

# Making a difference in the lives we touch through quality assurance and performance improvement.

***MISSION STATEMENT****: (Print and save on template)*

***DATE OF MEETING:***

| **ATTENDING** (List name and title; save on template) | **YES** | **NO** |
| --- | --- | --- |
| medical director |  |  |
| administrator |  |  |
| director of nursing |  |  |
| qaa coordinator |  |  |
| environmental services |  |  |
| pharmacy |  |  |
| rd/dm |  |  |
| social services |  |  |
| activities |  |  |
| human resources |  |  |
| board member |  |  |

(insert action plan table from previous meeting)

| ***QUALITY OF LIFE/QUALITY OF CARE*** | | | | |
| --- | --- | --- | --- | --- |
| ***ITEM*** | ***SYSTEM CHAMPION*** | ***REPORT*** | ***ACTION*** | ***PIP*** |
| ***Quality Measures:***   * *Quality measures > 75% and identify trends/causes.* | ***ALL*** |  |  |  |
| ***Facility Focus:***   * *Antipsychotic reduction* * *Advancing excellence* * *Activities* * *Call lights* * *Enhancing resident centered care* * *Advanced care planning* * *Other* | ***DON***  ***SS***  ***RD/DM***  ***ACT***  ***ALL***  ***ALL*** |  |  |  |
| ***Infection Control:***   * *Resident infection rate* * *Staff infection rate* * *Trends by location and organism* | ***ICN*** |  |  |  |
| ***Mock Survey:***   * *Benchmark set/met* | ***ALL*** |  |  |  |
| ***State Survey/Nursing Home Compare:***   * *Finds* * *Barriers* * *Survey readiness* * *Benchmarks set/met* * *Star rating* | ***ALL*** |  |  |  |
| ***EMR:***   * *Totally rolled out?* * *Accurate* * *Reports being utilized* * *Case mix* | ***ALL*** |  |  |  |
| ***Care Transitions Rehospitalization/***  ***Discharges:***   * *30 day discharge benchmark and results* * *Follow up on residents discharged home* | ***DON***  ***SS*** |  |  |  |
| ***Pilot Projects:***   * *Interact 3* * *Others* | ***ALL*** |  |  |  |

| ***ITEM*** | ***SYSTEM CHAMPION*** | ***REPORT*** | ***ACTION*** | ***PIP*** |
| --- | --- | --- | --- | --- |
| ***Policies:***   * *Current ones updated* * *New ones implemented* | ***DON*** |  |  |  |
| ***Secured Unit:***   * *New programs* * *Issues that need attention* | ***DON*** |  |  |  |
| ***Pharmacist Report:***   * *Physician response to recommendations* * *Tracking and trending of medication* | ***PHARM*** |  |  |  |
| ***Recruitment and Retention:***   * *Turnover rate by department* * *Efforts to recruit and retain* * *Trends of exit interviews* | ***HR*** |  |  |  |
| ***Staff Satisfaction:***   * *Progression of top two areas identified in staff survey* | ***ALL*** |  |  |  |
| ***Orientation/Training:***   * *# of new people starting per department* | ***ALL*** |  |  |  |
| ***Incident Reports/Safety:***   * *Trends and tracking* * *Falls benchmark/trends* * *Reportable to the State* * *Work comp trends* |  |  |  |  |
| ***Resident Council:***   * *Recommendation from Council* |  |  |  |  |
| ***Concern Forms:***   * *Tracking/trending of staff and family issues* * *24-48 hour follow-up done?* | ***SS*** |  |  |  |
| ***Family/Resident Survey:***   * *Progression of top two areas identified* | ***ADM*** |  |  |  |
| ***Daily Rounding:***   * *Items/areas identified* | ***ADM***  ***DON*** |  |  |  |
| ***Other:*** |  |  |  |  |

**ACTION PLAN**

| ***GOAL*** | ***ACTION*** | ***PROCESS CHAMPION*** | ***TARGET DATE*** | ***COMPLETION DATE*** |
| --- | --- | --- | --- | --- |
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This material was prepared by SDFMC, the Medicare Quality Improvement Organization for South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 10SOW-SD-C7-13-XXX.

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