

Spring  
2014

# FOCUS

FLORIDA OCCUPATIONAL THERAPY'S QUARTERLY NEWSLETTER

FOTA

***#otmonth***

***FOTA Conference 2014***

***Productivity Standards***

***Personal Health Systems***

***Poised for Empowerment***

***Little Animals; Big Difference***



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### ON THE COVER

Fota President Elena Vizvary and a group of AOTA members visiting the Capital for Hill Day at AOTA 14.

## LETTER FROM THE EDITOR



By: Robin  
 Richmond, OT/L

There is a story, written by an unknown author titled the Carrot, Egg and Coffee Bean. It goes like this....A daughter is distraught about her life and the adversity that plagues her, and consults her mother. Her mother, while listening begins to boil a pan of water, adding to the water a carrot, an egg and a coffee bean. After about 20 minutes of the girls lamenting. The mother removes the boiling pan of items and says...."What do you see" the daughter lists off the items. "A carrot, an egg and a coffee bean." "Yes" the mother replies "now what do you feel?" With this the daughter pulls

out the carrot, stating "it is soft and wilted". She then pulls out the egg, peeling off the shell and says "it is now hard". She then....and I love this part....smelled the aroma in the water which has now changed to coffee and says "there is a bean that has released its fragrance and flavor".

While each of the items was exposed to the same adversity, each reacted differently. This is a great analogy about the choices we make personally and professionally when faced with adversity. Which are you? Me...I love coffee!

Please welcome new columnist Nancy Collins to the Focus. Nancy's Notes will feature a variety of OT related topics.

Let's turn up the volume!  
 Robin

### **Craig Patterson, COTA/L: Award of Excellence**

By: Saritza Guzmán-Sardina



From left to right: Saritza Guzmán-Sardina (OTA Program Director); Mike Bradley (Administrator of Valencia Hills Health & Rehab Center); Craig Patterson, COTA/L; Brenda Beshai, Rehab Director.

Students and faculty at Polk State College (PSC) nominated **Craig Patterson, COTA/L**, as the recipient for the **2013 Award of Excellence** for his continuous support to the Occupational Therapy Assistant Program. Craig happens to be a former student of mine, graduating from the OTA Program at PSC in 2007, so it was with great satisfaction that I delivered the award.

He is currently employed full-time at Valencia Hills Health & Rehab Center in Lakeland, where he has consistently dedicated his time to the supervision of students and sharing his knowledge and expertise. Kudos to Craig for being a role model to students and colleagues, and for paying it forward!





# PRESIDENTIAL PONDERINGS

Elena Vizvary, MS, OTR/L, FOTA President,

## Happy OT Month!!

April is the month when we celebrate our fabulous profession. And there is data to prove we are fabulous! In January, US News & World Report ranked the best health care jobs to have. Results? Occupational Therapist was ranked as #9 and Occupational Therapy Assistant was ranked as #13 out of 38! Congratulations Florida OT practitioners! You have chosen well.

How will YOU celebrate OT month this year? I usually like to wear my "OT theme" tee shirts to work and take every opportunity to answer the question "So what is OT?" That's a good start, but this year I find myself wanting to do more to promote this profession. I challenge myself and YOU to do at least one thing to celebrate OT month. After all, if you don't, who will? Now is not the time to depend on your non-OT colleagues. YOU are the OT practitioner! Celebrate OT month like no one else can!!

Here are eight ideas to help you celebrate OT month. Most cost nothing but time. Some are adapted from AOTA.

1. Use the hashtag **#OTMonth**. Twitter users can use hashtags in their tweets by putting a pound sign in front of a keyword that will categorize the message and allow other users to click or search for tweets by that keyword on [search.twitter.com](http://search.twitter.com). During OT Month, when you tweet information about the profession, use the hashtag **#OTMonth**. The more people who use a hashtag, the better chance it has at becoming a "trending topic," and gaining the interest of others. Help make **#OTMonth** a top hashtag by tweeting it throughout April. You can also use the **#OTMonth** hashtag on Instagram, Facebook, and Pinterest.
2. **Pinterest**. Start pinning on Pinterest or add to FOTA's Pinterest page. Pinterest is a great place to promote OT. Create a pin board about OT and start pinning ideas, posts, and photos. Get specific with your board (e.g., if you work with children, you could create a board of fine motor activities for kids) and pin items to it throughout the month. Make sure to include information in the pin's description about occupational therapy and how the profession can help people live life to its fullest.
3. **Post Pictures**. Take and share pictures of OT in action. It's one thing to tell people about our profession, but imagine if you could show them occupational therapy in action. Break out your camera or your phone and start snapping photos of your work. If you are taking pictures of clients, be sure to get their consent in writing. Post your

pictures on Facebook, FOTA Facebook page, Instagram, Flickr, etc. Write captions for the photos that describe occupational therapy and what you are doing. If you post your photo on Instagram, use the **#OTMonth** hashtag.

