therapy service components?
6. Is the support personnel competent to provide the service safely and effectively?
7. Have I provided the support personnel with the appropriate information and training to carry out the intervention?
8. What level of supervision will be needed for the support personnel to complete this aspect of the treatment/intervention plan?
9. Am I able to provide this level of supervision?
10. What communication plan needs to be in place?

Critical Thinking Tool B

Components Considered for Assignment



Identify Potential Risk Factors

<p>Client: Stability and complexity of condition (physical, mental and social); predictability of change of condition; client's ability to direct care and give informed consent; economic; cultural.</p>	<p>Tasks: Risk of harm from doing/not doing the intervention; complexity; amount of knowledge and skill required; client and/or site specificity; need for ongoing clinical judgement.</p>	<p>Environment: Of practice settings; physical barriers/hazards; predictability of changes.</p>	<p>Practice: Adequate time to supervise and document process; availability of support personnel; support for the assigning process within the practice setting; availability and stability of resources.</p>
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Implementation of Risk Control Measures

Risk Factor Identified	Risk Control Measure Implemented	Probability/Impact Scale Green/Yellow/Red		Action: Assign/Do Not Assign
Any risk factor from the above four sections would be listed here	For each risk factor identify what has been done to reduce the level of risk	High risk probability/ Low negative impact (HP/LI)	High risk probability/ High negative impact (HP/HI)	<div style="background-color: #c6e0b4; padding: 2px;">LP/LI: Assign Task, Periodic Supervision; Risk control measure in place</div> <div style="background-color: #ffff00; padding: 2px;">HP/LI: Assign Task, Manage the probability of risk; implement risk control measure measures, supervise frequently</div> <div style="background-color: #ffff00; padding: 2px;">LP/HI: Assign Task, limit negative impact; implement risk control measures; supervise frequently</div> <div style="background-color: #d9534f; padding: 2px;">HP/HI: Do Not Assign</div>
		Low risk probability/ Low negative impact (LP/LI)	Low risk probability/ High negative impact (LP/HI)	

Critical Thinking Tool C: Outline for the Development of a Supervision Plan

A Supervision Plan must:

- Outline methods and frequency of service supervision prior to assignment, which is dependent on judgment of the complexity of the service component and level of knowledge and competency of support personnel
- Ensure that supervision is ongoing, and involves regular contact with support personnel (which may include observation, record review, meetings, input from other health professionals)
- Identify when and how the support personnel should contact the supervising occupational therapist
- Outline the limits within which the support personnel may change or modify the plan
- Ensure that communication mechanisms and supervisory responsibilities of assigned occupational therapy components to support personnel are clarified if the occupational therapist is aware that the support personnel has been assigned additional components from other professions
- Identify the limits of information which the support personnel is to share with the client, client's caregivers, spouse and significant others
- Outlines the documentation requirements of the support personnel
- Be evaluated on an ongoing basis

Monitoring and Evaluation of Task Completion

The occupational therapist should:

- Monitor and evaluate the completion of assigned tasks to ensure clients and/or program outcomes
- Evaluate the overall occupational therapy program outcomes
- Evaluate client and other stakeholder satisfaction with services and cost efficiency

5. References

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