|  |  |
| --- | --- |
| **Describe the Proposed Process or Issue:** |  |
| **Persons involved in discussion:** |  |
| **Potential Impact Areas** | **Reasons proposed process/issue should take place/be implemented** | **Reasons proposed process/issue should NOT take place/be implemented** |
| **Resident Care/Safety** |  |  |
| **Resident Satisfaction** |  |  |
| **Staff Safety** |  |  |
| **Visitors Safety** |  |  |
| **Equipment** |  |  |
| **Financial** |  |  |
| **Other:** |  |  |
| **Any applicable risk reports, PI data, or sentinel events:** |  |  |
| **Decision:** |  |
| **Proposed Process, including mitigation requirements:** |  |
| **Policy changes and education plan:** |  |
|  |
| **Monitoring Plan:** | Description:  |
| Frequency:  | Responsible person(s):  |
| **Review Due Date:**  | **Responsible Person(s) for Review:**  |
| **Review Documentation** |
| **Date:** Click or tap to enter a date. | **Person(s) Involved:**  |
| **Outcome:**  |
| **Additional interventions/Actions if necessary:**  |
| **Further follow-up necessary?** Choose an item. | **If yes, when and person(s) responsible?**  |