4. Look for **Opportunities to Interact with Public Audiences**. Prepare a talk about how OT helps individuals of all ages live life to its fullest, and offer to deliver an informal speech to community service organizations (i.e., Kiwanis, Rotary Clubs, etc.) or the local PTA. Contact senior centers and offer to make a presentation on topics such as driver safety, managing daily tasks while coping with arthritis, gadgets for ease and safety in the kitchen, or time and energy saving tips. Distribute appropriate handouts. AOTA has many consumer tip sheets available.
5. **Provide a Public Service**. Become involved with community service activities like Rebuilding Together or a backpack education event. One local forum is dedicating a crew to clean up a group home area. Another forum participated in a local Alzheimer's walk and wore OT shirts obtained from an OTA student fundraiser.
6. **Membership Drive**. Be proud that you are a member of your state association! Show how much you care and convince one or two colleagues to join FOTA. If you heard Ginny Stoffel, AOTA President, in her Keynote address at FOTA's last conference, you know that as a member of FOTA, you are carrying over 20 licensed but NON-FOTA members ON YOUR SHOULDERS!! Spread the word!! FOTA is an important part of your professional life.
7. **Partner with students**. There are plenty of Florida OT and OTA students who would LOVE to help with an OT promotional project. They are choosing this profession for a reason and probably have marketing ideas you never thought of. OT and OTA schools are listed at [flota.org](http://flota.org) if you need help finding students.
8. **AOTA.org resource**. There are many more ways to celebrate April as OT month. AOTA.org is a wonderful source of ideas. AOTA has a whole list of ideas using social media and the internet.

This year for OT Month, challenge your professional self. Give it some thought. Find a celebration or marketing activity that works for you. OTs are known for thinking "outside of the box" and usually without spending a lot of money. Share your activities and let others know how you are promoting the profession. Share with your OT colleagues where you work, your local forum, submit an article to the next FOCUS or post on FOTA Facebook. I'd love to hear what YOU did this year! Next time you see me, ask me what I did!!

Elena



## Productivity Standards: A not so new concept

By: Tim Finlan, MSM, MHS, OTR/L, Director of Therapeutic & Rehabilitation Services at Nemours Children's Hospital, Orlando and FOTA Administration SIS Chair

In the ever changing and higher stakes field of healthcare, greater emphasis is being placed on Directors of Rehabilitation (DORs) to gain the highest level of productivity from the clinicians that they are responsible for. Down the line, clinicians feel the pressure to maintain these productivity levels while providing high quality patient centered care.

Generally DORs and the clinicians agree that a standard productivity level provides quality care, positive financial return and solid expectations to strive for. Having a standard also allows a threshold to be developed as a marker for triggering the need for additional staffing. It all seems elementary, but really it is not.

Hospital administrators have the charge to provide the highest quality of care while insuring that financial resources are available for the present and future well being of the organization. When new resources are requested they prefer to make their decisions based on the data presented, as well they should. Furthermore, because many administrators are unfamiliar with rehabilitation services they will generally challenge any data presented to them from the DOR, as well they should.

Believe it or not, data is not the problem. There are many highly intelligent DORs who have plenty of data on their individual practices. The "gold standard" data that is most commonly used by DORs is the *productivity percentage*. That is: the percent of time spent in direct billable treatment, for example 75% *productivity* equals billing 45 out of every 60 minutes or 3 of 4 Units of Service (UOS) that the clinician works. The problem surfaces when the administrators request national, or any, benchmark data as a comparison to what the DOR has provided.

There are a multitude of challenges presented to the DOR when asked to produce that information. The first is that there are few, if any, nationally published benchmarks for productivity percentage (or any other) in rehabilitation. Second, a percentage cannot be directly translated to revenue or dollars. Third is the variability of expectations due to populations served (pediatric versus adult), setting (acute care versus outpatient based) or facility (hospital organization or private practice). To an extent DOR's can often justify their differences, however problems arise as one still finds great variability even across similar populations, settings or facilities.

That is because there is a more rudimentary problem: a lack of standardization of the calculation of the *productivity percentage* between, and sometimes even within, organizations. Does the percentage include vacation time? What about holidays? Is sick or education time included? Do you subtract meetings and/or program development time from the total time available before calculating the percentage? What about time for documentation or for follow up with physicians, should that be subtracted out from time available?

How many DOR's are already familiar with this variability?

Depending on the calculation, a 75% productivity rate could set a standard of 6240 billable Units of Service (UOS – 4 per hour) annually or 5640 UOS annually for the same full time clinician that has 3 weeks of vacation, 5 holidays and 5 sick days. The former standard calculates 75% without subtracting the 25 days that the clinician is out of the office while the latter subtracts these out before calculating the 75%. These numbers don't include any of the variables of program development, paperwork, meetings, etc.

