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Identifying roles, responsibilities, and competencies of an occupational therapy manager within an outpatient rehabilitation facility

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A Capstone Project Entitled

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Abstract

The role of an occupational therapy manager is critical in order to advocate for the profession of occupational therapy while also guaranteeing clinical practice is maintained (AOTA, 2011). However, occupational therapy students, practitioners, and managers must be knowledgeable and competent in certain areas of management in order to provide the best services possible (AOTA, 2011). The purpose of this Doctoral Capstone Experience (DCE) included learning and performing skills beyond entry level pertaining to administration and policy and program development within an outpatient rehabilitation facility by performing the common roles, responsibilities, and competencies of an occupational therapy manager. The methods by which this was completed was through research of the literature to provide background information on administration in occupational therapy, conducting a needs assessment at the facility, writing goals and objectives based off the needs assessment data, and converting the goals and objectives into a Goal Attainment Scale (GAS). The outcomes of this project included meeting all goals in the GAS and creating a quality improvement plan for the facility. The Dynamical Systems Theory guided managerial decision making throughout the DCE to enable the student to work professionally with the organization, which therefore allowed the student to achieve and improve multiple administrative skills. This DCE will be a guide for future Doctor of Occupational Therapy Students and future site mentors, and the newly acquired skills will contribute to the student's future practice.

Introduction

According to AOTA (2011), management is defined as "a process of how one works with others in order to achieve desired goals or stated outcomes" (p. 62). The role of an occupational therapy manager has never before been so critical for advocating for the profession of occupational therapy and for maintaining the functions of clinical practice (AOTA, 2011). The need for greater efficiency and management has increased due to new health care legislation threats, therefore occupational therapy practitioners with leadership and management skills are in high demand (AOTA, 2011). In order for occupational therapy students, practitioners, and managers to provide the best services possible, it is important for them to first understand the overall role of a manager; know how to run a business/program/department; lead and organize; provide evidence based practice; understand public policy and guarantee high professional standards; and provide supervision and guidance to new occupational therapy practitioners and leaders (AOTA, 2011).

Occupational therapy management has many roles, responsibilities, and skills sets that are involved. However, this Doctoral Capstone Experience (DCE) included learning and performing skills beyond entry level pertaining to administration, policy, and program development within an outpatient rehabilitation facility. This DCE had concentrations in financial planning, budgeting, and responsibilities pertaining to the certification with Centers for Medicare and Medicaid Services (CMS

Literature Review

Dynamical Systems Theory in Occupational Therapy Management

Use of a theory to guide an occupational therapy manager during management tasks can increase guidance of the manager's team (AOTA, 2011). The occupational therapy manager may be using a theory as a frame of reference for managerial decision making every day without even realizing it. Management has moved from a hierarchical process – or, a top-down model with designated leaders – to more of a heterarchical process – or, a bottom-up model that helps to better use input from all levels of the organization, which then allows for leaders to emerge during the implementation of the task/process (AOTA, 2011). Research has shown that using a bottom-up model in management produces greater stability and dynamic response (Shastri & Diwekar, 2006).

In the practice of occupational therapy, Gary Kielhofner, one of the first occupational therapists to incorporate systems theory into practice and publisher of the Model of Human Occupation (Cole & Tufano, 2008), based most of his theoretical work on open systems, or systems that continually interact with, and then change in response to, the environment (Robbins & Coulter, 2009). And, in more recent years, Kielhofner has transformed his theory to incorporate what is call the Dynamical Systems Theory (AOTA, 2011).

Dynamical Systems Theory, founded by Edward Lorenz, is "the new science" that is based on chaos, complexity, and non-linear dynamics (Hunt & Ropo, 2003). Use of this theory in occupational therapy management can help managers guide their teams toward openness, purposefulness, multidimensionality, and self-organization (AOTA, 2011). This approach to management is more of a method or approach, rather than a set of techniques or protocols. It

includes the process of creating, reinforcing, and valuing relationships within the setting (AOTA, 2011).

One can use the concepts of the Dynamical Systems Theory to provide a theoretical frame of reference for managerial decision making. For instance, when a manager uses a representation of core values to lead organization and management, he or she uses the dynamical system theory frame of reference (AOTA, 2011). The use of theory within an occupational therapy management position can help increase the correct decision-making process and, therefore, lead the manager's team in the appropriate direction (AOTA, 2011). This theory may act as an organizing framework to aid in managerial decisions and was utilized as such throughout this DCE.

Common Roles, Responsibilities, and Competencies of an Occupational Therapy Manager

An occupational therapy manager has many roles, responsibilities, and skills sets that are important for day to day tasks. A manager must adapt to a changing society but with certain fundamentals persisting, such as exhibiting a sense of confidence in self and in others, being a practitioner to allow others to grow and overcome obstacles, and energizing the workplace environment to help influence others to find success (AOTA, 2011).

Occupational therapy managers and practitioners both have unique and specific roles, responsibilities, and skills sets (which refers to one's ability to have unique and specific roles, responsibilities, and competencies) (AOTA, 2011). However, although some of these roles, responsibilities, and competencies separate the two positions in the context of which they are performed, many of them also mirror those of the other position. For example, only a manager deals with strategic planning, staff development, and policy management, but both a manager

and practitioner acknowledge strengths, clinical reason, and engage others in occupation (AOTA, 2011)

The most common roles, responsibilities, and competencies that an occupational therapy manager may assume include categories of organizing and staffing, directing, controlling, information management, and planning (AOTA, 2011; Braveman, 2006). Described below are the categories, along with the importance of and how an occupational therapy manager may assume these roles, responsibilities, and competencies.

