PT

The Physical Therapy Advisor

A Newsletter from the Physical Therapy Committee
Oklahoma State Board of Medical Licensure and Supervision

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Renew early to avoid Fee Increase

See page 5 for details

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Group Practice: "Give 'um an inch 'til they hang themselves"

by Suzanne Reese, PT

Every time new regulatory language is crafted, no matter how stringent the oversight of the process, it never fails that a perceived "way around" the language is discovered and eventually someone drives a Mack truck through the perceived loophole and the truck is full of unethical practices. As a Committee member, it never surprises me to learn of the newest horrors of professional behavior and to respond with, "wow I never saw that coming". Imagine learning that a physical therapist was added to a group Form #5 without their knowledge or consent in order for another physical therapist to employ and utilize all six physical therapist assistants in their practice.

When the new language regarding group supervision of PTAs was written, two things kept coming to the forefront. We needed to:

1. Increase the latitude of delegation and supervision knowing that employment and practice settings are much more fluid than they were many years ago.
2. Maintain the integrity of the PT/PTA relationship and attempt to preserve the current practice of one physical therapist not increasing their patient load beyond three full time physical therapist assistants.

There is certainly more latitude now but some physical therapists continue to ignore the preferred practice relationship between the PT and the PTA. Past practices of individuals signing the Form #5 in name only without any intent to delegate care or continue to supervise the patient care management are gone. The new language defines supervision to mean "the physical therapist is delegating portions of the patient's care". Rest assured that the intent of this new language regarding group supervision means that there is parity in the distribution of patients to those physical therapist assistants supervised by the group. This does not mean that one physical therapist is delegating care to six physical therapist assistants and the other physical therapist works independent of the group.

Sadly, there is a small group of licensees who will continue to perform in an unethical and illegal manner, no matter what the Practice Act says. However, if the practices of the supervising group of physical therapists are ever closely examined due to a complaint investigation or through supervisory log audits, the patterns of patient delegation will become apparent. If there is evidence of illegal practices by the group, it is important to note that the Medical Board can take disciplinary action against the entire group for violation of the supervision rules. It behooves each member of a "group" to be aware of and, if need be, inquire about the practices of the "group".

Designation of a New P.T. of Record

by Mary Staley, PT

Please review the role of the PT of Record in this section of the new language:

> **435:20-7-1 (c) "Designation of a new Physical Therapist of Record.** In the event that the Physical Therapist of Record can no longer assume these responsibilities, care must be turned over to another physical therapist who will become the new Physical Therapist of Record. The Therapist of Record must make sure that the new Physical Therapist of Record is authorized and qualified to receive the patient, must obtain acceptance from the receiving physical therapist, document the hand-over of the patient and maintain the care and responsibility of the patient until the new Physical Therapist of Record is acknowledged in the documentation."

As a PT, if you evaluate a patient and establish a plan of care, you **are** the PT of Record. You remain the PT of Record and are responsible for the patient unless a new Therapist of Record is designated in the documentation.

If you have been filling in at a facility, if you are going on vacation or you are a PRN PT at a facility and only work on occasion, you are the supervising and responsible PT for the patients you have evaluated. This means if a PTA is seeing your patient they will be calling you if there is a question, even if you are vacationing in Hawaii. The PT is responsible for making sure his/her patients are being cared for, and needs to ensure there is a PT to become the new Therapist of Record in his/her absence. Each facility should have a plan for the smooth transition to a new Therapist of Record should the need arise.

How do you designate the new PT of Record?

- At some facilities the PT knows who will be the new Therapist of Record and may name that person in their evaluation or note for the day. A system should be in place so that the new PT knows he/she will be responsible and is willing to take on that care.
- At many facilities, evaluating PTs may not know which PT will see their patient at the next visit. They would not be able to name the new PT in the documentation. There either should be a plan in place for the evaluating PT to call and talk to the PT assigned to their case or a policy where the evaluating PT knows there will be a core PT taking over the care at the next visit.

