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: |

*(Agenda Example)*

1. *Call to Order*
2. *Review of Minutes*
3. *Old Business*
	1. *PIP Team Reports*
	2. *Department Reports*
4. *New Business*
5. *Adjournment*

Agenda: I.

II. III. IV.

V.

Old Business: (Study the Results Standardize Improvement Plan Continuous Improvement)

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| List PIP & Progress: |
| Survey POC Review: |
| Mock Survey Review: |
| Follow up Old Business: |

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| **Agenda Checklist** | **Data****(Assess Current Situation- what were the results/trend)** | **Analysis****(Root Cause Analysis)** | **Plan** | **Responsible Team Member** |
| **Regulatory Compliance*** Date of Last Survey:
* Survey Window Opens:
* Complaint

Surveys * Other regulatory visits
 |  |  |  |  |
| **Infection Control*** Rate of center acquired infections
* # Residents on isolation precautions
* # Flu shots given
* # Pneumovax given

□ # (+) PPD * Outbreaks
* Antibiotic Stewardship
* Covid + cases\_\_\_\_\_\_\_\_\_\_
* Other
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| **Agenda Checklist** | **Data****(Assess Current Situation- what were the results/trend)** | **Analysis****( Root Cause Analysis)** | **Plan** | **Responsible Team Member** |
| **Dietary*** Kitchen Observation/ Sanitation
* Temp Logs
* Food Waste
* Resident Concerns

Emergency Food and Water Supplies |  |  |  |  |
| **Pharmacy*** Pharmacist Visit Date:
* Medication Regime Review
* Med cart checks
* Med pass observations
* Medication Availability
* Narcotic Management
* Pharmacy Pre-survey QA
 |  |  |  |  |
| **Staff Development*** Review Monthly Calendar
* % Compliance with mandatory education
* Flu Vaccinations (% of employees who received):
* Hepatitis B Vaccinations (% of employees who received):
* Review of new Guidelines or P &Ps
* Annual Education Calendar Review (Dec only)
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| **Agenda Checklist** | **Data****(Assess Current Situation-what were the results/trend)** | **Analysis****( Root Cause Analysis)** | **Plan** | **Responsible Team Members (PIP Team)** |
| **MDS*** MDS Accuracy %:
* MDS on Time submission

%* Care Conference- Family/Resident Attendance %
 |  |  |  |  |
| **Medical Records*** Chart audits completed
* Med Rec Requests #
 |  |  |  |  |
| **Social Services*** # of Grievances
* Grievance Trends
* Dental Services-Date of Last visit
* Eye Services-Date of Last visit
* Advance Directives
* PASSR
 |  |  |  |  |
| **Therapy**□ Part A’s □ Part B’s □ □ □  |  |  |  |  |

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| **Agenda Checklist** | **Data****(Assess Current Situation-what were the results/trend)** | **Analysis****( Root Cause Analysis)** | **Plan** | **Responsible Team Members (PIP Team)** |
| **Risk Management-***RCA= Root Cause Analysis** # Adverse Incidents

(RCA) * Investigations (RCA)
* Self Reported Events (RCA)
* Elopement Drills monthly (Outcome)
* Compliance Line Calls
 |  |  |  |  |
| **Customer Satisfaction*** Customer Experience Daily Rounds
* Monthly Resident Council
* Monthly Family Council
 |  |  |  |  |
| **Life Safety*** Safety Committee/OSHA
* # Employee Injuries
* Equipment
* Fire Drills ( monthly)
* Disaster Drills
	+ **Internal**
	+ **External**
* TELS monthly
* Other
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| **Agenda Checklist** | **Data****(Assess Current Situation-what were the results/trend)** | **Analysis****( Root Cause Analysis)** | **Plan** | **Responsible Team Members (PIP Team)** |
| **Clinical*** QM Monthly Trending
* # new/worsened pressure ulcers
* In-house acquired PU
* # Indwelling catheters without dx
* Antipsychotics w/o dx
* Falls
* Falls with Major Injury
* Restraints
* Wt. Loss
* Return to Hospital %\_
* Medication Error %
 |  |  |  |  |
| **Discharge Planning:*** Initial 48-hour meeting
* Caregiver(s) Identified
 |  |  |  |  |
| **5 Star:*** Overall QMs Staffing Survey RN Staffing
* Quality Measures above national average:
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| **Agenda Checklist** | **Data****(Assess Current Situation-what were the results/trend)** | **Analysis****( Root Cause Analysis )** | **Plan** | **Responsible Team Members (PIP Team)** |
| **Human Resources**□ Total Number of open positions □ (List by Department)RN LPN Dietary Housekeeping Bus. Office Activities MDS Social Services Maintenance Other □ # of Staff on Workers Compensation □ List Staff Members on Worker’s Compensation |  |  |  |  |
| **Medical Director*** Physician Services
* Discuss MD Late visits
* Unsigned orders #

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| **Agenda Checklist** | **Data****(Assess Current Situation-what were the results/trend)** | **Analysis****( Root Cause Analysis)** | **Plan** | **Responsible Team Members (PIP Team)** |
| **Activities*** Review Monthly Calendar
* Resident attendance

% * Off hour activity programming
 |  |  |  |  |
| **Business Office*** Bad Debt
* ADRs
* Collections %
 |  |  |  |  |
| **Business Development*** Admission Data
* Length of Stay
* Market Strategy Update
 |  |  |  |  |

Time Adjourned: Administrator:

Next Meeting Date:

Director of Nursing:

Medical Director:

Minutes prepared by: Date: