



OREGON Occupational Therapy Licensing Board

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www.otlb.state.or.us Director: Felicia.M.Holgate@state.or.us Nov. 2010

NEWSLETTER

BOARD MEMBERS:

Genevieve deRenne, MA, OTR/L, FAOTA, Chair

Alan King, OTR/L Vice-Chair

Mashelle Painter, BS, COTA

Robert Bond, Public Member

Mitch Schreiber, Public Member

Staff: Director, Felicia Holgate;

Office Specialist, Gayle Shriver, (2 hours/day)

Mission Statement: To protect the public by supervising occupational therapy practice. The Board is charged with assuring safe & ethical delivery of occupational therapy services.

The next OT Licensing Board meeting will be in Portland, Friday Feb. 4, 2011

Contact the Director at Felicia.M.Holgate@state.or.us for the Agenda

Please **update your email address** with us so you continue to receive correspondence. Your e-mail is kept confidential. You can also provide a **public email address if you wish**.

The OTLB office has new carpets. It was a lot of work packing and then unpacking everything, but it is nice to have it done. It is hard to believe it is getting close to a new year. We wish you a great Thanksgiving and a safe, happy and exciting year ahead in 2011.

With a new Governor, the legislative session starts in January. There will be many bills for the Board and Association to follow on health care, Board functions and disciplinary/investigative matters. The Board works closely with OT Association of Oregon - your state association and their legislative committee. Consider joining because OTA/O represents all of you, and when legislators ask what the membership thinks, we check with OTA/O. For example, a legislative issue that is being studied right now is to have cross training for Occupational and Physical Therapists.

Issues considered by OTLB

The OT Licensing Board is currently dealing with the following issues among others:

- ◆ Keeping educational records for seven years
- ◆ CE and Continued Professional Competency
- ◆ Jurisprudence exam on Oregon laws and rules
- ◆ Impaired practitioner program

Scope of Practice questions

The Board considers many questions on scope of practice and checks with AOTA – your national Association. Oregon law (ORS) has the 1977 definition of OT, but it is further defined by rule. **ORS 675.320** gives the Board the power “To adopt rules that define the scope of the practice of occupational therapy and that reflect national standards for the practice of occupational therapy”.

The Oregon rule OAR 339-010-0005 follows the AOTA **definition** under (6) "Occupational Therapy" further defines scope of practice as meaning the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life:

(a) Occupational Therapists use selected methods or strategies to direct the process of interventions such as:

- (A) Establish, remediate or restore skill or ability that has not yet developed or is impaired;
- (B) Compensate, modify, or adapt activity or environment to enhance performance;
- (C) Maintain and enhance capabilities without which performance in everyday life activities would decline;
- (D) Promote health and wellness to enable or enhance performance in everyday life activities;
- (E) Prevent barriers to performance, including disability prevention.

(b) Occupational Therapists evaluate factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including:

- (A) Client factors, including body functions (such as neuromuscular, sensory, visual, perceptual, cognitive) and body structures (such as cardiovascular, digestive, integumentary, genitourinary systems);
- (B) Habits, routines, roles and behavior patterns;
- (C) Cultural, physical, environmental, social, and spiritual contexts and activity demands that affect performance;
- (D) Performance skills, including motor, process, and communication/ interaction skills.

(c) Occupational Therapists use the following interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation, including

- (A) Therapeutic use of occupations, exercise, and activities;
- (B) Training in self-care, self-management, home management and community/work reintegration;
- (C) Development, remediation, or compensation of physical, cognitive, neuromuscular, sensory functions and behavior skills;
- (D) Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process;

- (E) Education and training of individuals, including family members, caregivers, and others;
- (F) Care coordination, case management, and transition services;
- (G) Consultative services to groups, programs, organizations, or communications;
- (H) Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles;
- (I) Assessment, design, fabrication, application, fitting, and training in assistive technology, adaptive device, and orthotic devices, and training in the use of prosthetic devices;
- (J) Assessment, recommendation, and training in techniques to enhance functional mobility, including wheelchair management;
- (K) Driver rehabilitation and community mobility;
- (L) Management of feeding and eating to enable swallowing performance;
- (M) Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; techniques to enhance sensory, perceptual, and cognitive processing, manual therapy techniques) to enhance performance skills as they relate to occupational therapy services.

Health Board Efficiencies

Representatives of 15 health related licensing boards met to discuss changes to how the boards could operate. There were seven committee reports addressing some aspect of board operations. Some issues may involve legislation, but others may be accomplished internally. They were presented to the Health Committee in Sept. The most positive response was changing how the boards prepare their biennial budget. The current system often requires hundreds of pages of material and the recommended change would reduce it to 10 pages necessary to explain the board's financial performance and describe the budget request. Such a change would save countless hours for board staff and would be especially valuable to small boards.

Another topic is to see if there could be a single portal for obtaining licensee fingerprints rather than having each board have a fingerprinting process. Plans are to establish a pilot program working with the Oregon State Police. In addition, there was positive response to the idea of using technology to electronically submit fingerprints for background checks.

Legal fees are a major expense for many boards. The boards differed on the following suggestions: (1) a fund built from the contributions of all boards that could be used for a major case that would affect all boards. (2) a retainer with the Department of Justice instead of fee-for-service. All agreed that most helpful would be to give board's the ability to have adequate reserves to pay for unanticipated legal expenses.

Other topics presented by the committees included investigations, information technology and board training.

Audit of Health Licensing Boards

All the Health Related Licensing Board Directors meet with the Governor's office every month and discuss common issues, and how to be more effective and efficient. There is a new audit requirement and the OT Licensing Board's was completed with the following summary:

Conclusions & Recommendations

Overall the OT Board and the Director have done a very good job addressing the public protection challenges and working on process improvements. This is especially true given the numbers of licensees and their very small staff (1.25 FTE).

The Audit Committee also reviewed a selection of complaint and licensing case files and was satisfied with the OT Board's performance in those cases.

As is always the case, there is room for improvements and some specific challenges to address, especially for a board as small as this. The Audit Team recommends:

1. The OT Board should allocate resources for additional staff to address the issue of Director burnout especially during renewals and other high volume periods.
2. The OT Board should seek additional resources to provide enough money to pay for the cost of potential contested case (AG and professional services) proceeding/s and other legal expenses.
3. The Legislature should approve the OT Board's policy package to establish FBI criminal background fingerprint checks for applicants. The OT Board should move forward with their plan to implement LEDS background checks for renewals.
4. The OT Board should establish an Ethics and Jurisprudence state examination for applicants as regards the relevant statutes and rules, as have many other health licensing boards.
5. The OT Board should require that an endorsement applicant provide primary source written verification of licensure from every state they have ever held a license, regardless of the license current status.
6. The OT Board should be expanded to seven members by adding one OT member and one Public member with no ties to the OT profession.

The OTLB has already made the change on application forms that applicants submit verifications from every state they were ever licensed in (rather than for the last 5 years). The Board will be considering the other recommendations at upcoming Board meetings. Feel free to comment.

Happy Thanksgiving & A very Happy New Year

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