MODEL OF CARE INITIATIVE IN NOVA SCOTIA (MOCINS)

Standardized Role Profile

Occupational Therapist (OT) - Acute Medical Inpatient Service

Purpose of this Document:

A key deliverable of the Model of Care Initiative in Nova Scotia is the establishment of province-wide standardized roles to enable more consistent work practices at full scope of practice. The purpose of this document is to describe the intent of a standardized and consistent role for an Occupational Therapist (OT). The focus is on practice within an acute care medical/surgical inpatient setting.

The following table identifies those role functions of the OT that are expected to have a renewed emphasis and be optimized in the new Collaborative Care Model, as well as tasks that can be safely transferred out of the role, either to another role within the profession or to other members of the care team. It is expected that all OTs in Nova Scotia will practice according to the standards and related documents defined by their college and no attempt was made to replicate these expectations in this draft document.

Renewed Emphasis	Optimized	Transferred
➢ Comprehensive, client centered assessments and interventions ➢ Identification of Occupational Performance Issues ➢ Interdisciplinary care provision ➢ Focus on client centered care, rather than provider driven care ➢ Engagement of the client and his / her support system in the care process ➢ Focus on prevention, to prevent future admission and issues ➢ Occupational Therapy services at a systems level and with a focus on population health ➢ Program development, such as chronic disease management, and creating linkages with inpatient, community and primary health care services ➢ Act as a Communicator, to promote of the profession of Occupational Therapy, and the concepts of occupational performance, occupational functioning and occupational engagement ➢ Act as a Change Agent to align policy and other systems elements to client centered needs ➢ Act as a Professional through teaching, mentoring and orientation, and education for professional development ➢ Act as a consultant to facilitate discharge planning and transitions across the health care continuum, ensuring the patients needs are met in appropriate setting ➢ Research	➢ Exhibit expertise in enabling occupations (e.g. assessment, education, and intervention) in the most functionally relevant environment (e.g., community, home, school) for the client ➢ Act as a Collaborator to facilitate collaboration across the continuum of care, including improved communication between community, tertiary hospitals, regional hospitals, etc. ➢ Development and implementation of interdisciplinary, collaborative care plans, and discharge plans. ➢ Facilitating established clinical groups and/or education programs ➢ Supervision of Occupational therapy assistants and aides in the running of established plan of care, that are within the abilities / skills / scopes of an assistant or aide ➢ Focus occupational performance / occupational functioning and occupational engagement; rather than on individual performance components ➢ Act as a Practice Manager through the development and implementation of care plans and coordination of specific populations ➢ Act as a Scholarly Practitioner through reflective practice with an emphasis on best practice	➢ Clerical duties: typing, copying, filing, appointment booking, faxing, etc. ➢ Data entry / workload statistic input ➢ Equipment maintenance and inventory ➢ Researching and sourcing of equipment, obtaining quotes on equipment ➢ Organizing, gathering, and preparing clinical supplies, equipment, assessment kits, etc. ➢ Routine functional mobility activities ➢ Portering of clients ➢ Typing quotes, faxing and following up on equipment / supply quotes

Role Summary:

The Occupational Therapist (OT) is one of the collaborators in the Collaborative Care Model, participating in the provision of holistic, comprehensive care to meet the needs of clients. As a member of the team, the OT participates in the overall plan of care with the client by providing occupational therapy services.

Occupational Therapy Services are indicated when engagement in the occupations of everyday living becomes a challenge or engagement is at risk of becoming a challenge.

The vision and goals of Occupational Therapy, include environmental and system level actions with or for individuals and groups, such as:

- Enabling community re-engagement
- Adapting and designing programs and the environment for safety and inter-dependence
- Coordinating community connections for community / social inclusion
- Advocating with clients and the community to develop resource supports
- Educating clients, families, etc. to manage chronic disease and disability
- Enabling optimal participation in home, work, community, and society
- Enabling participation in all aspects of every day life

Occupational Therapy assessment involves the identification of Occupational Performance Issues, challenges related to occupational engagement and the identification of strengths and barriers related to the Occupations, Environment, and Person. Assessment methods include, but are not limited to: Functional Assessment and task analysis of self care, leisure and productivity occupations; and standardized assessments.

The OT contributes to the client’s plan of care based on the analysis of assessment findings, chosen theoretical approaches, clinical best practices, critical thinking, and collaboration with the client.

Occupational Therapy Interventions aim to facilitate safe, functional, engagement in self care, productivity and leisure occupations; and minimize barriers that impede engagement in occupations. Intervention may include on one or more of the following: remediation, adaptation, compensation, prevention, health promotion, or education. Interventions typically target the person, occupation, and environment collectively as these elements are inter-related. Interventions may take place in the medical surgical unit, or in functional environments (e.g., home, school, community locations, and work) relevant to the client.

In collaboration with the client, his/her support system and the health care team, the OT monitors client’s response to intervention and modifies/grades treatments, care plan, and discharge plans, as indicated.

