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Caseload to Workload:
A Data-Driven Approach to School-Based OT and PT Services

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OccupationalTherapy.com
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Learner Objectives

As a result of this course, participants will be able to:

1) describe the difference between caseload and workload approaches to therapy services delivery, including rationale supporting a workload approach;
2) recognize data documenting scope and breadth of demand for therapy services.
3) identify the process for collaborating with district administration regarding staffing patterns and management of service delivery.

What Problem(s) are we Attempting to Solve when we look at Caseload versus Workload Approaches?

- Efficiency and effectiveness in service delivery
  - Ability to implement evidence-based service delivery approaches
  - Availability of therapists for participation in campus-based team collaboration to support general education as well as special education interventions
  - Adequate therapist staffing with minimal turnover

Top 5 Barriers to Retaining Related Services Personnel in One State

1. Overwhelming amount of required paper work
2. Legal complexities of working in special education
3. Job stress due to conflicting demands of the job and work overload
4. Multiple-campus assignments
5. Excessive Caseloads

– *Texas Study of Personnel Needs in special Education, May 2006*

I. Defining Caseload v Workload: History, Rationale and Perspectives from the Professions

How Did we Get Here?

A Little History

In the beginning . . . A Clinical Approach

- OT and PT goals/objectives focused on remediation of impairment
- IEP time reflected direct services only (1:1, hands-on)
- Services typically 1-2 x weekly
- Scheduling back-to-back therapy "appointments" or "sessions"
- Pull-out to stage, hall or "motor" room for "therapy"

- No recognition (or allowance) in IEP time of need to plan, document services, consult/train school personnel/fabricate materials on behalf of students, meet with campus team members, etc. (often called indirect services)
- Impact of contextual factors not considered
- Any discussion of caseload referred to the number of students with OT and/or PT on their IEPs

Problems/Concerns with this Approach from Practitioners . . .

- Why aren't student successes seen during my therapy session generalizing to the classroom/playground/cafeteria/restroom?
- How can I become part of the team?
- Why isn't my full scope of practice utilized?
- Is this the best I can do for my students?

- What about Least Restrictive Environment (LRE)?
- What about the design of workflow and the environment (contextual factors)?
- Is what I'm doing ethical?
- What about all the other contributions I could make beyond being "the motor person?"

Concerns From the Other Members of the Collaborative Team Regarding Therapy Services . . .

- What exactly are the therapists doing????
  (Does it have anything to do with school?)
- Why doesn't the therapist know the curriculum – what kids need to do to be successful?
- Why don't we see any change in participation and/or academic performance?
- Why doesn't the therapist join us for collaboration?

- Why isn't the therapist part of the IEP development and deliberations at IEP and team meetings?
- What about LRE? Inclusion? Why aren't the therapists helping us?
- How could the therapists help us help our students participate to a greater extent and improve academic achievement?

Concerns from Administration regarding Therapy Services . . .

- How much service is required to promote positive student outcomes? Isn't there a formula for this????
- What can therapists help us with in addition to 1:1, hands-on services?
- What about LRE? Inclusion? Why aren't the therapists part of it?
- How many therapists do we need?
- What staff mix do we need?
- How will I know when a therapist has reached his/her limit of work?

– adapted from Williams and Cecere, 2013

Over Time we Learned . . .

Adding IEP students to our caseload required MORE!

- More time for student documentation
- More time for collaboration
- More meetings to attend
- More time for travel

Why Don't Caseload Caps Work?

- **Our students are not all the same – consider:**
  - Degrees of severity of primary disability
  - Multiple disabilities (number and severity)
  - Variabilities in age, maturity and motivation
  - Adaptive Equipment needs
  - Assistive Technology needs
  - Environmental Modification needs
  - Training Needs for School Personnel (1-time trainings; on-going trainings; re-trainings)
  - **By law, all aspects of services MUST be *Individualized* (when, where, how?)**

