**Quarterly Quality Improvement Plan**

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

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| **“Planned” QI activities as per quarterly planning meeting** | | | |
| **Focus** | **Lead** | **Start date** | **End date** |
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| **“Incidental” QI activities (e.g. raised throughout the quarter)** | | | |
| **Focus** | **Lead** | **Start date** | **End date** |
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| **Practice Manager:** |  | **Date:** |  |
| **QI Coordinator:** |  | **Date:** |  |
| **Staff rep:** |  | **Date:** |  |