

Quality Advisory Committee Meeting

(COMPANY NAME)

Meeting Agenda

(DATE), (TIME)

Participants: (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**
4. **Approval of Minutes from (*previous meeting date*)**
5. **Business Arising from the Minutes (confirmation that action items have been completed, discuss outstanding actions)**
6. **New Business**
 - a) Goals and objectives – new, revised, going forward
 - i. Staff changes/New staff
 - ii. Expansion/relocation plans
 - iii. General practice goals
 - b) Policies and procedures (including but not limited to):
 - i. Manual – general updates, staff sign off
 - ii. Technical – general practice guidelines for facility
 - iii. Infection Control
 - iv. MSDS
 - v. other
 - c) Incidents, adverse drug reactions, complications.
 - d) Accuracy of interpretations and appropriateness of procedures:
 - i. Inter-related reliability results
 - e) Recommendations from other assessing bodies such as the Ministry of Health X-ray Inspection Services and HARP (only if applicable)
 - f) Staff performance appraisals & Training – when, who, how often
 - g) Equipment – problems, upgrades, training
 - h) Patient/referring physician survey results
7. **Committee Members' Items:** *Some Committees like to leave a section for members to bring issues forward for sharing, or discussion*
8. **Meeting Adjourned**
9. **Next Meeting**