

Continuous Quality Improvement

CQI Planned Activity

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|----------------------|--|-----------------|--|-------------|--|
| Practice Name | | Activity number | | Start date | |
| Activity Description | | | | Finish date | |

What do we want to happen?

What do you hope to achieve? (What is the desired outcome)

How are you going to do this? (Step out a plan including team meetings and data collection activities)

| What will we do? | Who will do it? | When will it be completed? |
|------------------|-----------------|----------------------------|
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Document progress, include any errors or barriers.

What did you observe? (This may include how the people react, how the change fits in with your system)

What were the barriers or challenges, did anything unexpected happen?

What worked and what didn't?

What went well?

What could be improved?

Did it work? What are the next steps?

| | | | |
|-----------|--|----------------|--|
| Name | | Position | |
| Signature | | Date Completed | |

