Name of Practice: Date:

Name of your QIA:

|  |  |
| --- | --- |
| Which area of your practice might benefit from a QI Activity – Administrative or Clinical? |  |
| QI Activity Description |  |
| What will a successful outcome look like (10-word elevator pitch)? |  |
| How will you measure success? |  |
| What is your initial benchmark? |  |
| Who will be leading this activity? |  |
| Who will be on the team? |  |
| How long will the activity need? |  |
| What additional resources will be required? |  |

Quality Improvement Activity Process

|  |  |  |  |
| --- | --- | --- | --- |
| Step | What | Who | When |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Upon completion**

1. What are the lessons learnt from this Quality Improvement Activity?
2. Do we need to review or extend the activity?
3. Is this Quality Improvement Activity completed?