

FY _____
Quality Improvement Calendar
HSD Clinic Name: _____

P.O.C. (Name)	MONTHLY ITEMS	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
	Health Record Review												
	Dental Record Review												
	Dental Radiation QC												
	Medical Radiation QC												
	Spore Monitoring												
	Medical Laboratory QC												
	Urgent Care Inventory												
	Controlled Subst. Inv.												
	Expired Rx Medications												
	PA Chart Review												
	HS Chart Review/DSMO												
	In-Service Training												
	QUARTERLY ITEMS	OCT-DEC			JAN-MAR			APR-JUN			JUL-SEP		
	QI Focus Group Meeting												
	Quality Improvement Status												
	DMOA Record Review												
	Pharmacy & Therapeutics Mtg.												
	Patient Advisory Committee Mtg.												
	SEMI-ANNUAL ITEMS	OCT-MAR						APR-SEP					
	Medical Emergency Drill-Med Side												
	Medical Emergency Drill-Dent Side												
	Hep B Update, Clinic Personnel												
	Preventive Maintenance Log												

	ANNUAL ITEMS	OCT—SEP
	QIIG #1 Health Record Review	
	QIIG #4 Suicide Threat	
	QIIG #6 Family Violence	
	QIIG #7 Rape Management	
	QIIG #12 Medical Emergency Training	
	QIIG #16 Infectious Waste Management	
	QIIG #20 Sharp Instrument Protocol	
	QIIG #32 I.V. Therapy	
	QIIG #34 Patient Sens./Confiden. (HIPAA)	
	QIIG #35 Health Record Study	
	QIIG #38 OSHA/MSDS Training	
	CPR Training	
	Radiation Hazard Familiarization	
	Equipment Ground Fault Testing	
	Patient Satisfaction Survey	
	SOP Annual Review, QAFG	
	SOP Individual Read, Clinic Personnel	
	C-Spine/PT. Transport Equipment	
	Infection Control Policy	