Consider the Individual Differences among Therapists

- Some process, move and document at a fast pace
- Some can wrap-up, clean-up, consult and document on the fly
- Some are intensely collaborative (leaving little time for documentation)
- Some want constant challenge
- Some say 50 kiddos isn't enough
- Some need more time to be thorough
- Some need dedicated time
- Some are lone rangers (collaboration is not their strength) -building relationships takes work
- Some want to get into a predictable groove
- Some say 35 is too many

Consider what therapists have been asked to do in addition to serving IEPs

- Inventory/manage adaptive equipment/material and capital equipment
- Manage student files
- Track referrals
- Assist with planning and participate in Community Based Instruction with LIFE Skills classes
- Train new teachers in lifts/transfers, provide disability information, train on students' adaptive and assistive technology (even if they didn't recommend its use)
- Take a "look-see" at unusual students to help determine if they need a referral
- etc., etc., etc.,

Meanwhile, Evidence Demanded a New Service Delivery Approach

- Evidence demanded a shift from "direct or consult" (either/or) to **a blended model** of direct and consultative services as most likely to be beneficial to students (*Kampwirth, 2006*)
- Evidence across disciplines identified **the significant role of context** as a powerful motivator for engagement and skill acquisition (gives meaning and purpose) *(WHO, 2007)*

Outgrowths of Evidence

- Recognition of **task/activity design and the environment as being impairing elements** as impactful or more impactful than the person's diagnosis
- Assertions that **evaluations and interventions should be at the "point of performance"** – in natural environments during daily routines where the problems are occurring
- **Movement toward embedded/integrated service delivery models within school contexts**

- Recognition that the participation of related services as members of the collaborative team **enhances the confidence of teachers**
- Support for **evidence-based initiatives preventing unnecessary referrals** to special ed, including
  - Universal Design for Learning
  - Positive Behavioral Interventions and Supports
  - Early Intervening Services (such as Response to Intervention)

Defining Caseload and Workload

Rationale and Perspectives from the Professions

"Caseload and workload are different approaches to both *student assignment* and *staff allocation* for service."

– AOTA, APTA, ASHA, 2014

The Caseload Method Defined

The Caseload Method. . .

designates staff based on a specific number of students assigned to IEPs and 504 Plans (direct and indirect services) without regard to the amount of time required to meet each student's individual needs or the therapist's other responsibilities

Characteristics of a Caseload Approach

- Refers to the number of students assigned to practitioners at any given time
- All students are of equal weight
- Time, frequency and duration for each student is not considered

- Intensity of each student's need is not considered (e.g., complexity of disability/disabilities, teacher knowledge and experience, number of goals supported by the therapist, etc.)
- Variety and range of service demands is not considered
- Therapist(s) duties/responsibilities beyond IEP/504 services are not considered

What is a reasonable caseload for school therapists???

Complicating Factors for a Caseload Approach in Schools

- Nation-wide shortage and/or mal-distribution of therapists
- In some cases, there is a shortage of funded positions for therapists
- Changing roles of practitioners – from special ed only to a continuum that includes UDL, PBIS, RtI, e.g., all students in general education
- High job turnover due to unmanageable number of students and high volume of documentation involved (poor working conditions)

Note: Evidence across disciplines does not support this approach for yielding positive student outcomes

What is the Impact of Large Therapist Caseloads?

1) Preventative activities may be eliminated/limited, including
- Training of school personnel to foster transfer and generalization of strategies
- Whole classroom/programmatic supports

2) Planning time may be eliminated/limited, making it difficult to collaborate with teachers for embedding curriculum-based and routines-based strategies

3) Opportunities for collaborative teamwork may be reduced, creating a barrier to consultation with other professionals as well as parents

4) Individualization of IEP and/or 504 services may be negatively impacted, including

- Recommendations regarding program intensity and model of service delivery
- Time constraints may limit delivery of full continuum of services for each student
- Flexibility for scheduling visits to address issues in natural contexts is compromised

5) Student documentation becomes overwhelming

6) Time for supervision of therapy assistants is compromised

7) Supervision/training of professional students (future providers) becomes very difficult

