


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Committee Meeting Reporting, Review, and Approval Process	POLICY NO: AD-ORG-07	Page 1 of 2
RESPONSIBILITY: Department-Wide		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: 06/24/2017	
	LAST REVIEWED/REVISED: 11/14/19	

PURPOSE:

To standardize the reporting process of committee meetings throughout Guam Behavioral Health and Wellness Center (GBHWC).

POLICY:

The minutes of all GBHWC committee meetings, including meetings held by Professional Support Services (Psychiatrists and Psychologists), Community Support Services, Team Facilitators, Counseling Division and other Clinical Programs shall be prepared using a standardized method as set forth in this policy.

PROCEDURE:

A. Preparation of Minutes

1. When preparing minutes for a meeting, the scribe shall use the format in *Attachment I*. The minutes **must** contain the following information:
 - a. Name of the organization (Guam Behavioral Health and Wellness Center),
 - b. Name of the committee,
 - c. Date, time, locations of the meeting and time of adjournment,
 - d. A roster which identifies who was and was not present,
 - e. Identification of the following:
 - i. The issue, topic or subject discussed
 - ii. A brief summarization of any discussions amongst members,
 - iii. A decision that was made and/or action(s) taken to address or resolve the issue,
 - iv. The responsible person(s) to address or resolve the issue,
 - v. The reporting timeframe,
 - vi. The status or progress of addressing or bringing closure to an issue.
 - f. Updates from previous meetings (if any),
 - g. Report of unresolved issues (if any),
 - h. The next meeting date, time and location (or indicate TO BE ANNOUNCED),
 - i. The scribe and the chairperson's signatures and titles

B. Review, Approval, and Filing of Minutes

1. The committee chairperson shall ensure that a draft of the minutes is prepared and distributed to committee members within 2 weeks after the meeting and/or a minimum of seven (7) calendar days prior to the next meeting date.
2. Minutes are subject to correction, amendment, and approval at the following meeting.
3. The committee chairperson shall ensure that approved minutes are filed accordingly and in compliance with the retention of record(s), as applicable.

4. Only approved minutes shall be made available to the public upon request. A copy of minutes shall not be released unless the request has been approved by the Director or his designee.

RELATED POLICY(IES):

AD-ORG-06 GBHWC Committees and Committee Guidelines

ATTACHMENT:

F-AD-ORG-07 Minute Report Template



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913
 TEL: (671) 647-5330 FAX: (671) 649-6948

GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER
Committee:
Date/Time:
Location:

ATTENDANCE	
Present:	Absent:

Issue/Topic/Discussion	Decision(s)/Action(s) Made	Responsibility	Time Frame	Status
I. Called to order				
II. Approval of previous meeting minutes	Name of Individual, 2 nd Name of Individual			
III. UPDATES FROM PREVIOUS MEETING: Touch base on any pending issues/topics from the previous meeting and identifies whether or not the responsible person(s) carried out their assigned task by the committee.				
A. An issue or topic discussed. Each issue/topic must have a separate row and notes in respective columns.	Answer the following questions: What is going to be done to resolve/address the issue? Why does this have to be done?	Who is responsible for the success or failure of resolving the issue? Indicate the person's name or position	The target deadline to resolve the issue. If the item is informational, then indicate here.	Indicates the status of the issue. Is the item pending, closed, tabled, or deferred?
B.				
IV. NEW BUSINESS: New issues/topics that are identified and discussed.				
A.				
V. Motion to call meeting to an end at XX:XX AM by Name of Individual, 2 nd Name of Individual				
VI. NEXT MEETING DATE: Month, Day, Year at XX:XX AM in Room				

Transcribed by: _____
 (Name)
 (Title)

Approved by: _____
 (Insert Name here)
 Chairperson, (Insert committee name here)



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REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy Title: Committee Meeting Reporting, Review, and Approval Process

Policy No: AD-ORG-07

Initiated by: Regulatory Compliance/QI Office

Date	Signature
9/16/19	

Cydsel Toledo
Quality Improvement Coordinator

Date	Signature
9/20/19	

Reina Sanchez
Clinical Administrator

Date	Signature

Annie Unpingco
CASD Administrator

Date	Signature
9-18-19	

Leonora Urbano, MSN, RN-BC
Psychiatric Nurse Administrator

Date	Signature
11/8/19	

Carissa Pangelinan
Deputy Director