

Practice Guideline

2011

Supervising Support Personnel

COTBC practice guidelines are published by the college to assist occupational therapists in meeting the *Essential Competencies of Practice for Occupational Therapists in Canada* through:

- increasing registrant knowledge of responsibilities
- describing expectations for practice
- defining safe, ethical competent practice
- guiding critical thinking for everyday practice

Note to Readers

This guideline replaces the *Practice Guideline: Assigning of Service Components to Unregulated Support Personnel* (March 2004).

Throughout this guideline, reference is made to the following related documents. Please check that you have the most recent versions, download these from the College website, or contact the College to receive updates.

Practice Guideline: Collecting, Recording and Protecting Client Information (COTBC, 2006).

Practice Guideline: Obtaining Consent to Occupational Therapy Services (COTBC, 2008).

College of Occupational Therapists of British Columbia Bylaws (COTBC, 2001).

College of Occupational Therapists of British Columbia Code of Ethics (COTBC, 2006).

Essential Competencies of Practice for Occupational Therapists in Canada (3rd ed.) (ACOTRO, 2011).

Questions regarding the content or application of these guidelines should be forwarded to:

College of Occupational Therapists of B.C.
Suite 219 - 645 Fort Street
Victoria, B.C.
V8W 1G2

Tel: (250) 386-6822 or Toll free in B.C. (866) 386-6822

email: info@cotbc.org

www.cotbc.org

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Table of Contents

| | |
|---------------------------------------|----|
| Preamble | 1 |
| Statement of Purpose | 2 |
| Definitions | 3 |
| Key Responsibilities | 4 |
| Practice Expectations | 5 |
| Decision Making Tool | 8 |
| Practice Expectations Checklist | 9 |
| References | 12 |

Refer to Essential
Competencies of Practice: 7.2

College Bylaws: Part 5 –
Professional Misconduct,
section 68 (1-n)

Preamble

The College of Occupational Therapists of British Columbia (COTBC) regulates the practice of B.C. occupational therapists. The College is mandated under the B.C. *Health Professions Act* (1996 RS c.183) "to serve and protect the public".

This document was revised by occupational therapists in British Columbia (B.C.) who work in a variety of practice settings and serve on the COTBC Standards Committee. The process entailed a review of the current document with respect to parallel documents from Canadian occupational therapy and health regulatory organizations, practice questions received by the College, and scholarly literature.

This guideline replaces the *Practice Guideline: Assigning of Service Components to Unregulated Support Personnel* (March 2004)

Statement of Purpose

This document serves as a guide to support occupational therapists in their decision making when assigning components of their service to support personnel to ensure safe, ethical and effective service delivery across practice settings.

For over 50 years, support personnel have worked with occupational therapists to assist therapists to meet the needs of a greater number of clients. In an ongoing effort to deliver quality, accessible and cost-effective services in a timely manner, the College endorses the appropriate use of support personnel in the delivery of occupational therapy services.

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.

Limitations

Although this document was written primarily for B.C. occupational therapists it is recognized that others may find the information useful.

This document is not intended to define roles and titles of support personnel, which vary with different services throughout the province.

Restricted activities are not covered in this document because they are awaiting legislative review.

Consultation

The occupational therapist needs to ensure clients and stakeholders understand when consultation is being provided versus tasks being assigned. Generally, the expected outcome of consultation is the provision of recommendations. It is understood that while occupational therapists are accountable for the recommendations they make, clients and/or stakeholders may or may not choose to act on those recommendations (COTO, 2004).

Definitions

Assignment

The process whereby the therapist allocates components of the occupational therapy plan to an unregulated health care provider. The recipient of the service components is a client of the occupational therapist. The therapist transfers responsibility for delivery of the service component to the support personnel while retaining accountability for the outcome of the overall program and/or care plan.

For the purpose of this guideline, the definition of *assignment* is broad and considered synonymous with terms such as *delegation*, *transfer of function* and other terms that may be used within a particular practice setting.

