

SUPPORTING HEALTHY BEHAVIOURS

GMS Quality Improvement project 2024/25



Name of Practice: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Name of Cluster: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

| | |
|---|--|
| PLAN: Understanding the problem | DO: What changes did we make could result in an improvement? |
| Add details | Add details |
| PLAN: Involving others | |
| Add details | |
| PLAN: Aim: What are we trying to accomplish? | STUDY: What did the measure(s) show, and what have you learned? |
| Add details | Add details |
| PLAN: Measures: How will we know a change is an improvement? | ACT: Reflection and the next steps |
| Add details | Add details |

Practice contact: [insert name of QI Lead or named person]
 Health Board: XXXXXXXXXXXXXXXXXXXXXXXXXXXX