



College of Occupational
Therapists of Ontario

STANDARDS FOR THE SUPERVISION OF SUPPORT PERSONNEL





STANDARDS FOR THE SUPERVISION OF SUPPORT PERSONNEL

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Introduction

The *Regulated Health Professions Act* (1991), as amended, acknowledges occupational therapists as autonomous practitioners. Regulation of the profession requires that occupational therapists practice according to established standards and principles of practice, and apply these consistently in a responsible and intentional manner within the health care environment.

Occupational therapists routinely include support personnel in their delivery of occupational therapy services in order to optimize service delivery.

Occupational therapists can work within the context of an inter-professional team, comprised of a variety of regulated health professionals and non-regulated professionals. It is therefore important to clearly define who constitutes support personnel and to understand when support personnel are being utilized for the delivery of occupational therapy. This is important in order to clearly delineate the lines of accountability both for the occupational therapist and the support personnel.

The purpose of the *Standards for the Supervision of Support Personnel* is to ensure that occupational therapists in Ontario are aware of the minimum expectations for the supervision of support personnel.

College publications contain practice parameters and standards which should be considered by all Ontario occupational therapists in the care of their clients and in the practice of the profession. College publications are developed in consultation with occupational therapists and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

STANDARDS FOR THE SUPERVISION OF SUPPORT PERSONNEL

Definitions

For the purposes of this document, the term occupational therapist support person (OTSP) is being used as a descriptor to qualify when the support person is being used for the delivery of occupational therapy service components, for which the occupational therapist is accountable. In practice, the term support personnel is used generically to describe individuals who provide a variety of supportive and administrative roles in health care; roles that are not necessarily part of the delivery of occupational therapy service components.

An occupational therapist support person (OTSP) is an individual who is not registered with the College of Occupational Therapists of Ontario and to whom an occupational therapist may assign (allocate responsibility) the delivery of occupational therapy service components. The OTSP works under the direction and supervision of an occupational therapist, on specific activities that are considered to be part of the overall occupational therapy service, and where the occupational therapist remains responsible for the ongoing quality and standard of care. Student occupational therapists and volunteers are not considered to be OTSPs. However, many of the same principles (accountability, supervision and communication, record keeping, informed consent, risk management and safety) apply to student OTs and may apply to volunteers, to the extent that they perform occupational therapy service components.

As a non-regulated individual, an OTSP can be referred to by a number of different titles including, but not limited to, support person(nel) (SP), rehabilitation coach (RC), rehabilitation support worker (RSW), rehabilitation assistant (RA), Rehabilitation Therapist, Physiotherapist Assistant (PTA) or Occupational Therapist Assistant (OTA).

*When support personnel are using the title OTA, the College recommends this title to refer to that of **Occupational Therapist Assistant**, rather than **Occupational Therapy Assistant**. The title of Occupational Therapist Assistant relates to the role as one of assisting, and attaches accountability to a professional person (occupational therapist) rather than a program or profession (occupational therapy). This title is also consistent with the language of the Vocational Learning Outcomes of Occupational Therapist Assistants, as established by the Ontario Ministry of Training, Universities and Colleges (See Position Statement Use of Title (COTO, 2001) for further details).*

Furthermore, an OTSP can be either:

- An individual who has successfully completed and fulfilled all the requirements of a post secondary program designed to educate the participant in the knowledge, skills and abilities required to assist an occupational therapist in the delivery of an occupational therapy treatment plan (e.g. Occupational Therapist Assistant (OTA) or Physiotherapist Assistant (PTA)), or;
- An individual who has completed on-the-job training that is occupational therapy specific or who may have a diploma or degree in a health-related discipline such as psychology, kinesiology, early childhood education, etc.

When not acting specifically in an OTSP role, the support person can also be involved:

- as a support person to another regulated health professional;
- working autonomously on activities/functions with the client (e.g. a support person may run a group as part of the overall facility program, which is not part of the occupational therapy program);
- in administrative activities.

In addition, support personnel who carry out activities provided as recommendations through occupational therapy consultation are not acting in an OTSP role (refer to the following definition of consultation). Implementing these recommendations (i.e. approaches, techniques, etc.) is not considered part of an ongoing occupational therapy service, but instead are made following occupational therapy consultation. For example, an occupational therapist may consult an educational assistant (EA) on appropriate positioning and transfer techniques that the EA can use when working with a student in the classroom. This EA would not be considered an OTSP.

It is important to recognize that when assuming the consultation role, the occupational therapist is not professionally accountable for the activities of the individual carrying out the recommended activities. The occupational therapist, however, remains accountable for the quality of the consultation provided. Occupational therapists need to be clear on the distinction between situations that involve the use of support personnel and fulfilling a consultation role. Supervision requirements cannot be circumvented simply by calling the relationship a consultation.

