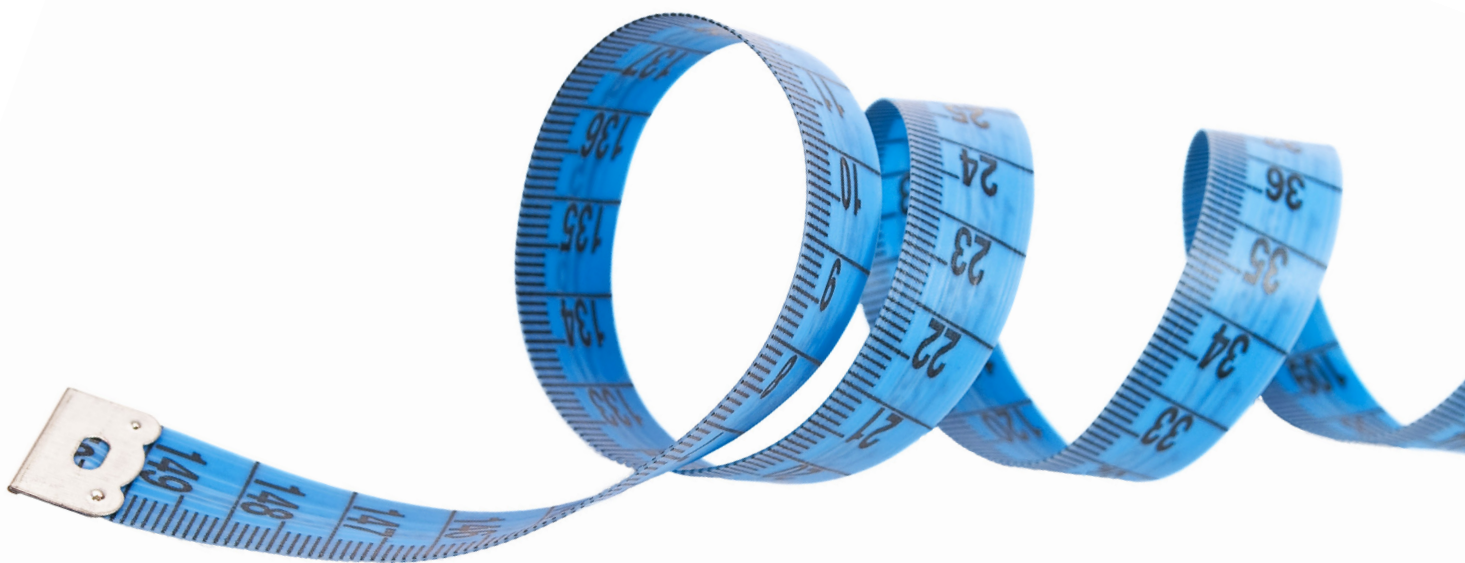




swedish association of
occupational therapists

Quality policy

– foundation for continuous improvement of occupational therapy,
version 4, revised 2011



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Graphical design: Gelinda Jonasson
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Photo: Colourbox

Introduction

The goal of occupational therapy is to promote clients' possibilities to live a dignified life in accordance with their own wishes and needs and in relation to external demands (FSA's Code of Ethics, 2004).

Occupational therapy embraces human performance as expressed in socially and culturally defined activities. Occupational therapy is the knowledge and science of how the resources of an individual and those in his/her surroundings and activities interact to stimulate participation. Knowledge and science also include preventive and therapeutic applications in order to stimulate well-being in daily life (adopted by the FSA General Council, 2002).

Occupational therapy covers occupations for children, adolescents, adults and older people with health problems that limit or threaten to limit their activities and participation. Contributions include personal care, housing activities, work, study, play and leisure. Occupational therapy is also conducted at group and society levels, such as in the availability of housing, environment and public transport.

Working to develop and ensure the quality of occupational therapy has long been of particular concern to occupational therapists. The Quality Policy was first adopted in 1996 and has been revised earlier, in 1998 and 2004.

Quality in healthcare

According to the Health Act (31 § HSL), the quality of activities is to be systematically and continuously developed and assured. In regulation SOSFS 2005:12 the Swedish National Board of Health and Welfare states that systematic quality work must create such prerequisites that resources available can be used to fulfill requirements for client safety, client satisfaction and cost effectiveness when planning, carrying out, monitoring and developing activities.