Organizing and staffing. The category of organizing is more related to mid-level and upper management, rather than first-line supervisors, and includes "designing workable units, determining lines of authority and communication, and developing and managing patterns of coordination" (Braveman, 2006, p. 125). Organizing involves steps to ensure that the organization's goals can be achieved as efficiently as possible, including creating the most effective grouping of activities, incorporating the necessary guidelines for the activities, and coordinating systems (Braveman, 2006). If a manager carries out organization efficiently, then it can clearly detail who is responsible for work tasks, who has the authority to make decisions, work activities, and what is expected of individuals and groups regarding levels of performance (Braveman, 2006).

The process of staffing coincides greatly with the process of organizing. In order to complete the process of staffing, a manager must first be efficient with organizing. Staffing ensures that the organization has the appropriate quality and quantity of staff in order to reach its mission and goals (Braveman, 2006). This category includes the roles, responsibilities, and skills sets of recruitment and hiring of staff; orientation, training, and education of staff; further development of staff; and discipline and separation of staff (Braveman, 2006).

Directing. The category of directing includes the manager providing guidance and leadership to ensure work within the organization is goal oriented (Liebler, Levine, & Rothman, 1992). Management activities that are included in directing include mentoring or coaching (Braveman, 2006). In regard to this category, a manager is usually responsible for the formation of a staff development plan or program, which can include opportunities for continuing education or professional development, along with incorporating these within the organization's budget (Braveman, 2006).

Controlling. The category of controlling relates to controlling resources and includes comparing actual performance with expectations and eliminating obstacles to achieve goals (Braveman, 2006). The process of controlling includes three phases, including establishing standards, measuring performance, and correcting deviations (Braveman, 2006). A manager can control everyday situations by using control mechanisms, or control indicators, which a process that constantly monitors the product of a system (Braveman, 2006). This helps indicate when performance falls below standards and a problem is to be addressed (Braveman, 2006). A common example of a control mechanism that an occupational therapy manager may use includes noting the amount of time it takes for the therapy department to respond to a referral after it is received so action can be taken if the time surpasses a predetermined period of time (Braveman, 2006). In order for an occupational therapy manager to be effective with the process of controlling, the process must first be organized in a manner that allows he or she to become aware of a problem in a timely and efficient manner and provide enough information so he or she can take the appropriate action (Braveman, 2006).

Information management. An occupational therapy manager deals with great amounts of data and information daily, and this can become overwhelming especially with continuously

improving technology (Braveman, 2006). However, this improving technology does have its advantages as it allows one to quickly communicate with another department, access the Internet, and automatically collect and report data from documentation or billing systems (Braveman, 2006). On any given day, a manager may receive reports related to the budget, staff productivity, continuous quality improvement efforts, rates of client visits, etc., but the manager must be able to organize this data to turn it into useful information that can be easily interpreted, and also identify the specific use for the data (Braveman, 2006).

Planning. Braveman (2006) states that the category of planning encompasses "the process of establishing short-term and long-term goals, measureable objectives, and action plans related to the mission of the organization" (p. 111). Within this category, strategic planning, financial planning, facility planning, and producing policies and procedures are all involved (Braveman, 2006).

Strategic planning is one main subcategory that an occupational therapy manager must master. This type of planning determines the long-terms goals of an organization by creating strategies to reach these goals (Liebler, Levine, & Rothman, 1992). At times, strategic planning can be a difficult task for an occupational therapy manager because of its creative thinking of the future, which can be challenging in a workplace with high productivity demands (Braveman, 2006). A manager can initiate or revise a strategic plan by first taking time to review and/or modify the organization's mission and vision statements, which individually describe the organization's purpose and aspirational and inspirational message of what the organization would like to become (Braveman, 2006).

One of the most important subcategories of planning and crucial aspects of a manager is the skill of financial planning and budgeting of the organization (AOTA, 2011). As stated by

AOTA (2011), the face of healthcare is ever changing, and reform measures affect occupational therapy services financially. Change requires planning, and planning must contain budgeting and financial planning, which are the building blocks of a business's strategic plan (AOTA, 2011). Therefore, it is important for occupational therapy managers to adapt to change in order to meet the varying demands of the healthcare system by using sound business principles (AOTA, 2011). It is important that a manager has knowledge regarding financial planning, budgeting, and financial aspects of human resource management, along with accounting to aid with management of cash flow, improve profitability, develop a budget, and manage risk (AOTA, 2011). The manager must also be knowledgeable on funding sources in order to understand the unique and different structures that are available (AOTA, 2011). Lastly, the manager must be able to think critically and use evidence to support sound business decisions when a financial problem emerges (AOTA, 2011).

Facility planning is yet another aspect of the category planning but may not be as commonly faced by managers as other aspects previously mentioned (Braveman, 2006). Braveman (2006) states that facility planning includes planning for and designing new facilities and spaces, and very few occupational therapy programs teach students how to do such a task; therefore, this task can be daunting for an occupational therapy manager if he or she is poorly prepared. To help fulfill this aspect of management, an occupational therapy manager can consider certain steps, including visiting other facilities for ideas, compiling likes and dislikes of designs from other managers at the facility or from other facilities, and collaborating on ideas with staff (Braveman, 2006).

The final subcategory of planning includes writing policies and procedures for the organization. These policies and procedures are meant to guide staff and their use of materials,

supplies, facilities, and equipment. Braveman (2006) states that policies are statements of values that coincide with the mission statement of the organization, and procedures outline the specific actions that need to be taken and criteria to adhere to the policies. Most organizations follow a standard format to determine what to include in each policy and procedure and the policy and procedure manual overall (Braveman, 2006). For example, the facility which this DCE is taking place follows the guidelines for CMS and the Indiana SBOH requirements for a comprehensive outpatient rehabilitation facility (CORF). These policies and procedures should be frequently reviewed and updated and should be easily accessible for all staff (Braveman, 2006). An efficient manager must be able to identify and state the importance of the policies and procedures and ensure that the organization is complying with all requirements and updating them regularly (Braveman, 2006).

