



**12 APRIL 2022**

**Health Services**

**MEDICAL COMMITTEES AND  
FUNCTIONAL REVIEWS**

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Certified by: 59 MDW/SGA  
(Colonel Lauren H. Byrd)

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This instruction implements Air Force Policy Directive 41-1, *Health Care Programs and Resources*. It establishes the 59th Medical Wing (59 MDW) committee and functional reporting structure. It provides administrative requirements and guidance for organizing, chartering, record keeping, function reviews, and reporting channels. This instruction is applicable to all committees functionally responsible to or operating within the 59 MDW. This instruction does not apply to the Air National Guard or Air Force Reserve. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using Air Force Form 847, *Recommendation for Change of Publication*. Ensure that all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed of in accordance with the Air Force Records Disposition Schedule which is located in the Air Force Records Information Management System.

**SUMMARY OF CHANGES**

This publication has been revised. This revision of 59 MDWI 41-102 authorizes Wing-level committee chairpersons to approve their charters; requires the Board of Directors (BOD) appointed Reviewer to provide a copy of 59 MDW Form 84, *Review of Committee Minutes* to the USAF JB San Antonio 59 MDW Wing Commanders Action Group [usaf.jbsa.59-mdw.list.wing-commanders-action-group@mail.mil](mailto:usaf.jbsa.59-mdw.list.wing-commanders-action-group@mail.mil); updates the URL address for Strategic Plans and Programs; adds Defense Health Agency (DHA) and Leapfrog as sources for implementation and evaluation of compliance; replaces High Reliability Organization (HRO) terminology with DHA

Ready Reliable Care (RRC); adds the 2022-2023 Wing goals; adds Informatics Steering Committee; updates the purpose for all wing-level committees; updates the Organizational Alignment and Reporting Committee Flow Chart, and other minor changes.

**1. Overview.** The governing body of the 59 MDW is its BOD, which sets policy and is fully and legally responsible, either directly or by professional delegation, for the operation and performance of the organization. All references to “governing body” are by definition voting members of the BOD. Chairpersons of wing-level committees are voting members of the BOD. They ensure their committees are chartered and meetings contain a purpose, agenda and set time limit. Wing-level committees are responsible for activities defined by their charter, and oversee subcommittees and subordinate functions within their functional oversight. Subcommittees and working groups are chartered at the discretion of the chairperson. Chairpersons brief the BOD on outcomes. Committee charters are the only instrument used for establishing and managing committees.

**2. Purpose.** To establish administrative guidelines for structure, function, and composition of all standing boards, committees, councils, and function for the 59 MDW and establish responsibility for communication and accountability of each of these bodies in accordance with the Committee Information Flow Chart. All wing-level committees focus on meeting compliance and regulatory standards; in addition, committees identify and benchmark innovative approaches for operating a best-in-class, comprehensive, cost effective and efficient health system which promotes and sustains the health, safety, performance, and well-being of staff, patients, and visitors.

### **3. Responsibilities and Applicability.**

3.1. Committee chairs will start each meeting with a "patient safety moment" as an enabler in communicating a culture of safety across the enterprise, to reinforce that safety is leader's top priority, and a core value that cannot be compromised. Teams that communicate effectively and demonstrate mutual support reduce the potential for error, resulting in enhanced patient safety and improved clinical performance outcomes. Increased, effective team communication also improves the quality of working relationships and job satisfaction. TeamSTEPPS is a vital tool to help in this effort. The 59 MDW has adopted Team-STEPPS “as the way we do business.” Committee chairs assist in placing TeamSTEPPS into our medical operations policies, procedures, and business processes. The provisions of this Instruction are applicable to all standing boards, committees, councils, and other such bodies established at 59 MDW.

3.2. BOD. The BOD is the decision making authority on policy for 59 MDW. It provides strategic direction, allocates resources, ensures the welfare and safety of staff and patients, and is responsible for the operation and performance of the organization. Wing-level committees are established by the BOD and their charters approved by the committee chairperson.

