



Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Occupational Therapy Section Retreat

OhioHealth Westerville Medical Campus
300 Polaris Parkway, 2nd Floor Conference Room, Westerville, Ohio 43082

June 3, 2015

10:00 a.m.

Members Present

Beth Ball, OTR/L, Secretary
Rebecca Finni, OTR/L, Chair (arrived @ 10:13 am)
Jean Halpin, OTR/L
Kimberly Lawler, OTR/L (left @ 3:00 pm)
Mary Beth Lavey, COTA/L

Staff

Diane Moore, Executive Assistant
Jeffrey Rosa, Executive Director

Legal Counsel

Melissa Wilburn, AAG

Call to Order

Rebecca Finni, Chairperson, called the meeting to order at 10:18 a.m.

The Section began the meeting by reading the vision statement.

The Occupational Therapy Section is committed to proactively:

- Provide Education to the Consumers of Occupational Therapy Services;
- Enforce Practice Standards for the Protection of the Consumer of Occupational Therapy Services;
- Regulate the Profession of Occupational Therapy in an Ever-Changing Environment;
- Regulate Ethical and Multicultural Competency in the Practice of Occupational Therapy;
- Regulate the Practice of Occupational Therapy in all Current and Emerging Areas of Service Delivery.

Strategic Planning

The Section reviewed the Strategic Planning Schedule. The Section updated the Strategic Planning Schedule for 2015-2016. The Strategic Planning Schedule is attached to the minutes for reference. The Section will review the standard responses every year and the disciplinary guidelines in odd number years. The Section made a schedule for reviewing rules for the rules renumbering project. The Section will look at possible changes to escrow, emeritus/inactive status (retired), and consultative services. The Section's goal is to complete the rules renumbering project by May 2016.

Disciplinary Guidelines

The Section made revisions to the disciplinary guidelines. The Section accepted the proposed disciplinary guidelines for individuals who self-report alcohol/drug addictions and who are currently in treatment.

The Section discussed researching continuing education tools for licensees to calculate continuing education hours completed prior to completing the licensure renewal process. This approach would educate licenses on the total number of hours completed prior to submitting a renewal application to alleviate or minimize the potential for future disciplinary actions for not meeting the continuing education requirements.

Standard Responses

The Section made revisions to the standard responses.

Consultative Model

The Section discussed how the consultative model is used in occupational therapy practice. Consultative services can be used in groups/populations, person/client centered, interdisciplinary team, and non-traditional settings.

The Section discussed the consultative model in in group setting: the role of supervising occupational therapist, global scale is not evaluation. Providing services at the group or population level, making global recommendation a formal assessment by an occupational therapist would not be required before an occupational therapy assistant can make global recommendations. This must be signed off by supervising occupational therapist. This would require collaboration by the occupational therapist and occupational therapy assistant.

The Section discussed examples of each consultative service delivery as follows:

Consultative Service Delivery	Description/examples
Group / Populations	Based off of the subject (playroom/ classroom); Group/population does not have to follow generalized recommendations on the global assessments based on the entire group/population.
Person/persons / Client centered	Consultative intervention /recommendation at the person level would include: clients and consultation with individual who support that client. Those involved with the care of the client: occupational therapist provides consultation to teachers, transportation-bus drivers, parents, caregivers, family, case workers, employers, spouse. Client specific assessments and recommendations based on a focused assessment through an established intervention plan. Consultative may be a part of your intervention plan. (ie. work with family for independence)
Interdisciplinary Team	Documentation services as an occupational therapist in that setting (interdisciplinary team). In this service delivery someone else will carry out the interventions. The occupational therapist could be a team leader: documentation – providing unskilled care, should the occupational therapist still be documenting occupational therapy services (in this case the occupational therapist is documenting as an interdisciplinary team.) Documentation should reflect the services the occupational therapist provided for that session a part of the disciplinary team approach in a consultative model. The Section also discussed how to document thing/services that the occupational therapist is not providing.
Non-traditional setting	Advocacy, health, and wellness. Primary care models (intervention team)

Items for Next Regular Meeting

- Rules Re-Numbering Project – Chapter 4755 Section 7

Adjournment

There being no further business and no objections, Rebecca Finni adjourned the meeting at 3:29 pm.

Respectfully submitted,
Diane Moore

Rebecca Finni, OTR/L, Chairperson
 Ohio Occupational Therapy, Physical Therapy,
 and Athletic Trainers Board, OT Section

Beth Ann Ball, OTR/L, Secretary
 Ohio Occupational Therapy, Physical Therapy,
 and Athletic Trainers Board, OT Section

Jeffrey M. Rosa, Executive Director
 Ohio Occupational Therapy, Physical Therapy,
 and Athletic Trainers Board

BAB:jmr:dm