Centers for Medicare and Medicaid Services Certification

The location of this DCE is currently a certified Medicare and Medicaid Comprehensive Outpatient Rehabilitation Facility (CORF) provider that has undergone the CMS and Indiana SBOH surveys to obtain and maintain this certification. This means that this facility provides "coordinated outpatient diagnostic, therapeutic, and restorative services, at a single fixed location, to outpatients for the rehabilitation of injured, disabled or sick individuals" (Comprehensive Outpatient Rehabilitation Facilities, 2013).

Centers for Medicare and Medicaid Services (CMS) provides oversight for provider's and facility's compliance with Medicare health and safety standards, and also makes this information available to beneficiaries, providers/suppliers, researchers, and State surveyors (Quality, safety & oversight – General information, 2018). A survey of the providers and facilities is completed on behalf of CMS by the individual State Survey Agencies (Quality,

safety & oversight – General information, 2018). This overall process is referred to the certification process (Quality, safety & oversight – General information, 2018), which includes the following:

- Conducting investigations and fact-finding surveys to verify if the health care entity complies with the requirements
- Certifying and recertifying the health care entity to determine if it is qualified to participate in the programs
- Explaining requirements to current and potential providers and suppliers regarding applicable Federal regulations to allow them to qualify for participation in the programs and to maintain standards of health care that coincide with certain requirements (Quality, safety & oversight – General information, 2018)

For this certification process, CMS has established Survey protocols and Interpretive Guidelines in order to lead the personnel directing the surveys, which, as stated above, will be the State Survey Agency (Comprehensive outpatient rehabilitation facilities, 2012). The Interpretive Guidelines include the following:

- Survey tag number
- Wording of the regulation
- Additional survey procedures and probes to guide the surveyors (Comprehensive outpatient rehabilitation facilities, 2012)

These protocols and guidelines describe the regulations; all personnel directing the surveys must utilize them when determining if a provider or facility is complying with Federal requirements (Comprehensive outpatient rehabilitation facilities, 2012). The survey is conducted by following the protocols and requirements in the statute and regulations that are appropriate to

the provider or facility in order to determine if a citation of non-compliance is appropriate, meaning there is a violation of the regulations in the provider's or facility's performance or practice (Comprehensive outpatient rehabilitation facilities, 2012). The procedure for non-compliance is stated below under the subheading "Non-compliance of regulations."

Services of the provider. As previously stated, the location of this DCE is located at a certified CMS CORF. The services that may be provided in a CORF include physical therapy, occupational therapy, and speech-language pathology (Comprehensive Outpatient Rehabilitation Facilities, 2013), and there are three organizations that can qualify as this provider, including a rehabilitation agency, clinic, or public health agency (Outpatient rehabilitation providers, 2013). In order for these organizations to be eligible to participate as providers of outpatient physical therapy or speech-language pathology services, they must be in compliance with all applicable Medicare requirements specific to a CORF, which are listed in the *State Operations Manual, Appendix K – Guidance to Surveyors: Comprehensive Outpatient Rehabilitation Facilities* (Centers for Medicare and Medicaid, 2014). These requirements include Compliance with State and Local Laws, Disaster Procedures, Utilization Review Plan, and many more (Centers for Medicare and Medicaid, 2014).

The State survey verifies that the services the organization intends to provide are actually being provided (Outpatient rehabilitation providers, 2013), and that the organization provides core services, including consultation with and medical supervision of non-physician staff including the creation and review of the plan of treatment, and physical therapy, social, or psychological services (Comprehensive Outpatient Rehabilitation Facilities (2013).

Non-compliance of regulations. If an adverse action is initiated by a participating Medicare and/or Medicaid provider and supplier, the CMS Regional Office and State survey

agency follow the procedure in the State Operations Manual (Quality, safety & oversight – Enforcement, 2018). The procedure is indicated in the State Operations Manual in Chapter 3, and the procedure must pertain to the type of facility that the adverse action is found (Quality, safety & oversight – Enforcement, 2018). The procedure for a CORF and related facilities is stated below:

- Cause for Termination: An agreement may be terminated if the provider is determined that they:
    - Are not complying with the terms of the agreement, the provisions of title XVIII of the Social Security Act, or other declared regulations
    - Have not supplied information regarding payments
    - Refuse to allow examination of fiscal and other records necessary in order to verify "information furnished as a basis for claiming payment under the Medicare program" or
    - Refuse to allow photocopying of any records or information necessary to verify compliance with requirements (Quality, safety & oversight – Enforcement, 2018)
- Compliance with Requirements: For each type of provider subject to certification, there is a set of conditions with corresponding subcategories of related quality standards. The State Agency determines if and how each standard is met. If a facility fails to meet each and every condition, then it cannot participate in Medicare (Quality, safety & oversight – Enforcement, 2018).
- Statement of Deficiencies: If the State Agency identifies items of non-compliance, or deficiencies, during the facility's survey, the facility is given a "Statement of Deficiencies." The facility is allowed ten calendar days to respond with a Plan of

> Correction for each deficiency noted. If the facility fails to take such action, then the State Agency certifies the facility noncompliance notwithstanding a Plan of Correction Medicare (Quality, safety & oversight – Enforcement, 2018).

Today, the role of an occupational therapy manager is critical in order to advocate for the profession of occupational therapy while also ensuring clinical practice is maintained (AOTA, 2011). However, occupational therapy students, practitioners, and managers must be knowledgeable and competent in certain areas of management in order to provide the best services possible (AOTA, 2011). Therefore, the purpose of this DCE was to obtain skills beyond entry level pertaining to administration and policy and program development within an outpatient rehabilitation facility by performing the common roles, responsibilities, and competencies of an occupational therapy manager to obtain competence.