Consultation

The process of providing expert advice, education and/or training, or facilitating problem-solving regarding a specific issue with another service provider, on a time-limited basis, that **does not transfer responsibility**. The consultant occupational therapist **does not** assign occupational therapy service components and does not have continuing responsibility for supervising the quality of the ongoing service of the provider. Consultation is not defined by the number of interactions with the client and may continue over a period of time (Canadian Association of Occupational Therapists, 2009).

Delegation

A term that has particular meaning in the B.C. *Health Professions Act* and refers to restricted activities and the ability to transfer the authority from one regulated health professional to another to perform a restricted activity.

Restricted Activities

A narrowly defined list of invasive, higher risk activities that must not be performed by any health provider except members of a regulated profession who have been granted specific legislative authority to do so.

Supervision

A process whereby the occupational therapist provides continuous and interactive feedback to the support personnel to ensure competent delivery of service components.

Support Personnel

Service providers who are not occupational therapists but are knowledgeable and competent in the field of occupational therapy through experience, education and/or training, and are directly involved in the provision of occupational therapy services under the supervision of an occupational therapist. Support personnel are not part of a regulated profession. Various titles may be used depending on the area of practice, place of employment and level of education. These may include but are not limited to support personnel, rehabilitation or occupational therapist assistants, and activity aides.

Key Responsibilities

The therapist assigning a component of an occupational therapy service has the responsibility to determine and demonstrate appropriate assignment, supervision, and documentation.

The occupational therapist will ensure the following are addressed with respect to:

The client

- understands and consents to the provision of the service by the support personnel.
- receives care that is not compromised by the assignment.

The support personnel

- understands his or her roles and responsibilities.
- clearly identifies to the client his or her role as assisting the occupational therapist.
- are competent to provide the service safely and effectively.
- receive appropriate training to carry out the procedures.
- acknowledge accountability to the occupational therapist in completing the task.
- understand how and when to contact the occupational therapist, particularly in an emergency situation.
- change or modify the task only within limits established by the occupational therapist.
- may record their direct interactions with the client as directed by the occupational therapist.

The documentation

- includes evidence that appropriate consent was obtained.
- includes a plan that records information specific to the assignment, supervision, and completion of occupational therapy service components.
- includes that the support personnel notes were reviewed.
- is kept in accordance with College Bylaws and other guidelines.

Refer to Practice Guidelines:

Obtaining Consent to Occupational Therapy Services

Collecting, Recording and Protecting Client Information

Practice Expectations

The therapist is fully accountable for all occupational therapy components assigned, from the decision to assign, assessing the risks, developing a supervision plan, and to discharge.

Assigning components is not always straightforward. The process requires the occupational therapist to continuously apply clinical judgment. The *Decision Making Tool* on page 8 is a useful resource that helps assess the risks involved in (a) whether to assign or not, and (b) which components to assign to support personnel.

Steps in assigning

1. assess client needs, decide what can be assigned, determine support personnel competence to deliver assigned tasks.
2. determine if assignment will occur or not.
3. establish appropriate supervision and communication plan.
4. document that a *supervision plan* is in place, including the details of this plan.
5. obtain client consent for components proposed to be delivered by support personnel.
6. assign the component(s) to the support personnel.
7. evaluate the service consistently to ensure it is safe, ethical, effective and appropriate.
8. ensure changes, modifications or withdrawal of assigned tasks are directed by the occupational therapist.
9. terminate the assigned component(s) appropriately.

Components that are not assigned

- interpretation of a referral.
- initial assessments and reassessments.
- aspects of assessment requiring clinical judgment; the support personnel may be involved in collecting simple or rote data to be used by the occupational therapist in the assessment.
- interpretation of assessment findings.
- intervention planning, and determination of goals and objectives.
- selection of treatment strategies or procedures.
- modification of an intervention beyond established limits.
- decisions regarding interventions where continuous clinical judgment is necessary to closely monitor and guide client progress.
- determination of caseload.
- personal counseling of clients, parents, primary caregivers, spouses, and significant others.
- decisions about the initiation or termination of intervention.
- referral of a client to other professionals or agencies.
- discharge planning.

Planning for Supervision

The main purpose of supervision is to ensure that the occupational therapy service component is delivered in a safe, ethical, and effective manner. It is critical that the occupational therapist has a clear understanding of the roles and responsibilities related to appropriate supervision of support personnel.