Assigning is the allocation of responsibility for the delivery of particular aspects of occupational therapy service components, which are not controlled acts as defined in the *Regulated Health Professions Act* (RHPA, 1991) to the OTSP.

Consultation is the process of providing recommendations, education and/or training or facilitating problem solving regarding a specific issue with another care provider, groups of individuals or organizations, on a time-limited basis. The *consulting* 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 (modified from the *Guidelines for the Supervision of Assigned Occupational Therapy Service Components* (CAOT, 2003)).

Occupational therapy service components refer to occupational therapy activities such as assessment, treatment, education, consultation, etc.

APPLICATION OF THE STANDARDS FOR THE SUPERVISION OF SUPPORT PERSONNEL

- The following standards describe the minimum expectations for occupational therapists when assigning occupational therapy service components to support personnel.
- The performance indicators listed beneath each standard describe more specific behaviours which demonstrate that the standard has been met.
- While it is not expected that all performance indicators will be evident all the time, it is expected that they could be demonstrated if requested.
- It is expected that occupational therapists will always use their clinical judgement to determine how to best meet client needs in accordance with the standards of the profession.
- It is expected that occupational therapists will be able to provide an acceptable rationale for any variations from the standard.

STANDARDS FOR THE SUPERVISION OF SUPPORT PERSONNEL

OVERVIEW OF THE STANDARDS FOR THE SUPERVISION OF SUPPORT PERSONNEL

Standard 1	Accountability
Standard 2	Supervision and Communication
Standard 3	Record Keeping
Standard 4	Informed Consent
Standard 5	Risk Management and Safety

1. Accountability

The occupational therapist will be fully accountable for all occupational therapy service components assigned to the OTSP.

Generally, the occupational therapist **should not** assign any of the following service components to the OTSP:

- Screening of referrals/interpretation of the need for occupational therapy services;
- Initiation of occupational therapy service;
- Aspects of assessment requiring clinical judgement (OTSP may be involved in collecting simple or rote data to be used by the occupational therapist in the assessment);
- Interpretation of assessment findings;
- Planning of intervention and goal identification/modification of an intervention beyond the limits established by the supervising occupational therapist;
- Intervention where ongoing analysis and synthesis is necessary to closely monitor and guide client progress;
- Communication (written or verbal) of occupational therapy recommendations, opinions, findings;
- Decision to discharge and related discharge planning;
- Controlled acts that were either delegated to the supervising occupational therapist by another professional, or controlled acts that fall within the scope of occupational therapy (i.e. acupuncture, psychotherapy);
- Occupational therapy components in which the occupational therapist is not fully competent to direct.

The occupational therapist may not be accountable for performance management issues and administrative tasks related to the OTSP, accountability in this area is usually determined by the facility.

The occupational therapist is **not** professionally accountable for the delivery of service components of support personnel in the following situations:

- The support person deliberately performs occupational therapy service components that have not specifically been assigned by the occupational therapist, or they are outside the parameters of care set

by the occupational therapist. However, the occupational therapist is responsible for an adequate level of supervision. If the occupational therapist becomes aware of such a situation, he or she needs to intervene appropriately, including taking steps to prevent its reoccurrence.

- The occupational therapist is working in the role of a consultant. For example, consulting with an educational assistant, a personal support worker, a family member, etc.

Standard 1

The occupational therapist will be professionally accountable, ensuring safe and ethical care is provided to the client for all occupational therapy service components that he/she specifically assigns to the occupational therapist support person (OTSP).

Performance Indicators

An occupational therapist will:

- 1.1 Have clinical competence for all occupational therapy service components assigned to the OTSP;
- 1.2 Understand and respect the limitations, responsibilities and accountabilities associated with the tasks that he/she assigns to the OTSP;
- 1.3 Be responsible for the decision to assign service components to the OTSP and ensure the appropriateness of the service components assigned, through the consideration of the client's status, related environmental factors, and the OTSP's level of competency as required to ensure that the client care will not be compromised;
- 1.4 Specify the service components assigned to the OTSP;
- 1.5 Monitor the occupational therapy service components assigned to the OTSP, the treatment approaches being employed by the OTSP and the OTSP's understanding and follow through with the same;
- 1.6 Assume responsibility in assessing and facilitating the current and ongoing competence of the OTSP to perform assigned occupational therapy service components in a safe and ethical manner;
- 1.7 Monitor how the client is progressing and responding to the assigned occupational therapy treatment service components being provided by the OTSP;

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- 1.8 Be accountable for the communication of relevant occupational therapy opinions or recommendations to the client/family and other team members; and
- 1.9 Comply with any legislation or regulations surrounding the use of support personnel (e.g. controlled acts, consent, etc.).