Occupational Therapist's Key Responsibilities:

I. COMPETENT PRACTICE (see Appendix 1 – Supporting Documents)

Assessment:

1. Screens and prioritizes referrals to Occupational Therapy to determine the individual's need for occupation therapy services
2. Performs initial and ongoing assessment. The initial assessment aims to understand the client's pre-admission status as compared to current status. The initial assessment gathers baseline information with the client, to facilitate re-evaluation of the client's status at later points in the care process.
3. Assessment involves identification of Occupational Performance Issues (OPIs); identification of challenges related to occupational engagement, and identification of strengths and barriers related to the Person, Occupations, and Environment, and their interaction with one another. Specifically, the assessment may include, but is not limited to assessment of:

    - Occupations
        - Self Care occupations for looking after the self. (e.g., personal care, personal responsibilities, functional mobility, and organization of personal space and time)
        - Productivity occupations that make a social or economic contribution (e.g., play in infancy/childhood, school work, employment, homemaking, parenting, and community volunteering
        - Leisure occupations for enjoyment (e.g., socializing, creative expressions, outdoor activities, games, and sports)
    - Environment
        - Physical (e.g., physical and built surroundings)
        - Social (e.g., values, attitudes, and beliefs)
        - Cultural (e.g., ethnic, racial, ceremonial, and routine practice, based on the ethos and value system of particular groups)
        - Institutional (political, economical, legal, and legislative components)

Examples of OPIs include, but are not limited to:

- Decreased safety and / or decreased functional independence related self care, productivity, and/or leisure occupations
- Issues related to home accessibility, home safety, equipment, wheelchairs, seating, pressure ulcer management (prevention and treatment)
- Issues related to hand function, upper extremity function, energy conservation, pacing, etc.
- Issues related to cognition, memory, visual perception, sensory integration, etc.
- Person
    - Physical Function ("doing"; sensory, motor and sensorimotor functions)

- Cognitive Function (“thinking”; mental functions both cognitive and intellectual, such as concentration, perception, memory, and judgement)
- Psychosocial Function (“feeling”, social and emotional functions, interpersonal and intrapersonal factors)
- Spirituality (innate essence of self; expression of will, drive and motivation)

4. Assessment information may be obtained through multiple methods. Methods used, may include, but are not limited to:
   - Client interview
   - Functional assessments, consisting of an occupational analysis of self care, productivity, and/or leisure occupations. Functional assessment includes in-depth task analysis.
   - Standardized Assessments to screen cognition, visual motor abilities, perception, hand function, sensory integration, etc.
5. Identifies the client, based on each unique situation, and identifies the clients support system (e.g., family, significant others, caregivers, community, etc.)
6. Advocates with client to establish positive first contact, consults on options for service; educates and collaborates to establish/remind client of previous signing and document consent.
7. Engages with client to build rapport and the relationship, clarify values, organize a schedule and places to meet for assessment.
8. Collaborates with client to identify priorities for assessment and possible expected outcomes
9. Selects an appropriate theoretical approach to address the client’s occupational performance issues
10. Documents and communicates pertinent information in a timely and concise manner.
11. Monitors, through assessment data, the ongoing status of the client.
12. Recognizes changes in occupational performance and engagement, functional abilities, and health care needs and adjusts the care plan accordingly.
13. Collaborates with members of the healthcare team and client to collect, validate and expand assessment data.
14. Initiates discharge planning with the client, the client’s support system, and the health care team.

Planning:

1. Engages in critical thinking
2. Re-evaluates and adjusts theoretical approach(es) to fit with the client’s Occupational Performance Issues (OPIs).
3. Analyzes assessment data to identify the client’s occupational performance issues, strengths and weaknesses.
4. Interprets the assessment findings for the client, his/her support system, and/or the health care team.

5. Engages the client in the goal setting process to identify the client's priorities.
6. Initiates planning and establishes short and long term goals, expected outcomes, a plan of care, and a discharge plan.
7. Through collaboration with the client, develops the plan of care based on the analysis of assessment findings, chosen theoretical approaches, clinical best practices, and the client's vision for his/her life opportunities.
8. Applies knowledge of pertinent Occupational Therapy and related healthcare research and evidence to care planning; uses current knowledge to justify plan of care.
9. Integrates interdisciplinary and multiagency factors into the care plan.
10. Negotiates and communicates with the client, his/her support system, the health care team, and service providers when there is a difference between the care plan and the wants, needs and strengths of the client.