Therein lays a significant flaw in the "gold standard" productivity measure that has been utilized by rehabilitation professionals for years.

Now try to justify to your vice president that you need more staff because your current staff is running at 75% productivity. Many an answer has been "Why are they not 100% productive? How did you come to 75%?" What results is a roundabout negotiation around the percentage instead of what is the actual production of a clinician in billed units of service (UOS) and actual dollars.

A proposed more effective, but not new concept of measuring clinical output may be in the total number of UOS that each full time equivalent (FTE) clinician is expected to produce in a year, 5640 UOS/year for example. In this format the data is a hard number, not a nebulous percentage. The clinicians, the DOR, the hospital administrators (and those great guys in finance) now know that clinicians are either not reaching their UOS weekly goal (no need to hire more staff for the new expansion) or they have been hitting above their UOS weekly goal for the past 4 weeks (time to hire staff to meet your demands).

By switching to a UOS standard the DOR's are able to justify their need for growth (or contraction) in a language common to their superiors. The discussion with administration is now focused on a black and white number, versus a gray percentage. Furthermore, with a little help from finance a DOR is able to identify revenue per UOS data and translate their standard into dollars, something all administrators understand.

With a UOS standard clinicians can receive solid feedback regarding their performance (how many of them really understand what that percentage means when they receive the data?). They have the opportunity to be active participants in adjusting their schedule to raise low performance to reach the benchmark or ease off from excessive performance to avoid burn out as it is easily broken down into quarterly, monthly, weekly and daily goals.

The benefits of conversion to a UOS standard are unlimited while the limitations are few. There is great opportunity for rehabilitation services to embrace new standards that are measurable across systems and allows for the opportunity to develop national benchmarks, as they have clinically with evidenced based practice.

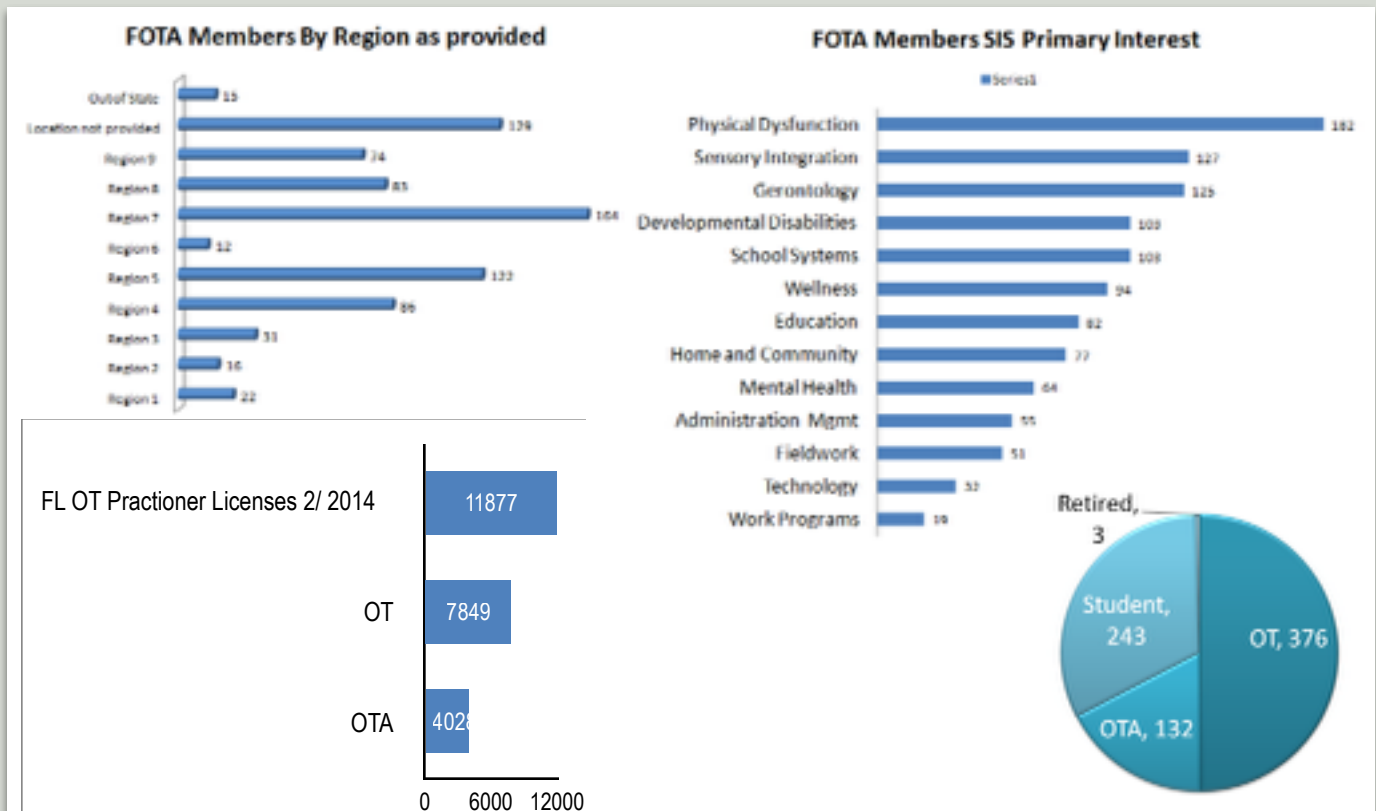
Should you have questions or if you would like to discuss this concept in greater detail you may contact Tim at [tfinlan@nemours.org](mailto:tfinlan@nemours.org).

