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Outcome Measures at a Private Outpatient Pediatric Occupational Therapy Clinic

Kelly Alter

Department of Occupational Therapy, Western Michigan University

Doctoral Capstone Experience (DCE)

April 2023

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Abstract

My Doctoral Capstone Experience (DCE) focused on outcome measurements and better understanding business related elements within a private outpatient occupational therapy clinic. As described in the paper below, outcome measurements are important for a variety of reasons but can be difficult to implement in everyday practice for clinicians. Thus, I aimed to improve the ways that this clinic collected outcome measures so that it would be more manageable for the clinicians. For my DCE, I also sought to improve the physical environment at Sensory Systems Clinic West (SSCW) which was indicated as a barrier during the needs assessment by staff.

During my DCE, I was able to address and learn many aspects of business management. To do this, one of the main objectives was to update the clinic's policy and procedure manual, the orientation binder and creating a telehealth policy and procedure manual for the clinic. This led to many different projects to achieve this objective and allowed me to learn a great deal related to business management. Overall, I was able to grow as a clinician through this unique experience and improve upon the environment and its inner working systems.

Introduction to Capstone Project

To begin, my Doctoral Capstone Experience (DCE) fell under the category of Administration/Leadership according to the Accreditation Council for Occupational Therapy Education (ACOTE) concentration areas as my capstone focused on participating in the day-to-day management processes at my site while using theory and evidence to support my decision making. My site was a private outpatient occupational therapy (OT) clinic, Sensory Systems Clinic West (SSCW) located in Wayland, Michigan. This clinic works primarily with the pediatric population but also has some adult clients. The therapists there offer a wide variety of OT services to many clients with different diagnoses with a motto of “Play to Learn, Learn to Play”. SSCW services the community of Wayland and the surrounding areas including more underprivileged populations. My site mentor was the owner of SSCW, Peggy McCourry, MS, OTRL. She opened the clinic over 11 years ago and has been able to steadily grow her clients and staff of occupational therapists ever since. With all of this experience, I was able to learn a great deal about many aspects related to running and managing a business. Before the fourteen weeks of my DCE actually took place, there were a number of requirements to complete. Some of these included conducting a literature review and a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. Besides completing these, my site mentor and I also agreed upon specific objectives that I worked towards during my capstone. Although the objective specifics changed over time, and some were even discontinued, I was able to adapt to what I was doing in order to make my DCE successful. By the end of my DCE, I was able to integrate some new functional systems and improve upon preexisting systems to improve outcome measures and the physical environment of the clinic as well as learn a great deal about leadership in the field of OT as it relates to business.

Literature Review of Capstone Topic

What are outcome measures?

Documentation is a major aspect of a private occupational therapy clinic, as any occupational therapy services that are provided to a client must be recorded (Kearney, 2018). One important element of documentation is outcome measures which include both standardized and non-standardized assessments that measure a change in a patient's occupational performance, participation, and overall functioning over time (Kearney, 2018; Duncan & Murray, 2012). Due to the importance of measuring outcomes, this capstone focuses on improving Sensory Systems Clinic West's (SSCW), a private outpatient occupational therapy clinic, ability to routinely measure outcomes. To accomplish this, a better understanding of how outcomes are measured as well as what influences, and barriers may affect these outcomes is required.

Why are outcome measures important?

Although outcome measures are important for documentation, there are numerous other reasons why occupational therapists should routinely use outcome measures in private practices. According to Nguyen & Holguin (2019), measuring outcomes is vital for value-based payment programs and can promote learning, improve performance, and services. By routinely measuring outcomes, clinicians can reflect on them to improve services, such as by more effectively communicating with patients or preparing more efficient treatment planning. Value-based payment programs base reimbursement on quality rather than quantity of services. Outcome measures can be a valuable tool when demonstrating the quality of services to providers. They can help develop more effective communication within clinical documentation that clearly demonstrates the meaningful changes in a client's quality of life, functional capacity, and occupational performance. Duncan & Murray, (2012) also explain similar reasons as to

why outcome measurements are so important. They describe how embedding outcome measurements into routine practice can improve meaningful communication of patient progress, promote efficient treatment planning, and demonstrate service impact as well as efficiency (Duncan & Murray, 2012). Thus, outcome measures as a key focus at SSCW can demonstrate that services are documented effectively, ensure continued growth among therapists, and improve client outcomes.

Types of Outcome Measurements

Outcome measures are collected in a variety of ways in different practice settings. One of the ways a clinic can focus on providing client-centered care is by measuring outcomes through parent or client self-report of satisfaction of treatment services (Carrigan et al., 2001). According to Carrigan et al. (2001), clinics should utilize a structured questionnaire during family involvement with children in order to capture parents' experiences. This parent experience gathered through the questionnaire is crucial to be able to grow and reflect on the therapy services provided. Through the use of a parent report of satisfaction, this outcome measure can continue to help SSCW deliver client-centered focused care to all of their clients.

Another study, related to types of outcome measurements by Bitzer et al. (2012), aimed to develop and validate a standardized, client-centered, and quantitative assessment that has a focus on client satisfaction. Although this study concentrated on a different practice setting than that of private outpatient clinic, it does address a very important aspect when collecting this kind of outcome measure: the child's perspective. This study emphasized that a parent's view on services is not the only valued perspective, but that if a child is old enough, their perspective should be considered as well (Bitzer et al., 2012). Thus, when measuring outcomes at SSCW, gaining not only the parent's satisfaction but also the child's satisfaction with their treatment process will be crucial for remaining client-centered.

A similar study that investigated parent experience with their child's treatment, by Kruijssen-Terpstra et al. (2013), sought to demonstrate how important building a partnership with family members during OT services helps to improve satisfaction with care and overall therapy outcomes. Prioritizing building rapport with the family can help therapists understand the parent's perspectives better, however, it is important to acknowledge that the needs of parents change over time. Thus, this study recommends that clinics should check in with parents throughout the treatment process to remain client-centered and provide the best care.

Aside from client satisfaction reports, outcomes can be measured through goal scaling. Specifically, the Goal Attainment Scale (GAS) is a way to quantify progress toward individualized client goals through the collaboration and construction of personalized goal scales. It is a standardized tool in which goals are measured on a five-point scale. These scores include expected patient level, much more expected, somewhat more expected as well as somewhat less expected, and much less than expected related to that specific goal (Kiresuk & Sherman, 1968). Within a systematic review, Harpster et al. (2019) demonstrated that GAS is a valuable tool when measuring progress toward goals as GAS appears to be able to detect meaningful change over sixty percent of the time. One element to make note of is the importance of reducing variation in administration as this limits the tool's efficacy. This is crucial to remember when using GAS, so that results at SSCW can be consistent and reliable.

Barriers to Routinely Measuring Outcomes

Although measuring outcomes is crucial to complete, there are a variety of barriers that stand in a clinic and clinician's way. This review identified four themes that professionals have deemed as barriers to measuring outcomes: knowledge, education, and perceived value in outcome measurement; support/priority for outcome measure use; practical considerations; & patient considerations (Duncan & Murray, 2012). With all of these potential barriers, it is understandable that routine outcome

measurements can be lacking in health practices. This systematic review also found that routine outcome measurements may only be possible when appropriate action is taken. It is discussed that action needs to be taken by not only individual therapists, although clinicians taking responsibility is important, but also the rest of the team including the organizational level of a health practice (Duncan & Murray, 2012).

This study demonstrates why it would be important to implement a tool like the GAS app which allows practices to integrate goal scaling in an easier, mainstreamed way. This can help provide a change at the clinician and organizational level so that the staff and organization can support each other in their ability to measure outcomes more routinely.

In order to make these changes, a clinic may need to take several actions. One valuable takeaway from the Millsteed et al. (2017) study is that it demonstrates how important it is for a business's success to interact and learn from external business environments. Thus, learning from the implementation of GAS into practice can help not only widen their network but mainstream office management demands and increase SSCW's ability to routinely measure outcomes. Other elements that were determined to be necessary qualities to be a successful private OT practice included; self-reflection, identifying environmental opportunities and risks, developing capabilities, and strategic planning for growth and development (Millsteed et al., 2017). This capstone's focus to provide an opportunity for SSCW to implement several of these qualities can further grow this already successful private practice clinic.

Gap in literature & Conclusion

Finally, one area in the literature that seemed to be lacking is the implications of a clinic's environment on outcomes. Research would need to be done to investigate if a clinic's environment impacts outcomes for the client while also looking at how it impacts the therapist's work performance. An environment can help facilitate interactions and behaviors or become barriers, but the impact of this within the literature needs further investigation. Overall, it is clear how important routinely measuring

outcomes can be for a private outpatient practice. Not only to improve health practices through clearer communication in documentation for value-based programs but also to promote learning among therapists and remain client-centered. For these many reasons discussed, this capstone aims to improve SSCW's ability to more routinely measure outcomes, so that this practice can continually grow to provide client-centered occupational therapy services to the community.

Needs Assessment

Strengths	Weaknesses
<p>Supportive staff between therapists and management</p> <ul style="list-style-type: none"> Treatment ideas, shift coverage, positive work environment, encouragement for Peggy to pursue training/continuing education etc. <p>Flexible hours for therapists</p> <p>Many resources available for evaluations</p> <ul style="list-style-type: none"> Sensory Processing Measure, MFUN, Peabody, ABAS, BOT, etc. <p>Dedicated staff who love working with this population</p> <p>Many clients</p> <ul style="list-style-type: none"> Currently have a waiting list Accept Medicaid which allows them to provide services to many people who can't find services elsewhere. <p>Treatment is play based</p> <ul style="list-style-type: none"> Helps for many reasons including confidence 	<p>Limited space</p> <ul style="list-style-type: none"> Office, treatment, and storage areas In winter it is harder due not inability to have sessions outside) <p>Long documentation time</p> <ul style="list-style-type: none"> Can carry over at home, progress note currently required every month for all clients no matter the insurance <p>Limited ADL treatment areas/materials</p> <ul style="list-style-type: none"> Meal management, self-care tasks, dressing <p>Intake and discharge outcome measurements need improvement for more objective data.</p> <p>Difficult to measure emotional regulation with clients</p> <ul style="list-style-type: none"> Possible number of outbursts, time attending to task, transitions <p>Leniency in system for private pay clients</p>
Opportunities	Threats
<p>Wide client age range</p> <ul style="list-style-type: none"> 2 years old – 18 years old, some in their 70s <p>Provide services for common diagnoses</p> <ul style="list-style-type: none"> ASD, Sensory, ADHD, motor delays, general weakness, feeding, ODD, Conduct disorder, behavioral challenges, Anxiety, mental health <p>Location of clinic</p> <ul style="list-style-type: none"> Summertime allows them to treat outside and in the community, if appropriate. Clinic services Wayland community as well as nearby areas including both Kalamazoo and Grand Rapids. 	<p>Changes to insurance contracts</p> <p>Dissatisfied client posting on social media</p>

Overall SSCW has many strengths mentioned above, however, there were some weaknesses. During my DCE, I attempted to address a variety of those weaknesses including improving organizational systems, improving measurable goals set for clients and overall integration of improved business and administrative related. At the end of my DCE, I was able to implement multiple organizational systems for the clinic to optimize the clinic's space as well as provide a less visually distracting environment for the clients and decrease the amount of time therapists spent looking for toys or activities.

Objectives Achieved during the Capstone

The following are four objectives that I achieved during my DCE:

Student will implement organizational strategies throughout the clinic for improved efficiency by the end of the 14-week capstone.

- a. Oriented self to current organizational systems involving toys, games, and other items throughout the clinic.
- b. Created organizational system including paring down items, storing similar items together, and labeling for:
 - i. stickers, seasonal/holiday activities, paper activities, spotlight activities, all craft supplies, balloons, Legos, lacing activities, fine motor activities, gross motor activities, handwriting activities, books, board games, puzzles, sensory activities, Interactive Metronome information and accessories, handouts, kitchen items, swings, and suspension equipment.
- c. Collected feedback for organizational systems and adjusted systems to best meet therapists' needs. Documented a handful of before and after photos of multiple areas at the clinic (see Appendix A.1-A.3).

- d. Initiated and oversaw cabinet installation for improved organization (see Appendix A.4).
- e. Created a system for auditing client folder records so that all records are up to date. This included creating a document to track the forms for each client and guidelines for how to identify what forms were needed. After identifying the forms needed, they were given to parents/caregivers to fill out so that all documents were up to date. These documents were created on the on-site computer. This allowed the staff to be on the same page and continue maintaining updated client folders after my DCE finished.

Student will implement system for improved gathering of outcome measures to demonstrate SSCW's unique value.

