**Quarterly Quality Improvement Plan**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **“Planned” QI activities as per quarterly planning meeting**  |
| **Focus** | **Lead**  |  **Start date** | **End date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **“Incidental” QI activities (e.g. raised throughout the quarter)** |
| **Focus** | **Lead** | **Start date** | **End date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Practice Manager:** |  | **Date:** |  |
| **QI Coordinator:** |  | **Date:** |  |
| **Staff rep:** |  | **Date:** |  |