Quality Committee Template

[Prefatory statement: For example, ABC CBRF is committed to providing the highest quality of services to our residents. Toward that goal, we have established the committee. The following are the				
policy and procedures to guide the actions of this committee. Dated this of, 2013.				
I. Committee Identity: The [Name of Committee] shall Name of committee				
II. Committee Composition: QC is comprised of the following Positions at the facility.				
The current Individuals of the CQ are listed on Attachment A. Additional				
individuals or contractors may be added for particular projects or assignments. The committee may				
engage the services of consultants, professionals or other individuals. Such additions will be directed				
and documented by the QC.				
III. The Mission and Visions Statements of the QC are				
IV. Meetings:				
A. Scheduled meetings: The QC shall convene on the				

- B. Convening Special Meeting: As necessary, the QC may convene upon notice of the QC chair.
- C. Quorum: There shall be no minimum meeting requirement of members to convene a meeting.
- V. QC Review Activities: The QC shall review those clinical and operational issues identified as opportunities for improvement by the committee members or those issues that are presented to the committee through internal communication process. In addition to those issues presented to the committee through established reporting process, the committee shall review any of the following:
 - **A. Mandatory Review Events:** The committee shall review any of the following, no later than the next scheduled meeting:
 - 1. All resident falls resulting in a need for medical intervention.
 - 2. An event that triggered a mandatory report to governmental agencies, including but not limited to resident fall; allegations of abuse, neglect, or related misconduct; infectious disease outbreaks; elopement.
 - 3. Any circumstances in 2 above that were reviewed for possible reporting but did not require reporting to governmental agencies.
 - 4. Survey citations received.
 - 5. Resident or family grievances or complaints.

Comment [BP1]: There is no expectation that your body or forum be entitled "Quality Committee" ("QC") however, you should have title of the group to give it meaning, recognition, and authority.

Comment [BP2]: Designating the participation by position will (a) assure representative participation from various facets of operations, (b) address replacement if individual personnel leave your organization. Consider reviewing and updated job descriptions, if used, to reflect the expectations of the participation in your QC.

Comment [BP3]: Using an attachment to maintain a current list allows you to make changes over time without having to change the underlying policy.

Comment [BP4]: Mission and Vision
Statement are helpful exercise and tools to
guide the activities of a group. Resources on
developing mission and vision are available to
assist you in development. These will be
narrower than, but may be reflective of the
facility's mission and vision.

Comment [BP5]: Establish a recurring meeting date, time, location. Quarterly is advisable as a minimum. Establishing a consistent, recurring event, e.g. the second Tuesday of the calendar quarter, or if more frequent, the second Tuesday of month.

Comment [b6]: Based on the nature of your overall operations, you should identify the scope of the QC committee and those types of matters/subjects that the committee is responsible to monitor, review and develop action plans. The scope will be dependent on your operations, i.e. higher acuity/greater nursing involvement will be different than an AL that is predominantly residential. Language provided should be modified to fit your operations and be based upon the decisions of the committee.

- 6. Results of satisfaction (resident or staff) surveys.
- Any resident sentinel events, including, unplanned weight loss, significant change of condition requiring medical intervention and/or hospitalization, unexpected resident death.

8.	Medication errors	
_	_	

B. Standing Review Issues: The following shall be standing agenda items for review and monitoring and shall be reviewed during the regularly scheduled meetings:

- 1. [for example] Medication Management
- 2. Infection Control

3. _____

C. Items presented to QC: In addition to those issues identified in A and B above, those issues presented to the QC via the internal reporting process described below shall be reviewed at the later of a meeting called by the Chair or the next scheduled committee meeting.

- The Committee shall develop an internal reporting form to be completed by any staff member to notify the QC of an issue or circumstance that warrants review and evaluation for purposes of health care services review. The form shall be entitled ______ and is intended to meet the definition of "incident or occurrence report" found in Wis. Stats 146.38(bm).
- The QC shall establish training and policy for staff to encourage the internal
 communication of quality concerns and reporting, which shall include the use of the
 _____ form and the timely presentation to the QC committee. Any _____ form
 completed shall be presented to the QC Chair for initial review, who shall either
 convene a QC meeting for review and evaluation or address it during the next
 regularly scheduled QC meeting.
- **D. Review Actions:** The QC shall review those issues identified or presented via A-C above during its regular meetings or special meetings called by the Chair. Action on items will depend on the nature of the issue and the decision of the committee. Actions may include: continued monitoring, development of a specific action plan to address concern, development or monitoring of general action plan, or closure of issue as having been resolved fully.

VI: Confidentiality: The activities, both written and oral, generated by the QC are intended to be confidential in order to facilitate as thorough and complete review of quality issues. Members of the QC shall not release the information generated by the committee in any form or forum without the expressed, written consent of the QC Chair.

VII- [Add any additional sections you feel important for your particular committee's efforts]

Comment [b7]: The above are examples of items that the committee may consider to be "mandatory" review. Your list may differ based on your operations. Consider input from your liability insurer as an additional source for items that should be included in the "mandatory" review section.

Comment [b8]: Insert those issues that you wish to routinely monitor. The items listed are intended to be illustrations as opposed to necessary items to include.

Comment [b9]: Capture the process you wish to implement to bring forward items for review. This should be above and beyond your current internal communication process, e.g. your 24 hour reports, etc. The process should be such that (a) staff members understand when to trigger a more in depth review, and (b) that this should not replace your current internal communication channels for day to day notifications internally.

Comment [b10]: Again, your form should be different that how staff currently communicate day to day issue. The form should not be used for normal communications. It should be for those matters that identify a problem either of individual significance or possibly involving a systems issue.

The form should denote "This communication is intended to be confidential under Wis. Stats. 146.38(bm)" if you intend for your activity to be covered under the health services review.

	Attachment A
	Current Members of QC
Chair:	_
	_
	_
	_

Dated this_____, 2013

Attachment B

Sample Agenda for Regularly Scheduled QC Meeting

- 1. Review of minutes of prior meeting.
- 2. Old Business/Ongoing Efforts
 - i. [Report on past or ongoing performance improvement efforts. Review prior meetings to assure that actions taken are monitored. Assigned tasks and monitoring measure put in place are reported upon and reviewed].
 - ii. Action to be taken [continued monitoring, revised action plan, close if issue is fully resolved to satisfaction (only close after adequate monitoring has been assured]
- 3. New Business
 - i. Report on any mandatory review events since last meeting
 - 1. Discussion
 - 2. Action planning if necessary (root cause, action plan development, monitoring assignments, timetable) [Will be placed on agenda for next meeting for report]
 - ii. Report on form received since last meeting
 - 1. Discussion
 - Action planning if necessary (root cause, action plan development, monitoring assignments, timetable) [Will be placed on agenda for next meeting for report]
- 4. Standing review items.
 - i. Report by assigned personnel
 - ii. Discussion
 - iii. Action planning if necessary (root cause, action plan development, monitoring assignments, timetable) [Will be placed on agenda for next meeting for report]
- 5. Review assignments and action items developed during meeting (included timetables and expectations for report to next meeting).
- 6. Next meeting
 - i. Schedule reminder or establishment of interim meeting.
 - ii. Discussion of QC members for agenda items to consider beyond required or standing items.
- 7. Close

Comment [b11]: Having formal agendas for meetings is critical for both efficiency of meetings as well as to assure monitoring of activities. Critical is to maintaining a review process that incorporates monitoring of prior efforts to (a) assure tasks have been completed, and (b) evaluate success or need to review further.