- a. Orientated self to current forms and questionnaires.
- b. Updated intake, current patient, and discharge forms on on-site computer.
- c. Created Knowledge Tracks via clinic Medbridge account for clinic staff to access mandatory trainings.
 - i. Created policy and training tracking for the clinic (see Appendix B.1).
- d. Created and implemented streamlined way for clients to access and leave reviews of the clinic. (see Appendix B.2)
- e. Created Discharged Client Questionnaire (DCQ), received feedback, edited, and presented final product to site mentor and staff. (see Appendix B.3)
- f. Created Current Client Questionnaire (CCQ), received feedback, edited, and presented final product to site mentor and staff. (see Appendix B.4)
- g. Created flyer with online access for CCQ (see Appendix B.5), sent out to current clients, and analyzed responses.
- h. Presented on the responses received from CCQ to site mentor and staff (see Appendix B.6).

Student will review and update clinic policy and procedure manuals with the most up to date practice information by the end of the 14-week capstone.

- a. Oriented self to current policies, procedures, and orientation information.
- b. Policies and Procedures Manual documents including:
 - i. Edited and updated:
 1. “Practice philosophy” on on-site computer.
 2. “Severe Weather/Tornado” on on-site computer.
 3. “Bomb Threat Policy” on on-site computer.
 4. “Bioterrorism Threat Policy” on on-site computer.
 5. “Chemical/Biological Threat Policy” on on-site computer.
 6. “Equipment List” with up-to-date guidelines on on-site computer.
 - ii. Created:
 1. Safety policies related to the daily responsibilities of staff and general guidelines for the clinic (see Appendix C.1).
 2. “Safety Procedure for Ball Pit” (see Appendix C.2)
 3. “Safety Procedure for Bungees” (see Appendix C.3)
 4. “Safety Procedure for Suspension System” (see Appendix C.4)
 5. “Safety Procedure for Zip Line” (see Appendix C.5)
 6. “Policies and Procedures Table of Contents” (see Appendix C.6)
- c. Installed AED and organized information related for staff to reference.
- d. Orientation Binder documents including:
 - iii. Edited and updated current:
 1. “Login document” on on-site computer.

2. "Information and Guidelines for New Staff and Students" on on-site computer.
 3. "Welcome to Sensory Systems Clinic West!" (see Appendix C.7)
 4. "Evaluation Outline Example" on on-site computer.
 5. "OT Field Work 1 or 2- Performance Objectives/Expectations Worksheet" on on-site computer.
- iv. Created:
1. "DropBox Instructions for Staff" (see Appendix C.8)
 2. "Fitlight Instructional Guide" (see Appendix C.9)
 3. "Inspection Signoff for Equipment" (see Appendix C.10)
 4. "Orientation Binder Table of Contents" (see Appendix C.11)
- e. Created Telehealth Policies and Procedures Binder for SSCW including the following documents:
- v. "Telehealth Policies for Occupational Therapists" (see Appendix C.12)
 - vi. "Telehealth Competency Check List" (see Appendix C.13)
 - vii. "Telehealth Policy for Safety" (see Appendix C.14)
 - viii. "Telehealth Important Things to Remember" (see Appendix C.15)
 - ix. "Telehealth Daily Note Requirements" (see Appendix C.16)
 - x. "Telehealth Client Participation Screening" (see Appendix C.17)
 - xi. "Telehealth Provider Satisfaction Survey" (see Appendix C.18)
 - xii. "Telehealth Parent/Caregiver Satisfaction Survey" (see Appendix C.19)
 - xiii. "Telehealth Client Satisfaction Survey" (see Appendix C.20)
 - xiv. "Telehealth Notice of Privacy" (see Appendix C.21)
 - xv. "Telehealth Informed Consent" (see Appendix C.22)

- xvi. “HIPAA & HITECH Privacy Client Consent” (see Appendix C.23)
- xvii. “Client Rights and Responsibilities for Telehealth Services” (see Appendix C.24)
- xviii. “Table of Contents” (see Appendix C.25)

Student will introduce Goal Attainment Scaling (GAS) with staff and assess the practicality of using this outcome measure at this clinic by the end of the 14-week capstone.

- a. Reviewed GAS.
- b. Created presentation on what GAS is and presented to staff. (see Appendix D.1)
- c. Implemented GAS with all therapists to use with one client each, for four weeks.
- d. Checked in with therapists throughout the four weeks to ensure success of implementation with GAS as majority of therapists had not used it before.
- e. Created and sent therapists survey to gain feedback on their experience using GAS in this setting (see Appendix D.2).
- f. Analyzed and reflected on survey responses.

Implications of Capstone

Over my 14-weeks on site, I was able to complete numerous other small projects or tasks that aided in achieving my overall objectives as well larger projects. After reflecting on my DCE overall, it was clear there were three main areas of impact. First the overall physical environment of the clinic is more organized, functional, and therapeutic. This means that the clinicians can spend less time searching for supplies they need and more time on documentation or other work tasks. Creating a less visually distracting environment in the kitchen area (see Appendix A.3 and A.4), was noted to be extremely helpful by the clinicians as this is where they conduct standardized assessments during evaluations and have had clients very distracted in the past due to the visual overload. Another area that my project impacted at the clinic was the business side of the clinic. During my time there, I was able to create a

policies and procedures manual for telehealth services, so that when the therapists practice telehealth they had guidelines and the clinic as a whole would be operating within legal standards. I was also able to update the policies and procedures manual and orientation binders which did not have current information regarding how the clinic operated. This was extremely important from a legal standpoint but also for new hires so that they were properly oriented to the clinic. In terms of attempting to implement more objective goal writing and improve outcome measures I was able to introduce the entire therapy staff to GAS, as well as trial it with one client per therapist. With the feedback received through the GAS feedback survey I was able to see that there were some barriers to using this outcome measurement in this setting. One of the major barriers was limited time, which aligns with the research found during the literature review. Even with this barrier, I was able to provide exposure of an outcome measure to staff and demonstrate the importance of including objective measurements in everyday practice.

In terms of the field of OT, my DCE has demonstrated the many barriers that can arise when attempting to implement more standardized, objective outcomes in an outpatient OT clinic. Therefore, it is that much more important for clinicians to be aware of what outcome measurements there are, so that they can identify which is best for them and their clinic/population. It is also important for management to implement and encourage the use of measured outcomes and be available to aid their staff in using them as they see fit. Another implication I became aware of through my DCE is for clinics to be aware of the physical environment for both their staff and the clients. It is important for clients to be in a relaxing, therapeutic, and non-visually overstimulating environment during therapy sessions. Additionally, it is conducive for therapists to know where supplies are and be able to access those supplies in a reasonable amount of time. Thus, when OTs practice in a variety of settings, it is crucial to be considerate of the environment in which they are practicing.

In order to make what I completed during my DCE sustainable, I put into place many different systems throughout the clinic. For example, paper activities were something that was cluttering up the clinic as they had an abundance of them, and they were unorganized. Thus, I organized them with labels and found them a home within the clinic so that the therapists knew where they were. I also created a “spotlight activities” area where the therapists could put their favorite or current holiday activities that they were using more frequently. I educated the staff about this system and received verbal feedback that they liked this idea and would keep rotating the activities as time goes by. Additionally, all documents that I created, including the questionnaires, are accessible by the staff at SSCW. Therefore, they will be able to use those documents in the future which would be helpful for collecting measured outcomes.

Conclusion

Throughout the culmination of my DCE, I was able to create a more functional, organized environment at SSCW, introduce more ways to gather outcome measures and improve business/administration related elements. I also learned a great deal about different aspects of running a private outpatient OT clinic, from the perspective of managing a staff and making financial decisions that affect the business as a whole. During my time at SSCW, I was able to collect some data regarding the satisfaction of current clients through the CCQ (see Appendix B.4) and staff’s response to using a standardized goal writing method, Goal Attainment Scaling (GAS). Although I was unable to collect information throughout my DCE using the CCQ, I was able to gather a few responses from current clients. One of the main takeaways from the responses I received was that the clients have a positive view of the clinic staff and the parents of the clients felt that they have noticed improvements related to their goals (see Appendix B.5). Additionally, I was able to introduce the clinicians at SSCW to an outcome measurement tool through the use of GAS. Although it may not have been a good fit for this

specific setting due to it being time consuming, it did open up the conversation of incorporating more objective outcome measures at the clinic, which as previously discussed are extremely important. As a whole, my DCE allowed me to learn a great deal about the business side of running an outpatient clinic through administration and leadership development, as well as implement outcome measurements and overall functional improvements throughout the SSCW.

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Appendix A

Objective 1 Appendixes, before and after photos of some areas around the clinic.

Appendix A.1: Interactive Metronome Before and After



Figure A.1.1 Interactive Metronome before organization.



Figure A.1.2 Interactive Metronome after organization.

Appendix A.2: Blue Room Before and After



Figure A.2.1 Blue room books before organization.

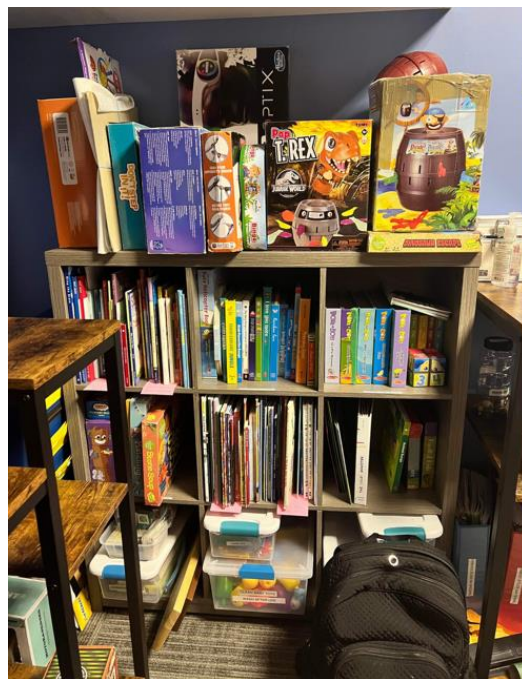


Figure A.2.2 Blue room books after organization.



Figure A.2.3 Blue room board games before organization.



Figure A.2.4 Blue room board games after organization.



Figure A.2.5 Blue room toys before organization.



Figure A.2.6 Blue room toys after organization.

Appendix A.3: Kitchen Before and After

Figure A.3.1 Kitchen sink area before organization.



Figure A.3.2 Kitchen sink area after organization.



Figure A.3.3 Kitchen cabinets before organization.



Figure A.3.4 Kitchen cabinets after organization.



Figure A.3.5 Kitchen cabinets before organization.

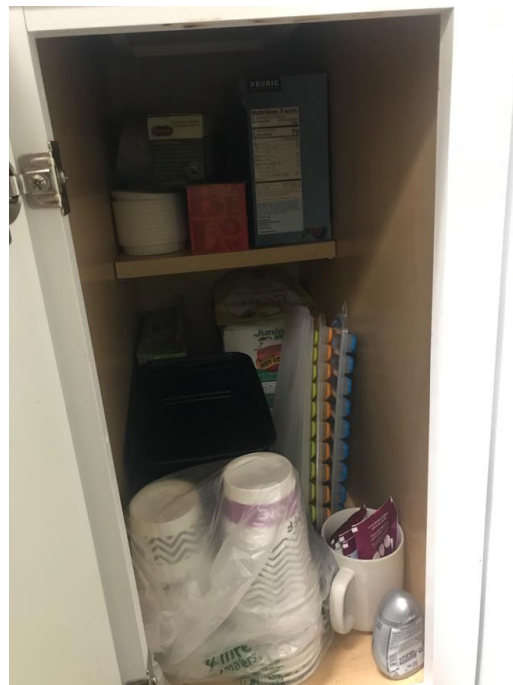


Figure A.3.6 Kitchen cabinets after organization.

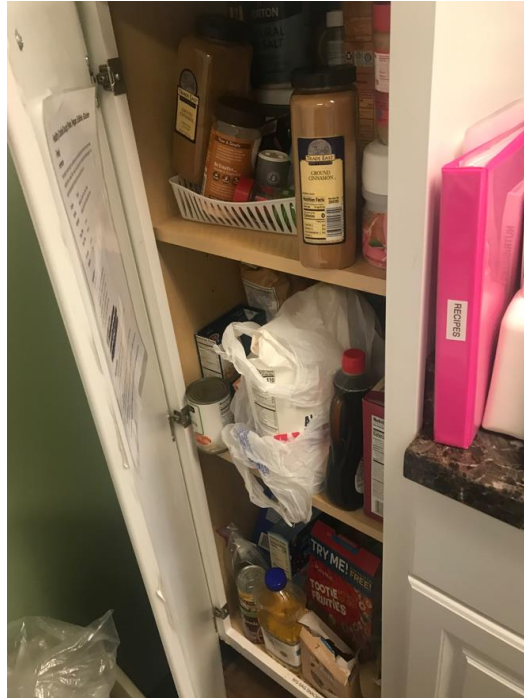


Figure A.3.7 Kitchen cabinets before organization.