The regulations stipulate that there must be a management system to systematize quality work. Chapter 3 describes healthcare providers', managers' and health care staffs' professional responsibilities and states that healthcare staff are to continuously participate in the systematic quality work through the development of routines and methods, risk and deviation management and monitoring objectives and outcomes.

When dealing with assessments and client interventions, occupational therapists are considered to be health care professionals no matter where employed.

The publication *God vård – om ledningssystem för kvalitet och patientsäkerhet i hälso- och sjukvården* ("Good health - the quality management system and patient safety in health care", the Swedish National Board of Health and Welfare, 2006) describes six quality areas that must be observed to ensure the quality of healthcare. Healthcare should be: knowledge based and expedient, safe, client-focused, effective, equal and provided in a timely manner. The following describes what this means for occupational therapy.

Quality in occupational therapy

Knowledge-based and expedient occupational therapy

- Occupational therapy is based on science and proven experience and is designed to meet the individual client's needs, i.e. an evidence-based practice is applied.
- The client is to have an adequately conducted occupational therapy assessment and intervention. This means defining needs, formulating goals, implementing interventions and evaluating as well as obtaining the client's views on the quality of occupational therapy.

Safe occupational therapy

- By working actively with risk prevention, injury/damage that may be caused by occupational therapy is prevented.
- That occupational therapists use a common language to facilitate communication, documentation and registration of measures taken.

Client-focused occupational therapy

- Occupational therapy is given with respect and sensitivity to client needs, expectations and values and that these are taken into account in decisions on actions.
- That occupational therapists work in accordance with FSA's Code of Ethics.

Effective occupational therapy

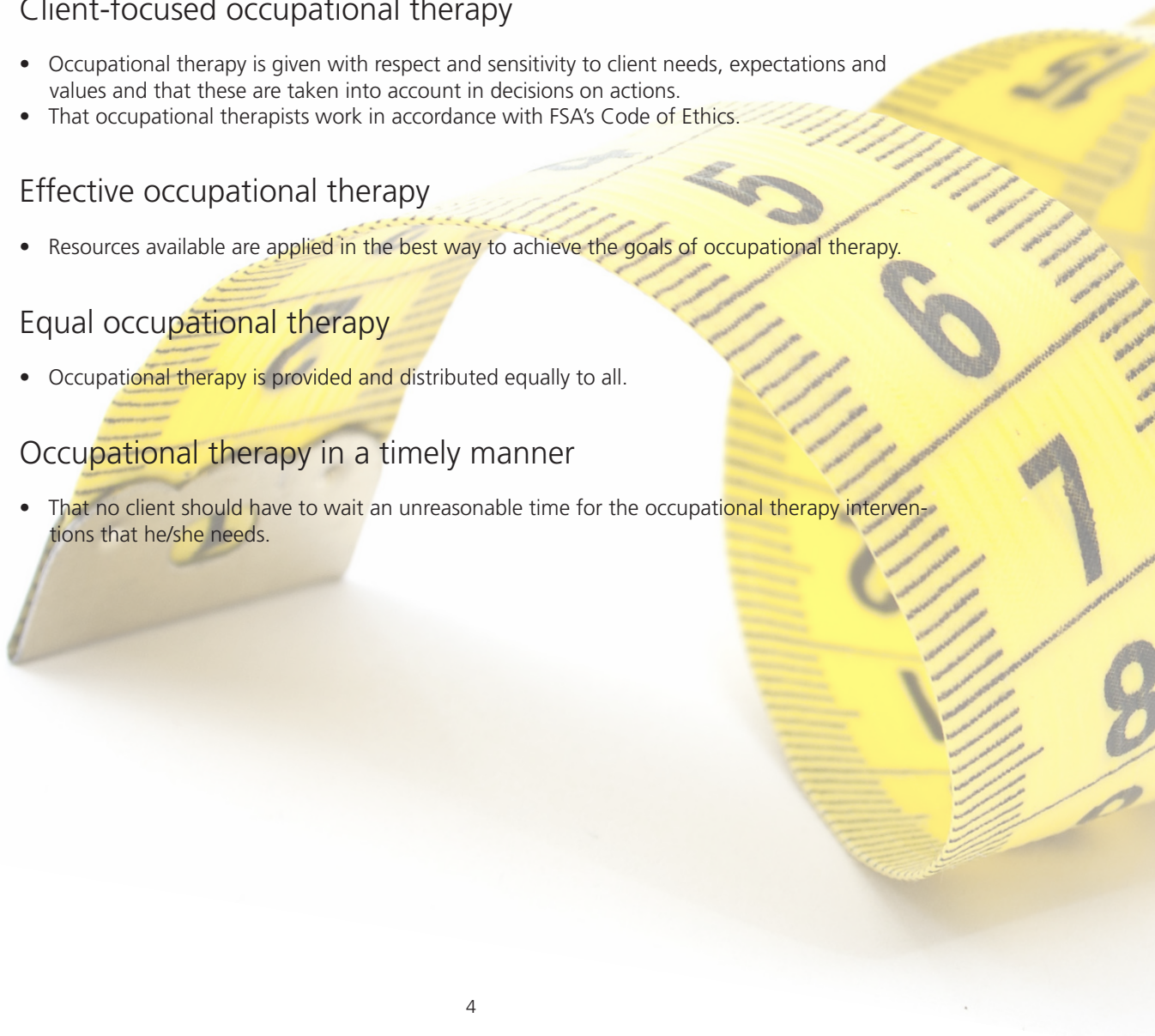
- Resources available are applied in the best way to achieve the goals of occupational therapy.

Equal occupational therapy

- Occupational therapy is provided and distributed equally to all.

Occupational therapy in a timely manner

- That no client should have to wait an unreasonable time for the occupational therapy interventions that he/she needs.



What systematic quality and client safety work in occupational therapy means

- Identifying areas for improvement, implementing and following-up measures to improve the quality of occupational therapy.
- Creating and using a systematic approach based on documented and scientific knowledge and proven experience.

National quality indicators for occupational therapy

With the help of quality indicators the quality of occupational therapy can be monitored and measured. Quality indicators may be available for structural, process or outcome levels.

Structural indicators

- Planning with measurable objectives and following up on achievement of goals must be conducted on an annual basis.
- Occupational therapy programmes must be available for the most frequent client groups within the provider's field of activities.

Process indicators

Procedures must be described and evaluated with objectives and goal achievement for:

- participation in assessment and intervention,
- using the "FSA classification of keywords and measures in occupational therapy, 2008",
- notifying outcome to remittents and collaboration partners for assessment at the individual level, and
- working with professional ethics issues in accordance with FSA 's Code of Ethics.

Outcome indicators

- At group level, measurable performance targets should be available to clients who received only assessment.
- At group level, measurable performance targets should be available to clients who received both assessment and intervention.

Who is responsible for what?

Each occupational therapist's responsibilities

- To apply FSA quality indicators as starting point for activities.
- To actively acquire knowledge to implement quality work.
- To participate in quality improvement.

Principal's responsibilities

- To set overall objectives for quality work.
- To give directives and ensure quality management system.
- To provide appropriate resources, such as working hours, training and necessary materials.

FSA's responsibilities

- To follow developments in the quality field, both nationally and internationally.
- To encourage occupational therapists to carry out quality work.
- To ensure that resource requirements for quality development in occupational therapy are met.
- To designate recipient of FSA's Award for Quality Development.
- To offer website facilities to gather materials that support quality work in occupational therapy.

Quality Council's responsibilities

- To initiate and develop methods to describe, measure and improve the quality of occupational therapy activities.
- To follow application of quality indicators in occupational therapy activities.
- To offer training for occupational therapists and produce materials in the quality field.
- To inform FSA members of the Council's work and other important quality issues.
- To be responsible for keeping the Association's General Council informed of developments in the quality field.

Quality representatives' responsibilities

- To disseminate information on FSA's quality work to the members of their own branch.
- To take stock of ongoing quality assurance work in the branch and provide information about current activities to members of their own branch and FSA's Quality Council.
- To provide information on how to find tools for improvement.
- Based on local conditions, to initiate and organise an annual "Quality Day" for occupational therapists.



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