

ROSEBUD HEALTH CARE CENTER
POSITION DESCRIPTION/ANNUAL EVALUATION

Department Name/Number	Position Title	Reports To
Occupational Therapy	Occupational Therapist	CEO
Effective Date: Revised:	Supervisor Signature/Date:	
Position Grade:	Administration Signature/Date:	
Status: Exempt	Human Resources Signature/Date:	

Employee Name:
Hire Date:
Reason for Evaluation: 6 Month _____ Annual _____ Special _____

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

POSITION SUMMARY STATEMENT: The Occupational Therapist provides professional Occupational Therapy services in a CAH hospital setting including acute care, outpatients, geriatric, and wound care following guidelines as described in the Occupational Therapy Practice. This position will also direct the activities of rehab services including planning, organizing, and staffing while maintaining standards of professional care.

ESSENTIAL DUTIES & RESPONSIBILITIES:

1. Evaluates patients, schedules, and establishes appropriate treatment goals and delivers skilled physical assessments and treatments effectively. Completes care plans as prescribed by providers.
2. Delegates/supervises and instructs effectively within scope of authority to rehabilitation aides and occupational therapy assistants.
3. Reassesses patient's progress, revises treatment plan and modifies goals when appropriate.
4. Discharges patient when therapy services are no longer needed or beneficial.
5. Demonstrates positive, supportive caring behaviors in communication with patients/residents, families, visitors, physicians, staff, and others.
6. Develops relationships with physicians, physician assistants, nurse practitioners and other clinical staff to enhance quality practice.
7. Oversees daily operations within the Occupational Therapy department and works cooperatively with other departments, such as hospital nursing, nursing home and rehabilitation department.
8. Produces accurate documentation of all patient care sessions in a timely manner, including but not limited to initial examination/evaluation, test and measures, evaluation diagnosis, plan of care and discharge summary.
9. Develops and maintains department policies and procedures to ensure professional and legal standards, quality of service, and customer relations are maintained. Develops the department's annual budget.
10. Takes responsibility for his/her own professional growth, meets all CAH and departmental education requirements.

The employee will demonstrate the ability to: manage time, maintain a safe and clean environment, practice confidentiality, treat all persons with respect and professional courtesy, accept change, support the mission and vision of Rosebud Health Care Center (RHCC), accept and provide constructive feedback, be a team player, and

adhere to the infection control, fire and safety, disaster and hazardous waste policies. The employee must also demonstrate the competencies for the position and adhere to policies and procedures for their department.

A review of this description has excluded the marginal functions of the position that are incidental to the performance of fundamental job duties. This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform other job-related duties requested by their supervisor in accordance with regulatory, legal, and organizational policies and procedures.

Education, Experience and Licensure/Certification Requirements: Requirements are representative of the minimum level of knowledge, skills and/or abilities necessary to perform the essential functions of the position.

1. Bachelor’s degree from an Occupational Therapy program; Doctorate preferred
2. Current MT Occupational Therapist license
3. Current BLS certification
4. Ability to communicate effectively and diplomatically within a multi-functional team
5. Strong organizational skills and attention to detail
6. Ability to successfully function in a fast paced, service oriented environment
7. Experience in understanding and usage of computers as well as the ability to learn applications relevant to the position

Reporting Relationship: CEO

Employees Supervised: Occupational Therapy Assistant

Physical Demands

Checked are the physical requirements that apply to this position

- Sedentary-Primarily sitting/lifting 10 lbs maximum
- Light-Lifting 20 lbs maximum with frequent lifting/carrying up to 10 lbs
- Medium-Lifting 50 lbs maximum with frequent lifting/carrying up to 20 lbs
- Heavy-Lifting 100 lbs maximum with frequent lifting/carrying up to 50 lbs
- Very Heavy-Lifting objects over 100 lbs with frequent lifting/carrying up to 50 lbs

Checked are the appropriate factors for this position

- Occasionally 0-33% of the work shift
- Frequently 34-66% of the work shift
- Constantly 67-100% of the work shift
- N/A Not Applicable for this position

Physical Factors	N/A	Occasionally	Frequently	Constantly
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing (wt 50+)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling (wt 50+)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Filing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing (Computer)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Copying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Factors

Exposure to Weather	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust, Vapors, Fumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bloodborne Pathogens Checked is the appropriate category for position

- Category I - Job classification in which tasks involve exposure to blood, body fluids or tissue
- Category II - Job classification in which tasks involve no exposure to blood, body fluids or tissue but employment may require performing unplanned Category I tasks
- Category III - Job classification in which tasks involve no exposure to blood, body fluids or tissues and Category tasks are not a condition of employment

Protective Equipment Checked is the equipment that may be required to be worn in this position

- Not Applicable
- Hearing Protection Gloves Goggles Safety Glasses Face Shields
- Face Masks-Surgical, N95, Respirator Moisture Resistant-Gown/Lab Coat

I have read and understand the above job description. I hereby certify that I am qualified and able to perform all the above functions, duties and physical demands. I will perform this job to the best of my ability.

Name _____

Date _____

PERFORMANCE EVALUATION

Employee Name: _____ Position: _____

Department: _____

Evaluated By: _____ Position: _____

Period of Review: _____ to: _____

PART ONE: ESSENTIAL JOB FUNCTIONS

These are five Essential Functions/Duties/Responsibilities on which the employee is to be evaluated for the job description assigned. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.