**A proposed more effective, but not new concept of measuring clinical output may be in the total number of UOS that each full time equivalent (FTE) clinician is expected to produce in a year.**



By: Brent Cheyne, OTR/L, FOTA Webmaster

When you joined FOTA or renewed your membership, did you ever wonder what company you would keep? Or perhaps who in the association might have similar interests, or share your same regional influences? The following info graphs give you a little bit of information about the FOTA organization and its diversity of members celebrating our different interests ,regions and backgrounds. These numbers below reflect our membership constituents as of mid-March 2014.



## 2014 FOTA CONFERENCE

It's time to start thinking about the Florida Occupational Therapy Association annual conference! This year's conference will be November 7-8 in beautiful Fort Myers at Florida Gulf Coast University. We are excited to offer you a full range of experiences for continuing education credits. The call for papers will be coming up within the month, so if you have any ideas for presentations, either workshops, institutes, paper presentations, or professional posters, start working on your proposal now! If you know of anyone who should present, tell them to stay tuned to the FOTA website.

Remember, FOTA's annual conference is an excellent way to receive your continuing education credits, including the licensure mandatory courses. We do all the work for you to enter your credits to CE Broker. The annual conference is also a great way to see old friends and meet new ones, catch up on what is impacting occupational therapy in the state of Florida politically, and the latest in educational resources.

Getting excited? This is the most cost effective way to obtain continuing education credits and meet with your fellow Florida occupational therapists. Together, we make a difference!

Stay tuned for more information on the November, 2014 annual conference.

Debora Oliveira, Ph.D., CRC, OTR/L  
Vice President, Florida Occupational Therapy Association

## 2014 FOTA CONFERENCE



## NANCY'S NOTES

BY: NANCY E. COLLINS, COTA/L

### Personal Health information Systems, AKA PHI/PHR

A personal health information system is a means used to collect and share health information about an individual's health or someone in your care. The information should always be accessible, accurate, reliable, and complete. It is not the same as a medical health record.

Information that should be included in a personal health information system is an individual's identification, emergency contact, insurance provider, medical history (illnesses / surgeries), medications (prescriptions / over-the-counter), allergies, imaging / x-ray reports, lab / pathology reports, immunization records, health care providers, consent / authorizations (release of information / advanced directives / organ donor authorization), and any other pertinent information.

Available options for storing / recording the information is limitless; it can be handwritten on a piece of paper, recorded on the Vial of Life, stored on a USB flash drive (key ring, watch, etc), CD, cell phone application (iCloud, iBlueButton, etc.) or an internet / web based program (myhealthprofiles.com, nomoreclipboard.com, nextstepincare.com, AARP.org, healthprofiles.com, etc.). Remember, there is no right or wrong way to record / store this information.

When searching for a means to record / store your personal health information, here are some questions you can ask to meet your individual needs:

- Will the PHI / PHR provide the information needed for a complete health history?
- Can the PHI / PHR sell my information to anyone for any reason; who has access to the information?
- How can I protect my privacy?
- How will my information be protected from unauthorized use?
- Will the information be used for employment or insurance coverage decisions (insurance eligibility)?
- Can I control the sharing of information?
- Is there a cost involved?

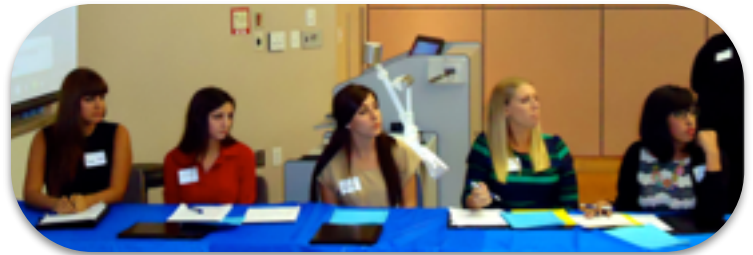
A personal health information system is very important because all health information is kept in one place which makes it easier to find. The information is easier to update, keeping it current, which provides a more accurate means to share the information with health care providers, caregivers, and

family. It also enables health care providers to get information regarding your health in an emergency situation, avoids repeat procedures or tests, saving time and health care cost. You may also be able to refill prescriptions, schedule appointments, email the doctor, and view health records online.

