QAA/QAPI Meeting Agenda

# <Name of Nursing Home>

#  <Date of Meeting>

## Participants

|  |  |
| --- | --- |
| Name | Title |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Updates or Outstanding Items From Last Meeting

|  |  |
| --- | --- |
| Item | Current status |
|  |  |
|  |  |

## Current Quality Assessment and Assurance Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Topic | Champion(s) | Measure | Goal | Current status |
|  |  |  |  |  |

Discussion:

Actions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Topic | Champion(s) | Measure | Goal | Current status |
|  |  |  |  |  |

Discussion:

Actions:

## Current Performance Improvement Projects

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Performance Improvement Project | Champion(s) | Measure | Goal | Current Status |
|  |  |  |  |  |

Discussion:

Actions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Performance Improvement Project | Champion(s) | Measure | Goal | Current Status |
|  |  |  |  |  |

Discussion:

Actions:

## Concerns Reported by Residents, Families, or Staff

|  |
| --- |
| Concern |
|  |

Discussion:

Actions:

|  |
| --- |
| Concern |
|  |

Discussion:

Actions:

## New Issues/Opportunities That Need to be Addressed

|  |
| --- |
| Issue |
|  |

Discussion:

Actions:

|  |
| --- |
| Issue |
|  |

Discussion:

Actions:

**What have we talked about today that will make the lives of our residents and/or staff better by the next time we meet?**

## Review of QAPI Plan

* Date of last review:
* Any changes needed to QAPI Plan?