Continuous quality improvement

CQI worksheet

|  |  |  |  |
| --- | --- | --- | --- |
| Practice name |  | Date |  |
| Length of activity |  | NQPHN CQI Officer |  |

|  |
| --- |
| **CQI activity subject (tick subject / add details)** |
| Accreditation / data quality | Cervical screening | Sexual health |
| COPD  | Men’s health | Woman’s health |
| Diabetes | Children’s health | My Health Record |
| Asthma | VPR / MyMedicare | Allergies |
| Health assessments (75+, First nations people, 40-49 years) | Cardiovascular health | Other CQI area: |

|  |
| --- |
| **CQI activity goal (add details below)** |
|  |

|  |  |  |
| --- | --- | --- |
| **Activity number** | **Activity areas of focus – Plan details** | **Lead person/s** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

|  |
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| **CQI activity participants** |
| Practice manager |  | Date |  |
| CQI coordinator |  | Date |  |
| Practice staff |  | Date  |  |

PDSA diagram