3.3. Wing-Level Committees. Convene at the intervals or frequency indicated in their applicable committee charter. Implement and ensure a culture of safety; provide high quality health care, research, and educational services and programs; and maintain effective communication throughout the organization, with linkage to quality management and improvement activities which support the mission and goals of the 59 MDW.

3.3.1. Chairperson. A senior-level member of the BOD who leads the committee, champions the process, and provides continuity of purpose and direction in meeting current and future mission needs. The chairperson removes barriers that would hinder the committee's success. The chairperson:

- 3.3.1.1. Provides management oversight.
- 3.3.1.2. Selects an alternate chairperson, voting and nonvoting members and recorder.
- 3.3.1.3. Provides resources needed for the committee to meet its charter responsibilities.
- 3.3.1.4. Receives progress reports from the committee and subordinate committees/functions.
- 3.3.1.5. Develops an agenda, using the format at [Attachment 2](#).
- 3.3.1.6. Requires meeting minutes and share information on The Joint Commission standard compliance with the corresponding Ambulatory Surgical Center's areas (i.e. specific data, timelines, and format).
- 3.3.1.7. Reviews, approves/disapproves minutes and any annotates reason(s) for disapproval. 59 MDW Form 84, *Review of Committee Minutes*, is completed by the BOD member assigned to review respective committee minutes. The reviewer briefs at the BOD and provides the completed form to the Recorder of the BOD for filing with the BOD minutes and provides a copy to the USAF JB San Antonio 59 MDW Wing Commanders Action Group at [usaf.jbsa.59-mdw.list.wing-commanders-action-group@mail.mil](mailto:usaf.jbsa.59-mdw.list.wing-commanders-action-group@mail.mil).
- 3.3.1.8. Identifies all subordinate committees/functions reportable to the appropriate wing-level committee, and provides a short summary of the mission/purpose of each subordinate committee/function through such venues as a charter, minutes, etc.
  - 3.3.1.8.1. Ensures effective communication between subordinate committees and the oversight wing-level committee on any open actions items referred by subordinate committees, and provides resolution back to the subordinate committee/function.
- 3.3.1.9. Reviews and approves all minutes of subcommittees directly accountable to the appropriate wing-level committee. This function may be delegated to the committee membership.
- 3.3.2. Develops a charter using the format at [Attachment 3](#). The actual charters, separately maintained and updated by each Committee Chair, are available up request, and posted on the Strategic Plans and Programs site located at <https://59mdw.samhs.health.mil/strategic-plans-programs/SitePages/Home.aspx>. Individual charter updates are reviewed and approved independently from this MDWI.
  - 3.3.2.1. Charter. Represents a contract between leadership (in most cases the chairperson) and the committee. The *mutually agreed upon* charter clarifies expectations for the committee. The template is at [Attachment 3](#). Charters for group-level committees and sub-committees/working groups are not required.
    - 3.3.2.1.1. Include subordinate subcommittees/functions, purpose and mission.
    - 3.3.2.1.2. Submit final draft of wing-level charters to 59 MDW/CVO for processing.

3.3.3. Committees with Subordinate Functions. Although not required, chairpersons may charter subordinate functions (e.g., subcommittees, working groups, etc.), determine membership, meeting frequency, documentation and subordinate functional requirements, and reporting procedures to the oversight committee. They also assist in implementation and evaluation of compliance with standards of The Joint Commission, Air Force and Defense Health Agency Instructions, Air Force Audit Agency reports, Leapfrog, and other regulatory agency requirements and standards for which they are responsible.

3.3.4. Function Reviews. Functions subordinate to a wing oversight committee will brief that committee on outcomes. Higher-level oversight committees and regulatory requirements determine the type and scope of data provided. The inputs from the subordinate functions may form the foundation for committee inputs to the oversight committee and the BOD.

#### 3.3.5. Committee Management.

3.3.5.1. The CVO office publishes the annual BOD and wing-level committee schedules.

3.3.5.2. Committee chairs review and sign minutes and submit to designated BOD reviewers who ensure clarity, continuity and follow up, rather than correctness of content.

