



Figure 6-10. Sample fishbone diagram.

When considering quality at the population level, policies and procedures can be developed and implemented that affect everyone in that population. Processes can be changed to achieve a better outcome. This data collection also contributes to the development of evidence-based practice, as OT practitioners can read the literature regarding populations similar to the ones they serve.

## Documentation

Quality management and performance improvement at the person, group, and population levels is not just about data collection. Just as we saw in the examples in the beginning of the chapter, if it isn't written down, it didn't occur. Data must be collected and documented in an organized manner so that they can be retrieved and reviewed, and further action can be determined. Based on the review of the data at the group or population level, new policies or procedures may be developed to define minimum levels of performance and set goals for higher levels of performance. These changes may involve an OT practitioner, as in documentation policies or practice standards for a specific diagnosis. They may involve the client, as in providing more privacy during evaluations. They may affect a student, as in change in course sequence or requirements. The new policies, procedures, and standards must also be appropriately documented to ensure that they will be implemented and followed by all practitioners and staff involved.

# OCCUPATIONAL THERAPY ASSISTANT ROLE

All members of the OT team are involved in the collection and reporting of data for quality and performance improvement. In a medical or school-based setting, the OTA may be involved in chart audit that requires clinical judgment, reviewing charts of other clinicians and completing a check list. This may include chart review of discharged clients to check for inclusion of pertinent details such as client involvement in goal setting and evidence of client improvement and goal attainment. The OTA may look at data that are completely objective, such as physician referral patterns, accuracy of charges, and timeliness of evaluations and appointments, although this can