

Full Range Health Services

In Home Supervisory Visit - Performance Evaluation -OT

Name: _____

Date of Employment: _____

Date of Supervisory Visit: _____

Visit Type: _____

_____ Initial

_____ Annual

Responsibility, Skill, or Procedure	Yes	No	N/A
Coordinates effectively with other members of the Home Care Team:			
Responds in a timely manner to referrals to admit/assess patient			
In conjunction with patient, physician and home care team develops the OT plan of care based on patient needs and appropriate interventions			
Case Conferences with Team Members:			
Observation Checklist			
Maintains hand hygiene throughout session			
Performs documentation during visit			
Utilizes clinically appropriate interventions			
Obtains patient signature at conclusion of visit			
Assesses Vital Signs: (2 Blood Pressure and 2 Heart Rate)			
Strength Assessment Completed			
ROM Assessment Completed			
Functional Outcome Assessment Completed			
Thoroughly and accurately evaluates and documents the patient's status relative to:			
Patient's functional status			
Muscle function			
Endurance			
Visual coordination			
Written and verbal communication skills			
Self-care ability			
Work capacity			
Evaluates the patient's home environment relative to:			
Hazards			
Barriers to independent living			
In-home safety checklist			
Reviews, discusses, and instructs patients, families, and caregivers in:			
Activities of daily living based on the plan of care			

Full Range Health Services

Responsibility, Skill, or Procedure	Yes	No	N/A
Use of various types of adaptive equipment to improve function			
Use of prosthetic and/or orthotic devices			
In-home safety factors and techniques			
Completes the following medical records thoroughly, timely and accurately:			
Occupational Therapy Assessment			
Medication Profile			
OASIS Documentation <i>(as needed)</i>			
Clinical/Progress Notes <i>(as needed)</i>			
Identifies and assists client/family in accessing community resources including:			
Finding resources for assistive, prosthetic, or orthotic devices/supplies			
Fabricates splints for patients as needed			
Access to other resources through referral to other team members or community programs relative to client's needs			
Other areas/skills:			
Performs teaching to client/family/home health aide:			
Maintains client confidentiality/HIPAA:			
Conducts self in a professional manner:			
Reports to Supervisor as needed and appropriate:			
Maintains Infection Control Guidelines for hand washing, etc.:			
Participates in interdisciplinary/case/team conferences as needed:			
Maintains proper bag technique			
Summary of Performance			

My signature below does not imply my agreement with the content of this evaluation, but that the above evaluation has been reviewed with me.

Employee Signature: _____ **Supervisor Signature:** _____

Date: _____

Date: _____