At OSUMC we have a few policies and procedures in place. We have language to ensure a core PT will take over for any PRN therapist at the next visit. This will allow the PRN PT to evaluate a patient on a Sunday, or other day they are filling in, and have confidence that their patient will be cared for by a core PT at the next treatment and that therapist will document they are the new Therapist of Record. We have it set so the PRN PT will not have to name the new PT The evaluating PT leaves a brief note for the new PT if there is anything outside the official documentation that they want to communicate. The new PT is assigned at the next treatment day and will then document in the chart that they are the new Therapist of Record.

As an example, OSUMC has two template notes that we use for taking over care or for designating a new PT of Record if we are going on vacation, etc. We can modify these as needed for additional or varying information. It makes it easier to remember to include the correct wording.

The template states:

> "I have reviewed the chart including the Physical Therapy Evaluation and Plan of Care. I have seen the patient. I will now take over the PT responsibility for this patient from the evaluating PT and I will be the new therapist of record. This patient is appropriate for a PTA to work with at this time."

or

> "__(name)____ will be taking over the care of this patient for me in my absence until I return on ___(date)___."

These are easy to pull up on our computer documentation system and to alter as needed.

We have been practicing this method for the past several months, but not with consistent language from each of the PTs. We have refined this to help make the transition documentation as easy as possible. We also designate on the schedule board who the evaluating and the new Therapist of Record are, so it is easy for the staff to identify who the responsible PT is.

Remember, the new language is designed to make the PT accountable for the responsibilities of the care of the patient which can include the supervision of a PTA participating in the care. The PT is responsible for making the change and the PTA is responsible to be aware of the Therapist of Record on any of their patients and communicate appropriately with the PT. The PT of Record is responsible, along with the PTA, to schedule the appropriate re-examination/re-evaluation of the patient according to 435:20-7-1(b)(3) as well as compliance with all the other rules for supervision of the PTA.

PTA'S- Do You Have the Tools?

by Nancy Davis, PTA

Communication, documentation and organization are tools in the PTA's toolbox that we use every day. These will be especially helpful when implementing the new supervision rules that have been in effect since May 11, 2009 *[Title 435. Board of Medical Licensure and Supervision Chapter 20. Physical Therapists and Assistants Subchapter 1 and Subchapter 7].* The PTA has a responsibility to understand and apply the rules to his/her practice setting. The following are some of the changes that require the PTA to document and organize the communication between PT and PTA.

There must be communication between the Physical Therapist of Record and the PTA with documentation of this case consultation. The timeline depends on the practice setting. For example, in acute care, outpatient, inpatient rehabilitation and long term care settings, this case consultation occurs no less frequently than every 15 days *[Subchapter 7. 435:20-7-1(b) Patient Care Management].* This can be documented in the patient record/daily notes etc. Both the Physical Therapist and the Physical Therapist Assistant are responsible for properly completing the Form #5 *[Subchapter 7. 435:20-7-1(d)].* Determine whether the PTA is under direct or general supervision, and in an individual or group setting. This will guide what the documentation will be. General supervision requires the supervising therapist to provide one co-treatment of face to face, real time interaction with each Physical Therapist Assistant providing services to the PT's patients every three months. This is documented in the patient medical record and on a supervision log, which is subject to inspection *[435:20-1-1.1].*

This is where all three of those skills come into play. Good communication with the Physical Therapist to schedule the co-treatments, documenting in the medical record and organizing the supervision log, which the PTA will maintain.

So, open that tool box and use those skills to practice responsibly. Communication, documentation and organization are tools that the PTA can use to implement the new rules effectively to help in the delivery of therapy services while protecting the public safety. The Board's website – www.okmedicalboard.org - has the new Form #5, supervision rules and the complete Practice Act.