8) Professional development for therapy practitioners becomes expendable

9) Recruitment and retention of therapists becomes compromised

– *adapted from AHSA, 2014*

The Caseload Method is reflective of a traditional medical model

The Workload Method Defined

The Workload Method

- Refers to all activities required and performed by the practitioner
- Includes time demands for meetings, travel, training of school personnel, student documentation, materials management, etc.
- Includes best practices
- Includes services in the Least Reflective Environment (LRE)
- Activities vary school to school and district to district depending on district priorities/preferences

Characteristics of Workload

- Reflects a continuum of activities required of practitioner(s) on behalf of student (direct ***and*** consultative)
- Addresses the range of demands on the therapist(s)
- Includes support of all students in the least restrictive environment (LRE)

- Includes therapist support of students to facilitate participation in the general ed curriculum
- Includes therapist support of school-wide initiatives supporting ***all*** struggling learners – UDL, PBIS, RtI

How is the Workload Method Beneficial for Students?

- Allows for appropriate alignment of service delivery with educational practices
- Supports early identification of struggling learners (allows for early intervening/RtI contributions)
- Encourages collaboration with staff and family so all stakeholders are engaged in student success and on the same page regarding IEP services

- Addresses practitioner concerns regarding quality services and ethical practices to support positive outcomes in the best interest of students
- Allows for development of therapy staffing models that meet the needs of students, schools and practitioners
- Correlates with increased job satisfaction (therefore reducing turnover)

– AOTA, APTA, ASHA, 2015

How is the Workload Method Beneficial for the Delivery of Therapy Services?

- Recognizes the complexity of the therapists' role in best practice scenarios
- Promotes equity and access for all students
- Recognizes the role of the practitioner beyond direct, 1:1 services
- Supports provider flexibility to be where children need them, when they need them, e.g., at the point of performance, applying strategies and techniques during classroom activities and tasks.

- Fosters development of work patterns that optimize effectiveness and impact
- Supports service delivery in the LRE
- Increases opportunities for therapists to use their full scope of practice, including skills in supporting
  - Student overall heath and wellness
  - Student mental health
  - Positive recreation/leisure pursuits
  - Prevocational and vocational activities
- Improves therapist job satisfaction, supporting recruitment/retention efforts

The Workload Method is reflective of an educational model

II. Identification of Activities and Tasks for Workload Data Collection

IEP or 504 Activities/Tasks

Direct and Consultative activities
Indirect activities

UDL Activities, Early Intervening/RtI Activities, PBIS Activities

(Preventing Unnecessary Referrals to Special Education)

Activities that Support Legal/Regulatory Compliance

Report Writing/Documentation
Supervision of Assistants
Medicaid Billing

ASHA's Workload Activity Clusters

Sample Graphic Based on SLP Activities/Duties

Find this graphic among the resources provided.

III. Data Collection Methodologies for Attendees

Documenting the Workload of Mary Jones, OT – Full time therapist, Anywhere ISD

Case Example

Data-Gathering Methodologies

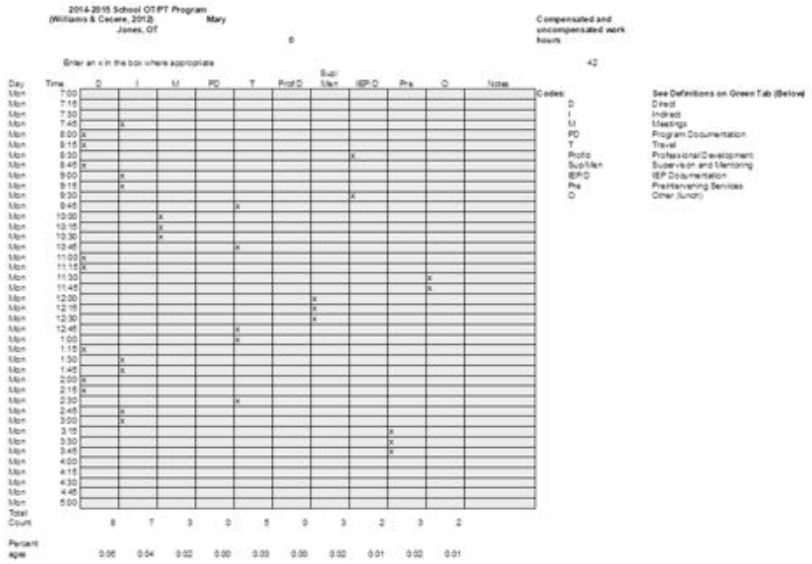
Simple Time Study Format Documenting Mary's Mornings

