|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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?** | | |