**<CARE HOME> QI (CORE/TORCH) Meeting Minutes**

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| **Date:** | **Location:** |
| **Time:** |  |

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| **ATTENDEES** | | | | | |
| **Name** | **Role** | **R/P** | **Name** | **Role** | **R/P** |
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**P = Present R = Regrets**

| **DISCUSSION** |
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| **Welcome & Introductions** |
| Land Acknowledgement  Review of agenda:  Review of minutes from previous meeting: |
| **Check-in: review of Recent Successes, Challenges, & Learnings** |
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| **Physician Distribution** |
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| **Review of Best Practice Expectations (BPEs)** |
| 1. **24/7 Availability & Onsite Attendance** 2. **Proactive Visits to Residents** 3. **Attendance at Care Conferences** 4. **Meaningful Medication Reviews** 5. **Timely Completion of Documentation** 6. **Participation in QI Activities** |
| **[Additional Topic]** |
|  |
| **[Additional Topic]** |
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| **Plan for Next Meeting Date** |
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| **ACTION ITEMS** | **LEAD** | **DEADLINE** | **STATUS** |
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