Adapted from AOTA, 2014

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 – 8:15am	Team Meeting	Claire's Evaluation – interview with teacher	LaDamien transitioning off bus	Report writing: Claire	Bobby in PE
8:15 – 8:30am	Feeding Training for classroom staff	Claire's Evaluation – observation	LaDamien transitioning into class	Report writing: Claire	Bobby in PE
8:30 – 8:45am	Feeding Training for classroom staff	Claire's Evaluation – observation	Share LaDamien's transition strategies with teacher	Report writing: Claire	OTA Supervision
8:45 – 9:00am	Travel to next site	Claire's Evaluation – phone interview with mom	Travel to next site	EIS/RtI activities in Mr. Smith's class	OTA Supervision
9:00am – 9:15am	Michael in Language Arts	Set-up for preschool motor group	Ellen during preschool snack time	EIS/RtI activities in Mr. Smith's class	Data analysis on Bobby's progress
9:15 – 9:30am	Ms. T's 1st grade writing group	Preschool motor group	Join campus Problem-solving Committee Meeting	Katie for preschool snack time	Data analysis on Bobby's progress
9:30 – 9:45am	Ms. T's 1st grade writing group	Jacob's IEP Meeting	Campus Problem-solving Committee Meeting	Katie for preschool snack time	Travel to next site
9:45 – 10:00am	Documentation	Jacob's IEP Meeting	Travel to next site	Meeting with Katie's mom to discuss feeding issues	Training/supervision of Billy's aide

More Detailed Weekly Study of Mary's Month

Developed by Williams & Cecere, 2012



2014-2015 School OT/PT Program
(Williams & Cecere, 2012) Mary
Jones, OT

Compensated and uncompensated work hours

Enter an x in the box where appropriate

Day	Time	D	I	M	PD	T	Prof D	Sup/Men	IEP D	Pre	O	Notes
Mon	7:00											
Mon	7:15											
Mon	7:30											
Mon	7:45		x									
Mon	8:00	x										
Mon	8:15	x										
Mon	8:30								x			
Mon	8:45	x										
Mon	9:00		x									
Mon	9:15		x									
Mon	9:30								x			
Mon	9:45					x						
Mon	10:00			x								
Mon	10:15			x								
Mon	10:30			x								
Mon	10:45					x						
Mon	11:00	x										
Mon	11:15	x										
Mon	11:30										x	
Mon	11:45										x	
Mon	12:00							x				
Mon	12:15							x				
Mon	12:30							x				
Mon	12:45					x						
Mon	1:00					x						
Mon	1:15	x										
Mon	1:30		x									
Mon	1:45		x									
Mon	2:00	x										
Mon	2:15	x										
Mon	2:30					x						
Mon	2:45		x									
Mon	3:00		x									
Mon	3:15									x		
Mon	3:30									x		
Mon	3:45									x		
Mon	4:00											
Mon	4:15											
Mon	4:30											
Mon	4:45											
Mon	5:00											
Total Count		8	7	3	0	5	0	3	2	3	2	
Percentage		0.05	0.04	0.02	0.00	0.03	0.00	0.02	0.01	0.02	0.01	

