

Facility	ORG A
Do you use PTAs in your pediatric outpatient clinic?	Pediatric orthopedics, yes.
Do you use PTAs in your acute hospital setting?	Yes- we have 3 PTA's who work with patients with ortho dx, rehab dx, and oncologic dx.
Do you have specific parameters for the types/ages of patients that your PTAs work with?	For inpatient: All therapists including PTs go through orientation and competency- we do not limit the types/ ages they see, unless they have not been trained/ mentored in that population. If the PTA wants to grow in their skill set, we set up a mentoring program for them to assist with treating children they do not normally treat. On outpatient orthopedics, the age range, diagnosis, and complexity of the patients treated by the PTA varies based on the individual PTA skill set. In general 8-20 years of age.
Are you happy with your model for integrating PTAs into pediatric care; do you feel it is successful? Pros/Cons?	It's been great to have PTA's here. On inpatient, it allows PT's to complete eval's when our census is high in acute care and rehab, and also allows for built in coverage. In outpatient, it has also been positive integrating PTAs into pediatric orthopedic care. The PTAs are passionate about working with our patient population, eager to learn more, and the patients like them. We worked to determine a PT:PTA ratio where one PTA supports 3 PTs within the ortho program. We found that more than 3 PTs utilizing the PTA plus treating patients with neurodevelopmental conditions required a very broad skill set, and it made it more challenging for our PTA to connect as regularly with the PTs as she wanted to. It was also challenging for the PTA to host a PTA student with such a broad caseload. Currently we are working through scheduling rules to assure the PT reassesses the patient at least monthly, and how to implement the PT-PTA scheduling matrix as we use a centralized scheduling model where we schedule an evaluation and 3 follow up visits on the initial phone call.
Any other thoughts/documentation you would like to share on this topic?	If you are considering PTA's, I think it has been very useful and cost effective for our patient population.

Facility	ORG B	ORG C
Do you use PTAs in your pediatric outpatient clinic?	Yes	We have one PTA who sees out-patients
Do you use PTAs in your acute hospital setting?	Yes	The same PTA will cover some in-patients if he has cancellations or unscheduled slots. The in-pt therapists will prioritize who needs coverage. He typically will see either long term patients or acute ortho patients who need a second time out of bed.
Do you have specific parameters for the types/ages of patients that your PTAs work with?	Varies slightly with the individual skills/competencies of each. Generally patients over one year of age, The PTA's perform treatments on inpatient Rehab, acute care, inpatient cancer care. They are also involved in our outpatient intensive pain management program, outpatient aquatic treatment, and some other outpatient treatments for motor skills.	The only patients who we do not feel we can pass to the PTA are those who we expect to make fast improvements – such as infant torticollis.
Are you happy with your model for integrating PTAs into pediatric care; do you feel it is successful? Pros/Cons?	Yes, we are very happy with the integration of PTA's into care. Having them competent in some areas of inpatient and outpatient care is helpful so they can float where the need is greatest from week to week.	The one negative is that it can be difficult to keep his schedule full. Since our model only has one PTA, the PTs tend to want to keep all the patients they evaluate. Or, they pass patients who have been previously discharged for poor attendance; having patients who we know will not be good attenders does not help the PTA's productivity.
Any other thoughts/documentation you would like to share on this topic?		

Facility	ORG D	ORG E
Do you use PTAs in your pediatric outpatient clinic?	Yes. We have one PTA working in one of our outpatient clinics.	Yes
Do you use PTAs in your acute hospital setting?	Yes. We have another PTA working in the inpatient areas of our hospital.	Yes
Do you have specific parameters for the types/ages of patients that your PTAs work with?	No specific parameters. The PTA's we have are trained specifically to work in the areas they are working.	Based on training and competency
Are you happy with your model for integrating PTAs into pediatric care; do you feel it is successful? Pros/Cons?	We are happy, but I can see the limitations if they are not trained properly. Also, in areas that might have limited staff, a PTA could be limited without enough PT's for supervision.	Yes
Any other thoughts/documentation you would like to share on this topic?		ON IP UNIT WE PAIR THE PTA WITH A PT AND THEY SHARE A CASELOAD, SO THE SUPERVISION WORKS OUT SEEMLESSLY; IT'S A BIT MORE WORK IN OP, WE IDENTIFIED A PRIMARY PT PER SHIFT FOR THE PTA, THEY FLIP-FLOP PATIENTS AS PART OF SUPERVISION, IT SEEMS TO WORK WELL, THE PTA WE HAVE REALLY MANAGES THE PROCESS SO I'D SAY HAVING THIS LEVEL INDENPENCE IS EXTREMELY HELPFUL AND NECESSARY.

Facility	ORG F	ORG G
Do you use PTAs in your pediatric outpatient clinic?	Yes	We don't use PTAs in OP or INPT
Do you use PTAs in your acute hospital setting?	Yes	<p>Have discussed,</p> <p>a. therapists not comfortable with relinquishing care to PTA/COTA</p> <p>b. we get such limited number of visits from insurance payors, that we need to maximize every visit with high level clinical skills. c. Some payors are in the process of decreasing reimbursement for COTA and PTA treatments</p>
Do you have specific parameters for the types/ages of patients that your PTAs work with?	We competency them to see the patient populations we are needing their assistance to cover.	
Are you happy with your model for integrating PTAs into pediatric care; do you feel it is successful? Pros/Cons?	Yes. We struggle with their productivity. With the changes our state has made to supervision visits we struggle at times to reschedule accurate supervision appointments when patients cancel. We are very lucky to have a wonderful group of long-term PTA's - the focus over the years has been to invest in their training/continuing education to meet the needs of the area they work in. We have a PTA specifically trained in NDT, infant therapy, Lymphedema, casting, aquatics, other hospital department education/in-services and vestibular areas.	
Any other thoughts/documentation you would like to share on this topic?	We are happy to discuss or have you speak with our PTA's at any time - they would give you a very realistic view of their ups and downs on the job.	

Facility	ORG H	ORG I
Do you use PTAs in your pediatric outpatient clinic?	This department does not have any PTA's working within Pediatric Rehab, and have not had any historically as the department has been fairly small but is growing.	We have outpatients and do not use PTAs
Do you use PTAs in your acute hospital setting?		
Do you have specific parameters for the types/ages of patients that your PTAs work with?		
Are you happy with your model for integrating PTAs into pediatric care; do you feel it is successful? Pros/Cons?		
Any other thoughts/documentation you would like to share on this topic?		