Methods

Setting

This DCE project took place at an outpatient rehabilitation facility in Indianapolis. The facility had a total of six rehabilitation sites. Three of the facilities were located within the Indianapolis area, including the main location, and the remaining three locations were located no more than eighty miles outside of Indianapolis. The Doctoral student primarily worked out of the main location with the site mentor, who was the director of therapy and managed all of the therapists at the main and satellite locations. However, the student periodically visited the satellite locations throughout the DCE.

Population

The population for this DCE consisted of the therapy department at the outpatient rehabilitation facility. The director of therapy manages all of the therapists at the main and

satellite locations. There was a total of twenty-one therapists, with twelve therapists on average working at the main location, and one to two therapists on average working at each of the satellite locations; this number is determined based on the average patient census for each location. These therapists work in the specialty area of hand therapy, with a majority of them being Certified Hand Therapists. This outpatient rehabilitation facility was chosen based on personal interest of the student completing the DCE.

Procedure: Evaluation and Screening Process

Research of the literature was completed to provide background information on an administrative role in an outpatient rehabilitation facility, with specifications on financial planning and budgeting, the SBOH and CMS regulations and survey, and theory to guide administration for a rehabilitation facility. A systematic search of the literature was conducted through the University of Indianapolis database, including EBSCOhost and OT Search, along with Google Scholar and textbooks from previous coursework from the Doctor of Occupational Therapy program at the University of Indianapolis. The key words and phrases are stated in Figure 1, which were used to identify literature published between 1992 and 2018, with a majority it being within the last ten years. The information obtained was reviewed and analyzed for relevant information pertaining to the purpose of this DCE. All data were obtained lawfully and reported accurately.

Occupational Therapy	
Administration	**Centers for Medicare and Medicaid**
Therapy manager	State Board of Health
Manager	Survey

Roles and responsibilities of therapy manager	Certification
Financial planning	Regulations
Budgeting	
Leadership	
Theory in management	

Figure 1. Key words and phrases. This figure illustrates all of the key words and phrases used, specifically the main categories, along with their subcategories.

Coinciding with the review of the literature, a needs assessment was completed at the facility to determine any important needs, issues, or opportunities of interest, and then determine how to address them (Sleezer, Russ-Eft, & Gupta, 2014). A needs assessment structures any issues or opportunities of interest, creates relationships among the people who are involved, and frames the learning, training, and performance improvement plans (Sleezer, Russ-Eft, & Gupta, 2014). As described by Sleezer, Russ-Eft, and Gupta (2014), there are five needs assessment approaches: knowledge and skills assessment, job and task analysis, competency-based needs assessment, strategic needs assessment, and complex needs assessment. For this DCE, a complex needs assessment approach was utilized, which required the analyst (student) to "combine components from the other approaches to needs assessment, apply expertise from other subject areas… and, most importantly, to innovate" (Sleezer, Russ-Eft, & Gupta, 2014, p. 29-30). This allowed the student to see the organization as a whole, rather than just focusing on one specific area.

Semi-structured face-to-face interviews were conducted with the director of therapy (site mentor) on two separate occasions. The data from the interviews were then analyzed by the

student and divided into categories and subcategories. The categories were then written as a goal, and the subcategories were written as objectives to the corresponding goal. This resulted in five goals with an array of objectives; these goals and objectives were verified by the director of therapy to ensure accuracy of interpretation of the data. The final goals and objects are stated below:

Goal 1: Learn and perform skills beyond entry level pertaining to the common roles, responsibilities, and competencies of an occupational therapy manager within an outpatient rehabilitation facility.

Objective: Complete tasks identified by site mentor regarding managerial tasks.

Objective: Site mentor will educate student on common roles, responsibilities, and competencies of an occupational therapy manager within an outpatient rehabilitation facility.

Goal 2: Complete all tasks pertaining to maintaining certification for Centers for Medicare and Medicaid (CMS)/Indiana State Board of Health for all locations.

Objective: Become educated on all documents for the Indiana State Board of Health and CMS Regulations.

Objective: Convert all documents from the Master Policy and Procedure Manuals into an electronic system for all locations to utilize.

Objective: Organize and update all documents when necessary.

Objective: Complete an overall comprehensive, organized, and standardized manual in electronic form, and hard copies if necessary.

Objective: Educate appropriate personnel of the new Manuals by method that best suits the personnel.

Goal 3: Complete managerial tasks regarding financial planning and budgeting.

Objective: Complete appropriate research and evaluation of financial planning and budgeting.

Objective: Complete tasks identified by site mentor.

Goal 4: Complete managerial tasks to prepare for the Hand Care Conference in May 2018, as needs arise.

Objective: Complete tasks identified by site mentor and/or Education Coordinator for Hand Care Conference.

Objective: Increase organization by assisting with planning for Hand Care Conference.

Objective: Have an educational role by assisting with planning for Hand Care Conference.

Objective: Attend meetings regarding Hand Care Conference.

Goal 5: Complete all other goals and objectives as stated by site mentor in relation to an administrative role as needs arise.

Objective: Attend periodic meetings with site mentor to discuss such goals/objectives.

Once the final goals and objectives were completed, the principal goals and objectives were converted into a Goal Attainment Scale (GAS); this is stated in Figure 2. As described by Krasny-Pacini, Evans, Sohlberg, and Chevignard (2016), a GAS is a "method for writing personalized evaluation scales to quantify progress" regarding identified goals (p. 157). The GAS was developed based on criteria stated by Krasny-Pacini et al. (2016), specifically in a manner to ensure minimal bias and clearly state five levels of goal attainment. The GAS was

utilized at the end of the DCE to determine if the stated goals were met or not met, and to what extent they were completed. Results of the GAS will be further discussed.

	Goal 1	**Goal 2**	**Goal 3**	**Goal 4**	**Goal 5**	**Goal 6**
Success of Goal	*Become educated on all materials pertaining to the Master Policy and Procedures Manuals.*	*Convert materials from the Master Policy and Procedure Manuals from all facilities into an electronic system and into a comprehensive, organized, and standardized manner for each facility to utilize.*	*Educate appropriate personnel of the new manuals by method that best suits the personnel.*	*Complete financial planning and budgeting task by evaluating all current pricings of therapy supplies from vendors.*	*Complete managerial tasks identified for student in order to prepare for facility's conference in May 2018.*	*Student and site mentor to attend meetings to discuss any projects and current management concerns.*
Much less than expected (-2)	Become educated on all materials pertaining to the Master Policy and Procedure Manuals for CMS/SBOH by 6 weeks.	Convert 50% of materials from the Master Policy and Procedure Manuals from all facilities into an electronic system and into a comprehensive, organized, and standardized manner for each facility to utilize by 16 weeks.	Educate appropriate personnel of the new manuals by method that best suits the personnel within 3 visits with poor follow through by 16 weeks.	Complete 0% of financial planning and budgeting task.	Complete 0% of managerial tasks identified for student in order to prepare for the facility's conference in May 2018, as needs arise.	Student and site mentor to attend meetings once every 3 weeks to discuss any projects and current management concerns.
Somewhat less than expected (-1)	Become educated on all materials pertaining to the Master Policy and Procedure Manuals for CMS/SBOH by 5 weeks.	Convert 75% of materials from the Master Policy and Procedure Manuals from all facilities into an electronic system and into a comprehensive, organized, and standardized manner for each facility to utilize by 16 weeks.	Educate appropriate personnel of the new manuals by method that best suits the personnel within 2 visits with poor follow through by 16 weeks.	Complete 25% of financial planning and budgeting task by evaluating a portion of current pricing of therapy supplies from vendors.	Complete 25% of managerial tasks identified for student in order to prepare for the facility's conference in May 2018, as needs arise.	Student and site mentor to attend meetings once every other week to discuss any projects and current management concerns.

Expected (0)	Become educated on all materials pertaining to the Master Policy and Procedure Manuals for CMS/SBOH by 4 weeks.	Convert all materials from the Master Policy and Procedure Manuals from all facilities into an electronic system and into a comprehensive, organized, and standardized manner for each facility to utilize by 16 weeks.	Educate appropriate personnel of the new manuals by method that best suits the personnel within one visit with poor follow through by 16 weeks.	Complete 50% of financial planning and budgeting task by evaluating all current pricings of therapy supplies from vendors.	Complete 50% of managerial tasks identified for student in order to prepare for the facility's conference in May 2018, as needs arise.	Student and site mentor to attend meetings 1 time a week to discuss any projects and current management concerns.
Somewhat more than expected (+1)	Become educated on all materials pertaining to the Master Policy and Procedure Manuals for CMS/SBOH by 3 weeks.	Convert all materials from the Master Policy and Procedure Manuals from all facilities into an electronic system and into a comprehensive, organized, and standardized manner for each facility to utilize by 12 weeks.	Educate appropriate personnel of the new manuals by method that best suits the personnel within one visit with fair follow through by 16 weeks.	Complete 75% of financial planning and budgeting task by evaluating all current pricings of therapy supplies from vendors, along with approximate shipping costs.	Complete 75% of managerial tasks identified for student in order to prepare for the facility's conference in May 2018, as needs arise.	Student and site mentor to attend meetings 3 times a week to discuss any projects and current management concerns.
Much more than expected (+2)	Become educated on all materials pertaining to the Master Policy and Procedure Manuals for CMS/SBOH by 2 weeks.	Convert all materials from the Master Policy and Procedure Manuals from all facilities into an electronic system and into a comprehensive, organized, and standardized manner for each facility to utilize by 8 weeks.	Educate appropriate personnel of the new manuals by method that best suits the personnel within one visit with successful follow through by 16 weeks.	Complete 100% of financial planning and budgeting task by evaluating all current pricings of therapy supplies from vendors, along with approximate shipping costs and comparison to over the counter pricings for a complete overview of pricing costs.	Complete all managerial tasks identified for student in order to prepare for the facility's conference in May 2018, as needs arise.	Student and site mentor to attend daily meetings to discuss any projects and current management concerns.

Figure 2. Goal Attainment Scale. This figure demonstrates the goals in the Goal Attainment Scale to determine if the stated goals were met or not met and to what extent they were completed by the end of the DCE.

Compare and Contrast Evaluation and Screening to Traditional Occupational Therapy. Performing an evaluation in occupational therapy can be achieved in different manners, whether this be a practitioner evaluating a client or a manager evaluating the therapy

department. As previously stated, the evaluation that was completed for this DCE consisted of conducting research related to administration in an outpatient rehabilitation facility and completing a needs assessment for the therapy department. This was completed due to the nature of the DCE being geared more towards administrative skills rather than clinical skills or practitioner skills. The occupational therapy practitioners working in the therapy department at this facility also complete evaluations, however these evaluations are completed on their clients, which are individual people. This evaluation can consist of a variety of tools/methods, including an occupational profile, range of motion measurements, grip and pinch strength testing, sensation testing, and the QuickDASH Outcome Measure (AOTA, 2017; Bücher & Hume, 2002; Institute for Work and Health, 2006).