Figure A.3.8 Kitchen cabinets after organization.

Appendix A.4: Cabinet Before and After



Figure A.4.1 Cabinets before organization.



Figure A.4.2 Cabinets after organization.



Figure A.4.3 Cabinets before organization.

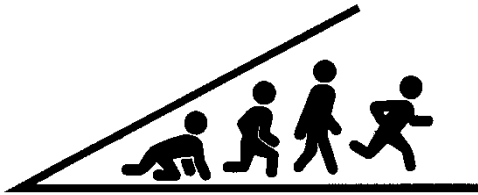


Figure A.4.4 Cabinets after organization.

Appendix B

Policies, Procedures, and orientation binder documents

Appendix B.1: Online Training Policy



Sensory Systems Clinic West, PLC

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

Online Training Policy

Sensory Systems Clinic West, PLC is dedicated to providing and verifying that staff are effectively trained to maintain a safe and ethical workplace for all staff and clients. Therefore, all employees shall complete the assigned Medbridge Knowledge Track for that year. Three additional Cyber Security Trainings will be determined and assigned. These will be completed yearly by all employees and reviewed to assure that employees are in compliance with this policy.

2023 Knowledge Track - Medbridge

- HIPAA Microlearning: Practices to Protect Health Information
- HIPAA: Microlearning: The Privacy Rule and Releasing Information
- Infection Control: The Basics
- Preventing the Spread of COVID-19 for Healthcare Staff
- Hand Hygiene: The Key to Infection Control
- Code of Conduct for Healthcare Organizations
- Ethics in Healthcare
- Crossing the Line: Recognizing, responding to and Preventing Sexual Harassment in the Workplace
- Identifying and Responding to Domestic Violence and Child and Elder Abuse and Neglect
- Supporting the Well-Being of People with Mental Disorders
- Fire Safety in the Clinic
- General Compliance Training for Healthcare Staff
- Cultural Competency: Assessment & Treatment
- Cultural Competency: Resources to Meet the Needs of Special Populations

Once both the Medbridge Knowledge Track and Cyber Security Trainings have been completed for that year, please initial and date below.

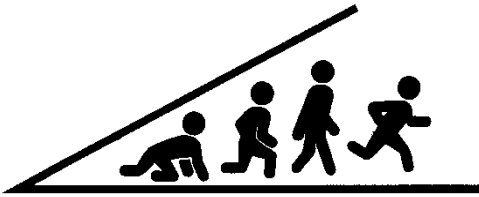
Name	Initial	Date
Peggy		
Jeanne		
Cassidy		
Abigail		
Danielle		
Sandra		
Kayla		
Abigail		

Appendix B.2: Google Review Flyer that was posted throughout the clinic during my DCE to increase number of reviews on google for SSCW.



Appendix B.3: Client Discharge Follow Up Questionnaire

Sensory Systems Clinic West, PLC



145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

CLIENT DISCHARGE FOLLOW UP QUESTIONNAIRE

We at **Sensory Systems Clinic West, P.L.C.** pride ourselves on providing prompt, courteous and competent occupational therapy services. So that we may continue this tradition, we would appreciate your comments. Please take a few minutes to fill out this questionnaire and return it to the front desk. **Your name is optional** if you wish to remain anonymous.

Respondent Name: _____

Client Name: _____

Name of your Occupational Therapist

Peggy _____

Cassidy _____

Jeanne _____

Abbie _____

Regan _____

Student _____

Danielle _____

Sandra _____

Kayla _____

Abby _____

What type of insurance coverage do you have? Or private pay? _____

Were your insurance benefits and co-pays explained to you in a satisfactory manner?

____ Yes ____ No

Comments: _____

When did your child start receiving services at Sensory Systems Clinic West?

Number of sessions per week _____. Approximate Number of sessions _____

Did you take any breaks from therapy? *Such as taking a month off when school started but then resuming therapy appointments.*

For the following questions, please rate your level of agreement with each statement and provide comments if needed.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I was provided a written copy of my child's evaluation within a reasonable time frame.					
Expectations of payment and billing were explained as clearly as possible.					
I was involved in the goal setting process for my child.					
The therapist explained the treatment and goals in a manner that was understandable.					
Home suggestions were communicated clearly.					
Recommendations for home and/or school were helpful.					
I am satisfied with the OT services that were provided for my child.					
My child has met their therapy goals.					
My child has shown improvements in home/school setting through services provided at Sensory Systems Clinic West.					
The therapy resulted in an improved quality of life.					
My child can do things now that they couldn't do before.					
The therapist was responsive to my and/or the client's needs.					
The staff was pleasant and respectful.					

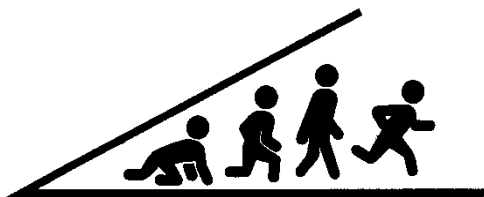
I would use these therapy services again or recommend Sensory Systems Clinic West to others.					
--	--	--	--	--	--

Please feel free to make any additional comments you wish to help us improve the operation of our clinic in the future.

Signature _____ Date _____

Optional

Appendix B.4: Current Client Questionnaire



Sensory Systems Clinic West, PLC

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

CURRENT CLIENT QUESTIONNAIRE

We at **Sensory Systems Clinic West, P.L.C.** pride ourselves on providing prompt, courteous and competent occupational therapy services. So that we may continue this tradition, we would appreciate your comments. Please take a few minutes to fill out this questionnaire and return it to the front desk.

Respondent Name: _____

Client Name: _____

Name of your Occupational Therapist

Peggy _____

Sandra _____

Cassidy _____

Kayla _____

Jeanne _____

Abby _____

Abbie _____

Regan _____

Danielle _____

Student _____

What type of insurance coverage do you have? Or private pay? _____

Were your insurance benefits and co-pays explained to you in a satisfactory manner?

____ Yes ____ No

Comments: _____

When did your child start receiving services at Sensory Systems Clinic West?

Number of sessions per week _____. Approximate Number of sessions _____

Did you take any breaks from therapy? *Such as taking a month off when school started but then resuming therapy appointments.*

For the following questions, please rate your level of agreement with each statement and provide comments if needed:

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I was provided a written copy of my child's evaluation within a reasonable time frame.					
I was involved in the goal setting process for my child.					
I am satisfied with the OT services that were provided for my child.					
My child has shown improvements in home/school setting through services provided at Sensory Systems Clinic West.					
My child can do things now that they couldn't do before.					
The staff was pleasant and respectful.					
I would use these therapy services again or recommend Sensory Systems Clinic West to others.					

Please feel free to make any additional comments you wish to help us improve the operation of our clinic in the future.

Signature _____ Date _____

Appendix B.5: Client Feedback**Sensory Systems Clinic West, PLC**

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

Client Feedback

In order to provide quality occupational therapy services, it is important to hear from you!

Please follow the link or scan the QR Code below to complete a questionnaire! It takes 3 minutes or less!

**Link:**

<https://bit.ly/SSCWCLIENTQ>



Scan this code to complete form!

Thank you for your time!

Appendix B.6: CCQ Results

CURRENT CLIENT QUESTIONNAIRE

BY: KELLY A.

CLIENT DEMOGRAPHICS

- Clients from 6 different therapists.
- Insurance Coverage: Private Pay, BCBSM, Medicaid, Medicare Blue Cross Complete
- Insurance Benefits/Co-pays explained well by staff? Yes
- Started receiving services:
 - earliest 1/1/2021
 - most recent 8/30/2022
- Number of total sessions attended:
 - least: 20
 - most: 100

OVERALL TAKEAWAYS

- Documentation was provided in a reasonable amount of time.
- Parents/clients were apart of the goal planning.
- Parents/clients noticed improvements in the home/school setting and saw the client do things that they couldn't do before.
- Pleasant and respectful staff.
- Respondents would recommend SSCW to others.

HIGHLIGHT!

"Peggy and crew are great to work with and focus on individual needs of the client"

"SSCW has been such an important part of my sons journey. He always loves to attend the appointments and it has helped with so many aspects"

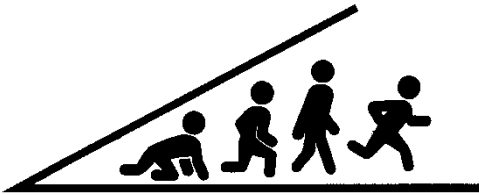
"We can't thank you enough for all you do and for working with us!"

Appendix C

Appendix C.1: Equipment and Safety

Sensory Systems Clinic West, PLC

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com



EQUIPMENT AND SAFETY

It is important for this clinic to have established safety procedures for using equipment, routine maintenance, safety checks of equipment, and first aid. These procedures will both minimize the chances of accidents occurring and hopefully reduce the severity of any accidents that do happen. In addition, all therapists are certified in CPR, and it is the responsibility of the individual to maintain this certification.

General Safety Guidelines

Therapists employed at SSCW, may use the clinic's offices and occupational therapy equipment for use in servicing clients. You need to employ reasonable care, due diligence, and professional therapy standards in using and supervising clients' use of the clinic's space and equipment.

Safety is every employee's responsibility. Anyone becoming aware of a hazardous condition should report it immediately to Peggy McCourry. If any piece of treatment or evaluation equipment is broken, please notify Peggy McCourry immediately and remove the piece of equipment from the treatment area. Familiarize yourself with the locations of fire extinguishers and first-aid kits as well as with the proper operating procedures of all equipment which you may use.

Safety Procedures for Clients

Keep our clinic safe!

- Do not leave a child unattended in therapy rooms.
- When you hang equipment on chains with hooks, be sure the carabinier is attached to the main part of chain (**not** the portion where the "s" hook is attached). If equipment is hung from an "s" hook, it can become unhooked while a child is on it.
- Use rotational devices any time the client is engaged in rotational movement or when a swing is hung on elastic cord. Without the rotational device, clips can open and ropes can break when

children are on the equipment. The rotary device must always be used with a bungee cord if a swing is suspended from only one point. When hanging a swing from one point without a rotation device and lot of twisting, the bungee can very quickly break the rubber bands within.

- **Check ropes, chains, and hooks as you treat!** Remove equipment if ropes/daisy chains are frayed. Regular inspection and maintenance of all suspension systems is scheduled and managed by Peggy McCourry. Therapists are responsible for monitoring equipment safety at all times.
- Place **hanging equipment** on the hooks on the wall in such an orientation (sideways or upside down) so that when children come into the clinic, they cannot climb on it. **Warn children NOT to climb or swing on any equipment stored on the wall hooks** as these are not strong enough to support any weight.
- Please **fold the rope ladders and the double trapeze in half when storing them** so that children are not tempted to climb them. Remind parents and clients that equipment cannot be used while being stored. Monitor any child reaching for ropes or other play equipment on the wall hooks as the rope or swing can come down and the metal carabiner can hit them on the head.
- **Please monitor any child using the ropes.** Try to anticipate a problem and arrange the equipment for the child's safety.
- Keep therapy balls and other equipment away from **fire door exits**.
- Use crash pads or pillows to protect children from hitting walls and posts.
- Children may need to wear helmets as needed when they are going down the ramp on scooter board or using a scooter, or pedal, or other free moving equipment.
- For safety, there is no standing or kneeling on scooter boards allowed, only prone or seated.
- To prevent falls, scooter boards should be stored upside-down (wheels up) or on its side.
- **Put away small, hard items** (small toys, game pieces, clothespins, etc.). Do not leave these on the floor or mats, because our clients love to fall and crash. Putting away such items will help keep the environment safe. In general, try to avoid doing fine motor games in large treatment rooms, but if you must, clean up all pieces immediately.
- For the safety of our young clients, remove small objects from the rice and beans when you are finished hiding them from older clients.
- Scissors should be used only in fine motor rooms. They should not be used in ball pit, or large treatment room.
- Talcum powder may be a health hazard for children with breathing problems so has been generally removed from the clinic. Use with caution or use cornstarch or cornstarch-based baby powder.
- After you use electronics, such as the iron, toaster oven, electric skillet, coffee maker, or massager, make sure it is switched off and unplugged from the electrical outlet.
- Chewelry or chew toys are used for chewies (nonedible objects that can be chewed). Remember that all rubber wears out. To prevent a possible choking hazard, check chewys frequently for strength. Examine for cracks, tears, and other signs of wear. Discard worn chewys immediately.

