Practice name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **QI Activity #** | **Date** | **Org QI Lead / Contact** | **Link to Org QI Strategic Plan** | **QI Activity Description** | **Measures Used** | **Completion Date** | **Outcomes of QI Activity** | **Next Steps for Continuous QI** |
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***Add rows as needed***