

Assistants and Therapists Working Together to Enhance Programs for Kids

Presented By: One Kids Place – CTC serving districts of Muskoka, Nipissing and Parry Sound

One Kids Place - History

- Incorporated as a Children's Treatment Centre in 2005
- Amalgamated children's rehabilitation services in Muskoka, Nipissing and Parry Sound
 - North Bay General Hospital, North Bay Parry Sound District Health Unit, Simcoe Muskoka District Health Unit, Community Living North Bay, Integrated Services for Northern Children, CCAC School Health Support Services
- Lead agency and provider for Nipissing Timiskaming PSL
- Lead agency and provider for Muskoka Parry Sound PSL
- Provider of Infant Hearing Services/Blind Low Vision
- New facility in North Bay opened September 2009
- Sites in Huntsville and Parry Sound

Guidelines for the Use of Supportive Personnel (SP)

- General guidelines have been provided in this presentation combining SLP, OT, and PT standards. Please consult your individual profession standards for more in-depth information. Each professional also has a list of tasks that May Not be assigned to SP's
- College of Audiologists and Speech-Language Pathologists of Ontario @ www.caslpo.com
- College of Occupational Therapists of Ontario @ www.coto.org
- College of Physiotherapists of Ontario @ www.collegept.org

Guidelines for the Use of Supportive Personnel (SP)

1. The therapist will be accountable for the assessment, treatment, planning and evaluation of progress of the client and only assign tasks to SP that do not involve clinical judgment
2. The therapist will use sound clinical judgment to assign tasks to the SP
3. The therapist will assess the SP's competency according to their skills, knowledge, abilities, attitudes, and their understanding of accountability to the therapist in order for the safe provision of services to clients
4. The therapist will assure that the client is aware of the role of the SP

Guidelines for the Use of Supportive Personnel (SP)

5. The therapist will assure that the SP has the necessary training in regard to Health and Safety standards, are trained on equipment and have orientation to the environment
6. The therapist will obtain informed consent from the client in regard to any of the interventions provided by the SP
7. The therapist maintains professional responsibility for the service delivery
8. The therapist uses clinical judgment and nature of tasks assigned to determine the level, frequency and type of supervision required to monitor intervention provided by the SP
9. The therapist will provide regular feedback to the SP in regard to their performance

Guidelines for the Use of Supportive Personnel (SP)

10. The therapist is responsible for assignment and supervision of SP's during planned and unexpected absences; and is to inform the employer that SP services discontinue if no therapist is available for supervision
11. The therapist will meet the standards for record keeping set by their regulatory bodies. A signature is not required but review of records is recommended and documentation indicating such
12. The therapist will regularly reassess and modify programs as required, and reevaluate the SP's role

Roles & Responsibilities

Assessments

Therapist	Assistant
<ul style="list-style-type: none"> •Preps for assessment session (i.e. case review, material collection, set-up) •Collects data through formal assessment batteries and informal observation •Scores and analyzes assessment results •Determines therapy plan •Shares therapy plan with parents and SP •Obtains informed consent to therapy plan from parent/guardian 	<ul style="list-style-type: none"> •Preps for assessment session (i.e. case review, material collection, set-up) •Collects data through informal observation •Scores assessment results •Assists in establishing rapport through play activities •Demonstrates tasks •Helps with positioning



Roles & Responsibilities Screenings

Therapist	Assistant
<ul style="list-style-type: none">•Therapist is always in clinic and available during the screening•Scores the screening•Makes decision if a full referral to our services is required, or if child receives home programming or direct intervention	<ul style="list-style-type: none">•Performs the screening (types)•Scores the screening•Develops home program for child as needed/requested

Roles & Responsibilities

Integrated Treatment (individual)

Therapist	Assistant
<ul style="list-style-type: none"> •Creates their own goals within the integrated therapy plans into a session provided by one or more SP's •Maintains responsibility for their own goals according to discipline •Uses Goal Attainment Scaling (GAS) programs to provide both the therapists and SP with a clear sense of measurable and attainable goals •Teaches SP the programming •Reviews contact notes and session notes completed by SP at the end of each session •Monitors and provides consultation to the SP 	<ul style="list-style-type: none"> •Provides individualized support for goal attainment to the client •Provides therapy on a 10-12 week block for once/week to work on determined goals • Has the freedom to vary activities to achieve goals, as outlined by the therapists •Supports other discipline specific goals within their session • Assists the family, child, educational assistant, resource teacher to practice proper execution of home program •Develops end of block summaries including next steps either indicated by the GAS or therapist input

Roles & Responsibilities

Integrated Treatment (groups)

Therapist	Assistant
<ul style="list-style-type: none"> • Usually there are two types of groups either discipline/ goal specific such as a Printing Group or multi-disciplinary such as the School Readiness camp • Creates either integrated therapy plans, discipline specific goals or general intervention recommendations • Each discipline maintains responsibility for their own goals • Teaching in regard to programming is provided to SP's involved • Allows for several clients to be serviced at the same time 	<ul style="list-style-type: none"> • Provides more individualized support in a group setting • Support therapeutic goals established by other disciplines • Groups are usually completed either once a week for determined number of weeks or for a week over the summer in the form of a camp • Often groups have SP's from OT/ PT/ SLP/ TR • Allows therapist to complete teaching and supports clients to complete tasks



Roles & Responsibilities Specialty Clinics

Therapist	Assistant
<ul style="list-style-type: none"> •Assesses, determines goals, reviews goals with client/family and assistant •Develops programming/presentations/ handouts •Leads group sessions <p><u>OKP's Specialty Clinics:</u></p> <ul style="list-style-type: none"> •Seating and Mobility •AAC •Developmental Clinic •Healthy Bodies •Feeding •Orthotics 	<ul style="list-style-type: none"> •Assists with information gathering and organizing in relation to presentation or handouts •Provides training to client on equipment such as power chairs and AAC devices •Assists the therapist in clinic setting to carry out assessment/ monitoring •Carries out programming in the clinic setting allowing the therapist to participate in parent conferences •Sets up prior to clinic



Roles & Responsibilities Workshops

Therapist	Assistant
<ul style="list-style-type: none"> •Develops workshop presentation (i.e. content) •Makes referrals to workshop •Presents workshop with SP or alone •Answers questions related to therapists scope of practice 	<ul style="list-style-type: none"> •Assists in developing workshop presentation (i.e. research, formatting) •Collaborates with therapists on suggestions/ideas •Preps for workshops •Presents workshop with therapist or alone •Answers questions related to SP's scope of practice •Directs other questions to therapists

Roles & Responsibilities Community Liasons

Therapist	Assistant
<ul style="list-style-type: none"> •Supervises and consults/collaborates with assistant •Works together with assistant to develop curriculum 	<ul style="list-style-type: none"> •Provides a link between community and agency •Develops curriculum in collaboration with therapist •Can assist with simple modifications to help a child (sit-fits, bilbos, etc) •When community liasion identifies a concern, assistant can administer Nipissing Developmental Screen to see if a referral is necessary •Provides training to community staff re: projects curriculum or a home program for a child •Works with community staff to develop program activities to facilitate the goals of a child



Benefits of Using Assistants

- Family centered
- Cost effective
- Stats/ increases number of children seen
- Assists in covering a large geographical area
- Increases ability to provide services in various environments (community based)

Family Centered

- Parents are involved with goal setting for blocks of intervention
- Parents are requested to complete homework with their child, which is reviewed by the SP; this assures involvement of the parent and consistent targeting of the therapy goals
- Parents are invited to attend and/or observe sessions
- SP's promote therapeutic rapport with families, due to increased number of visits
- This also relates to the development of policies and procedures and quality of services through problem solving between the therapist and assistant as issues arise
- SP's can be flexible with parents to determine schedules and location of visits
- Access to services closer to home due to the development of clinics and greater pool of knowledge as therapists are able to focus more on skills development

Cost Effective

- Cost effective for an SP to deliver services when compared to the therapist; this refers directly to wages
- Hours that are contributed by SP free up the therapist to do other tasks such as program development, assessments, consultations, workshops, education and clinics
- Allows a continuum of treatment with vacant positions, services are dependent on a pool of people, OKP works as a team to assure that there are continued services available to the child regardless of vacancies
- The increased number of SP's that OKP has with a variety of experience and background, the more knowledge and access to educational opportunities our staff have to grow the whole team's pool of knowledge
- Having SP's assists with recruitment and retention, OKP have therapists that want to work with SP's in order to focus on program development, team work, assessment, and skills development

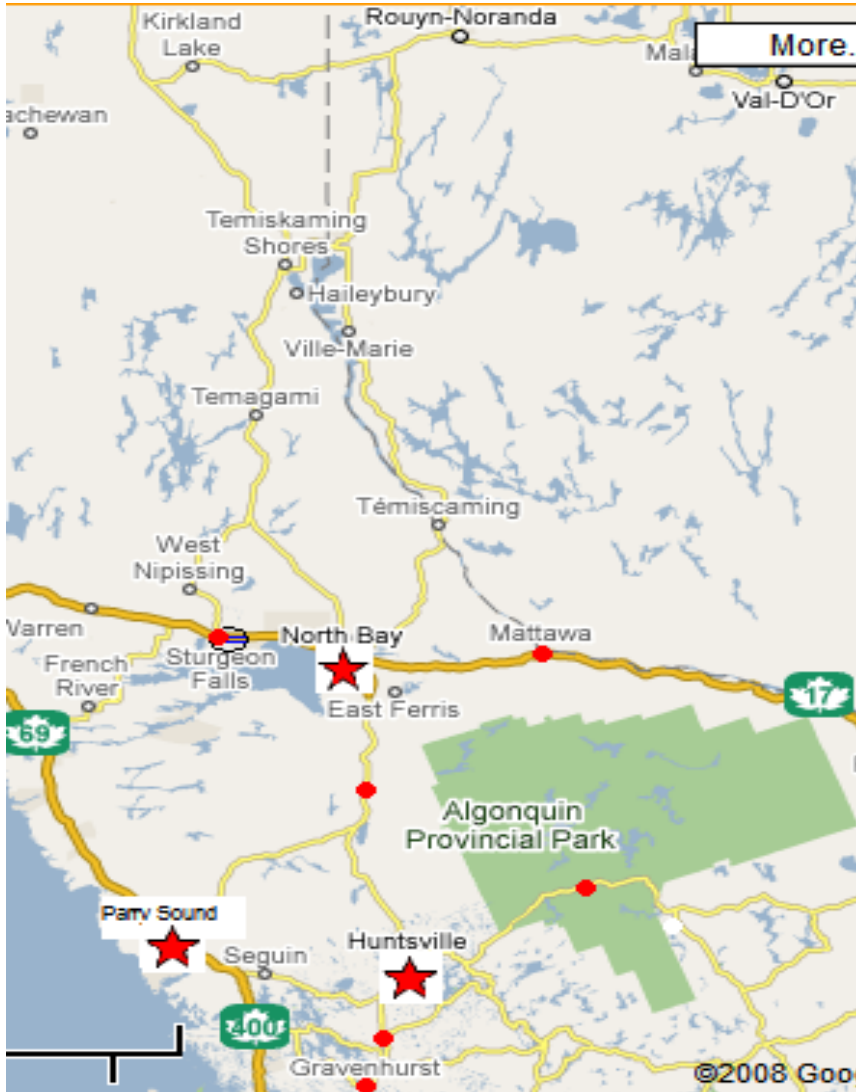
Cost Effective

- SP's on staff have gone back to school to become therapists and returned to staff or to enhance their pool of knowledge
- Since 2005, we have been developing 6 clinics, providing workshops and educational opportunities to parents and community members
- Allows some of our programs to be regional because of the additional support to deliver the services
- Allows OKP to support requests from Best Start Networks to deliver specific services outside our typical services (i.e. Gross Motor Facilitator program and Art Therapist program) as SP's are able to take on some of these roles

Stats/ Increased Number of Children seen

- 2007 – 581 IA's (influenced by the purchase of service contracts)
- 2008 - 680 IA's
- 2009 - 426 IA's first 6 months (majority in house staff)
- The average annual SP hours from April 2008 to March 2009:
 - Direct clients 709 hrs
 - Non client 399 hrs
 - Travel 109 hrs
- 2006 – 13,459 visits
- 2008 – 32,682 visits
- Discharges (2006) 320, (2008) 562

OKP – Service Delivery Sites



← 6.5 hours

- ✓ 3 Centre Sites
- ✓ 81 schools
- ✓ 7 formalized delivery sites
- ✓ 47 early years/day care centres

← 3.5 hours

33,000 sq km

Various Environments

Where?

Schools, Homes, Daycares, Ontario Early Years Centres,
OKP (Centre), Best Start Hubs

How Many Children?

Individual or Group Sessions (1-4 kids)

Approximately 20-25 children a week for 8-10 weeks.

What?

Direct Therapy (individual and group, single or multi-disciplinary)

Home Programming Monitoring

Parent Training Workshops (1-20 participants)

Specialty Clinic Teams

Mentorship/Training Co-op Placement students

Therapeutic Recreation

www.onekidsplace.ca

REFERENCES

1. College of Audiologists and Speech-Language Pathologists of Ontario. (2007). *Use of support personnel by Speech Language Pathologists*. Obtained from. <http://www.caslpo.com/Portals/0/positionstatements/supportpersonnelfinal.pdf>.
2. College of OT of Ontario. (2004). *Practice Guidelines-Support Personnel*. Obtained from. http://www.coto.org/pdf/P_G_Eng.pdf.
3. College of Physiotherapists of Ontario. *Physiotherapists working with Physiotherapist Support Personnel*. (2005). Obtained from. <http://www.collegept.org/Physiotherapists/College%20Documents/Registrants%20Guide/RegistrantsGuide>