Taking the first step is moving in the right direction. Take charge of your personal health records and invest in a personal health information system.

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### Nova Southeastern University, College of Healthcare Sciences and Colleges of Pharmacy and Dental Medicine 2014 College Ethics Bowl:



The Nova Southeastern University Occupational Therapy Department student ethics bowl team practiced diligently and came out of round one victorious. More importantly, the ethics bowl experience reinforced their developing knowledge about professional ethics as they presented their arguments in response to ethical dilemma scenarios that OT and other health care practitioners commonly experience as we provide services.

*Pictured from left to right are: Lauren Athas, Alyssa Derenthal, Stephanie Pancotto, Meghan Miller, and Alexandra Arguelies.*





## Poised for Empowerment: Cultivating your Power and Influence

By Becky Piazza, OTR/L,  
FOTA Regional Representative

*I wondered why somebody didn't do something until I realized that I was that somebody. - Anonymous*

I was extremely fortunate to attend AOTA's recent Leadership Training for Middle Managers in Bethesda, Maryland from January 27 through January 30. There, along with sixteen other practitioners from around the nation, I positioned myself to learn from leaders past and present. Leaders who have resisted the temptation to de-value their skill sets as occupational therapists; who have consistently advocated the distinct value of occupational therapy practice across all contexts and client populations, and leaders who have stood with confidence and self-assurance as they have identified themselves as **powerful** professionals. Under the equipping of AOTA president Ginny Stoffel, PhD, OT, BCMH, FAOTA, Vice President Amy Lamb, OTD, OTR/L, FAOTA, Board of Director Shawn Phipps, PhD, MS, OTR/L, FAOTA, Nancy Blair, PhD., and Maureen Peterson, Chief Professional Affairs Officer, I was given a unique opportunity to reflect upon my own development as a practitioner and step into the turbulent waters of identifying myself as a leader.

**Me? A leader?** Well, okay, yes... I guess... I hope... I'd like to be. In my role as an occupational therapist, facilitating self-awareness, self-worth and potential come easily with clients and colleagues. My clinical practice setting is familiar territory where I have developed competencies amongst those who understand what occupational therapy is and does. I am easily accepted and known there, so yes, I would consider myself a leader within that circle of influence. But within the *entire* profession of occupational therapy? The roar of self-doubt is so loud: I don't have the right letters after my name, I don't have any "real power", I don't know how to do anything (research, policy, etc.), I don't know anything, I don't know where to begin... Are these not the very same voices that I am so capable of silencing with clients and colleagues? They are! By focusing on the abilities and victories revealed through every decision and initiative to try one more time, to take one more step forward, and to recognize how far one has come towards short term and long-term goals, the voice of self-doubt is silenced.

As "search engines for potential" occupational therapy practitioners are experts at tackling the impossible and making it possible. Why then is it so daunting to step onto the path of leadership within the profession? As I learned during the Leadership Training week, it doesn't have to be. Utilizing readily available resources of like-minded professionals and powerful state and national associations, our body of occupational therapy practitioners is poised to maximize our circles of influence to reach *our* centennial vision: We envision that occupational therapy is a **powerful**, widely recognized, science-driven, and evidence-based

profession with a globally connected and diverse workforce meeting society's occupational needs. I believe in the art-based science that is occupational therapy.

I continued to think of the song from High School Musical, "We're all in this together", and realized that it is a fitting theme song for where we are in our profession. As leaders we must take care of our own destiny, and with that, do all we can to ensure that occupational therapy's distinct value is conveyed in a manner that allows opportunity to meet society's occupational needs. "Occupational therapy personnel have an ethical responsibility primarily to recipients of service and secondarily to society". Thankfully our FOTA and AOTA representatives are working strategically to be at the table throughout policy change and healthcare reform. We must all be aware of the ever-changing environment of healthcare reform. We must decide now how we will engage as agents of change for our

We are  
occupational  
therapists.  
We are  
"catalysts"

clients and our profession in order to showcase our distinct value and contribution to emerging healthcare needs. Do not let the voice of self-doubt deter you from the role of leader within your spheres of influence. Start small. Reading FOCUS is a great way to start! Continue membership with FOTA and AOTA, take a fieldwork student(s), read your OT Practice and AJOT, don't be afraid to *use occupation* as the means to reach clients' goals, attend state and national conferences, know your organization's mission and vision, stay abreast on how occupational therapy's scope of practice can assist in reaching that mission and vision, utilize occupational terminology, be aware of the strategic planning initiatives in place on a national, state, and local level. Do anything other than do nothing!

