
Quality Assurance Committee Meeting (OHP NAME)

Meeting Agenda (DATE), (TIME)

Participants: (Meetings must include representation from all staff providing patient care for every type of anesthetic or procedure; list chair-person first then others in alphabetical order; note if anyone is on the phone)

Regrets: (list in alphabetical order)

1. **Approval of Agenda**
2. **Approval of Minutes from (Previous Meeting Date)**
3. **Business Arising from Minutes (confirmation that action items have been completed, discuss outstanding actions)**
4. **New Business**
 - a) Facility Updates:
 - i. Staff changes/New staff
 - ii. Staff under supervision - progress on examinations/courses/accreditation
 - iii. Status Change Request: Relocation or Renovation plans
 - iv. Status Change Request: New Equipment plans, equipment problems, upgrades, equipment training or facility configuration issues
 - v. Status Change Request: New Procedure plans
 - vi. General practice goals



- b) Recommendations from OHP Assessment/ Public Health Visits/Ministry of Health/X-ray Inspection Services and HARP (if applicable). Such issues are to remain on the agenda until they are clearly finalized
- c) Policies and procedures (including but not limited to):
 - i. Policy and Procedures Manual – general updates, staff sign-off
 - ii. Technical – general practice guidelines for facility
 - iii. Infection Control
 - iv. Safety Data Sheets
 - v. Out-of-Hospital Premises Inspection Program Updates
 - vi. Other
- d) Review of IPAC requirements and staff orientation/training
- e) Staff Credentials and re-training
- f) Review of time between referral and examinations/treatment (if applicable)
- g) Staff performance appraisals & training – when, who, how often
 - i. Non-Medical Staff
 - ii. Medical Staff
- h) Review of individual physician care to assess:
 - i. patient and procedure selection are appropriate
 - ii. patient outcomes are appropriate
- i) Annual random selection of 5-10 patient records to review based on the criteria outlined in Section 8.1 of the OHPIP Standards.
- j) Review of a selection of individual patient records to assess completeness and accuracy of the entries by all staff.
- k) Review of activity related to cleaning, sterilization, maintenance, and storage of equipment.



l) Documentation of the number of procedures performed: any significant increase/decrease (>50% of the last reported assessment).

5. Adverse Events(see Section 8.2 of the OHPIP Standards)

- a) review all tier one and tier two adverse events
 - i. Document the review and any relevant corrective actions, policy changes and quality improvement initiatives taken.
 - ii. Provide feedback to all staff regarding identified adverse events.

6. Committee Members' Items: Some Committees like to leave a section for members to bring issues forward for sharing, or discussion

6. Meeting Adjourned

7. Next meeting