- After use, place oral motor toys or any items that need to be cleaned in the container marked “Dirty” in the kitchen area. These toys are cleaned each night. Do not leave around for others to pick up and use which can spread germs.
- Refrain from taking objects into the ball pit, especially small objects.

Emergencies & First Aid

- The first aid kit is located in the gym bathroom above the toilet. Additional first aid items are in the front office by the door.
- Take a walkie talkie and cell phone when outside, especially when going away from the building.
- The travel first aid kit is located by the front door and should be taken with therapists when sessions are outside.
- CPR guidelines and shields are in the therapist office.
- Put ice packs on bruises and sprains. A reusable pack is kept in the freezer compartment of the refrigerator. Wash with soap after use.
- Fill out an accident report form for all accidents. Please give a copy to the parent/caregiver and put the original in the child’s treatment file. Also, notify the lead therapist of incident. Call family the next day to check on outcome.
- Fire extinguishers are located in the kitchen cabinet under the sink and the front office.
- AED is in the large therapy room on the wall in its case. Therapists are responsible for familiarizing themselves with this device. The AED should have a blinking green light in the top right corner to indicate that it is working properly. If the AED device is making a “chirping” noise, then maintenance is required. Please notify Peggy McCourry immediately if you hear the AED “chirping” noise.
- Call 911 in case of fire and for all emergencies that need prompt medical attention.
- All therapists should discuss with caregivers the individual emergency procedures needed for individuals with peanut allergies or other life-threatening allergies. If a child might need an epi-pen injection if an allergic reaction occurs, the parent or caregiver should remain in the clinic at all times ready to administer the injection.
- Therapists will adhere to universal health precautions including the use of gloves to minimize transmission of HIV, Hepatitis, etc.
- An emergency clean-up kit for bodily fluids and procedure book is located in the gym bathroom.

Convulsions & Seizures

A convulsion is defined as involuntary muscular contraction and relaxation; a seizure occurs as a sudden attack.

Monitor use of rotation on swings and vibration for children who are seizure-prone or hypersensitive to movement. While the child is swinging, be particularly aware of light sources and visual input that can create a “strobe” effect, which is likely to trigger a seizure.

Safety of the individual during a convulsion or seizure is the first and foremost consideration. Listed below are guidelines for dealing with seizure emergencies according to the CDC.

<https://www.cdc.gov/epilepsy/about/first-aid.htm>

- Ease the person to the floor and clear the surrounding area of anything hard or sharp. This can prevent injury.
- Turn the person gently onto one side. This will help the person breathe and allow saliva to flow out of the person’s mouth.
- Put something soft and flat, like a folded jacket, under the person’s head.
- Remove eyeglasses.
- Loosen ties or anything around the neck that may make it hard to breathe.
- Time the seizure. Call 9-1-1 if the seizure lasts longer than 5 minutes.
- **DO NOT** do the following:
 - Do not hold the person down or try to stop his or her movements.
 - Do not put anything in the person’s mouth. This can injure teeth or the jaw. A person having a seizure cannot swallow his or her tongue.
 - Do not try to give mouth-to-mouth breaths (like CPR). People usually start breathing again on their own after a seizure.
 - Do not offer the person water or food until he or she is fully alert.

Safety Procedures for Therapists

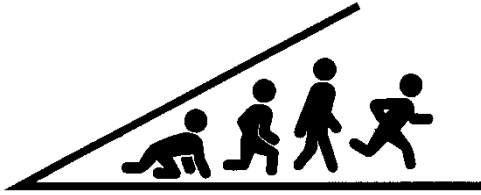
It is important for all therapists to have knowledge of safe body mechanics, to avoid becoming injured during treatment.

Please observe safe body mechanics when lifting heavy equipment: bend our knees, use a raised platform (stool) for hanging equipment above your head, or ask for assistance. Placing a swing on top of the “mushroom” or on a therapy ball (an inner tube underneath will stabilize it) can also minimize lifting.

When pulling children on a swing to provide intensity of movement, use good body mechanics; i.e. use a wide base of support, pull with both arms and use your body to assist in pulling.

To protect your joints and conserve your energy, leave treatment set-ups in place, if possible. It means less physical stress for therapists and less distracting activity in busy clinic. Often the swing that is already in place will be therapeutic for another client. Be especially careful how you use your body if you treat a large number of children on a given day – this reminder is not to take away from providing the most optimal treatment for your clients, but to be thoughtful of yourself in the process.

Appendix C.2: Safety Procedure for Ball Pit



Sensory Systems Clinic West, PLC

145 S. Main St. Suite #4
Wayland, MI 49348
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www.SensoryClinicWest.com

Safety Procedure for: Ball Pit

Ongoing Monitoring:

All therapists must be aware of signs of possible safety concerns related to the ball pit, due to its frequent use.

The following are signs that the ball pit is in need of repair:

1. The foam edging is ripping or defected so that any of the inner foam material is exposed.
2. Any of the 4 attaching strips on the inside of the ball pit comes loose.

In general, issues related to the ball pit do not require it to be closed from use. If you are unsure of the safety issue at hand, immediately contact Peggy McCourry or Danielle McCarty. If any therapist notices any of the above mentioned safety concerns, they should contact Peggy McCourry or Danielle McCarty about the issue that day.

“When it comes to safety, always err on the side of caution”

Regular Inspection:

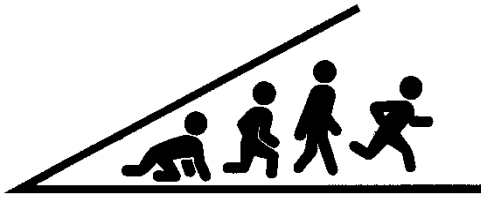
The ball pit is checked for safety and integrity on a monthly basis by Danielle McCarty.

The ball pit balls are washed at least once every 2 months by Peggy McCourry.

Broken balls can be removed and put in the recycling bins.

NOTE: If any of the balls are wet with possible urine, spit up, or in any other way contaminated, please close the ball pit and remove the balls with gloves to be washed.

Appendix C.3: Safety Procedure for Bungees



Sensory Systems Clinic West, PLC

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

Safety Procedure for: Bungees

Ongoing Monitoring:

During daily use of the black suspension bungees, all therapists will monitor the integrity of this piece of equipment.

The following are signs that a bungee should be removed from the clinic and **SHOULD NOT REMAIN IN THE CLINIC**:

3. When the bungee is stretching (i.e. when child is on swing with the bungee), there is a noticeable bulge in the bungee material.

If any therapist notices any of the above mentioned safety concerns, they should do the following:

1. Immediately stop using that given bungee for the activity at hand.
2. Remove bungee from the clinic and place in the front office with a note that has your name, date, and reason for removal from the clinic.

“When it comes to safety, always err on the side of caution”

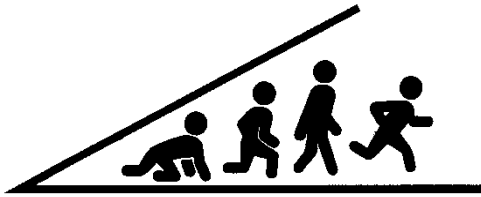
Regular Inspection:

The bungees are checked for safety and integrity on a monthly basis by Danielle McCarty. This check will include:

1. Integrity of bungee material

NOTE: Each black suspension bungee holds up to **25 pounds**, make sure there are enough bungees holding the swing to support the weight of the client.

Appendix C.4: Safety Procedure for Suspension System



Sensory Systems Clinic West, PLC

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

Safety Procedure for: Suspension System

Ongoing Monitoring:

All therapists must be aware of signs of possible safety concerns related to the suspension system, due to its frequent use.

The following may indicate possible safety concerns:

4. There is a notable squeaking sound coming from the suspension system (not from the carabineer).
5. Asymmetric shifting/movement of the suspension system while a child is on a swing, or the suspension system seems to be moving more than it usually does.
6. The daisy chain is frayed and needs to be replaced.

If any therapist notices any of the above mentioned safety concerns, they should do the following:

3. Immediately stop the activity at hand and remove all suspended equipment from the suspension system.
4. Immediately place emergency sign “**STOP – DO NOT USE**” hanging from the suspension system.
5. Notify Peggy McCourry and Danielle McCarty by phone/email or in-person indicating the specific concern noted within the hour.
6. Use word of mouth to alert other therapists as a double check method for the sign, and also so they can begin to plan their future sessions around this.

“When it comes to safety, always err on the side of caution”

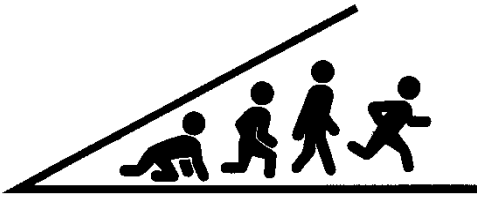
Regular Inspection:

The suspension system is checked for safety and integrity on a weekly basis by Danielle McCarty.

Appendix C.5: Safety Procedure for Zip Line

Sensory Systems Clinic West, PLC

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com



Safety Procedure for: Zip Line

Ongoing Monitoring:

During daily use of the zip line, all therapists will monitor the integrity of this piece of equipment.

The following are signs of concern regarding the zip line safety:

7. The brace securing the zip line to the wall is loose or some of the hardware (bolts and other hardware) are loose/defected.
8. The cable line is frayed.
9. The trolley is not moving smoothly across the cable (needs to be greased).

If any therapist notices any of the above mentioned safety concerns, they should do the following:

7. Immediately stop the activity with the zip line.
8. Immediately place emergency sign “**STOP – DO NOT USE**” on the zip line and remove the trapeze bar from the zip line.
9. Notify Peggy McCourry and Danielle McCarty by phone/email or in-person indicating the specific concern noted within the hour.
10. Use word of mouth to alert other therapists as a double check method for the sign, and also so they can begin to plan their future sessions around this.

“When it comes to safety, always err on the side of caution”

Regular Inspection:

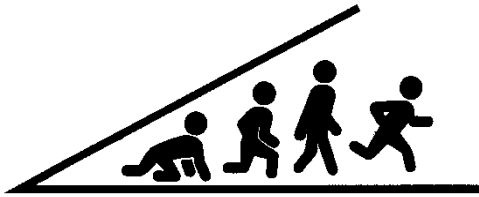
The zip line is checked for safety and integrity on a monthly basis by Danielle McCarty.

NOTE: Do not allow clients to touch the metal zip line cable. It has metal fragments that can cut skin very easily.

Appendix C.6: Policies and Procedures Table of Contents

Policies & Procedures Table of Contents:

- **Building Map**
- **Practice Philosophy**
- **Approved Abbreviation List**
- **Job Overview and Responsibilities**
 - Online Training Policy
 - Application
 - General Responsibilities of Office Manager/Maintenance/Front Staff
 - General Responsibilities of Occupational Therapist
 - Customer Service Tips for Intern Students and Volunteers
 - Credentialing Policy
- **Severe Weather/Tornado Policy**
- **Bomb Threat Policy**
 - Shelter Policy and Evacuation Reference
- **Bio-Terrorism Policy**
 - Shelter Policy and Evacuation Reference
- **Chemical/Biological Threat Policy**
 - Shelter Policy and Evacuation Reference
- **Safety and Hygiene**
 - Safety Polices
 - Equipment List
 - Covid-19 Guidelines
- **HIPAA**
 - Confidentiality Policy
 - Confidentiality for Computer and Physical Files
 - Guide
 - Security Checklist
- **Documentation Retention and Destruction Policy**
- **Incident and Injury Reports**
 - Clinic Damage Report
 - Client Property Damage Report
 - Incident/Damage by Non-Client
 - Personal Injury – Non-Emergency
 - Personal Injury – Emergency Services Needed (911)
- **Review Log**

Appendix C.7: Welcome to Sensory Systems Clinic West!**Sensory Systems Clinic West, PLC**

145 S. Main St. Suite #4
 Wayland, MI 49348
 (269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

Welcome to Sensory Systems Clinic West!

We're so glad to have you join the team! This guide is meant to provide student-specific information to help you get off to great and productive start.

