Name of Practice: Date:

Name of QIA:

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| **Quality Improvement Team** | |
| **Names** | **Roles/Responsibilities** |
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| **GOAL**  (Simple, Measurable, Achievable, Realistic, Timely) What are we trying to accomplish and when? |  |
| **MEASURES**  What data will we use to track our improvement?  Eg Pen CAT/POLAR |  |
| **INITIAL BENCHMARK**  What is our current data saying? |  |
| **IDEAS**  What changes will we make that will lead to an improvement?  NB: These ideas are not practice specific and are designed to give you some general ideas.  The QI Team should develop these ideas together.  To assist with clinical decision making, consider using HealthPathways, see: HealthPathways Sydney: https://sydney.communityhealthpathways.org/ Username: connected  P/w: healthcare  HealthPathways South East Sydney: https://sesydney.healthpathwayscommunity.org Username: sesydney  P/w: healthcare |  |

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| **PLAN**  **How will we do it?** | | | | **DO**  Did we do it?  Unexpected problems? | **STUDY**  Review/reflect on results Lessons learnt  What did/didnt’t work well? | **ACT**  Next steps?  Review or extend activity? |
|  | **What** | **Who** | **When** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |

You are one step closer to becoming a PCMN practice.



**Person Centred Medical Neighbourhood**