Supervision Plan

The occupational therapist will provide adequate supervision to the support personnel for assigned tasks. This involves overseeing the quality and quantity of work carried out by the support personnel to ensure that the expected outcomes of the service are attained. The degree of supervision provided by the occupational therapist (including supervisory ratios) is dependent on various factors, including but not limited to: the practice setting, the specific client population, the nature of the duties assigned, and the physical environment. The supervision plan should also include strategies for planned and unplanned absences.

Prior to assigning components, a supervision plan will need to be in place and clearly documented and communicated to the support personnel. The plan typically addresses: methods and frequency of supervision, reporting, methods of communicating, and evaluation.

Methods of Supervision

It is the therapist's responsibility to determine and apply the most appropriate method of supervision for the particular assignment. Supervision includes ongoing monitoring of support personnel competence.

- **Direct** supervision occurs when the occupational therapist is physically present while the support personnel is providing care.
- **Indirect** supervision occurs when the occupational therapist is not physically present.

Examples include but are not restricted to: chart audits, discussions with the support personnel, discussions with the client and/or health care colleagues, or telephone or telepractice.

Evaluation

Evaluation of the delivery of the assigned service includes considering the:

- ability of the support personnel to carry out the component as instructed.
- attainment of service or program outcomes.
- client and other stakeholder satisfaction with services.
- cost efficiency of service provision.

Results of the evaluation are documented by the occupational therapist. This includes any variances in the process of the assigned service from the instructions provided by the therapist.

Refer to Advisory Statement: *Use of Title* (COTBC, in press)

Refer to Practice Guideline: *Collecting, Recording and Protecting Client Information*

Documentation/Client Records

The occupational therapist shall meet the standards for record keeping as set by the College. More specifically, this involves:

- Recording the information that identifies the support personnel who is to perform a service component (e.g., job title, employing agency), the component(s) assigned, and the supervision plan and process including the critical thinking involved to make the decision to assign.
- The support personnel to whom an occupational therapy service component was assigned may record her/his direct interactions with the client on the client record. The therapist records on the occupational therapy record that these notes, when present, were reviewed in determining future service planning for the client. The therapist reviews the information provided by support personnel and considers how it contributes to the provision of the occupational therapy service in order to maintain responsibility for the client's overall care and progress towards goals (COTO, 2004).
- COTBC does not require each entry to be co-signed by the occupational therapist. However, the therapist may co-sign reports or progress notes written by support personnel if the occupational therapist is able to verify and support the content of the note (COTO, 2004).

Title for Support Personnel

It is important that the public is clear who they are working with and clients need to understand that the support personnel is under the supervision of a registered occupational therapist.

Occupational therapists assigning service components to support personnel should keep in mind what is represented to their clients. The support personnel should clearly indicate that he or she is working in the role of an assistant and is under the supervision of a registered occupational therapist. *Examples include: rehabilitation assistant, OT assistant.*

Decision Making Tool

Use this tool to help assess the risks involved with whether to assign or not and what to assign.

STEP ONE

Identify Potential Risk Factors

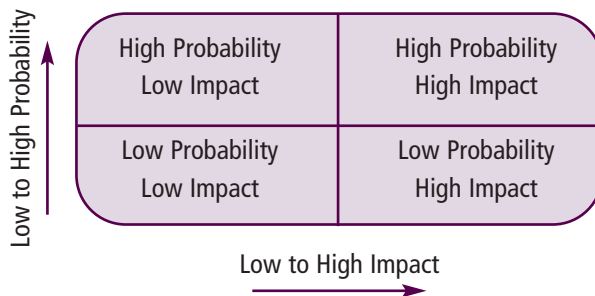
What are the current and potential risk factors?

STEP TWO

Assess Risk Factors in all Areas and Classify Risk of Harm

What is the probability (chance/likelihood) of harm, given each factor?

What would be the degree of impact?



STEP THREE

Manage or Control Risks

What measures could I put in place to prevent, minimize, and/or control the risk of harm?