3.3.5.3. A meeting is often the best way to communicate information to others in a group when face-to-face interaction is necessary—when what you say depends on what another person says (or hears). Time spent attending a meeting, however, is time taken away from other duties. [Attachment 6](#) provides guidance for running an effective meeting.

3.3.6. Recorder. Keeps minutes of the meetings and maintains member attendance in a roster matrix that is either attached or within the recording document.

3.3.7. Minutes. Provide a clear, thorough record of oversight, decision-making and follow-up. Items requiring further action are tracked/followed to completion. Identify an effective mechanism for subordinate committees/functions to elevate issues to the appropriate wing-level committee with resolution back to the subordinate committee/function. Date the minutes the day they are signed. Place information regarding future meetings in the last paragraph. Show either: “open, Next Reporting Date: (date) \_\_\_\_\_, POC: \_\_\_\_\_”, “closed” or “Info” status at the end of *Old* and *New Business* and other topics discussed. Indicate if BOD action is required on “Open” items. (Type “Approved as written” and “changes annotated” two lines below the recorder’s signature block, followed by the chairperson’s signature block.) Complete minutes within 10 workdays following the meeting.

3.3.7.1. Wing-level committee reviewers provide results of committee minute reviews to the BOD the month following the month in which the committee convened. Report issues preventing review completion to the BOD. Carry-over any pending reviews to the next BOD meeting.

3.3.7.2. Reviewer report results on 59 MDW Form 84 and maintains as a permanent attachment to the corresponding committee minutes. Route copies of the minute

reviews to the respective committee chairperson and recorder for action noted on 59 MDW Form 84.

3.3.7.3. Meeting minutes serve as the official record of the committee's deliberations and decisions, and thus must be saved and maintained IAW Air Force Records Management guidelines.

3.3.8. Minutes containing “*Quality Assurance*” information that is protected under Title 10, U.S.C. 1102, *Confidentiality of Medical Quality Assurance Records*, must be safeguarded and must have the following statement typed or stamped on each page:

**QUALITY ASSURANCE MATERIAL  
PROTECTED BY 10 U.S.C. 1102  
FOR OFFICIAL USE ONLY**

3.3.9. Two-thirds of voting members are required to be present for a quorum, and two-thirds of the voting members must be present to pass recommendations/proposals (e.g., decision briefs).

#### 4. Chartered Committees.

4.1. Ready Reliable Care (RRC) is the framework used throughout DHA to advance and sustain high reliability across the Military Health System. It leverages and strengthens the well-established processes utilized by each of the Services, all aimed at continuous process improvement and a patient-centered focus. The RRC principles are (a) Preoccupation with Failure, (b) Sensitivity to Operations, (c) Deference to Expertise; (d) Respect for People, (e) Commitment to Resilience, (f) Constancy of Purpose, and (g) Reluctance to Simplify. Using these principles, committees assist senior leadership in enabling every one of us, every day, a problem solver, delivering value, and leading the way to Zero Harm.

**Note:** [Table 4.1](#) identifies wing-level committees approved by the BOD and aligns them to the 2022-2023 Wing goals.

**Table 4.1. Wing-Level Chartered Committees.**

COMMITTEE	GOALS	CHAIRPERSON	PURPOSE
Board of Directors	Better Care Better Health Best Value People	59 MDW/CC	Chartered to exercise ultimate authority and responsibility for the oversight and delivery of health care. Identifies how the 59 MDW is governed and the key individuals involved.
Medical Readiness Committee	Readiness	59 MDW/CC Functional OPA: 59 MDSG/CC	Chartered to evaluate medical unit readiness preparedness, capacity for disasters, contingencies, mobility and wartime missions, the status of medical readiness training and mobility staffing posture.
Executive Committee of the Medical Staff	Better Care Better Health Best Value	59 MDW/SGH	Chartered to identify how the 59 MDW designs processes and systematically monitors, analyzes

