

SAMPLE BOARD RESOLUTION: Provider Support as part of QI Activities [WA Law]

Board resolutions may take many forms. The following is just one example. What we look for is that the topic came up before the full board and that the full board had the opportunity to vote on the resolution. The resolution should make reference to the meeting and then be signed by the Board Chair.

BOARD RESOLUTION

At the meeting of the Board of Directors of *[health care facility/group]* on *[date of meeting]*, the following resolution was proposed and approved by the board:

Resolved:

WHEREAS the mission of the *[health care facility/group]* is *[describe mission: to support safe patient care]*;

WHEREAS *[health care facility/group]* wishes to include additional activities within its Coordinated Quality Improvement Program approved by the Washington State Department of Health to support quality patient care and improving healthcare outcomes;

That the *[health care facility/group]* Board is in full support of including the following additional activities within the current Coordinated Quality Improvement Program as a means to review patient care services, improve the quality of health care, and revise policies and procedures at *[health care facility/group]*:

Provider Support after Adverse Events

In order to support *[SITE]* providers and staff in coping with critical incidents and the effects of adverse events, trained provider support staff will be available to provide coaching and emotional support to providers and staff following such events. Providing such support following a critical event or adverse event will help providers and staff manage work-related stress, and thereby improve quality of patient care at *[SITE]*. These activities are part of *[SITE's]* Quality Improvement Plan and must be kept confidential. The trained provider support staff and providers and staff participants are bound by the terms of RCW 70.41.200, RCW 43.70.510 and RCW 4.24.250, and shall not be permitted or required to testify in any civil action as to information learned in any Provider Support activity.

Signed:

(President) or (Chair)