



Introduction

This CAOT-BC Issue Paper discusses the occupational therapy process and rationale for assessment and reassessment. It serves as a resource to guide discussions with funding parties to enhance transparency of the process of assessment and re-assessment in occupational therapy practice.

As clients progress through their care trajectory, their needs, goals, contexts, and treatment team members can change. A single client may encounter several occupational therapists during his or her treatment stages, and assessment recommendations may be passed from one therapist to another. It is common for a treating occupational therapist to incorporate the assessment and recommendations of a referring occupational therapist into intervention planning; however a re-assessment and/or alternative assessment of the client may be warranted. This requirement has come under scrutiny as funding parties seek to contain health care spending costs and express concerns about duplication of services. As a result, a treating occupational therapist may be asked to deliver services based on a previous and/or independent assessment of the client without performing a re/assessment(s) of their own.

Issue overview

Occupational therapists are regulated healthcare professionals and utilize best practice, sound professional judgement and clinical reasoning when making decisions related to the need for reassessment/assessment. The failure to follow an occupational therapy process as outlined by regulation puts the therapist in breach of regulatory requirements and risks a loss of ethical, safe, competent and effective care.

Stakeholders and funding parties, such as insurers, government agencies and ministries, and employers, recognize and hire occupational therapists as health care professionals who incorporate the art and science of enabling engagement in everyday living through occupation to foster health and wellbeing.

Given the current context of mandated fiscal constraints, both the private and public sectors funding parties that

hire occupational therapists are increasingly seeking means to mitigate the total spending on client care plans. Reassessment and/or assessment of a client can be perceived and frequently questioned as an unnecessary duplication and expenditure, particularly when the client is being transferred from one occupational therapist to another. Requests for a treating occupational therapist to refrain from reassessment/assessment may be a significant infringement upon the delivery of safe, competent, and ethical care.

Occupational therapists have a responsibility to use a systematic approach based on best practice, professional judgement and clinical reasoning in enabling clients to develop the means and opportunities to identify and engage in the occupations of life. This process involves assessing, planning, implementing, monitoring, and evaluating the client in relation to occupational engagement in self-care, work, study, volunteerism, and leisure. This is of particular importance when time has lapsed, and an occupational therapist must assess and determine the most relevant factors that are impacting the client's function. Occupational therapists use a systematic approach based on best practice, professional judgement and clinical reasoning to decide whether a reassessment/assessment of a client is necessary.

In British Columbia, occupational therapists are governed by the *Health Professions Act of BC*¹ and must adhere to strict regulatory standards to ensure the provision of safe, competent and ethical care. Occupational therapists are licenced to practice by the College of Occupational Therapists of BC. Occupational therapy practice is guided by the *Essential Competencies of Practice for Occupational Therapists in Canada (2011)*².

The Essential Competencies document specifically speaks to assessment in Unit 4.4 and indicates that an occupational therapist is expected to assess occupational performance and enablement needs of a client and in turn develop a client-specific plan with the client, inter-professional team members, and other stakeholders.

¹ <http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation>

² http://www.acotro-acore.org/sites/default/files/uploads/essentialcompetencies3rded_webversion.pdf

In order to align with the expected provisions of funding parties that are client-driven, effective, and efficient, reassessment/assessment is required to develop realistic, measurable, understandable, and targeted outcomes consistent with client values and goals. This is covered in the essential competencies document in Unit 4.5.

Furthermore, in order to compare a client's progress over time, a comparative assessment must be completed with initial findings, occupational therapy goals, and treatment plan. Subsequently, an occupational therapist can then adapt or redesign the treatment plan as needed, and recommend next steps such as discharge, coordination of transfer, or re-entry into treatment. This is covered in the Essential Competencies document in Unit 4.7.

Recommendations

CAOT-BC recommends that occupational therapists use a systematic approach to enabling occupation for safe, ethical and effective practice as outlined in the *Essential Competencies of Practice for Occupational Therapists in Canada (2011)*².

CAOT-BC recommends that when the referring party requests that an occupational therapist refrain from reassessing/assessing a client upon a transfer or referral, that the occupational therapist informs the referring party that occupational therapists are obligated to follow an occupational therapy process as outlined by our regulations under the Health Professions Act of BC.