COMMITTEE	GOALS	CHAIRPERSON	PURPOSE
Sub committees: Credentials Function Dental Executive Leadership Committee Infection Control Function Medical Records Review Function Patient Safety Pharmacy and Therapeutics Committee Population Health Working Group Primary Care Forum Prostaff Radiation Safety Risk Management Function Resuscitation Committee SAMHS Referred Issues from Pharmacy and Therapeutics Committee Surgical Action Team Future other action team reports (e.g., Medical)			and improves performance in patient outcomes, implement and monitor the National Patient Safety Program and annual goal, review Compliance, Patient Safety, Performance Improvement, and Risk Management (CP2R) lessons learned, monitor results of National Quality Improvement Goals for PCMH, and ensure maintenance of performance-based feedback and privileging processes.
Health Plan Management Committee  Subcommittee: Data Quality Management	Best Value	59 MDW/CV	Chartered to establish business rules, policies, and accountability for the delivery of healthcare services benefitting the enrollees of the 59th Medical Wing and the greater DoD beneficiary population of the San Antonio area. It coordinates execution of higher headquarters directives and community partnership initiatives related to healthcare delivery.

<b>COMMITTEE</b>	<b>GOALS</b>	<b>CHAIRPERSON</b>	<b>PURPOSE</b>
Nurse Executive Committee	Better Care Better Health Best Value	59 MDW/SGN	Chartered to ensure the foundation of nursing standards of practice are met at all levels, supports the DHA HRO principles. Works collaboratively with Executive Committee of the Medical Staff to ensure a team based approach for delivery of care that is high-quality, safe, and patient-centered.
Aerospace Medicine Council	Better Care Better Health Best Value	59 MDW/SGP	Chartered to provide direct support to AF operations by promoting and sustaining force health, preventing injury and illness, restoring health, and sustaining human performance. Oversees management of the Aerospace Medicine Enterprise (AME) across Joint Base San Antonio (JBSA). Responsible for the execution of the AME and oversees the OEHWG, DAWG and FOMWG working groups.
Commander's Inspection Management Board	Best Value AF 4 Major Graded Areas	59 MDW/CC	Chartered to assess unit effectiveness in four major graded areas: Executing the Mission; Managing Resources; Improving the Unit; Leading People and implementing and monitoring CCIP – to include self-assessment inspections and Wing Exercise Programs.

<b>COMMITTEE</b>	<b>GOALS</b>	<b>CHAIRPERSON</b>	<b>PURPOSE</b>
Healthcare Compliance Committee	Better Care Better Health	59 MDW/SGH	Chartered to ensure compliance with all applicable laws, regulatory, and external accreditation agencies, and meets them across the organization in an appropriate, uniform and consistent manner. Makes recommendations to the BOD on accreditation, licensing and certification matters which are beyond the authority of the Healthcare Compliance Committee.
Graduate Medical Education Council	Readiness Better Care Better Health People	59 MDW/GE	Chartered to enhance and sustain an integrated system of medical professional education, training, and development to produce and retain skilled, dynamic leaders in health care, targeted on those specialties for which the DoD Military Health System needs to invest in training with a focus on medical readiness. SAUSHEC is accountable to the SAUSHEC Command Council and SAUSHEC Board of Directors.
Process Improvement Committee	Best Value	59 MDW/SGB	Chartered to maintain a systematic, active, integrated, organized, and peer-based process improvement (PI)/quality improvement (QI) program and integrate PI/QI with the Quality Management (QM) program across the 59 MDW).
Scientific Advisory Committee	Readiness Research Development Innovation through clinical research	59 MDW/ST	Chartered to explore, conduct and exploit emerging joint requirements, clinical and translational research. Enhances visibility of research alignment between constituents, identifies and reports on emerging technologies, reviews discovery, research and development



COMMITTEE	GOALS	CHAIRPERSON	PURPOSE
			initiatives, and stays abreast of scientific activities.
Wing Resources Committee  Sub committees: Information Management SGA Forum Environment of Care Medical Facility Utilization Board Equipment Review Authorization Activity	Best Value People	59 MDW/SGA	Chartered to develop and make recommendations to the BOD on financial and human resources requirements, availability and utilization, as well as the resourcing impact of product line changes, Process Action Team and Staff Assistance Visit recommendations
Patient and Family Partnership Council	Better Care Better Health Best Value	59 MDW/SGN	Chartered to provide information, advice and recommendations to the 59th MDW (Wilford Hall Ambulatory Surgical Center) Commander on issues related to access, quality, administrative activities and the patient and family experience of care.
Informatics Steering Committee	Better Care Better Health Best Value	59 MDW/CMIO	Chartered to facilitate the standardization, modernization and integration of technology into the healthcare delivery processes. The ISC is empowered to make recommendations, advocate for policy modifications, guide infrastructure upgrades, and implement standards, patient safety measures and business practices to create an atmosphere for change at the 59 MDW and SA Market.