For this DCE, the client for the evaluation included the entire therapy department due to the student performing an administrative role; therefore, the student had to evaluate the therapy department as a whole, rather than just one small section of the department. The complex needs assessment that was conducted allowed the student to evaluate the entire department to assess any important needs, issues, or opportunities of interest, and then determine how to address them (Sleezer, Russ-Eft, & Gupta, 2014). This also pertains to occupational therapy practitioners working in the therapy department. When evaluating clients, the practitioner must take into consideration the individual as a whole, not just the individual's deficit or injured area, and assess the individual's needs, issues, or opportunities of interest and then progress into the intervention process. Therefore, the occupational therapy practitioner must have a variety of evaluation tools in his or her toolkit; specifically for this site, this consisted of the occupational profile to gain a better understanding of the individual as a whole, goniometry to determine range of motion of the joint relative to the affected area, a hand dynamometer to assess grip strength of

the affected limb, a pinch gauge to assess pinch strength of the affected limb, and the QuickDASH to assess the client's function with everyday occupations (AOTA, 2017; Bücher & Hume, 2002; Institute for Work and Health, 2006).

Although there are many similarities between an evaluation for an administrator and an evaluation for a practitioner at this facility, there are many differences as well. One example is that when in an administrative position, the client is the entire therapy department and everything it consists of, such as the therapists, other staff members, clients, equipment, etc. Whereas for a practitioner, the client is the actual individual receiving treatment and any family he or she may have with them. The actual evaluation process also varies. The complex needs assessment that was conducted mainly consisted of a face-to-face interview and observation over a period of time, which was approximately three different meeting times (Sleezer, Russ-Eft, & Gupta, 2014). Conversely, although the practitioners' evaluation does consist of an interview (occupational profile) and observation, the practitioner also assesses the individual's deficit(s) or injured area through methods previously mentioned (AOTA, 2017; Bücher & Hume, 2002; Institute for Work and Health, 2006). This evaluation is also completed during an appointment time, which can range from thirty to sixty minutes.

No matter the client, an evaluation process is necessary in order to determine any needs, issues, or opportunities of interest and decide how to address them (Sleezer, Russ-Eft, & Gupta, 2014). Once one identifies the client's needs, issues, or opportunities of interest, one can then decide which evaluation tool(s) would be the most beneficial. This is to ensure the client is evaluated as a whole and any of the evaluation techniques/tools previously stated can be included.

Procedure: Implementation Phase

After completion of research and screening/evaluation of the organization, the implementation phase of the DCE was started. The student used the GAS as a guideline to pursue all projects. The primary project consisted of creating overall comprehensive, organized, updated, and standardized electronic versions of the facility's Master Policy and Procedure Manuals, which included all CMS regulations for a CORF. The student first became familiar with the organization's Master Policy and Procedure Manuals, then with all regulations listed in the *State Operations Manual, Appendix K – Guidance to Surveyors: Comprehensive Outpatient Rehabilitation Facilities* (Centers for Medicare and Medicaid, 2014). This was completed to ensure the student was competent. Once the student was educated on such information, the student then converted the materials into an electronic system set up by the facility's Information Technology Services Department. This process was completed for the facility's main site and then all succeeding satellites. During this process, the student updated and acquired documentation for the regulations when necessary. This was accomplished for all of the facility's locations and was completed within the twelve weeks of the DCE.

Once this portion of the project was completed, the student created a "master checklist" and an instructional guide for the director of therapy and for the staff at each location to assist with maintaining the updated electronic manuals to ensure compliance with CMS. The master list and instructional guide consisted of all materials that need to be updated in the manuals, when they need to be updated, and step-by-step instructions on how to apply the updated materials to the electronic system. The documents were provided in both physical and electronic versions; the electronic version allowed the staff to quickly search the document title to determine the location of the material(s). After this was completed, all appropriate personnel

were educated on the new manuals by methods that best suit them. These personnel consisted of a senior therapist(s) from each site, and the method of education was either face-to-face education or via phone conference. The goal was to inform each personnel of the new manuals within one visit/phone conference with successful follow through by the end of the sixteen-week DCE.

This project was a top priority for this facility as it will help guide the staff of this organization at all six of the facilities (Braveman, 2006). In order for this organization to maintain eligibility to participate as a provider of outpatient occupational therapy, physical therapy, or speech-language pathology services for CMS, it must be in compliance with all applicable requirements specific to this organization, which as previously stated is a CORF (Comprehensive Outpatient Rehabilitation Facilities, 2013; Centers for Medicare and Medicaid, 2014). Therefore, to maintain certification with CMS, it is important that the Master Policy and Procedure Manuals are frequently reviewed and updated and are easily accessible to all staff (Braveman, 2006). The State surveyor from the Indiana State Board of Health completes the survey of the organization which determines this eligibility (Quality, safety & oversight – Enforcement, 2018). The organization may be at risk for termination of CMS participation if the provider:

- Is not complying with the requirements,
- Is not complying with the terms of the agreement,
- Has not supplied any information regarding payments,
- Refuses to allow examination or photocopying of any records for proof of requirements (Quality, safety & oversight – Enforcement, 2018).

Throughout the completion of the primary project, other administrative-related tasks were also completed when needs arose. These tasks consisted of financial planning and budgeting duties and responsibilities pertaining to preparation for the facility's biennial conference in May of 2018. These tasks would typically have been the responsibilities of the manager.

During the implementation phase, the student had to demonstrate many leadership skills that an individual in an administrative role must possess. For example, leadership skills must be presented in order to obtain the appropriate information to complete a specified task or to obtain and develop updated documentation and appropriate materials to fulfill the CMS/SBOH requirements. These leadership skills included, but were not limited to, planning (including strategic planning, financial planning, and developing/updating policies and procedures), completing information management, communicating with the appropriate personnel, completing research to determine effective solutions, and maintaining a high level of organization of all working materials to effectively complete all tasks.