WHO WE ARE**Our Mission**

- Sensory Systems Clinic West (SSCW), provides OT for individuals of all ages by administering comprehensive evaluations and evidence-based, client-centered therapy using highly motivating activities in a sensory gym utilizing suspended equipment. Treatment is provided for those whose everyday activities may be affected by difficulties with the following:
 - Attention/Focus
 - Learning/Handwriting
 - Anxiety/Anger
 - Social/Emotional
 - Attachment/Trauma
 - Coordination
 - Balance
 - Strength/Endurance
 - Feeding/Eating
 - Visual-Perceptual Skills
 - Self-Concept
 - Self-Regulation
- Treatment diagnoses may include the following:
 - Sensory Processing Disorder
 - Coordination Disorder
 - Feeding Problems
 - Impulsiveness
 - Autism Spectrum Disorder
 - Down Syndrome
 - Cerebral Palsy
 - Learning Disabilities/ Dyslexia/Dysgraphia
 - Anxiety Disorder
 - ADD/ADHD
- Evidence-based techniques provided include the following:
 - Sensory Integration Interventions
 - Handwriting Without Tears
 - DIR-Floortime
 - Interactive Metronome (IM)
 - Therapeutic Listening (TL)
 - Safe and Sound Protocol (SSP)
 - Astronaut Training
 - Wilbarger Brushing Protocol
 - CranioSacral Therapy

Teaching Style

- At SSCW, the best way to get the most out of your fieldwork experience is to initiate. Ask questions, review how to initiate/continue various treatment with clients, ask therapists if you can observe their clients as they treat, ask why they chose the interventions they did, review assessments as needed, complete objectives, and if you have anything else you need or want to inquire about... ASK!

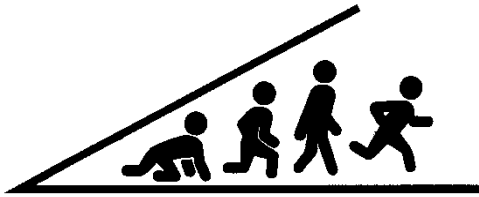
Onboarding Task List

- Week 1: Day
 - Acquire the orientation binder and log-in information for clinic email
 - Fill out student information handouts from the orientation binder and place them in a manilla folder with your name on it and place in the black filing cabinet in the front office.
 - Staff introduction
 - Tour of therapy gym and outdoor equipment
 - Student-led training of WebPT and documentation process
 - Read over the orientation binder and Policy and Procedures Manual binder
 - Read over swings and equipment precautions
 - Shadow 1 therapy session
- Week 1: Day 2-5
 - Shadow each therapist at least 1 time, if possible
 - Review SSP, TL, IM, Astronaut Training, Wibarger Brushing Protocol, and Fitlights how to videos and information handouts.
 - Review BOT-2, M-FUN, PDMS-2 or other assessment that the therapists frequently use
- Week 2
 - Practice writing at least one daily note
 - Practice writing at least one progress not, if possible
 - Review BOT-2, M-FUN, PDMS-2 or other assessment that the therapists frequently use
- Week 3-12
 - Refer to objectives worksheet provided in this binder

Appendix C.8: DropBox Instructions for Staff

Sensory Systems Clinic West, PLC

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com



DropBox Instructions for Staff

INFORMATION FOR THE OTs:

- To access files that Peggy has shared from the dropbox account, login to the team dropbox, as follows:
 - go to dropbox.com and choose the login button
 - login:
 - pwd:
- Click on the "Shared" tab on the left
- All of the files Peggy has made available should appear in the list that results.
- Note: therapists can do this from any computer that has internet access

INFORMATION FOR PEGGY:

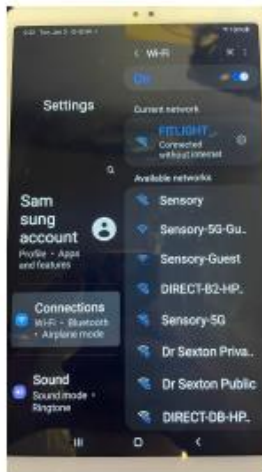
- When you decide that you want your OTs to have access to some information, keep in mind that you will be sharing entire files with them. They will be able to see all parts of any file that you share.
- You can also share entire folders if you want to.
- When you decide to share a file, go into dropbox and do the following:
 - click the three dots at the right of the file entry
 - choose share
 - when the pop up comes up, choose either "can view" or "can edit"
 - I would normally choose "can view". only choose "can edit" if you want the therapists to be able to change the file (including your copy)
 - Put _____ in the email box
 - click "share file"
- You only have to do this once for a file. After that, the therapists will be able to see the latest version of the file, even if you make changes.
- Also note, you can send someone a link to the file if you want to by using the "copy link" option that appears in the same pop up. then just paste the link into an email or text message.

Appendix C.9: Fitlight Instructional Guide

FITLIGHT INSTRUCTIONAL GUIDE

Use Tablet 1 labeled "FitLight" (Code: 2353)

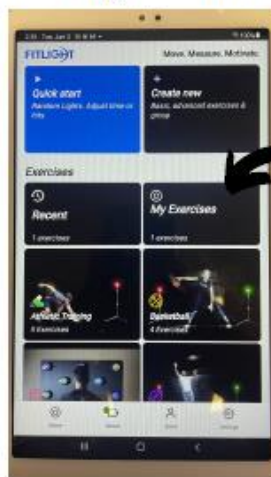
1. Ensure tablet is connected to "FITLIGHT" wifi network
 - a. Click the 3 bars on homepage and then click on settings app



2. Open FitLight app
 - a. Click the same 3 bars again



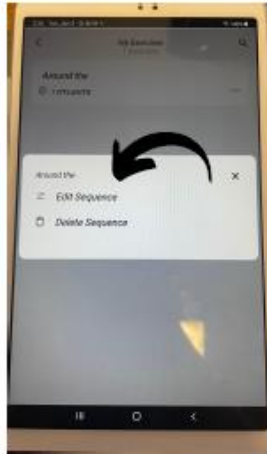
3. Click "My Exercises"



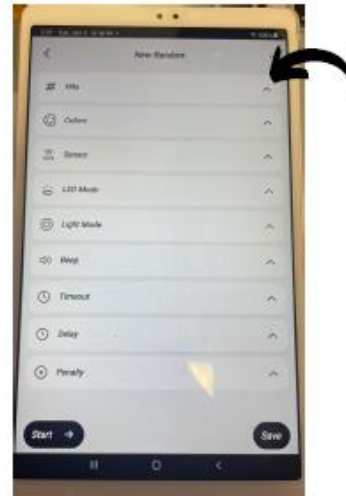
4. Click the 3 dots on the right



5. Click "Edit Sequence"



6. Click the drop down arrow next to # Hits



7. Set the number of hits
 a. Usually 10 hits per kid
 b. 4 kids = 40 hits

*Be sure to hit the drop down arrow again to close the "# Hits" tab before moving on or else the number will not save



8. Click the drop down arrow to Colors



9. Click Per Color

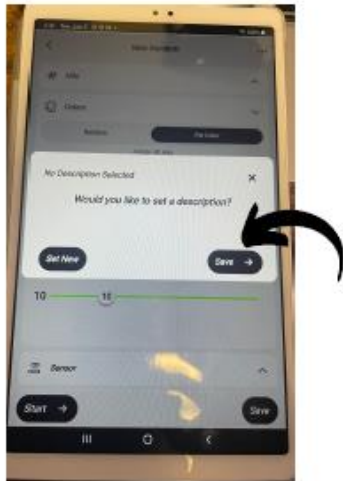
- a. Ask kiddo(s) what color they want to be and divide accordingly



10. Click Save in bottom right

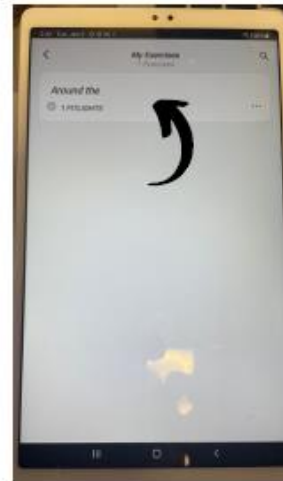


11. Click "Save" again

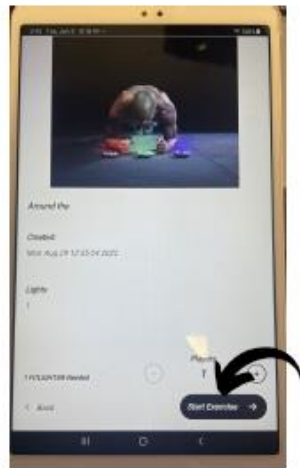


12. Click the box

- a. Not the 3 dots



13. Click "Start Exercise"



14. Click "All Fitlights"

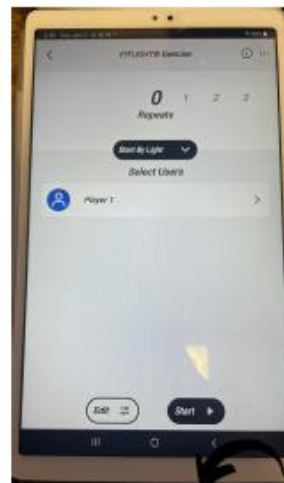


15. Click Ready

- a. May need to wait until all 9 fitlights are loaded before clicking Ready



16. Click "Start"



*First red and light blue flash on 1 fitlight indicates the start of the game.

Have
FUN!

Appendix C.11: Orientation Binder Table of Contents

Orientation Binder Table of Contents

Left Binder Pocket:

- Logins for On-Line Testing and General Devices at SSCW

Orientation:

- Information & Guidelines for New Staff and Students
- Welcome to Sensory Systems Clinic West!
- OT Field Work 1 or 2- Performance Objectives/Expectations Worksheet
- DropBox Instructions for Staff
- Fitlight Instructional Guide
- Student Personal Information Sheet
- Code of Conduct
- Daily Sign-in Sheet
- Adult Sensory Profile
- Private Healthcare Information and Confidentiality Policy

Staff Forms:

- Employee File Checklist
- “Do No Harm COVID-19 Staff/Student Pledge”
- MI-W4

Equipment:

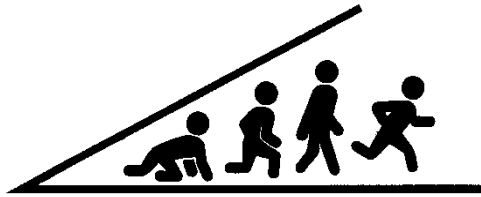
- Swings for Sensory Integration
- Equipment Maintenance Checklist
- (more information about policies and safety procedures related to equipment are located in the Policies and Procedures binder)

Evaluation Cheat Sheets

- Evaluation Outline Example
- Evaluation Outline Example in WebPT
- OT Evaluation Clinical Observations Checklist
- Vision Screening
- Sensory Evaluation Questions
- Goal-Oriented Assessment of Life Skills (GOAL)
- Peabody Cheat Sheet
- Young M-Fun Cheat Sheet
- BOT-2 Scoring/Report

Documentation:

- Examples of Wording Activities for Daily Notes
- Survey for Parent/Caregiver at Time of Progress Note
- Sample Occupational Profile
- Words of Wisdom for New OTs

Appendix C.12: Telehealth Policies for Occupational Therapists**Sensory Systems Clinic West, PLC**

145 S. Main St. Suite #4
 Wayland, MI 49348
 (269) 792-2353 fax (269) 792-2847
 www.SensoryClinicWest.com

TELEHEALTH POLICIES FOR OCCUPATIONAL THERAPISTS

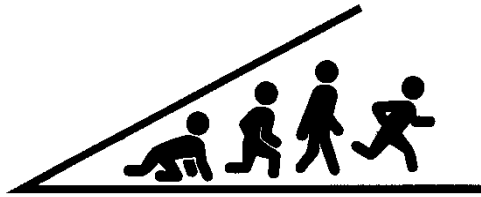
To meet the standards and requirements necessary to provide appropriate therapy services with the use of telehealth technologies, all occupational therapists that will provide telehealth services are required to adhere to the following policies:

- A. Therapists will meet expectations of the Telehealth Provider Competency Checklist.
- B. Therapists will follow any established telehealth administrative, clinical, and technical guidelines such as specific medical record and other documentation requirements, state licensure requirements and regulations, specific billing and coding procedures, technology software, device or equipment safeguards and usage procedures, HIPAA requirements, IT privacy and security rules, data collections, and outcomes measurements. The following procedures should be followed:
 1. Make sure privacy and security (screen and audio are private) is established at the start of each telehealth encounter,
 2. Verbal (and/or written) consent needs to be obtained, and
 3. The telehealth daily or progress note needs to include information stated on “Telehealth Daily Note Requirements”.
- C. Therapists will follow and continuously update their professional knowledge in standards and guidelines, legal and ethical considerations, licensure and regulation, and public policy in regard to providing clinical services through telehealth technologies.
- D. Therapists will read, review, and adhere to the Telehealth Policy and Procedures Manual provided at Sensory Systems Clinic West, PLC.

