ACOT
ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Advisory Statement

Assignment/Delegation of Occupational Therapy Services to Support Personnel

June 2005

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The Alberta College of Occupational Therapists (ACOT) believes the [1]*occupational therapist* (OT) has the ultimate responsibility for *occupational therapy service* delivery. This includes the *delegation/assignment* of tasks and *supervision* of *OT support personnel* in carrying out the tasks and/or service components. Responsibilities of the OT will not vary based on the specific job title of support personnel (for example: aide, assistant, etc.).

Purpose

In an effort to deliver quality, accessible, cost effective, and efficient services within a timely manner, support personnel continue to be employed throughout the province to assist OTs to utilize their professional skills effectively and efficiently to meet the needs of the public.

This document builds on previous work by the Canadian Association of Occupational Therapists (CAOT), but expands and clarifies with a more regulatory perspective. It is intended to serve as a guideline for employers, occupational therapists, and support personnel in order to promote safe, appropriate OT service delivery. This document is not intended to provide job descriptions nor job titles for support personnel, as these will vary with different employers throughout the province.

Role of ACOT

The Alberta College of Occupational Therapists protects the public by regulating the practice of occupational therapy in Alberta. ACOT exists to ensure that the public receives *competent*, ethical occupational therapy services.

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[1] *The first time a term defined in the Terms of Reference is used in this document, it is italicized.*

Advisory Statements are published by the Alberta College of Occupational Therapists to increase registrants' awareness of important issues relevant to the practice of occupational therapy and/or critical issues that have the potential to affect, or have a direct impact on, occupational therapy practice.

All occupational therapists in Alberta, must be registered with ACOT and be members in good standing in order to work and use the title of "Occupational Therapist" or "OT." ACOT does not regulate support personnel working under supervision of registered occupational therapists. OTs take responsibility for any occupational therapy services provided under their supervision, which in addition to those carried out by support personnel, includes occupational therapy services provided by restricted practitioners and students under the OT's supervision.

Responsibilities of OTs in Superuision of Support Personnel

Contents of this section were adapted with permission of CAOT Publications from: Canadian Association of Occupational Therapists (2000). Guidelines for the supervision of assigned occupational therapy service components. *Occupational Therapy Now*, July/August, 23-25.

The Occupational Therapist (OT) is responsible for the following:

- Interpreting referrals
- Conducting initial *assessments* and reassessments
- Interpreting assessments
- Establishing goals, desired outcomes, and planning *intervention*
- Assigning/delegating intervention to support personnel
- Providing intervention that require continuous clinical judgment
- Modifying or changing intervention
- Discharging *clients* from occupational therapy service
- Establishing and monitoring follow-up plans/recommendations
- Completing documentation according to the Alberta College of Occupational Therapists Standards of Practice

The role of the OT in the supervision of support personnel includes ensuring and overseeing the quality and quantity of work performed. The work must support the desired outcomes of the service. The OT is also responsible for determining the time and resources needed to effectively meet client needs.

Support personnel must receive site and service specific training to "have an understanding of the intent and procedures for the occupational therapy interventions" (CAOT, 2000, p.23). This training will vary depending on the complexity of the task(s) assigned, the level of skill and knowledge of the support personnel, and the requirements of the department/occupational therapy service/institution.

While frequency of supervision may vary, the following steps should be considered in the process:

1. The client provides informed consent: to the occupational therapy services proposed, and to the service being provided by support personnel.
2. The OT ensures that the support personnel are qualified to carry out the intervention.
3. Supervision of the support personnel is available as needed/required.

4. The quality and outcome of the occupational therapy service is not compromised by assigning/delegating the task to support personnel.

The OT assigning/delegating the task is responsible for supervision of the individual performing the task. This supervisory relationship may be direct, indirect, or a combination of these approaches. A component of direct supervision is always recommended. In situations where the supervision is indirect, the therapist must be available for consultation through some other mode of communication. When this is not possible, an alternate supervisory contact must be provided. The OT will provide supervision through observing treatment sessions, reviewing any records kept by support personnel, and/or establishing both formal and informal review sessions with support personnel and client(s).

The OT is responsible to ensure that the support personnel have the skill required to carry out the intervention that is being assigned/delegated. When assigning/delegating occupational therapy services to support personnel, the OT must have sound rationale for the decision to either assign/delegate or to not. The accountability of the OT rests on the adequacy of the rationale to assign/delegate the task or activity. The support personnel to whom the task is assigned/delegated is then accountable for their performance of the task as per the OT's instructions.