**Low Probability
Low Impact**
Assign Task
Periodic Supervision

**High Probability
Low Impact**
Assign Task
Frequent Supervision

**Low Probability
High Impact**
Assign Task
Frequent Supervision

**High Probability
High Impact**
Do Not Assign

STEP FOUR

Continue to Monitor the Risks Review and Revise the Plan as Necessary

What is my plan for continuous monitoring and revision to manage risk?

RISK FACTORS

CLIENT

eg, stability and complexity of condition including physical, mental & social; predictability of change of condition; client's ability to direct care and give informed consent; economic & cultural considerations.

SUPPORT PERSONNEL COMPETENCE

eg, knowledge & experience with task, client population & practice context; working relationship with OT.

ENVIRONMENTAL CONDITIONS

eg, availability of resources, degree of independence or isolation, predictability of changes, organization policies, adequate time to supervise & document process.

OT INTERVENTION/S

(task analysis of components potentially to be assigned) eg, complexity, skills required, client specificity, need for ongoing clinical judgement.

Practice Expectations Checklist

Use this checklist when considering assigning occupational therapy service components.

| I take the following steps in assigning | Yes | No | N/A |
|---|-----|----|-----|
| understand the roles and responsibilities related to appropriate supervision of support personnel | | | |
| assess client needs, decide what can be assigned and determine support personnel competence to deliver tasks | | | |
| consider the risk factors (<i>client, support personnel competence, environmental conditions, occupational therapy interventions</i>) | | | |
| determine if assignment will occur or not | | | |
| establish an appropriate supervision and communication plan | | | |
| obtain client consent for components proposed to be delivered by support personnel | | | |
| ensure the title used by support personnel clearly indicates their role as an assistant | | | |
| assign the component/s to the support personnel | | | |
| evaluate the service consistently to ensure it is safe, ethical, effective and appropriate | | | |
| direct changes, modifications or withdrawal of assigned tasks | | | |
| terminate the assigned components appropriately | | | |

| Documentation | Yes | No | N/A |
|--|-----|----|-----|
| is kept in accordance with College bylaws and other guidelines | | | |
| includes evidence that appropriate consent has been obtained | | | |
| includes a Supervision Plan | | | |
| includes a review of support personnel notes (when present) | | | |
| includes reports or progress notes written by support personnel and that may be co-signed by the OT (each entry does not need to be co-signed) | | | |
| includes results of the evaluation of the delivery of the assigned components | | | |

SUPERVISING SUPPORT PERSONNEL

| I do not assign the following | Yes | N/A |
|---|------------|------------|
| interpretation of a referral | | |
| initial assessments and reassessments | | |
| aspects of assessment requiring clinical judgment | | |
| interpretation of assessment findings | | |
| intervention planning, and determination of goals, and objectives | | |
| selection of treatment strategies or procedures | | |
| modification of an intervention beyond established limits | | |
| decisions regarding interventions where continuous clinical judgment is necessary | | |
| determination of caseload | | |
| personal counseling (e.g., clients, parents, primary caregivers) | | |
| decisions about the initiation or termination of intervention | | |
| referral of a client to other professionals or agencies | | |
| discharge planning | | |

| The Supervision Plan includes | Yes | No | N/A |
|---|------------|-----------|------------|
| the process and critical thinking involved in the decision to assign service components | | | |
| information identifying the support personnel (e.g., job title, agency) | | | |
| methods and frequency of supervision | | | |
| reporting and methods of communicating | | | |
| strategies for planned and unplanned times when OT is absent | | | |
| evaluation of the delivery of the assigned service | | | |

References

Canadian Association of Occupational Therapists. (2009). *Practice profile for support personnel in occupational therapy. Appendix B: Guidelines for the supervision of assigned occupational therapy service components*. Ottawa, ON: Author.

College of Occupational Therapists of Ontario. (2004). *Practice Guideline – Support Personnel*. Toronto, ON: Author.



College of Occupational Therapists of British Columbia

Suite 219, Yarrow Building, 645 Fort Street

Victoria, BC Canada V8W 1G2

Tel. 250-386-6822 • Fax. 250-383-4144

Email. info@cotbc.org

www.cotbc.org