Discontinuation and Outcomes

As stated by AOTA (2011), the best services are provided when students, practitioners, and managers understand the overall roles, responsibilities, and competencies of an occupational therapy manager. Overall, the stated goals in the GAS and the outcomes of this DCE project allowed the student to obtain an understanding of such components. Considering the Project Triangle as discussed by Bonnel & Smith (2018), the project's purpose, methods, and expected outcomes must all be within alignment to one another in order to make the project a cohesive whole. The purpose of this DCE includes obtaining skills beyond entry level pertaining to administration and policy and program development within an outpatient rehabilitation facility; completing and implementing all tasks pertaining to the Master Policy and Procedure Manuals;

completing administrative tasks regarding financial planning and budgeting; and completing all other administrative tasks stated by the site mentor. The method by which these goals were discovered was through research of the literature, conducting a needs assessment at the facility, writing goals and objectives based off the needs assessment data, and converting the goals and objective into a GAS.

The expected outcomes included all goals stated in the GAS in Figure 2 with a minimum score of zero. At the end of the DCE, the site mentor scored the GAS based off of the student's final position with all projects and tasks. As demonstrated in Figure 3, the final outcomes at the end of the DCE were exhibited by all goals having a score of +2, which is greater than the expected outcome of zero.

	Goal 1	**Goal 2**	**Goal 3**	**Goal 4**	**Goal 5**	**Goal 6**
Success of Goal	*Become educated on all materials pertaining to the Master Policy and Procedures Manuals.*	*Convert materials from the Master Policy and Procedure Manuals from all facilities into an electronic system and comprehensive, organized, and standardized manner for each facility to utilize.*	*Educate appropriate personnel of the new manuals by method that best suits the personnel.*	*Complete financial planning and budgeting task by evaluating all current pricings of therapy supplies from vendors.*	*Complete managerial tasks identified for student in order to prepare for facility's conference in May 2018.*	*Student and site mentor to attend meetings to discuss any projects and current management concerns.*
Much less than expected (-2)	Become educated on all materials pertaining to the Master Policy and Procedure Manuals for CMS/SBOH by 6 weeks.	Convert 50% of materials from the Master Policy and Procedure Manuals from all facilities into an electronic system and comprehensive, organized, and standardized manner for each facility to utilize by 16 weeks.	Educate appropriate personnel of the new manuals by method that best suits the personnel within 3 visits with poor follow through by 16 weeks.	Complete 0% of financial planning and budgeting task.	Complete 0% of managerial tasks identified for student in order to prepare for the facility's conference in May 2018, as needs arise.	Student and site mentor to attend meetings once every 3 weeks to discuss any projects and current management concerns.

Somewhat less than expected (-1)	Become educated on all materials pertaining to the Master Policy and Procedure Manuals for CMS/SBOH by 5 weeks.	Convert 75% of materials from the Master Policy and Procedure Manuals from all facilities into an electronic system and comprehensive, organized, and standardized manner for each facility to utilize by 16 weeks.	Educate appropriate personnel of the new manuals by method that best suits the personnel within 2 visits with poor follow through by 16 weeks.	Complete 25% of financial planning and budgeting task by evaluating a portion of current pricing of therapy supplies from vendors.	Complete 25% of managerial tasks identified for student in order to prepare for the facility's conference in May 2018, as needs arise.	Student and site mentor to attend meetings once every other week to discuss any projects and current management concerns.
Expected (0)	Become educated on all materials pertaining to the Master Policy and Procedure Manuals for CMS/SBOH by 4 weeks.	Convert all materials from the Master Policy and Procedure Manuals from all facilities into an electronic system and comprehensive, organized, and standardized manner for each facility to utilize by 16 weeks.	Educate appropriate personnel of the new manuals by method that best suits the personnel within one visit with poor follow through by 16 weeks.	Complete 50% of financial planning and budgeting task by evaluating all current pricings of therapy supplies from vendors.	Complete 50% of managerial tasks identified for student in order to prepare for the facility's conference in May 2018, as needs arise.	Student and site mentor to attend meetings 1 time a week to discuss any projects and current management concerns.
Somewhat more than expected (+1)	Become educated on all materials pertaining to the Master Policy and Procedure Manuals for CMS/SBOH by 3 weeks.	Convert all materials from the Master Policy and Procedure Manuals from all facilities into an electronic system and comprehensive, organized, and standardized manner for each facility to utilize by 12 weeks.	Educate appropriate personnel of the new manuals by method that best suits the personnel within one visit with fair follow through by 16 weeks.	Complete 75% of financial planning and budgeting task by evaluating all current pricings of therapy supplies from vendors, along with approximate shipping costs.	Complete 75% of managerial tasks identified for student in order to prepare for the facility's conference in May 2018, as needs arise.	Student and site mentor to attend meetings 3 times a week to discuss any projects and current management concerns.
Much more than expected (+2)	**Become educated on all materials pertaining to the Master Policy and Procedure Manuals for CMS/SBOH by 2 weeks.**	**Convert all materials from the Master Policy and Procedure Manuals from all facilities into an electronic system and comprehensive, organized, and standardized manner for each facility to utilize by 8 weeks.**	**Educate appropriate personnel of the new manuals by method that best suits the personnel within one visit with successful follow through by 16 weeks.**	**Complete 100% of financial planning and budgeting task by evaluating all current pricings of therapy supplies from vendors, along with approximate shipping costs and comparison to over the counter pricings for a complete overview of pricing costs.**	**Complete all managerial tasks identified for student in order to prepare for the facility's conference in May 2018, as needs arise.**	**Student and site mentor to attend daily meetings to discuss any projects and current management concerns.**

Figure 3. Scored Goal Attainment Scale. This figure demonstrates the goals in the GAS with a final score provided to each goal based on the student's final position with all projects/tasks at the end of the DCE. Each goal with the corresponding score is displayed in bold.

Quality Improvement

A continuous quality improvement plan was developed to address any issues that came about during the DCE and to ensure that there was a process for continuing this project once the DCE was completed. Throughout the DCE, the student requested feedback from the site mentor as she was the director of therapy and possessed increased experience and history with the organization. This was completed to guarantee all projects were being accomplished correctly and to ensure the director of therapy was aware of the results of projects since she is the primary individual in charge of the manuals.