4.2. Committee Chairpersons review their charters annually to determine if the original need for the committee still exists, make necessary changes, and submit final draft charters to 59 MDW/CVO.

4.3. Committee membership and meeting frequency are identified in committee charters.

4.4. Revisions to existing charters and new charters will be in the format outlined at [Attachment 3](#).

4.5. Charters for committees identified in [Table 4.1](#) are maintained by 59 MDW/CVO and posted to the Strategic Plan and Programs SharePoint site.

4.6. Linkage to the organizational alignment and reporting channels flow chart is shown at [Attachment 5](#).

JEANNINE M. RYDER, Brig Gen, USAF, NC  
Commander, 59th Medical Wing

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 40-2, *Radioactive Materials (Non-nuclear Weapons)*, 19 June 2019

AFPD 41-1, *Health Care Programs and Resources*, 3 October 2018

AFPD 44-1, *Medical Operations*, 9 June 2016

AFPD 46-1, *Nursing Services*, 20 March 2018

AFPD 47-1, *Dental Services*, 9 May 2018

AFPD 48-1, *Aerospace Operational Medicine Enterprise*, 7 June 2019

Title 10 United States Code, Section 1102, *Confidentiality of Medical Quality Assurance Records*, latest edition

The Joint Commission Manual for Hospital Accreditation, latest edition

Department of the Army, Brooke Army Medical Center, BAMC Memo 015-001, Board, Commissions and Committee (Hospital Boards, Committees, Councils, and Teams), latest edition

***Prescribed Form***

59 MDW Form 84, *Review of Committee Minutes*

***Adopted Form***

AF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**AME**—Aerospace Medicine Enterprise

**BOD**—Board of Directors

**DHA**—Defense Health Agency

**HRO**—High Reliability Organization

**JBSA**—Joint Base San Antonio

**MDW**—Medical Wing

**POC**—Point of Contact

**RRC**—Ready Reliable Care

***Terms***

**Board, Council, Committee**—A group of persons with collective responsibility appointed to consider, investigate, advise, and usually to report on specific problems or subject areas.

**Function**—Services, tasks or regulatory requirements that are subordinate to a committee, who receive their charter, guidance, and reporting instructions from the parent committee.

**Subcommittee**—A supplement to a existing committee consisting of more than one person and having a specific responsibility. Findings are reported to the parent committee for full approval or disapproval.

**Team**—Group of persons assembled and organized to work together to oversee a development or multidisciplinary process (for example, Tiger Team or Process Action Team).

**Work Group**—Generic term encompassing functions, natural work groups, self-directed work groups, focus teams, Tiger Teams, Process Action Teams, etc.

**Attachment 2**  
**AGENDA TEMPLATE**

**AGENDA TITLE OF MEETING AND DATE OF MEETING**

**1. REVIEW OF PREVIOUS MINUTES:**

Minutes of XX Date Year, Title of Meeting

**2. STANDARD AGENDA ITEMS:**

a. Topic (POC)

b. Topic (POC)

**3. OLD BUSINESS:**

a. Topic (POC)

b. Topic (POC)

**4. NEW BUSINESS:**

a. Topic (POC)

b. Topic (POC)

**5. REVIEW OF DELIVERABLES:** (Chairperson)

Review any deliverables from today's meeting

**6. NEXT MEETING:** Date and Time of Next Meeting

**Note:** Show either: "open, NRD: (date) \_\_\_\_\_, POC: \_\_\_\_\_", "closed" or "Info" status at the end of all *New Business* and *Old Business* topics. Indicate if BOD action is required on "Open" items.