2. Supervision and Communication

The occupational therapist will provide sufficient supervision to the OTSP for assigned tasks. This involves overseeing the quality and quantity of work carried out by the OTSP to ensure expected outcomes of service are attained. The degree of supervision provided by the occupational therapist is dependent on various factors including, but not limited to the practice setting, the specific client population, the nature of the duties assigned to the OTSP, the physical environment, the OT's requisite level of knowledge, skills and judgment, and the OTSP's level of competence. In addition, there are many methods for providing supervision; these include, but are not limited to clinical record review, observation of interventions, informal and formal meetings, etc.

Standard 2

An occupational therapist will ensure the occupational therapist support person (OTSP) is sufficiently supervised.

Performance Indicators

An occupational therapist will:

- 2.1. Determine and systematically apply an appropriate method of supervision and communication to the OTSP for all assigned occupational therapy service components. A principled decision making process can assist in this process (refer to Appendix A for the Decision Tree);
- 2.2. Have a process in place for the supervision and communication with the OTSP for when the occupational therapist is not physically present or available (i.e. the occupational therapist is at another service location, on vacation, off sick, resigns from the position),
 - 2.2.1 In some circumstances such as when a client is medically stable, it may be appropriate for the OTSP to continue care and the OT to supervise remotely (e.g. when off-site, short-term absence (vacation, course, etc.)). While accountability remains with the OT who assigned the tasks, another health care professional can be identified for the OTSP to consult with, in the event of an emergency or the unexpected; and

- 2.2.2 Discontinue the assignment of tasks to the OTSP in the event that the OT has resigned or will be absent for a long period of time without reassignment of caseload, or the client is or becomes medically unstable.

3. Record Keeping

Occupational therapists are expected to comply with the College's *Standards for Record Keeping* (COTO, 2008). The organization may also have record keeping policies. If an OTSP is expected to document their delivery of occupational therapy service components, the occupational therapist should communicate their expectations about this documentation to the OTSP. The OTSP would be informed about expectations for documentation that would need to comply with the *Standards for Record Keeping* (COTO, 2008). For example, the OTSP would likely document the date, the duration of the intervention, the activities performed and sign appropriately.

Standard 3

The occupational therapist will ensure that occupational therapy service components assigned to the occupational therapist support person (OTSP) are documented in accordance with the expectations of the occupational therapy service, the program, the organization, and the *Standards for Record Keeping* (COTO, 2008).

Performance Indicators

An occupational therapist will:

- 3.1. Document the assignment of occupational therapy service components to the OTSP, noting the OTSP's full name, his/her job title, specific goals and service components that they will carry out, details of the modalities/approaches that they will be using, and the frequency of their involvement (if the support personnel is from an independent company, the company name should also be included);
- 3.2. Ensure the OTSP is informed of any expectations related to record keeping, with consideration to medical legal issues, clinical accuracy, program evaluation needs and the expectations of the occupational therapy service, the program, the organization, and the *Standards for Record Keeping* (COTO, 2008);
- 3.3. Regularly review the chart entries made by the OTSP as part of the supervision plan and as a means for accountability and the delivery of occupational therapy service components; and
- 3.4. Document that this record review has occurred.

4. Informed Consent

Standard 4

The occupational therapist will ensure that he/she complies with the *Standards for Consent* (COTO, 2008) when occupational therapy service components are assigned to an occupational therapist support person (OTSP).

Performance Indicators

An occupational therapist will:

- 4.1 Ensure the client understands the professional status of the OTSP, as well as the relationship between the occupational therapist and the OTSP for the purposes of clarifying their individual roles and responsibilities in assessment, reassessment and progression of the occupational therapy plan;
- 4.2 Transparently communicate the billing structure when obtaining consent for the involvement of the OTSP;
- 4.3 Obtain and document informed consent from the client, for the involvement of the OTSP in the delivery of assigned occupational therapy service components; and
- 4.4 Ensure that the OTSP understands the importance of, and the process for confirming consent when providing the initial and ongoing assigned occupational therapy service components, as detailed in the *Standards for Consent* (COTO, 2008).

5. Risk Management and Safety

Risk management is the process of minimizing risk to an organization or an individual by developing systems to identify and analyze potential hazards to prevent accidents, injuries, and other adverse occurrences, and by attempting to handle events and incidents which do occur in such a manner that their effect and cost are minimized. A benefit of effective risk management is averting or minimizing financial liability.

Standard 5

When assigning occupational therapy service components, the occupational therapist will employ risk management strategies to minimize the risk or potential risk of harm to the client, the occupational therapist support person (OTSP) and others.

