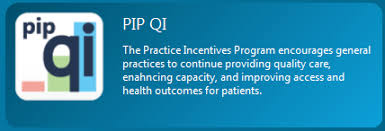
Name of Practice: Date:

|  |  |
| --- | --- |
| 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? |  |
| Resources and Education required? |  |

[](https://www.google.com/url?sa=i&url=https%3A%2F%2Fhelp.pencs.com.au%2Fdisplay%2FCG%2FPIP%2BQI%2BImprovement%2BMeasures&psig=AOvVaw1hJ0aLuobLZFcFHLZ828x-&ust=1598585771678000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCMC7qp-6uusCFQAAAAAdAAAAABAf)

Quality Improvement Activity Process & Timeframe

|  |  |  |  |
| --- | --- | --- | --- |
| 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?