

PROTECTING YOUR OWN SEAT: THE LITTLE THINGS THAT MAKE A BIG DIFFERENCE IN A COMPLAINT

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With changes in health care funding, the complexity of our patients and changing technology available to our patients the expectations and demands on the prescribing therapists are increasing. Our vendors need us to be more efficient, our patients expect good outcomes, and our employers expect us to see more patients, often with less resources. Luckily for the prescribing therapists the last 10-15 years has seen the development of many resources and guidelines that will help us to stand our ground and protect our practice. We will look at what should happen, what can go wrong clinically and legally, and what we can do about it to protect our practice and be better clinicians at the same time

What Should Happen

The best practices and current resources in seating and mobility are all consistent with each other and align with ADP policies as well as college requirements. The Rehabilitation and Engineering Society of North America (RESNA) has a number of useful position papers in their online Knowledge Center; there are wheelchair skills programs with structured assessment and training processes; there are international standards for wheelchair terminology and body measures, just to name a few, and they are all available for free online.

What WHO says: The World Health Organization's "Guidelines on the Provision of Manual Wheelchairs in Less- Resourced Settings" has become widely recognized as the framework for the standard of care and is applicable even here in Toronto given the current climate of limited resources. Their 8 Key Steps in Service Delivery are worth looking at through the lens of protecting your practice:

Referral and Appointment	Screen the referral to ensure that you are able to provide what's being asked given the resources available to you, your skill set, and the time available.
Assessment	All the best practices on seating say to do a thorough seating assessment. General OT or PT assessments are not recognized in the literature as a substitute.
Prescription (equipment selection)	The more information you have in your assessment the better you will be able to select the right equipment.
Funding and Ordering	Look for funding after the right equipment has been determined. Use the resources to help write letter of rationale to funding sources.
Product Preparation	The more information you have from your assessment the more information you can give the vendor so that the product can be prepared appropriately ahead of time.
Fitting	Done with the vendor and therapist present in order to ensure that what was delivered is what was ordered, and that it still meets the patient's needs.

User Training	Documenting that you've assessed wheelchair skills is valuable to back up your decision to leave equipment with a patient that they are able to use safely and independently.
Follow-up, Maintenance and Repairs	These are required for the life of the equipment and for the duration that the user needs it.

What the colleges say:

Both the OT and PT colleges have statements that indicate they expect their members to remain current with related evidence to their area of practice. They also expect members to document rationale for opinions and document sources and methods used to gather information.

What ADP says:

The ADP Authorizer Agreement as of 2014 included the statement that we will “follow-up with clients whom the authorizer has assessed in order to ensure that the device has been delivered and set up as required... and continues to meet their needs”.

The ADP application for Mobility Aids states in the fine print where the authorizer signs that “I have personally assessed the applicant...” and “I have authorized the equipment described... based on a comprehensive assessment...”

What Can Go Wrong

Equipment Abandonment – likely due to poor assessment or insufficient follow-up, either way it ends up being a waste of limited resources.

Pain – this can limit a person's independence, and even safety in their equipment, and can lead to harm.

Harm – examples include, but are not limited to falls or skin injury due to poor positioning or lack of postural support

Lawsuit – Lawyers may start with the relevant policies around the event in question. From there they could look at all the pertinent documentation and bring in an expert witness to address questions regarding whether or not the intervention met the standard of care. Meeting “common practice” is not an excuse for not meeting the standard of care in the eyes of the courts.

College Complaint – the college (OT or PT) will try to get the complaint in writing and may ask us to provide a written response. It may be that this is your only opportunity to further explain what happened. Based on your written response the Investigations Complaints and Resolutions Committee may decide to drop the issue or proceed with an investigation in which case they will ask for all the relevant documentation. They may also bring in an expert to address similar questions regarding whether or not the therapist met the standard of care.

Criminal Charges – When the ADP suspects fraud they bring in the OPP to investigate. The OPP now have a dedicated unit to deal with healthcare fraud that includes ADP files. Therapists and vendors could be facing fine or imprisonment for falsifying information in order to obtain funding for a device.

What You Can Do

The risk management literature suggests that the first step for health care professionals is to follow the relevant medical orders, follow the relevant standards of practice, and follow employer and

funding agency policy and procedures.

Documentation is the best line of defense. Documentation that is completed contemporaneously with the event in question will be viewed as fact because your documentation is not just a health record, it's also a legal document. The content of notes should reflect what happened, when it happened, why, the impact of your intervention, and the next steps. The courts have in the past viewed poor documentation as an indication of poor practice.

Referring to the resources can help you move forward on decisions with more confidence and provide a basis for your rationale. We can't always be right, but we always want to have a defensible rationale for our actions and recommendations. If you've taken the time to call a manufacturer rep, an expert in the field, or refer to a guideline, give yourself credit for it by mentioning what you did and what you came up with, in your documentation.

Ensure that your clinical analysis is based on complete information. The best way to start that is with a thorough assessment up front.

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Speaker Bio

Marlene is an occupational therapist working full-time in the outpatient seating clinic at the Lyndhurst Spinal Cord Rehab Centre. Marlene is also the chair of the OSOT Seating and Mobility Team which is working on ways to support members in the complex process of providing mobility aids.