



RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
Occupational Therapy and Recreation Therapy Department

POUCY AND PROCEDURE

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PURPOSE:

To communicate the department's commitment to quality patient care and to describe methods used to ensure its delivery.

POUCY:

The department shall strive for excellence in service to patients within the limits of available resources.

The managers/ instructors will ensure that each staff member receives the orientation and training necessary to provide the highest quality service possible within the limits of available resources.

The staff member shall be expected to meet, if not exceed, the standard of patient care for the patients served.

PROCEDURE:

1. Methods

The methods used to assure quality of care delivered by all treating staff, as appropriate to their job responsibilities, include:

- a. Observation of performance and, if needed, assistance in patient care by immediate, Clinical Manager, or Instructor or designee.
- b. Regularly scheduled review of patient programs and related duties with the manager/instructor.
- c. Attendance by the Manager, Instructor or designee at interdisciplinary meetings and conferences to observe staff performance and to impart information that, because of limited experiences, may not be available to the staff member.
- d. Review of patient documentation and records by the Clinical Manager, Instructor, or designee.

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- e. Regularly scheduled patient programming sessions with the individual therapist by the Clinical Manager or Instructor for the purpose of reviewing treatment programs and problem solving

Regularly scheduled patient presentations to peers, interdisciplinary team, and/or Clinical Manager or Instructor for input and feedback.

- 2. The Clinical manager/supervisor is responsible for maintaining the record systems which document the above methods of assuring quality patient care.
 - a. Orientation checklists (see Staff Orientation and Training, Policy No. 201).
 - c. Patient Review Form (Attachment A).

Director, Occupational Therapy and Recreation Therapy Department

Signature(s) On File

O.T. PATIENT REVIEW

Therapist:-----

Date of Review:-----

Reviewer:-----

1. Occupational profile is detailed & reveals in-depth understanding of patient's life, roles, values, interests, patterns... Comments:	W/S	F/1
2. COPM completed &/or alternative methods attempted (other means to elicit occupational goals). Comments:		
3. Therapist able to identify client factors that are barriers to patient's progress. Comments:		
4. Therapist able to identify appropriate therapy interventions based on patient's goal and context. Comments:		
5. Therapist demonstrates ability to progress patient through intervention in accordance to discharge plan. Comments:		
6. Therapist effectively describes & is addressing performance skills. Comments:		
Therapist effectively describes & is addressing performance patterns. Comments:		
8. Therapist effectively describes & is addressing activity and occupational demands. Comments:		
9. Therapist effectively describes & is addressing client context and environment in OT intervention. Comments:		
10. Therapist able to effectively collaborate with interdisciplinary team members. Comments:		
11. Therapist able to articulate expected outcomes to achieve health, well-being, & participation in life through engagement in occupation. Comments:		
12. Therapist demonstrates ability to address community resource needs of the patient & significant others. Comments :		
13. Therapist effectively finds/utilizes evidence-based & best practice resources to guide OT intervention. Comments :		

Legend: W/S = Within Standards F/1 = Follow-up Indicated

reference: American Occupational Therapy Association . (2014). Occupational therapy practice framework: Domain and process (3'd). *American Journal of Occupational Therapy*, 68(Suppl. 1), 51-548. <http://dx.doi.org/10.5014/ajot.2014.682006>