



Audit of Medical Practice (CQI activity) Summary Sheet

Topic:

The activity was designed by
(name of organisation if relevant):

Doctors Name:

FIRST CYCLE

DATA:	Date of data collection:
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CHECK:	Describe any areas targeted for improvement as a result of analysing the data collected.

ACTION:	Describe how these improvements will be implemented.

MONITOR:	Describe how well the process is working. When will you undertake a second cycle?

SECOND CYCLE

DATA:	Date of data collection:
CHECK:	Describe any areas targeted for improvement as a result of analysing the data collected.
ACTION:	Describe how these improvements will be implemented.
MONITOR:	Describe how well the process is working.
COMMENTS:	

Please retain this sheet for your records to provide evidence of participation in this audit.