Implementation:

1. Carries out assessment, plan implementation, discharge planning and education in accordance with DHA policies and procedures, the Occupational Therapy Code of Ethics, the National Occupational Therapy competency requirements, and the Occupational Therapy Act of Nova Scotia.
2. Engages the client in interventions with an aim to maximize occupational functioning and minimize barriers that impede occupational engagement. Implementation of the plan involves promotion of safety, choice, and risk engagement.
3. Intervention may include one or more of the following: remediation, adaptation, compensation, prevention, health promotion, or education. Interventions typically target the person, occupation, and environment collectively as these elements are inter-related. Occupational therapy interventions may include but are not limited to:
    - Engagement in graded self care, leisure, and/or productivity occupations to remediate and practice functional skills, develop adaptive techniques, and optimize occupational engagement
    - Adaptive equipment for mobility, bathing, feeding, dressing, cooking, cleaning, work, play, etc.
    - Seating, wheelchairs, positioning aids, and pressure management (reduction/relief) devices
    - Splinting
    - Education for the client, and his/her support system
    - Therapeutic activities that aim to improve strength, endurance, fine motor skills, dexterity, pinch, grip, balance, etc. as they relate to occupational functioning.
    - Advocacy for policy level or system level change
4. Engages the client in treatment on a one to one basis or in a group format as appropriate.
5. Interventions may take place in the medical surgical unit, or in other functional environments (e.g., home, school, community locations, work) relevant to the client

6. Delegates appropriate treatment activities to an Occupational Therapy assistant, occupational therapy aide, or other members of the health care team.
7. Identifies the need for and coordinates home and community based occupational therapy interventions, to maintain and enhance the performance of the client in their own environments.
8. Collaborates and communicates effectively with client, his/her support system, team member(s) and internal/external resources to implement and coordinate plan of care/services.
9. Teaches and coaches clients and families in a flexible and creative manner using accurate and consistent information. This may or may not include the development of educational materials.
10. Articulates rationale for decisions that are based on clinical best practice, current theory and research

Evaluation:

1. Evaluates, communicates, and documents expected and unexpected responses to care, to the client, his/her support system, and the health care team. Evaluates and monitors broad outcomes including healthy living, and reducing hospitalization.
2. In collaboration with the client, his/her support system and the health care team, monitors client's response to intervention and modifies/grades treatments, care plan, and discharge plans, as indicated.
3. Discusses observations with and makes recommendations to interdisciplinary team and leaders to influence program development/evaluation.
4. Maintains an accurate account of care given through clear, concise, written and verbal communication and evaluates, communicates and documents client response to care.
5. Continuously engages in critical thinking, and evaluates plan of care and makes revisions to plan as necessary in consultation and collaboration with other members of the health care team, client, his/her support system.
6. Consults, collaborates, advocates, educates and engages the client to optimize services.
7. Protects client and family confidentiality, privacy and creates an overall environment that is safe and secure
8. Terminates Occupational Therapy Services in agreement with clinical best practices, and/or when maximal therapeutic outcomes / functional gains are achieved.

Care Coordination for a Client or Group of Clients:

In an acute care medical/surgical unit, the OT may serve as the coordinator of care within the care delivery team

The members of this team vary depending on the needs of the client population. In this role the OT will:

- Provide leadership at the bedside team level for ensuring that an integrated inter-disciplinary plan of care is created as early as possible in the client experience for scheduled and unscheduled clients;
- Focus on ensuring that the client care experience is coordinated and integrated within an interdisciplinary model of care, both within acute care and across the continuum of care.
- Assume responsibility for assessing, planning, implementing, directing, supervising, evaluating direct and indirect care, and evaluating client outcomes.
- Serve as a key resource to the family and client
- Organize client and family conferences as required to ensure active involvement in the development of the plan of care as well as the ongoing management and monitoring of progress
- Facilitate decision making through renewed processes of communication including scheduled rounds as well as ad hoc meetings to ensure timely flow and progression of the ongoing stay and discharge
- Identify barriers to smooth flow and timely progression of the ongoing stay and review with the team to rectify issues at the earliest possible moment.
- Facilitate and coordinate referrals based on needs
- Ensures client/family education by an appropriate person
- Participate in direct client care delivery as per their defined scope of practice

Other pertinent information:

As a part of their employment, Occupational Therapists; may engage in other key tasks including, but not limited to:

1. Completion of workload measurement statistics
2. Participation in and /or leadership of:
    a. *Program planning*
    b. *Research*
    c. *Continuous quality improvement initiatives*
    d. *Committees*
    e. *Staff education*
3. Orientation of new employees
4. Facilitation of student clinical internships
5. Safety initiatives
6. Accreditation

APPENDIX 1: Supporting Documents

1. Canadian Model of Occupational Performance (CMOP)
2. Occupational Performance Process Model (OPPM)
3. Occupational Therapy Act of Nova Scotia
4. Canadian Association of Occupational Therapists (CAOT) – Code of Ethics
5. Essential Competency for Occupational Therapists
6. Canadian Association of Occupational Therapists (CAOT) – Support Personnel Guidelines
7. Canadian Association of Occupational Therapist (2007). Profile of Occupational therapy in Canada. Available at : http://ww.caot.ca/default.asp?pageid=36
8. Townsend, E.A. & Polatojko, H.P. *Enabling Ooccupation II: Advancing an occupational therapy vision of health, well-being and justice through occupation.* Ottawa, ON: CAOT Publications l'ACE.