Signature _____ Date _____

Appendix C.13: Telehealth Occupational Therapist Competency Check List

Sensory Systems Clinic West, PLC



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Wayland, MI 49348
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TELEHEALTH OCCUPATIONAL THERAPIST COMPETENCY CHECK LIST

COMPETENCY ELEMENTS	MET	NOT MET	N/A
Therapist, assistant, aide or other health care provider is educated in the application of telehealth.			
1. Education in definitions and key words			
2. Education in telehealth technologies; benefits, advantages, disadvantages, risks, security, utilization, safety			
3. Education in research, studies, literature of telehealth and occupational or physical therapy			
4. Education in telehealth legal and ethical considerations			
5. Education in any standards, guidelines, guidance papers, position papers or any other related official documentation			
Has knowledge and maintains the medical record required or recommended.			
1. Informed consent			
2. Privacy statement			
3. Clients' rights and responsibilities			
4. Telehealth Daily Note Requirements			
Has knowledge and maintains other required documentation			
1. Standardized assessments/evaluations			
2. Client satisfaction surveys			
3. Policy and procedures			
4. Guidelines to practice			
Has read and understands their state licensure requirements, regulations and any related regulatory documents in regards to application of telehealth services.			
Understands how to properly code, bill or perform necessary documentation for reimbursement for telehealth services.			
Can set up technology equipment according to procedures.			
1. Send a web link to establish contact with client			
2. Place a video call			
3. Start meeting			
4. Perform audio/camera set-up			

5. Adjust audio setting			
6. Adjust camera settings			
7. Adjust "Advanced;" network stats, timestamp, quality control			
8. Adjust bandwidth as needed			
9. Adjust or zoom camera			
10. Share documents, movie, desktop			
11. Record and Stop Recording			
12. Initiate Group Chat			
13. Initiate Private Chat			
14. Arrange viewing windows on PC monitor			
15. Mute and un-mute camera and sound			
Understands and follows the guidelines or procedures for privacy and security during telehealth services (video and audio privacy).			
Is aware of the provider satisfaction survey and the client satisfaction survey (not required to consistently complete, but available as a resource)			
Understands and follows code of ethics and ethical standards			

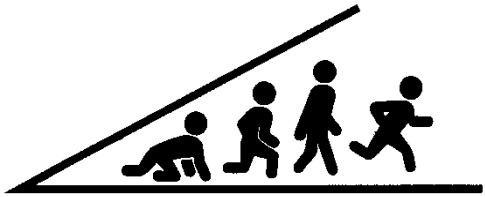
Has met expectations

Needs improvement

NAME _____

REVIEWED BY _____ DATE _____

Appendix C.14: Telehealth Policy for Safety



Sensory Systems Clinic West, PLC

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TELEHEALTH POLICY FOR SAFETY

Each clinician is expected to review a **plan for safety** with their telehealth clients at the initial session and briefly at the onset of every session. This could be setting up and reviewing the following information and should be individualized for each client.

- Identify the physical location of the client at the beginning of the session,
- Verify the phone number of the client at the beginning of the session,
- Verify the patient Support Person has not changed, if applicable,
- Verify the city and nearest hospital to the client's location, emergency contact if applicable,
- Identify a code word to stop the session, if applicable,

Emergency Procedures:

- In case of a medical emergency, clinician should call 9-1-1 and send emergency personnel to the client location.
- Mandated reporting such as for vulnerable adults and child abuse and neglect is still mandated for telehealth as they do for in-person settings.
- In case of aggressive or threatening behaviors, clinicians should attempt to de-escalate the client. If another person is involved on the client-side, the clinician will notify the local police department.

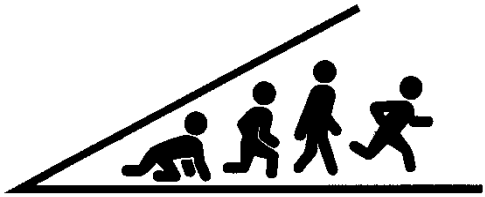
If the technology fails during the session:

- the clinician will call the client to explain the problem. Depending on the situation, the session may need to be rescheduled:
 - a. If the technology failure happens in the first half of the session, the clinician may reschedule the client session and bill out the appropriate timed CPT code.
 - b. If the session is more than 50% completed when the technology fails, the clinician may finish the session via telephone, or choose to bill the appropriate timed CPT code.

Discontinuing Telehealth:

At any time, the clinician may determine that telehealth services are not benefiting the client, that the client is not a good candidate for telehealth or circumstances have arisen where a referral to face-to-face service delivery is warranted. The clinician will make this recommendation verbally to the client, put it in writing in the medical record, and provide arrangements or referrals upon request of the client.

Appendix C.15: Telehealth Important Things to Remember



Sensory Systems Clinic West, PLC

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Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

TELEHEALTH: IMPORTANT THINGS TO REMEMBER

Consideration of the quality of services. Services must be equivalent to those delivered in person and they must conform to professional standards, scope of practice, code of ethics, professional policy or guidance documents and comply with other federal, state, or institutional requirements. **REMINDER:** Currently, providers must be actively licensed in the state where they practice and, in the state, where the client is receiving teletherapy services.

Prior to televisit, trouble shoot technology equipment or software and determine appropriate back up options in case there is audio/visual interference or connectivity issues. Time should be spent understanding and having skills in utilizing the capabilities of the technology equipment and software. Such as, how to record, volume control, uploading and sharing documents, etc. Selection of technology should be based upon several factors including:

- Client’s needs and abilities
- Types of services to be delivered through technology
- Availability of technology devices
- Availability of communication and information technology connectivity (internet, DSL, Wi-Fi, etc)
- Costs of technology devices and interaction
- Ability to measure outcomes

Unlike a therapy session in-person, the activity through technology will be either be seen or heard but without the ability to bring more context such as physical positioning or cueing to the interaction.

Therefore, a client may require an “e-helper” or second person with the client in order to assist with the technology, the therapeutic activity, and the client themselves.

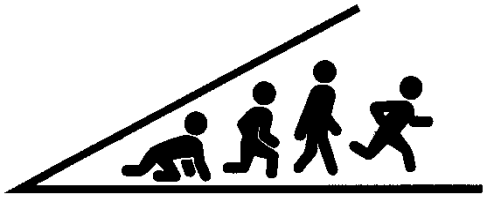
Telehealth therapy services requires mindfulness when choosing therapeutic activities as the remote client will need to have whatever equipment or other supplies needed at their location. It is best to develop the care plan and short-term goals with activities in mind. Then problem solve and strategize on how best to implement them through technology.

Privacy and security remain a concern when using telehealth technology because unlike an in-person therapy session where you can go into a private space or room for therapy, technology has the inherent risk of not being completely private. Often, people other than health care providers can be involved in a televisit, such as the client's caregiver, other family members, or a technical support personnel may need to be present. Similar to having a client perform activities in a shared therapy room, the activity shared within the televisit needs to respect the client's rights to a safe and private environment. For example, teaching certain ADL skills could require modifications to allow ethical and respectful outcomes.

Legal and Ethical Key Points

- Practitioners must hold a license in the state where they are located and the state where the client is located in order to provide services through telehealth technologies.
- Privacy and security should not be compromised by the use of technology and should comply with all Health Insurance Portability and Accountability Act (HIPAA, P.L. 104-191) guidelines.
- There must be an informed consent similar to traditional in-person services requirements.
- Practitioners should possess the skills and knowledge that qualifies for professional competency and falls within the scope of practice. (AOTA Telehealth Position Paper, 2018)
- Practitioners should follow and continuously update their professional knowledge in standards and guidelines, legal and ethical considerations, licensure and regulation, and public policy regarding providing clinical services through telehealth technologies.
- Practitioners should be mindful of culturally competency; language, ethnicity, socioeconomic and educational background, when providing services through telehealth technologies just as in traditional service models. (AOTA Telehealth Position Paper, 2018.)

Appendix C.16: Telehealth Daily Note Requirements



Sensory Systems Clinic West, PLC

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TELEHEALTH DAILY NOTE REQUIREMENTS

At Sensory Systems Clinic West, PLC, documentation requirements necessary for in-person therapy sessions are also required for interactive telehealth sessions. Additionally, each daily note and progress note for telehealth sessions requires the following information:

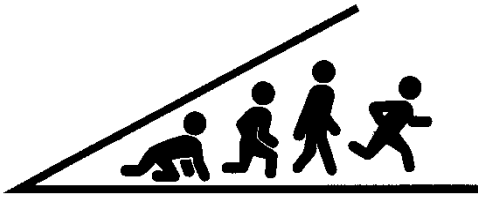
- Type of telehealth technology used (i.e., software type, laptop/phone/desktop etc., headphones, etc.)
- Client's location (i.e. where is the client during the session: home, school, library, friend's house, etc.)
- Other person(s) present during telehealth session (i.e., caregiver or family member, therapist, etc.)
- Verbal informed consent given and confirmed.
 - Example "Verbal informed consent was provided to the client/guardian at the beginning of the session. Verbal agreement/consent to move forward with telehealth therapy session was received."
- Indication of why telehealth is being provided (i.e., geographic isolation, lack of provider specialist, etc.)
- Audio/video interference or failure that caused the session to be terminated or completed throughout a backup system (i.e., another technology device or platform system), if appropriate.

This information should be found on each telehealth daily note and progress note within the subjective portion of the note to ensure proper documentation of services.

Appendix C.17: Telehealth Client Participation Screening

Sensory Systems Clinic West, PLC

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TELEHEALTH CLIENT PARTICIPATION SCREENING

This screening tool provides information that will allow participation in therapy services at Sensory Systems Clinic West, PLC, through telehealth technologies such as desktop videoconferencing applications. Upon completion and qualification, the client will have the choice of receiving therapy services in their natural environment (home), work, or community settings.

Name of Client _____

Date _____ Insurance _____

Instructions: Please answer the following questions.

1. Does the client present with any of the following medical conditions that may exclude them from utilizing technology (personal computer, keyboard, web cam) or require an e-helper (someone to assist them)?
 - Dementia or moderate to severe cognitive deficits
 - Expressive /receptive aphasia
 - Difficulty in attention or processing
 - Inability to follow 2-3 step commands
 - Decreased fine motor skills
 - Decreased upper extremity proprioception/body awareness
 - Low vision
 - Requires physical positioning or cues
 - Easily distracted or other behavioral disruptions
 - Other _____
 - None

2. How far away does the client live from the health care facility, clinic, or office?
 - Mileage _____
 - Time to drive _____

3. Is the client interested in receiving therapy services through technology?
 - Yes
 - No

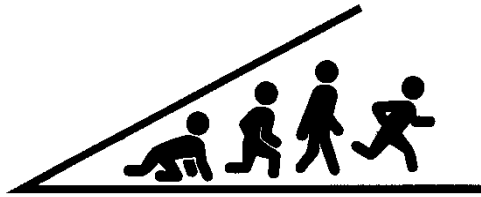
4. Does the client own or is able to purchase/use the following technology devices?
 - Personal Computer; MAC or Standard
 - Webcam; built in or external
 - External microphone

5. How would the client rate their technical skills?
 - Poor; Has very little experience or knowledge with technology.
 - Adequate; Has some knowledge or experience in using word documents, videoconferencing software, social networks, downloading applications.
 - Excellent; Feels very comfortable with technology, videoconferencing software, social networks, downloading software.

6. Which type of telecommunication connection is available to the client for services?
 - Cable
 - DSL
 - Wi-Fi
 - Other _____

7. Does the client have anyone to assist them at home, work, school or community if necessary?
 - Yes No

8. Does the client agree to receive therapy services through telehealth technologies?
 - Yes No

Appendix C.18: Telehealth Provider Satisfaction Survey**Sensory Systems Clinic West, PLC**

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

TELEHEALTH PROVIDER SATISFACTION SURVEY

This survey assesses the degree to which the teletherapy provider's requirements were met in regard to providing Occupational Therapy Services to clients through telehealth technology (web based, videoconferencing software). Circle the answer that best reflects your experience.

