[Insert Practice name or logo]

Quarterly Quality Improvement Plan

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| **Start date** |  | **End date** |  |

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| **‘Planned’ QI activities as per quarterly planning meeting** | | | |
| **Focus** | **Lead** | **Start date** | **End date** |
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| **‘Incidental’ QI activities – i.e. raised throughout the quarter** | | | |
| **Focus** | **Lead** | **Start date** | **End date** |
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| **Practice Manager** |  | **Date** |  |
| **QI Coordinator** |  | **Date** |  |
| **Staff Rep** |  | **Date** |  |