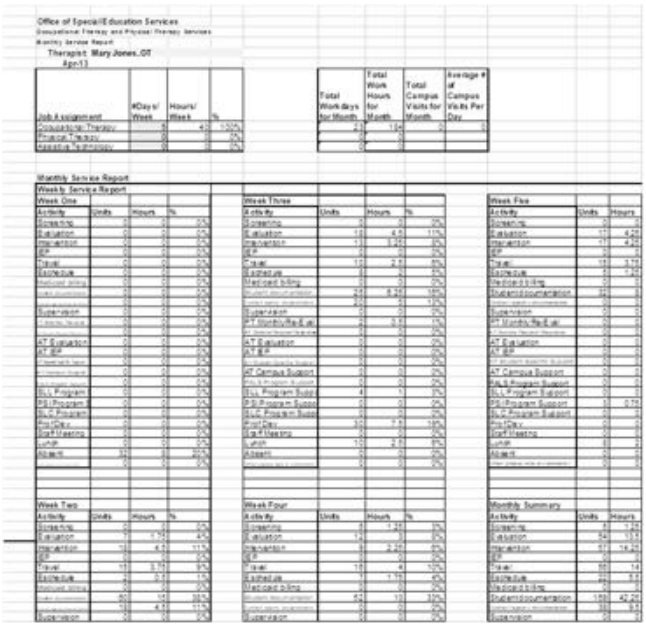
Codes:

D	Direct
I	Indirect
M	Meetings
PD	Program Documentation
T	Travel
Profic	Professional Development
Sup/Men	Supervision and Mentoring
IEP D	IEP Documentation
Pre	Preintervening Services
O	Other (lunch)

See Definitions on Green Tab (Below)

Detailed Time Study for Mary's Month –

Developed by E. Goodrich, OTR, APE, PhD, FAOTA



Office of Special Education Services
Occupational Therapy and Physical Therapy Services
Monthly Service Report
Therapist: Mary Jones, OT
Apr-13

Job Assignment	#Days/ Week	Hours/ Week	%
Occupational Therapy	5	40	100%
Physical Therapy	0	0	0%
Assistive Technology	0	0	0%

Total Workdays for Month	Total Work Hours for Month	Total Campus Visits for Month	Average # of Campus Visits Per Day
20	160	0	0
0	0	0	
0	0	0	

Monthly Service Report

Weekly Service Report

Week One

Activity	Units	Hours	%
Screening	0	0	0%
Evaluation	0	0	0%
Intervention	0	0	0%
IEP	0	0	0%
Travel	0	0	0%
Technique	0	0	0%
Medicaid billing	0	0	0%
Student documentation	0	0	0%
Supervision	0	0	0%
Monthly Report	0	0	0%
AT Evaluation	0	0	0%
AT IEP	0	0	0%
AT Campus Support	0	0	0%
ELL Program Support	0	0	0%
PSI Program Support	0	0	0%
VI-C Program Support	0	0	0%
Site Visits	0	0	0%
Staff Meeting	0	0	0%
Lunch	0	0	0%
Absent	40	40	100%
	0	0	0%

Week Two

Activity	Units	Hours	%
Screening	0	0	0%
Evaluation	3	3.75	9%
Intervention	12	6.5	16%
IEP	0	0	0%
Travel	10	3.75	9%
Technique	4	0.5	1%
Medicaid billing	0	0	0%
Student documentation	60	14	35%
Monthly Report	12	4.5	11%
Supervision	0	0	0%

Week Three

Activity	Units	Hours	%
Screening	0	0	0%
Evaluation	18	4.5	11%
Intervention	11	3.25	8%
IEP	0	0	0%
Travel	10	2.5	6%
Technique	3	0	8%
Medicaid billing	0	0	0%
Student documentation	47	8.33	18%
Monthly Report	20	5	13%
Supervision	0	0	0%
IPT Weekly Rep Eval	4	0.5	1%
AT Evaluation	0	0	0%
AT IEP	0	0	0%
AT Campus Support	0	0	0%
ELL Program Support	0	0	0%
PSI Program Support	0	0	0%
VI-C Program Support	0	0	0%
Site Visits	17	2.5	100%
Staff Meeting	0	0	0%
Lunch	10	2.5	6%
Absent	0	0	0%
	0	0	0%

Week Four

Activity	Units	Hours	%
Screening	4	1.25	3%
Evaluation	14	4	10%
Intervention	9	2.25	6%
IEP	0	0	0%
Travel	10	4	10%
Technique	1	1.75	4%
Medicaid billing	0	0	0%
Student documentation	42	13	33%
Monthly Report	0	0	0%
Supervision	0	0	0%