**We** are occupational therapists. **We** are "catalyst[s] by which the client moves towards increasing self-direction" and "mirrors which can reflect... a true image of the client's potential". As I learned during this amazing week of training, I am the master of my own destiny. I have the ability to influence the direction of our profession for the benefit of the populations we currently serve as well as those who have yet to be reached. I best get busy mastering in the right direction! "To create change we must take our belief, connect it to our vision, and **ACT NOW!**".

References: Available at FOTA



Leadership Training for Middle Managers in Bethesda, Maryland from January 27 through January 30.



## Opportunities in Mental Health Practice

*By Saritza Guzmán-Sardina, MEd, OTR/L, Mental Health SIS Chair*

New opportunities will soon be coming our way in the mental health field. The

American Occupational Therapy Association (AOTA) is actively lobbying to support the Occupational Therapy in Mental Health Act (H.R. 1037/ S. 1815) to add occupational therapists (OTs) to the federal definition of “Behavioral and Mental Health Professionals (MHP)” under the National Health Services Corps (NHSC). When approved, this bill will provide eligibility to OTs to apply for NHSC Scholarship and Loan Repayment Programs. A contingency attached to these programs

is that OTs receiving assistance to finance their graduate training will be required, upon graduation, to practice in the field of mental and behavioral health, and in a health professional shortage area (typically located in rural and low income areas) for two to four years (AOTA, 2013). Obviously, this bill will potentially expose the community to occupational therapy services and embed OTs as MHP within the healthcare system. This bill may also provide state

associations with the impetus to look at their practice acts and actively seek revisions to include the role of occupational therapists as mental health professionals.

**OTs who are actively practicing in mental health settings and meet the qualifying criteria, may seek credentialing as MHP in the State of Florida.**

## WANT TO BE PUBLISHED?

**FOTA'S FOCUS** is seeking interesting articles for future issues. If you have an idea for an article or would like to be a feature writer for the newsletter, please contact Editor Robin Richmond via email at: [fourrichmonds@tampabay.rr.com](mailto:fourrichmonds@tampabay.rr.com).

Summer Focus deadline: June 15, 2014

According to the Florida Certification Board (FCB) (2008), a certified mental health professional is a “practitioner who possesses competency in providing direct services in mental health inpatient and outpatient settings.” The FCB specifies that a candidate for certification “must meet specific competency and ethical conduct requirements; possess minimum work and supervision experience requirements; possess minimum education and training requirements; pass a written exam; and complete minimum continuing education credits annually to maintain a current knowledge base.” The MHP must be proficient in performing screenings and assessments, providing client-centered services, encouraging clients to be active in treatment planning, coordinating referral and case management activities, and working in a professional and ethical manner (FBC, 2008).

Currently, the State of Florida does not recognize OTs as mental health professionals as does, for instance, the State of Oregon. According to Oregon’s Statute OAR 309-032-1505: (105), a “qualified mental health professional (QMHP) is any person with at least a bachelor’s degree in nursing, occupational therapy, psychology, social work; recreational, art, or music therapy; or a graduate degree in a behavioral science field.” The Florida Statutes outlined by the Florida Department of Health (Chapter 491 - Clinical, Counseling, and Psychotherapy Services) recognize only licensed psychotherapists, clinical social workers, psychologists, psychiatrists, advanced registered nurses, and marriage and family therapists as “mental health professionals.” Regardless of this grievous exclusion by the Florida Department of Health, OTs who are actively practicing in mental health settings and meet the qualifying criteria, may seek credentialing as MHP in the State of Florida. Credentialing may be obtained through the Florida Certification Board (FCB), which is a nationally recognized, non-profit professional credentialing organization (FCB, 2008).

Although not officially recognized as MHP in the State of Florida, OTs are well prepared to assume such a role because of their academic preparation and expertise providing “client-centered, occupation-based interventions that enable individuals with a mental illness to maximize their potential and lead productive, full lives” (AOTA, 2014).

