

OTA Sample Supervision Plan

Supervision plans should be completed and reviewed every year. The Board will audit plans every 2 years.

Date of Plan: 5/10/14

OTA Name: Sally Johnson

License #:000667

OTR Name (OTR signing Substantiating Form): Mona Larson

License #: 567

Employer: All Hearts Hospital

Date Initial Plan Established: 3/15/94

Date Plan Reviewed (annually): 05/14

Brief description of practice settings: Inpatient/Outpatient/LTC/Geriatric/Pediatric/ Rural/Urban

Brief job description of OTA: The Certified Occupational Therapy Assistant performs assessments contributing toward the evaluation process and documents results; implements the treatment plan under the supervisions of a therapist, documents response and communicates meaningful changes with the therapist; contributes to the discharge process and assists in the transitional plan; completes all documentation; meets requirements of third party payers, and demonstrates the ability to adjust own schedule. Patients cared for may include: infant, children, adolescent, adult, and geriatric.

OTA's years of practice in this area of practice: 20

Practice Content and Competency Chart

Evaluation method: RD= Return Demonstration; O=Observation; AE- Annual Education

Competency	Establish competency	Reviewed /reestablished	Evaluation Method	Comments (signature & date)
Universal Precautions	3/94	05/14	O, AE	
Monitor patient vital signs – ability to monitor	3/94	05/14	D	Visually and manually assess patient's vital signs with signs of physical distress and follow procedure

pulmonary/cardiac functions and adapt treatment regimen to meet patient safety				
Demonstrate working understanding MDS coding and Medicare guidelines for Rehab services	1/05	05/14	O,AE	
Complete Epic documentation modules attaining level of efficient competency	4/11	05/14	O,AE	
Demo correct charge process relative to treatment provided	3/94	05/14	O,AE	
Understand the Functional Maintenance Program process and demo ability to develop FMP	3/94	05/14	O	
Demo knowledge of treatment protocol for Orthopedic joint replacement patients	3/94	05/14	O,D	
Demo safety in use of mechanical lifts and ability to train others	3/94	05/14	O,D	
Demo ability to carry out general homemaking assessment and training	3/94	05/14	O,D	
Demo ability to carry out general home safety assessments and modifications	3/94	05/14	O,D	

Demo ability to set-up an FMP and/or RA program and train staff	3/94	05/14	O	
Demo ability to assess positioning needs and contribute to positioning evaluation	3/94	05/14	O,D	
Complete Dysphagia feeding competency	8/96	05/14	O,AE	See attached facility checklist
Demo knowledge of risks, advantages, applications of typical Orthotics	3/94	05/14	O,D	
Demo ability in assessing needs and providing interventions for contracture management and prevention issues	3/94	05/14	O,D	
Demo ability and knowledge in assessment, provision and training in use of adaptive equipment in feeding deficits	8/96	05/14	O,D	
Demo ability to safely transfer variety of patients from/to different surfaces	3/94	05/14	O,D	
Demo ability to assess, train patient mobility needs with walking aids/wheelchair	3/94	05/14	O,D	
Demo ability to assess dressng limitation, devise strategies for	3/94	05/14	O,D	

success, train caregivers, devise plan to reach patient goals				
Demo ability to assess, train, and plan for successful living environment or community mobility	3/94	05/14	O	
Demo abilities in Physical Performance Assessment ie. POG, Pinch, ROM	3/94	05/14	O	<i>Ed Brown, OT (Signed by validating/contributing OT) March 10, 1994</i>
Cognitive Performance assessments ie. CAM, Perceptual skills	2/05	05/14	O,AE	
Identify risks and challenges to patient goal attainment. Identifying performance limitations and communicate those to OTR for treatment planning	3/94	05/14	O	
Efficiently communicates goal related improvements in chart and to OTR	3/94	05/14	O	Documents on EMR within 24 hrs of activity.
Lymphedema wrapping competency completed	2/05	05/14	O,D	See attached facility checklist
PAM's competency completed	6/99	05/14	O,AE	See attached facility checklist

If you need more space, please attach a separate sheet.

Describe the frequency of supervision: Collaboration with the OTA will be determined by patient acuity and census with indirect supervision occurring multiple times per week and on-site supervision weekly the majority of the time.

Describe the methods or types of supervision: Electronic record review; Phone conversations, Video conferencing, on-site collaboration at least every 10 treatment sessions.

In the event your substantiating OT supervisor is absent in cases of vacation, maternity leave, illness, or other absence, it is the responsibility of the substantiating OT supervisor to ensure that there is another supervising OT available. But this temporary supervision change is not required to be documented or communicated with the Board. An OT can only substantiate the supervision of 3 OTAs, but they may cover the supervision for other OTs without limit.

Additional Comments, if any: I am interested in learning about Arthritis and possible exercise routines that will benefit the patients we see. I will be reading suggested information and Mona will guide me with exercise routine development and on-site observation, when ready.

We hereby certify that we collaborated in developing this plan and agree to follow through with the supervision process described in this plan.

Sally Johnson

Occupational Therapy Assistant

May 2014

Date

Mona Larson

Occupational Therapist Substantiating Supervision

May 15, 2014

Date