Name _____ Date _____ Site _____

QUALITY OF CARE

1. Did the availability of telehealth improve access to clients?
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
2. Did you feel you could communicate the information or service content that was needed to meet treatment goals?
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
3. Did you feel comfortable with your ability to interact with the participant through videoconferencing?
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
4. Did you feel that there was enough time to address everything needed to complete a therapy session?
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
5. Do you feel that the availability of videoconferencing face to face to provide therapy services was comparable to in-person therapy services?
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3

TECHNOLOGY

1. Did you feel you had enough training with the videoconferencing application prior to implementation?
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
2. Did you feel that the audio quality was sufficient for your therapy requirements?
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3

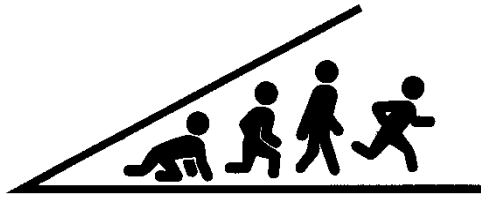
3. Did you feel that the video quality was sufficient for your therapy requirements?
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
4. Did you have to end a teletherapy session early due to technical difficulties?
No Yes How many times? _____
5. Did you have to schedule an in-person session to accommodate client needs?
No Yes How many times? _____
6. Overall, did you feel that the technology was easy to use?
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
7. Did you feel you had enough technology support?
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3

FUTURE USE

1. Would you use videoconferencing or telehealth technologies in the future?
Yes ____ No ____ If no, please explain _____
2. Would you recommend this service delivery model for future therapy services?
Yes ____ No ____ If no, please explain _____
3. List any advantages you felt with using technology

4. List any disadvantage you felt with using technology

Thank you for completing this survey. Your answers will allow us to better our services.

Appendix C.19: Telehealth Parent/Caregiver Satisfaction Survey**Sensory Systems Clinic West, PLC**

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Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
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TELEHEALTH PARENT/CAREGIVER SATISFACTION SURVEY

Name _____ Date _____ Site _____

This survey assesses the degree of satisfaction of the parent/caregiver who assisted the client receiving teletherapy (web based, videoconferencing therapy services).

Instructions: Please rate the following based on your experience during this study.

ACCESS TO CARE

1. I felt comfortable with participating in care with the client through technology as I would in person.
Not at all -0 Sometimes-1 Most of the time -1 All of the time-3
2. I felt that it was easier to meet with the OT through technology than in person. (i.e., traveling time, work or family commitments, location, or other barriers)
Not at all -0 Sometimes-1 Most of the time -1 All of the time-3

PRIVACY

1. I felt that privacy was respected for both the client and myself.
Not at all-0 Sometimes-1 Most of the time -2 All of the time-3
2. I felt comfortable assisting in care in the natural environment (home, etc.) of the client.
Not at all-0 Sometimes-1 Most of the time -2 All of the time-3

COMMUNICATION

1. I felt able to communicate with the OT as needed.
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
2. I felt I had enough verbal, written or visual instruction to participate in services during each teletherapy session with the occupational therapist and client.
Not at all -0 Sometimes-1 Most of the time-2 All of the time-3
3. I could convey to the OT the same information across technology as I would have in person.
Not at all -0 Sometimes-1 Most of the time -2 All of the time-3

TECHNICAL

1. I could see the OT clearly during the teletherapy session.
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
2. I could hear the OT clearly during the teletherapy session.
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
3. I had enough training with the videoconferencing application before we started teletherapy sessions.
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
4. We (client and myself) had to end a teletherapy session(s) early because of technical reasons.
No Yes How many times? _____
5. We had to schedule an in-person session to accommodate my therapy needs.
No Yes How many times? _____
6. I felt I had enough technology support to address any issues that arose.
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
7. Overall, I felt that the technology was easy to use.
Not at all-0 Sometimes-1 Most of the time -2 All of the time-3

EXPECTATIONS

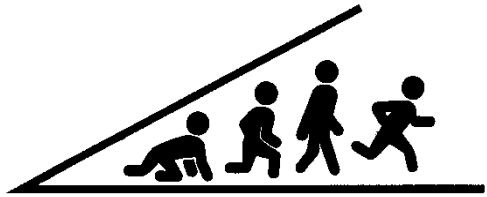
1. Did the use of technology for therapy meet your expectations?
Not at all-0 Sometimes-1 Most of the time -2 All of the time-3
2. Overall, were you satisfied with the care given to the client by technology?
Not at all-0 Sometimes-1 Most of the time -2 All of the time-3
3. Do you feel that you are you better able to care for the client since your involvement in the teletherapy session?
Not at all-0 Sometimes-1 Most of the time -2 All of the time-3
4. Do you see or feel a positive change or improvement in the client's physical and/or emotional state of health since participating in the teletherapy sessions?
Not at all-0 Sometimes-1 Most of the time -2 All of the time-3
5. Would you use videoconferencing for future therapy services?
Yes____ No____ If no, please explain _____

Would you recommend the use of videoconferencing for teletherapy for therapy services to others? Yes____ No____ If no, please explain:

6. List any advantages, benefits or “likes” you felt with using technology

7. List any disadvantages or dislikes you felt with using technology

Thank you for completing this survey. Your answers will allow us to better our services.

Appendix C.20: Telehealth Client Satisfaction Survey**Sensory Systems Clinic West, PLC**

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Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

TELEHEALTH CLIENT SATISFACTION SURVEY

Name _____ Date _____ Site _____

This survey assesses the degree of satisfaction after receiving teletherapy (web based, videoconferencing therapy services).

Instructions: Please rate the following based on your experience during this session.

ACCESS TO CARE

1. I felt as comfortable receiving care through technology as I would in person.
Not at all -0 Sometimes-1 Most of the time -1 All of the time-3
2. I felt that it was easier to meet with my occupational therapist through technology than in person. (i.e., traveling time, work or family commitments or other barriers)
Not at all -0 Sometimes-1 Most of the time -1 All of the time-3

PRIVACY

1. I felt my privacy was respected.
Not at all-0 Sometimes-1 Most of the time -2 All of the time-3
2. I felt comfortable receiving care in my natural environment (i.e., home), school, work, or facility.
Not at all-0 Sometimes-1 Most of the time -2 All of the time-3

COMMUNICATION

1. I felt able to communicate freely with my occupational therapist.
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
2. I felt I had enough time to participate in services during each teletherapy session with my occupational therapist.
Not at all -0 Sometimes-1 Most of the time-2 All of the time-3

3. I could convey to my occupational therapist the same information across technology as I would have in person.
Not at all -0 Sometimes-1 Most of the time -2 All of the time-3

TECHNICAL

1. I could see my occupational therapist clearly during the teletherapy session.
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
2. I could hear my occupational therapist clearly during the teletherapy session.
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
3. I had enough training with the videoconferencing application before I started teletherapy sessions.
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
4. I had to end a teletherapy session(s) early because of technical reasons.
No Yes How many times? _____
5. I had to schedule an in-person session to accommodate my therapy needs.
No Yes How many times? _____
6. I felt I had enough technology support to address any technical issues that arose.
Not at all-0 Sometimes-1 Most of the time-2 All of the time-3
7. Overall, I felt that the technology was easy to use.
Not at all-0 Sometimes-1 Most of the time -2 All of the time-3

EXPECTATIONS

1. Would you use videoconferencing for future teletherapy services?
Yes____ No____ If no, please explain: _____

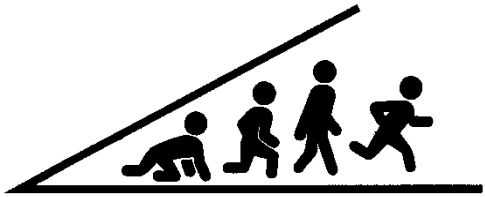
2. Would you recommend the use of videoconferencing for teletherapy services to others?
Yes____ No____ If no, please explain: _____

3. List any advantages you felt with using technology

4. List any disadvantage you felt with using technology

Thank you for completing this survey. Your answers will allow us to better our services.

Appendix C.21: Telehealth Notice of Privacy



Sensory Systems Clinic West, PLC

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

TELEHEALTH NOTICE OF PRIVACY

We protect the privacy of our client's health information as required by law, practice standards, and our internal policies and procedures at Sensory Systems Clinic West. This privacy statement explains your rights as the client, our legal duties, and our privacy practices.

Your Health Information

We collect, use, and disclose information provided by and about you for medically necessary treatment, health care payment and operations or when we are otherwise permitted or required by law to do so.

For Payment: We may use and disclose information about you in managing your medical file, to secure treatment authorization, to confirm insurance coverage, for medical billing and receiving payments for medical care through your health plan or other similar entities. We may also provide information to a doctor's office, hospital, or other health care providers or health plans to confirm your eligibility for benefits, medical diagnosis, treatment, and other medically necessary information in order to provide appropriate services and receive payment.

As Permitted or Required by Law: Information by you may be used or disclosed to regulatory agencies, such as during audits, licensure, or other proceedings; for administrative or judicial proceedings; to public health authorities; or to law enforcement officials, such as to comply with a court order or subpoena.

Authorization: Other uses and disclosures of protected health information will be made only with your written permission, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing. We will then stop using your information for that purpose. However, if we have already used your information based on your authorization, you cannot take back your agreement for those past situations.

Your Rights

Under regulations you have additional rights over your health information. You will have the right to:

- Send us a written request to see or get a copy of information that we have about you or amend your personal information that you believe is incomplete or inaccurate. If we did not create the information, we will refer you to the source, such as your physician or hospital.

- Request additional restrictions on uses and disclosures of your health information. We are not required to agree to these requests.
- Request that we communicate with you about medical matters using reasonable alternative means or at an alternative address if communications to your home address could endanger you.
- Receive an accounting of our disclosures of your medical information, except when those disclosures are made for treatment, payment, or the law otherwise restricts the accounting.

Complaints: If you believe your privacy rights have been violated, you have the right to file a complaint with us, or with the federal government. You will not be penalized for filing a complaint.

Copies and Changes: You have the right to receive an additional copy of this notice at any time. We reserve the right to revise this notice. A revised notice will be effective for information we already have about you as any information we may receive in the future. We are required by law to comply with whatever privacy notice is currently in effect. We will communicate any changes to our notice through direct mail.

Contact Information: If you want to exercise your rights under this notice or if you wish to communicate to us about privacy issues or to file a complaint with us, please contact Peggy McCourry, MS, OTRL.

Declaration of Privacy of Health Information

All medical records and other individually identifiable health information used or disclosed by a covered entity in any form, whether electronically, on paper, or orally, are covered by the US Department of Health and Human Services (HHS), and are covered by HIPAA (Health Insurance Portability and Accountability Act of 1996)

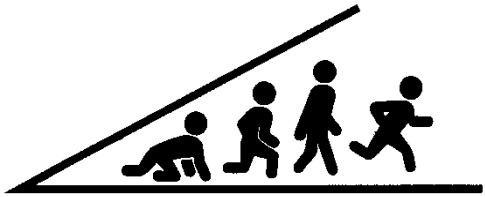
Further, I authorize that the results of any assessments or records given to me may be used in completing evaluations, assessments, treatment plans, progress reports, summary reports, discharge summary reports and medical billing and reimbursement. I understand that such reports will only report aggregated data and will only be used for health care purposes such as third-party payment and physician or other authorized health care provider treatment or progress reports. I understand I can restrict the uses and disclosures of my medical information. I understand that I have the right to file a formal complaint with a covered provider or health plan or HHS about violations regarding my health and medical records or information.

This release is and shall be binding upon my heirs, assigns, executors, and administrators.

X _____
Signature of Parent/Guardian

Date _____

Appendix C.22: Telehealth Informed Consent



Sensory Systems Clinic West, PLC

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

TELEHEALTH INFORMED CONSENT

Client's Name _____

1. **I, (Name of client, parent/guardian) _____,** agree to participate in a telehealth evaluation, assessment, education, consultation, and/or therapy session through Sensory Systems Clinic West, PLC. By signing this agreement, I authorize the electronic transmission of my medical information and/or videoconferencing session so that it can be viewed by a therapist, or other health care provider involved in my medical or mental health care.
2. **My health care provider has explained the nature of telehealth consultation.** Telehealth involves the use of audio, video, or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical information for the purpose of diagnosis, therapy, follow up and/or education and wellness. During your telehealth consultation, details of your medical history and personal health information may be discussed with or without other health care professionals through the use of interactive video, audio, and telecommunications technology. Additionally, video, audio, and/or photo recordings may be taken. I understand that telehealth sessions will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same location as my health care provider.
3. **I understand the risks, benefits, and alternative.** The benefits of telehealth include having access to therapy specialists or other health care providers and additional medical information and education without having to travel outside of your local health care community or home community. A potential risk of telehealth is that because of your specific medical condition, disorder, injury, or illness, or due to technical problems, an in-person consultation may be necessary after the telehealth session.
4. **I understand that some or all my medical information may be used in teaching, research, or educational purposes.** Therapy assistants, therapy aides, or students of ancillary health care professionals may participate in telehealth consultations, under the supervision of the licensed professional, as part of the education program or to assist in therapy as of this agency. Also,

non-medical technical personnel may participate in the telehealth consultation to and in the audio/video link with the health care professional to provide technical support as applicable.