Week Five

Activity	Units	Hours
Screening	1	0.25
Evaluation	17	4.25
Intervention	17	4.25
IEP	2	0.5
Travel	15	3.75
Technique	3	0.75
Medicaid billing	0	0
Student documentation	37	0
Supervision	0	0
IPT Weekly Rep Eval	0	0
AT Evaluation	0	0
AT IEP	0	0
AT Campus Support	0	0
ELL Program Support	0	0
PSI Program Support	3	0.75
VI-C Program Support	0	0
Site Visits	0	0
Staff Meeting	0	0
Lunch	0	0
Absent	0	0
	0	0

Monthly Summary

Activity	Units	Hours
Screening	5	1.25
Evaluation	52	13
Intervention	57	14.25
IEP	2	0.5
Travel	55	14
Technique	44	11
Medicaid billing	0	0
Student documentation	159	42.75
Monthly Report	32	9.5
Supervision	0	

Work Distribution Study

Developed by Jean E. Polichino, OTR, MS, FAOTA

Name	OT/PT	Days/wk OT/PT	Days/wk AT	# Schools	# Supvr	# IEP Kids	# Asst IEP Kids	TOTAL # IEP KIDS	# VAS KIDS	#Stud Rev	#Evals OT or PT	#Evals AT	#Motor Labs*	#PPCD Class Con	# LIFE Class Con	# Res AB Class Con	# 504 Mtgs
Name	OTR	4.5	0	8	1	28	11	39	67	16	12	0	3	3	7	3	0
Name	OTR	5	0	4	3	12	33	45	16	11	19	0	3	5	0	0	0
Name	OTR	3	0	5	2	12	33	45	16	11	19	0	3	5	5	3	0
Name	OTR	3	0	5	3	14	12	26	30	8	15	0	5	4	1	2	0
Name	OTR	5	0	7	3	9	47	56	0	29	23	0	0	0	0	0	0
Name	OTR	5	0	5	0	33	0	33	36	21	11	0	0	2	7	5	0
Name	OTR	5	0	5	4	29	31	60	8	12	30	0	0	0	2	5	0
Name	OTR	4.5	0	5	1	24	7	31	50	27	15	0	3	4	3	2	0
Name	OTR	4.5	0	5	2	24	9	33	47	15	11	0	5	4	4	2	0
Mary J	OTR	5	0	5	2	27	20	47	49	18	21	0	2	5	2	5	0
Name	OTR	5	0	5	3	16	16	32	79	17	23	0	0	0	14	2	0
Name	COTA	5	0	7	5	30	0	30	39	0	0	0	1	1	9	2	
Name	COTA	4.5	0	4	3	32	0	32	40	10	0	0	9	9	3	6	0
Name	COTA	5	0	5	3	22	0	22	84	17	0	0	11	10	1	1	0
Name	COTA	5	0	3	2	27	0	27	54	2	0	0	12	10	2	4	0
Name	COTA	4.5	0	5	4	20	0	20	122	2	0	0	4	5	10	0	0
Name	COTA	4.5	0	7	4	33	0	33	77	15	0	0	12	11	5	1	0
Name	COTA	5	0	5	3	19	0	25	87	2	0	0	9	10	5	5	0
OT TOTALS																	
Name	PT	3	0	9	0	14	0	14	0	0	13	0	0	4	4	1	0
Name	PT	4.5	0	19	1	42	1	43	12	10	14	0	0	7	12	0	0
Name	PT	5	0	17	1	29	21	50	31	5	17	0	0	5	10	0	0
Name	PT	5	0	16	1	28	26	54	31	1	21	0	5	7	5	2	0
Name	PTA	3	0	9	0	26	0	26	2	1	0	0	0	5	5	1	0
Name	PTA	5	0	11	0	21	0	21	10	0	0	0	0	4	9	0	0
PT TOTALS																	
OT/PT TOTALS																	
Name	OTR AT	4.5	14	0	0	130	0	0	0	10	22	36	0	0	0	0	0
	MTA/Art	Days/wk MT/Art		# Schools		# IEP Kids		TOTAL # IEP KIDS	# VAS KIDS	#Stud Rev	# MT/Art			# PPCD Class Con	# LIFE Class Con	# Resource Class Con	# 504 Mtgs
Name	Music Th	5	0	26	0	49	0	49	136	6	20	0	0	9	26	0	0
Name	Music Th	2	0	14	0	23	0	23	106	6	12	0	0	5	13	1	0
Music TOTALS																	
Name	Art Th																