### Attachment 3

## CHARTER FORMAT

MEMORANDUM FOR: 59 MDW/CVO

(Date)

FROM: (Chairperson)

SUBJECT: Committee Charter for (Name of Committee)

**Summary of Changes:** (required when updates are made to existing charter).**References:** (i.e., DODI, AFI, a Joint Commission Chapter, external regulatory compliance, etc.)

**1. Situation Statement.** States reason the committee was formed (i.e., The need for a standing wing-level committee). It should meet three criteria: (1) be focused on the customer, (2) be controllable by the committee and (3) be measurable. It should outline what leadership expects the committee to accomplish, not how the committee should do it.

**2. Requirement.** What is the governing directive for the committee, such as an Air Force Instruction, higher-level plan, The Joint Commission or other accrediting body, or UEI requirement? This may be included in the situation statement.

**3. Results.** What do you expect to accomplish? Are there timelines? What are the specific desired outcomes? What are the objectives? What is the scope of your effort? What outcomes are expected from subordinate committees or functions? Who does the committee report outcomes to, for example the process owner?

**4. Roadmap.** The basic plan you will follow. Will there be an agenda? What are the major milestones? Who must do what, by when, to bring about desired outcomes or accomplish the results? Does the committee have goals, objectives and measures? Does the committee support Wing Balanced Scorecard objectives?

a. List subordinate committees/functions and their purpose/mission.

**5. Roles.** What are the essential roles of the membership?

**6. Responsibilities.** What results does the committee chairperson specifically expect from subordinate committees/functions and from senior leadership?

**7. Resources.** (Resources refer to all of the help that might be needed. What it will take in terms of time [frequency and expected duration of meetings], budget and so forth. List membership of the committee position, organization and office symbol.

**8. Reporting.** How outcomes and progress will be communicated and to whom, i.e., to the process owner or BOD and reviewed by whom, i.e., an oversight committee or process owner.

**9. Relationships.** How your committee or council will handle decisions, feedback and problems.

**10. Replaces.** ☐ This charter replaces charter, dated \_\_\_\_\_.

[✓Which ☐ This is a new charter.  
one applies]

Signature Block of Chairperson

(Note: Submit final draft of wing-level charters to 59 MDW/CVO for processing.)

## Attachment 4

## TRANSFER OF ACTION ITEMS BETWEEN COMMITTEES

Date:

## MEMORANDUM OF REFERRAL

Committee Referred From:

Committee Referred To:

Issue or Action Item for Referral:

Reason for the Referral:

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(Name and Grade of the transferring Wing Committee Chairperson)

**Note 1:** Use 59 MDW Form 84, *Review of Committee Minutes*.

**Note 2:** Minutes of the gaining and losing Wing committee will reflect the *transfer* of action items at the end of the appropriate *New Business* or *Old Business* topic being transferred, e.g., Transferred to \_\_\_\_\_ Committee, on (date), POC \_\_\_\_\_”.

**Note 3:** Action items will only be closed by the referring committee if permanently *transferred* to another Wing-level committee. Action items only *referred* stay open for tracking by the referring committee for visual follow-up. Use Referred to (Wing-level committee), tabled until Date\_\_\_\_\_, POC: \_\_\_\_\_” at the end of each action item *referred*.

## Attachment 5

**ORGANIZATIONAL ALIGNMENT AND REPORTING COMMITTEE FLOW CHART****A5.1. Organizational Committee Flow Chart.**

A5.1.1. There are four reporting channels for decisions and information presented to and considered by the BOD: (1) Leadership and Compliance, (2) Clinical Care, (3) Process and Quality Improvement, and (4) Administrative Support.