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## GOVERNMENT AFFAIRS

By Barbara Ingram-Rice, OT, LMT, CLT, CHC  
FOTA Government Affairs Coordinator

At this writing we are in the middle of week 2 of legislative session. So far the bills we are watching are as follows:

### **SB0070 & HB 0167 Relating to Telemedicine.**

- The bill is "Providing that a health insurance policy or Medicaid may not require face-to-face contact between a health care provider and a patient as a prerequisite to coverage or reimbursement for services."
- These bills seem to be moving quickly through various committees
- The big concerns is whether or not to allow telemedicine consults with professionals from other states that are not licensed in Florida.
- At this point it looks like a strong possibility that you will have to be licensed in Florida to provide telemedicine services
- FOTA is working to make sure OT is included as a service that can provide telemedicine.
- There likely will be a mandatory CE component to providing telemedicine services. This likely will be defined by each professional regulatory board (think OT Licensure Board)

### **SB0174/HB0483 Relating to Autism**

- This bill requires that if a parent or legal guardian of a child feels the child is exhibiting signs of autism and asked the primary care physician about it, the physician is then obligated to refer the child to an appropriate specialist for screening for autism and requires insurance companies to cover these services
- FOTA generally supports this bill
- However, we have seen this bill every year for the last at least 6-8 years and it usually does not make it out of committee.

### **SB0554/HB 0289 Relating to Patient Lifting and Handling Practices**

- Would require Hospitals to create and implement policy concerning safe lifting and handling of patients
- Not clear as to why this needs to be legislated as this has been on the National Patient Safety Agenda for several years and most facilities that I am affiliated with already have a policy in place.
- FOTA is in favor of this measure

### **HB0669 Relating to Athletic Trainers**

- Revises Athletic trainer licensure
- FOTA watching carefully as throughout the country

ATs are trying to upgrade their scope of practice.

- Physical Therapists and MDs, DOs are also watching this carefully and are more likely to block changes.

### **SB0930 Relating to Physical Therapy Practice**

- Increases the number of times an applicant for licensure as a physical therapist or physical therapist assistant may take the licensure exam
- FOTA watching carefully. Although this does not impact OT directly, the PTs have now opened their practice act so they may try to sneak other things in that would be problematic.
- HB 1085 Relating to Behavioral Analysts
- Basically creates licensure for Behavioral Analysts for the first time
- FOTA is working to ensure that they do not exempt OTs from doing what we are licensed to do.
- FOTA is watching carefully
- This is a trend across the country right now.

These are the highlights as of March 12/2014 Please check the FOTA web site for weekly updates at [www.FLOTA.org](http://www.FLOTA.org)



### **Please welcome Dr. Elise Block to the FOTA Government Affairs team.**

I have worked in a variety of pediatric settings from acute care (NICU, PICU), early intervention and schools and out-patient pediatrics. For the last twenty years I have been teaching at FIU in the OT department and serve as the Secretary to the Family Advisory Council at Joe DiMaggio Children's Hospital. In my experience as an OT working with families, my service work at the hospital, and personally as a mom with a child with chronic health issues I know firsthand the importance of advocacy. As OTs – in our role as advocates, we need to clearly communicate with politicians, insurance companies and other health professionals our unique contributions and value to our patients and their families. We are responsible for watching out for our scope of practice and keeping abreast of legislative issues that impact our profession and clients we serve. I feel fortunate to have this opportunity to work on the Governmental Affairs Committee with Barbara, Larry and Debbie.

Thanks,  
Elise



## Little Animals Make a BIG difference: What one motivated OT can do for the profession and her clients

By: Andrea Gilbert, OTR/L and  
Becky Piazza OTR/L

One of the founders of our profession, George Edward Barton (1915) gave the following description of OT:  
*"The whole object of occupational therapy is not the making of a product, but in the*

*making of a MAN, of a man stronger physically, mentally, and spiritually than he was before, for just as his body can be strengthened by carefully graded exercise from week to week, as his mind can be strengthened and be improved in the same way, so also may his spirit be reborn in greater strength and purity by the effort for, and the realization of his **triumph** over disability and despair"* (1922).



Andrea Gilbert, OTR/L at UF Health Shands Rehab Hospital, has partnered with some unique creatures to highlight this aspect of occupational intervention to bring a holistic and humanistic approach to her clients' recovery. These creatures are small and cute with fuzzy manes and click-clacking hooves, but perhaps most importantly, these miniature horses are helping patients recover from illnesses and injuries by providing **hope**. Training sessions with Gentle Carousel Miniature Therapy Horses are the newest form of therapy at the hospital and have become a staple for patients on Wednesday afternoons. "No one plans to go to rehab," said Gilbert. "Life threw a curveball, and now everything is hard. But the horses give (our patients) a reason to smile."

An activity session entails a horse and a person working together to achieve similar goals. The pair practices walking over different surfaces, going up and

down stairs, and working on focus and balance skills. Gilbert said up to one third of the clients in the hospital work with the horses on a weekly basis. She initiated the partnership with the High Springs, Fla.-based Gentle Carousel after watching one of her patients interact with a miniature horse at a charity fundraising event. "She just lit up like a Christmas tree. The cute horse and the sunshine; all these factors came together and really made a difference for her," Gilbert said.

