

# **DIVISION SCOPE OF SERVICE**

**Division: MOUNTAIN** 

Classification: CERTIFIED OCCUPATIONAL THERAPIST ASSISTANT

**Applicant Name:** 

#### **Certified Occupational Therapist Assistant:**

The Certified Occupational Therapist Assistant must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.

#### **Definition of Care or Service:**

The Certified Occupational Therapist Assistant assist the Occupational Therapist in the practice of occupational therapy to include development deficits, activities of daily living work conditioning, range of motion, coordination, balance endurance, cognition, and exercise programs to restore function and increase strength. Scope of Service may include:

- Directs and aides patients in active and passive exercise programs, leisure activities, ADL training, coordination, balance, endurance cognition, conditioning, perceptual-motor activities as directed by Occupational Therapist.
- Assists in fabricating splints as directed by Occupational Therapist. Communicates any change inpatient's condition to Occupational Therapist.
- Complete documentation of patient's chart, which includes, progress notes, patient charges, patient/family education record, team conference reports.
- Assists with reassessments and discharge summaries under the direction of the Occupational Therapist.
- Direct activities of technicians, students and volunteers as assigned.
- Assists with the implementation of new program as needed.
- Involved with quality assessment and improvement plan.
- Demonstrates customer service principles and behaviors appropriately.
- Actively seeks ways to control costs without compromising patient safety, quality of care or the services delivered.
- Demonstrates knowledge of the occurrence reporting system. Uses system to report potential patient safety issues.
- Attends in-service presentations and completes all mandatory education requirements.
- Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.

#### Setting(s):

- Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers and physician practices
- Patient care areas, all settings

## **Supervision:**

Direct supervision by Certified Occupational Therapist

**Evaluator:** Physical Therapy department director or designee

Tier Level: 2

eSAF Access Required: YES



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#### **Qualifications:**

- Associate Degree as an Occupational Therapist Assistant
- Certified as an Occupational Therapist Assistant (See State requirements)
- Licensed as an Occupational Therapist Assistant (See State requirements)
- American Heart Association or Red Cross health care provider BLS Certification

NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.

### **State Requirements:**

- License required for the state of Alaska, Utah, Idaho
- Certification **not** required in Idaho

### **Experience:**

N/A

#### **Preferred Experience:**

• Minimum of 1-2 year as a Certified Occupational Therapist Assistant preferred

#### Competencies:

The Certified Occupational Therapist Assistant will demonstrate:

- Safe and effective operation of therapy equipment
  - o Consistently obtains quality diagnostic outputs
  - o Maintains equipment in good working order
  - Demonstrates effective infection control practices related to equipment operation
- Accurate patient information review and evaluation
  - Uses at least two ways to identify patients before treating or performing a procedure
  - Verifies that the requested procedure correlates with the patient's clinical history, presentation and physician order
- Participates in the pre-procedure process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible
  - o Accesses the patient medical record appropriately
  - Documents in the medical record according to the facility standard/policy
  - Uses Performance Improvement Plan to improve patient safety
- Compliance: complies with department policy and procedures, safety/inspection control plans/OSHA guidelines, employee handbook, and standards of regulatory bodies (JCAHO, Medicare, CARF, etc.)
- Knowledge of Occupational Therapy principles and practices, general anatomy and physiology, diseases and post-surgical conditions, body movements and functions, and medical terminology.
- Infection Prevention
  - o Practices consistent hand hygiene
  - Uses personal protective equipment (PPE)
  - Required immunizations per Division requirements
  - Complies with Isolation precautions
  - o Maintains sterile field

## References:

**OTR & COTA Credential Verification** 

https://my.nbcot.org/OnlineCredentialVerification/

How to Become an Occupational Therapist in Alaska: <a href="https://www.occupationaltherapylicense.org/alaska-occupational-therapy.html">https://www.occupationaltherapylicense.org/alaska-occupational-therapy.html</a>

Utah Division of Occupational and Professional Licensing: <a href="https://secure.utah.gov/llv/search/index.html">https://secure.utah.gov/llv/search/index.html</a> Alaska State Physical Therapy and Occupational Therapy Board:



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https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapyo.aspx

Idaho Division of Occupational and Professional Licensing:

https://ibol.idaho.gov/IBOL/BoardPage.aspx?Bureau=OCT

### **Document Control:**

- Previously named Occupational Therapist Assistant-Certified
- Cosmetic updates 4/19/2018
- Content updates 4/6/2020

Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

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Applicant Printed Name:
Signature:
Date: