



DIVISION SCOPE OF SERVICE

Division: SAN ANTONIO
Classification: OCCUPATIONAL THERAPIST
Applicant Name:
<p>Occupational Therapist: The 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 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 Responsible for evaluating patients; planning, implementing, and modifying treatment programs according to age appropriate needs Examines patient’s medical history Involved in the education of patient, family, caregivers and staff regarding the patient’s functional level 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 Healthcare 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"> Indirect supervision by department director, site manager or designee <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"> Bachelor’s degree or higher in Occupational Therapy Licensed as an Occupational Therapist American Heart Association or Red Cross health care provider BLS Certification <p>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.</p>
<p>State Requirements:</p> <ul style="list-style-type: none"> Licensed Occupational Therapist issued by The Executive Council of Physical Therapy and Occupational Therapy Examiners (ECPTOTE)
<p>Experience:</p> <ul style="list-style-type: none"> N/A <p>Preferred Experience:</p> <ul style="list-style-type: none"> Acute rehab experience preferred
<p>Competencies: The Occupational Therapist will demonstrate:</p>



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- Safe and effective operation of therapy equipment
 - Consistently obtains quality diagnostic outputs
 - 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
 - Accesses the patient medical record appropriately
 - Documents in the medical record according to the facility standard/policy
- Appropriate Diagnostic Examination Results
 - Performs physical therapy 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
 - Provides a written or oral summary of preliminary findings to the physician
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE) when required
 - Required immunizations per Division requirements
 - Complies with Isolation precautions
 - Maintains sterile field

References:

ECPTOTE <https://www.ptot.texas.gov/page/ot-license-search>

Document Control:

- Created 3/22/2022

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: _____