* In approximately half of PPCD classrooms, motor activities are integrated throughout the school day; other half are tradition 30 minutes. Tx/wk

Legend for Column Headings

#Supvr = current number of supervisors person reports to

#IEP Kids= current number of students on person's caseload

#Asst IEP Kids =current number of students on COTAs' or PTAs' caseloads that pers on supervises

TOTAL #Kids=current sum of person's students and assistants' students

#VAS Kids=current number of students in the LIFE, PPCD or Resource classrooms pers on consults in role as campus resource

#PPCD, LIFE, Resource Class Comcurrent number of classrooms the pers on consults with

#Stud Rev = number of early intervening (pre-referral) meetings

#504 Mtgs=number of 504 meetings attended to date

Note: An assumption can be made that for each student on a therapist's total caseload, they have attended at least 1 staffing and 1 ARD this school year for each student on their caseload.

From North Carolina -- *Guidance in Determining FTE & Workload for Occupational Therapy, Physical Therapy, and Speech-Language Pathology Staff.*

A formula for calculating needed FTEs

North Carolina's Formulaic Approach

Ray, Holahan & Flynn, 2015

Appendix A

OT and PT

The 1.7 multiplier is derived (based on breakdown of 1 FTE full-time equivalent at 40 hours/week) as follows:

- 72% - intervention, documentation, and planning (allowing 1 hour of documentation for every 4 hours spent intervening)
  - for 40 hours/week, this means 29 hours for intervention, documentation, and planning
  - of those 27 hours, 20%, or 5.8 hours will be spent documenting
  - **this leaves 23.2 hours available for student contact, e.g., 23.8 IEP hours can be assigned per FTE**
- 13.2% - assessment (5.3 hours/week)
- 8% - IEP meetings and staffings (3.2 hours/week)
- 6.3% - lunch (2.5 hours/week)

The formula suggests:

- **23.2 contact hours (58% of a provider's time) are used for intervention**
- **remaining 16.8 hours (42% of time) are used for extra-intervention duties**
- **ratio of 23.2 : 16.8 = 1 : .72**

This means, for each 1 hour of service indicated on an IEP, the provider needs an additional .72 hours, or 1.72 hours total (about 1 hour, 45 minutes) to do the job. Looking at it another way, 23.2 (max. contact hours) x 1.72 (contact hours + the rest) = 40 (1 FTE). In practice, (e.g., in determining workload distribution and school assignment) by summing the IEP hours at a given school and multiplying by a factor ranging from 1.7 – 2.0, the FTE needed to serve the site would be determined. This generally works effectively for providers serving 1-2 sites, therapy assistants, and therapists not supervising therapy assistants.

For providers who serve more than 3 or more sites, supervise entire workloads for an LEA or multiple assistant workloads (which is the case in many North Carolina LEAs), or have heavy case management responsibilities, 1.72 does not suffice. In this case, allotting up to an additional 2.5 hours/week (or 30 minutes/day; 6.5% or .065) for travel between sites and

- for 40 hours/week, this means 18.5 hours for intervention, documentation, and planning
- of those 18.5 hours, 20%, or 3.7 hours will be spent documenting
- **this leaves 14.8 hours available for student contact, e.g., 14.8 IEP hours can be assigned per FTE when serving multiple sites and/or supervising therapy personnel**

- 16.2% - assessment (6.5 hours/week)
- 25.0% - IEP meetings, supervision, and case management (10 hours/week)
- 6.3% - travel between sites (2.5 hours/week)
- 6.3% - lunch (2.5 hours/week)

The travel-/supervision-/case management-intensive formula suggests:

- **14.8 hours (37% of a provider's time) are used for intervention**
- **remaining 25.2 hours (63% of time) are used for extra-intervention duties**
- **ratio of 14.8 : 25.2 = 1 : 1.7**

This means for each 1 hour of service indicated on an IEP, the provider needs an additional 1.70 hours, or 2.70 hours total (2 hour, 42 minutes) to do the job. Looking at it another way, 14.8 (max contact hours) x 2.7 (contact hours + the rest) = about 40 (1 FTE).

