|  |  |  |  |
| --- | --- | --- | --- |
| **PRACTICE NAME** |  | **Date** |  |
| **LENGTH OF ACTIVITY** |  | **BNPHN CQI OFFICER** |  |

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| **CQI ACTIVITY SUBJECT – Tick subject / add details** |

|  |  |  |  |  |  |
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|  | **ACCREDITATION / DATA QUALITY** |  | **CERVICAL SCREENING** |  | **SEXUAL HEALTH** |
|  | **COPD** |  | **MEN’S HEALTH** |  | **WOMAN’S HEALTH** |
|  | **DIABETES** |  | **CHILDREN’S HEALTH** |  | **MY HEALTH RECORD** |
|  | **ASTHMA** |  | **VPR / MY MEDICARE** |  | **ALLERGIES** |
|  | **HEALTH ASSESSMENTS –**  |  | **CARDIOVASCULAR HEALTH**  |  | **OTHER CQI AREA –**  |
|  | **75+ / FIRST NATIONS PEOPLE / 40-49yrs** |  |  |

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| **CQI ACTIVITY GOAL – Add details below** |
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| **Activity****Number** | **ACTIVITY AREAS OF FOCUS – PLAN DETAILS** | **LEAD PERSON/S** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **CQI ACTIVITY PARTICIPANTS** |
| **Practice Manager** |  | **Date** |  |
| **CQI Coordinator** |  | **Date** |  |
| **Practice Staff** |  | **Date** |  |