The OT is responsible for establishing the methods and frequency of intervention. The OT is also responsible for establishing the model of supervision to be used prior to the assignment/delegation of each intervention. Along with this, the OT must inform the support personnel of the client's occupational therapy goals and desired outcomes.

The OT is also responsible for ensuring that the support personnel clearly understand all instructions provided and the limits of their role, as outlined in either written or verbal form. It is the OT's responsibility to inform the support personnel of any risks, contraindications, safeguards, precautions, and any other necessary information to ensure client and support personnel safety. When support personnel from contracted agencies are used in service provision, instructions should be in written form.

Support Personnel

Duties and Responsibilities

Support personnel are active members of the team and assist OTs in their effort to improve clients' *occupational performance*.

Support personnel contribute to the delivery of services designed by the OT by assisting with the direct care of clients and performing administrative and support functions that facilitate service provision.

1. Direct client care activities include but are not limited to:

- Facilitation of the practice of client-centered care to foster the client's optimum level of participation within the rehabilitation process.
- Maintenance and promotion of a respectful attitude towards clients and their intervention programs.
- Participation in safe, effective, and ethical implementation of intervention with respect to occupational performance.
- Intervention with individuals on a 1:1 basis and in groups.
- Assistance with the fabrication and maintenance of assistive devices/adaptive equipment as well as the education of clients with respect to the use, maintenance, and limitations of the devices.
- Observation and communication with the OT regarding client's behavior, health status, and ability to perform prescribed activities.
- Documentation on the clients' record as per the employer's policies.
- Utilization of screening tools and information gathering techniques as directed by the OT.
- Attendance at client care conferences, reporting client observations as appropriate.

2. Administrative and support activities include but are not limited to:
    - Preparation, cleaning, maintenance, and inventory of equipment.
    - Inventory and maintenance of supplies and materials for clients.
    - Clerical duties such as reception, scheduling appointments, photocopying, and billing.
    - Collection of workload measurement data.
    - Attendance and appropriate participation at staff meetings.

Role Limitations

Support personnel in occupational therapy have restrictions inherent to their designated role. Certain aspects of service provision require the professional knowledge and skills of the OT and are beyond the scope of the support personnel role.

Aspects of service provision beyond the scope of the support personnel role:

- Independently interpreting a referral, diagnosis, prognosis, or assessment findings
- Conducting initial assessments and reassessments
- Independently administering standardized diagnostic tests
- Determining intervention goals, selecting intervention strategies or procedures
- Developing, planning, and independently modifying intervention programs, goals, and objectives
- Determining caseload

- Psychosocial counseling of clients, parents, primary caregivers, spouses, and significant others (e.g., marital counseling)
- Making decisions about the initiation, duration, or termination of intervention
- Referring clients to other professionals or agencies
- Performing restricted activities except as permitted pursuant to the Health Professions Act

Support personnel must inform their supervising OT if, at any time, they feel they do not understand the directions provided, or require further information or training in order to perform the task being assigned/delegated in a competent manner.

Appendix

Several scenarios follow to further illustrate the roles and responsibilities of OTs and support personnel in practice.

These scenarios are not prescriptive. Rather, they are intended to encourage reflection about the preceding guidelines and their implications for clinical practice.

Each scenario describes a clinical situation, an issue related to that situation and poses questions that may arise with respect to the assignment/delegation of activities to OT support personnel.

Wheelchair Clinic Delegation

Mrs. Brown manages to ambulate around her own home but does not have the stamina to go on outings with her family. Family members have requested a wheelchair and a referral was made to occupational therapy.

The home care nurse completed the referral, which includes specific information about the patient's needs. The referral form is specifically designed to provide information needed to complete the Determination of Needs Form.

The **issue** in this situation is to ensure that the duties of the occupational therapist assistant (OTA) are appropriate and do not exceed their role.

When the referral is received by occupational therapy, the trained OTA transfers the information from the referral form onto the Determination of Needs form. Since Mrs. Brown is being referred for a wheelchair, the corresponding score is added in along with corresponding scores for other factors listed on the form. The total score is calculated by the OTA and Mrs. Brown's referral is then placed on the waiting list according to the total score obtained.

The OTA schedules and organizes Mrs. Brown's wheelchair clinic appointment by calling her to complete a screening questionnaire asking for basic home measurements, her weight and height, and typical usage pattern of a wheelchair. The OTA follows specific criteria provided by the occupational therapist (OT) when completing the questionnaire.

The OTA contacts the vendor to arrange availability of trial wheelchairs as requested by the OT.

The OT assesses the client with the trial equipment (Refer to "Responsibilities of OTs" on page 4).

Questions:

- Was it appropriate for the OTA to call the client to complete the screening questionnaire? (See Support Personnel Duties and Responsibilities, bullet #8).

