**Policy**

1. Each Ohio Living facility will conduct Quality Assurance/Performance Improvement (QAPI) meetings at least quarterly.
2. The QAPI committee at the CCRC level will consist of but is not limited to the following members: Executive Director, Administrator, Director of Nursing, Consultant Pharmacist, Laboratory Representative, Environmental Services Representative (housekeeping/laundry), Dining Services Representative, Housing Manager, Human Resources Representative, Ohio Living Home Health & Hospice Representative and Medical Director or designee.
3. The QAPI committee at facilities lacking the nursing home component will consist of but is not limited to the following members: Housing Administrator, Assisted Living Coordinator or Nurse and Environmental Services Representative.
4. Each reporting member will:
   1. Provide standardized reports to committee members at least one week prior to the meeting
   2. Review all reports submitted
   3. Submit all Performance Improvement Plans (PIP) and updates

# **Procedure**

1. The Administrator will facilitate the quarterly QA meeting and distribute a risk management report containing, but not limited to the following:
   1. Performance Improvement Plans not reported on by other departments
   2. Hours of agency staff used (aides and nurses)
   3. All survey activity, IE: Ohio Department of Health, Local Health Departments, State and Local Fire, Risk Management Surveys, City Surveys, etc.
   4. All new programs and/or initiatives
   5. Medical records requests
   6. Unresolved family complaints and grievances
2. The Executive Director (or Housing Administrator in Communities where nursing is not a part of the continuum) will distribute a report containing, but not limited to the following:
   1. Resident Satisfaction Survey results, performance improvement plans and ongoing activities resulting from the PIP
   2. Progress of all new local and/or corporate policies, initiatives and procedures until full implementation has been achieved
3. The DON will submit progress and activity on all clinically based performance improvement plans.
4. The Consultant Pharmacist will distribute a pharmacy report.
5. The Laboratory Representative will distribute a laboratory results and QA report.
6. The Environmental Services Representative (includes safety, housekeeping and laundry) will distribute a report containing, but not limited to the following:
   1. Patterns and trends noted from the safety committee reports
   2. Any Life Safety Code surveys
   3. Current performance improvement plans
7. The Dining Services Representative will distribute a report containing, but not limited to the following:
   1. Trends and patterns of internal audits from the Ohio Living Dining Services QA standards
8. The Housing Manager will distribute a report containing, but not limited to the following:
   1. Number of emergency room visits
   2. Number of hospital admissions
   3. Number of discharges off campus
   4. Number of levels of care transfers
   5. Number of incidents in common areas
   6. Number of emergency response incidents
9. The Human Resources Representative will distribute a report containing, but not limited to the following:
   1. Trends and patterns in employee turnover
   2. Recruitment and retention activities and barriers
   3. Unmet and identified training and educational needs
10. The Ohio Living Home Health & Hospice Representative will distribute a report containing, but not limited to the following:
    1. Number of on campus home care clients
    2. Average number of residents attending campus clinics
    3. Number of referrals from the facility to Ohio Living Home Health & Hospice and number of these referrals opened by Ohio Living Home Health & Hospice
    4. Number of Ohio Living Home Health & Hospice clients referred to Ohio Living community by payer type
    5. Number of Ohio Living Home Health & Hospice clients on the campus by level of care
11. The Medical Director or designee will distribute a report containing, but not limited to the following:
    1. Attending physician issues and concerns
    2. General facility observations and recommendations
    3. Actions taken on performance improvement plans