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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| **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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| **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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| **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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| **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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| **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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| **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: