**Ad Hoc Quality Assurance & Performance Improvement Meeting**

Center: Start Time: Date:

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| --- |
| ATTENDEES |
| Administrator:­­­­­­­­­­­­ DON : Medical Director: |
| Social Services: Activities: Dining/ Nutrition: |
| MDS: Therapy: Plant Services: |
| Housekeeping/Laundry: CNA: Licensed Nurse: |
| Business Office: Business Development: |
| Attendee: Attendee: Attendee: |
| Attendee: Attendee: Attendee: |

Reason for Ad Hoc Meeting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Opportunity for Improvement** | **Data**  **(Assess Current Situation-what were the results/trend)** | **Analysis**  **( Root Cause Analysis)** | **Plan** | **Responsible Team Member(s)** |
|  |  |  |  |  |

# Time Adjourned: Administrator:

Next Meeting Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director of Nursing:

Medical Director:

Minutes prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_