Jorge Garcia-Bengochea, executive director and co-founder of Gentle Carousel, knows how difficult recovery can be. At age 9 he was hit by a car while riding his bicycle. He was treated at Shands at UF. "Doing the work that we do now, I think of that. I would've loved to have a little animal visit me," he said. Debbie Garcia-Bengochea, education director and co-founder, said she and her husband

chose to partner with UF Health Shands Rehab Hospital to make a difference in patients' lives. By using social media, and with client permission, Gentle Carousel photos are posted on Facebook where clients can gather well wishes



from around the world. One client received over 1400 messages of support from complete strangers from all over the world. She used the iPad to read the messages while in the hospital and was able share them with her family. Former patients write encouragement to current patients, allowing aspects of peer mentorship and social inclusion to be a staple of this innovative partnership.

The clients aren't the only ones benefiting from the partnership. The horses need to be trained to know how to interact with patients and walk on all kinds of surfaces. The rehab hospital provides a space for the horses to learn the necessary skills by actually practicing them with patients. "We're all working together and everyone benefits," Debbie Garcia-Bengochea said.

One of Gentle Carousel's horses, Magic, was named one of Time Magazine's Top 10 Heroic Animals. She is the only living animal on the list. Therapists at UF Health Shands Rehab Hospital have begun animal-assisted interventions during therapy sessions. This has included activities such as brushing and petting the horses to gain coordination and hand strength. "This way, they're doing the **functional** activity — learning, following directions and moving — but it's **purposeful**," Gilbert said. Gilbert's said the horses' unconditional love and lack of judgment are just a couple of the reasons they have been so well-received at the hospital. "They really serve a lot of people. We have a little gem here," Gilbert said.

References: Barton, G.E. (1915). Occupational therapy. Trained Nurse and Hospital Review, 54, 138-140.





## FLOTEC: DRESSING FOR FIELDWORK CHECKLIST

As most students start Level II Fieldwork in the upcoming semesters, the Florida Occupational Therapy Consortium (FLOTEC) is sharing the following dressing tips for students to consider prior to reporting at their respective fieldwork sites. Students are encouraged to review the criteria on the dressing checklist for professional presentation in the work environment. The various criteria must be met in addition to any site-specific requirements. Fieldwork educators and center coordinators for fieldwork education may also use this checklist and include it in their student orientation manual and/or fieldwork resources.

| Criteria  | Met | Not Met | Comments |
|---|-----|---------|----------|
| Overall neat & clean grooming                                 |     |         |          |
| No strong perfume or cologne                                  |     |         |          |
| Facial piercings are removed                                  |     |         |          |
| Conservative use of jewelry/accessories                       |     |         |          |
| Tattoos are covered   |     |         |          |
| Nails are neat and trim                                       |     |         |          |
| Overall neat & clean appearance of clothing                   |     |         |          |
| Appropriate fit to clothing                                   |     |         |          |
| Appropriate shirt choice                                      |     |         |          |
| Conservative neckline   |     |         |          |
| Chest/cleavage remains concealed when bending forward         |     |         |          |
| Abdomen/low back remains concealed when reaching overhead     |     |         |          |
| Appropriate choice of pants/skirt                             |     |         |          |
| Low back remains concealed when sitting                       |     |         |          |
| Low back remains concealed when performing a transfer         |     |         |          |
| Low back remains concealed when kneeling and reaching forward |     |         |          |
| Undergarments remain concealed during all movements           |     |         |          |
| Appropriate footwear  |     |         |          |
| Wearing socks/stockings                                       |     |         |          |



### Shopping tips:

- Females - purchase several high neck t-shirts that can be worn under other shirts.
- Select pants that are labeled “sits above waist” or “sits at waist”.



Obtained from: Dennis Cleary OTD, OTR/ L, Ohio State University & Juliane H. Chreston, OTD, OTR/L, Baker College Center for Graduate Studies



Honoring the past, Embracing the present  
and Forging into the future.

Fort Myers, Florida  
November 7-8, 2014



Notice: Call for  
Papers will be  
published soon!

## FOTA AWARDED AT AOTA CONFERENCE



When the State OT Associations Presidents meet annually just prior to AOTA National Conference, awards are presented in several categories.

This year, Florida OT Association won an award in the category of "Facebook/ Twitter". Congratulations to FOTA for being recognized this year for the Facebook/Twitter and Pinterest pages!

Thanks to FOTA Administrative Assistant Janine Silvaroli and all contributors to FOTA's Facebook, Twitter and Pinterest pages.

Be part of the excitement! Keep the contributions coming!



**Here's the challenge:** We want to see your beautiful faces! Send your photos so we can share the wonderful work our OTs do everyday! Include your names, workplace, and a brief description. We will share on our social media sites and PROMOTE YOU!! **email: [fota.janine@gmail.com](mailto:fota.janine@gmail.com)**