Materials in the manuals must be updated periodically throughout the year. The director of therapy is primarily responsible for the manuals; however, each satellite location has one to two therapists who will be responsible for all materials for that specific site. To assist the organization with continuing to maintain and update the electronic Master Policy and Procedure Manuals, a "master checklist" and instructional guide were created for the director of therapy and for the appropriate staff at each site. The documents consisted of all materials that need to be updated in the manuals, when they need to be updated, and step-by-step instructions on how to apply the updated materials to the electronic system. The director of therapy and appropriate staff were educated on this process and demonstrated competency. The director of therapy will have access to the electronic system at all times; therefore, she will be able to oversee if all sites have imported the updated materials at the appropriate times throughout the year and are maintaining the manuals overall to ensure that compliance with all policies, procedures, and requirements of CMS are maintained.

Needs of Society

An individual in an administrative role must adapt to the changing needs of society by exhibiting confidence in self and in staff, helping others overcome obstacles, and energizing the workplace environment to help others find success (AOTA, 2011). All tasks completed throughout this DCE demonstrated these fundamentals. However, tasks specifically pertaining to the Master Policy and Procedure Manuals had the greatest impact on responding to society's changing needs. Due to the nature of the environment, the organization is continuously changing. Therefore, the manuals must be continually updated and maintained. If this process does not occur, then the organization may not be meeting all of the CMS requirements, which can put it at risk for termination of CMS participation. Medicare patients constitute a large portion of the facility's clientele; therefore, this will limit the availability of high quality outpatient hand therapy services in the Indianapolis area. High quality care is ensured and will continue to be provided by this facility through the student updating the manuals during the DCE and through education of staff of the new version of the manuals to continue this process post DCE.

Discussion

Managerial decision making can be guided by use of a theory as a frame of reference. Research has shown that using a bottom-up model, such as the Dynamical Systems Theory, produces greater stability and dynamic responses (Shastri & Diwekar, 2006). Occupational therapy managers may use this theory in management as an organizing framework and also to help guide their teams toward openness, purposefulness, multidimensionality, and self-organization (AOTA, 2011). Throughout the DCE, the Dynamical Systems Theory was utilized to guide the student to complete the managerial projects that the student assumed responsibility for. By use of this theory, the student was able to work professionally with the site mentor, staff,

and organization as a whole, which then allowed the student to achieve and improve a variety of skills that an individual in an administrative role requires. These skills included leadership, advocacy, teamwork, communication, organization, timeliness, flexibility, information management, planning, and many more, and were demonstrated while performing the many roles, responsibilities, and competencies of an occupational therapy manager. These skills were learned through independently completing all projects stated in the GAS and by collaborating with the site mentor and staff members at the facility.

Effective communication skills were essential for this DCE due to the communicable need of collaborating with the site mentor and other staff members of the organization for all managerial projects. This communication was accomplished through verbal and electronic communication. Verbal communication was predominantly the appropriate form of communication due to a majority of the staff that the student was working with being located at the main facility, which is the main location of the DCE. However, staff members at the satellite locations required electronic communication or telecommunication, whichever was the fastest and most effective manner of communication. All communication was kept professional and, if applicable, confidential. To ensure professional and successful communication, the student always ensured the staff expressed competence of the information being discussed.

Specifically regarding the projects pertaining to the CMS regulations, financial planning, and budgeting tasks, the knowledge of these roles and responsibilities will be of great value to the student and the completion of these projects will be beneficial to the site. There is great importance for rehabilitation facilities to maintain certification as a CMS provider and to adapt to change in order to meet the varying financial demands of the healthcare system (ATOA, 2011).

Future Practice

The student completing this DCE was with the first entry-level Doctor of Occupational Therapy class at the University of Indianapolis and in the Indianapolis area. This being said, this was one of the first projects of this kind being implemented in the Indianapolis area. This project will assist with paving the way for future Doctor of Occupational Therapy students completing a capstone project, whether in the Indianapolis area or throughout the United States. This project will also give the organization where the project was completed a basis of what this experience can consist of and what can be expected of future capstone projects for Doctor of Occupational Therapy students.

Along with paving the way for other Doctor of Occupational Therapy students, this capstone project will also contribute to the student's future practice. Administration and program and policy development are common areas in occupational therapy that an occupational therapy student, practitioner, and manager must be educated on. There is great need for staff and managers at rehabilitation facilities to ensure that certification as CMS providers is maintained and to adapt to change; this must be completed in order to meet the varying financial demands of the healthcare system (ATOA, 2011). Therefore, these newly acquired skills pertaining to administration and program and policy development are great experience and will be advantageous for the student as a future occupational therapy practitioner and potential manager.

Limitations

Although leadership skills were demonstrated throughout, there were components that limited the student in fulfilling certain leadership roles. Many of the leadership roles of an administrator stems from experience and time working with the organization; this was not possible for the student due to a limited amount of time spent with the organization and no

previous experience working at the facility. In order to overcome this obstacle, the student completed research if necessary before addressing the issue at hand; if questions still arose then the site mentor or another knowledgeable staff member was addressed.

Conclusion

As stated, the purpose of this DCE was to obtain skills beyond entry level pertaining to administration and policy and program development within an outpatient rehabilitation facility by performing the common roles, responsibilities, and competencies of an occupational therapy manager to obtain competence. This DCE provides significant information to future entry level Doctor of Occupational Therapy students and possible site mentors for what a DCE can consist of and to the organization this DCE was completed at for future Doctor of Occupational Therapy students. Students, occupational therapy practitioners, and managers must understand the roles, responsibilities, and competencies that an occupational therapy manager may possess in order to provide the best therapy services possible (AOTA, 2011).

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