Supervision Visits and Log

by Staci Freudiger, PT

We have received numerous calls regarding the "every three months" supervisory visit between the Physical Therapist of record and the Physical Therapist Assistant delivering care as well as that pesky supervision log. Below are some bullet points outlining many of the pertinent answers to those questions that hopefully will help us all in the transition to this new language and new model.

- The "every three months" is just that; every three months. This does NOT have to be based on rigid calendar quarters. This can be addressed every 90 days STARTING the first day a Physical Therapist delegates a plan of care to a Physical Therapist Assistant.
- Physical Therapists are required to perform a supervisory visit (performance of a treatment and observance of treatment) for EVERY Physical Therapist Assistant they delegate a plan of care to. This does not mean every patient the PTA treats.
- The supervisory visit is the equal responsibility of BOTH the Physical Therapist and the Physical Therapist Assistant. It is recommended that BOTH keep copies of a Supervision Log.
- The supervisory visits MUST be documented in the medical chart. It is recommended that BOTH the Physical Therapist and the Physical Therapist Assistant make notations in the chart.
- Use whatever nomenclature you need to as your patient identifier. Just make sure it will be enough information to help you locate the medical chart in which you documented your co-treatment visit but does not violate HIPAA regulations.
- Remember the Physical Therapist and Physical Therapist Assistant must have and document case consultations in the medical chart no less frequently than every 15 days.

One last thing. DO NOT send supervision logs to the Board office unless and until you are requested to do so.

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Boundary and Practice Violations

Plus…. Some Common Sense

by Mary Staley, PT

This was the topic of one of the break out sessions at the FSBPT national conference in October 2009. Annette Iglarsh PT presented some *very* interesting videos that were partially scripted and may be available at a later date from FSBPT and Simmons College in Boston for educational purposes. It was a great learning tool. The subtitle was "You can't make this stuff up".

She described three laws:

1. Every healthcare professional has a violation potential which is dynamic and changes over time.
2. Perception is 9/10ths of the law: if it looks bad, it *is* bad.
3. Protect yourself at all times.

Likely areas where boundary issues can occur:

1. The internet
2. My Space
3. Facebook
4. Blogs
5. Twitter
6. Cell phones
7. Cell phones w/ cameras
8. Conversations that share private information – your's, your patient's, your co-workers, etc
9. Not separating Public from Private (Business from Personal)

With technology changing at a rapid rate, and computerized forums available on phones, we find surgeons "tweeting" a patient's family about the surgery, the possibility of someone taking a picture for a chart from their cell phone, people texting while others may expect you to be paying attention to them, etc.

Your patients, your supervisor, your co-workers, even your referral sources could be checking out anything you post on a public forum, including your Facebook profile.

Things to think about:

1. "**If it's not documented, it didn't happen**". We are familiar with this in our patient documentation, but be aware that you need to back up phone calls at times with written documentation: fax, e-mail, etc. This would have helped a new PT at our last PT advisory committee meeting. In the age of frequent phone calls, don't assume the person for whom you left a message ever got it. Follow up.

2. **Your patients, your supervisor, your co-workers, even your referral sources could be checking out anything you post on a public forum**, including your Facebook profile. Perhaps you should think twice about posting that party picture until you think about it the next day…. There have been some folks who have posted pictures of the great time they had after they had called in sick that day….

Try to put yourself into other's shoes as you think about what they could perceive as you communicate verbally, using any of the technology listed above, and in your documentation. Be clear and precise. Remember to always be respectful of others, remember HIPAA, and please review the new APTA Code of Ethics, Standards of Ethical Conduct for the PTA and the Guide for Professional Conduct that is available on the APTA website and will be effective July 1, 2010.

Changes in Fees

Impact on Renewal for 2010

Changes to the Fee Schedule adopted by the Board and approved by the Governor and Legislature this past spring will go into **effect January 1, 2010.** This means if you haven't renewed your license by that date, you will be required to pay the higher amount.