Home Care Delegation/Assignment

Many Home Care programs within Alberta do not hire OT support personnel. Instead, OT support personnel are hired by agencies contracted to provide service to Home Care clients. The agency

supervisor and/or the support personnel must receive training and guidance from the OT prior to performing the assigned/delegated tasks.

Scenario A

Mr. M is a 72-year old man diagnosed with a CVA 2 years ago. He has some left-sided weakness and difficulty with motor planning. He uses a four-point cane to ambulate. He lives with his wife who has had a previous back injury. Mrs. M calls Home Care because Mr. M is now having difficulty moving his left leg out of the bathtub and she is unable to help. The OT assesses the client and determines that someone other than the wife can assist with the tub transfers.

The **issues** that have to be considered are: the appropriateness of the delegation, availability of supervision for the support personnel doing the task(s), and whether the task is within their scope of practice.

In this scenario, the role of the OT is to initiate service from the contracted agency with a phone call followed by a written care plan. The task does not require delegation.

The role of the support personnel is to provide the care under the supervision of the agency staff. Support personnel often perform tasks such as dressing, bathing, and assisting with transfers. These tasks require some training and skill but can often be general and not client specific. The agency staff will train and supervise their own support personnel performing the task. The support personnel is responsible to their agency for their performance and report to them with any questions.

Question:

Why is this not a delegation? P.4 Support personnel duties and responsibilities. This is a facilitative task within the support personnel role.

Scenario B

Mr. M is a 72-year old man diagnosed with a CVA 6 months ago. He has some left-sided weakness, increased muscle tone, and difficulty with motor planning. He uses a wheelchair for mobility. He requires help from more than one person for transfers.

The **issues** in this case are the appropriateness of the delegation, availability of supervision for the support personnel performing the task(s), and whether or not the task is within their scope of practice.

The role of the OT is to develop a more specific care plan. Like Scenario A, this is not a delegated task. The agency supervisor may need to be taught the task, as it is slightly more complex or specific to that client. If the agency supervisor is an RN or LPN, transfers are within their scope of practice, so she/he could then train and supervise their own support personnel in the use of the lift.

Support personnel have basic training and skill in using a mechanical lift for transfers. The role of the support personnel in this situation is to obtain the client

specific information in order to complete the transfers safely and then to perform the transfers. The supervisor is responsible for the performance of the support personnel. The support personnel is responsible to the agency.

Questions:

- What is the role of the OT with respect to the agency supervisor?

The OT role is to ensure that the agency supervisor is competent with the task. If the agency supervisor does not have the skill, it then becomes a delegated task (see Scenario D)

- What should be the frequency of the supervision of the support personnel?

The frequency of supervision will somewhat depend on how frequently the task is done. Direct supervision of the support personnel in this scenario is a role of the agency supervisor. The role of the OT would be to ensure that the outcome of the treatment is met. In this case that the transfers are done safely. It may be that the OT would actually observe the transfer to assess the safety. It may be that the OT would also ask the client (if the client is cognitively intact) if the client feels safe during the transfer. In another situation, the outcome of the treatment may be that an orthotic device is applied correctly. The OT may only visit the client to see the orthotic device and determine if it has been applied correctly. The OT could also ask the client if it is applied the same way every day. The visual inspection and/or the questions to the client could be done at least once during the first week after the support personnel has been trained. If it has been done correctly, the frequency can decrease. There is a certain amount of professional judgment required to determine frequency, based for example on the difficulty of the skill, the experience of the support personnel, and the ability of the client to contact the OT if concerns arise.

Scenario C

Mr. M is a 72-year old man diagnosed with a CVA six months ago. He has left-sided weakness, increased muscle tone, and difficulty with motor planning. He was in a motor vehicle collision three months ago and needs to wear a Philadelphia collar.

The **issues** for the OT to consider are:

- the appropriateness of the delegation. This is based on client stability, predictability of the client's response patterns, and complexity of the task.
- the extent that problem solving and judgment are required during the task(s),
- availability of supervision for the support personnel performing the task(s),
- if supervision is available, the task is within the supervisor's knowledge, skills, and experience,
- the support personnel performing the task(s) must be adequately trained,
- there must be consistent monitoring of the skill, and

- availability and utilization of family help. OTs and support personnel both assume a level of professional accountability and liability toward the client. The client and families are not bound by such professional responsibilities, hence instructions to families are not considered a delegation. Families are provided information related to performance of the task(s) and to the risks of not performing the task(s) as instructed. If the client and families accept the risks then they assume the responsibility should they not follow the OT's instructions.

