



DIVISION SCOPE OF SERVICE

Division: NORTH TEXAS
Classification: CERTIFIED OCCUPATIONAL THERAPIST
Applicant Name:
<p>Certified Occupational Therapist: The Certified Occupational Therapist 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.</p>
<p>Definition of Care or Service: The Certified Occupational Therapist evaluates and treats patients recovering from injury or disease. Scope of Service may include:</p> <ul style="list-style-type: none"> Restores function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities Examines patient’s medical history Test and measures patient’s strength, range of motion, balance, coordination, posture, muscle performance and motor function Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.
<p>Setting(s):</p> <ul style="list-style-type: none"> Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers and physician practices Patient care areas, all settings
<p>Supervision:</p> <ul style="list-style-type: none"> Direct supervision by department director, site manager or designee <ul style="list-style-type: none"> Indirect supervision by licensed occupational therapist and the National Board of Certified Occupational Therapist (NBCOT) <p>Evaluator: Physical Therapy department director or designee</p> <p>Tier Level: 2</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> Completion of an accredited occupational therapy BS degree program Occupational Therapist Licensed Certified by the National Board of Certified Occupational Therapists (NBCOT) American Heart Association health care provider BLS Certification <p>NOTE: Where education may not be defined in qualifications area of the Scope, HCA requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p>State Requirements:</p> <ul style="list-style-type: none"> Active Occupational Therapy License in the state of Texas Graduated from an accredited institution of Occupational Therapy
<p>Experience: Minimum of 1 year as a certified Occupational Therapist</p>



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Competencies:

The Occupational Therapist will demonstrate:

- Safe and effective operation of therapy equipment
 - Consistently obtains quality outcomes
 - 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
- Appropriate Evaluation and Treatment Results
 - Performs occupational therapy evaluation and develops treatment plan to comply with applicable protocols and treatment guidelines
 - Utilizes outcome measures to assess the results of interventions administered to patients
 - Notifies the appropriate health provider when immediate treatment is necessary, based on procedural findings and patient condition
 - Communicates appropriate discharge planning needs to the provider and healthcare team
 - Documents in a timely manner as per facility policy and notifies the provider of recommendations.
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE)
 - Required immunizations per Division requirements
 - Complies with Isolation precautions

References:

United States Department of Labor – Bureau of Labor Statics; Occupational Outlook Handbook, 2010-11 edition; Retrieved from <http://www.bls.gov/oco/ocos080.htm>

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.

Applicant Printed Name: _____

Signature: _____

Date: _____