






MEDICAL PROCEDURE QUALITY IMPROVEMENT ACTIVITIES REPORT

Zone: 1B 4 5 6 Vitalité

Facility: _____

Department/division/service: _____ Period: from _____ to _____

Types of activities		Questions	Answers		
	Death review	1. Were there any death reviews since the last meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
		2. If yes, how many cases were reviewed?			
	Mortality and morbidity review (MMR)	1. Were there any MMRs since the last meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
		2. If yes, how many cases were presented?			
	Other types of group activities organized by the department/division/service	1. Were there other types of quality activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
		2. If yes, specify: _____			

Comment(s) or Recommendation(s) (if applicable)

***Once completed, please attach this sheet to the minutes of your meeting and send it to the office of the Medical Chief of Staff for your zone. ***

"This document has been prepared for the sole purpose of identifying opportunities to improve care quality and patient safety and/or continuing medical education. It is a confidential and privileged document under subsection 43.3(2) of the Evidence Act and paragraph 14(1)(d) of the Personal Health Information Privacy and Access Act."

 **Important: "Please note that this document must not contain any personal information, nor any personal information on the health of the patient."**