In this case, the client has predictable stable health-care needs and a predictable response pattern. His care is complex, so an OT is required to develop a delegated care plan. If the agency supervisor is an RN/LPN, has previous experience with a Philadelphia collar, and is competent with donning/doffing it, then the agency supervisor can teach the support personnel the task. The OT needs to be present to ensure that the supervisor is competent to perform the assigned task. If the supervisor has no previous experience or is not competent, then the OT must teach (train) the supervisor. Once the supervisor can perform the task, the task is assigned to the supervisor. The OT completes the appropriate paperwork and a monitoring schedule is set up. The OT is responsible for the OT service outcome (e.g. the collar is worn properly and provides support so that healing can occur and complications prevented). As the OT is ultimately responsible for the occupational therapy service, the OT will continue to monitor the intervention to make sure the contracted support personnel do not alter the methods they have been shown to do the task.

The support personnel receives the appropriate training from the agency supervisor, and performs the delegated task(s). The agency is responsible for providing the care and for monitoring the support personnel.

Question:

- Does the OT need to observe the RN/LPN doing a return demonstration of the task? Why or why not? (Refer to Responsibilities of OTs on page 4)

Since the OT is responsible for the outcome of the intervention it follows that the OT needs to ensure the competence of the other health professional to teach the task to the support personnel. If the OT knows from experience that the agency supervisor is competent, the OT need not be present or see a return demonstration. The OT is responsible to periodically check the support personnel is following the correct protocol/intervention

Scenario D

The case is the same as Scenario C. The **issues** for the OT to consider are the same as Scenario C.

In this case, the OT develops a written, delegated care plan. If the agency supervisor is not an RN/LPN, then the OT provides the training and delegates to all of the support personnel. The OT is still responsible for the service outcome PLUS the monitoring of the support

personnel in the performance of the delegated task(s). The OT is thus both the direct and indirect supervisor of the support personnel.

Questions:

How frequently must the OT monitor the support personnel? (Refer to "Responsibilities of OTs" on page 5)

- How frequently does the OT need to monitor the support personnel?

The monitoring and supervision will need to be on a more frequent basis than in Scenario C. This must be done to ensure the support personnel skills and attitudes remain client-centered and that there is optimal performance of the delegated task(s). Particularly if the skill is new to the support personnel, there may need to be daily direct supervision initially. As there are often different support personnel on different days of the week, each will need the close supervision initially.

- If the client tells the support personnel that the physician has said the Philadelphia collar does not need to be worn during a shower, what should occur? (Refer to page 5 Role Limitations).

Support personnel may not accept the direction of a physician through a client. The support personnel must inform the OT who would probably need to verify this with the physician if it does not correspond to Home Care protocols. The support personnel would need to have the client continue to wear the collar during the shower until further direction is provided from the OT.

Grading and Adaptation of Interuention

Mary Jo is an OTA working in a hospital with outpatients who are neurologically impaired. She has been working with John, a 57 year old with a brain injury, for two months. They have been working on improving the fine motor coordination of his Left upper extremity, increasing his attention span, and promoting John's self management of emotional reactions to events. Intervention activities have included a variety of tabletop games and activities including a modified checkerboard game, stringing 1.5 inch beads, following a colored pattern for the beads, use of some computer software programs, and involvement in woodwork activities with a small group.

At the beginning of the two-month intervention period John needed adaptations to the checkerboard and beading tasks for them to be used/completed independently. Over the last two weeks, he has progressed to the point where the adaptations are not needed. Today he is not paying attention to the tasks at hand and is expressing frustration with the activities. Seeing his frustration, Mary Jo decides to try John with some smaller beads and another tabletop game to see whether he is able to find challenge in the tasks. She also uses some software with him that hasn't been used before today.

Issues/Questions:

- Was it within Mary Jo's role to modify the activities?
- What other options were available to her?
- What should she do before the next therapy session with John? (Refer to "Role Limitations", bullet #5)

Use of Support Personnel in Community Mental Health

Mr. Jones has severe and persistent mental illness with cognitive deficits as well as a cardiac condition. His strong desire is to live in his own apartment, but his sister is no longer able to provide a high level of support. The psychiatrist referred Mr. Jones for assessment and resolution of the problem.

The OT determined that Mr. Jones required reminding about routine chores, an incentive to do them and someone to check that they were completed satisfactorily. He also required training in using public transport and job coaching in order to engage in volunteer work.