Performance Indicators

An occupational therapist will:

- 5.1. Identify, manage, and communicate the risks for each client associated with assigning service components to the OTSP;
- 5.2. Evaluate the skills, knowledge, abilities and attitudes of the OTSP in regard to each client to whom care is assigned;
- 5.3. Discuss the risks and benefits associated with assigning service components to the OTSP with stakeholders as necessary to evaluate the safety and quality of client care (stakeholders may include the supervisor, the employer, the client/family, other team members, other agencies, etc.);
- 5.4. Promote a safe work environment; and
- 5.5. Ensure that there is a system to report and act on unsafe practices.

Legislative References:

The Occupational Therapy Act (1991)

The Regulated Health Professions Act (1991)

College References:

Standards For Consent (COTO, 2008)

Standards For Record-Keeping (COTO, 2008)

Practice Guidelines: Support Personnel (COTO, 2004)

Use of Title (COTO, 2001)

Other References:

Support Personnel in Occupational Therapy Management, Canadian Association of Occupational Therapists (April 2007)

First Briefing Note, Canadian Association of Occupational Therapists, (December 2008).

Physiotherapists Working with Physiotherapist Support Personnel: Guide to the Standards for Professional Practice, College of Physiotherapists of Ontario Standards (2009)

Physiotherapists Working with Physiotherapist Support Personnel: Standards for Professional Practice (Jan. 2008)

PRACTICE EXAMPLES

Example One

Hilda, a community OT working with a client determines (according to the treatment plan) that the frequency/duration of occupational therapy will be once a week over an 8 week period. During the course of treatment, Hilda learns that the client has privately hired an OTA to assist her with several daily tasks. The OTA using the title OTA, is planning to work with the client for an undetermined period of time. Hilda knows the OTA is not regulated and is not working under the supervision of another OT or any other regulated health professional. Hilda is concerned as she does not know this OTA and does not know what role she has with respect to the supervision of the OTA. What is Hilda's responsibility in this situation?

Discussion:

It is important to realize that the title of OTA is not protected and therefore can be assumed by anyone regardless of their training, experience or association with an occupational therapist. Hilda is therefore not responsible for use of the OTA title by an unregulated person.

While there is no College position relating to this specific situation, clinical judgement and best practices raise the following considerations:

1. In an effort to be transparent, Hilda should take the time to educate the family on occupational therapy involvement by a regulated occupational therapist, versus those activities that potentially fall within the scope of occupational therapy, but are provided by a non-regulated support person, such as someone trained or not trained as an OTA.
2. Even though Hilda is also not responsible for activities that have not been assigned to the OTA, in the interest of the client, a collaborative approach is recommended.

Example Two

St. Vincent's Health Centre is attempting to shorten their patient length of stay by implementing a 7 day a week therapy in lieu of the traditional 5 day a week therapy. To accomplish this, they have hired additional support personnel to provide occupational therapy service components on the weekends, in the absence of the occupational therapists. Can an OTA provide occupational therapy services in the absence of an OT and who is accountable for these services?

Discussion:

A support person is permitted to provide occupational therapy service components if they are assigned by an occupational therapist. In addition, a support person can continue care in the absence of an OT (i.e. on the weekend, etc.) under certain circumstances, such as if the patient is medically stable and another qualified health professional for the support personnel to consult with has been identified, in the event of an emergency. It is important to realize that even though another qualified health professional may be identified for consultation in an emergency situation, the accountability for the occupational therapy service components assigned to the OTA remains with the OT. In consideration of this, it is left to the clinical judgement of the OT to determine what service components can safely be assigned to a

support person for a given client in order to support 7 day a week therapy. This is outlined in Standard 2, Supervision and Communication, indicator 2.4.1. The Decision Tree can also be used to assist in making this decision.

For additional practice examples and practical information on the supervision of support personnel access the *E-learning Module on Support Personnel* which can be accessed on the College Website.

APPENDIX A: The Decision Tree

Assigning to Support Personnel and Nature of Supervision to Provide

Factors to Consider:

Client factors (stability and complexity of condition(s) including physical, mental and social aspects, predictability of change of condition(s), client's ability to direct care and communicate needs)

Competency of Support Personnel (e.g. knowledge and experience with task, client population, and environment; working relationship with therapist)

Environmental Factors (availability of resources, degree of independence or isolation)

Assigned Duties or Components of Occupational Therapy Service (e.g. technical skill required)

This decision tree was developed to assist registrants in determining an appropriate level of supervision required for individual support personnel. The decision tree is meant as a guide, and should not be relied on solely to determine supervisory ratios for support personnel.

Included in the decision tree are questions that are important to consider and may influence your decision-making.