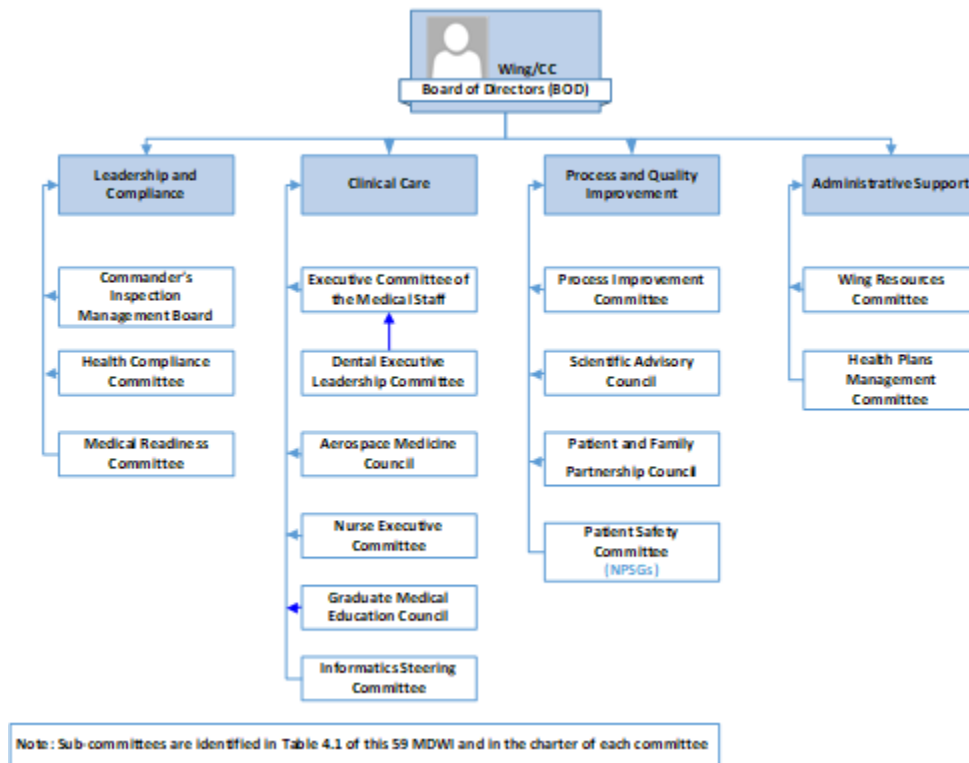
A5.1.2. Leadership and Compliance. Includes committees that monitor and enforce Air Force and TJC accreditation requirements and standards.

A5.1.3. Clinical Care. Includes committees that provide and evaluate healthcare services and staff competency within the 59 MDW.

A5.1.4. Process and Quality Improvement. Includes committees that develop and manage education, quality and performance improvement in support of the 59 MDW.

A5.1.5. Administrative Support. Includes committees that execute administrative and support tasks in support of the 59 MDW.

**Figure A5.1. Organizational Alignment and Reporting Committee Flow Chart.**





## Attachment 6

## RUNNING A PRODUCTIVE MEETING

Table A6.1. Running a Productive Meeting.

Purpose	State why the meeting is being held and provide clear objectives (clarity and focus) – follow the agenda Well-planned agenda and time line
Agenda	Start each meeting with a "patient safety moment" List the topics in logical sequence Allocate time to each item on basis of importance, not urgency (for example, something is urgent, but not important, put it first but give it 5 minutes) Have structure. Stop members jumping ahead or going over old ground Achieve closure Members should know what to expect before coming to the meeting It should contain sufficient detail to keep the meeting on track, but not to the point where members become slaves of the agenda The agenda should not be the objective—it is a guide
Time	Starting on time, staying on time and stopping on time are golden rules of meeting management Everyone's time is valuable and it is likely that this is not the only meeting of the day for most members
Reaching Consensus	Setting and keeping reasonable time limits for activities can help the committee stay focused or reach closure on agenda items Involve everyone in the discussion Explore the alternatives Listen to what the other person is saying Identify actual problems, not symptoms Be careful of quick, short-term solutions Encourage differences to clarify issues Avoid conflict-reducing techniques, such as majority vote, averaging or coin flips Yield only to positions that have objective and sound foundations Try not to compete Allocate time carefully Always strive for the best answer Good support data makes consensus easier
Tracking	Show agenda items as "opened," "tabled" (for future discussion), "info", or "closed".