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New fees for Physical Therapists and Physical Therapist Assistants are as follows:

Physical Therapist

Initial Licensure - $150
Reprocessing fee - $50.
Temporary permit - $25 (no change)
Annual Renewal - $90
Late fee after January 31st - $20 plus $90 renewal fee

Physical Therapist Assistants

Initial Licensure - $135
Reprocessing fee - $30
Temporary permit - $25 (no change)
Annual renewal fee - $60
Late fee (After January 31) - $15 plus $60 renewal fee

Since the last fee increase in 1991, the Board has managed to optimize its operational cost by implementing several innovative management practices such as automation of labor intensive tasks, re-structuring of personnel in all departments by eliminating unnecessary positions through normal attrition, cross training staff, evaluating real needs before buying goods and services, and outsourcing services, etc. Because of better budgeting and managing of resources, no fee increase has been sought since 1991 even though cost of operations has gone up every fiscal year because of external factors: personnel cost (cost of living adjustments required by law, increase in benefits such as insurance and retirement, etc) and other administrative cost increases due to unfunded mandates by legislation (A Woman's Right to Know, Oklahoma Tax Payer and Citizen Protection Act, and additional allied professionals to regulate in 2005, 2008, 2009 and potentially in 2010).

Services to licensed professionals, such as online license renewal and online initial license registration, will be expanded and improved at Board cost without any convenience or merchant fees added. Quality customer service will be improved electronically, such as the Application Status Program. Programs will be expanded with innovative and expedited services including 24-hour access to agency services through web-based services and helpdesk, etc.

For licensees in crisis, additional revenue will enable the Board to assist in remediation programs such as:

- the successful "Oklahoma Health Professionals Program;
- the newly proposed "Allied Professionals Peer Assistance Program" in HB 1897; and
- improvement to the Board's ability to effectively monitor licensees on probation and under Agreements

These programs will benefit licensed health professionals by getting them help, treatment and acclimation back into safe practice.

There is an increased demand from licensed professionals and healthcare organizations for educational workshops and seminars on the appropriate laws, rules and guidelines governing their profession and practice. Over the years, the Medical Board has seen numerous cases of unintentional infractions that could have been avoided by educational opportunities rather than ending up as disciplinary cases.

Availability of additional revenue will enable the Board to continue providing and improving a viable public service. Also, expansion of educational opportunities for licensed professionals, rehabilitation of impaired professionals, co-operation with other regulatory agencies and private healthcare entities, etc. will help reduce medical errors and foster safe health environment for our citizens.

For a complete list of all fee changes, go to the Board's Website: www.okmedicalboard.org

It's that time again...

License renewals and audits are upon us. Renewal notices will be sent out December 1st and audit notices will be sent November 1st. Time is running out to get courses approved. Now is the time to get online to log your continuing education hours. If

If your courses aren't listed, then they haven't been approved and cannot be counted.

your courses aren't listed, then they haven't been approved and cannot be counted. And don't forget your three hours of ethics (either Category A or B)!

The last meeting of the Physical Therapy Committee before then end of the 2008-2009 audit period is December 17th. Courses must be submitted by December 7th in order to be approved this compliance period. The course approval form is available on the Board's website at www.okmedicalboard.org under the Physical Therapy link.

Also, at the time you log on to renew your license, PTs will be asked to verify the PTAs under their supervision and PTAs will be asked to verify their supervisors.

New Digs

The Medical Board will be moving into a new building within the next couple of months. The current building is too small for the Board's expanding responsibilities. The Board now regulates 20 allied health professionals in addition to medical doctors. The agency also provides administrative support for three other licensing boards, Podiatry, Alcohol and Drug Counselors and Social Workers.

The new building is at 101 N.E. 51st Street in Oklahoma City, about one mile east of the current location.

Adding PTs to a Group?

If you're adding a PT to an established Group setting, there is no need to submit a new Form #5. Just send a letter to the Board office with the Group Name and the new PT's name and license number. The letter should be signed by the new PT and the Group Supervisor.

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