5. **In regards to medical information and records.** All laws concerning client access to medical records and copies of medical records apply to telehealth. Dissemination of any client identifiable images or information from the telehealth consultation to researchers or other entities shall not occur without your consult.
6. **In regard to confidentiality.** All existing confidentiality protections under federal and state law apply to information used or disclosed during your telehealth consultation.
7. **I understand that I may withhold or withdraw my consent to a telehealth consultation** at any time before and/or during the consult without affecting my right to future care or treatment or risking the loss or withdrawal of any program benefits in which I would otherwise be entitled.

My health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all my questions have been answered. I hereby consent to participate in a telehealth session under the terms described.

X _____ Date _____
Signature of Client or Guardian

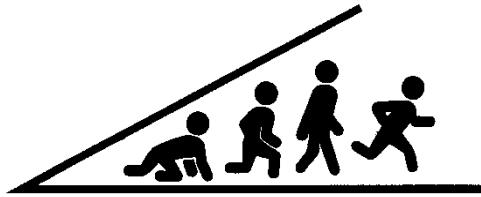
OR

REFUSAL: I refuse to participate in telehealth services as described above.

X _____ Date _____
Signature of Client or Guardian

Appendix C.23: HIPAA & HITECH Privacy Client Consent Form

Sensory Systems Clinic West, PLC



145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

HIPAA & HITECH PRIVACY CLIENT CONSENT FORM

The federal government requires all medical offices to make clients aware that they have rights regarding the use of their personal health information. Our Notice of Privacy Practices is available for your review at the front desk.

By signing this form, you consent to our use and disclosure of protected health information according to the Notice of Privacy Practices available to you at our front desk. You have the right to revoke this consent at any time, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent. Sensory Systems Clinic West, P.L.C. provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009.

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operation. This request must be done in writing. Whenever possible we will honor your request.

The client understands that:

- We will **not** release information to any future doctor, attorney, life insurance company, workman's comp company without your written consent except as ordered by law.
- Protected health information may be used for treatment through one of your current doctors (such as your primary care physician or a specialist referral), payment with your insurance company, or healthcare operations within our office.
- Sensory Systems Clinic West, P.L.C. has a Notice of Privacy Practices that is available for review.
- Sensory Systems Clinic West, P.L.C. reserves the right to change the Notice of Privacy Practices.
- The client has the right to restrict the use of their information, but Sensory Systems Clinic West, P.L.C. does not have to agree to these restrictions, if, for example, it interferes with payment, daily operations, or providing quality health care.
- The client may revoke this consent in writing at any time and all future disclosures will then cease.
- Sensory Systems Clinic West, P.L.C. may condition treatment upon the execution of this consent (for example, you may be required to pay for your visit at the time of service).

- Sensory Systems Clinic West, P.L.C. complies with the rules and regulations put in place through the HITECH Act to provide privacy and security associated with electronic transmission of health information for all clients.

CONFIDENTIALITY

It is essential to protect the confidentiality of clients and personnel, administrative and financial records of the clinic; therefore, client records must remain confidential. No information concerning ANY client will be released to anyone (except as required by law) without a release form utilized by the clinic in its practice, signed by the client and/or client's legal guardian. All information concerning clients will be recorded or otherwise included in the client's file. All client files will be the property of the clinic. All information received by an employee and/or student/observer concerning any client or any other individual receiving treatment within the clinic's practice will be treated with the utmost confidentiality.

Client or Client Representative Signature

Date

Client Name Printed

Client Birthdate

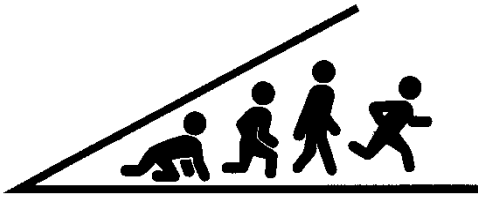
Client Representative Printed

Date

Appendix C.24: Client Rights and Responsibilities for Telehealth Services

Sensory Systems Clinic West, PLC

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com



CLIENT RIGHTS AND RESPONSIBILITIES FOR TELEHEALTH SERVICE

The information contained below should be given to the client or the client's legal representative to be signed and returned to Sensory Systems Clinic West, PLC before the start of Telehealth services.

RIGHTS:

Ethical Care – I have the right to considerate and respectful care and to obtain current and understandable information about my diagnosis and treatment. I am also entitled to obtain information related to the specific services and/or treatments available, the risk involved, the possible length of recovery, and the reasonable alternatives to existing treatments along with their accompanying risks and benefits.

Clinical Policies- I have the right to be informed of clinical policies and practice as they relate to client care. I also have the right to expect reasonable continuity of care and to be informed by the therapist(s) of available and realistic care options when therapy is no longer available.

Research or Educational Projects- I have the right to be informed of and approve of any research or educational projects that affect care or treatment.

Client Identifiable Images – Dissemination of any client-identifiable images or information from telehealth services to researchers or other entities shall not occur without my consent.

Potential Risks – I reserve the right to receive information and ask questions as to the potential risks, consequences, alternatives, and benefits of my telehealth consultation.

Confidentiality – I reserve the right to receive information and ask questions related to the confidentiality of my telehealth consultation and use of my medical information. I also have the right to be assured that all existing confidentiality protections apply to my telehealth consultation and related client information. This includes protections assured me through existing laws regarding client access to medical information and copies of my medical records.

Videotaping – Recording of any portion of my telehealth interaction shall not occur without my consent.

Support Personnel – I reserve the right to ask any authorized support personnel observing or assisting in my telehealth interaction to discontinue viewing or listening at my request. I also reserve the right to be informed of their presence prior to the start of my telehealth session.

Payment for Services- I have the right to be informed or directed to the appropriate person in regard to financial charges for services, billing methodology, and available payment methods.

Termination of Telehealth Services – I understand that I can request the telehealth service be discontinued anytime either at my request or at the direction of my healthcare provider or his or her designee. This will not affect the right to future care or treatment or risk the loss or withdrawal of any program benefits to which I would otherwise be entitled. I also retain the right to request an in-person consultation should I feel that the telehealth service is in my opinion less than adequate.

RESPONSIBILITIES:

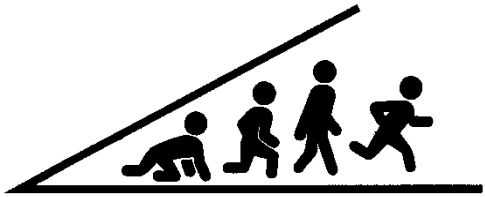
Providing Information- I am responsible for providing information about the following topics:

- Past and present illnesses, hospitalizations, medications, previous therapy, and other health-related matters.
- Requesting additional information or clarification about services or health status when I do not fully understand the current information or instructions.
- Informing their therapist if they anticipate or are having problems in following their prescribed intervention(s).
- Necessary or requested information for payment or insurance claims.

Considerations- I am responsible for being considerate of the needs or requests of the therapist(s), clinic, facility and/or technical support staff as it relates to services, technology, and technology training. Telehealth is an emerging delivering model of care and therefore, can require additional time to establish technical procedures and operability to maximize security and benefits.

Client Copy - I reserve the right to receive a copy of the client informed consent and client rights documentation.

X _____ Date _____
Signature of Client or Guardian

Appendix C.25: Telehealth Policies and Procedures: Table of Contents**Sensory Systems Clinic West, PLC**

145 S. Main St. Suite #4
Wayland, MI 49348
(269) 792-2353 fax (269) 792-2847
www.SensoryClinicWest.com

Telehealth Policies and Procedures: Table of Contents

- Telehealth Policies for Occupational Therapists
- Telehealth Competency Check List
- Telehealth Policy for Safety
- Telehealth Important Things to Remember
- Telehealth Daily Note Requirements
- Telehealth Client Participation Screening
- Telehealth Satisfaction Survey
 - Provider Satisfaction Survey
 - Parent/Caregiver Satisfaction Survey
 - Client Satisfaction Survey
- Telehealth Documents for Clients to Sign
 - Telehealth Notice of Privacy
 - Telehealth Informed Consent
 - HIPAA & HITECH Privacy Client Consent
 - Client Rights and Responsibilities for Telehealth Services

Appendix D

GAS related documents

Appendix D.1: Goal Attainment Scale Handout

GOAL ATTAINMENT SCALE (GAS)

What is it?

GAS is a framework for goal development and progress evaluation (it is not a set of standardized questions).

It is entirely unique to each individual.

It is an outcome measure that calculates the extent to which a client's goals are met.

Steps

- Identify goal areas important to the family and client.
- Identify the client's projected outcome.
- Scale the objectives.
- Rate performance following intervention.

Scoring

+2 = much more than expected
 +1 = more than expected
 0 = Expected level of performance
 -1 = less than expected/current level of performance
 -2 = much less than expected

Some programs are using a 0-4 range with 1 being the current level of performance.

Calculating Scores

When determining the T-score for a single goal, the mean is 50 and the standard deviation (SD is 10). So...

- +2 (or 4) = 70 (+2 SD)
- +1 (or 3) = 60 (+1 SD)
- 0 (or 2) = 50 (mean)
- -1 (or 1) = 40 (-1 SD)
- -2 (or 0) = 30 (-2 SD)

To calculate more than one T-score, such as all of the client's goals together, there is a complex formula. Or you can use the app GOALed! It's free.

Figure D.1.1 Front side of GAS handout

GOALed

Done
Results


ID: Test Date: 03/09/23

-1
45.4

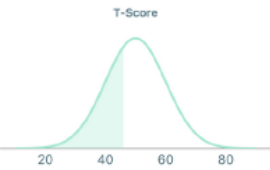
Raw Score T-Score

Interpretation: Current level of performance

Goal Attainment Scales



T-Score



Steps

- Add "ID" aka client
 - DO NOT use actual client names.
- Add goals
- When ready, go to the goal and scroll to the bottom. Here you can score the client's performance on that goal.
- To calculate: tap on the calculator icon in the bottom right corner. Click the client you want. Then the goals you want. Then the results will populate (pictured on the left)

Scaling Goals

Each level should be as objective and observable as possible. SMART goals.

Can be beneficial to start at -1 (current level of performance) and work from there. Important that the scaling between each level is as equal as possible.

Important that only 1 variable of change per scale level. Such as the 'number of times a behavior occurs' and 'level of assistance' can be varied but not both in the same level.

GAS Example Goal

-2 Much less than expected level	-1 Less than expected level	0 Expected level of performance	1 Better than expected level	2 Much better than expected level
** will verbally express the need for a sensory break or a quiet place as appropriate 1 of 5 times	** will verbally express the need for a sensory break or a quiet place as appropriate 2 of 5 times	** will verbally express the need for a sensory break or a quiet place as appropriate 3 of 5 times	** will verbally express the need for a sensory break or a quiet place as appropriate 4 of 5 times	** will verbally express the need for a sensory break or a quiet place as appropriate 5 of 5 times

Figure D.1.2 Back side of GAS handout

Appendix D.2: Google Form: GAS Feedback

Goal Attainment Scale (GAS) Feedback

Please answer the following questions. All responses are anonymous. Thank you so much for your time!

1. How familiar were you with GAS before the staff meeting?

Mark only one oval.

- I had never heard of it.
- I had heard of it but didn't really know what it was.
- I knew what it was but haven't used it.
- I knew what it was and use it rarely.
- I knew what it was and use it all the time.

2. How easy or difficult was GAS to understand?

Mark only one oval.

- Very easy
- Easy, examples helped
- Difficult
- Very difficult

3. How easy or difficult was it to implement GAS with one client at this clinic?

Mark only one oval.

- Very easy
- Easy
- Difficult
- Very difficult

4. How likely are you to use GAS with your clients in the future?

Mark only one oval.

- Very likely, I want to use it with all of my clients.
- Somewhat likely, I want to use it with a few of my clients.
- Somewhat unlikely, I don't think I would use it with my clients.
- Very unlikely, I would not use this with my clients.

5. How time consuming was it to implement GAS with one client?

Mark only one oval.

- Not time consuming at all.
- A little time consuming but got better once I knew more about it overall.
- Time consuming, definitely took me longer than I wanted it to.
- Very time consuming.

6. GAS is a practical outcome measurement tool for this setting.

Mark only one oval.

- Agree
- Somewhat agree
- Disagree

7. Implementing GAS was valuable to me and/or my client.

Mark only one oval.

- Agree
- Somewhat agree
- Disagree

8. What do you believe the biggest barrier to using GAS is?

9. Any other comments or feedback.

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