PERFORMANCE LEVELS

- | | | |
|---|-----------------------------|------------------------------|
| 5 Exceeds all requirements | 4 Exceeds many requirements | 3 Meets normal requirements |
| 2 Improvement is needed to meet normal requirements | | 1 Fails to meet requirements |

1. **Duty/Responsibility:** Evaluates patients, schedules and establishes appropriate treatment goals and delivers skilled physical assessments and treatments effectively. Completes care plans as prescribed by providers.

Performance: _____

2. **Duty/Responsibility:** Delegates/supervises and instructs effectively within scope of authority to occupational therapy assistants.

Performance: _____

3. **Duty/Responsibility:** Produces accurate documentation of all patient care sessions in a timely manner, including but not limited to initial examination/evaluation, test and measures, evaluation diagnosis, plan of care and discharge summary. Reassesses patient's progress, revises treatment plan and modifies goals when appropriate.

Performance: _____

4. **Duty/Responsibility:** Consult with rehabilitation team to select activity programs or coordinate occupational therapy with other therapeutic activities.

Performance: _____

<p>5. Duty/Responsibility: Demonstrates positive, supportive caring behaviors in communication with patients/residents, families, visitors, physicians, staff, and others.</p> <p>Performance: _____</p> <p>_____</p> <p>_____</p>	
<p>6. Duty/Responsibility: Develops and maintains department policies and procedures to ensure professional and legal standards, quality of service, and customer relations are maintained.</p> <p>Performance: _____</p> <p>_____</p> <p>_____</p>	
<p>TOTAL SCORE:</p>	

<p>PART TWO - GENERAL PERFORMANCE FACTORS</p>	
<p>The following performance factors tend to reinforce the performance level identified in Part One. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.</p> <p>PERFORMANCE LEVELS</p> <p>5 Exceeds all requirements 4 Exceeds many requirements 3 Meets normal requirements 2 Improvement is needed to meet normal requirements 1 Fails to meet requirements</p>	
<p>1. Quality of Work: Ensures accuracy and completeness of work performed. Work Ethic: When assigned work is complete, seeks additional tasks to be done. Remarks: _____</p>	
<p>2. Initiative: Ability to originate / develop / implement constructive ideas and solutions to problems. Judgment/Decision-Making: Ability to analyze situations and arrive at logical, practical decisions. Remarks: _____</p>	
<p>3. Dependability: To what extent can he/she be counted on to fulfill responsibilities? Remarks: _____</p>	
<p>4. Communication Skills: Provides oral or written information in a clear, concise manner. Remarks: _____</p>	

<p>5. Teamwork: Exercises tact, courtesy, and flexibility in relationships with others and enhances task accomplishment through positive supporting cooperation. Channels concerns appropriately, deals with conflict appropriately and privately. Remarks: _____</p>	
<p>6. Ethics and Integrity: Complies with policies, regulations and codes of conduct governing all aspects of job responsibilities. Maintains confidentiality of patient and employee information in verbal, written and electronic information. Remarks: _____</p>	
<p>7. Attitude: Consistently displays behavior that enhances the image of the organization. Remarks: _____</p>	
<p>8. Education/Development: Attends department staff meetings, in-service programs, and completes Silver Chair Learning assignments on a regular basis. 95-100% = 5 85-95% = 4 80-85% = 3 70-80% = 2 Below 70% = 1 Remarks: _____</p>	
<p>9. Attendance/Reliability: Absence/Tardy occurrences are within policy guidelines: 90 day: Perfect Attendance = 5 Annual: Perfect Attendance = 5 1 or less day = 3 2 or less days = 3 2 days = 1 3 - 5 days = 2 3 days = possible termination 6 or more days = possible termination Remarks: _____</p>	
<p>10. Quality Assurance and RIP Projects: Monthly Quality Assurance Reports have been submitted on time. Rapid Improvement Projects have been submitted quarterly and completed on time or within time extension. All QA and RIPs submitted/completed on time (including extensions) = 5 Missing/Not Completed QA and/or RIP (not including RIP extensions) = 0 Remarks: _____</p>	
<p>TOTAL SCORE:</p>	

<p>PART THREE - DETERMINING THE OVERALL EVALUATION</p>
<p>Add the Total Scores of the performance level for each criterion in Parts One and Two. Divide the Total Scores from Parts One and Two by the total number of criteria (16) to determine the average or Overall Evaluation Score. Indicate the Overall Evaluation Score here: _____</p>
<p>Strengths/Accomplishments: List areas of job performed well during the past year</p>

Goals for coming year:

Skills Improvement/Performance Improvement Plan

List areas for improvement and identify resources available or needed to attain improvement

Manager/Supervisor Comments

Manager/Supervisor Signature: _____ **Date:** _____

Please sign on the line below to indicate that you have had an opportunity to review and discuss your performance evaluation with your supervisor. Your signature will also indicate that you are aware of and have discussed the Performance Improvement Plan which has been established and will be reviewed in your next performance evaluation.

Employee's Comments:

Employee's Signature: _____ Date: _____

Your signature does not indicate that you agree with the performance evaluation.

**SUPERVISOR: PLEASE RETAIN A COPY OF THIS APPRAISAL
FOR YOUR RECORDS**