

HEALTHY BEHAVIOURS

GMS Quality Improvement project 2024/25



Name of Practice: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name of Cluster: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PLAN: Understanding the problem

Add details

PLAN: Involving others

Add details

PLAN: Aim: What are we trying to accomplish?

Add details

PLAN: Measures: How will we know a change is an improvement?

Add details

DO: What changes did we make could result in an improvement?

Add details

STUDY: What did the measure(s) show, and what have you learned?

Add details

ACT: Reflection and the next steps

Add details

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

Health Board: XXXXXXXXXXXXXXXXXXXXXXXXXXXX