Mr. Jones was pleased with the suggestion that an experienced Community Support Worker (CSW) might provide these services. Mr. Jones' needs were discussed with the CSW who now makes a weekly home visit at which laundry and housekeeping tasks are done. A male CSW was chosen because Mr. Jones had lost contact with male friends. The social aspect of the weekly visit is important too. The OT contacts the CSW monthly to monitor the service and to reinforce the need for Mr. Jones to be very active during the visits in order to maintain his skills. The CSW did the transport training and job coaching and continues to reinforce the benefits to Mr. Jones of productive activity. The OT monitors the satisfaction of both Mr. Jones and his supervisors at the volunteer work sites.

The OT arranges check-ups for Mr. Jones with his GP and accompanies him to them. When hospital tests are scheduled the OT provides the CSW with the information who then ensures that Mr. Jones manages any necessary preparations and escorts him for the test.

The use of support personnel for routine interventions, for time-consuming tasks not requiring the OT and for providing some social stimulation, allows for the efficient use of the therapist's time and has improved the quality of life and wellness of both Mr. Jones and his sister.

Issues/Questions:

- Can the CSW decide which volunteer position is appropriate for Mr. Jones?
- Why are there scheduled monthly supervision meetings?
- If Mr. Jones says he doesn't feel like volunteering for a few days, would the CSW be expected to report this to the OT right away, or can it wait for the monthly meeting? (Refer to "Role Limitations", Bullet #4 and "Responsibilities of OTs")

Glossary

Assessment An ongoing process of collecting, analyzing and interpreting information obtained through observation, interview, record review and testing. Assessments used in occupational therapy may include standardized, informal, or qualitative methodologies in addition to report(s) from various other health disciplines, clients, and others.

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.

Client Any individual, group, agency, organization, business, or other that forms a client-centered occupational therapist partnership; including people with occupational performance problems arising from medical conditions, transitional difficulties, or environmental barriers; also including organizations and services that influence occupational performance of particular groups or populations, and consequently, social and personal well-being.

Competent Having the ability and capacity to perform the task, meeting the established minimal standards/expectations. Possessing the combined knowledge, skills, attitudes, and judgment required to effectively provide professional services.

Delegation The process by which an occupational therapist appoints competent support personnel to act on the OTs behalf giving support personnel the authority to exercise discretion in the performance of specific activities in a selected situation. The following conditions must be satisfied in order for specific activities to be delegated:

- these are within the OTs practice;
- the client will not be at risk if these are performed by support personnel;
- these are established and/or stable parts of the client's care;
- these are not restricted activities, as per the Health Professional Act.

Intervention (Occupational) The process of effecting change in occupational performance.

Occupational Performance Occupational performance is the participation in major social roles, which require physical, cognitive, psychological and social skills (performance components) which are fundamental to these roles. Family interaction, activities of daily living, school/work, play/leisure/recreation, and temporal adaptation are examples of occupational performances.

Occupational Therapist (OT) An individual who has met the requirements for registration and holds a practice permit issued by the applicable legislated authority (i.e., ACOT).

OT Support Personnel Any individual who does not meet the requirements under legislation to be an occupational therapist/restricted practitioner, but as a result of varied education, training, or experience, and under the supervision of an OT, has the competence to provide

occupational therapy services. These individuals may be referred to by various titles including but not limited to OT Assistant, OT Aide, Support Worker, Rehabilitation Attendant/Assistant, Community Support Worker, and Auxiliary Worker.

Occupational Therapy Service A set of activities that are designed and organized by OTs to enable occupation with individuals, organizations and communities. An occupational therapy service reflects occupational therapy values, beliefs and core concepts; enables persons to perform occupations which are meaningful to them; uses occupations to promote the achievement of self-care, productivity, and/or leisure; follows a client-centered occupational performance process; and is tailored to meet the specific needs of each client. Services are provided in a variety of environments, including hospitals, private practice, home care, continuing care institutions, schools, etc.

Restricted Activities Regulated health services that are identified in legislation as requiring specific competencies and skills to be safely provided to the public. They are generally seen as high-risk activities. Restricted activities may only be performed by practitioners authorized to do so in legislation. These individuals may be regulated health professionals whose scope of practice includes the provision of the restricted activity or other practitioners who have been exempted from the restriction. These activities may be performed by a number of regulated health practitioners and are not linked to any particular health profession. Restricted activities also apply to non-regulated practitioners by defining what they may not do.

Supervision A process in which two or more people participate in a joint effort to promote, establish, maintain or increase a level of performance and service. One person is identified as having ultimate responsibility for the quality of the service.

- Direct Supervision: The supervising OT is present within the environment when the delegated task is being carried out.
- Indirect supervision: The supervising OT is not present when the task is being carried out, but is available to the support personnel by communication technology (eg. telephone, fax, e-mail, etc) or has provided an alternate plan in case of doubt or perceived risk.

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