

**District:**

**Quality Improvement Activity Form**

<b>Activity Number</b>		<b>Activity Name:</b>		<b>By Whom or How was issue / concern identified:</b>	
<b>Initial Submission:</b>					
<b>Continued:</b>					
<b>Discontinued:</b>					
<b>Overview of Activity:</b>					
<b>Numerator</b>	<b>Denominator</b>	<b>Baseline</b>	<b>Benchmark:</b>	<b>Measurement Period:</b>	
<b>Description of Population:</b>		<b>Sample Size:</b>		<b>Sampling Methodology:</b>	
				<b>Data Collection Method</b> <input type="checkbox"/> Administrative <input type="checkbox"/> MRR <input type="checkbox"/> Claims <input type="checkbox"/> Other, explain	
<b>Why is Activity Relevant?</b>					
<b>Opportunities for Improvement</b>			<b>Barriers</b>		
<b>Interventions</b>		<b>Timeline</b>		<b>Outcome</b>	
<b>Plan:</b>					
<b>Analysis Conducted by:</b>			<b>Responsible Party:</b>		