QI Activity

Quality Improvement Plan

Causey improvement receively repre-
What is your identified area of improvement work and why are you doing this work?
Provide a background and the reason why you have chosen to undertake this work.
Example: Why have you chosen the priority area (e.g. diabetes management) and how will this work make an
improvement to your practice or to your patients.
Quality Improvement Goal
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How will you track your journey and know that a change is an improvement?		
What data reports do you have access to and plan to use? How will they be used? Will you be using a data		
extraction tool?		
Activities		
What activities do you plan to undertake that will lead to an improvement? – small steps/ideas		
Activity 1	Date To be completed	
Activity 2	Date To be completed	
Activity 3	Date To be completed	
Activity 4	Date To be completed	
Recording QI Activities		
How will your record your QI activities such as PDSAs?		
Example: Spreadsheet, paper records		

Quality Improvement Measures

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Inten	Intended Outcomes		
What outcomes do you expect as a result of this quality improvement activity?			
Example: Improved team work, improved coding, improved processes			
1.			
2.			
3.			
Identify The Lead Team At Your Practice Who Will Be Responsible To Drive The Quality Improvement Work			
Lead I	Name	Roles/Responsibilities	
1.			
2.			
3.			
Budgeting And Staff Time			
Identify budget required (if any) and staff time (protected time) needed to complete improvement activities			
1.			
2.			
3.			
Risk N	/lanagement		
Think	about any potential risks or cha	llenges that you may encounter undertaking this improvement activity.	
What is the likelihood of this occurring and how may you address this?			
Example: resistance from other team members, lack of time to undertake activities			

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Communication Plan	
How do you plan to communicate with the team what activities you plan to undertake?	
Example: Via staff notice board, online communication, staff meetings	

Principal Sign Off			
Once this plan is complete, ask your practice principal to approve this improvement activity			
Date:	Name:		
Role:	Signature:		

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