OT Licensing Board Policy and Procedures

OT Assistants: Role for Care Plans, Discharge Recommendations and Discharge Notes

A. Plan of Care (POC):

The Plan of Care (POC) which includes goals, treatment plan and frequency/duration is prepared by the occupational therapist (OTR). The occupational therapy assistant (OTA) may not modify the plan of care. However, the OTA may recommend changes to any element of the patient's plan of care and communicate those to the supervising OTR, preferably the OTR who evaluated the patient in question.

It is the OTR's responsibility to decide whether they need to see the patient in question in order to decide if they agree to the recommended changes to the POC. The OTR then must update the POC in the chart to reflect the changes before the OTA sees the patient again.

B. Recommendations to change a patient's discharge plan:

If the OTA believes that a patient's recommended discharge plan needs to be changed, the OTA must contact their supervising OTR, preferably the OTR who evaluated the patient in question.

The OTR then has the discretion to decide if they need to see that patient in question again. If the OTR agrees to the proposed changes to the patient's discharge plan, the OTA's note must include a statement that they consulted with the OTR, which also includes the full name of the OTR. For example: "After consultation with Jane Doe, OTR, I am recommending this patient's discharge plan be changed to SNF."

The OTA would then chart this proposed change to this patient's discharge plan in the appropriate place in the appropriate place in the chart according to the facility's policy. Then follow policy related to follow up communication with that patient's direct care nurse, discharge planner, attending physician, etc, regarding the change in discharge recommendations.

C. Discharge Notes:

If an OTA believes a patient is no longer appropriate for inpatient OT services, they must consult with their supervising OT, preferably the OTR that evaluated the patient in question. If the OTR agrees that inpatient OT services should be discontinued, the OTA is permitted to write a discharge note with the final summary of a patient's functional status.

This OTA's discharge note must include a statement that they consulted with the OTR, which also includes the full name of the OTR. For example: "After consultation with Jane Doe, OTR, the patient is discharged from OT services."

If a patient has discharged from the facility and that patient is assigned to an OTA, the OTA will write that patient's discharge note stating, "discharged prior to the OT treatment. No OTR consultation is required."

Further Guidance from the Board:

Facilities must follow the Standards of Practice for Occupational Therapy which includes what is needed for OT Assistants in Screening and Evaluation; and for Intervention, and Outcomes so that the Assistant provides the information to the primary therapist who would then complete the official documentation and make the changes to the POC/DC Note.

Facilities have their own protocols on how they handle many situations regarding use of OT Assistants. Since the OT, and not the Assistant, must set the Plan of Care, it is recommended that the OT write ADL goals, and/or the Plan of Care, broadly enough so that the Assistant can follow through as needed with individual patients.

For example, if a patient will need self care ADLs (grooming, bathing, showering, dressing), instead of writing a goal that is just bathing, the OT can write the goal as self care and the OT Assistant can follow through on broader activities for the patient within the ADL spectrum. Or if ADLs is in the Plan of Care, then the OT Assistant can work with the patient on a specific ADL such as bathing, even if there is not a goal for that specific ADL. How the OT writes the goal and/or Plan of Care will affect how much the OT Assistant can do with the patient. The intent of the Board is that it be clear in the written documentation that the Assistant is working within their scope set by the OT in the plan of care.

Approved 5/2/2016 by the Board