

**10A NCAC 43A .0404 LOCAL RESPONSIBILITY FOR QUALITY ASSURANCE**

Each provider of family planning services shall have two standing committees:

- (1) Program Review Committee
  - (a) Composition - at least one representative from the clinic's patient population, representatives from the health care delivery staff (including medical and support services personnel), and a member of the administrative staff;
  - (b) Frequency of meetings - quarterly;
  - (c) Topics of review - accessibility of services, comprehensiveness of services, continuity of care, clinic efficiency, and patient participation in the planning, operation, and evaluation of the program;
  - (d) Suggested review process - problem identification, problem definition, recommendations, follow-up or reassessment;
  - (e) Documentation - the documentation of the proceedings shall be required. Records of the meetings shall be shared with program administration and staff.
- (2) Patient Care Review Committee
  - (a) Composition - health care professionals;
  - (b) Frequency of meetings - at least monthly (may be conducted in conjunction with team meetings or post-clinic conferences);
  - (c) Topics for review - assessments of the medical quality of patient care;
  - (d) Suggested review process - problem identification, selection of the best means for further study of the problem, recommendations, follow-up or reassessment;
  - (e) Documentation - the documentation of the proceedings is required. This includes physician review or consultation when appropriate.
- (3) Local providers may meet either or both of these requirements if existing committees, councils, or groups performing identical functions are active in their agency.

*History Note:* Authority 130A-124;  
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