IV. Data Analysis and Utilization for District Planning

Data to Review

- Time Study Data
  - Group activities/tasks into categories appropriate for your district
  - Review each persons workload, scrutinizing time spent in activities within each category
  - Compare the scope of each person's duties, recognizing variables such as
    - # of schools served
    - #of assistants supervised (or # of supervisors)
    - Classroom-based support provided
- Referrals by school
  - # of referrals and % of students referred
  - Reason for referrals

Look for Red Flags

- Are there referral patterns by school? by diagnostician? by parent group?
- Are the therapist activities documented consistent with administrative priorities?
- Are there imbalances in the workload among the therapists?
- Would redistribution of students/schools make a difference?
- Is too much being asked of the therapists?

- What is the stress level?
- Is therapists' uncompensated time significant?
- What is the rate of therapist turnover?
- What is the balance of time spent in general ed prevention activities v. special ed IEP/504 interventions?
- How much time is spent in clerical or other tasks (copying, filing, ordering supplies/equipment, completing inventories or transporting equipment, etc.)

- Is all time done on behalf of students captured in student IEP time (indirect as well as direct and consultative)?
- What does referral data reveal?
- What role might teacher-training play in reduction of referrals?
- Would we be more efficient if we made use of OTAs and PTAs (or made more/better use of these professionals)?
- Is there individualization, or is there a cookie-cutter pattern to time/frequency/duration in IEPs/504 plans?

Drawing Conclusions from the Data

1. Based on the analysis, are the providers able to meet the requirements of both assigned/expected job duties and the IEPs for their assigned students?
2. If not, what needs to happen –additional staff? Shifting or adjusting of job duties of current staff? Different staff mix? Reduction in paperwork or other system changes?
3. What are the budgetary constraints? How do we get more efficient? Are there activities/tasks that need to be assigned to others (maybe other professionals or to clerical staff) or triaged?

Developing Recommendations and Meeting with Your Administration

- Write a data-based proposal, recommending needed changes in work allocation and/or additions to therapy staffing
- Your proposal should succinctly state the problem and offer recommendations for a solution
- Include charts, graphs, and other compilations of the data you collected
- Keep it short and sweet. A 1-page summary is best, with back-up data attached
- Offer to provide further details, but allow the administrator to determine if and when

Be Prepared for Any Response!

- Be willing to accept small, incremental steps
- Understand the administrative budget may be a barrier
- Understand you may be planting a seed that will blossom at a later date
- Don't give up – you have begun an education process that may take a while to bear fruit
- Continue to keep data and share it periodically (at the end of each semester is a good time)

A Byproduct of Your Efforts: Using Workload Data to Support Local Administrative Therapist Retention Efforts

Recommended Administrative Practices for Successful Retention of OTs and PTs

- Assign therapist a manager/supervisor who is knowledgeable re related services fields (or willing to learn)
- Ensure regular provider access to management
- Demonstrate a genuine interest in provider perspective and ideas
- Take a continuing look at caseload v. workload issues
- Streamline student documentation (e.g., create templates, eliminate unnecessary or duplicative documentation)

- Continuously contemplate staff mix (including distribution of work among staff and use of assistants)
- Provide therapists a place at the table (advisory boards, committees, task forces)
- Provide performance feedback and annual appraisal relevant to their skill set
- Provide resources (time and money) for therapists to access Professional Development in their field
- Provide access to benefits for part-time providers

V. Action Planning

Action Plan for Change in YOUR Setting

Objectives	Target Date	Activities to Support Objectives	Who Must be Involved	How You'll Know You're Successful

Resources

Questions?
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